

Poise

A Publication of Indian Menopause Society

8th Issue
March-April 2011 • Rs. 25

HOT FLASHES



International
Women's Day
**CELEBRATING
WOMANHOOD**

BARIATRIC SURGERY



Indian
Menopause Society

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March-April 2011
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Published by:
 Indian Menopause Society
 Flat No. 2, C-1 Market,
 Vasant Kunj, Delhi
 Tel: 91-11-26899573, 26153635
 Email: sm_doc@rediffmail.com

Produced by:
 L.B. Associates (Pvt) Ltd
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There are very few things in life which a woman can claim to be of her own. The common perception of her gender is that of a giver. Remembering her existence and her significance on a particular day of the year is the least the society can do to acknowledge her spirit. We wish all the readers of POISE and the women of the world, a happy and significant Women's Day!

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From the Editors' Desk

Dear Readers,

This is the first issue of POISE in 2011 and we wish you all and your families a very Happy New Year. We are also happy to share with you that POISE enters its third year with this issue. We know we have been rather infrequent in bringing out our issues due to various reasons - in fact many a time we have wondered whether we should go on at all, but the overwhelming response from all of you has encouraged us. My colleagues from the IMS at various chapters have informed me that you, our readers have actually started looking forward for your copy of the magazine. We thank you for your confidence.



There has been a change of guard at the IMS headquarters. As we say adieu to our outgoing president Dr Munshi, we welcome our new president Dr Saroj Srivastva and her team. This issue will give you a glimpse of her dynamism and inimitable style. She has given a call to all of you to partner with the IMS through the 'Badi didi' programme. We shall be regularly featuring living examples of this from our next issue in order to stimulate you further.

You already know our new Sec. Gen. Dr. Maninder Ahuja who has regularly contributed to our fitness column. We look forward to getting more advice from her. The book reviewed by us this month has been written by a lady who suffered the after Math of Hysterectomy - A book worth picking up and reading!

We have been overwhelmed by articles and other contributions by our members which we have sifted with difficulty but we promise to include all of them in the coming issues. So I round off with the promise to come back with interesting information on mid life for you all in the coming months this year.

So read on, and HAPPY WOMAN'S DAY.

Dr. Sonia Malik
Editor

संदेश आठ मार्च अन्तर्राष्ट्रीय महिला दिवस:- संघर्ष और विजय की कहानी



प्रति वर्ष यह दिन पूरे विश्व में महिला दिवस के रूप में बनाया जाता रहा है इसकी शुरुआत आठ मार्च 1857 को शिकागों शहर में हुई थी यह विरोध था महिला मजदूरों का जिन्हें कम वेतन पर 16 से ज्यादा घन्टे तक काम कराया जाता था। महिला समुदाय के इस सामूहिक प्रदर्शन की गूंज पूरे विश्व में सुनाई दी और इस घटना से शुरुआत हुई महिलाओं के संघर्ष व विजय की कहानी की। उन्होंने समझ लिया कि अपने अधिकारों के लिए एक जुट होकर हमें संघर्ष करना ही होगा।

कालान्तर में महिला दिवस विभिन्न रूपों में मनाया जाने लगा प्रायः महिलाओं को मां या प्रेयसी के रूप में नवाजा जाता था। अत्याचारों, का विरोध, स्त्री मुक्ति संघर्ष व आन्दोलन और सम्मेलन का असर भारत पर भी पड़ा। एक ओर जहां वे अपने सामाजिक अधिकारों के लिए लड़ रहीं हैं वहीं दूसरी ओर सामाजिक कुरीतियों का भी विरोध कर रहीं हैं। वें जानती हैं कि पुरुषों के साथ बराबरी का दर्जा पाने की वे अधिकारी हैं। महिला कल्याण, महिला विक. ास और महिला सशक्तिकरण की अवधारणा पर अनेक कार्यक्रम होते रहे हैं।

हमारी एक राष्ट्रीय संस्था है जिसका नाम है इण्डियन मेनोपॉज़ सोसायटी । यह चिकित्सकों की वह संस्था है जिसमें समाज के अन्य वर्गों को भी सदस्यता प्रदान की जाती है। प्रौढ़ महिलाओं के स्वास्थ्य की देखभाल करना इसका मुख्य ध्येय है। इसमें 40 से 65 वर्ष तक की महिलाओं के स्वास्थ्य की देखभाल का प्रावधान है। विश्व में महिलाओं की औसतन आयु 80 वर्ष है। भारत में भी अधिकतर महिलायें 71 वर्ष तक जीवित रहती हैं अर्थात् अपने जीवन का एक तिहाई से ज्यादा भाग इसमें व्यतीत करती हैं। 40 से 45 की उम्र के बाद शरीर में कुछ परिवर्तन आने से कुछ बीमारियां जन्म लेने लगती हैं जैसे बढ़ा हुआ रक्तचाप, मधुमेह, कैंसर, आस्टियोपोरोसिस, डिप्रेशन आदि। समय से सही देखभाल और सही वक्त पर इलाज होने से इन बीमारियों को रोका जा सकता है इसलिए 40 से 45 उम्र को 'window of opportunity' के रूप में जाना जाता है। कुल मिलाकर हम जानते हैं कि मिल जुलकर प्रयास करने से हम उन्हें बेहतर स्वास्थ्य, स्वस्थ मानसिकता और आत्मविश्वास देने में सहायक हो सकते हैं, ताकि वृद्धावस्था में उन्हें लाचार न होना पड़े और जीवन का बड़ा हिस्सा अच्छे स्वास्थ्य के साथ गुजार सकें।

अपने मरीजों और अपनी सहेलियों के जीवन को मैंने करीब से देखा है और पाया है कि जरूरत पड़ने पर बहनें मदद के लिए आगे आती हैं। 40-45 वर्ष की उम्र में महिलायें अपेक्षाकृत स्वस्थ होती हैं और उनके पास वक्त भी होता है। बच्चे बाहर चले जाते हैं जिम्मेदारियां कम हो जाती हैं। यदि इन्हें अपनी बड़ी बहन की जिम्मेदारी दे दी जाये तो यह उसे न केवल बखूबी निभायेंगी वरन आत्मसंतोष और खुशी भी प्राप्त करेंगी।

इसी अवधारणा के तहत मैंने आई.एम. एस. में एक कार्यक्रम की शुरुआत की है जिससे हम 'छोटी दीदी से बड़ी दीदी तक' के नाम से जानते हैं। मैं इस मंच से तमाम छोटी दीदियों का आवाहन करती हूँ कि यदि उनकी अभिरुचि बड़ी दीदी में है तो वह सामने आयें और इस मंच (आई.एम.एस.) से जुड़ें

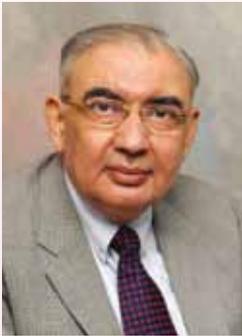
महिलाओं के विकास के इतिहास में बहिनों का बड़ा हाथ रहा है। इस मंच से इस वर्ष तथा अन्तर्राष्ट्रीय महिला दिवस के अवसर पर मैं आप सभी बहनों का आवाहन करती हूँ कि बड़ी दीदी का सहारा बनें। उनका कष्ट कम करें और उनके स्वास्थ्य की देखभाल में हमारी सहयोगी बनें। यह कोई नई बात नहीं, हम सभी अपने परिवार में यह काम कर रहे हैं पर सामाज को बड़े परिवार के रूप में देखें और सुचारु रूप से यह सेवा इस मंच की मदद से प्रदान करें। अधिक से अधिक नॉन मैडिकल महिलायें आई. एम. एस. की सदस्य बनें और अपने स्वास्थ्य की देखभाल का सबक हमसे सीखें। तत्पश्चात छोटी दीदी से बड़ी दीदी तक के अभियान में जुड़कर इसे सार्थक बनायें।

"When you have to walk that lonesome valley and you have to walk it by yourself, the SISTERS in your life will be on the valley's rim, cheering you on , praying for you , pulling for you, intervening on your behalf and waiting with open arms at the valley's end.."

आयें हम मिलकर बहनों को समर्पित करें मिशन 2011 का यह नारा- बहनें हैं एक दूसरे के लिए।

MWJkt JhKro
(आई.एम.एस राष्ट्रीय अध्यक्ष) 2011-2012

Outgoing President's Message



Seasons Greetings!

Good memories bring good feelings!

Year 2010 was a memorable one us. 'Meaningful Management' was our theme and care of mature women was our goal. POISE was always at the forefront in projecting all our activities.

'Empowering woman' is the most popular slogan of the whole nation and we also tried to implement it in a big way by various activities at chapter levels.

The 8th of March is International Woman's Day and this issue is dedicated to all the women of India and the whole world who, by mere presence, have made a big difference – to all those mothers, grandmothers and of course the mothers to be!

I take this opportunity to thank all those who have made our mission possible and helped us to make the journey smooth.

I am sure that under the able leadership of Dr. Saroj and editorship of Dr. Sonia, both IMS and POISE will scale a new height.

Wish you all a bright 2011.

Dr. Atul Munshi

Secretary General's Message



I feel highly privileged while writing a message for Poise Magazine as Secretary General of IMS. Poise a project of Indian Menopause Society, has grown tremendously over the last more than two years. It has paved its way in print media and proven fruitful for the mass awareness about menopause and perimenopause problems.

I congratulate the editorial team of Poise for their good work and for this special issue on International Women's Day.

Historically women have been oppressed and suppressed all over world for centuries, that is why women started raising their voice against this oppression and 8th March 1975 was declared as International Women's Day. This day is celebrated globally and different countries have different themes. This year United Nation's theme for 2011 is "Equal access to education, training and science and technology: Pathway to decent work for women"

In the menopause Society we fight for creating awareness about the Quality of Life Issues of women in midlife onwards so that in the twilight years of their life they can live with dignity.

We give a call for empowerment of Indian women by education, employment and equal health facilities.

I as Secretary General of Indian Menopause Society give implore you to Walk for health that day with a slogan like "Walk for your bones, your heart and Quality of life"

Wishing all the best for you readers, members of IMS (Indian) and wishing that under able guidance of new President Dr.Saroj Srivastava, we take IMS to new heights and achieve more for the mid life onwards women

Dr. Maninder Ahuja
Secretary General IMS (Indian)

A SONG FOR INTERNATIONAL WOMEN'S DAY



To commemorate her 69th birthday, actress/vocalist, Julie Andrews made a special appearance at Manhattan's Radio City Music Hall for the benefit of the AARP. One of the musical numbers she performed was 'My Favourite Things' from the legendary movie 'Sound of Music'. Here are the lyrics she used:

JULIE ANDREWS ON MATURITY!

Mature women, sing it!

If you sing it, it's especially hysterical!!!

Botox and nose drops and needles for knitting,
Walkers and handrails and new dental fittings,
Bundles of magazines tied up in string,
These are a few of my favourite things.

Cadillacs and cataracts, hearing aids and glasses,
Polident and Fixodent and false teeth in glasses,
Pacemakers, golf carts and porches with swings,
These are a few of my favourite things.

When the pipes leak when the bones creak,
When the knees go bad,
I simply remember my favourite things,
And then I don't feel so bad.

Hot tea and crumpets and corn pads for bunions,
No spicy hot food or food cooked with onions,
Bathrobes and heating pads and hot meals they bring,
These are a few of my favourite things.

Back pain, confused brains and no need for sinnin,
Thin bones and fractures and hair that is thinning,
And we won't mention our short shrunken frames,
When we remember our favourite things.

When the joints ache, when the hips break,
When the eyes grow dim,
Then I remember the great life I've had,
And then I don't feel so bad.

Note: Ms. Andrews received a standing ovation from the crowd that lasted over four minutes and repeated encores. Please share Ms. Andrews' clever wit and humour with others who would appreciate it.

- Dr. Sunila Khandelwal

अन्तर्राष्ट्रीय महिला दिवस



MWL jkt JbKro

इसका प्रारम्भिक नाम इन्टरनेशनल वीमेन्स डे था। यह प्रतिवर्ष पूरे विश्व में आठ मार्च के दिन मनाया जाता रहा है। 1857 में आठ मार्च को शिकागो में मिल में काम करने वाली महिलाओं के संगठन ने सामूहिक विरोध प्रदर्शन किया कि उन्हें कम मजदूरी पर और 16 घन्टे से भी ज्यादा काम करवाया जाता था। उनका यह विरोध प्रदर्शन सफल हुआ और पूरे विश्व-पटल पर महिला शक्ति की अमिट छाप छोड़ गया। इस घटना के बाद नारी जाति का संघर्ष जारी रहा और 1910 में आठ मार्च के ही दिन जर्मनी के कोपनहेगन शहर में औरतों के अन्तर्राष्ट्रीय सम्मेलन में नारी मुक्ति आन्दोलन में अग्रणी सुश्री कलारा जन्ट किन ने इसे अन्तर्राष्ट्रीय महिला दिवस के रूप में मनाने का प्रस्ताव रखा। तब से यह दिन अन्तर्राष्ट्रीय महिला दिवस के रूप में मनाया जाता रहा और 1975 का वर्ष अन्तर्राष्ट्रीय महिला वर्ष के रूप में पहचाना गया। 1976 में महिला दशक की शुरुआत हुई।



**International
Women's Day**

फिर प्रतिवर्ष पूरी दुनिया की महिलाओं ने संगठित रूप से महिला दिवस के दिन अलग-अलग समस्याओं या उपलब्धियों को पेश किया इस तरह महिला दिवस विश्व की महिलाओं की विजय और संघर्ष की कहानी है जिसे यू.एन.ओ. और अन्य विश्वस्तरीय संगठनों का समर्थन मिलता रहा है। पहले विश्व युद्ध के बाद आठ मार्च के दिन जो जश्न मना उसमें पूरा यूरोप खुशी से झूम उठा। सन 2010 समर्पित रहा महिलाओं के उस वर्ग को जो युद्ध के कारण बेघर हो गई थी, जिन्हें न केवल गरीबी वरन् सामाजिक बुराईयों, हिंसा, अत्याचार आदि का शिकार होना पड़ा। यह महिला शक्ति ही थी जिसने अन्तर्राष्ट्रीय मानवीय कानून का निर्माण करवाया जिसके तहत राहत कार्य तेजी से चल पड़ा।

इतिहास के पन्नों में उन महिलाओं का नाम स्वर्णाक्षरों में लिखा गया। ये वो महिलाएं थी जिन्होंने देश भक्ति, बहादूरी, सद्भावना, मित्रता तथा शान्ति बनाये रखने के प्रशंसनीय कार्य किये। बदलते रहे सन्दर्भ, बदलती रही सोच, बदलते रहे अर्थ किन्तु एक बात रही शाश्वत कि यह दिवस समर्पित रहा महिलाओं के प्रति और महिलाओं के नाम। कुल मिलाकर बहनों की बहुआयामी प्रतिभा को उजागर करता रहा यह दिवस हम सभी के लिए महत्वपूर्ण है।

स्त्री मुक्ति संघर्ष तथा उससे सम्बन्धित आन्दोलनों का असर पड़ा हमारे देश पर भी पड़ा। भारतीय सरकारी और गैर सरकारी संस्थानों में इस दिन का विशेष महत्व है,



भारतीय नारियों ने प्रगति और मुक्ति के रास्ते तलाशे हैं। पर मुश्किल यह है कि उनका दर्जा गैर बराबरी का है। यह हमें देश की नारियों के विकास का मूल्यांकन करने पर बाध्य करता है। साथ ही सामूहिक संघर्ष को गति प्रदान करता है। आज नारी की बदहाली पर आंसू बहाये जाते हैं। लोग हालात को बदलने का संकल्प भी लेते हैं। हम नारी विकास की, और नारी सशक्तिकरण की बातें करते हैं।

इससे जाहिर है कि देश में आम स्त्री की हालत सोचनीय है। उत्पीड़न अपमान, यौन शोषण, लिंग भेद, व स्त्री यातनाओं की असंख्य कहानियों पर विराम चिन्ह लगने के बजाय उनमें इजाफा ही हो रहा है। गरीबी, अशिक्षा और पिछड़ेपन से उत्तर प्रदेश अधिक ग्रसित है, विकास दर पर रोक लगी है। केरल में महिलाओं की औसत आयु 75 वर्ष है जबकि उत्तर प्रदेश में 57 वर्ष। 1992 में मातृत्व मृत्यु दर 437 थी और 1999 के आंकड़ों चिंतनीय हैं, क्योंकि यह दर बढ़ कर 540 हो गई। इन आंकड़ों से सभी स्वास्थ्य संस्थाएँ परेशान हैं। फॉगसी रोग विशेषज्ञों की विश्व की सबसे बड़ी संस्था है महिला विशेषज्ञों की इस संस्था के मुंह पर यह एक करारा तमाचा है। संस्था ने कमर कसी है और अनेकों योजनाओं को लागू करने के साथ-साथ प्रशिक्षण का कार्यक्रम भी तेज किया है। इन कौशिशों का असर होता नजर तो आ रहा है किन्तु मंजिल अभी भी बहुत दूर है। सबको मिलकर प्रयास करना होगा। महिलाओं की सौंच भी बदलनी होगी। मादा भ्रूण हत्या को त्यागना होगा। गरीबी, और स्वास्थ्य सुविधाओं का अभाव पनपने नहीं देते। कई बच्चे पैदा करने से बचा खुचा स्वास्थ्य भी हाशिये पर लग जाता है। ऐसे में घर गांव में बिना किसी सुविधा के प्रसव जान नहीं लेगा तो क्या करेगा। सरकारी जननी सुरक्षा के तहत कितनों को सही स्वास्थ्य सेवा मिल पा रही है या नहीं यह तो समय ही बतायेगा। हर कोशिश में ईमानदारी, सहानभूति और पारदर्शिता की जरूरत है। बढ़ती हुई आबादी, बढ़ता हुआ मातृ मृत्यु दर, कम होती कन्यायें, बढ़ते महिला अत्याचार इस बात का सबूत हैं कि अन्तर्राष्ट्रीय महिला दिवस उल्लास का नहीं, विचार का भी नहीं, आंकड़े बनाने का नहीं, कुछ मांगने का नहीं हताश बैठने का नहीं, एक दूसरे की पीठ थपथपाने का भी नहीं, अपितु प्रण करने का दिन हैं, कुछ करने का दिन हैं, ताकि हमारी बहनों को मिले बेहतर जिंदगी, लम्बी उम्र और बेहतर स्वास्थ्य।

यह दिन है स्त्री सशक्तिकरण के लिए काम करने का। आप को अपनी मदद स्वयं करनी होती है। उन्हें यह विश्वास दिलाना होगा कि वे सक्षम हैं। शक्ति मांगने की नहीं स्वयं बढ़कर पा लेने की चीज है।

उन्हें मंत्र रूप में यह सूत्र पकड़ाना है:-

“खुदी को कर बुलन्द इतना कि हर तदबीर से पहले खुदा बन्दे से खुद पूछे बता तेरी रजा क्या है।”

अन्तर्राष्ट्रीय महिला दिवस पर विश्व की बहनों के प्रति उद्गार

माँ ने कहा था-

तुम खुशानसीब हो, मिली हैं तुम्हें बहनें
तुम उनके करीब हो, कुछ कहने कुछ सुनने
तुम्हें कुछ सीखना है, आयी है कुछ सिखाने
मिली हैं बहनें, दुनिया को स्वर्ग बनाने

बहनें एक नियामत हैं, हकीकत हैं
हर राह, हर मोड़ पर उनकी ज़रूरत है
संकीर्ण नहीं, कृपण नहीं, उदारता उनकी कुदरत है
अपने पराए से मुक्त बहन चारा उनकी फितरत है

जन्म का वह क्षण होता है कितना प्यारा
जिन्दगी में उपलब्धि का क्षण होता है कितना न्यारा
जिन्दगी कुछ पूरी, कुछ अधूरी जीते हैं कर गुज़ारा
पटरी से उतरी जिन्दगी, करते हैं सब किनारा

बार-बार लौट आते, लगता किसी ने हमें पुकारा
महसूस नहीं होने देती, कि कोई नहीं हमारा
आंसू पोछतीं, सेवा करतीं बन हमारा सहारा
मुसकुराती हौसला बढ़ाती कहतीं कर्तव्य है हमारा

मालूम है अकेले ही जाना है उस पार
सांय-सांय सन्नाटा, न कोई राह, न डगर
मुड़ कर देखती हूँ घाटी के मुहाने पर
खड़ी है बहनें दीपक लिए राह आसान कर।

माँ ने कहा था-

बहनों को भूलना नहीं
याद रखना उन्हें सदा
वक्त गुज़र जाता है, हालात बदल जाते हैं
लोग दूर हो जाते हैं
बच्चे बड़े हो जाते हैं, घोंसले खाली हो जाते हैं
नौकरियां आती जाती हैं
प्यार मोहब्बत बनती बिगड़ती हैं

आदमी खरे उतरते नहीं
टूटे दिल मिलते नहीं
माँ-बाप गुज़र जाते हैं
इष्ट-मित्र बिछड़ जाते हैं
पर बहने होती हैं
वक्त की दूरी पाट
मीलों की दूरी तय कर
वे आती हैं जब तुम बुलाते हो

तुम्हें बढ़ावा देती हैं
साथ निभाती, हँसती व हँसाती हैं
उनके बगैर तुम कुछ नहीं, कुछ भी नहीं
क्योंकि बहने होती है एक दूसरे के लिए।

MWl jkt JhKro

अध्यक्ष, इंडियन मेनोपॉज सोसायटी 2011



By Dr. Manjeet Kaur Bawa

PROGRAMMING MENOPAUSAL HEALTHCARE

Mothers and grandmothers always try to give their best to bring up their children. And they deserve the best care in menopause. Thanks to medical science and life care medicine etc., which have contributed a lot in improving menopausal health they are now getting their well deserved care.

Health is the state of physical, mental and social wellbeing; not merely the absence of disease. Here again the prevention of menopausal ill health cannot be over emphasised. It comprises of primary, secondary and tertiary prevention.

Steps of Primary Prevention:

- Physical
- Mental
- Social

Physical Health:

- Prevention of overweight at all times
- Being regular with exercise programme right from childhood
- Taking regular medical/ dental/ eye checkup and if need other special consultation and required vaccination including HPV.
- Including menopausal health care programmes in National health care programme
- Menopausal diet plans

Mental Health:

- Yoga/meditation
- Maintaining a diary and daily work plan
- Entertainment for some time daily
- Watching TV/Computer Work
- Pursuing hobbies

Social Wellbeing:

- Maintaining a diary, giving time to neighbours, relatives, friends and colleagues and professional persons.
- Analysis of yesterday
- Future plans
- Maintaining a 'to do' list - at home, at work place, at hobbies site, parks/gym etc.

- Thank God for everything given to you and pray to God for forgiving any undoing's and for better times.

Secondary Prevention: Never mind if you have developed Obesity, Heart disease, or any other health problems. You always have the scope to improve your health. You have to be courageous and discuss with your doctor to get the following done.

1. Physical assessment

- Evaluate musculoskeletal/CVS status
- Consider how exercise can be performed with minimal risk of injury
- Identify risk factor

2. Stress test

- 3. A good meal plan according to your height, weight, working capacity and activity and your general health which will include adequate calcium/vitamins in diet.
- 4. A regular Exercise programme if you can't run or do brisk walk! You can do chair exercises or deep breathing etc. Exercise has multifaceted advantages, such as:

- It builds endurance and strength
- It improves flexibility
- Helps reduce/maintain weight

5. Time duration of meditation/yoga/social activities

Tertiary Prevention:

1. Be regular with your daily routine
2. Be regular with your meditation
3. Be regular with your exercise programmes
4. Be regular with your diary making
5. Be regular with your health check-ups

Menopause is not really a pause; it is just a turning point in life when one is revising ones chapter of life to make it excellent. So dear readers, Getup! Make your achievements total! Revise your ambitions! Bring positivism in your thinking and don't decelerate as there is yet so much to learn and so much to do!

ALL THE BEST!!!

* Executive and Life Member, IMS, Jalandhar

PSYCHOSOCIAL ASPECTS OF MENOPAUSE



By Dr. Roza Olyai* and Dr. Shilpa Thaker**

Introduction

'Menopause', mention of this completely natural and unavoidable condition strikes fear into the hearts of many women. The menopause transition, and post menopause itself, is a natural life change, not a disease state or a disorder. The transition itself has a variable degree of effects. It can be a difficult time of life for some women, less so for others.

Menopause is perhaps the most easily understood as the opposite process to menarche, the start of the monthly periods. However, menopause in women cannot satisfactorily be defined simply as the permanent 'stopping of the monthly periods', because in reality what is happening to the uterus is quite secondary to the process; it is what is happening to the ovaries that is the crucial factor.

Menopause, which literally means the cessation of menses, represents the stage in a woman's life when her reproductive capacity has been brought to an end. There are many hormonal changes that lead to the cessation of menses. The main cause is the drop in oestrogen.

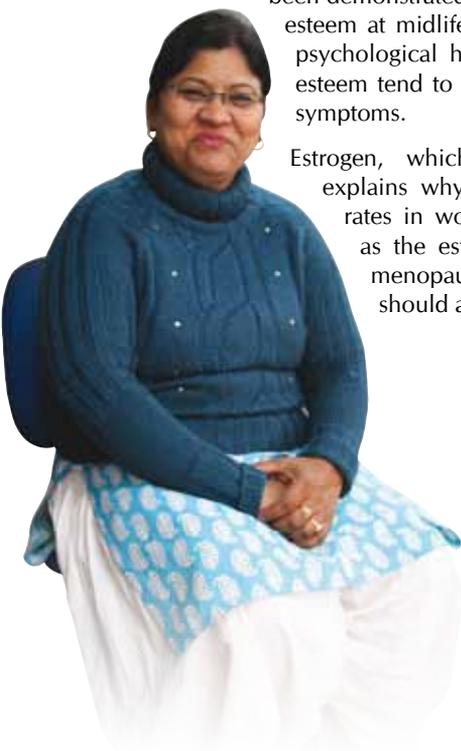
Psychosocial Aspects

Apart from having to contend with potentially bothersome menopausal symptoms, many women experience personal and social changes at midlife, which appear, as already indicated, to affect quality of life and sexual wellbeing to a greater extent as the presence of menopausal symptoms or sexual problems. Psychosocial aspects of midlife and aging affecting quality of sexual life include personal and cultural attitudes towards menopause and aging, psychological issues and relationship factors.

The Psychological Effects

Changes to a woman's perceived role in life as well as the physical changes associated with aging and menopause have been demonstrated to contribute to women's self esteem at midlife and impact on physical and psychological health. Women with high self esteem tend to experience fewer menopausal symptoms.

Estrogen, which is linked to depression, explains why there are higher depression rates in women than in men. However, as the estrogen level decreases before menopause, the risk of depression should also decrease.



Manage your Stress

- The increased depression rate encountered during menopause suggests that it is not actually the hormonal changes, but the psychological impact associated with this stage that causes the problems. For most women, the changes in status and fertility associated with menopause affect a wide range of other aspects, such as the way they view themselves and their sexuality.
- The affect of menopause on you is psychological and physiological. Our bodies and minds are integrated units, so anything we feel on a psychological level can begin to have an effect on our physical bodies as well. That is why we are spending time dealing with physical menopause symptoms by suggesting several strategies to deal with the psychological effects of stress.
- Many people feel stress in their lives and too much stress can be an unhealthy thing and can result in physical manifestations of that stress. An extreme example of this is when someone goes through a traumatic experience and all her hair turns white.
- While the stress in your life may not be any worse than it was a decade ago, your body is doing what it can to cope with the changes so it ends up being a little extra sensitive to the regular stress of your life.
- However, many women feel that this is a very stressful time of their lives. They can face the prospect of grown children about to leave home. Often so much of their identity for years has been wrapped up in providing maternal nurture to their children and now those children want to grow up and be out on their own.
- Along with feelings of loss of identity come additional feelings that the best years of life are behind them. It can be depressing to reach what has been called middle age because it reminds us that our lives are only temporary, and much of it has been lived already.
- These thoughts can depress a woman in perimenopause causing her to sense these feelings more deeply and several things can happen.
- Your body, already sensitive to stress, may react negatively and do unexpected things like increase temperature, thus giving you a hot flash or night sweats. Your mind may have a hard time quieting after a busy day, making it difficult to get to sleep. If and when you do sleep, you may not sleep well so when you wake up, you still feel exhausted.
- These factors work against you to increase your stress, and start the vicious cycle over again. That additional stress will increase your hot flashes and insomnia. The psychological effects of menopause, already a sensitive topic, can exasperate the situation on a physiological level.
- So it becomes vitally important for you to implement strategies and habits early in perimenopause to help you manage your stress. This will help to manage your symptoms, which will help you enjoy your life that much more.

Do not try to battle menopause without some sort of support network.

- The first thing you want to remember is menopause is not an unavoidable disease. It is a doorway through which you pass. You can pass through painfully and reluctantly or you can pass through gladly and with anticipation of what's next in life.
- Incorporate a regular exercise programme into your daily schedule to increase your health, lengthen your life, reduce stress, get a better night's sleep and keep your bones and heart strong.
- Relaxation may also be the key in your battle against emotional difficulties. Try treating yourself to an afternoon at a local day spa or a relaxing massage. It sounds trite but can really make the difference to your overall mood. If you have access to a Jacuzzi, the warm water and the jets can put you into a relaxed state. Sound therapy, light therapy, hydrotherapy, aroma therapy, acupuncture, and acupressure can also provide relief - both emotional and physical.
- Make sure that you are eating a healthy, balanced diet of all the food groups. Make the decision now to reduce foods that are high in fat and cholesterol and increase foods on the food guide. Be sure that your diet gets the right vital nutrients daily. A daily dietary programme of vital nutrient building blocks assures the healthy development and growth of new cells and strengthens the body with the nutrients that are missing from our modern food supply. Drink plenty of water to stay hydrated and keep your core cool against hot flashes.
- It is very important that you enlist the support of your friends - many of whom are most likely going through what you are, and also your partner and close family members. Explain to them how you are feeling. Once they understand why you're being snappy, angry or rude they are more likely to be understanding and help you through what can be a challenging time. In addition, there are support groups available where you can get things off your chest and experience a feeling of solidarity.
- This being said, the options for you to seek help are extensive. If the emotional symptoms you are experiencing are severe or last for a long time it is probably a good idea to seek some help.
- Don't wait until something happens before you go looking for a wellness consultant. When you reach perimenopause, they can give you the right suggestions to help you manage your symptoms.
- If there are real serious stress or depression problems that persist, talk to your wellness consultant. These challenges may be part of a bigger issue that you are not aware of and a healthcare professional may be able to make some suggestions that are appropriate for you.
- Make sure you take care of yourself. If you do not take the first step in learning to cope with the emotional side-effects of menopause, nobody will take it for you.
- Besides more traditional hormone replacement therapy (HRT) there is a wide selection of natural supplements on the market which can provide both physical and emotional relief from menopause.

Issues identified as impacting on women's psychology around midlife include adult children leaving home (the so-called 'empty nest syndrome'), career changes, stress like caring for elderly parents, and the development of poor body image and low self esteem.

Dealing with the Psychological Aspects of Menopause

Perhaps the most difficult of the symptoms to deal with are emotional in nature. Many women report feeling not like themselves. Depression, anger and mood swings are common along with other problems. Dealing with the Psychological aspects of Menopause goes beyond the traditional medical approach to examine ways women can make peace with the changes they face at midlife.

Fortunately, there is a way to cope with these problems. You are not alone in your struggle. There are millions upon millions of other women experiencing menopause. To help these aspects, remember the following:

- Regular mental stimulation seems to maintain cognitive ability;
- Regular exercise can make sleeping easier;
- A balanced diet will ensure an adequate intake of essential minerals and vitamins;
- Social activity improves mental function;
- Concentration can be improved with crosswords, puzzles, quizzes etc.;
- Learning new skills or languages improves mental function;
- Moderating alcohol intake is important for good memory function.

There are suggestions that can be made to help you break the negative spiral of stress and symptoms and help you take control of your life and manage your menopause. Emotional disturbances due to menopause do not mean you are crazy. It is a natural process that hits some women harder than others. Counseling can help you get in touch with your feelings.

Conclusion

Menopause occurs because the female body no longer produces progesterone and estrogen at the same rate. The production of these important reproductive hormones decreases dramatically leading to a variety of changes. Women know that it won't be long before they never have to endure the symptoms of PMS or their menstruation cycle again. This may sound like a great event, but there are other symptoms that occur including leading up to this point, such as, fluctuations in appetite, insomnia, hot flashes, hazy or foggy thinking, depression, anger, emotional problems, and mood swings.

Dealing with the psychological aspects of menopause goes beyond the traditional medical approach to examine ways women can make peace with the changes they face at midlife. Women's attitudes towards menopause and aging will impact on health-seeking behaviour and perceived quality of life.

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** Treasurer, IMS-Rajkot Chapter, Credential Menopause Practitioner



By Dr. Mandakini Parihar*

HOT FLASHES

A Hot flush/flash is one of the most common and most distressing symptoms of menopause. These are experienced as a feeling of intense heat with sweating and rapid heartbeat, and may last from two to thirty minutes for each occurrence. The sensation of heat usually begins in the face or chest, although it may appear elsewhere such as the back of the neck, and it can spread throughout the whole body. In addition to being an internal sensation, the surface of the skin, especially on the face, becomes hot to the touch. This is the origin of the alternative term 'hot flush', since the sensation of heat is often accompanied by visible reddening of the face.

The hot flash situation may be repeated a few times in a week or constantly throughout the day, with the frequency reducing over time. Hot flashes may begin to appear several years before menopause and last for years afterwards. Some women undergoing menopause never have hot flashes. Others have mild or infrequent flashes. The worst sufferers experience dozens of hot flashes each day. In addition, hot flashes are often more frequent and more intense during hot weather or in an overheated room. The surrounding heat apparently makes the hot flashes more probable and more severe.

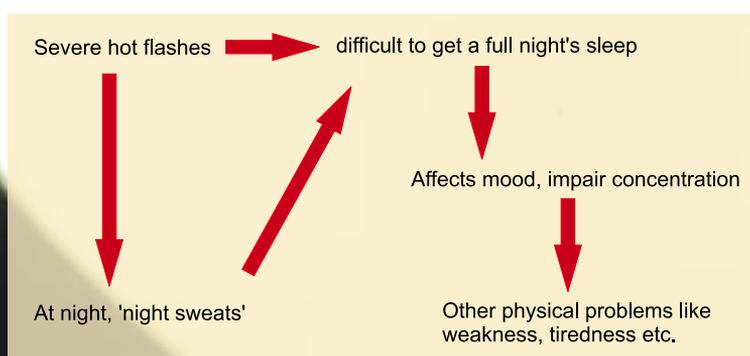


Fig: Sequence of hot flash

Types of Hot Flashes

Some menopausal women may experience both standard hot flashes and a second type sometimes referred to as 'slow hot flashes' or 'ember flashes'. The standard hot flash comes on rapidly, sometimes reaching maximum intensity in as little as a minute. It lasts at full intensity for only a few minutes before gradually fading.



Hot Flashes - tips that can help reduce the severity of hot flashes

1. Healthy and balanced diet with fruits, vegetables and soy foods rather than from supplements. Foods that contain soy include tofu, tempeh, miso, soy milk, whole soybeans, texturized vegetable protein and soy powder.
2. 'Black Cohosh' is a popular choice for the reduction of hot flashes, but evidence is minimal. According to the North American Menopause Society, despite the lack of definitive evidence, it seems that black cohosh is a safe, herbal medicine.
3. Exercise at least 30 minutes every day. It can be taking a walk, running, riding a bicycle or doing another activity. But should not exercise within 3 hours of going to bed to help prevent night sweats.
4. 'Eliminate Dietary triggers' that can start a bout of hot flashes include alcohol, caffeine and other spicy foods.
5. Hot flashes are often worse during hot weather. Wearing cotton clothes which allow the skin to breathe and a keeping a fan nearby during hot weather to reduce the number of hot flashes seems to be very helpful.
6. 'Vitamin E' may help reduce the occurrence and severity of hot flashes and night sweats during menopause.

Slow 'ember' flashes appear almost as quickly but are less intense and last for around half an hour. Women who experience them may undergo them year-round, rather than primarily in the summer, and ember flashes may linger for years after the more intense hot flashes have passed.

Treatment

Treatment must be done in consultation with the menopause consultant and with proper follow up. There are many medical options available and these must be discussed with the patient in detail. All treatment must be used for the shortest possible time.

Hormone Replacement Therapy: RT may relieve many of the symptoms of menopause. The Indian Menopause Society recommendations suggest that women who experience troublesome hot flashes try alternatives to hormonal therapies as the first line of treatment. If these fail, then HRT should be offered to women for improving their quality of life. But, they suggest she take the lowest dose that alleviates her symptoms for as short a time as possible. 'Natural progesterone' has been found to provide relief for hot flashes and other symptoms of menopause for many women.

Selective Estrogen Receptor Modulators: SERMs are a category of drugs that act selectively as agonists or antagonists on the estrogen receptors throughout the body. Tamoxifen, Raloxifene and the soy-derived are examples of SERMs. Menerba, a botanically derived selective estrogen receptor beta agonist is currently under development which will work like a SERM, but will only activate on the estrogen receptor beta.

Selective Serotonin Reuptake Inhibitors: SSRIs are a class of antidepressants most commonly used in the treatment of depression, and some personality disorders. They have been found to be efficient in alleviating hot flashes. A migraine headache medication called Gabapentin is found to be significantly helpful in reducing the number of hot flashes experienced in a small group of women.

Isoflavones: Isoflavones are commonly found in legumes such as soy and red clover. The two soy isoflavones implicated in relieving menopausal symptoms are genistein and daidzein, and are also known as phytoestrogens. The half life of these molecules is about eight hours, which might explain why some studies have not consistently shown effectiveness of soy products for menopausal symptoms.

Other Phytoestrogens: It is believed that dietary changes that include a higher consumption of phytoestrogens from sources such as soy, red clover, ginseng, and yam may relieve hot flashes. Flaxseed is the richest source of lignans, which is one of three major classes of phytoestrogen.

Lifestyle Changes: It is one of the most effective and long term ways of maintaining healthy life even after menopause.

Suggested Reading:

1. *Women's HealthCare Forum: Menopause*
2. *Menopause*
3. *FDA Updates Hormone Therapy Information for Post Menopausal Women*

**Jt. Treasurer, Indian Menopause Society; Director, Mandakini Fertility Clinic and IVF Centre, Mumbai and Associate Professor, K J Somaiya Medical College, Mumbai*

BARIATRIC SURGERY



By Dr. Deepak Chawla*

How many times have you looked at yourself, sighed and muttered with guilt, "I must reduce my weight."

For many of us reducing weight is not just a thought. It has become an urgent need. A lazy lifestyle coupled with unhealthy eating habits has led us to cross the boundary of being overweight to become obese.

Obesity results from excessive accumulation of fat that exceeds the body's skeletal and physical standard. According to National Institute of Health (NIH), an increase in 20 percent or more above your ideal body weight is the point at which excess weight becomes a health risk.

Obesity becomes 'morbid' when it reaches the point of significantly increasing the risk of one or more obesity related health conditions (also known as co-morbidities) that result either in significant physical disability or even death.

Morbid obesity is being 100 pounds (45 kg) or more over ideal body weight or having a body mass index (BMI) of 40 or greater as per WHO classification and BMI 37.5 as per Asian-Indian Classification. Morbid obesity is a serious and chronic disease and its symptoms build slowly over an extended period of time.

The reasons for obesity are multiple. It is not simply a result of over eating. Genetic cause also plays a role. Once the problem is established, dieting and exercise programmes have a limited ability to provide long term relief.

Morbid obesity brings with it an increased risk of short life expectancy. For individuals whose weight exceeds twice their ideal weight, the risk of early death is doubled. Risk of death from diabetes or heart attack increases five to seven times. With increasing obesity, comes the risk of developing one or more obesity-related health condition like type 2 diabetes, high BP, heart disease, arthritis, sleep apnoea, frequent waking up at night, sleeping while sitting, depression, infertility, menstrual problems and cancer etc.

Weight loss surgery is a serious approach to a serious problem: Weight loss surgery is indicated in patients who are morbidly obese with a BMI more



than 37.5 or patients with BMI more than 32.5 with two co-morbidities (DM, HTN etc.). It consists of procedures which give satiety in spite of decreased intake. Some procedures have an additional advantage of restricting the amount of calories absorbed from the food. Bariatric surgery is seen to cure/control the associated co-morbidities. A successful weight loss surgery should have the ability to achieve and maintain loss of at least 50 percent of excess body weight without having substantial adverse effects. There are two basic approaches that weight loss surgery takes to achieve change i.e restrictive procedures that decrease food intake and malabsorptive procedures that alter absorption, or a combination of both.

In restrictive procedures the theory is simple. When you feel full, you are more likely to have reduced feelings of hunger and will no longer feel deprived. The result is that you are likely to eat less. Restrictive weight loss surgery works by reducing the amount of food consumed at one time. It does not interfere with the normal absorption (digestion of food).

The malabsorptive procedures alter digestion thus causing the food to be poorly digested and incompletely absorbed so that it is eliminated in the stool. These techniques involve a bypass of the small intestine, limiting the absorption of calories.

A combined approach to weight loss surgery in which the procedure utilises both restrictive and malabsorption approaches, 'The laparoscopic Roux-en-y-gastric bypass procedure' is the most popular. An average of 77 percent of excess body weight reduction has

been noted one year after surgery. It has also shown 83 percent resolution of type2 diabetes, 85 percent resolution of obstructive sleep apnoea, 75 percent resolution of hypertension, and 93 percent improvement of hyperlipidemia and hypercholesterolemia. Other commonly done procedures are Laparoscopic gastric banding and sleeve gastrectomy. The Gastric 'sleeve' is a new procedure that induces weight loss by restricting food intake. With this procedure, the surgeon removes approximately 80 percent of the stomach laparoscopically and with the help of staplers so that the stomach takes the shape of a tube or 'sleeve'. This procedure has seen that the hormone that regulates the appetite, the Ghrelin diminishes, causing the patient to have less desire to eat.

The most important step in selecting a weight loss surgery is getting all the information you need about the various surgical options. You must choose to research weight loss surgery on your own via the internet. Ultimately your surgeon and physician are your best resources for information about the procedure they will recommend. Weight loss surgery is a major surgery. Most patients enjoy an improvement in obesity related health conditions (such as mobility, self image and self esteem) after the successful result of weight loss surgery. The goal is to live better, healthier and longer.

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BOOK REVIEW

MENOPAUSE: THE COMPLETE GUIDE

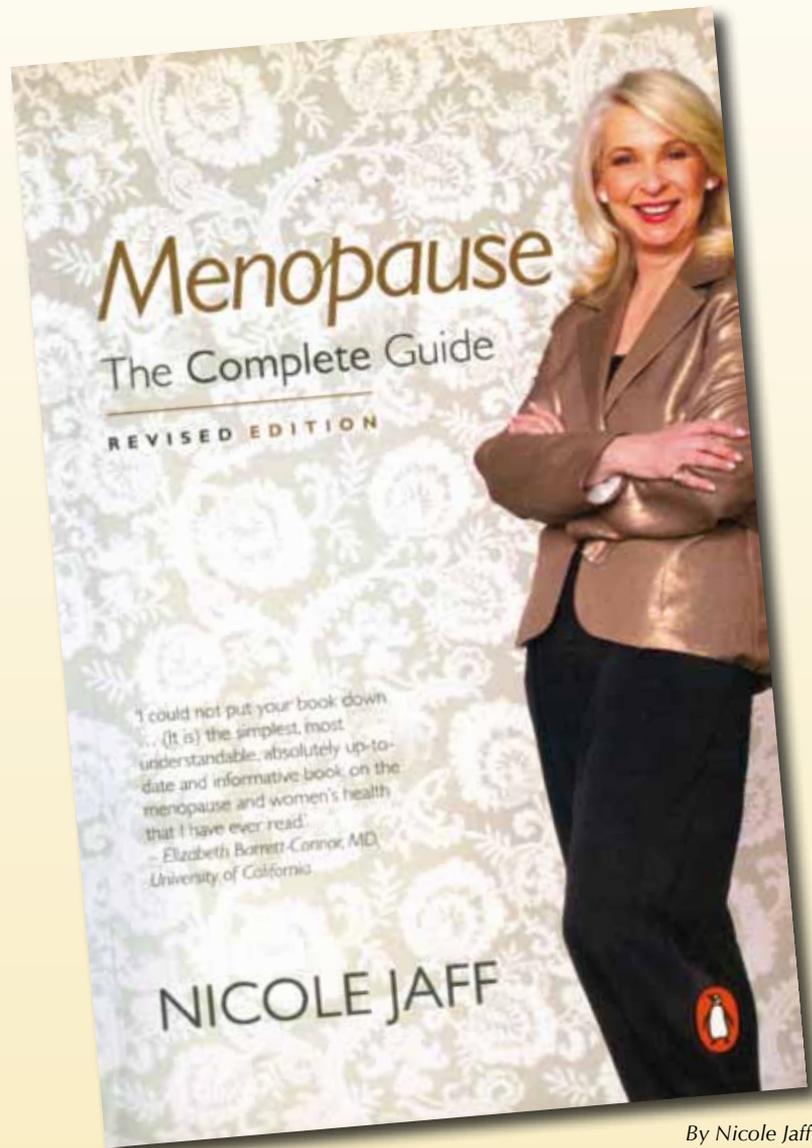
Reviewed by **Puja Rajkumari**

'Menopause: The Complete Guide' is a must read for every woman, not necessarily for only peri- and post-menopausal women. It helps women to gain proper knowledge about the menopausal transition as well as it gives all the readers the insight of the psychology of women at this particular phase of life. It helps one realise the importance of proper care and spirit that is required to handle the complex and confusing issues that surround menopause.

As a reader, it is perhaps an advantage for us that Nicole Jaff is not a medical doctor herself, for which she explains the complex subject with minimum medical terms. The book is very handy with the simplest language possible to explain the subject. The author also discusses in detail the many healthcare issues that may arise during this phase of women's lives which include heart disease, cancers, osteoporosis, type2 diabetes etc. She also shares her own story of her accidental hysterectomy, and stories of the women Nicole has helped over the years; which are key factors that help readers to get connected with this book.

The book is self complete with the distinct segments such as the empowerment points, information about vitamins and supplements, diet and exercise tips, advice about ageing and relationship issues in menopause, as well as a widespread glossary of medical terms. The book also gives an inclusive overview of the risks and benefits of Hormone Therapy. As a prominent menopause counsellor Nicole Jaff's attempt to help women is incredible and indeed praiseworthy. It is her honest and enduring effort to empower women to make informed choices about their health. It is undoubtedly a great help for every women who want to know about how to prepare for menopause and what to do when the symptoms occurs.

Nicole Jaff has read widely, cautiously and methodically on the subject and also has consulted specialists in the medical profession so that



By Nicole Jaff
Penguin Books (South Africa)
Pages: 355

she understands it properly. With her comprehensive knowledge on menopause, and both physical and psychological understanding of it, she informs, "If we take responsibility for our health; if we understand what is happening to our bodies and if we determine what is best for us, the fear that menopause heralds the end of our lives and the myth that we will become estrogen deficient, dried out, intellectually impaired, sad little old ladies, will be dispelled."

It is absolutely an extremely useful and encouraging book with beautiful cover

and binding. The elegant photograph of the author Nicole Jaff on the cover is very appropriate and carries the book's perspective – to celebrate age. Menopause is not the beginning or end of our life, but just a phase of woman's life; and this book is a brilliant reminder of this fact. Besides all the medical and psychological guidance it provides, this well-researched book is surely a trend-setter in scientific writing in English, which will make people want to read on health related topics like never before, encouraging other writers to adapt this staggering style. It is a readers' delight and utterly a woman's pride.

ENJOY YOUR LIFE WITH FOOD

Many women after 60 are living active, healthy and productive lives. They use their time to volunteer, travel, and spend more time with family and friends. Taking good care of your body and mind will help you enjoy this time.

This can also help you better manage health issues that are more common in older adults and the unique challenges older women face. Women of any age can have disease, but risk rises sharply after menopause.

Older women have higher disability rates than men of the same age. Taking good care of yourself can lower your chances of becoming disabled. That means staying active, healthy eating, controlling stress and seeing your doctor regularly.

It is important to educate yourself about common health problems and the services available. This can help you overcome roadblocks that you may run into. Also, leading an active and healthy lifestyle can help you reduce health risks and live life to the fullest.

Healthy Menu for this Season

Take advantage of abundant fresh, seasonal produce this season when it's at its most delicious and nutritious. When the recipes are fresh and delicious, it's easy to fill your diet with low-calorie, antioxidant-rich fruits, vegetables and herbs. If you're lucky enough to get produce fresh from your garden or find some at your local farmers' market, all the better! Get inspired and start cooking up these healthy recipes and enjoy the most delicious dishes of the season.

Vegetable soup recipes help you to remain healthy as they are a great way to eat more vegetables that are good for your health. There are many vegetable soup recipes and this recipe for vegetable soup is one of the simplest and easiest. If you are on a vegetable soup diet, this will be very useful. These vegetable soups provide you

with the necessary nutrients and are satisfying and help you reduce weight. You can use your favourite vegetables such as onions, beans, carrots, peas, capsicum, broccoli, zucchini, cabbage, cauliflower etc. for this soup.

There are a few vegetables that are easily available everywhere. You can use more cabbage if wish to reduce weight, as cabbage is one of the negative calorie foods. You do not need all the above-mentioned vegetables every time. You can use 3-4 of them at a time.

Vegetable Soup

Ingredients:

- 2 to 3 juicy large carrots
- 1 to 2 leaves cabbage
- 1 tbsp cream
- 1 small butter
- salt, pepper to taste
- 2 to 3 tbsp cream whipped smooth
- 10 gm sweet peas
- 1 small sprig mint



Method: Grate 1 tablespoon carrot and keep aside. Finely chop cabbage and keep aside. Then cook the remaining carrots till they become very soft in the Pressure cooker. Keep cool and blend in mixer. Strain it. Heat butter, add the pulp and bring it to a boil. Put in the grated carrot and cabbage, and salt. Transfer into serving bowl. Add a swirl of whipped cream. Sprinkle with freshly ground pepper and chopped mint. Now the soup is ready to serve.

You can also try some muffins which are awesome in taste and easy to

prepare. Eating cakes and muffins as part of a healthy diet is not a problem. Make your own muffins, and enjoy the taste with double joy.

Chive-Corn Muffins

Ingredients:

- Non-stick vegetable oil spray
- 1 cup all purpose flour
- 1 cup yellow cornmeal
- 1 tablespoon sugar
- 2 teaspoons baking powder
- 1 teaspoon salt
- 1/2 teaspoon baking soda
- 1/2 teaspoon cayenne pepper
- 1/4 cup chopped fresh chives
- 1 1/2 cups plain yogurt
- 2 large eggs
- 3 tablespoons unsalted butter, melted



Method: Position rack in centre of oven and preheat to 425°F. Spray 10 standard muffin cups (each about 1/3-cup capacity) or 30 mini-muffin cups with non-stick spray. Whisk flour, cornmeal, sugar, baking powder, salt, baking soda, and cayenne pepper in medium bowl. Stir in chives. In another medium bowl, whisk yogurt, eggs and melted butter. Add yogurt mixture to dry ingredients and stir just until blended. Divide batter among prepared muffin cups, using about 1/3 cup batter for each standard muffin cup or about 1 generous tablespoon for each mini-muffin cup.

Bake until muffins are puffed and golden, and tester inserted into centre comes out clean – about 20 minutes for standard muffins and 14 minutes for mini-muffins. Transfer pans to rack and let muffins cool in pans. (It can be prepared 4 hours ahead. Leave muffins in pans; let stand at room temperature. Re-warm in 350°F oven just until warm, about 5 minutes.) Remove from pans and serve.

Compiled by Puja Rajkumari



MOTHER NATURE MEETS MENOPAUSE HOMEOPATHIC MEDICINE

“Through the like, disease is produced, and through the application of the like, it is cured”

- Hippocrates



Compiled by **Dr. Sunila Khandelwal**

Homeopathy = Homoiōs (Similar) + pathos (suffering)

Dr. Hahneman was a German physician, chemist and author of a text widely used by pharmacists. He spoke seven languages and was a translator of medical texts. His experimentation in the mid to late 1800s, led to his formulation of the following principles of homeopathy:

- Like causes like;
- The greater the dilution of a remedy, the greater its potency (Law of Infinitesimal Dose); and,
- An illness is specific to the individual (holistic medical model).



Dr. Durgavati Khuteta, Ph. D. DMH
*Homeopathic Physician, Sarvegenic Homeopathy Chikitsalaya,
Founder Member IMS, Jaipur Chapter*

Homeopathy is a system of complimentary healthcare based on the theory of the ‘Law of Similars’, or the belief that a substance that causes certain symptoms in a healthy individual can be used to treat someone who is experiencing those same symptoms.

It is an unconventional therapeutic system that is based on the principle that ‘like cures like’ (i.e. large doses of a particular substance may produce symptoms of an illness, very small doses will cure it). Minute doses of specially prepared plant extracts, minerals and other natural substances are used in an effort to stimulate the body’s defence mechanisms and healing processes to treat illness. The approach focuses on the links among an individual’s physical, emotional and mental symptoms.

As with all complementary health care practices, a practitioner of homeopathy will take a detailed medical and lifestyle history, including various types of subtle information that reveals the patient’s unique response to an illness. The patient’s perception of her life and stressors and her reaction to them are also considered extremely important information to obtain. Vitamin and minerals, and other herbal preparations are also used by some homeopathic practitioners.

It is important to note that a practitioner of homeopathy does not diagnose a problem. Instead, the basis of the treatment is solely on information about the person, and the unique physical, emotional and mental symptoms of an individual. A treatment that most closely addresses all of the symptoms of the individual is then prescribed. The treatments are very much individualised, so that one may be suitable for one individual with particular symptoms associated with an illness, while it may be different for another person with the same illness yet who has somewhat different symptoms.

Homeopathic remedies include substances that address a group of symptoms and also enhance feelings of wellbeing. Studies have shown that homeopathic remedies are effective for the relief of menopausal symptoms, also found to be safe.

The most commonly prescribed homeopathic remedies for menopausal symptoms are:

- **Lachesis** – derived from venom of the South American bushmaster snake head remedy for climacteric period. Severe headache beginning at the back and passing over to the front of the head. Hypersensitive to touch. Distressing palpitation of the heart and pulsations of the body. Haemorrhage of dark colour with patient being incredibly talkative. Burning sensation as if burning coal is placed on the body. Flushing Melancholic and irritable. Fainting fit. Haemorrhoids.
- **Pulsatilla** – derived from the wildflower *Anemone pulsatilla*. Irritable temper, which is changeable. Hot perspiration in close and warm room. Cannot tell her symptoms without weeping.
- **Sepia** – derived from cuttlefish ink. Haemorrhage with prolapsus of uterus; bearing down pains. The patient is constitutionally tall. Thin and easily depressed. She is cold, fidgety and spiteful, tired of affection, disliking sympathy. Leucorrhoea with dyspepsia or constipation. Sudden hot flushes with sweat, weakness and tendency to faint.
- **Actea Racemosa** – violent headache as if the top of the head is torn off. Muscles of the back and neck sore. Rheumatism or rheumatic diathesis.
- **Calcarea Carb** – For pale, flabby, relaxed and cold patients who have become tired by overwork. Like Sulphur this remedy should also be used as an intercurrent remedy.
- **Medorrhinum** – Facial neuralgia after suppression of leucorrhoea by injections. Pain in small bones in the morning with acidity, coated tongue, filthy taste and breath. Uncleanable dirty tongue, weakness. Pallor, chilliness, worse from cold wet weather.
- **Bellis Per** – For varicose veins during menopause.
- **Fraxinus Am** – It is useful in mental diseases at the time of the change of life.
- **Camphor** – Flushes of heat and sweat in a warm room. The limbs and abdomen very cold. She suffers from cold when uncovered and copious sweat when covered.
- **Oophorinum** – For aone rosacea and other skin disorders of the climacteric.
- **Sulphur** – Tiresome. Losing weight. Skin course and inclined to look dirty. Everything around is dirty and indescribably untidy. It should be used as an intercurrent remedy when the others are selected remedies which fail to give complete relief.



What homeopathic treatment does is to stimulate the immune system and trigger the body's natural defence mechanisms so that the body understands what it needs to do to cure itself. It is understandable, that a practitioner of homeopathy, as with practitioners of all forms of complementary therapies, is reluctant to generalise treatments for symptoms of the climacteric or any other problem. If a woman is unable to work personally with a homeopathic practitioner, there are several homeopathic remedies available in health food stores and drug stores, and sometimes personnel trained in homeopathy are employed by these stores to help a woman select the treatment that is best suited for her.

I have found Homeopathy to be effective at least 80 percent of the time in relieving menopausal symptoms. In homeopathic treatment, an incorrect remedy produces no response, but after the correct remedy is given, a woman should experience an improvement in her symptoms within a maximum of five to six weeks.

Inputs taken from Dr. Durgavati Khuteta and compiled by her daughter Dr. Sunila Khandelwal

Editor's Note:

Dr. Durgavati Khuteta belongs to the first generation of educated Indian women who have helped change the face of this country. A lady of great conviction, she has worked with utmost zeal till her 80's and faced menopause and major illnesses like recurrent fractures, jaw necrosis, eye problems (ARMD & GLAUCOMA). Today she is fighting terminal colon cancer with as much courage and will power. It is both her silent suffering and fighting spirit that inspired her daughter Dr. Sunila Khandelwal to take deep interest in the care of midlife women and menopause management. Her gentle yet forceful personality has motivated not only her children but also others whose lives she has touched.

We wish her a good quality of life! We salute her on International Women's Day!

PROLAPSE OF UTERUS

Prolapse of the uterus refers to the downward displacement of the vagina and uterus. The word prolapse is derived from the Latin word 'procidere' which means with effect to fall.

The uterus is held in position by adequate ligaments. Besides this, it has the support of the muscular structures of vagina and all other local tissues and muscles. Due to the laxity of support by muscles, tissue and ligaments, the uterus sags downwards.

Causes of Prolapse of the Uterus

Pregnancy and trauma incurred during childbirth, particularly with large babies or difficult labour and delivery, is the main cause of muscle weakness and stretching of supporting tissues leading to uterine prolapse. Loss of muscle tone associated with aging and reduced amount of circulating estrogens after menopause also may contribute to uterine prolapse. Conditions leading to increased pressure in the abdomen such as chronic cough (with bronchitis and asthma), straining (with constipation), lifting heavy weights etc. often aggravate this condition.

In rare circumstances, uterine prolapsed may be caused by a tumour in the pelvic cavity. Genetics also play a role in determining strength of supporting tissues.

Types of Genital Prolapse

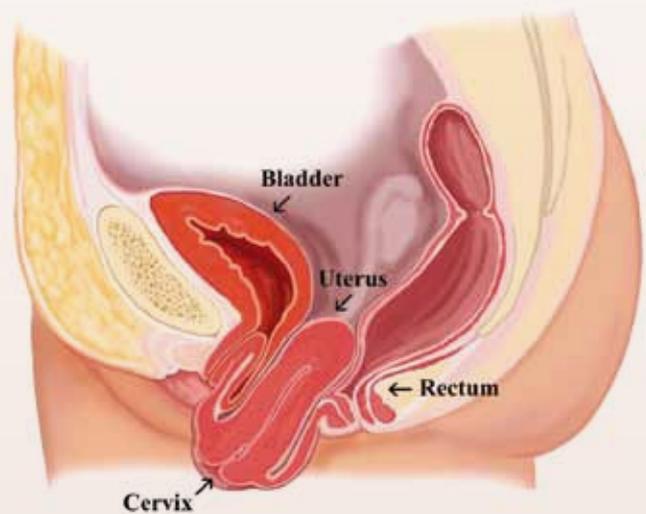
- In uterine prolapse, the womb sags into the vagina or even out of the body.
- In vaginal prolapse, the front and back walls of the vagina become weakened and it begins to move downwards, often turning itself inside out.
- In bladder prolapse, weakness at the top of the vagina causes the bladder to drop down, where it begins to bulge into the vagina itself.
- In prolapse of the rectum, the rectum (which is the last part of the colon before the anus) can bulge into the vagina when the lower part of the vagina is weakened.
- Vault prolapse occurs in cases which have undergone hysterectomy in the past.

The Symptoms

- The most common symptom of all types of vaginal prolapse is the sensation that tissues or structures in the vagina are out of place. Some women describe the feeling as 'something coming down' or as a dragging sensation. This may involve a protrusion or pressure in the area of the sensation. Typically, the symptoms are worse after prolonged standing and improve once the patient rests or lies down.
- Lower back pain is the second most common presentation.
- Urinary symptoms include difficulty in emptying bladder, recurrent urinary tract infections and at times, stress incontinence i.e. leaking urine on coughing, laughing



By **Dr. Sonal Bathla & Dr. Priti Arora Dhamija**



WOMEN WHO UNDERGO SURGERY FOR VAGINAL PROLAPSE REPAIR SHOULD NORMALLY EXPECT TO SPEND 2-4 DAYS IN THE HOSPITAL DEPENDING ON THE TYPE AND EXTENT OF SURGERY INVOLVED

or sneezing or performing any activity that increases the intra-abdominal pressure. Mostly these symptoms are associated with cystocele or bladder prolapse.

- Constipation or difficulty in emptying bowel are common symptoms of rectocele or prolapsed of the rectum. Very often, there is need to put pressure on the posterior wall of vagina to pass stools.
- Difficult or painful sex; and sense of laxity of the muscles in the vagina during sexual activity.

Treatment Options

There are surgical and non-surgical options for treating uterine prolapse. The treatment chosen will depend on the severity of the condition, as well as the woman's general health, age and desire to have children. Treatment generally is effective for most women. Treatment options include the following:

1. Non-surgical Options

Exercise: Special exercises, called Kegel exercises, can help strengthen the pelvic floor muscles. This may be the only

treatment needed in mild cases of uterine prolapse. To do Kegel exercises, tighten your pelvic muscles as if you are trying to hold back urine. Hold the muscles tight for a few seconds and then release. Repeat 10 times. You may do these exercises anywhere and at any time (up to four times a day).

Vaginal Pessary: A pessary is a rubber or plastic doughnut-shaped device that fits around or under the lower part of the uterus (cervix), helping to prop up the uterus and hold it in place. A health care provider will fit and insert the pessary, which must be cleaned frequently and removed before sex.

Estrogen Replacement Therapy (ERT): Taking estrogen pills or estrogen ointment may help to limit further weakness of the muscles and other connective tissues that support the uterus, especially in menopausal patients who have lack of estrogen in their bodies. However, there are some drawbacks to taking estrogen, such as an increased risk of blood clots, gallbladder disease and breast cancer. The decision to use ERT must be made with your doctor after carefully weighing all of the risks and benefits.

2. Surgical Options

Hysterectomy: Uterine prolapse may be treated by removing the uterus in a surgical procedure called hysterectomy. This may be done through an incision made in the vagina (vaginal hysterectomy) or through the abdomen (abdominal hysterectomy). Hysterectomy is a major surgery, and removing the uterus means pregnancy is no longer possible.

Uterine Suspension: This procedure involves putting the uterus back into its normal position. This may be done by reattaching the pelvic ligaments to the lower part of the uterus to hold it in place. Another technique uses a special material that acts like a sling to support the uterus in its proper position. Recent advances include performing this with minimally invasive techniques and laparoscopically (through small band aid sized incisions) that decrease post operative pain and speed recovery.

Cystocele and Rectocele Repair: This can be done vaginally. Sometimes, a mesh may be placed locally to reinforce the tissues.

Tension-free Tape: This is a novel procedure in which a tape provides support to the bladder neck which becomes weak in cases of stress incontinence.

Women who undergo surgery for vaginal prolapse repair should normally expect to spend 2-4 days in the hospital depending on the type and extent of surgery involved. After surgery, women are usually advised to avoid physical relationships for 4 weeks and heavy lifting for approximately 6-9 weeks.

Complications of Uterine Prolapse

Left untreated, uterine prolapse can interfere with bowel, bladder and sexual functions.

Uterine Prolapse Prevention

It may not be possible to prevent all cases of uterine prolapse, but there are steps that can be taken to help reduce the risk:

- Maintain a healthy body weight.
- Exercise regularly (for 20 to 30 minutes, three to five times per week), including Kegel exercises, which may be done up to four times a day. Be sure to check with

IF YOU ARE LIFTING AN OBJECT FROM A TABLE, SLIDE IT TO THE EDGE TO THE TABLE SO THAT YOU CAN HOLD IT CLOSE TO YOUR BODY. BEND YOUR KNEES SO THAT YOU ARE CLOSE TO THE OBJECT. USE YOUR LEGS TO LIFT THE OBJECT AND COME TO A STANDING POSITION

your health care provider before starting any new exercise programme.

- Eat a healthy diet balanced in protein, fat, carbohydrates, multivitamins and minerals. For example, eat at least 5 to 9 servings of fruits and vegetables per day. Also, eat food that is high in dietary fibre (such as whole grain cereals, legumes and vegetables) and minimize your daily fat intake to 25 to 30 grams. Using the Food Guide Pyramid is a good way to help ensure that you are meeting your nutrition needs. A healthy diet can help maintain weight and prevent constipation.
- Stop smoking. This reduces the risk of developing a chronic cough, which can put extra strain on the pelvic muscles.
- Consider estrogen replacement therapy after menopause.
- Use correct lifting techniques.

Proper Techniques for Lifting

- Do not try to lift objects that are awkward or too heavy for you to lift alone. Also, avoid lifting heavy objects above waist level.
- Before you lift an object, make sure you have firm footing.
- To pick up an object that is lower than the level of your waist, keep your back straight, and bend at your knees and hips. Do not bend forward at the waist with your knees straight.
- Stand with a wide stance close to the object you are trying to pick up, and keep your feet firm on the ground. Tighten your stomach muscles and lift the object using your leg muscles. Straighten your knees in a steady motion. Do not jerk the object up to your body.
- Stand completely upright without twisting. Always move your feet forward when lifting an object.
- If you are lifting an object from a table, slide it to the edge to the table so that you can hold it close to your body. Bend your knees so that you are close to the object. Use your legs to lift the object and come to a standing position.
- Hold packages close to your body with your arms bent. Keep your stomach muscles tight. Take small steps and go slowly.
- To lower the object, place your feet as you did to lift, tighten stomach muscles and bend your hips and knees.

UNCONTROLLED LOSS OF URINE IN WOMEN



By Dr. Sunila Khandelwal

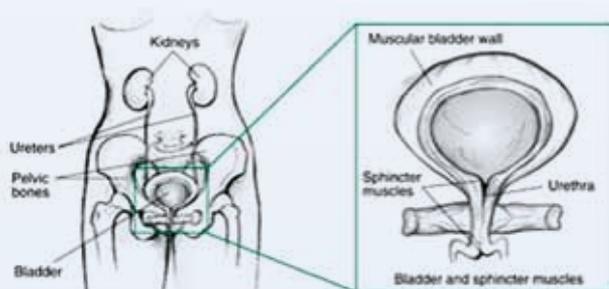
Why suffer? Let us talk about it to seek solution...

Millions of women experience uncontrolled loss of urine called urinary incontinence (UI). Some women may lose a few drops of urine while running, coughing or physical exercise. Others may feel a sudden and strong urge to urinate just before losing a large amount of urine. In fact many women experience both symptoms. This condition can be either slightly bothersome or totally devastating. For some women, the risk of public embarrassment keeps them away from enjoying social activities and interactions with family and friends. Urine loss can also occur during sexual activity and cause tremendous emotional distress to the couple.

It has been observed that women experience this distressing problem twice as often as men. Pregnancy and childbirth, menopause, and the anatomical structure of the female urinary tract are mainly responsible for this difference. One out of four has this problem after the age of 30 years and eight out of ten who are affected, mistakenly believe that incontinence is a normal part of ageing. Many believe that it is a temporary problem which will go away on it's that they would have to just live with it. It's not that only women suffer from incontinence, both women and men can suffer from urinary incontinence due to a variety of diseases and physical problems associated with ageing.

Middle aged and older women experience UI more often than younger women. But incontinence is not inevitable with age. It is a medical condition. Your doctor can help you find a suitable solution. No single treatment works for everyone, and a majority find improvement without surgery.

Incontinence occurs because of problems with muscles and nerves that help you to hold or release urine. The body stores urine in the bladder, a balloon-like organ, till it is voided. The bladder connects to the urethra, the tube through which urine leaves the body.



Front view of Bladder and Sphincter Muscles

During normal urination, muscles in the wall of the urinary bladder contract forcing urine out of the bladder into the urethra. At the same time, sphincter muscles which surround

the urethra and act like check valve relax, letting urine pass out of urethra.

Urinary Incontinence will occur if your bladder muscles suddenly and involuntarily contract or the sphincter muscles are not strong enough to hold back urine. Urine may escape with less pressure than usual if the muscles are damaged.

What are the Types of Urinary Incontinence?

Stress incontinence	Leakage of small amounts of urine during physical movement (coughing, sneezing, laughing, exercising and normal household chores like lifting some heavy object) which increases pressure inside the abdominal cavity.
Urge incontinence	Leakage of large amounts of urine at unexpected times
Mixed incontinence	Occurrence of stress and urge incontinence together
Functional incontinence	Untimely urination because of physical disability, external obstacles, or problems in thinking or communicating that prevents a person from reaching a toilet, often a problem in old age or people with physical debility.
Overflow incontinence	Unexpected leakage or dribbling of small amounts of urine from a full bladder.
Transient incontinence	Leakage that occurs temporarily because of a situation that will pass (urinary tract infection, taking a new medication, colds with coughing).

Obesity, which is associated with increased abdominal pressure, can worsen this problem. Fortunately, weight loss can reduce its severity.

How is Incontinence Evaluated?

The first step towards relief is to see a doctor who has experience in treating UI, to learn what type you have. An urologist specialises in the urinary tract, and some urologists further specialise in the female urinary tract. Gynaecologists and obstetricians specialise in the female reproductive tract and childbirth. A urogynecologist focuses on urinary and associated pelvic problems in women. Family doctor sees patients for all kinds of health conditions. Any of these doctors may be able to help you.

To diagnose the problem, your doctor will first ask about symptoms and medical history. Your pattern of voiding and urine leakage may suggest the type of incontinence you have. Thus, many specialists begin with having you fill out a bladder diary over several days. These diaries can reveal obvious factors that can help define the problem – including straining and discomfort, fluid intake, use of drugs, recent surgery and illness. Often your treatment will begin at the first medical visit.

Your doctor may instruct you to keep a diary for a day or more, sometimes up to a week - to record when you void. This diary should note the times you urinate and the amounts of urine you produce. You can also use the bladder diary to record your fluid intake, number of times you leak, and estimated amounts of leakage.

If your diary and medical history do not define the problem, the treating doctor will suggest which tests you need. Your doctor will physically examine you for signs of medical conditions causing incontinence. In addition, weakness of the pelvic floor leading to incontinence may cause a condition called prolapse, where the vagina or bladder begins to protrude out of your body. Usually this condition is more common after multiple pregnancies. Your doctor may measure your bladder capacity and the residual urine for evidence of poorly functioning bladder muscles. Your doctor may also recommend other tests:

- **Bladder Stress Test:** Cough vigorously as the doctor observes loss of urine;
- **Urinalysis and Urine Culture:** Tests for evidence of infection, urinary stones, or other contributing causes;
- **Ultrasound:** This test uses sound waves to create an image of the kidneys, ureters, bladder, and urethra;
- **Cystoscopy:** The doctor inserts a thin tube with a tiny camera in the urethra to see inside the urethra and bladder; and,
- **Urodynamics:** Various techniques measure pressure in the bladder and the flow of urine.

Not all of these tests are required in everyone with incontinence.

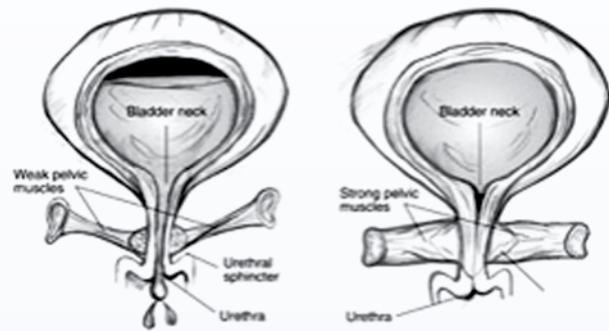
How is Incontinence Treated?

Depending on the type of UI, your doctor may recommend the following:

Behavioural Remedies: Bladder Retraining and Kegel Exercises: By looking at your bladder diary, the doctor may see a pattern and suggest making it a point to use the bathroom at regular timed intervals, a habit called timed voiding. As you gain control, you can extend the time between scheduled trips to the bathroom. Behavioural treatment also includes Kegel exercises to strengthen the muscles that help hold in urine.

How do you do Kegel Exercises?

This is a simple exercise regimen to strengthen your pelvic muscles. While your doctor can advise you how to do these exercises, you can try practising on your own. The information is also available on the internet. Squeeze your pelvic muscles as if you are trying to lift the floor of your pelvis or trying to hold urine. Try not to squeeze other muscles at the same time such as tighten your stomach, legs or buttocks. Just squeeze



Front view of bladder. Weak pelvic muscles allow urine leakage (left). Strong pelvic muscles keep the urethra closed (right).

the pelvic muscles. Don't hold your breath. Do not practice while urinating. Repeat, but don't overdo it. At first, find a quiet spot to practice - your bathroom or bedroom, so you can concentrate. Pull in the pelvic muscles and hold for a count of three. Then relax for a count of three. Work up to three sets of 10 repeats. Start doing your pelvic muscle exercises lying down and when your muscles get stronger, do your exercises in sitting or standing position. Be patient. Don't give up. It takes just 5 minutes a day. You may not feel your bladder control improve for 3 to 6 weeks. Still, most people do notice an improvement after a few weeks. These exercises are not harmful for you.

Medicines for Overactive Bladder: If you have an overactive bladder, your doctor may prescribe a medicine to block the nerve signals that cause frequent urination and urgency. Several medicines from a class of drugs called anticholinergics can help relax bladder muscles and prevent bladder spasms. They are generally well tolerated though dry mouth and constipation may occur. These medicines are prescribed by your doctor and are not over the counter remedies. Pills to treat swelling (edema) or high blood pressure may increase your urine output and contribute to bladder control problems. Talk to your doctor, you may find that taking an alternative to a medicine you already take may solve the problem without adding another prescription.

IF YOUR DIARY AND MEDICAL HISTORY DO NOT DEFINE THE PROBLEM, THE TREATING DOCTOR WILL SUGGEST WHICH TESTS YOU NEED. YOUR DOCTOR WILL PHYSICALLY EXAMINE YOU FOR SIGNS OF MEDICAL CONDITIONS CAUSING INCONTINENCE

Biofeedback: Biofeedback uses measuring devices to help you become aware of your body's functioning. By using electronic devices or diaries to track when your bladder and urethral muscles contract you can gain control over these muscles. Biofeedback can supplement pelvic muscle exercises and electrical stimulation to relieve stress and urge incontinence.

Neuromodulation: For urge incontinence not responding to behavioural treatments or drugs, stimulation of nerves to the bladder leaving the spine can be effective in some patients. Although neuromodulation can be effective, it is not for everyone.

Vaginal Devices for Stress Incontinence: One of the reasons for stress incontinence may be weak pelvic muscles, the muscles that hold the bladder in place and hold urine inside. A pessary is a stiff ring that a doctor or nurse inserts into the vagina, where it presses against the wall of the vagina and the nearby urethra. The pressure reduces stress leakage. If you use a pessary, you should watch for possible vaginal and urinary tract infections and see your doctor regularly.

Injections for Stress Incontinence: A variety of bulking agents, such as collagen and carbon spheres, are available for injection near the urinary sphincter. The doctor injects the bulking agent into tissues around the bladder neck and urethra to make the tissues thicker and close the bladder opening to reduce stress incontinence.

Surgery for Stress Incontinence: In some women, the bladder can move out of its normal position, especially following childbirth. Surgeons have developed different techniques for supporting the bladder back to its normal position.

Catheterisation: If you are incontinent because your bladder never empties completely, overflow incontinence - or your bladder cannot empty because of poor muscle tone, past surgery, or spinal cord injury, you might use a catheter to empty your bladder. A catheter is a tube that you can learn to insert through the urethra into the bladder to drain urine. You may use a catheter once in a while or on a constant basis. These treatments are decided by your treating doctor, usually specialists.

Other Measures: Many women manage urinary incontinence with menstrual pads that catch slight leakage during activities such as exercising. Also, many people find they can reduce incontinence by restricting certain liquids, such as coffee, tea, and alcohol.

Finally, many women are afraid to mention their problem. They may have urinary incontinence that can improve with treatment but remain silent sufferers. This leads to low self esteem and cut off from social activities. Some women resort to wearing adult diapers. This practice is unfortunate, because diapers can lead to diminished self-esteem, as well as skin irritation and sores. Not only that it may further compound problem due to smell of urine, cumbersome to use and dispose as well as high cost of daily use.

A recent development brings hope back for a trouble free management of uncontrolled leak of urine in all age groups and both sexes. This is possible through I.M.E.C. Safety Pants marketed by Incontinence Textiles Pvt. Ltd. India, in collaboration with I.M.E.C. Germany. These I.M.E.C.® Safety Pants have been developed by Professor Dr.H. Madersbacher, Germany who is also 1st Chairman of the medical society for Incontinence help, Austria and member of the committee 'Continnence Worldwide').



Safety pants-Women



Safety pants-Men

These IMEC Safety Pants are fashionable, reusable, and washable underwear made of 100 percent fibres (anti-micro bacterial, odour and perspiration absorbing textile) and free from PVC and HCFC. After each laundry these outstanding characteristics renew themselves. In Europe, people are wearing these to the beaches without any embarrassment or fear of uncontrolled leakage and wetting of clothes. These are 100 percent water tight, highly absorbent and can absorb liquid up to 500 ml which can be further increased by inserting slips to soak up to 1.5 litres of liquid, amazing! The combination of material provides wearer a pleasant feeling in the garments, the same as normal underwear. These products are 100 percent air-permeable, highly respiration-active without accumulation of heat, extremely skin-friendly, inconspicuous, and discrete, and appear not under tight clothing and have an optimal stretch comfort, as well as a long life span. These products have received recognition by German insurers and 100 per claims are given by the National Health Service. Very shortly the same approval is expected from medical authorities and insurers in other European countries and USA. These safety pants can be used in both medical conditions as well as in the social setting, and can restore feeling of self confidence and quality of life.

** For further information write to: 4, Deen Dayal Upadhyaya Marg, New Delhi- 110002, Help Desk- 9899016873, 9899013674 or email e mail: cpscmail@bol.net.in.*

REMEMBER, you are not alone or living in medieval ages! Many women reach out and find the help they need. Shed your inhibition and talk to your doctor and begin the road back to being yourself again. Expert advice and medicines to control your condition are for you to ask. New aesthetic developments in personal care help you to enjoy your personal and social life to satisfaction.

Rediscover **FREEDOM** in your life
with a new feeling of **SECURITY**

Introducing for the first time in India

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The I.M.E.C.® Safety Pants are checked and recommended by Professor Dr.H. Madersbacher, (university clinic Innsbruck, as well as 1st. Chairman of the medical society for Incontinence help, Austria & member of the committee "Continence Worldwide").

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women



men

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