HYPNOTHERAPY AND THE MENOPAUSE

RAMADAN IN HYDERABAD

SURYA NAMASKAR

FESTIVAL OF TEEJ
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From the Editor's Desk

Dear Reader,

We come back to you after a gap of three months! We have all been enjoying the summer vacations of our children and grand children hence this break.

August is a month of various celebrations – we begin with Teej-the festival for the ladies, Raksha bandhan, go on to our Independence day and then have Janamashtmi come in. For our Muslim friends, August is the month of Ramzan followed by the festivities of Eid! So friends, we are all rejoicing this month. September begins with Ganesh Chaturthi and also brings in Onam and Navratra.

In this edition we bring in articles from Arshia and Dr Ranu Patni on how these festivals are celebrated in the country, along with the festival calendar.

Dr Maninder Ahuja our Sec. General for this year is our regular columnist for fitness and exercise. This time she teaches you the invigorating Suryanamaskar.

While Dr Atul Munshi our immediate past president, talks about abnormal menopause, Dr Shobhana Mohandas our webmaster answers some of your common queries on abnormal uterine bleeding.

You will find lovely thoughts as poems from Dr Nimala Vaze and Dr Bhavana Sheth.

And finally a special message from our president Dr Saroj Srivastava on relationships – you and your sister be it sister or a close friend who needs your help!

So read on and enjoy!!

Dr. Sonia Malik
Editor
संदेश
छोटी दीदी से बड़ी दीदी तक

बड़ी दीदी परेशान थीं। पति की मृत्यु के बाद आर्थिक स्थिति बर्बाद हो गई थी। कहानी वैसी समस्या में था और आज आती थी कितना मात्र से दिनों का लाभ कर पाने में असमर्थ थी। बालकान में छोटी बहन झककर बनी। वह सबसे बड़ी और उत्तर भी और दीदी के लिए कुछ कर पाने की तलाश थी उसके बाद में। विवाह में उनका सभी हाल दीदी ही तो करती थी। उस याद है, जब उसे कालह डाला तब दीदी उसे कैसे गाया था उदार करौं दिया ले जाता, उसके साथ रह-चल जानी, उसे पढ़ानी। पिताजी जब नामाज होते तो सामे पदानुष्ठान का पाठ खड़ी हो जाती। उसे यह भी याद है कि जब रात-बुधन के दिन उन्हें भाजप्रेम में दीदी को रखी पहनाई।

सब यहूदी था कि अंततः चिंता में देख छोटी बहन बिष्ट उन्हीं और साधन लगी कि दीदी के लिए कुछ कर रहे, जब तक उन्हें लात नहीं हो जाता।

रिश्तों का गुड़ाव मन की भावना से होता है। एक रिश्ते की परिभाषा बनना देते हैं। जो रिश्ते ज्यादा पहले बाहर पर बन का हा कम उभरता है, वहीं रिश्ते यह वह से दूसरी बहन के बीच दृश्य रखने का काम कर सकती? छोटी को लगा कि दीदी के साथ रिश्ता का रिश्ता कह यह काम है, दीदी अपना धरण को दिशा बदल गई। छोटी को लगा अब समय आ गया है कि दीदी को आवश्यक किया जाय कि "मैं ना तुम्हें फिर घर ले जाती।" रिश्ते-रिश्ता बजने चाह चाहो की धाराओं के मानवीय और संवेदनशील

हप उस दिन से गुजर गई हैं जहां बच्चों से अपमान रखना आया है। बच्चों को आगे बढ़ाना है, उन्हें उपलब्ध लानी है, उन्हें शिक्षा अनुभव हो, तो फिर कर सकता बड़ी दीदी को देख-चाहत? बच्चो को कौन निपटायेगा? बड़ी न जान से बचा। विवाह में रिश्तों के अन्दर बड़ी बहन ने बड़ी दीदी में फिसली शायद अब ही छोटी को। बड़ी दीदी की सेवा में जुट गयी छोटी और मिसाल बनी।

"Life without memory is no life at all, just as intelligence without the possibility of expression is not really intelligence. We must not wait for things to come. If we want it, we must do something about it!"

- Erwin Schrodiger

डॉ. सरेज श्रीवास्तव (आई.एम.एम. गांधी अध्यक्ष) 2019-2022
SURAYA NAMASKAR

Suraya namaskar a form of yoga comprises of twelve postures. This has many advantages as it is a good stretching and toning up exercise, it increases blood circulation, keeps you agile, and the range of movements is increased. But it has its limitations that abstains us from doing it when we have Cervical spondylitis then do salutation and Hastauttanasana but not bending of spine forward i.e. Padahastasana, but other asanas can be done. Only precaution older people should take is not to bend spine but bend at the level or hips, as backbone is very weak in aging populations and could suffer from silent fractures of spine if not careful.

1. Pranamasana (Salutation posture)
Stand erect with feet together. Join the palms together in front of the chest. Concentrate on standing straight, steady and in a prayerful attitude. This posture helps to induce a state of introversion, relaxation and calmness. Exhale fully.

2. Hastauttanasana (Raised arm posture)
Inhaling stretch both arms above the head, palms facing upward. Arch the back and stretch the whole body. This posture stretches the chest and the abdomen and lifts the Prana (energy) upward to the upper parts of the body propelled by inhalation.

Stretching backwards should be controlled depending on your capability and don’t over stretch.

3. Padahastasana (Hand to foot posture)
Exhaling bend the body forward and down, keeping the spine straight. Avoid collapsing the chest or “over-rounding” the upper back. Keep the legs straight and perpendicular to the ground. The knees may be allowed to bend a little if needed. A healthy flow of blood is sent to the spinal nerves as they are stretched and toned. The hamstring muscles at the back of the thigh and calf muscles are stretched and toned. Inversion increases blood flow to the brain.

Trick lies in taking your pelvis back while bending and taking your arms forward and bending is at the hip joint and not spine.

4. Ashwa Sanchalanasana (Equestrian posture)
On your next inhalation, extend the left leg back and drop the knee to the ground. The right knee is bent and kept between the hands and the right foot placed flat on the ground. Lift the spine and open the chest. Concentrate at the eyebrow center.

5. Parvatasana (Mountain posture)
On the exhalation bring the right leg back to join with the left leg. Simultaneously increase the buttocks and lower the head between the arms, so that the body forms a triangle with the floor. Try to place the heels flat on the ground. Focus awareness at the neck area. This posture strengthens the nerves and
6. Asthangasana (Salutation with eight limbs)

Exhaling gently drop both knees to the ground and slowly slide the body down at an angle as you bring the chest and chin to the ground. All eight limbs - toes, knees, chest, hands and chin - touch the floor. The buttocks are kept up. Hold the breath. This posture develops the chest and strengthens the arms. It sends additional blood to this area helping to rejuvenate the nerves.

7. Bhujangasana (Cobra posture)

On the inhalation, lower the hips while pushing the chest forward and upward with the hands, until the spine is fully arched and the head is facing up. The knees and lower abdomen remain above the floor. Focus the awareness at the base of spine and feel the tension from the forward pull. It is very helpful in relieving tension in the back muscles and spinal nerves.

Important thing is don't raise above the level of navel otherwise you would have back strain.

8. Parvatasana (Mountain posture)

Exhale and get back to posture 5.

9. Ashwa Sanchalanasana (Equestrian posture)

Inhale and swing the right leg forward between the hands. The left leg remains back. Resume posture 4.

10. Padahastosana (Hand to foot posture)

Exhaling, bring the left foot forward. Join both legs and resume posture 3.

11. Hastauttananasana (Raised arm posture)

Inhale, raise the trunk up and bend backward. Resume posture 2.

12. Pranamasana (Salutation posture)

Straighten the body and bring the hands in front of the chest. Resume posture 1.

Note:

The above constitutes one half of a round of Suraya namaskara. To complete the other half the same movements are repeated except that the right leg is brought back in posture 4 and the left foot is brought forward in posture 9. So one full round consists of the exercises done twice. Practice up to 6 rounds in the morning and 6 rounds in the evening.

When the exercises are done a little quickly, the gain is more physical while if they are done slowly with breath awareness the gain is more mental and spiritual.

So these asanas can be done after your weight training also to stretch and relax your body or if you do early in the morning then do gently so that you don't overstretch!
Ramadan in Hyderabad

Khushamdeed!

The Muslim community across the world observes Ramadan - an annual training period in every Muslim's life, teaching humility, patience & perseverance besides the simple principles of truth, honesty, sharing and caring to lead a virtuous life throughout. Ramadan is the ninth month of the lunar calendar encompassing a number of rituals that are performed at specific times. The calm Sehri and the chaotic Iftar! The spiritual Taraveeh and the Mystical Tahajjud! The benevolent Zakat and the generous Fitr! The sweet dates and the rich sheer khurma! The genuine smiles and the open embraces! Ramadan is a blessing of Allah and all Muslims wait for this holy month every year.

The look of Hyderabad changes during the month of Ramadan. It is awash with colours be it fruits or clothes, accessories, perfumes, food items etc. flooding the market place. Surrounding the historic Charminar and Mecca Masjid, it is altogether a different world. Even nights turn into days with glittering shopping centres, crowded markets, hotels and road side eateries are open all through the night doing brisk business. Markets are flooded with enthusiastic shoppers purchasing anything or everything. According to a conservative estimate, the Muslims of Hyderabad and other districts of the state do a shopping of more than Rs 200 crore during the Ramadan itself.

The Hyderabadite tahzeeb (Etiquette) beckons people to exchange invitations to Iftar parties. The special cuisine of Ramadan is a feast to relish with dates, haleem, lukemi, dahibade, fruitchat, lassi, nimbu panji etc. forming the basic flavour of the month. There is no “dastarkhan” (food layout) without a minimum of dates and boiled channa dal or boiled kala channa (garnished with lemon and coriander) at Iftar. There is so much giving and sharing, that no person sleeps hungry during Ramadan! I feel this month is god-sent only to nourish the undernourished of all communities. Hyderabad is a wonderful cosmopolitan city and people belonging to all communities enthusiastically take part in this gastronomical experience, a beautiful sight to behold.

Hyderabadi Haleem, the mainstay of Ramadan needs a special mention as the city has achieved a patent for it and has been awarded the 'Geographical Indication (GI) Certificate'. With this tag, the meat stew made of mashed goat meat, wheat, lentils, spices and almonds, joins the likes of the Tirupati Laddu, Darjeeling Tea and Banarasi Saree.

The whole month of Ramzan is one huge celebration along with the religious fervour of Taraveeh (Namaaz with a focus on reciting and understanding the Quran during the 30 days of Ramadan and implementing it thereafter) and Tahajjud (a namaaz recited late in the night) in addition to the regular Salaat of five times. The door to Jannah is opened and Allah embraces us with open arms. Even sleeping while fasting is considered as prayer in Ramadan (Na dekh bura: Na sun bura: Na boi bura).

The month of self-purification and restraint culminates with Eid-ul Fitr and the thanks giving congregational prayer. The fragrance of Mehndi and Attar mixed with the aroma of binyani, sheerkhurma & seviyan set the milieu to floating sherwans, achkans, khada duppattas and gharaaras. Blessings and Eidees await the young. Contentment and satisfaction gratify the old. Adoring embraces and vibrant smiles light the day. Love & Joy are in the air, be here to feel it! Ramadan in Hyderabad is truly something different.

Mrs. Anshia Akheel, MA, MBA (IBR), Director Cocoon Consultant, Executive Secretary, IMS
THE FESTIVAL OF TEEJ

Rajasthan, a land with its rich historical and cultural heritage, is known for celebrating many colourful festivals throughout the year. "Teej" is one such festival which is looked forward to and enjoyed by the people of Rajasthan.

Teej is celebrated in India especially by women in the months of July-August marking the advent of monsoons. It has great significance in Rajasthan as it is observed to provide relief from the scorching heat of summer. Thus, it is popularly called the Sawan Festival.

THE FESTIVAL OF TEEJ SYMBOLIZES REUNION OF LORD SHIVA AND GODDESS PARVATI. TEEJ TEACHES US THE SACRIFICE OF WIFE TO WIN THE HEART OF HUSBAND

Women buy beautiful saris and jewellery, apply mehndi (Henna), offer prayers to goddess Parvati and enjoy the monsoons with swings and songs. There are also processions running throughout many cities that become a means of dance and fun for children and other people. On the occasion of Teej, dandiya dances are arranged by professionals and performed in courtyards at home and in public places. The young girls of the house who dress up in colourful saris, lehangas and chunnis, also perform these dances.

On Teej, it is a must for the girls to receive clothes from their parents. Gifts comprising of set of heavy clothes, estables, dry fruits, bangles, which is called as baya, for the first year after marriage is given to the newly weds. Girls engaged to be married, receive gifts from their future in-laws a day before the festival. The gift, called Shriniyara derived from the word Shringar (adornment), consists of henna, lac bangles, a special dress of lahena (tie and dye fabric) and a sweet called ghewar. The pooja is performed in the morning. The baya which consists of a variety of foodstuff is placed on a thaali (plate) at the place of worship where a chowki (square) has been decorated, an idol or a picture of Parvati is installed. The evenings are set aside for singing and dancing.

Swings are hung from trees and decorated with flowers. Young girls and women colourfully attired, swing on them and sing songs in praise of the goddess and the monsoon. The gracefully ornamented and colourfully dressed women celebrate the day by sending fun and frolic to it through their local gatherings. The hands crafted with henna add into the beauty of the ladies and a popular belief that goes with it is that the darker the henna the more a man loves his woman.

The colours of the month of Sawan, lifting songs - specific to the festival, are sung to accompany the application of henna, creating an aura of romance. The tie-and-dye chunnis in green, red, and yellow with its zari and gota along with green, yellow and red bangles, becomes a feast for the eyes.

The rituals allow one to pamper and enjoy themselves, to fast and feast, to dress the best with best of clothes, finery and jewellery. The festivities end with exchange of gifts and the arrivals of husbands to fetch their wives. The wives then leave their parent’s home.

Teej is not just a festival of colours, fun, frolic and feast. It highlights the strength of character of females, their perseverance, faithfulness and dedication towards their goals. Goddess Parvati, the central character is the epitome of these qualities. Teej is celebrated to honour the devotion of goddess Parvati— popularly known as teej mata Parvati consistently tried for a union with lord Shiva for 108 long years! It is said that Parvati reborn and went through stringent fasting for 108 long years to prove her dedication, devotion and unconditional love towards lord Shiva. Finally, 108 years of long sacrifice paid off and lord Shiva accepted her as his wife. It is evident that age and time were no bar for her efforts. Although it might be argued that Parvati was a goddess, but she did aim for a worldly goal! And she must have definitely maintained and groomed her mind, body and soul for her goal. This emphasizes the fact that if one maintains a good quality of life inspite of increasing age, it is possible to attain one’s objectives in life and that is what brings happiness!

According to hindu mythology, on the 3rd day (teej) after the new moon in the month of shravan, goddess Parvati went to the house of lord Shiva, her husband and was united with him.

The festival of Teej symbolizes reunion of lord Shiva and goddess Parvati. Teej teaches us the sacrifice of wife to win the heart of husband. Jaipur in Rajasthan especially organizes a fair for tourists and people coming from all over country to get a glimpse of all the customs and traditions associated with it.

Dr Renu Patni, MD consultant Gynaec, Jaipur, Vice President, IMA
SOME UNNATURAL WAYS FOR A NATURAL PROCESS OF MENOPAUSE

While most women go through natural menopause about 50 years of age, there are some who undergo menopause in their 40s and even as early as 20s and 30s. Surgical menopause happens to more women than one might think. Approximately 600,000 women in the US have a hysterectomy which is the second most common major surgery among women. About 55% of women who have had hysterectomies also undergo bilateral oophorectomy. This means they experience surgical menopause as well.

Differences between natural and surgical menopause

Natural menopause begins when the ovaries cease to produce an egg every four weeks, menstruation ceases and the woman is no longer able to bear children. Postmenopausal begins after menstruation has ceased for 12 months. For intact women, this process usually happens on average between the ages of 35 and 51. The ovaries reduce their production of estrogen and progesterone and physical changes and side effects occur that coincide with natural aging. In contrast, surgical menopause causes an immediate plunge into postmenopause after the ovaries are removed. Note that if you’ve had your ovaries removed after menopause, you won’t be in surgical menopause and you won’t feel any hormonal differences in your body. If you’ve had your ovaries removed before you’ve reached natural menopause, you’ll wake up from your surgery in postmenopause.

What is sudden unnatural menopause?

The ovaries produce estrogen, progesterone and androgens which are essential to the regulation of the menstrual cycle. When a hysterectomy occurs, these hormones get suddenly interrupted and their levels fall resulting in symptoms of menopause. This is termed surgical menopause.

Although removal of ovaries becomes unavoidable in most hysterectomy surgeries, every effort is made by the surgeon to leave the ovaries intact in order to avoid the sudden absence of hormones. Surgical menopause occurs in women who have not yet had natural menopause.

Most often, surgical menopause is caused quite dramatically when there is surgical interference like hysterectomy, bilateral oophorectomy, where both the ovaries are removed. Hysterectomy with removal of ovaries is referred to as TAHBSO, total abdominal hysterectomy and bilateral salpingo-oophorectomy. This removal of ovaries and fallopian tubes lead to surgical menopause condition.

A word about removal of uterus

A subtotal hysterectomy is when the uterus is removed leaving cervix in place. In total hysterectomy the body and cervix are removed. In a Wertheim’s hysterectomy, the womb, part of the vagina, Fallopian tubes, ovaries, peritoneum, lymph gland and fatty tissues in the pelvis are removed.

In the case of hysterectomy when the uterus is removed and ovaries remain, menstrual periods stop but significantly the menopausal symptoms occur at the same age as would naturally. Surgery is warranted in conditions such as endometriosis, ovarian cysts, fibroids, ovarian cancer and pelvic organ prolapse.

How to inform and plan for future?

- Surgical menopause is a difficult decision especially at a younger age. The younger the woman, the more problems she will encounter.

- A complete hormonal check up is essential for every woman who has to undergo hysterectomy. This way a baseline reading of the hormonal needs is obtained and one can always try to achieve these normal levels with the right hormones again.

- Post care has to be planned and it is important for a young woman undergoing hysterectomy to be under the care of a hormonal therapy specialist who can handle the side effects of surgical menopause.

- Research is still at an infant stage seeking to determine the long time effects of surgical menopause on heart disease, osteoporosis and general health especially on younger woman.

How do you feel – A possible symptoms

It is observed that a woman undergoing surgical menopause experiences certain symptoms more profoundly than women going through menopause normally. Since there is abrupt disruption of hormones after hysterectomy, the menopausal
symptoms are more severe, more frequent and last longer when compared to natural menopause. The symptoms are triggered by the body’s sudden inability to make certain hormones due to the removal of ovaries.

Hot flushes and night sweats are the commonest symptoms of surgical menopause. It is estimated that about 75 - 90 percent of women who have had surgical menopause experience them. This is due to the disturbance of the central thermostat located in the hypothalamus which is kept stable by normal circulating estrogen.

Other symptoms of surgical menopause range from sleepless nights, vaginal dryness and itching to decrease in sexual desire and painful intercourse. An understanding and informed partner can help in such situations. Depression is another common result of low estrogen level. Thyroid dysfunction, bladder infections, incontinence, weight gain, migraine, and irritability are also symptoms of surgical menopause.

How Doctors will manage?

According to the various Menopause Societies (Doctors practicing menopausal medicine), there are different treatment therapies available to cope with the symptoms of surgical menopause. Estrogen is immediately given after surgery to try to prevent the intense changes especially the hot flashes that can occur in women undergoing hysterectomy. Estrogen replacement therapies like Estrace and Premarin have been found to relieve many women experiencing surgical menopause. This is an FDA approved bio-identical estrogen replacement therapy which can help continue an active lifestyle after surgery. However the use of estrogen is itself controversial and it is not usually recommended for women with existing or high risk of cardiovascular disease. A lowest dose of estrogen for the shortest possible time is recommended.

Tibolone is another drug quite useful for immediate short term therapy for relieving symptoms.

Vaginal ring is designed for women whose womb has been removed. Vaginal creams which can be applied directly to the vagina by an applicator give relief locally on the lining of the vagina and are beneficial for vaginal atrophy conditions.

Vaginal ring is designed for women whose womb has been removed. Vaginal creams which can be applied directly to the vagina by an applicator give relief locally on the lining of the vagina and are beneficial for vaginal atrophy conditions.

HRT implants which are small pellets inserted under the skin periodically once in six months supply hormones. These are surgically inserted into the fatty layers of the abdomen under a local anesthetic. HRT patches come in various dosages and these are small plasters which can release hormones into the blood stream transdermally. The patch needs to be changed twice weekly and possible side effects could be skin irritation and allergy.

Tablets are the most common form of HRT and they are for long term usage which needs to be carefully considered. It is imperative to consider the usage of all HRT preparations very carefully and regularly so as to ensure maximum benefit at the lowest possible dose with effective symptom relief and protections.

Exercise is another form of self help which is a positive therapy. Begin with small but regular walks and then gradually move over to weight bearing exercises which help to release endorphins from the brain that send feel good messages to the body.

Why to worry?

Surgical menopause risks are more than natural menopause

• Women with surgical menopause are seven times more prone to cardiovascular disease risks.

• They run the risk of osteoporosis as estrogen plays a vital role in bone formation and without estrogen calcium is lost from the bones which when not replaced breaks easily.

• It is found that after surgical menopause in particular, bones lose roughly 3% of their mass per year for the first five years and then 1-2% a year thereafter. Increased bone loss associated with oophorectomy results in fracture risk as well.

• Some studies have found that reduced levels of testosterone in women are predictive of height loss which may occur as a result of reduced bone density.

• Gum tissues are affected and regular dental check ups are advised to tide over this problem.

• Women younger than 45 years of age and who have had their ovaries removed face a mortality risk 1/3 to 20 times higher than women who have retained their ovaries after oophorectomy. Hormone therapy is commonly advised as it is believed by many doctors to mitigate the mortality risks.

• There is a definite lowering of sexual desire in women who have undergone surgical menopause. This reduction is greater than that seen in women undergoing natural menopause.

Surgical menopause is definitely difficult and different when compared to the natural way. But it is important to stay positive. One can also join a local or Internet menopause support group, take breaks throughout the day, relax mentally and keep fit physically by exercising and eating a healthy diet.

BUT DO NOT WORRY – DETECT IN TIME AND LIVE A HEALTHY LIFE !!

Dr Atul Munshi, MD DGO, FICOG, Consultant Gynecologist Ahmedabad, Immediate Past President, IMS
Menstruation is a normal physiological event occurring in a woman in the reproductive years. Normal menstruation occurring in normal quantities is reassuring to the woman, in spite of the small inconveniences experienced during the period. Any change from the normal pattern gives rise to anxious moments. The reasons for abnormal bleeding varies according to the age of the patient. In the years preceding menopause, there may be disorders of ovulation. (Ovulation is the normal process of extrusion of ova in women). Besides these hormonal abnormalities, tumours in the uterus or ovaries could cause excessive or irregular uterine bleeding.

In the following section, a few of the commonly faced situations are discussed.

Q. What is normal menstruation?

Normal menstruation means menstruation occurring once in 28-35 days, the flow being moderate in amount for the first 2-3 days and petering out to a complete stop in 7 days time.

Q. What are the abnormalities in menstruation are expected in the woman nearing menopause?

The menstrual irregularity at perimenopause is the result of physiologic reduction or depletion of healthy oocytes (ovarian eggs). The remaining oocytes of the ovary are of lesser competence and cannot sustain the normal hormone balance. In most women this menstrual dysfunction continues till menopause (complete cessation of menses). In the perimenopause period, the previously regular periods tend to become irregular with changes in intermenstrual lengths. The perimenopause is divided into two phases:

- **Early perimenopause** – The menstrual cycles may be short or prolonged.
- **Late perimenopause** – Characterized by lengthened intermenstrual periods, resulting in prolonged and irregular menstrual cycles. In some women, the menstrual bleeding may be prolonged and heavy requiring immediate medical attention.

Q. What are the factors in menopause that cause and aggravate abnormal bleeding during menstruation?

The normal cyclic periods are the result of normal balance between estrogen and progesterone (ovarian hormones). In the perimenopause,
disruption of normal hormonal sequence results in erratic response of the endometrium (inner lining of uterine cavity). In most perimenopausal women ovary is the major source of estrogen production. However, in obese women the excess of adipose (fat) tissue also produces high amount of estrogen. The unopposed estrogen action can cause excessive thickening of endometrium resulting into irregular and heavy bleeding. Some of the changes in the endometrium may have malignant potential. Other structural changes like uterine fibroids, polyps, adenomyosis, ovarian tumours and pelvic infections can also cause irregular and heavy menstrual bleeding.

Q. What are the types of bleeding that occur in perimenopause?

The menstrual dysfunctions at perimenopause are of different types:

- Regular periods with excessive cyclic bleeding;
- Short menstrual periods with normal or excessive bleeding;
- Infrequent and delayed periods with normal or excessive and prolonged bleeding;
- Irregular and non-cyclic prolonged periods with scanty or excessive bleeding.

Q. What are the treatment options for dysfunctional uterine bleeding in women who have completed childbearing?

In the woman nearing menopause, one has to rule out cancers of the lining of the uterus, called the endometrium. This is done by Ultrasonography in the early menstrual period, or by sampling the endometrium and sending it to a pathologist. Once this has been done, drugs are given to control the bleeding. Hormone preparations and non hormone preparations are used by doctors depending on the case, by doctors to control this situation. Sometimes, quick and permanent response to medical treatment is also an indication of the bleeding being benign in nature. Associated medical disorders like thyroid dysfunction, diabetes mellitus, pelvic infections should be ruled out. Iron-deficiency, anemia is a very common nutritional disorder in Indian women and menstrual dysfunction further aggravates this deficiency. Therefore, this needs to be treated simultaneously.

Q. What are the other treatment options for women who continue to have abnormal bleeding?

1. D&C: In women who have completed childbearing, when medical treatment fails, a small procedure called D&C (Dilatation and curettage) may be done. It involves widening the opening of the uterus and putting in a curette and scraping the inner surface of the uterus. This inner lining of the uterus is called the endometrium. The endometrium which is thus taken out is submitted for testing in a pathological laboratory to make sure there is no malignancy in it. This procedure besides being diagnostic to rule out malignancy may also be curative. Bleeding may completely stop after this. D&C is usually done as a day care procedure and need not involve admission to the hospital.

2. Medicated Intrauterine Devices: Intra-uterine devices medicated with a hormone called progestosterone are placed in the uterus. The advantage of this IUD is that it is a simple procedure and avoids the complications of surgical procedures. The disadvantage is that it is a bit costly (Around Rs. 7500). Although the cost may seem to be a bit high for the average patient, it is certainly worth trying specially in cases where surgery or anaesthesia poses a risk to the patient.

3. Endometrial Ablation: In dysfunctional uterine bleeding the irregular or excessive and prolonged bleeding is caused by irregular shedding of the inner lining of the uterus called the endometrium. This lining can be destroyed using many modalities like heat, electricity, laser, microwaves etc. These procedures could be a boon to the woman with DUB with risk of surgery or anaesthesia.

4. Thermal Ablation: A rubber device is introduced into the uterus and a hot solution is passed into the rubber balloon. The heat of the solution is transmitted across the rubber balloon on to the lining of the uterus which is desiccated. Most of them attain normal menstruation or decreased menstruation. Very few attain stoppage of menstruation. It is done as a day care procedure and can be done under local anaesthesia and sedation or under mild general anaesthesia. Immediately following the procedure there may be uterine cramps which settles with antispasmodics. Some women may have profuse watery discharge for a month or so.

5. Hysteroscopy: An instrument called hysteroscope is inserted into the uterus. The uterus is distended with fluid. Any small projections into the uterus called polyps can be removed using special equipments called resectoscopes. The endometrium can also be ablated using this instrument.

6. Hysterectomy: If medical treatment and D&C fails, another option is removal of the uterus. Uterus being of normal size, can be removed through the vaginal route. Pain after surgery is minimal, and in uncomplicated cases the hospital stay may be limited to 3 or 4 days. Hysterectomy being a major surgery should be reserved for cases where all other means of controlling bleeding fails. Since vaginal hysterectomy is not a very Markt procedure, & there is a 100% possibility of cure, some doctors do not want to try methods like medicated intrauterine devices or endometrial ablation before going in for hysterectomy. However, it must be remembered that hysterectomy is certainly associated with more complications compared to the non surgical treatment modalities. In India where there is no insurance cover for most patients, the cost of these procedures may seem prohibitive to some patients, and probably that is another reason why hysterectomy is preferred in many patients with dysfunctional uterine bleeding.
Poise

HYPNOTHERAPY AND THE MENOPAUSE

By Vanita Gupta

Although menopause is a natural process and is caused by natural ovarian failure and oestrogen deficiency. During the menopause, women suffer physical and emotional symptoms, and they struggle enormously to deal with problems such as hot flushes, night sweats and lack of sleep. These have detrimental knock on effects on mood, on work and on family. Many women think the only option for them is to go on to HRT but they are unhappy or wary about doing so because of the negative health implications. Hypnotherapy offers a safe, simple and effective alternative.

Hear the word “Hypnosis” and one may think of a stage show, a guy in a turban dangling a pocket watch and making people cluck like a chicken or behave in some other silly and uncharacteristic manner.

This is not at all what modern Hypnotherapy is like. Hypnotherapy is a relaxing, yet powerful treatment, which can help control unwanted feelings, stress, anxiety, or menopausal panic attack. It works on a conscious and subconscious level and is very effective in reducing overall stress and alleviating symptoms. Hypnotherapy helps to support the woman’s attitude towards this difficult part of their life. Hypnosis can prove effective with hot flushes by reducing their intensity and frequency. By using positive suggestions while under hypnosis, the hypnotherapist works with the client to alter their perception of the menopause.

The treatment involves a state of guided relaxation and focused action. During a session the hypnotherapist will discuss the problems you are having with the menopause by providing a confidential and sympathetic environment for you to talk in. Once you are relaxed and comfortable, the hypnotherapist will begin to induce a hypnotic state. You will be awake during this process and aware of your surroundings, however your subconscious mind will become open and both you and the hypnotherapist can begin to explore and identify the problems. Your attention will become more focused and less critical about your condition.

With the subconscious receptive to positive suggestions of change, you will begin to manage specific symptoms, emotions and behaviour linked to menopause. One need to understand that there is a significant link between ‘mind’ and ‘body’ regarding all areas concerning reproduction. Thus, hypnotherapy, operating on both conscious and unconscious level, is well placed to provide beneficial treatment for those coping with the negative aspects of the menopause.

Hypnotherapy is often successful when other methods of treatment have failed because it harnesses the power of the unconscious mind. It is a safe and effective form of therapy. At all times you are in control of your own thoughts and actions. Unlike some drug-based treatments, there are no harmful side effects.
How can hypnotherapy help with menopause?

Hypnosis by itself does not cure the problem—rather, it creates a heightened state of awareness that opens the way for your own willingness to bring about the desired changes. Hypnotherapy can focus on symptom reduction, strategies for coping with stress, resolution of personal problems and many more.

Hypnotherapy is often combined with Counseling and Psychotherapy, Emotional Freedom Technique (EFT), Neuro Linguistic Programming (NLP) to treat the whole range of menopausal symptoms.

Typically, the first session with a hypnotherapist lasts one hour. During this visit, the practitioner asks questions about your particular problem. When symptoms began, other treatments you have tried, how the issue affects your life and stress level. Because hypnotherapy is highly individualized, this information helps determine the most appropriate treatment for you like – void identification, inner child identification and integration, Radikal healing, emotional empowerment technique for detoxification of negative thoughts. Sexuality test based on which treatment and induction modality is decided and Self hypnosis and relaxation techniques.

During a session, you sit on a comfortable chair or couch in a quiet and softly lit room. Usually your eyes are closed, but you can hear everything around you. Speaking in a soothing voice, the practitioner leads you into an induction, a trance like state of deep relaxation. One common technique is body scan. The practitioner asks you to focus on your feet, relaxing the muscles there. Next you focus on feeling the relaxed sensation in your ankles, your calves, your knees. Over 5-10 minutes, the practitioner guides you to relax your entire body.

While you are in a state of deep relaxation, the practitioner makes therapeutic suggestions, prompting your unconscious mind to deal more effectively with your health issue. Suggestions are tailored to the specific problem and person. Some of the suggestions are:

- My body is strong and healthy and become healthier each day.
- My female organs are in good shape. (For those women who feel rejected or feel that active sex life is over.)
- I can be happy and optimistic at this time of my life.
- I am going through menopause more easily and more comfortably with each passing day.

After the therapeutic suggestions or any other therapeutic modality, which the practitioner selects for your problem, he / she brings you back to your normal state of consciousness. The practitioner may assign you some simple self-hypnosis techniques to do on your own.

Self-hypnosis is a valuable tool that can help you move seamlessly through menopausal stage of your life with acceptance and grace.

Self-hypnosis should not be done by people with extremely negative outlook or who have a history of depression. Self-hypnosis process has to be repeated completely for every suggestion that you want to give to your subconscious mind. Remember your physical, mental and intellectual key words or note them down when the practitioner teaches you the technique of self hypnosis.

When you are accepting and calm, you can feel relief from the physical effects of menopause. Your mind programming helps you overcome the symptoms like hot flashes as you move through this beautiful part of your life. Help with menopause begins with your mind, moves into your emotions and you feel the effects in your body.

Vanita Gupta, hypnotherapist, Faridabad
INTERNATIONAL WOMEN’S DAY
4th MARCH 2011

On the occasion of the 100th Anniversary of International Women’s Day, Mumbai Chapter created an awareness programme for the Ladies on 4th March 2011.

Dr. Kiran Coelho, Obstetrician & Gynecologist gave a wonderful presentation on “Women through the Ages” covering the various stages – right from Puberty to Premenopause and Menopause. The various changes that occur in a woman’s body were covered and solutions to the problems incurred were also discussed in full details. The women in the audience were extremely satisfied with this informative presentation.

Fitness expert Leena Mogre inspired the ladies to remain fit so as to overcome the mental as well as physical changes associated at various stages. The ladies in the audience were well motivated by her fiery presentation. She inspired them to keep themselves doing some kind of physical activity to suit their liking and availability of time to them.

The audience left with a great confidence, mastering the skills to handle themselves and learning to enjoy the blazing dusk in their lives.

Dr. Kiran Coelho and Leena Mogre

GURGAON
Activities from Jan to June 2011

22nd Feb. 2011 CME with club 35

On 22nd Feb 2011, Gurgaon chapter hosted a CME followed by club-35 meet. Topics were ‘Menopause & Heart Disease’ speaker Dr Sanjeev Choudhary (cardiologist) and ‘HRT – what is new’ speaker Dr Sonia Malik together with IMS doctors 56 club 35. Members attended & benefited from the talks.

3rd April 2011

A free BMD camp was organized at SETHI HOSPITAL and 60 men & women had their BMD checked. Of these 38 ladies were of the age group of 35yrs+. They were given free counseling by Dr Pushpa Sethi (gynaecologist) & Dr A. K. Sethi (orthopaedic surgeon). This has been made a 3 monthly event at this centre.
IMS East Zone - Cuttack

IMS East Zone CME was held at Cuttack on 14th May 2011. We had a two hour session on public awareness which was attended by members of IMS Orissa chapter, members of IMA, Cuttack and members of Inner Wheel Club of Rotary, Cuttack. Total no. of participants were 150.

The public awareness meeting was on "Cancer & Menopause". It was conducted by Dr. D. K. Pattnaik, Ex-professor & Head, O & G, SCB Medical College, Cuttack and Dr. Rajat Ray, Chairperson, Public Awareness Committee of FOGSI. The experts were Dr. Sanjay Das, Dr. J. K. Panda, Dr. Monu Pattnaik, Dr. Dilip Gadvi & Dr. Jita Parija. Dr. D. K. Pattnaik presented the PPT on Cancer & Menopause prepared and sent by Dr. Ranu Patni. The audience questions were answered by the experts. The meeting was concluded with vote of thanks by organising secretary, Dr. H. P. Pattnaik & refreshment to the guests.

IMS Rajkot
Jan to June 2011

January 9, 2011
A talk on “Better Financial Health by Investments” by Asit Mehta and intermediaries in association with the Surgeon’s Association of Rajkot was held at the hotel imperial palace.

February 20, 2011
Past national President of IMS Dr. Atul Munshi delivered an oration on “Hormone Therapy: global Perspective in Indian Scenario”. We felicitated Charter Secretary of Rajkot IMS Dr. Nita Mohile and past chapter secretary of IMS Rajkot Dr. Jyoti Shah at the worthy hands of Dr. Atul Munshi.

March 27, 2011
A Menopause Awareness lecture by Dr. Pratima Parikh was arranged at the Rotary Midtown Municipal Library.

April 9, 2011
A lecture by Dr. Ava Desai (Gynec-Oncologist) from Ahmedabad was arranged in association with the Sterling Hospitals, Rajkot. She spoke on: Colposcopy for the Practicing Gynecologists and on Benign Vulvar Lesions.

May 7, 2011
Dr. Darshana Pandya delivered a Menopause Awareness Talk at the Ladies Wing Of Income Tax and sales Practitioner’s association.

May 22, 2011
A BMD camp was arranged at the rotary Midtown Medical center for the members of the Senior Citizen park. 58 members benefited.

June 14, 2011
A talk and demonstration by Dr. Usha Khanna was arranged on “Yoga During Menopause” at the Hotel Grand regency.
A talk on “Clash of Calcium” by Dr. Ketan Thakkar and “Management of Osteoporosis” by Dr. Hioren Kothari (both Orthopeditians) is arranged on July 16, 2011.
अण्डाशय का कैंसर एक मुक्क घातक बीमारी है। आरोग्य में जननाव कैंसर में सबसे ज्यादा होने वाला कैंसर अण्डाशय का कैंसर होता है। इससे होने वाली मुम्बू दर, कैंसर से होने वाली मुम्बू में प्रथम स्तर पर है।

इसे देश में अड्डनाता, अड्डनाक्षर अथवा अपवास कांडों में विकिरिकैयता निवास व ईलाज की संख्या में कमी रहने का प्रमाणिकता अध्ययन में प्रमाणने है। जैसे - जैसे इजहात अनुसंधान की हुई है वैसे - जैसे Tumour Marker के तथा निरंजन प्रमाणों के अभाव में इसका प्रमाण करता विकिरिकैयता है।

इसका एक विस्तारण बीमारी माना जाता है। Inherited Familial - Syndrome परिवार की अन्य महिलाओं में जैसे मां - बहू - बच्च। इस संदर्भ में ५० प्रतिशत का एक ही अग्रणी होता है। इसमें ८० प्रतिशत गर्भपात का निरंजन करने वाले अवसर में हो गया है। उनमें से ३५ प्रतिशत महिलाओं ने एक बच्चा लिया है।

५० प्रतिशत महिलाओं की जोड़ी और निवास होने तक मीत हो जाती है। Morbidity 35% Mortality 60%

५५ वर्ष से ज्यादा उम्र की औरों में यह Epithelial Cell Tumour होगा है तथा ३० वर्ष से नीचे उम्र की महिलाओं में Germ Cell Tumour होगा है।

इस वंशानुगत गोष्टियों में एसा माना जाता है कि जब के समय से ही हो से Cell, Ovaries में Incorporated हो जाते है तथा Ovulation के साथ फिर Proliferate होते हैं। लगातार होने वाली Epithelial injury & Repair - DNA Cell को डेमो करती है।

१० प्रतिशत औरों में जैजिक, एपिस्टासिया होता है, इस बीमारी का निवास करता मुख्यतः होता है, इसके कई कारण हैं जैसे -

१. इसकी प्रामाणिक अवस्था में कोई निरंजन लक्षण न होना।

२. इसकी प्रो-कैंसर अवस्था में निवास न होना।

३. इसका कोई एक जीस ट्र्यूमर मर्कर न होना।

४. विनिग्राही एक डॉल होट मर्कर न होना।

५. अधिक कारण - टेस्ट का महत्व होना।

६. अज्ञाना व अशिक्षा।

७. विकिरिकैयता संबंधी कांडों में कमी होना - खास कर गर्भावस्था अभाव में।

अत: युवा रिस्क फैक्टर्स की मूल्यांकन करके उसके तहत औरों को जीवन कराने में एक महत्वपूर्ण उपाय है।

रिस्क फैक्टर्स –

१. बीमारी का वंशानुगत होना - मां-बहू-बच्च। इससे प्रभावित होता है। यह एक्सिट्री क्विडिया अध्ययनों के ३० वर्ष से कम उम्र की महिलाओं में देखी जाती है। इस रोगियों में से हर एक बच्चा अपरिकृत होता है।

२. ब्रेस अपोटिक्स बीनसेर सिक्लोम - एकत्र में छाती के कैंसर के साथ अवकाश का कैंसर भी इस सिक्लोम में होता है। यह दोनों अंगों में बाइकॉर्टैस होता है। अतः उस औरत को, जिसे छाती का कैंसर हो, उसे अवकाश जीवन कराने का सलाह दिया जाता है।

३. जिसमें सिक्लोम - वंशानुगत कॊलेस्टिस के साथ महिलाओं प्रेग्नेंसी - अवकाश नहीं पाया जाता है। कॉलेस्टिस के मरीज में अन्य अंगों में छाती होने के अवकाश ममता युग बढ़ जाता है।

विज्ञान औरतों में कम या न पदार्पण जाना -

१. लख घटनों को प्रभाव देने वाली महिलाओं में।

२. क्योंकि यह लक्षण कारणों के साथ अवकाश का कैंसर भी हो सकता है।

३. जिसमें नस्लसा की अपरिहार्यता कारण हो।

४. जिसमें महिलाओं के अधिकतम हो।

५. और घटने विशेष रूप से बच्चों को वाली महिलाओं में।

विज्ञान महिलाओं में यह हो सकता है -

१. जी गर्भ से ११५ हृदय।

२. बुद्धिमान।
3. Videolaparoscopic cystectomy performed via laparoscopic approach.
4. If less than 10 cm, laparoscopic approach is preferred.
5. If more than 10 cm, laparoscopic approach is preferred.

**Clinical Features**
- Age
- Malignant
- Postmenopausal
- Pain
- Vaginal bleeding

**Tissue Markers** - Epithelial proliferation with papillary formation.

**Information**
- Pseudo Starti Fication
- Nuclear Atypia & increase mitotic activity
- Stromal invasion is not seen

**Tissue Markers** - Epithelial proliferation with papillary formation.

**Idiopathic Test**
Is should be completely specific and sensitive and economic.

**If Simple Cyst - Normal CA 125, FNAC**

**Cyst Solid Mass**
- Abnormal CA 125 (cyst larger than 5 cm)
- Abnormal LDH, AFP & HOG

**Classification**
- Surface epithelial tumor
- Serous cyst adenocarcinoma
- Mucinous cyst adenocarcinoma
- Endothelial carcinoma

**Antioxidant and Immune System**

**1. Chemo Prevention (Risk)**
- Drug treatment
- Chemotherapy
- Aversion
- Novel therapy

**2. Antioxidant and Immune System**

**3. Repair System**

**Conservative - Medicine**
Operative - Operation under guidance
Radiation

Both are important in the repairing process. 

Dr. Sumathy, Consultant Gynecologist, Shalimar (HoJ)
आहार व शारीरिक कार्यकलाप मेनोपॉज के बाद स्वयं स्तर आकलन

पश्चिमी जीवन शैली में नित नये आ रहे बदलाव, आसमान संदर्भ होते जा रहे दिनभर, फास्टफूड के बदले प्रस्तर तथा पौधों आहार के अभाव के कारण रजस्त्रिकृति के परिवार महिलाओं में अपराजीत व दीर्घकाळीय परिवर्तन आए। तंत्र दिखाई देते हैं।

प्रोफ. निलीना ने रजस्त्रिकृति के उपार्थ जांच के बाद आधारीय आदि और निकलिए।

आहार व शारीरिक कार्यकलाप मेनोपॉज के बाद स्वयं स्तर आकलन

आहार आकलन प्रश्नावली : —

1. आप अपने वजन को आमुना क्या मानती है?
   - अधिक स्वास्थ्यवर्धक
   - कम-कम स्वास्थ्यवर्धक
   - बहुत कम स्वास्थ्यवर्धक

2. प्रतिदिन कितनी चाव दूध का आप सेवन करती है?
   - ताज़ा दूध
   - जलीज सदिमिन्द्र
   - मूस, अंडे, मछली
   - देही उत्पाद

3. आप कौन सी खाने पर ध्यान देती है?
   - ब्रेड
   - पौड
   - फ्रेश फ्रूट
   - मेड देने के अंत में मेड समय

4. क्या आप महसूस करती है कि आप निम्नलिखित व्यापक दृष्टिकोण का अथवाविक सेवन करती है?
   - अभी
   - अभी

5. क्या आप एल्सरज्जुलुक पेय पदार्थ पीती है?
   - मेड देने के अंत में मेड समय

6. क्या आप प्रतिदिन 10 से 12 दिनांक वांगी पीती है?
   - है
   - नहीं

7. क्या आप प्रतिदिन विटामिन और खिचडी-लगन से युक्त गोली, तेलः ।
   - अभी
   - अभी

8. क्या आप किसी भी प्रकार का पौधों आहार जैसे प्रोटीन पाउडर, चाय-प्रार्थ वातावरण वास्तविकता है?
   - अभी
   - अभी

9. क्या आप जलन कम रखने वाला मोजन ते रही थी, यानी क्या आप डायरेक्ट थी?
   - है
   - नहीं

10. क्या आप संतुलित स्वास्थ्यवर्धक आहार योजना बनाने के लिए यह चाहती हैं?
    - है
    - नहीं
शारीरिक कार्यकलाप आकलन प्रश्नावली :-

1. क्या आप इद्दय गति बढ़ाने वाले व्यायाम करते हैं?
   - हाँ सप्टेंबर में 1-2 बार 3-4 बार 5 या अधिक बार नहीं
   - अगर है तो क्या आप जानते हैं कि आपकी इद्दय गति कितनी अधिक हो जाती है?
   - हाँ नहीं

2. के साथ व्यायाम से रािकतिल चलाना, ट्रेड मील, सीरा, एरोबिक, योगाघात इत्यादि
   - कितनी देर तक

3. क्या आप स्थिर रहता है?
   - हाँ नहीं
   - कितनी बार

4. मास्पेर्सीज़ की शक्ति बढ़ाने के लिए क्या आप वजन उठाने वाले व्यायाम करते हैं?
   - हाँ नहीं दिनों समय तक कितने समय तक

5. आयाम के रीतः व्यायाम करने का आयाम करते हैं?
   - हाँ नहीं दिनों समय तक 
   - मैं व्यायाम नहीं करती हूँ

6. अगर आप किती तरह का व्यायाम करते हैं तो क्या आप इसमें बदलाव लाना चाहते हैं?
   - हाँ नहीं 
   - किस तरह से शारीरिक अल्तान मानसिक

7. कूस्ताहा व्यायाम मास्पेर्सीज़ की शक्ति, इवय के फॉक्सों के साथ या अधिक संख्या की मजबूती के बढ़ाने में सहायक होते हैं। क्या आप इनके बारे में जानते हैं? अगर है, तो बताइए कि इस्तेमाल की नियम वाले वेदने से लूट होते हैं, तो इसे कितने बार व कितने समय के लिए करना है? अगर नहीं है, क्या आप इसकी जानकारी पता करेंगे?
   - हाँ नहीं

8. अगर आप कौई भी व्यायाम नहीं करते हैं तो क्या? क्या कोई विशेष कारण है?

9. क्या आप अपने लिए व्यायाम का प्रोग्राम बनाने में हमेशा मदद चाहते हैं?
   - हाँ नहीं

10. आप व्यायाम वजन घटाने के लिए करते हैं या तनावहलित जीवन रीति के लिए?
    - हाँ नहीं
There is a genuine cause
For men to pause.
She is passing thro’ difficult phase in life
And she is your beloved wife.
She may be rough and tough to handle
Yet don’t let her burn like a candle.
Hot flushes, night sweats and depression
Remember will not leave a permanent impression.
Don’t neglect her health
For she is your most precious wealth.
At right time get done all her tests,
So she can live her life at the best.
She also requires your tender love and care
Because for her you are unique and rare.
Let all family members give her the respect due,
To help her begin a life “new”.
To her problems there is a cure
For which you may remain rest assure.
Take help of “IMS” chapters at different places
And in your hand are all four “Aces”.

Dr. Bhavana Sheth, consultant Gynecologist, Chapter Secretary, IMS-Bhanush
Perimenopause is a natural, normal transition that every woman experiences. On average, a woman goes through it at age 46. However, some women experience perimenopause in their early 40s, while others go through it at age 55. Perimenopause takes place four to seven years prior to menopause and lasts up to 12 months after the final menstrual period.

The first sign of perimenopause is a change in a woman’s period: her period, which previously arrived like clockwork, is now all over the place. The length of the cycle may be longer or shorter, the flow may be heavier or lighter. She may skip her period. Perimenopause involves irregularity of both hormone levels and bleeding patterns.

Abnormal uterine bleeding problems can stem from many sources during this time in a woman’s life. Doctors must consider normal-process anovulatory bleeding, fibroids, polyps, adenomyosis, medicines, pre-cancer and cancer. Anovulation and uterine fibroids are the most common processes. Perimenopause’s high-estrogen low-progesterone state increases fibroid growth, dysfunctional bleeding and risks for pre-cancer and cancer.

A complete history and physical exam, along with lab tests, are integral parts of a work-up for a perimenopausal woman. Second or third day bloods that look at follicle stimulating hormone (FSH), luteinizing hormone (LH) and estradiol levels can give information about ovarian function. It seems that as a woman nears menopause, her ovarian reserve is depleted. This affects hormonal function. A blood count checks for anemia. Thyroid function blood tests rule out thyroid disease. If the menstrual history is such that a woman’s bleeding comes fewer than 21 days apart, or her bleeding is heavier or longer than usual, she may need a uterine biopsy to help rule out uterine cancer and see if she is still ovulating.

All women over 40 should have transvaginal sonograms as the first line of investigation. Saline infusion sonohysterography (SHG) may follow to further explore the uterine cavity for heavy menstrual bleeding. If fibroids or polyps are found, a hysteroscopy with a dilatation and curetage (scraping of the uterine cavity) may be necessary to remove the pathology. And as a woman ages, her risk of uterine cancer increases. So if there is not a fibroid or a polyp but a thickened lining to the uterine cavity, a biopsy and possible a hysteroscopy may be necessary.

There are many viable treatment options to help women get through this rocky time. Hormonal management via birth control pills, cyclic nature progesterone and Mirena IUDs have all been shown to help. If there is a submucosal fibroid (a fibroid in the uterine cavity), resection of the fibroid with the hysteroscope will decrease heavy bleeding. A uterine polyp can also be treated this way. If a woman’s heavy bleeding does not respond to these methods, uterine ablation may be another choice. If a woman must have a hysterectomy, she need not worry. We are now performing laproscopic hysterectomies with preservation of the ovaries. The procedure is a one-day outpatient surgery that enables a woman to go through a natural menopause.

This is a time of great variability in menstrual cycling, menstrual bleeding and symptoms. Treatment allows for a smooth transition into menopause. Please seek alternate medical advice if you feel that your doctor is not listening to you or properly addressing your needs.
Many women have a urinary tract infection (UTI) at some point during their lives. Some women will have repeat infections and may have them often.

Recurrent infections

If you have more than two UTIs in a year, you have a recurrent infection. The first step in treatment is finding the cause.

A woman's urinary tract

- Two kidneys, which produce urine;
- Two tubes called ureters that take urine from the kidneys to the bladder;
- The bladder, where urine is stored;
- The urethra, which carries urine from the bladder out of the body.

The urinary tract has a lower part and an upper part. The lower tract is made up of the urethra and the bladder. The upper urinary tract consists of the ureters and kidneys.

Types of recurrent urinary tract infections

Recurrence is often categorized as either reinfection or relapse:

- Reinfection. About 80% of recurring UTIs are reinfections. A reinfection occurs several weeks after antibiotic treatment has cleared up the initial episode and can be caused by the same bacterial strain that caused the original episode or a different one. The infecting organism is usually introduced through fecal bacteria and moves up through the urinary tract.

- Relapse. Relapse is the less common form of recurrent urinary tract infection. It is diagnosed when a UTI recurs within 2 weeks of treatment of the first episode and is due to treatment failure. Relapse usually occurs in kidney infection (pyelonephritis) or is associated with obstructions such as kidney stones, structural abnormalities or, in men, chronic prostatitis.

Most UTIs start in the lower urinary tract. This can cause pyelonephritis, a kidney infection. An infection in the upper tract may cause a more severe illness than infection in the lower tract.

Women are more likely than men to get UTIs because the urethra is shorter in a woman than in a man. That means bacteria can reach the bladder more easily.

Causes

There are many reasons why a woman may get a UTI. The most common causes include bacteria from the rectum and vagina, sex, or urinary tract problems.

Bacteria: E. coli

Sex: Women's anatomy makes them prone to getting UTIs after having sex.

Recurrent Urinary Tract Infections also tend to occur in women who begin having sex or have it more often. Using spermicides or a diaphragm also can cause more frequent UTIs.

Problems in the Urinary Tract: Stone, Blockage

Risk Factors: Specific Risk Factors in Women

- Structure of the Female Urinary Tract.
- Sexual Behavior.
- Pregnancy.
- Menopause.

Symptoms

Symptoms of UTIs can come on quickly.

- One sign is a strong urge to urinate that cannot be delayed (urgency).
- As urine flows, a sharp pain or burning, called dysuria, is felt in the urethra.
- The urge to urinate then returns minutes later (frequency).
- Soreness may be felt in the lower abdomen, in the back, or in the sides.

If the bacteria enter the ureters and spread to the kidneys, symptoms also may include

- back pain
- chills
- fever
• nausea
• vomiting
Other signs may show up in the urine. It may
• have a strong odor
• look cloudy
• sometimes be tinged with blood
Blood in the urine may be caused by a UTI, but it also may
be caused by other problems.

Diagnosis
The key to treating a UTI is a prompt diagnosis. Your doctor
may first do a simple test, called urinalysis, to find out
whether you have a UTI. For this test, you will be asked to
provide a urine sample. When an infection does not clear
up with treatment, you have had several UTIs in a row, or
you have pain, fever, and chills, your doctor may need to
examine your urinary tract more closely for signs of a more
serious problem. He or she may use one of these tests:
• Intravenous pyelogram (IVP)
• Ultrasound exam
• Cystoscopy
• Computed tomography (CT)
• Cystourethrogram

Treatment
Antibiotics are used to treat UTIs. The type, dose, and length
of the antibiotic treatment depend on the type of bacteria
causing the infection and on your medical history.

For management of recurrent urinary tract infection
Modern research has now led us to the discovery that
cranberry helps relieve UTI due to its ability to prevent
microorganisms from adhering to the epithelial
cells that line the urinary tract. Escherichia coli, the
most common UTI-causing bacteria, has pill which
enabling the organism to cling to epithelial cells where
they proliferate and cause infection. Cranberry extract was
found to contain two substances which inhibit the adhesion
activity of bacteria: proanthocyanidins & anthocyanins.

For centuries the cranberry has been recognized for its
inherent health benefits but only recently has it been
scientifically studied. Perhaps the most widely recognized
health benefit for cranberries is their anti-adhesion effect on
certain bacteria.

PACs (Proanthocyanidins)
PACs are the phytochemical responsible for many of the
health benefits associated with cranberries. Science has
shown that cranberries contain unique A-type PACs that
provide bacterial anti-adhesive properties and help promote
urinary tract, gastrointestinal, oral health, etc. PACs are the
"power of the cranberry."
Cranberry extract help reduce the adhesion of E. coli bacteria
to the urinary tract walls.

D-Mannose
A safe, effective, natural treatment for Bladder Infections
• D-mannose has a unique relationship with the E-coli
  bacteria (which is more than 9 times out of 10, the cause
  of all bladder infections).
• Instead of attaching itself to the bladder wall, which causes
  infection, E-coli bacteria will attach to the D-mannose.
• D-mannose also facilitates the detachment of E-coli
  bacteria that have already adhered themselves to the
  bladder wall.
• In effect D-mannose can both treat and prevent bladder
  infections, though my success with the d-mannose has
  been to use it as a preventative rather than a cure.

Unlike antibiotics, the E-coli bacteria will not become
resistant to D-mannose. Where antibiotics "kill" the E-coli
bacteria, D-mannose attracts the bacteria and prevents it from
remaining inside the bladder where it can cause infection.
Your body then naturally flushes the E-coli from your bladder
upon urination.

Prevention technique for recurrent UTI
There are a number of ways to prevent UTIs:
• After a bowel movement or after urinating, wipe from
  front to back.
• Wash the skin around the anus and the genital area.
• Avoid using douches, powders, and deodorant sprays.
• Drink plenty of fluids (including water) to flush bacteria
  out of your urinary system.
• Empty your bladder as soon as you feel the urge or about
every 2-3 hours.
• Try to empty your bladder before and after sex.
• Wear underwear with a cotton crotch.

Cranberry and d mannose will decrease the risk of getting a
UTI. The exact amount of juice or pills needed and how long
you need to take them to prevent infection are being studied.
Treatment with an estrogen cream or pills is being studied as
a way to prevent UTIs in women past menopause.

Finally...
Recurrent Urinary Tract Infections are common and can be
painful. If you have symptoms of a UTI, see your doctor right
away. With prompt, proper treatment, your urinary tract will
be free from infection. These infections can be treated with
success.
Do you suffer from these symptoms?

- Increased frequency and burning pain during urination
- Fever, nausea and/or vomiting
- Upper back and side pain
- Blood in the urine occasionally

You may be suffering from Recurrent Urinary Tract Infection.

Please consult your Doctor, before it could be fatal...

Issued in public interest from the makers of...

Tracfree
Cranberry 200mg with D-Mannose 600 mg Tablets
The Right Way to Freedom

For healthy living, log on to
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For availability just dial,
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Toll free from landline or mobile
*Begin service available from Monday to Friday between 9 am to 5 pm

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