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WORLD MENOPAUSE MONTH SPECIAL

PREVENTION OF HEART DISEASE in Postmenopausal Women

URINARY PROBLEMS at Menopause
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Dear Reader

October is an auspicious month this year as we celebrate Diwali, the festival that signifies the victory of good over evil. Also, October has always been an important month as it brings along days that celebrate ageing – World Breast Cancer Day, World Menopause Day and World Osteoporosis Day. As we all would admit, disease is evil and therefore, celebrating these days that aim to eradicate diseases, will only add to the joy of Diwali!

The international movement for creating awareness about menopause was spearheaded by The International Menopause Society as the World Menopause Day was suggested to WHO in 1984 by the society. This has not only helped in creating awareness amongst women and societies, but has also drawn the attention of world governments towards this very important stage of life. The Indian government too, has taken a note of it, and as a result, we now have dedicated geriatric clinics in all medical colleges across the country.

Our President, Dr Sunila Khandelwal, kick starts the celebrations by asking you and all our readers to get involved with this magazine and joining us in making a better tomorrow for all women. We are fortunate to have a message from Dr Amos Pines, the former president of The International Menopause Society in this issue of POISE. The editorial team is thankful to him for this beautiful gesture.

Dr Maninder Ahuja, our public awareness chairperson, asks you to celebrate age by remaining fit. Her fitness column this month tells you how to climb stairs as you age. What would be more befitting than Dr Sushma Chawla’s contribution for this issue? Her article represents the zest for life of a family whose senior most member is affected by Alzheimer’s. Their celebration of age should be infectious for all of us.

Dr Jyoti talks about urinary problems, one of the most common afflictions to women at this age. Women are usually shy of talking about it and some also do not know what has caused it. In this issue, we give you general information about many conditions that affect us as we grow older and the screening schedule proposed by the Indian Menopause Society.

To round up, we celebrate Deepawali the way they do in Varanasi – DEV DEEPAVALI. Dr Anuradha Khanna takes us through the city and talks about this wonderful festival of lights as it is celebrated there!

Not to forget, a lot is happening this month in all our chapters as a part of the celebrations. The month began with the car rally organised by The Breast Forum with Club35+. Dr Jaideep Malhotra reports on this unique event and also advises all readers to start Club 35+ in their cities. Do get in touch with our chapter secretaries of your town, and log onto our website www.indianmenopause society.org for more information. Happy reading and here’s wishing you and your family a happy and prosperous Diwali.

Dr Sonia Malik
Editor
Message from The President

Dear Reader

Menopause is a journey to a new phase of life, at a time when most women feel empowered, involved, energized and more confident vis-à-vis their younger years. It also presents an opportunity for us to assess and enhance our health practices, our quality of life and our goals for the future. And POISE is here to help.

World Menopause Day, celebrated on October 18, acknowledges the fact that millions of women, entering into the most vital stage of life, are not aware of opportunities for enhancing healthy and quality of life that can be offered to them. Not just women, also their families and the society at large, are still sadly ignorant about it.

Menopause is a phenomenal milestone that marks transition to second adulthood but often affects women’s self image, sexual identity and quality of life due the ‘crippling’ consequence – Osteoporosis. To commemorate World Osteoporosis Day, celebrated on October 20, spare some time to score your bone strength. Some of the health issues have been touched in this issue of POISE to give you trustworthy medical advice on coping. Rest assured, it is a phase that you can get through!

Use POISE as a resource to discuss your concerns and get enabled to plan a healthy future. Remember, it’s never too late to change and to start taking better care of yourself.

This issue of POISE is released as a celebration of World Menopause Month and is dedicated to all those women who are still neglected but are now at least changing their attitudes towards this natural event of life.

Happy Reading!

Dr Sunila Khandelwal
President, IMS

Message from The Vice President

Medical myths can have terrible consequences. Menopause has always been shrouded in mystery and myths and more so today, when information is available at the click of the button, causing more confusion and sending out mixed messages. Medical journalism is not yet sufficiently developed to bridge the gap between information and application of this knowledge. POISE, the official magazine of The Indian Menopause Society, is designed to deliver reliable and updated knowledge with wisdom.

Women in their 40s and 50s are referred to as the “Sandwich generation” juggling with busy careers and caring for their children, grandchildren and ageing parents. Precisely at this stage, hormone changes and chronic diseases may take a toll on the well being of a woman. Menopause is an appropriate time to take charge of your body, undergo preventive health checkups and make an effort to develop a holistic lifestyle, if not already doing so. This is in line of the mantra of The Indian Menopause Society: “Fit at 40, Strong at 60, Independent at 80”.

Transition period at menopause is similar to adolescence as it brings about many physical and emotional changes. But at menopause, one is expected to handle this with grace and poise and that is why, POISE, is meant to guide you to sail smoothly through this turbulent period.

I wish you happy reading and celebrating age with us on World Menopause Day.

Dr Meeta Singh
Vice President, IMS
Message from Secretary General

Dear Readers

All of us are aware of the saying ‘Men turn naughty at forty’ Have we ever thought why? I feel ‘naughty’ and ‘forty’ are not just two rhyming words. There lies a deep thought and a serious fact of life behind this old adage which we do not pay heed to.

We all know that men do not face any physical or physiological changes around the ripe age of forty. Then what leads to the emotional change that has given birth to this saying? It’s not men but their spouses that we need to look at. Women undergo physiological, especially hormonal changes, that lead to ‘peri-menopausal state’ and it is this state and the associated hormonal disturbances, especially ‘estrogen deprivation’ that causes upheaval in the life of a woman around forty. Although she is labeled a ‘mature woman’ she does not know how to cope with these changes in her day-to-day life. Her family expects her to fulfill all her roles and though she tries to do as much as she can, her body and mind do not keep pace!

She suffers from hot flushes, headaches, tiredness, sleeplessness, lethargy, feeling of insecurity, frequent crying spells, loss of confidence etc. Initially family and friends pay heed but when these complaints become a chronic affair they start calling her a show-off. The lady pays little attention to her physique and even loses her libido! This turns the man ‘naughty’.

Therefore, it is important we make the family realize the turbulent time that the lady of the house is facing around this time. Also, family members need to understand how small changes in their behavior, attitude and lifestyle can make life better for everyone! So pay attention to the menopausal health of the ladies of the house and have a happy and healthy family!

Wishing you a very successful World Menopause Day!

Dr Ranu Patni
Secretary General, Indian Menopause Society
Gynaecologist and Gynaec. Onco-surgeon, Jaipur

Message from The Chairperson Public Awareness

World Menopause Day was institutionalized in 1984 by the International Menopause Society and the World Health Organization with the aim of creating awareness about menopause. Every woman experiences menopause in her lifetime whether by natural onset or due to a hysterectomy or some cancer treatments. Yet, most women are uncomfortable talking about this phase because there is a lack of clarity and abundance of apprehensions about ‘the change’.

Women have to spend almost one third of their life in menopause, so they should be fully prepared for this event. As the world’s population ages, estimated women in menopause in India would increase from 26 million to 36 million by 2013. Menopause affects a woman’s quality of life and more importantly, puts her at increased risk for major problems such as osteoporosis, breast cancer, heart disease, stroke and colorectal cancer.

So, the time has come to understand how we can prevent these problems and give ‘QUALITY OF LIFE’ to ourselves. In the last couple of years, awareness has increased because of concerted efforts of the Indian Menopause Society. It should not be a taboo to talk about menopause and it should be treated as just another phase of life.

PLANNING FOR HEALTHY AGEING:
• Make your diet rich in calcium and Vitamin D
• Ensure you spend 20 min/day in sunshine
• Exercise for 20 - 30 min, aerobic activity at moderate intensity
• Do weight bearing and resistance exercise for 2-3 days a week for 20 - 30 mins.
• Don’t smoke, not even passively
• Maintain moderate drinking of 1 oz per day
• Control weight
• Consult your doctor
• Be cheerful and spread laughter.

Remember, we are not pausing; we are moving ahead in a new direction of our own identity!

Dr Maninder Ahuja
Chairperson, Public Awareness Committee, Indian Menopause Society
Poise

Prevention of Heart Disease in Postmenopausal Women

By Professor Amos Pines
The Professor Department of Medicine
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Past President International Menopause Society

Human health is a result of several factors. The most important one is the genetic load that we inherit. Causality such as accidents and infections are totally unexpected and mostly unpreventable. A major segment in the list of human illnesses consists of cardiovascular diseases (CVD) and we can reduce the risk of CVD by a change in lifestyle and the use of medications. While prescribing suitable medications is in the hands of the healthcare providers, any woman can manage her own lifestyle and improve her individual cardiovascular risk profile. The main modifiable components of lifestyle are physical activity, smoking and eating habits.

Smoking is a real health hazard, since it is associated with a fifty-fold increase in the risk of chronic lung disease, twenty-fold increased risk for lung cancer, and three-fold increased risk for coronary artery disease or stroke. The US health authorities define smoking as the leading preventable cause of death in their country. The smoking related risks usually disappear with time after cessation of smoking, which makes anti-smoking campaigns so important. Obviously, this potent risk factor is entirely under anyone's control, and may be removed from the individual risk profile simply by understanding the dangers and making a personal decision.

The ability to move is essential for animals to survive, since it enables an access to food resources, and helps running away from any threatening situations. The same applies to humans, but modern life, especially in developed countries makes it possible to obtain everything needed while being sedentary. Since there is (yet) no evolutionary adaptation to sedentary life patterns, human physiology still operates better in physically active persons, and exercise is a powerful means for the promotion of all aspects of human health. Sedentary people fare less well than those who exercise regularly. The benefits of exercise can be demonstrated in many bodily organs as well as in weight reduction. The most frequently studied effect of exercise is the decrease in the incidence of CVD, but positive effects on the musculo-skeletal system, breast cancer risk, mood and cognition, and quality of life were recorded as well. In many cases a dose-response was evident, and even a mild to moderate degree of physical activity, performed only few times weekly, may carry significant merits. The usual ‘prescription’ for optimal physical activity consists of at least 30 min of daily moderate walking in one to three bouts, in addition to resistance exercises twice a week.

Since there are no specific dietary recommendations which are directly related to menopause, women should stick to the well known, general nutritional recommendations. In a nut shell, the advice for dietary intake is: consume a diet rich in fruits and vegetables; choose whole-grain, high-fiber foods; consume fish, especially oily fish twice a week; limit intake of saturated fat to <10% of energy, and if possible to <7%, limit cholesterol to <300 mg/day, alcohol intake to no more than 1 drink per day, and sodium intake to <2.3 gram/day (approximately 1 teaspoon salt). Calorie intake should be restricted in overweight persons (note that 1 kg weight is equivalent to 7000 kilocalories). Sufficient calcium, vitamin D and protein intakes are necessary for optimal bone growth and prevention of age-related bone loss. The recommended intakes are at least 1000 mg/day for calcium, 800 IU/day for vitamin D, and 1 gram/kg body weight for protein. The role of antioxidant supplementation (vitamin C, E, beta carotene) and triple vitamin therapy (B6, B12, folate) in healthy women in not clear, as most studies did not demonstrate any significant cardiovascular benefits. The role of phytoestrogens in the prevention of CVD and other chronic diseases is still under debate.

Keeping all these lifestyle recommendations are worthy since healthy lifestyle was found to be associated with a reduction in CVD risk by 70-80% or even more than that. Lifestyle modifications are absolutely under individual control and may be successfully practiced by each and every one at any age.
Urinary problems are very common in women experiencing menopause. They could be due to weakening of pelvic muscles resulting from previous pregnancies, hormonal changes or chronic medical conditions such as diabetes and infection.

Due to the decrease or lack of the female hormone-estrogen, the urinary tract lining becomes thinned out. This leads to inflammation and the tissue becomes susceptible to repeated infection. There may be increased frequency, urgency or pain while passing urine and involuntary leaking of urine.

**Frequency** is a recurrent need to pass urine. Some women also feel they need to pass urine, having only just done so. This may be due to over activity of the muscle surrounding the bladder or a urinary tract infection.

**Dysuria** is pain during urination. It often presents itself as a burning sensation. This may be due to the thinning of the urinary tract due to decreased estrogen. Urinary tract infections are common in women and cause dysuria when the infection is in the bladder. Vaginal yeast infection is another common cause of dysuria in menopausal women. Urine contacting the irritated vaginal tissue can cause a burning sensation.

**Nocturia** is the frequent and urgent need to urinate at night. This urge makes the woman wake up several times during the night. Menopausal women may experience nocturia due to overactive bladder muscle, urinary tract infection, diabetes and beverage intake before bedtime.

**Urgency** is an irresistible urge to pass urine. This may occur around the time of menopause due to an overactive bladder muscle. It could also be due to a urinary tract infection.

**Recurrent Urinary Tract Infections (UTIs)** may affect women of all ages, but these infections are more common in postmenopausal women. To help prevent these infections, women should urinate before and after intercourse, ensure that the bladder is not full for long periods, drink plenty of fluids, and keep the genital area clean.

**Urinary Incontinence** in women at about the time of menopause occurs usually as a result of laxity of bladder tissue which occurs due to the hormonal deficiency of menopause. At this time, often there is a combination of stress and urge incontinence. The prevalence of significant incontinence increases with age. Among older women, prevalence estimates range from 10 to 40 percent.

**Stress Incontinence** occurs when the estrogen levels drop during menopause. This can lead to a weakened bladder, urethra and pelvic floor muscles, which support the bladder. Stress incontinence is the leakage of urine from the bladder associated with pressure on the bladder. Pressure can come from coughing, sneezing, laughing, exercise or physical activity. This is caused due to excessive mobility of the bladder opening or weakness of the sphincter of the bladder. About 70 percent of women with stress incontinence relate its onset to the final menstrual period. Lack of regular physical exercise may contribute to this condition.

**Urge Incontinence** is involuntary leakage of urine associated with an urgency to pass urine, due to bladder muscle spasms. This contraction of the bladder muscle may occur intermittently or constantly. Some postmenopausal women have difficulty ‘holding on’ once they sense that they need to empty their bladder. They may also leak and start to pass urine before they can get to the toilet. It is very common and may be caused by conditions that are more common during advanced age rather than menopause alone. These can include infection, medication use, diabetes and nerve damage.

Many women feel that this is a normal part of aging and decide to suffer in silence, rather than face the embarrassment of discussing these problems and finding out if anything can be done to help. It’s important to know, however, that simple treatment options are available, which are often non-surgical. There is no need to put up with incontinence or mask it by using pads or diapers.

**Treatment:** Antibiotics may be required if a UTI is detected. Often, vaginal estrogen creams help women with recurrent UTIs or complaints of dysuria, frequency, nocturia and urgency. In some cases, oral medication in the form of anti-cholinergics is required.

Bladder training is a simple and effective treatment for many cases of incontinence. Pelvic floor exercises are very useful. Anti-cholinergic medication is also helpful. In a few instances however, there may be a need to resort to a surgical option. Now, many minimally invasive options where tapes are used to support the urethra are available.

*The writer is Head of Dept. of Gynaecology, Jehangir Hospital, Pune.*
Proper stair climbing is undoubtedly the best way of integrating exercise into our daily lives as most of us are either already doing it or can easily do it. Most Indian women suffer from knee problems because of their habit of squatting on the floor which severely damages knees. Improper stair climbing is the second most common reason.

So, here we tell you the advantages and techniques of proper stair climbing.

Stairmaster machines are among the most popular pieces of exercise equipment in gyms all over the world but these machines can be substituted by stair climbing in a proper way in our own homes or wherever we find them. Some of the reasons for this are as follow:

- It is absolutely free and all of us can get access to stairs;
- It is against gravity and the heavier we are, the harder we’re forced to work and the more calories we burn;
- It is a relatively intense exercise that quickly increases our heart rate and in doing so, greatly improves our cardiovascular fitness;
- It helps strengthen and shape our most common problem areas like calves, thighs, buttocks and tummy.

Climbing stairs for weight loss and fitness is an excellent exercise

- It is an efficient way of burning maximum calories and is good for those of us with limited time to exercise;
- It can easily be mixed with other exercises, like walking, skipping and weight training, to maximize results and stair climbing workouts are easy to progressively increase;
- It can be done by almost anyone, regardless of the fitness level;
- Because it is weight bearing, it helps build bone strength;
- It is low impact and safe for the knees, provided correct technique is used and there is no pre-existing condition.

Get started. Climb stairs.

We always have an option of taking the stairs when we end up opting for lifts or escalators. Bring a change and motivate yourself to give the escalator a miss.

Phase 1

- With any form of exercise, it is important to start off slowly and then increase your workouts, and stair climbing is no different.
- To help your body acclimatize to this form of exercise, start by limiting yourselves to walking up two flights of stairs followed by five minutes of walking on the spot. At the end of the 5 minute walk on the spot, when your heart rate has come down a bit, try walking up another two flights followed by another five minute walk on the spot. This may be enough of a workout in the first week or two.

Phase 2

- Lengthen the time of the workout by doing a higher number of sets;
- Climb two steps at a time instead of one;
- Add to your body weight with a weighted belt, weighted vest or by carrying dumbbells;
- Reduce rest intervals.

Aerobic vs Anaerobic Stair Climbing Workouts

Depending upon how we use them, stairs can predominantly improve aerobic fitness or muscle strength. This is what makes it most important to breathe properly and not to go beyond one’s aerobic stamina.

For strength improvement, it is best to walk up two steps at a time and limit the number of sets of stair climbs done per workout. 1 to 5 sets is ideal. Instead of running up 20 flights of stairs, it may only be necessary to walk up a total of 15 to 30 steps per leg.

The most important thing to learn is that when you put one foot forward, remember to lift the back foot. Don’t bend your knees and make sure the knees don’t go beyond the toes. This way, you won’t transfer your body weight to your knees and won’t damage them.

(Fig.-1 to fig-4)
Here are some tips for working the inner thigh, hips and buttocks using stairs:

**Work the inner thigh:** Stand sideways at the bottom of the stairs, place your hand on the rail (if available) for balance. Lift your right foot and place it on the first step. Transfer your weight onto your right leg as you lift your left leg and cross it over your right and up to the next step. Continue up the stairs in this fashion until you’ve reached the desired number of repetitions.

**Work the buttocks:** Start at the bottom of a flight of stairs, step up with your left leg and kick your right leg back (contract your right buttock when you do this), and then repeat with the right leg and left kick. Continue this until you’ve reached the desired number of repetitions.

**Work the hip abductor** (the muscle on the outside of the hip that moves the leg out to the side): Stand on a stair step sideways with one foot on the step. Without bending the supporting leg, lower the unsupported leg a couple of inches by tilting your pelvis, and bring it back up. Repeat 10 times and switch to the other leg.

To get the most benefit out of any aerobic exercise, we should do it at least 3 times a week, for at least 20 minutes per session, at an intensity that elevates our heart rate to between 60 and 90 percent of our Maximum Heart Rate (MHR).

### Safety tips for stair climbing

Generally speaking, stair climbing is relatively safe for most of us, but as with anything else, it is not totally sans dangers.

- Always warm up and stretch before climbing stairs, paying particular attention to the major leg muscles: calves, hamstrings, thighs and buttocks.
- Start out slow and easy, and don’t increase your intensity by more than 10 percent each week.
- Be very careful coming down stairs. Don’t come down too quickly and NEVER run down stairs, it’s far too dangerous for no or little gain.
- Put your safety first and go at a speed that ensures you don’t lose your balance or strain too hard.
- Wear a heart rate monitor so that you can see how hard your heart is working and to ensure you stay within the desired target heart rate, or according to talk test or Borg’s test of self perceived exertion.
- Take lots of water in-between.
- Stop if you feel faint, dizzy or in pain.
- Take sufficient rest breaks during your workouts.
- Always consult your doctor before beginning any new exercise routine.

For a combined aerobic and anaerobic workout, alternate five minutes of stair climbing with sets of exercises like push-ups, sit-ups, dumbbell curls and presses.

For example, a combined workout might include a five minute warm-up, thirty to forty minutes of intervals (consisting of 2-3 minutes of stair climbing followed by 1 minute of muscle toning exercises), a five to ten minutes cool-down and stretches.

### Avoid boredom

- Cross-train using other activities such as bicycle riding, walking, jogging, etc
- Use music for motivation - wear a portable radio, CD player or an iPod allowing you to listen to all your favorite songs while climbing
- Keep an exercise diary and track you progress - nothing motivates like success!

**FOR STRENGTH IMPROVEMENT, IT IS BEST TO WALK UP TWO STEPS AT A TIME AND LIMIT THE NUMBER OF SETS OF STAIR CLIMBS DONE PER WORKOUT. 1 TO 5 SETS IS IDEAL. INSTEAD OF RUNNING UP 20 FLIGHTS OF STAIRS, IT MAY ONLY BE NECESSARY TO WALK UP A TOTAL OF 15 TO 30 STEPS PER LEG**

- Do not climb stairs if you have orthopedic or medical complications (such as high blood pressure, etc)
- Maintaining the correct posture while climbing stairs is very important to get the most out of your workout and minimize the chance of injury
- Cool-down period that allows your heart rate to gradually return to about 100 beats per minute is important
- Dress comfortably and suitably. Newer synthetic workout fabrics tend to pull moisture away from the body and help keep us cool and dry
- Always wear appropriate footwear in the form of comfortable, well-cushioned cross-training athletic shoes
- Always use stairs that have good light and ventilation

Climbing stairs is a great way to lose weight, improve fitness and tone and strengthen legs, tummy and buttocks. Now we know how routine activities like climbing stairs are an excellent exercise for people with weight loss goals.
Dev Deepavali

Dev Deepavali is celebrated on the occasion of Kartik Purnima when the Ghats of Varanasi come alive with thousands of diyas. Celebrated on the fifteenth day of Diwali, it is a tribute to river Ganga by the people of Varanasi. Held on the full moon day in the month of Kartik (also known as Kartik Purnima), Dev Deepavali is observed with great fanfare and feasts. It is believed that on this day, the Gods descend on Earth.

It is interesting to note that the Kartik Purnima festival also coincides with the Jain light festival and Guru Nanak Jayanti. To mark the occasion and also to showcase the cultural heritage of Varanasi, the Uttar Pradesh Tourism department organizes a four-day Ganga Mahotsav around this period. A large number of Hindu devotees start assembling from the day of the Prabodhini Ekadasi (the eleventh day of the fortnight) itself. The official celebration is usually held on the Dasaswamedh Ghat.

On the occasion of the Ganga Mahotsava, reputed artists and performers from all over the country come and perform, making the celebrations more eventful. On the eve of Kartik Purnima, the number of pilgrims begins to increase manifolds and most of the pilgrims camp by the riverside. In the evening, pilgrims and local people decorate the entire riverbank with tiny earthen lamps and these lamps are lit as a mark of welcome to the Gods as they descend on earth. The little sparks of fire flicker elegantly and is a wonderful sight to watch. The ‘Ganga-Aarti’ is an important event in the evening. Almost all Ghats organize their own ceremony. Huge lamps are set ablaze and the priest holds forth the lamp as the multitude chants the hymns.
One of the oldest living cities in the world, Varanasi, or Banaras, also known as Kashi, has a prominence in Hindu mythology that is virtually unrevealed. According to the Vamana Purana, the Varuna and the Assi rivers originated from the body of the primordial Person at the beginning of time itself. The tract of land lying between them is believed to be Varanasi, the holiest of all pilgrimages. The microcosm of Hinduism, Varanasi is a city of traditional classical culture, glorified by myth and legend and sanctified by religion.

The rays of the dawn shimmering across the Ganges, the high-banks, the temples and shrines along the banks bathed in a golden hue… soul stirring hymns and mantras along with the fragrance of incense filling the air … and the refreshing dip in the holy waters gently splashing at the Ghats. Varanasi, offering a breathtaking experience, is the land where experience and discovery reach the ultimate bliss.

Varanasi has been hailed as a premier centre for some of the finest handicrafts since times immemorial. The most renowned craft of the city is silk weaving with Banarasi Sarees, produced by local craftsman, being the most preferred, not only in India but across the world. Brassware, copperware, ivory work, glass bangles, wood and clay toys and exquisite gold jewellery are some of the other crafts for which the city is famous. Banaras is also famous for its Langda Aam, a variety of mangoes available in the summer. Betel life is also a specialty.

Being the oldest living city, Varanasi has been a mute witness to many great historic upheavals and events. The most ancient seat of education in India, it’s been called the Sarva Vidya ki Rajdhani and Banaras Hindu University is still famous
throughout the world for its scholars. The city is also a seat for Sanskrit and one can still see the Guru-Shishya tradition being following here at certain places. Sushruta, the father of Indian Surgery is also practiced in Varanasi.

The Ganges is said to have its origins in the tresses of Lord Shiva and in Varanasi, it expands to the mighty river that we know of. The city has been a centre of learning and civilization for over 3000 years, having become a symbol of Hindu renaissance. Knowledge, philosophy, culture, devotion to Gods, Indian arts and crafts — all flourished here for centuries. Also a pilgrimage place for Jains, Varanasi is believed to be the birthplace of Parsvanath, the twenty-third Tirthankar and Shaivism and Vaishnavism have co-existed in Varanasi harmoniously. With a number of temples, Annie Besant chose Varanasi as the home for her ‘Theosophical Society’ and Pandit Madan Mohan Malviya, to institute Banaras Hindu University, the biggest University in Asia.

Ayurveda is said to have originated at Varanasi and is believed to be the basis of modern medical sciences such as Plastic Surgery, Cataract and Calculus operations, Maharshi Patanjali, the preceptor of Ayurveda and Yoga, was also affiliated with Varanasi, the holy city.

Samath, about 10 km from the holy city of Varanasi, is the place where Buddha chose to deliver his first sermon. The celebrated Mantra Buddham Sharanam Gachhami, owes its origin to Samath. On the day before his death Buddha included Samath along with Lumbini, Bodhi Gaya and Kushinagar as the four places he thought to be sacred to his followers. It makes Samath one of the most venerated Buddhist places in the world.

Besides Buddhism, Samath is also connected with Jainism. There are many Buddhist monuments and edifices in Samath and some of the important Buddhist monuments at Samath are the Dhamekha stupa, the Chaukhandi stupa and monasteries and temples of different schools of Buddhism from Japan, China, Thailand, Burma and others. Not to forget, the Ashoka Pillar of Samath is the National Emblem of India.

Varanasi is said to be a museum of temples. Also called the city of temples, Varanasi is home to about 2000 temples. Many important and famous temples are located at Ganga ghats (river front), adding to the religious value of the holy river, Ganges. The Kashi Vishwanath temple, located near the Ganga Ghats, is the most famous and important temple of Varanasi. Other important temples of Varanasi are the new Vishwanath temple, the Sankat Mochan temple, the Durga temple, the Kal Bhairav temple and the Mritunjaya temple.

The City of Lord Shiva, Varanasi is the capital of knowledge, full of light and religious and spiritual activity. A city of Ghats of holy Ganges, it has more than 2000 temples, ashrams and muths, mesmerized with music, dance and literature.

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I, me and Dadaji

By Nidhi Karla

He’s always been my best friend. We would play our own games, call each other by special names and watch the same TV shows... The entire house was irritated by our constant clamour. Meet my Dadaji, my best friend. Barely aware of our age difference, I grew up respecting him. I was always inspired by his patience as he would never lose his cool with me or anyone else. Yes, he spoilt me with chocolates, candies and games. But mostly, he spoilt me with his affection. Sometimes, we would talk like little kids and at other times, like wise old sages. He has always been my ally and fellow conspirator. He had his quirks too, which I am proud to have inherited from him!

Then came a time when he started developing the symptoms of Dementia. Later, he was diagnosed with Alzheimer’s and as expected, we were all shocked beyond belief. During the initial stages, we would have to hold him down to the chair to feed him. We couldn’t understand how the wisest one at home could suddenly be almost incoherent. The nights were a blessing. It would seem that he was his old self again as he would remember the events of the day and of his youth in Karachi by turn. To hear him talking again in this way would make us so happy! We would look forward to his stories, dearly holding onto our memories of him.

Since my childhood, I had seen Dadaji helping everyone. He would make sure that he provided comfort for everyone – from Dadima to the entire colony. He spent much time helping others in countless small ways. Thoughtful is a good way of describing how he was. Even now, when Dadaji is unable to recognise almost everyone, people we have rarely interacted with, remember to ask about his welfare.

When difficulties strike, people often say the world deserts you. Though there is some truth to this, we have met many people who loved Dadaji and wished us well. We received tremendous moral and psychological solace especially from HOPE Ek A.S.H.A’s founder Dr. Sushma Chawla and volunteer Mrs Rita Sehgal. We are proud to have them by our side with their never-ending guidance and support.

But Dadaji too, has been a fighter. He never believed in giving up and firmly continues to hold on to his dignity. Even though we have encountered many difficult situations and even trying times, his will has kept us strong. He barely speaks, eats or sits on his own now, yet whenever we are with him his gentle eyes speak volumes and continue providing us hope. Dadaji is a cherished family member, though it gets harder to remember him as he used to be, we can still see the joy in his eyes when he sees us. We can see his tears of happiness and of sadness as he fights to express his needs and feelings. It becomes increasingly difficult to see him changing so drastically, especially as he progresses further in the final stage of the disease. But those eyes... they make us love him endearingly.
**Warning Signs of Alzheimer’s Disease**

- Memory Loss – Recent memory is affected first and it disrupts daily tasks.
- Loss of Abstract Thinking – Driving is very commonly affected
- Difficulty in performing familiar tasks at home or at work
- Challenges in planning or solving problems like payment of the bills and balancing the cheque book
- Confusion in time and place
- Difficulty in understanding visual images and spatial relation
- Problems in finding the appropriate word in spoken or written language
- Misplacing things in inappropriate places like placing the iron in the shoe rack
- Gradual decrease in judgement
- Changes in mood and behaviour to the extent that the total personality of the person changes.

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**The Story of Hope Ek A.S.H.A**

Hope Ek A.S.H.A is a voluntary organisation caring for the patients and the caregivers of Alzheimer’s disease patients. It was founded by Dr Sushma Chawla in 2000 in the memory of her mother who suffered from Alzheimer’s for five years.

**Aims & Objectives of HEA**

- Support the caregiver
- Train the caregiver within the family as per the individual’s needs
- Create mass awareness amongst the general public so that the disease is recognised at an early stage
- Provide medical assistance and guidance in day to day life
- Set up a day care centre for the respite of the caregivers
- Provide employment opportunities to professional caregivers.

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**Women Power and Alzheimer’s Disease**

By Dr Sushma Chawla*

Caring for a patient of Alzheimer’s disease at home is very challenging and stressful. In our country, the caregiver is usually a woman – the daughter, daughter in law or wife. In the story you’ve just read, it’s two women who are working tirelessly, caring for Dadaji.

His wife is a 77-year-old, post menopausal, cheerful, god-fearing lady who was initially in denial. She was in an angry mode for about two years after she got to know about her husband’s condition. But then, she accepted the disease slowly over a period of time. She has cardiac problems, osteoporosis and had recently fractured her wrist. But she is still always there for her husband and thankfully, the society is supporting her.

The second caregiver is the daughter-in-law of the family. In her early fifties, she is busy looking after her two growing daughters, husband and Dadaji. A few years ago, while in her premenopausal stage, she was facing various symptoms which were hampering her day to day life. We counselled her and gave her supportive therapy to overcome her premenopausal symptoms and gain enough strength to deal with the issues involved in caring for elderly parents-in-law. The most difficult part was to deal with the behavioural symptoms of the patient who was very aggressive at times. Not to forget, at the same time, both women were silently dealing with their own changes.

We need more and more support groups like HEA all over the country in order to bring about a change in the life of a woman who is the pivot of the family, society and Nation.

*The writer is Founder President, Hope Ek A.S.H.A*
Neurobics: The Brain Rejuvenator

All of us are familiar with the word aerobics; however, 'Neurobics' sounds different and is not in common use, as yet. It is similar and comparable to Aerobics and just the way aerobics provides rejuvenating oxygen to the muscles, Neurobics provides a rewarding activity inside brain cells called Neurons. This results in secretion of Neurotropins, which are chemicals that act as brain tonic. These Neurotropins in turn rejuvenate brain cells.

To activate the brain through Neurobics, we don’t need to work with paper and pen or solve complicated puzzles in isolation. In fact, everyday life is the Neurobic Brain Gym. Neurobics can be done anywhere, anytime in off-beat, fun and easy ways while one is getting up, commuting, working, eating, shopping or relaxing. They are designed to help the brain manufacture its own nutrients that strengthen, preserve and grow brain cells and help fight off the effects of mental aging process.

Neurobics is based on the latest scientific research from leading Neurobiology labs around the world, including Dr. Katz’ lab at the Department of Neurobiology in the Duke University Medical Center in Durham, USA. Neurobic exercises use our five physical senses and the emotional sense in unexpected ways and encourage us to shake up our everyday routines. Something as simple as entering home at the end of the day by closing our eyes and using other senses like touch and spatial memory to unlock the door, and find one's way to the wardrobe can be a Neurobic exercise.

When we are doing this Neurobic exercise different underused nerve pathways of the brain and nerve connections get activated. The result is the production of a kind of natural brain fertilizer that strengthens nerve connections and helps nerves and nerve cell receivers (dendrites) stay younger and stronger. The benefit of this is a fit and flexible mind ready to meet any mental challenge whether it be remembering a name or mastering a new computer program or staying creative in our work. Making multi-sensory associations and doing something important in a novel way are the two key conditions for a genuine Neurobic exercise.

A very simple Neurobic exercise involves increasing our use of touch. We can identify the coins by just touching them without looking at them and giving exact amount to the vendor. This would stimulate our neurons through touch sensation and get the activities done. One can try a different route to his or her workplace and give some stimulation to spatial sensing neurons. If one is right-handed, he or she can start using the left hand for simple tasks like brushing teeth, writing with pen or holding a newspaper. If one is right-handed, controlling a pen is normally the responsibility of the cortex on the left side of the brain. When we change to writing left-handed, the large network of connections, circuits, and brain areas involved in writing with our left hand—which are normally rarely used—are now activated on the right side of our brain. Suddenly our brain is confronted with an engaging task that’s interesting, challenging, fun and potentially frustrating.

To be more specific, to be called a Neurobic exercise, an exercise should involve one or more of our senses in a novel context. One can use additional senses to do an ordinary task by not using the sense normally used. For instance, getting dressed for work or taking a bath with eyes closed; climbing stairs with closed eyes; searching for something in kitchen using only the fragrance and not visual sensations.

The Bottom line is that the activity should break a routine in an unexpected, novel way. It should be surprising or should evoke one of our basic emotions like happiness, love or anger. While aerobic exercise brings oxygen to our muscles and makes our body stronger, Neurobic exercise causes chemical reactions in our brain and strengthens its ability to function. So start using Neurobics to work out with your brain and build a six-pack inside your head!

By: Dr Seema Kanetkar
Did You Know...

- More than a million new cases of breast cancer are annually diagnosed around the world?
- In countries like India, one of every 25 women will develop a breast tumour, while European nations will see their incidence increase in one out of every 12 women and, in the case of the United Kingdom, one out of every 10 women?
- From 70 years old onwards, the risk of suffering a breast cancer is increased in 11 percent?
- Over 400,000 women annually die because of a breast cancer, representing 1.6 percent of all deaths among female population?
- Breast cancer has shown different epidemiological trends worldwide; for instance, in India it occurs at 46-47 yrs. Of age in majority of women – 10 yrs earlier than other countries, but there do seem to be some common denominators that have resulted in an overall increase in the numbers of women suffering from the disease.
- Urbanization, literacy, early menarche, late menopause, late marriage, late first childbirth, obesity, genetics, family history have been implicated as causes of breast cancer.
- Some preventable factors may be; hormone therapy like OCP’s and HRT, smoking and alcohol, and maybe environmental toxins and diet.
- The Body Mass Index increases in 3.1 percent the average risk of breast cancer per Kg/m²?
- Late menopause increases this risk in 2.8 percent per year of delay?
- The better a cancer is diagnosed, the larger is the survival rate and the less aggressive palliative treatments will be?
- In countries where the screening programmes are good, the morbidity and mortality is lowered since the tumor can be detected at an earlier stage and treatment is better. In developing countries like India where the literacy rate is low and cancer screening is still in its infancy, breast cancer is detected at late stages when treatment is not as effective and mortality is higher. However, world over despite the screening programmes, the incidence of cancer breast is not coming down.

(Cervical Cancer)

- A breast lump – most lumps are harmless. Any new lumps or old ones that change or increase in size should be checked by your doctor. They are usually painless, firm to hard, with irregular borders.
- Lump or mass in the armpit.
- A discharge from the nipple area – any bleeding or weeping.
- Hardening of the skin in the nipple area.
- Changes in the areola (the dark area around the nipple) – puckering or swelling.
- Puckering of the skin in the breast area – a lemon peel effect that may appear similar to cellulite. It may appear as enlarged pores, which may indicate that a tumour is present.
- Inversion of the nipple – turning inward, or at an unusual angle.
- Swelling of the upper arm or armpit just above the breast.
- Dimples.
- Breast discomfort on one side only.
- Breast pain.
- Weight loss.
- Bone pain.
- Breast enlargement on one side only.
- Change in sensation of the nipple, such as itching.
- The growing risk of cervical cancer in women in India (aged 0-64 years) is 2.4% compared to 1.3% for the world

Risk factors:

- Having sex at an early age
- Having many sexual partners
- Having many pregnancies
- Using birth control pills for 5 or more years
- Consuming any form of tobacco
Symptoms of Cancer of the Cervix
(Mouth of the Uterus)
- May be no symptom
- Repeated episodes of vaginal discharge
- Blood-stained discharge from the vagina
- Bleeding following intercourse or vaginal examination
- Bleeding in between periods
- Bleeding after menopause

Symptoms of Cancer of the Endometrium
(Body of the Uterus)
- Heavy flow during periods
- Frequent periods
- Bleeding in between periods
- Bleeding after menopause

Breast Cancer Facts and Figures in India
Breast cancer is the second most common cancer in Indian women. The incidence is more in urban than rural women. It is more prevalent in the higher socioeconomic groups. Women of the Parsi community face a higher risk. The average incidence rate varies from 22-28 per 100,000 women per year in urban settings to 6 per 100,000 women per year in rural areas.

World Menopause Day
18th October

World Osteoporosis Day
20th October

World Breast Cancer Day
25th October

Osteoporosis Facts in India
- 1 out of 8 males and 1 out of 3 females in India suffers from osteoporosis, making India one of the largest affected countries in the world.
- Expert groups peg the number of osteoporosis patients at approximately 26 million (2003 figures) with the numbers projected to increase to 36 million by 2013.
- Two points worth noting about osteoporosis in India – the high incidence among men and the lower age of peak incidence compared to Western countries.
- The incidence of hip fracture is 1 woman to 1 man in India.
- In most Western countries, while the peak incidence of osteoporosis occurs at about 70-80 years of age, in India it may afflict those 10-20 years younger, at age 50-60.
ovulation

leads to a rise in the levels of a hormone called progesterone. When progesterone levels rise, the mucus produced by the cervix changes its composition, becoming thicker and less responsive to sperm. This change in mucus makes it more difficult for sperm to travel through the cervix and reach the egg. Even if sperm do manage to reach the egg, the thickened mucus can impede their movement, reducing the chances of fertilization.

In addition to changes in cervical mucus, ovulation also triggers changes in the cervical opening, which can become smaller and less permeable. These changes can further hinder sperm from entering the uterus and reaching the egg.

The overall impact of these changes in cervical mucus and opening is to create a barrier that prevents sperm from reaching the egg, thereby reducing the likelihood of fertilization and pregnancy.

It is important to note that these changes in cervical mucus and opening are temporary and typically resolve after ovulation.

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Yes, it is World Menopause Day on 18th Oct. but why do we celebrate this day? As life expectancy is increasing, more and more women are reaching menopausal and post menopausal age group, but how many are aware of what physical, mental, emotional changes the body is going through and how with a little life style modification they can cope up better with this new and exciting phase of life.

On this World Menopause Day, Club 35 plus has vowed that it will make all efforts to make this generation of menopausal & postmenopausal women more Me-no-pause savvy and will be opening up at least 20 more Club 35 plus all over the country and these chapters of IMS who have not yet started, we will be helping them establish these clubs, so please get in touch with me as soon as possible.

On 2nd Oct. we joined hands with the Forum for Breast Protection on a Car rally on Breast cancer prevention drive from Delhi to Agra and 67 cars participated in this Car rally with Dr. Ramesh Sarin from Apollo Hospital Delhi and Col. C.S. Pant. Many of the drivers were breast cancer survivors, which was very inspiring. A wonderful programme was conducted at Kalyankari Mahila Sangh Melawith full day free consultation and in the evening programme at hotel Clarks Shiraz 300 odd women along with commissioner and mayor of Agra watched the CD on self examination of breast. On 3rd Oct thousands of women learnt the technique of self examination of the breast, at camps conducted by gynecologists of Agra at 100 nursing homes, and CD on self-examination of Breast prepared by Dr Sarin was given free of cost to all participating women.

Dear friends those of you who want to do this activity in your chapters can also write to me at the undersigned address. It is our endeavor at IMS and Club 35 plus to make our women aware of the various seen & unseen problems related to this age group and help them handle them.

Director Malhotra, Test Tube Baby Centre, Agra
Mirena

The therapeutic choice for Idiopathic menorrhagia

Makes period lighter, shorter and less painful, thus making the women feel better

Sustained efficacy for 5 years

Confidence that last

yasmin®

3mg Drospirenone / 30mcg ethinyestradiol

A package of benefits for her well-being

DRSP has a unique pharmacological profile
- derived from 17a-spirolactone
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YASMIN combines antimineralocorticoid and antiandrogenic properties
Me... No Pause!!

Menoflav
Red clover aglycones 40 mg
Power of red clover, preferred world over

Efficacy:
- 56% reduction in frequency of hot flushes
- 43% reduction in severity of hot flushes
- 52% reduction in severity of night sweating

Long term benefits:
- Positive effect on the bone health
- Significant improvement bone density over 6 months in post-menopausal women

Safety:
- Safe and well tolerated in women with a family history of breast cancer.
- Does not increase the breast density in women