Poise
A Publication of Indian Menopause Society

WORLD MENOPAUSE DAY SPECIAL

MUSIC THERAPY

10

7th Issue
October-November 2010 - Rs.10

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Message From the Editors' Desk

Dear Reader,

The month of October brings with it different kinds of festivities! On the one hand we have Dussehra and Diwali where we are celebrating the victory of good over evil, besides hosting the Commonwealth games this year, while on the other hand, ‘awareness days’ like Menopause day, Breast cancer awareness and osteoporosis day, teach us to beware of evils like disease and advise us to win over by observing a healthy life style. This festivity/activity advises us to have at least one health check on one of these days! IMS Chapters all across the country through their Club 35+ is trying to reach out to all of you to join the festivities, learn about this phase of life, indulge and pamper yourself by having a well woman check instead of just a facial at your favourite SPA!

The yellow ribbon conceived by our public awareness chief, Dr. Maninder Ahuja, is to make you all aware not of your age but the IMS Mantra – fit at forty, strong at sixty and independent at eighty.

We dedicate this issue of POISE to all these issues of breast disease, osteoporosis and age itself. So, learn some more, have fun, read on...

Wishing all our readers a very happy Diwali.

Dr Sonia Malik
Editor

Message From the President

At the approaching World Menopause Day, there is good news!

We can clearly see the light at the end of the tunnel – the long awaited recognition of Menopausal medicine.

I was fortunate to visit two countries in a short span of fifteen days with many of my Indian colleagues to attend academic conferences of Menopause namely, APMF (Asia Pacific Menopause Federation) at Sydney where member societies from China, Indonesia, Thailand, Malaysia, Japan, Korea and of course India were participating. It was a great meet and we enjoyed the cultural and scientific interaction.

At Sri Lanka, it was the beginning of SAFOMS (South Asian Federation of Menopause Societies). India, Sri Lanka, Bangladesh and Pakistan were the main representative and Nepal, Maldives and a few others will join. It was again a gala opening with traditional Lankan hospitality.

In both places Menopause was discussed at length.

‘Menopause Boom’ of Thailand, ‘Climacteric Syndrome’ of Japan, ‘Mid-Life Problems’ of Korea, ‘Mature Women’ of Taiwan, ‘Menopause Research Centre’ of Slovenia and ‘Meaningful Management’ of India, are different names of reaching the same goal of Women’s Healthcare.

In Sri Lanka, delegations were from Australia, Philippines, United States and Australia, and Prof. Mary Ann Lumsden from U.K. discussed the metabolic aspect of Menopause. The goal of ‘Climacteric Medicine’ is now shifting from cure of symptoms to prevention of disease.

Indian delegation has provided thought provoking ideas at both the platforms. Elaborating problems and solutions of our continent. The idea of starting management at 35+ was the most popular theme amongst the delegates of SAFOMS.

POISE is one of our successful endeavours for a platform of public awareness.

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October-November 2010
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Published by:
Indian Menopause Society
Flat No. 2, C-1 Market,
Vasant Kunj, Delhi
Tel: 91-11-26899573, 26153635
Email: sm_doc@rediffmail.com
Produced by:
L.B. Associates (Pvt) Ltd
H-108, Sector 63, Noida, Delhi NCR, UP
Tel: 91-120-2427280
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Music Therapy  4
Choosing the Right Bra 5
Why Am I Sore 7
Breast Health Issue: Myths and Facts 13
Great National Movement 15
मेयर प्रिथ्व व्यायाम 19
इलतनेशनल मेनोपॉज इस्तामानी 20

Osteoporosis
A Silent Killer!

मेनोपॉज—एक आमान्य प्रक्रिया 22
Music does wonders in all aspects, relaxing our body, mind and soul. Music is the creation of emotionally pleasing effects by means of sound, a medium to express thought and feeling through tone and time. Since music has some therapeutic value, it is good to listen to music while driving a car through traffic jams, dusting the house or other dreary chores.

Our elders realised long before the doctors that the influence of music makes a person more productive; and now music is being utilised around the world for healing purposes. Several clinics and hospitals in India also are using music to minimise the trauma of painful treatments or just to put patients at ease. Doctors have observed that if music is on in OTs the procedure gets demystified, the staff is relaxed and patient goes into a deeper state of sedation, and recovery is faster. Music played during childbirth allows mother to respond to relaxation techniques more easily; pain is less and recovery is faster. During exercise sessions the clients as well as the trainer are more receptive with music. Psychiatrists have observed that music actually gives positive self esteem to individuals who suffer from anxiety, depression and schizophrenia. It clears emotional block. Words like Om, Anantam, Narayan and Hari are prescribed for alleviating distress and disorders connected with respiration.

Dr. Palash Sen is an orthopedic and leading vocalist for the rock group ‘Euphoria’. He says there can be different music for different folks – lullaby for kids and children, disco songs for young people, classical and other lively songs for the elderly may be the perfect cure for insomnia.

Playing musical instruments carries a different kind of relaxation and enjoyment. While vocal music can be in the form of:

- Simply playing antakshari with friends/colleagues/family members;
- Religious rhymes in the morning/evening;
- Playing event idol;
- Group singing in school/college bus/picnic spots; or,
- Romantic couple singing besides tree hills or inside the car takes them on top of the world.

Hence, at all ages and stages music makes life easy.

Scientifically, everything around us is made of atoms and molecules, which are in turn made of vibrations. We too are made of vibrations and when the musical vibrations blend exactly with ours, we feel good! A study by Australian psychologist Manfried Klien says that the curative power of music emanates from the resonance of certain ragas on hormonal and glandular functions which produce secretions that keep the body balanced and infection free.

Professor Manas Chatterji claims that the following ragas can cure diseases:
- Mian ki malhar and Darbari Kanada for chronic asthma;
- Bhairavi for sinusitis;
- Todi and Poorvi for headache and anxiety; and,
- Kafi and Khamaj for sleep disorders.

Music takes the topmost position in the list of modalities of lifestyle modification. Singing, listening to music, or dancing actually helps in getting rid of all kinds of stress in life. Life should be taken as a precious gem provided by God which needs to be lived properly. Someone rightly said:

Life is beauty, admire it.
Life is a song, sing it.
Life is a challenge, accept it.
Life is an opportunity, get benefited from it.
Life is an adventure, dare it.
Life is too precious, don’t destroy it.

Music has been declared as the food of love; use it as a perfect substitute for those chemical pills occupying your sideboard. Great suggestion!!!

Dr Manjit Bawa is Gynaecologist, Jalandhar
Why is there so much, hue and cry about the right choice of a bra? Estimates are that about 80 percent of women wear the wrong sized bra, and this includes women belonging to all strata. The reasons could be many, but the message is that if one is spending time and money, spend it on something which adds to your image. Believe me, the right kind of bra can add a lot to your image and confidence levels. Try one to make a difference.

Finding the right sized bra is often a trouble for many women. Let me put it this way; not many take the trouble of finding out what is right for them; but it is very simple and if you still can’t bring yourself to ask the sales person for help. There are two simple steps involved in selecting the right size.

Finding the Band Size

Have someone measure around your chest with a tape measure, just under your breasts, and around the back. Make sure the tape measure rests flat on the skin and goes straight across your back. That is your band size. Initial recommendation was to add 2-3 inches to this measurement. You can even try not adding any to the measurement you get, and just using that as your band size. This is because the band is elasticised, and the bra band needs to fit snugly so it can provide about 80-90 percent of the support for the breasts. Then the straps (shoulders) only carry about 10-20 percent of the load. If you end up with an odd number, go up to the next even number, since bras usually come only in even-numbered band sizes.

Finding the Cup Size

Measuring the cup size is trickier. Even with the measurement, it is better to try on different bras and experiment to find out which one fits better, as with age, the breast tissue undergoes many changes and comfort with the bra is of the utmost importance.

The second measurement is on top of the fullest part of your breasts. If you already own a well-fitting non-padded bra, you can wear it while taking this measurement as long as it doesn’t flatten your breasts. Record this number, and find the difference between that and the band-size number. This will help you select the cup size.

There are wide varieties of cup sizes available today for every body type. Like A, B, C, D, E, F, G etc. and also AA, BB, DD etc. Depending on the difference in your band size and fullest measurement, cup size would be as follow:

<table>
<thead>
<tr>
<th>Difference in inches</th>
<th>negative</th>
<th>&lt;1</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cup size</td>
<td>AAAA or AAA</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>DD or E</td>
<td>DDD or F</td>
<td>DDDDD</td>
<td></td>
</tr>
</tbody>
</table>

You should not have extra space in the cup. Your breast should completely fill the cup. If there is a space then reduce the cup size.
Poise

General Advice

• The band size (or chest size) is the number part of your bra size. The cup size is the latter part. For example, if you are in a 36 B, then 36 is the band and B is the cup.

• Let someone else measure you. If you have to do it yourself, then stand in front of the mirror.

• A measurement can be done over the bra you are wearing and over your T-shirt. If you plan on getting fitted, don't wear a thick sweatshirt or sweater.

• It is very common to have one breast larger than the other. Buy a bra with the cup size that fits the larger one.

• If you have large and/or sagging breasts, then when the person is taking your band measurement, you should pull up on your bra's shoulder straps so that she can get the measuring tape under your breast for an accurate measurement.

• If you wear a bra with padding or stuff your bra, then you are not going to get an accurate measurement. If you plan on getting fitted, wear a bra without padding.

• Breasts are supported by the pectoral muscle, i.e. the muscles of the chest on which they lie. Therefore most of the support should come from beneath.

• To check whether you have the right support, slip off the straps and see whether it stays in place without them. The back piece and the sides of a good bra should be level with the front.

• The breast sags whether you wear a bra or not and it is due to slackening of the supporting muscles, and is more possible if the breast is heavy. It is advisable to wear good supporting bra during exercise, running, jogging and during pregnancy.

• Small breasts can be enhanced with the help of highly padded bras. Flat well-padded under cup wiring with wide elasticised straps that give support to the centres of the breast, should be used by women with heavy breasts.

• Not all fittings will tell you the ‘right’ size, but will usually give you a good place to start.

• Try on different styles of bras. Every style fits and feels different and can ‘shape’ your breast differently.

• When it fits well, the front and the back of the band should be at the same level, and the straps should not be pulling it up.

• Don’t rush when trying on bras. Really pay attention to how they fit and feel. Go bra shopping when you know you have the time for it. Some women take hours to try several different sizes and styles to find the bra that gives them the fit and feel they wanted.

• If your bra fits correctly, it should not be painful or uncomfortable to wear.

• Sportswomen should choose sports bras available in all good stores. They give that little extra support required by sportswomen.

• Nursing mothers should go for nursing bras and add about two sizes to their original pre delivery size.

• There are special bras available for ones who have had breast surgery. Go for them. There is no need to feel less confident after surgery.

• Varieties of bras include seamless ones to wear under exclusive dresses; half cups; tee shirt bras; strapless bras, etc.

Dr Jaideep Malhotra is Consultant Gynaecologist and IVF Specialist, Chapter Secretary, Agra
WHY AM I SORE?

The vagina is lined with a thin layer of clear fluid coats on its walls. These cells are under control of reproductive hormones. Most of this lubrication seeps through the walls of the blood vessels encircling the vagina. Hormonal changes during the menstrual cycle and aging affects the amount and consistency of this moisture. As women approach menopause the availability of hormone decreases and this causes the vaginal cells to become thin and at high risk of infections.

Vaginal dryness is a common problem for women during and after menopause, although inadequate vaginal lubrication can occur at any age. High levels of stress are often correlated with vaginal dryness.

Vaginal dryness is a hallmark sign of vaginal atrophy (atrophic vaginitis) — thinning and inflammation of the vaginal walls due to a decline in estrogen. Along with vaginal dryness, there may also be itching and stinging around the vaginal opening and in the lower third of the vagina. If this gets infected, then one can have Infectious vaginitis. Women who have diabetes develop infectious vaginitis more often than non-diabetic women. Occasionally, there can be Irritant vaginitis, caused by allergies to condoms, soaps, perfumes, douches, lubricants and semen. It can also be caused by hot tubs, abrasion, tissue, or topical medications.

Vaginal dryness can make intercourse uncomfortable. Most vaginal lubrication consists of clear fluid that seeps through the walls of the blood vessels encircling the vagina. When sexually aroused, more blood flows to the pelvic organs, creating more lubricating vaginal fluid. But the hormonal changes of menopause, childbirth and breast-feeding may disrupt this process. Vaginal dryness may be accompanied by signs and symptoms such as: itching; burning; soreness; vaginal discharge; sour vaginal odour; pain and light bleeding with sex, and urinary frequency or urgency.

See a Doctor

Vaginal dryness affects many women, although they seldom bring up the topic with their doctors. If vaginal dryness affects a woman’s lifestyle, in particular her sex life, and causes intense itching, burning and/or urinary problems, she should see a doctor. Diagnosis of vaginal dryness may involve:

• Pelvic exam – to check for the internal pelvic organs;
• Pap test – screening for vaginal and cervical cells for microscopic examination to check for signs of vaginal inflammation (vaginitis) or to confirm vaginal changes related to estrogen deficiency; or,
• Urine test – if associated with urinary symptoms

Causes of Vaginal Dryness

Declining estrogen levels: Reduced estrogen levels are the main cause of vaginal dryness. Estrogen, a female hormone, helps keep vaginal
tissue healthy by maintaining normal vaginal lubrication, tissue elasticity and acidity. These factors create a natural defence against vaginal and urinary tract infections. But when estrogen levels decrease, so does this natural defence, leading to a thinner, less elastic and more fragile vaginal lining. Other factors including reduced muscle tone and the longer time needed for sexual arousal are common in perimenopause.

**Underlying medical conditions:** While declining estrogen is the common cause of vaginal dryness, it is essential to check for any underlying medical conditions, especially diabetes. One should definitely seek medical advice if the symptoms are severe and prolonged, or if they are unresponsive to simple efforts to alleviate them.

**Emotional issues:** If one is depressed or under tremendous stress, counselling is advised. Dryness and lack of arousal can also be a signal of unresolved problems in a relationship.

**Douching:** The process of cleansing your vagina with a liquid preparation (douching) disrupts the normal chemical balance in your vagina and can cause inflammation (vaginitis). This may cause your vagina to feel dry or irritated.

**Medications:** Allergy and cold medications, as well as some antidepressants, can decrease the moisture in many parts of the body, including the vagina. Anti-estrogen medications, such as those used to treat breast cancer, can also result in vaginal dryness.

**Relieving Vaginal Dryness**

There are some simple lifestyle changes and home remedies which can help relieve vaginal dryness, but most of them require a few weeks to work. So remember to be patient when adopting these methods. If the symptoms are very severe, or there is infection, then medical therapy may also be needed. The doctor will prescribe these if needed:

**Boost water intake:** Your first step should be to check hydration. Women should consume at least ten 8-oz glasses of water a day. This simple step can be surprisingly helpful.

**Check for chemicals in the environment:** Review the list of ingredients in personal, bathing and laundry products. Many perfumes and other chemicals commonly found in these products are irritants to the delicate mucosal tissues that line the vagina.

**Follow a hormone-balancing diet:** Give the body the support it needs to make and balance hormones, starting with nutrition. The low-fat, high-carb diet many women follow literally starves their bodies of the nutrients it needs to make sex hormones. The estrogen needed for vaginal lubrication is made from cholesterol, which is something women on low-fat diets are severely lacking. One might also think about adding soy and flax seed, which are good sources of phytoestrogens.

**Fill in the gaps with a medical-grade multivitamin/mineral supplement:** All women need top-quality nutritional supplements to support their diet, no matter how well they eat, and this simple step can ensure that the missing gaps are covered.

**Try a personal lubricant:** Some women achieve immediate relief from vaginal dryness and irritation simply by using a personal lubricant.

**Pay attention to sexual needs:** Occasional vaginal dryness during intercourse may mean that one is not sufficiently aroused. Take time to be intimate the partner and allow the body to become adequately aroused and lubricated. Having intercourse regularly also may help promote better vaginal lubrication.

**Medical Therapy**

In general, treating vaginal dryness is more effective with topical (vaginal) estrogen rather than oral estrogen. Estrogen applied to the vagina can still result in estrogen reaching the bloodstream, but the amount is minimal. Vaginal estrogen therapy comes in several forms: vaginal estrogen cream, vaginal estrogen ring, vaginal estrogen tablet. Medical therapy with anti-fungal, anti-microbial creams or gels with or without vaginal pessaries (tablets) for infective cases

**Avoid certain products:** Though some may be willing to try just about anything to relieve discomfort, they should avoid using the following products to treat vaginal dryness, because they may irritate the vagina: vinegar, yogurt or other douches; hand lotions; soaps; and bubble baths.

Nearly half of all women between the ages of 40 and 59 suffer from vaginal dryness at some point. It ranks as one of the top ten problems afflicting menopausal women. Living with uncomfortable vaginal dryness doesn’t have to be part of getting older. Solutions and treatment options are always available. Talk to your doctor!

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Osteoporosis
A Silent Killer!

What is Osteoporosis?

Osteoporosis, literally meaning ‘porous bones’, is the breakdown of bones, which together constitute the hardest part of the human body. It is a disease of bones that leads to an increased risk of fracture. In osteoporosis the bone mineral density (BMD) is reduced, bone micro architecture is disrupted, and the amount and variety of proteins in bone is altered.

Over 300 million people suffer from osteoporosis in India without realising that every osteoporosis-related bone fracture doubles the risk of death.

Osteoporosis is a disease resulting in thinning and weakening of bones making them more likely to break. The bones in the body constantly go through a process whereby bone is absorbed and new bone is laid down. With age, this balance is disturbed, and while bone continues to get absorbed, new bone is not laid down at the same speed. This loss of bone material starts in the late thirties and becomes marked in women after menopause. The process may go unnoticed till a bone breaks.

Once total bone mass has peaked at around age 35, all adults start to lose it. However, women are more likely to develop osteoporosis than men. This is due to several factors. Women have less bone mass than men, tend to live longer and take in less calcium. In women, the rate of bone loss speeds up after menopause, when estrogen levels fall. Since the ovaries make estrogen, faster bone loss may also occur if both ovaries are removed by surgery.

Falls Risk and Fractures

Fractures of the long bones acutely impair mobility and may require surgery. Hip fracture, in particular, requires prompt surgery as there are serious risks, such as deep vein thrombosis and a pulmonary embolism, and increased mortality is associated with it.

The increased risk of falling associated with aging leads to fractures of the wrist, spine and hip. The risk of falling, in turn, is increased by impaired eyesight due to any cause, balance disorder, movement disorders, dementia, and sarcopenia (age-related loss of skeletal muscle). Those with previous falls, as well as those with a gait or balance disorder, are most at risk.

Removal of obstacles and loose carpets in the living environment may substantially reduce falls.
What are the signs of osteoporosis? You may not know you have osteoporosis until you have serious signs. Signs include frequent broken bones or fractures, low back pain or a hunched back. You may also get shorter over time because osteoporosis can cause your vertebrae (the bones in your spine) to collapse. These problems tend to occur after a lot of bone calcium has already been lost.

What increases your chances of getting osteoporosis? There are several risk factors that raise your chances of developing osteoporosis. Some of these factors are things you can control, while some you can’t.

Factors that you can’t control:
- Being female;
- Having a small, thin body (under 127 pounds);
- Having a family history of osteoporosis;
- Being over 65 years old;
- Being white or Asian, but African American and Hispanic/Latina women are also at risk;
- Not getting your period (if you should be getting it);
- Having anorexia nervosa; and,
- Long-term use of certain medicines, including:
  a. Glucocorticoids — medicines used to treat many illnesses, including arthritis, asthma, and lupus
  b. Some antiseizure medicines
  c. Gonadotropin releasing hormone — used to treat endometriosis
  d. Antacids with aluminum — the aluminum blocks calcium absorption
  e. Some cancer treatments
  f. Too much replacement thyroid hormone

Factors that you can control
- Smoking;
- Drinking too much alcohol. Experts recommend no more than one drink a day for women;
- A diet low in dairy products or other sources of calcium and vitamin D; and,
- Not getting enough exercise.

You may also develop symptoms that are warning signs for osteoporosis. If you develop the following, you should talk to your doctor about any tests or treatment you may need:
- Loss in height, developing a slumped or hunched posture, or onset of sudden unexplained back pain; or,
- You are over age 45 or a post-menopausal and you break a bone.

How is it diagnosed? Usually the first suspicion comes when a bone breaks. Patients, who have backache may show evidence of osteoporosis on testing. If there has been a loss of height or stooping due to curving of spine, it may suggest osteoporosis.

If your doctor suspects osteoporosis, he or she may recommend you to have a bone scan. A common test that measures bone density is called a dual energy X-ray absorptiometry (DEXA). This test measures the density of the bones in your hips, spine and wrist, which are all places likely to be affected by osteoporosis. X-rays show evidence of osteoporosis only when the disease is in advanced stage. Early changes may be picked up by a bone density test.

Your doctor may also order an ultrasound or a computerised tomography (CT) scan to help check the density of your bones. The diagnosis may require some tests like blood tests to measure calcium and phosphorus.

If you are 65 or older, you should get a bone density test. Women at age 60 to 64 with risk factors for osteoporosis and women over 45 who

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**TREATMENT FOR OSTEOPOROSIS STARTS WITH CHANGES TO YOUR DIET. YOU WANT TO TAKE IN MORE CALCIUM. YOUR DOCTOR WILL SUGGEST WAYS TO GET MORE CALCIUM THROUGH FOOD, DRINK AND POSSIBLY A CALCIUM SUPPLEMENT**
have broken any bones should also get tested. If you are age 40 to 60, you should discuss risk factors and testing with your doctor or nurse.

**How is osteoporosis treated?** Prevention is the best way to cure osteoporosis. The best way to prevent weak bones is to work on building strong ones. No matter how old you are, it is never too late to start. Building strong bones during childhood and the teen years is one of the best ways to keep from getting osteoporosis later. As you get older, your bones don’t make new bone fast enough to keep up with the bone loss. And after menopause, bone loss happens more quickly. Building and maintaining strong bones depends on calcium, vitamin D, and physical activity. No matter what your age, strong bones help prevent osteoporosis.

Women who are approaching menopause should consult their doctor regarding starting hormone replacement therapy. A healthy diet with plenty of calcium and vitamin D is prescribed. Calcium tablets and oral vitamin D preparations may be given if the oral intake is inadequate.

Treatment for osteoporosis starts with changes to your diet. You want to take in more calcium. Your doctor will suggest ways to get more calcium through food, drink and possibly a calcium supplement. He/she may also suggest that you take a vitamin D supplement, which helps your body process calcium.

Your doctor will want you to increase your physical activity, especially weight-bearing exercise. This helps increase bone density. Examples of weight-bearing exercise include walking, jogging and climbing steps. Routine exercise is recommended.

**Calcium:** Bones contain a lot of calcium. It is important to get enough calcium in your diet. You can get calcium through foods and/or calcium pills. Getting calcium through food is definitely better since the food provides other nutrients that keep you healthy. Consult with your doctor before taking calcium pills to get the best one for you. Taking more calcium pills than recommended does not improve your bone health. So, try to reach these goals through a combination of food and supplements.

If you are taking calcium supplements, avoid taking more than 500 mg. Remember, they can never replace nutrition, they can only supplement. They may cause gastric upset or may sometimes increase your tendency for kidney stones.

Children and teenagers need adequate calcium in their diets so they can maximize the calcium storage in their bones. In later years, adequate dietary calcium helps minimise calcium loss from the bones.

**Calcium Rich Food**
- Custard apple;
- Dry beans, such as rajma, chole, chana, lobia, other kidney beans, black-eyed peas, kidney beans, black beans;
Poise

- Turnip greens, radish (red and white), lauki;
- Kamal gatta (makhana);
- Water chestnuts/cresnuts (singhada);
- Nuts like peanuts, groundnuts, walnuts, cashew nuts, almonds and fruit seeds;
- Seeds like melon seeds, watermelon seeds etc.;
- Coconut; and,
- Fruits like guavas, banana, jackfruits and chiku.

Vitamin D: It is also important to get enough vitamin D, which helps your body absorb calcium from the food you eat. Vitamin D is produced in your skin when it is exposed to sunlight. You need 10 to 15 minutes of sunlight to the hands, arms and face, two to three times a week to make enough vitamin D. However, many older people, who do not get enough sun need to take supplements to obtain their needed 400 to 600 IU of vitamin D per day. Foods such as milk, buttermilk, curds, paneer (cottage cheese), eggs cooked Salmon, and vitamin D fortified milk contain vitamin D.

Healthy Diet: Other nutrients (like vitamin K, vitamin C, magnesium, and zinc, as well as protein) also help build strong bones. Milk has many of these nutrients; so do foods like lean meat, fish, green leafy vegetables and orange.

Exercise: Activities like walking and carrying groceries, skipping and climbing stairs make your bones work against gravity. Bones are living tissue. Weight-bearing physical activity stimulates new bone tissue to form, thus making them stronger. Also, in weight-bearing physical activity, muscles push and tug against bones, making them even stronger.

Achieving a higher peak bone mass through exercise and proper nutrition during adolescence is important for the prevention of osteoporosis. Exercise and nutrition throughout one’s life delays bone degeneration. Jogging, walking, or stair climbing three times per week, along with 1,500 mg of calcium per day is 70-90 percent of maximum effort, and it increases bone density of the lumbar (lower spine) by 5 percent over nine months. Individuals already diagnosed with osteopenia or osteoporosis should discuss their exercise programme with their physician to avoid fractures.

Make your home safe

Reduce your chances of falling by making your home safer. Use a rubber bath mat in the shower or tub. Keep your floors free from clutter. Remove throw rugs that may cause you to trip. Make sure you have grab bars in the bath or shower.

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MYTH: Most breast lumps are cancers.
FACT: Nine out of ten breast lumps are not cancers. However, it is vitally important to investigate the breast lump in order to obtain a definitive diagnosis instead of assuming that it is harmless.

MYTH: Breast cancer affects only older women.
FACT: 80 percent of breast cancers occur in women over the age of 50. However, breast cancer can occur at any age and is increasingly being diagnosed at a much earlier age in India.

MYTH: Breast cancer does not occur in men.
FACT: Many people are unaware that men can develop breast cancer because they do not think men have breasts. In fact, both men and women have breast tissue. It is important to be aware that a small proportion of men do get breast cancer each year. Although precise statistics in India are unknown, approximately 300 new cases of breast cancer are diagnosed in men each year in the United Kingdom.

MYTH: We know what causes breast cancer.
FACT: We do not know what causes breast cancer. There are however well recognised risk factors. Being a woman and increasing age are the two most important factors. Other known risk factors are as follow:
- Previously diagnosed breast cancer in the same or other breast;
- Strong Family history of breast cancer (close relatives with breast cancer);
- Early onset of menstrual period (before age 12);
- Late menopause (after age 55);
- Not having children and having first child after age 30;
- Long term use of Hormone Replacement Therapy; and,
- Obesity (overweight particularly after menopause)

MYTH: If you have a risk factor for getting breast cancer, you are likely to get the disease.
FACT: The risk of getting breast cancer is not a certainty, even if you have one of the strongest risk factors.

MYTH: Family history of breast cancer is the most important risk factor for getting breast cancer.
FACT: The vast majority of women with breast cancer do not have a family history of breast cancer. Strong family history (genetic predisposition) accounts for only 5-10 percent of breast cancers.

MYTH: Breast feeding prevents breast cancer.
FACT: Breast feeding does not prevent breast cancer, but reduces the risk.

MYTH: Birth control pills cause breast cancer.
FACT: Modern day birth control pills contain a low dose of oestrogen and progesterone and hence are not associated with an increased risk of getting breast cancer.

MYTH: Women with large breasts have greater risk of developing breast cancer.
FACT: Size of the breast is not a risk factor.

MYTH: Injury to the Breast can cause breast cancer.
Breast Awareness: 5-Point Code

1. Know what is normal for you;
2. Know what changes to look and feel for;
3. Look and feel;
4. Report changes to your doctor without delay;
5. Have Mammogram (X-ray of the breast) every year if you are aged 40 and over.

Dr. P. Raghu Ram is Director of KIMS-USHALAKSHMI Centre for Breast Diseases Krishna Institute of Medical Sciences, Hyderabad, India www.breastcancerindia.org
It is a matter of great pride that, various NGOs are showing interest and coming forward in the field of Menopausal Health Care Awareness. As a result of continuous efforts of Indian Menopause Society, even government agencies have assured to incorporate and recommended such programmes as a policy in the workshops at rural centres.

This was evident with the grand success of Woman Health Awareness Programme held on April 2, 2010 at Jaipur. The Mayor of the city Mrs. Jyoti Khandelwal presided over the function and President of Rajasthan Pradesh Mahila Congress Mrs. Vijay Laxmi Bishnoi was the Chief Guest, and they showed their intention to take these health initiatives to the far outreached areas in the villages for the betterment of lives of midlife women.

It was an important day for all the medical fraternity of Mahatma Gandhi Medical College and Hospital and the members of Indian Menopause Society, and also for Jaipur Chapter and Forum of Breast cancer Protection to join hands together with all other esteemed organisations of Jaipur who are putting their dedicated efforts into the upliftment and empowerment of women in all areas.

The programme was organised in collaboration with Breast Cancer Protection Forum. We profoundly appreciate and congratulate the initiative and the support of the Chairperson Dr. Ramesh Sarin and Col. Pant, who also organised the car rally which proved a powerful way of spreading awareness especially in remote and rural areas. Certainly working together with a common cause, we can help women to fight cancers.

The commitment of Breast Cancer Protection Forum and IMS towards women healthcare made this a very fruitful event. The main attractions were the screening of the films for Breast Self Examination and the IMS documentary ‘Sumangala’. The efforts of the Breast Cancer Forum were well appreciated as renowned TV artists played roles in the film. Through the IMS documentary the Message conveyed to mature women, is to openly discuss all menopausal treatment options with their primary healthcare provider before going ahead with them on their own. The pioneers of Menopausal Health Care professionals across the country contributed in making of this film.

The programme was well attended by representatives of various Clubs, Societies and Health organisations. Midlife women from all the corners of the city found it very effective and were overwhelmed with the knowledge they got regarding menopausal health issues and early recognition of Breast Cancer.

The yellow ribbons for Menopause Awareness and Pink Ribbons for Breast Cancer Awareness were integrated in the rosette and all the participants felt awesome when using them. The volunteers were young students and Interns, who took the lead and demonstrated great zeal in the movement. They distributed educational material from IMS and from Breast Cancer Protection Forum along with the CDs of Breast Self Examination and the IMS documentary ‘Sumanagala’ to all participants. The core content of the programme was a small exhibition on the theme.

We thank Dr. Bhagwat Swami, Zonal Organiser (Rajasthan & M.P.); and All India Women Conference, New Delhi for their efforts on mobilising the women from all corners of the city to participate in this programme.

The Indian Menopause Society as such is thankful to Media that showed clippings of the programme and helped the societies to spread the concept through newspapers, and thus played a vital role in spreading health awareness to the masses.

The CDs are with chapter secretaries. We urge you all to actively use and communicate the contents of the film which will make these efforts truly purposeful.

**Poise**

GREAT NATIONAL MOVEMENT
INSTITUTIONAL, GOVERNMENTAL AND NGOS PARTICIPATE IN MENOPAUSAL HEALTHCARE

Dr Sunila Khandelwal *
Dr Seema Sharma **
लू दासलिस

लू दासलिस का प्रारंभिक अवस्था में निदान एवं तकाया उपचार अल्पस्थिक और महत्वपूर्ण है।

śतन कॅंसर वया है?

20 मीडिका पौरुषात्मक

śतन कॅंसर महिलाओं में अधिकांश होने वाले कॅंसर के प्रकार में से एक है। कोई भी महिला श्वसन कॅंसर से ग्रसित हो सकती है। 10 में से एक महिला इस कॅंसर से प्रभावित है।

śतन कॅंसर का निदान विवाद भी हो, उसका उपचार उतना ही अधिक कारगर होता है।

śतन कॅंसर, śतन कॅंसरों की अनियमित वृद्धि की वजह से होता है। इस प्रकार के कॅंसर अन्य हिस्से में फैलने की संभावना ज्यादा होती है।

ञः: śतन कॅंसर का प्रारंभिक अवस्था में निदान एवं तकाया उपचार अल्पस्थिक और महत्वपूर्ण है।

Lru dâj gâsdsdâj.k

यद्यपि śतन कॅंसर होने के कारणों की सम्पूर्ण जानकारी अभी नहीं हो पाई है, फिर भी समावेश कारण निर्मातित हो सकते हैं:

• आयु — उम्र के साथ śतन कॅंसर की समाप्त बढ़ती है। अधिकांशतः प्रभावित श्रेणियों की उम्र 50 वर्ष से अधिक पाई गई है।

• अनुमानिक — जोहाँ एक या अधिक घनिष्ठ सम्बन्धी śतन कॅंसर से प्रभावित हो।

• जिन रिट्रोकॅंसर का एक स्तन पहले से ही कॅंसर ग्रस्त हो।

• बच्चों का न होना या पहला प्रजनन 30 वर्ष की आयु के बाद हुआ हो।

• मासिक धर्म की जल्द शुरुआत होना (12 वर्ष की आयु के पहले)

• मासिक धर्म का देर से बंद होना (55 वर्ष की आयु के बाद)

• मोटापा (अनुपात से अधिक वजन), विशेषतः मासिक धर्म बंद होने के बाद।

Lru dâj dslds

śतन में क्षयक गठन, śतन की लम्बी बुखार गढ़े बनना, śतन के आकार में परिवर्तन, घाव, निपतन अंदर की ओर धसना, śतन स्वाभिं होना, बगल में गठन होना, हाथ में सुजन होना।

śतन—कॅंसर समान्यत एक गठन के रूप में उत्पन्न होता है। हालाँकि मासिक धर्म के पहले या दर्पणान्तरण स्तनों की नाजुकता, दर्द होना अथवा भारीपन रहना सामान्य बात है। śतन कॅंसर का प्रारंभिक अवस्था में दर्द महसूस हो यह ज्यादा नहीं है।

Poise
लरु ओ डाल लरु क्यार सिन्हा, अधिक उख को महिलाओं को होता है।

लरु क्यार का खातरे के कारण होने पर यह रोग जरूर हो सकता है।

लरु क्यार का होना या न होना कदापि सुनिश्चित नहीं किया जा सकता भले ही किसी खातरे के कारण हो या न हो।

यदि आपके परिवार में स्तन क्यार नहीं है तो आपको भी नहीं हो सकता।

लरु क्यार को स्तन क्यार का खातरा हो सकता है। स्तन क्यार एल्केट महिलाओं में से लगभग 80 प्रतिशत के परिवार में किसी का स्तन क्यार अनुशासिक नहीं देखा गया है।

सिर्फ आपकी माता का पारिशास्त्र फा क्ष में स्तन क्यार होना, आपकी समावहन का परम्परागत कर सकता है।

लरु क्यार या फिटा का पारिशास्त्र फा में स्तन क्यार होना आपकी समावहन को समान रूप से परम्परागत करता है।

गर्मी-नियंदक गोलियों के कारण स्तन क्यार हो सकता है।

लरु क्यार वार्षिक कारण में उलझन गोर्न नियंदक गोलियों में हार्मोन, एन्ट्रोपाअं और प्रोजेस्टारेंर की मात्रा कम रहती है।

इसके कारण स्तन क्यार का खातरा नहीं बढ़ता है।

स्वयं स्तन परीक्षण, स्तन क्यार के निदान का उल्लमा तरीका है।

लरु क्यार के परामान्य निदान के लिए (जब इसका सटीक उपचार संभव है) उच्च गुणवत्ता वाली, अत्याधुनिक फिल्म-स्टीन मेमोग्राफी सार्वजनिक विश्वसनीय उपाय है। जब स्तन क्यार मानव हाथों से महसूस करने लायक होता है, वह मेमोग्राफी में दिखाने वाले सामान्य अवकार के क्षेत्र से काफी बड़ा हो चुका है।

मुझे स्तन क्यार का खातरा अधिक है और मैं कुछ भी नहीं कर सकती हूँ।

लरु क्यार का खातरा को कम (समावहन करने के नहीं) करने के कई कारण उपचार है। जीवन शैली में बदलाव के लिए (सामक दृष्टियों का समेत बंद करने, धुम्रपान बन्द करने, नियमित व्यायाम, औषध-उपचार द्वारा) और आयुक्त खातरे के समावहनों में शाल्य-किर्या का सुआचार भी दिया जा सकता है।

स्तन क्यार का होना मृत्यु-दण्ड के समान है।

लरु क्यार अवस्था में निदान होने पर स्तन क्यार का पूर्ण उपचार संभव है। और इससे भी आगे, वार्षिक वैकल्पिक युग के अवांशिक उपचारों द्वारा किसी भी स्तर पर स्तन क्यार का निदान संभव है।

'क्स्फुन' 'डी' 'क्स्फुन' 'रो'

स्तन क्यार किसी भी महिला को हो सकता है।

परामान्य अवस्था में माता लगाने पर इसका उपचार पूरी तरह संभव है।

परामान्य अवस्था में निदान होने पर कई मात्रों के स्तन को बचाया जा सकता है।

मेमोग्राफी का स्तन क्यार के जल्दी पता लगाने का एक सटीक और प्रभावी तरीका है।

'क्स्फुन' 'डी' 'होफ' 'क्ले'

लो; अलरु रुहीक्की स्तन क्यार समावहन। एक आठ के रूप में उलझन होता है। आप स्वयं अपने रूपों की नियमित जीवन द्वारा स्तन क्यार का जल्दी पता लगा सकती है।

पारिस्थितिक विकिस्ट्राक्स वा स्प्रीटिंग विशेष्य द्वारा स्तन परीक्षण 20 वर्ष की उम्र से ही, रियो को प्रायः 2 या 3 वर्ष में अपने रूपों का विकिस्ट्राक्स द्वारा परीक्षण करवाना चाहिए।

'क्स्फुन' 'डी' 'क्स्फुन' 'होट' 'क्ले'

%मेमोग्राफी का स्तन का एक-दूसरे स्तर है। यह महसूस होने से काफी पहले ही क्यार की गठन का पता लगा लेता है। 40 वर्ष से अधिक आयु के जिस महिलों को स्तन क्यार होने की समावहना अधिक हो, उन्हें वर्ष में एक बार मेमोग्राफी अवश्य करवानी चाहिए।

'लो; अलरु रुहीक्की'

स्वयं स्तन परीक्षण का सही समय मानक धर्म के पहले दिन के बाद से 7 से 10 में दिन तक है, इस समय आपके रूपों की खातरी-सेवादशीलता सबसे कम रहती है।

यदि मानक धर्म बंद हो गए हों तब महिला को प्रतिमाह एक
Poise

निरनिश्चित तालींक को स्वयं स्तन परिशेषण करना चाहिए।

Luku djetle; %अपनी दाहिनी गुज्रा उठाइए। बाह्य इलाक़े की अंगुलियों के पौरों की गलियों द्वारा दाहिने स्तन के प्रत्येक हिस्से को मजबूतता दर्शाने के कौशल में महसूस करें कि लव्ह के नीचे कहीं कोई मांसाधारण या किसी प्रकार का परिवर्तन तो नहीं है। अब बाह्य इलाक़े को उठाकर दाहिने हाथ का उपयोग करते हुए अपने बाह्य स्तन का परिशेषण करें।

niZk dsleus[M&gLJ] यह देखें कि दोनों स्तनों के आकार में अन्तर, कोई असमानता उभर, उपरी चमड़ी में बदलाव, निपटन से कोई रिसाव। उसी प्रकार दोनों हाथ उठाकर यही सब देखें। सीधे लेटकर एक हंसली सिर के नीचे रखकर, दूसरे हाथ की हथियार और अंगुलियों से चारों ओर गोलाकार में दबाकर सम्पूर्ण स्तन का परिशेषण करें। इसी प्रकार दूसरे हाथ से दूसरे स्तन का परिशेषण करें।

स्तन के बाह्य सिरे पर शूल करके अपनी अंगुलियों के सनताल हिस्से को स्तन के ऊपर मिन्नत गोलाकार घुमाते हुए निपट की ओर ले जाएं। इस तरह से पूरे स्तन का परिशेषण करें। दाहिने स्तन के लिए इसी प्रक्रिया को दोहराएं।

इसके बाद चित्र के अनुसार बागल के भाग का परिशेषण करें।

यदि रखिए सभी गठन कंसर की नहीं होती। यदि आप ऐसी किसी भी गौठ को महसूस करते तो सबसे पहले अपने पारिवारिक चिकित्सक या सेंट्री रोग विशेषज्ञ का दिखाएं।

Lru d$b j d k miplj
उपचार निर्देश करता है – स्तन कंसर के प्रकार पर, उसकी अवस्था (रेटिज) पर और हामीन ग्राहा क्षमता पर।

उपचार अधिकांशतः कई विधियों में संयुक्त रूप से किया जाता है ताकि रोग को पूरी तरह नष्ट किया जा सके, गठन दौरान न हो सके या फिर लक्षणात्मक आराम दिया जा सके।

मुख्य रूप से उपचार है – शायद चिकित्सा, रासायनिक चिकित्सा (किमोथेरपी), चिकित्सा चिकित्सा (सिकाइया या रेडियोथेरपी) तथा हामीन चिकित्सा।

'ki'; fpfd R l k
रोग के प्रकार एवं अवस्था को ध्यान में रखते हुए रोगी के स्तन के प्रभावित हिस्से से या सभी स्तन को ही निकाला जा सकता है।

प्राथमिक अवस्था में पता लगाने पर कई मरीजों के स्तन को बचाया भी जा सकता है।

fofd j.k fpfd R l k
विक्रिया चिकित्सा द्वारा कंसर की कोशिकाओं को नष्ट किया जाता है।

विक्रिया चिकित्सा के प्रतिकूल–प्रभाव (साइड इफेक्ट), अत्यधिक हैं व ठोसे समय में ठीक हो जाते हैं।

j nk k fu'd fpfd R l k \& he h\&\$ h\&
रासायनिक चिकित्सा (किमोथेरपी) में मिलने दवाओं द्वारा कंसर कोशिकाओं को नष्ट करके गठन को छोटा व नष्ट किया जाता है।

रासायनिक चिकित्सा (किमोथेरपी) के प्रतिकूल–प्रभाव अस्थायी हैं व ठोसे समय में ठीक हो जाते हैं। विज्ञान में यह अनुसंधान के कारण इनका इलाज अब बेहतर डोंग से किया जा सकता है।

MKE ujt k kshudj ,e ,l ] Mht hvks
हेड, इंटरमेंट आफ आ.वी. जी.बी.एन. बोम्बे हॉस्पिटल, इंटर्न अनय, इंटर्न आ.वी. जी.बी.एन. सोसाइटी रोकेटरी, आई.एम.एस. इंटर्न चैटर
मेरे प्रिय व्यंजन

डा० आसोज श्रीवनस्वामी

बेकाबू वेज

dेखने में सुदर, स्वाद में लाजवाब, कैलोरी में कम गुणों में पौष्टिक बनायें और खिलायें।

आमतौरी:

• चीनी कोर्न
• मसाला
• प्याज
• गाजर
• शिमला मिर्च
• टमाटर
• पनीर
• नुस्त्री गुजेट्स

खाने का तरीका:

• विशेष सब्जियों के बड़े टुकड़े काटें, धो कर फ्राइंग पैन में डालें, हल्का नमक, मिर्च, और धनिया डालें।
• योग्य स्टीम करें।
• एक चमच मक्खन डालें।
• योग्य सा वाहीत मिश्र करें।
• कदमूकस पनीर, पिसी काली मिर्च मिलाकर फूला दें।
• 350° पर अवम में बीस मिनट पकाएं, हल्का लाल होते ही उतराएं।
• स्नेह-स्नेह खिलाएं।

आलोचना सूचना

• 6 संतरा का जीरा
• 6 संतरा का रस
• कास्टर सुगर 1/2 किलो
• लाल मॉर्निंगलाइट 50 मिली.
• संतरा का कलर 10 बूंदे
• संतरा का ईसेंस 5 बूंदें
• 1 अण्डा
• 1 कप क्रीम

खाने का तरीका:

• 1 कप क्रीम एक बार छिप करें।
• जिल्लेटीन पावडर चार चमच वेंटसब्वाथ में पका ले और उड़ा करें।
• संतरा का जीरा छोड़ कर सामग्री मिला ले, एक बार छिप करें।
• संतरा का जीरा मिला कर फ्रिज में सेट करें।
• 4 घंटे बाद स्पीट डिश खाने के लिए तैयार।

MKE IJKT IJ KRO] प्रेसिडेंट, इलेक्ट्र, आईएमएस
2011-12, कन्सलटेंट गावनकलोजीस्ट, लखनऊ
इन्टरनेशनल मेनोपॉज़ ओसायर्टी
(महिलाओं और पुरुषों में व्यापकोंको सभी पहलुओं को अध्ययन की ओसायर्टी)

रजोनिदृष्टि को साथ एक बदलावः योगी शोष (वेजाइनल एट्रोफी)

- बढ़ती उम्र के साथ महिलाओं अपनी योगी और मूजांगों में जो परिवर्तन अनुभव करती है उसका मुख्य कारण है – गिरता हुआ एस्ट्रोजेन हर्मोन का स्तर।
- ये परिवर्तन, सुखापान, ज्वलन, चुंबकी और संबंध के समय दर्द इत्यादि पैदा करते हैं जिन्हें वेजाइनल एट्रोफी के लक्षण अनुभूत कर जाता है। इस समय से तकदीर बचाव प्रतिरोध रजोनिदृष्टि महिलाओं प्रभावित होती है। इसलिये अपने विकासक से भाग इन मुद्दों को उदार हो वाया व महसूस करे।
- महिलाओं के कुछ लक्षण – अनुभव जैसे होट प्लेशस (गर्मी के फाके) जो गुज़रते समय के साथ खान रहे होते हैं, उसके विपरीत एट्रोफी, समय के साथ बढ़ती चली जाती है।
- प्राकृतिक रजोनिदृष्टि के परस्पर या समानुकल मेनोपॉज़ (जिन्हें अन्याय प्रभावित पैदा हो) या कुछ मेंडल बीमारियों जिनसे हलाज में कीर्तिविशेषीय देंटियो-विशेषीय का प्रयोग हुआ हो (जिसमें अन्याय की कार्य शक्ति नष्ट हो गयी हो) इन सभी अवस्थाओं में वेजाइनल एट्रोफी हो जाती है।
- आय किस तरह अपनी योगी, मूजांग व बाहरी जननांगों को स्वस्थ भाये रख सकती हैं, इसी विषय पर यह पुस्तिका सतह प्रदान करती है।

20

INTERNATIONAL MENOPAUSE SOCIETY
THE SOCIETY FOR THE STUDY OF ALL ASPECTS OF THE CLIMACTERIC IN MEN AND WOMEN
दोहित्र इस जल से खोजी या दबाकर समझै करने से खुजली बिंदु या बिंदु बाएँ आराम आता है। एक लीटर पानी में आराम बाइम बाजी काफ़ेरें घोल और कपड़े में दिविग्रहण कमाल से तीन बार लगाये और खुजली।

बाहरी जननांगों को सूखा बनाकर खुजली पर करें। इस उपचार से आराम नहीं आए तब पुरुष रुग्ण धिक्सक से जोड़ और उपचार करने।

रोजाने लूषब्रकंकेत, घर्घन कम करने समय को सुखद बनाकर है। के—बाई जैले के साथ कठोर का उपयोग सुरक्षित है पर तेलीय लूषब्रकंकेत का उपयोग कठोर के साथ नहीं करना चाहिए।

बादम या नारियल का प्राकृतिक तेल इस स्थिति में साह्यक होता है, पर प्राकृतिक तेल या मरां से सूखा बुझ तथा बज़ली परेरामी और बड़ सकती है।

विटामिन 'ई' के (कौंशुल या क्रीम) के उपयोग से आराम मिल सकता है।

नेपाल फायदाेट्रोजन भी समयत: प्रभावशीलता के कारण उपयोग किये जाते हैं, पर प्रत्येक समय के लिए उपयोग के लिए, सुरक्षित आकड़ों अभी उपलब्ध नहीं है।

पृष्ठ fdRldh मिपक्झ

सभी निदान के लिए धिक्सक की सहायता महत्त्वपूर्ण है। सभी कारणों की समाप्ति मौजूद कार्यवार्ता की दी जाती है।

प्राकृतिक रजानितित (भारस) की उत्पत्तित में केवल इट्रोजन (वेब, गोली, जैल) के साथ प्लेटेज्ने (भिन्न तंत्रित) गर्भपात कंट्रोल के खराब को करने के लिए अवश्यक है। परेस्ट्रु हिस्टेकोस्टीमी (रूपरेखा एन्केल्स किष्किष) के बनावट, मात्र इट्रोजन ही पीरामी होता है।

इंस्ट्रेशनल मेनोपोज़ सोसाइटी, आस्ट्रेलिया मेनोपोज़ सोसाइटी की आमर्ति है जिन्होंने मूलतः यह जानकारी तैयार कर, इसके वैज्ञानिक उपयोग की अनुमति प्रदान की।

प्रारंभिक महत्त्व के लिए यह मैंडिकल व वैज्ञानिक जानकारी प्रारंभिक नहीं हो सकती है, अत्र: हमेशा अपने धिक्सक से चर्चा कर, सलाह लेनी चाहिए।

हिंदी अनुवादक: MWWI 6y k [ k My olb i u Zv \; {q} b M; u e k j f k Vh bZeq %sunila.khandelwal@gmail.com osk kV%www.indianmenopausesociety.org
Poise
मेनोपॉज—एक सामान्य प्रक्रिया
डा. बीजाप बैरानिक

महा का बढ़ना एक बहुत ही सामान्य प्रक्रिया है। बुद्धिमत्ता कोई असाध्य बीमारी नहीं है। आप बुद्धिमत्ता का इलाज नहीं कर सकते। पर उसे हम सुरक्षित तरीकों से, उससे आने वाली समस्याओं को सुलझाना सकते हैं, बेहतर बना सकते हैं एवं दीर्घायु को प्राप्त कर सकते हैं।।

विवक्त स्वास्थ्य संगठन की परिभाषा के अनुसार मेनोपॉज यानी रजोनिकृति, महावारी का स्थायी रूप से रुक जाना है। जो कि अण्डाशय से निकलने वाले हार्मोन की कमी के कारण होता है। यह हमारे जीवन का लगभग एक तिहाई हिस्सा है। मेनोपॉज को लेकर लोगों के मन में भय, मिथ्या धारणाएं, कई तरह के समस्याओं, व्यथाओं व शिंताएं देखने को मिलती हैं। 45 वर्ष की उम्र के बाद आने वाले एक पड़ाव में अधिकतर महिलाएं थकी-थकी सी दिखती हैं। इनके पास अपने अलखा सब के लिए समय होता है। और वे असमय ही बुझाएं का विकास हो जाती है और बीमारियों से घिर जाती है। इस दौरान शरीर में कई तरह के बदलाव आने लगते हैं इसमें से प्रमुख है महावारी की अभिव्यक्ति। कभी-कभी महावारी जलनी-जलनी अनोखी लगती है और कभी इसका अंतरंग दौर से तीन महीनों का हो जाता है।

कुछ महिलाओं में नियमित महीनों आता रहता है और फिर अचानक आना बंद हो जाता है। समस्या केवल महावारी की ही नहीं होती, जो कि प्रजनन शक्ति को लगभग समाप्त कर देती है। इस समय शरीर के विभिन्न अंगों पर ऐसी मस्तिष्की प्रभाव उससे भी अधिक देखने में आता है। जिससे कि जीवन की गुणविता पर गहरा असर पड़ता है, या समय रहते अगर इसकी रोकथाम व इलाज न करने पर यह असर न केवल महिला अभितु उससे पूरे परिवार को ध्यान को रूप में प्रभावित करता है।

• आरंभिक दिनों में पसीना अभ्यासात्मक मात्रा में आना, रात में पसीना अधिक आना।

• बेहोरे पर, कान पर व गर्दन पर अचानक से गर्मी का अहसास जिसे हम हांट पलंशेस कहते हैं।

अग्रस्था केवल महावारी की ही नहीं होती, जो कि प्रजनन शक्ति को लगभग समाप्त कर देती है। इस समय शरीर के विभिन्न अंगों पर ऐसी मस्तिष्की प्रभाव, आंखों में, हृदय में, शरीर की पांच धर्म क्रिया पर, धमनियों पर, हांट दिटों पर, गुड़ों पर, पेशाब की शैली पर, कहने का मतलब है हर अंग पर इसका अर्थ देखा जा सकता है।
बड़ी उस में शरीर में जो बदलाव आते हैं वह हमारी निक्रिया जीवन शैली के कारण और ज्यादा तक़कतबद्दतही जाते हैं।

पहले यह कहा जाता था कि आप आप हर समय पर पाक भिन भी नियन्त्रित व्यायाम कर तो वे आपके व्यायाम के लिए उत्तम हैं पर नहीं आगर आप रोज खाना खाने हैं तो व्यायाम भी रोज जाती है इसमें आप जितनी कोचिंग तो है उसी ध्यान से अपने दिन का व्यायाम करना चाहिए। आपके सारी कोचिंग बनने की है जलानी है इसकी दुरी में नियमित व्यायाम की जाती है।

व्यायाम आयतन एक ऐसा भविष्य तरीका है जो जीवन को जन्म से रोक देता है। बड़ी उस से सीधे वापस आर्थिक परिवर्तन को रोकने के लिए सही ढंग से किया जाने वाला व्यायाम बहुत महत्वपूर्ण है आगर हम इसे समझ सके तो भी गरीब नहीं होगा।

व्यायाम मानसिक स्वस्थ्य के लिए भी अच्छा है। हड़प्पयों के स्वास्थ्य, उनका कमजोर होना जैसे रोग, व्यायाम करने से दूर रहते हैं। जो महिलाएं व्यायाम करके किशोरी बनी रहती हैं। व्यायाम का अनिवार्य भाग बनती है उसका शरीर खुद में शक्ति की सदृश का नियन्त्रित करने में ज्यादा सक्षम होता है।

व्यायाम व्यायाम करने के लिए कोई भी उस हो सकती है, अभी हमने अन्य विधियों में पढ़ा आत्मा व्यवस्था जी ने 60 साल की उम्र में जिम जाना शुरू किया है। करने का ताल्लू यह है कि स्वस्थ्य पर नियंत्रण पाने के लिए किसी भी उस में जिम जाना शुरू किया जा सकता है। स्वस्थ्य पर नियंत्रण पाने के लिए कोई भी उस जल्दी या देर वाली नहीं कही जा सकती।

**Poise**

**mise uht kíšífud j̤, e̤, i̤ Mht hvks**

हेड, हिपोमेट आक ओ.बी. जी.वॉय.एन. बोमेह हंसिप्टल, इंडियर आध्य, इंडियर ओ.बी. जी.वॉय.एन. सोसाइटी रेकॉर्डस्टी, एई.एम.एस. इंडियर चेयर
IMS MARCHING AHEAD…

36 chapters, over 2000 dedicated members, a vibrant Club 35+
Join our activities and make a difference to yourself and others around you

<table>
<thead>
<tr>
<th>IMS Chapter</th>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surat</td>
<td>20th Oct.</td>
<td>Topic - Menopause, Andropause and Sexuality Health Check up including Pap smears and Mammography for Club 35+ Members</td>
</tr>
<tr>
<td>Dr C. H. Trivedi</td>
<td>During Oct.</td>
<td></td>
</tr>
<tr>
<td>Calicut</td>
<td>During Oct.</td>
<td>Public Awareness programmes at Elite Mission Hospital, Thrissur; Baby Memorial Hospital; Calicut Medical College; Perintalmanna and Kannur; Valluvanad hospital, Ottapalam; Palakkad</td>
</tr>
<tr>
<td>Dr Shobhana Mohandas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Neelam Agarwal</td>
<td>18th Oct.</td>
<td>Public Awareness programme on Menopause and Breast Cancer Osteoporosis</td>
</tr>
<tr>
<td>Chandigarh</td>
<td>During Oct.</td>
<td></td>
</tr>
<tr>
<td>Calicut</td>
<td>During Oct.</td>
<td></td>
</tr>
<tr>
<td>Dr Shobhana Mohandas</td>
<td></td>
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<td>During Oct.</td>
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<tr>
<td>Dr Shobhana Mohandas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chandigarh</td>
<td>November</td>
<td></td>
</tr>
<tr>
<td>Jodhpur</td>
<td>8th Oct.</td>
<td>Public Awareness Programmes</td>
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<tr>
<td>Dr Renu Makwana</td>
<td>14th Oct.</td>
<td>Public Awareness Programme on Atrophic Vaginitis</td>
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<tr>
<td>Chandigarh</td>
<td>18th Oct.</td>
<td>Public Discussion on Menopausal Problems and Atrophic Vaginitis</td>
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<tr>
<td>Jodhpur</td>
<td>18th Oct.</td>
<td>Public Awareness Programme for Slum Dwellers at Anganvadi Centre at Indira Nager (Free – Hb, Blood Sugar, Pap Smear etc.)</td>
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<tr>
<td>Dr Kaushal Chundawat</td>
<td>Oct last week</td>
<td>Public awareness Programme in association with Rotary Club or MahilaSamaj</td>
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<tr>
<td>Udaipur</td>
<td>9th Oct.</td>
<td>Urogyneac CME – Sponsored by Zydus</td>
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<tr>
<td>Dr Kaushal Chundawat</td>
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<tr>
<td>Varanasi</td>
<td>17th Oct.</td>
<td>Public Awareness Programme</td>
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<tr>
<td>Dr Anuradha Khanna</td>
<td>18th Oct.</td>
<td>Public Awareness Programme for 35+ Menopause Awareness Programme</td>
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<tr>
<td>Varanasi</td>
<td>19th Oct.</td>
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<tr>
<td>Pune</td>
<td>5 pm, 18th Oct.</td>
<td>Public Awareness Programme on Wellness for Women Over 40 in Marathi Co-ordinators; Dr Vaishali Biniwale and Dr Urvashi Yavalkar</td>
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<tr>
<td>Dr Jyoti Unni</td>
<td>11 am, 21st Oct.</td>
<td>Venue: SM Joshi Auditorium, Pune Panelist would include: Dr Smita Jog (Gyn), Dr Ashish Babhulkar (Ortho), Dr Pumon Saokar (Skin), Dr Suparna Telang (Psych), Dr Mohan Magdum (Endo), Dr Sumedha Bhosale (Fitness expert)</td>
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<tr>
<td>Dr Mohan Magdum</td>
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<td>Public Awareness Programme on Wellness for Women over 40 in English for Women Members of Boat Club, Pune</td>
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<tr>
<td>Chennai</td>
<td>13th Oct.</td>
<td>Public awareness Programme in association with rotary Club at Taj Mount CME is being organised in RSRM with the theme being “Problems of post-menopausal vaginal atrophy and management”</td>
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<tr>
<td>Dr Mala Raj</td>
<td>6 pm to 8 pm</td>
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<tr>
<td>Hyderabad</td>
<td>19th Oct.</td>
<td>Public Awareness Programme E- Manthan</td>
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<tr>
<td>Dr C. Ambuja</td>
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