

Poise

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HYPNOTHERAPY AND THE MENOPAUSE

RAMADAN IN
HYDERABAD

SURYA NAMASKAR

FESTIVAL OF TEEJ



Indian
Menopause Society

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From the Editors' Desk



Dear Reader,

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

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

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

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

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

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

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

So read on and enjoy!!

Dr. Sonia Malik
Editor

संदेश

छोटी दीदी से बड़ी दीदी तक



बड़ी दीदी परेशान थीं, पति की मृत्यु के बाद आर्थिक स्थिति चरमरा गई थी। इकलौती बेटी ससुराल में यों तो खुश थी किन्तु मां के लिए कुछ कर पाने में असमर्थ थी। कालान्तर में छोटी बहन डॉक्टर बनी। वह सक्षम थी और उदार भी और दीदी के लिए कुछ कर पाने की लगन थी उसके मन में। बचपन में उसका सभी काम दीदी ही तो करती थीं। उसे याद है जब उसे कालरा हुआ तब दीदी उसे कैसे गोद में उठाकर टॉयलेट ले जातीं, उसके साथ रात-रात जागतीं, उसे पढ़ातीं। पित्तजी जब नाराज होते तो सामने चट्टान की भांति खड़ी हो जातीं। उसे यह भी याद है कि जब रक्षा-बन्धन के दिन उसने भावावेश में दीदी को राखी पहनाई थी। सब हंस पड़े थे किन्तु पिताजी ने कहा—ठीक ही तो है दीदी लडकी हुई तो क्या, देखना बनेगी इतनी सक्षम कि बहुतेरों को संरक्षण दे पायेगी। इतने बरस बाद खुद दीदी को इस अवस्था में देख छोटी विव्वल हो उठी और सोन्वने लगी कि दीदी के लिए क्या कुछ करूँ कि उनका बेचरापन दूर हो।

रिश्तों का जुड़ाव मन की भावना से होता है। हालात रिश्तों की परिभाषा बदल देते हैं। जो राखी जरूरत पड़ने पर भाई पर बहन का हक बन उभरती है, वही राखी एक बहन से दूसरी बहन के बीच वैसा ही रिश्ता क्यों नहीं कायम कर सकती? छोटी को लगा कि दीदी के साथ राखी का रिश्ता कब का कायम है, बस आदान प्रदान की दिशा बदल गई है। छोटी को लगा अब समय आ गया है कि दीदी को आश्वस्त किया जाय कि 'मैं हूँ नां तुम्हारे लिए'। राखी-रिश्ता बहन चारे की भावना के मानवीय और संवेदनशील

पहलू को उजागर करती है। इस बन्धन ने मन के उस कोने को छुआ जहां से समानुभूति, सहानुभूति और उदारता जन्म लेती है। बरसों बाद, एक दिन खबर आयी कि दीदी को पक्षाघात हुआ है। जब छोटी ने देखा कि कल की सक्षम दीदी आज बेहाल पड़ी है, न तो कोई देख भाल करने वाला है, न ही किसी के पास इतना वक्त है कि मुख पर बैठी मक्खियां उड़ा सके। दीदी कुछ बुदबुदा रही थीं, मानो कह रही हों—छोटी क्या ले जायेगी मुझे अपने साथ? ले तो जाऊँ किन्तु निभा भी पाऊंगी? मन में हूक सी उठी, बचपन में राखी के बन्धन को बड़ी बहन ने बखूबी निभाया था अब बारी है छोटी की। बड़ी दीदी की सेवा में जुट गयी छोटी और मिसाल बनी।

हम उस दौर से गुजर रहे हैं जहां बच्चों से उम्मीद रखना बेमानी है। बच्चों को आगे बढ़ाना है, उन्हें छलांग लगानी है, उन्हें रोकना गलत होगा, तो कौन करेगा बड़ी दीदी की देख-भाल? बहन चारे को कौन निभायेगा? वही न! जिसने बचपन से निभाया है।

बुढ़ापे व यौवन की इस सन्धि को मेनोपॉज कहते हैं। यही वह उम्र है जिसमें अपने स्वास्थ्य की देख-भाल करते हुए हमें आगे के जीवन का लक्ष्य तय करना है। ढलती हुई उम्र और अकेलापन बढ़ते हुए अलजाइमर के प्रमुख कारण हैं। आई.एम.एस. का सोचना है कि "छोटी दीदी से बड़ी दीदी तक" की अवधारणा जहां एक तरफ परिपक्व (मीनोपाजल) नारी का सूनापन कम करने में कारगर होगी वहीं दूसरी तरफ वृद्ध नारी की देख-भाल के साथ उन्हें अलजाइमर से दूर रख पायेगी। आई.एम.एस. के रूप में हम हैं न साथ दोनों दीदी के स्वास्थ्य की देख-भाल के लिए; पर समकक्ष पियर ग्रुप को बड़ी दीदी के संरक्षण के लिए आगे आना होगा। जरूरी नहीं कि यह भावना केवल घर की चार दिवारी में सीमित हो यह तो पूरे समाज और विश्व के लिए है। आइए, करें "बहनचारे" की शुरुआत।

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

- Erwin Schrodiger

डॉ. सरोज श्रीवास्तव
(आई.एम.एस. राष्ट्रीय अध्यक्ष) २०११-२०१२



SURAYA NAMASKAR

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

1. Pranamasana (Salutation posture)

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

2. Hastauttanasana (Raised arm posture)

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

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

3. Padahastanasana (Hand to foot posture)

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

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

4. Ashwa Sanchalanasana (Equestrian posture)

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

5. Parvatasana (Mountain posture)

On the exhalation bring the right leg back to join with the left leg. Simultaneously raise the buttocks and lower the head between the arms, so that the body forms a triangle with the floor. Try to place the heels flat on the ground. Focus awareness at the neck area. This posture strengthens the nerves and



muscles in the arms and legs, stretches the calf muscles and Achilles' tendons and makes the spine straight and taut. It relieves varicose veins and tones spinal nerves. Maintaining the posture take a deep inhalation.

6. Ashtanga Namaskara (Salutation with eight limbs)

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

7. Bhujangasana (Cobra posture)

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

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

8. Parvatasana (Mountain posture)

Exhale and get back to posture 5.

9. Ashwa Sanchalanasana (Equestrian posture)

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

10. Padahasthasana (Hand to foot posture)

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

11. Hastauttanasana (Raised arm posture)

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

12. Pranamasana (Salutation posture)

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

Note:

The above constitutes one half of a round of Surya namaskara. To complete the other half the same movements are repeated



ON THE EXHALATION BRING THE RIGHT LEG BACK TO JOIN WITH THE LEFT LEG. SIMULTANEOUSLY RAISE THE BUTTOCKS AND LOWER THE HEAD BETWEEN THE ARMS, SO THAT THE BODY FORMS A TRIANGLE WITH THE FLOOR. TRY TO PLACE THE HEELS FLAT ON THE GROUND

except that the right leg is brought back in posture 4 and the left foot is brought forward in posture 9. So one full round consists of the exercises done twice. Practice up to 6 rounds in the morning and 6 rounds in the evening.

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

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



Dr Maninder Ahuja, DGO, Consultant
Gynecologist Faridabad, Secretary General, IMS



Ramadan in Hyderabad

Khushamdeed !

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

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

The Hyderabad tahzeeb (Etiquette) beckons people to exchange invitations to Iftar parties. The special cuisine of Ramadan is a thing to relish with! dates, haleem, lukhmi, dahibade, fruitchat, lassi, nimbu pani etc. forming the basic flavour of the month. There is no "dastarkhan" (foodlayout) without a minimum of dates and boiled channa dal or boiled kala channa (garnished with lemon and coriander) at Iftar. There is so much giving and sharing, that no person sleeps hungry during Ramadan I feel this month is god-sent only to

nourish the undernourished of all communities. Hyderabad is a wonderful cosmopolitan city and people belonging to all communities enthusiastically take part in this gastronomical experience, a beautiful sight to behold.

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

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

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



Mrs Arshia Akheel, MA, MBA (ISB), Director
Cocoon consultant, Executive Secretary, IMS

THE FESTIVAL OF TEEJ

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

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



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

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

On Teej, it is a must for the girls to receive clothes from their parents. Gifts comprising of set of heavy clothes, eatables, dry fruits, bangles, which is called as baya, for the first year after marriage is given to the newly weds. Girls engaged to be married, receive gifts from their future in-laws a day before the festival. The gift, called Shrinjhara derived from the word shringar (adornment), consists of henna, lac bangles, a special dress of laheria (tie and dye fabric) and a sweet called ghewar. The pooja is performed in the morning. The baya which consists of a variety of foodstuff is placed on a thaali (plate) at the place of worship where a chowk (square) has

been decorated, an idol or a picture of Parvati is installed. The evenings are set aside for singing and dancing.

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

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

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

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

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

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



Dr Ranu Patni, MD consultant Gynae, Jaipur, Vice President, IMS

SOME UNNATURAL WAYS FOR A NATURAL PROCESS OF MENOPAUSE



By Dr Atul Munshi

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

Differences between natural and surgical menopause

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

What is sudden unnatural menopause?

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



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

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

A word about removal of uterus

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

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

How to inform and plan for future?

- Surgical menopause is a difficult decision especially at a younger age. The younger the woman, the more problems she will encounter.
- A complete hormonal check up is essential for every woman who has to undergo hysterectomy. This way a baseline reading of the hormonal needs is obtained and one can always try to achieve these normal levels with the right hormones again.
- Post care has to be planned and it is important for a young woman undergoing hysterectomy to be under the care of a hormonal therapy specialist who can handle the side effects of surgical menopause.
- Research is still at an infant stage seeking to determine the long time effects of surgical menopause on heart disease, osteoporosis and general health especially on younger woman.

How do you feel – A possible symptoms

It is observed that a woman undergoing surgical menopause experiences certain symptoms more profoundly than women going through menopause normally. Since there is abrupt disruption of hormones after hysterectomy, the menopausal

symptoms are more severe, more frequent and last longer when compared to natural menopause. The symptoms are triggered by the body's sudden inability to make certain hormones due to the removal of ovaries.

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

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

How Doctors will manage?

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

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

Vaginal ring is designed for women whose womb has been removed. Vaginal creams which can be applied directly to



VAGINAL RING IS DESIGNED FOR WOMEN WHOSE WOMB HAS BEEN REMOVED. VAGINAL CREAMS WHICH CAN BE APPLIED DIRECTLY TO THE VAGINA BY AN APPLICATOR GIVE RELIEF LOCALLY ON THE LINING OF THE VAGINA AND ARE BENEFICIAL FOR VAGINAL ATROPHY CONDITIONS

the vagina by an applicator give relief locally on the lining of the vagina and are beneficial for vaginal atrophy conditions. HRT implants which are small pellets inserted under the skin periodically once in six months supply hormones. These are surgically inserted into the fatty layers of the abdomen under a local anesthetic. HRT patches come in various dosages and these are small plasters which can release hormones into the blood stream transdermally. The patch needs to be changed twice weekly and possible side effects could be skin irritation and allergy.

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

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

Why to worry?

Surgical menopause risks are more than natural menopause

- Women with surgical menopause are seven times more prone to cardiovascular disease risks.
- They run the risk of osteoporosis as estrogen plays a vital role in bone formation and without estrogen calcium is lost from the bones which when not replaced breaks easily.
- It is found that after surgical menopause in particular, bones lose roughly 3% of their mass per year for the first five years and then 1-2% a year thereafter. Increased bone loss associated with oophorectomy results in fracture risk as well.
- Some studies have found that reduced levels of testosterone in women are predictive of height loss which may occur as a result of reduced bone density.
- Gum tissues are affected and regular dental check ups are advised to tide over this problem.
- Women younger than 45 years of age and who have had their ovaries removed face a mortality risk 170% higher than women who have retained their ovaries after oophorectomy. Hormone therapy is commonly advised as it is believed by many doctors to mitigate the mortality risks.
- There is a definite lowering of sexual desire in women who have undergone surgical menopause. This reduction is greater than that seen in women undergoing natural menopause.

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

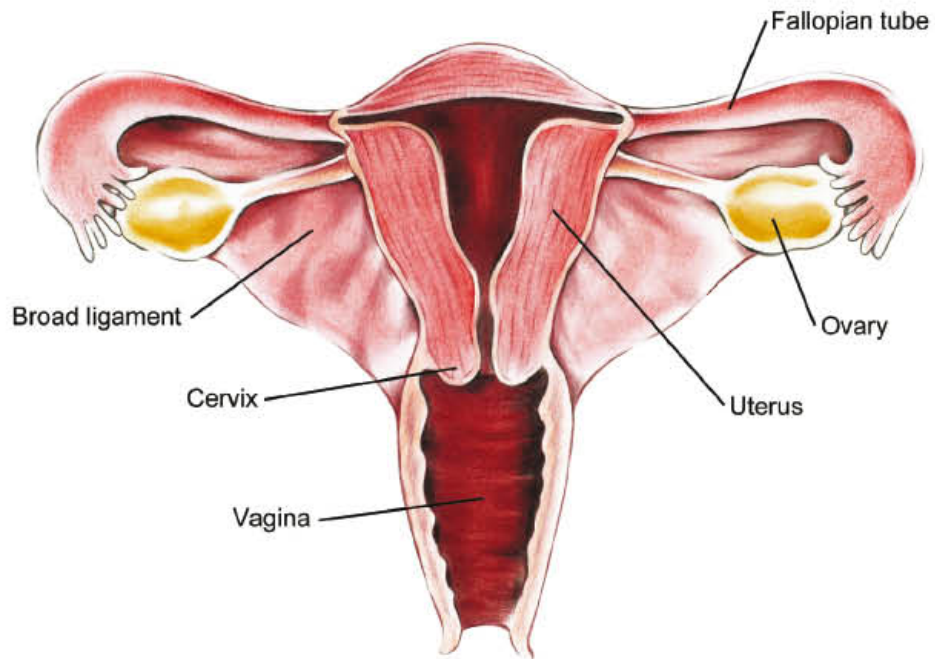
BUT DO NOT WORRY – DETECT IN TIME AND LIVE A HEALTHY LIFE !!

Dr Atul Munshi, MD DGO, FICOG, Consultatnt Gynecologist
Ahmedabad, Immediate Past President, IMS

ABNORMAL UTERINE BLEEDING - SOME FREQUENTLY ASKED QUESTIONS



By Dr Shobhana Mohandas



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

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

Q. What is normal menstruation?

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

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

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

- **Early perimenopause** – The menstrual cycles may be short or prolonged.
- **Late perimenopause** – Characterized by lengthened intermenstrual periods, resulting in prolonged and irregular menstrual cycles. In some women, the menstrual bleeding may be prolonged and heavy requiring immediate medical attention.²

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

The normal cyclic periods are the result of normal balance between estrogen and progesterone (ovarian hormones). In the perimenopause,

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

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

The menstrual dysfunctions at perimenopause are of different types:

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

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

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

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

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

2. Medicated Intrauterine Devices: Intra-uterine devices medicated with a hormone called progesterone are placed in the uterus. The advantage of this IUD is that it is a simple procedure and avoids the complications of surgical procedures. The disadvantage is that it is a bit costly (Around Rs.7500). Although the cost may seem to be a bit high for the

ASSOCIATED MEDICAL DISORDERS LIKE THYROID DYSFUNCTION, DIABETES MELLITUS, PELVIC INFECTIONS SHOULD BE RULED OUT. IRON-DEFICIENCY, ANEMIA IS A VERY COMMON NUTRITIONAL DISORDER IN INDIAN WOMEN AND MENSTRUAL DYSFUNCTION FURTHER AGGRAVATES THIS DEFICIENCY

average patient, it is certainly worth trying specially in cases where surgery or anaesthesia poses a risk to the patient.

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

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

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

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

Dr Shobhana Mohandas, MD, DGO, FICOG, Consultant Gynaecologist, web-master and founder chapter Secretary Trissur

HYPNOTHERAPY AND THE MENOPAUSE



By Vanita Gupta

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

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

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

The treatment involves a state of guided relaxation and focused action. During a session the hypnotherapist will discuss the problems you are having with the menopause by providing a confidential and sympathetic environment for you to talk in. Once you are relaxed and comfortable, the hypnotherapist will begin to induce a hypnotic state. You will be awake during this process and aware of your surroundings, however your subconscious mind will become open and both you and the hypnotherapist can begin to explore and identify the problems. Your attention will become more focused and less critical about your condition. With the subconscious receptive to positive suggestions of change, you will begin to manage specific symptoms, emotions and behaviour linked to menopause. One need to understand that there is a significant link between 'mind' and 'body' regarding all areas concerning reproduction. Thus, hypnotherapy, operating on both conscious and unconscious level, is well placed to provide beneficial treatment for those coping with the negative aspects of the menopause.

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



How can hypnotherapy help with menopause?

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

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

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

During a session, you sit on a comfortable chair or couch in a quiet and softly lit room. Usually your eyes are closed, but you can hear everything around you. Speaking in a soothing voice, the practitioner leads you into an induction, a trance like state of deep relaxation. One common technique is



HYPNOSIS BY ITSELF DOES NOT CURE THE PROBLEM-RATHER, IT CREATES A HEIGHTENED STATE OF AWARENESS THAT OPENS THE WAY FOR YOUR OWN WILLINGNESS TO BRING ABOUT THE DESIRED CHANGES. HYPNOTHERAPY CAN FOCUS ON SYMPTOM REDUCTION, STRATEGIES FOR COPING WITH STRESS, RESOLUTION OF PERSONAL PROBLEMS AND MANY MORE



body scan. The practitioner asks you to focus on your feet, relaxing the muscles there. Next you focus on feeling the relaxed sensation in your ankles, your calves, your knees. Over 5-10 minutes, the practitioner guides you to relax your entire body.

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

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

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

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

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

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

Vanita Gupta, hypnotherapist, Faridabad

INTERNATIONAL WOMEN'S DAY 4th MARCH 2011

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

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

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

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



Dr Rita Shah with speakers Dr. Kiran Coelho and Leena Mogre

GURGAON Activities from Jan to June 2011

22nd Feb. 2011 CME with club 35

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



3rd April 2011

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

IMS East Zone - Cuttack

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

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



IMS Rajkot Jan to June 2011

January 9, 2011

A talk on "Better Financial Health by Investments" by Asit mehta and intermediaries in association with the Surgeon's Association of Rajkot was held at the hotel imperial palace.

February 20, 2011

Past national President of IMS Dr. Atul Munshi delivered an oration on "Hormone Therapy- global Perspective in Indian Scenario". We felicitated Charter Secretary of Rajkot IMS Dr. Nila Mohile and past chapter secretary of IMS Rajkot Dr. Jyoti Shah at the worthy hands of Dr. Atul Munshi.

March 27, 2011

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



April 9, 2011

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



May 7, 2011

Dr. Darshana Pandya delivered a Menopause Awareness Talk at the Ladies Wing Of Income Tax and sales Practitioner's association.

May 22, 2011

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

June 14, 2011

A talk and demonstration by Dr. Usha Khanna was arranged on "Yoga During Menopause" at the Hotel Grand reGENCY.

A talk on "Clash of Calcium" by Dr. Ketan Thakkar and "Management of Osteoporosis" by Dr. Hioren Kothari (both Orthopedicians) is arranged on July 16, 2011.

अण्डाशय का कैंसर एक मूक घातक बीमारी



डॉ चमेली गोस्वामी
विवेक नगर, बीकानेर (राज.)

अण्डाशय का कैंसर एक मूक घातक बीमारी है। औरतो में जननांग कैंसरो में सबसे ज्यादा होने वाला कैंसर अण्डाशय का कैंसर होता है। इससे होने वाली मृत्यु दर, कैंसर से होने वाली मृत्यु में प्रथम स्थान पर है।

हमारे देश में अज्ञानता, अशिक्षा व अन्धविश्वास गांवों में चिकित्सकीय निदान व ईलाज की सेवाओं में कमी इस रोग की प्रारम्भिक अवस्था में निदान न हो सकना इस रोग से होने वाली मृत्यु का प्रमुख कारण है।

अण्डाशय का कैंसर आमतौर पर ५० वर्ष के ऊपर की व ३० वर्ष से कम उम्र की महिलाओं में होता है। जैसे — जैसे वैज्ञानिक अनुसंधानों की सुविधा बढ़ी है वैसे — वैसे Tumour Marker के तथा निश्चित लक्षणों के अभाव में इसका निदान करना मुश्किल है।

इसे एक वंशानुगत बीमारी माना जाता है। **Inherited Familial - Syndrome** परिवार की अन्य महिला सदस्यों जैसे माँ — बेटी — बहन। इन सदस्यों में ५० प्रतिशत को इसके होने की संभावना रहती है। इनमें से ७० प्रतिशत रोगियों का निदान काफी एडवांस अवस्था में हो पाता है। इनमें से ३५ प्रतिशत महिलाएँ पाँच वर्ष ही जी पाती हैं। ६० प्रतिशत महिलाओं की जाँच व निदान होने तक मौत हो जाती है। **Morbidity 35% Mortality 60%**

५५ वर्ष से ज्यादा उम्र की औरतो में यह **Epithelial Cell Tumour** होता है तथा ३० वर्ष से नीचे उम्र की महिलाओं में **Germ Cell Tumour** होता है।

इन वंशानुगत रोगियों में एसा माना जाता है कि जन्म के समय से ही ये **Cell, Ovaries** में **Incorporated** हो जाते हैं तथा **Ovulation** के समय फिर **Proliferate** होते रहते हैं। लगातार होने वाली **Epithelial injury & Repair – DNA Cell** को डेमेज करती है।

१० प्रतिशत औरतो में जैनेटिक, प्रीडिस्पोजिशन होता है, इस बीमारी का निदान करना मुश्किल होता है, इसके कई कारण हैं जैसे :-

१. इसकी प्रारम्भिक अवस्था में कोई निश्चित लक्षण न होना।
२. इसकी प्री-कैंसरर्स अवस्था में निदान न हो पाना।

३. इसका कोई एक बेस ट्यूमर मार्कर न होना।

४. विश्वसनीय एवं ठोस टेस्ट का अभाव।

५. आर्थिक कारण — टेस्ट का महंगा होना।

६. अज्ञानता व अशिक्षा।

७. चिकित्सकीय सेवाओं में कमी होना — खास कर गाँवों में।

अतः कुछ रिस्क फेक्टर्स की सूची बनाकर उसके तहत औरतो की जाँच करना ही एकमात्र उपाय है।

रिस्क फैक्टर्स —

१. **बीमारी का वंशानुगत होना** — माँ-बेटी-बहन इससे प्रभावित होती है। ये हेरीडिटरी डिजिज आमतौर ३० वर्ष से कम उम्र की महिलाओ में देखी जाती है। इन रोगियों में एक जीन अफैक्टेड होती है। पेडिग्रीटाईप-ऑटोसोमल डोमिनेन्ट जीन।

२. **ब्रेस्ट ओवेरियन कैंसर सिन्ड्रोम** — औरतो में छाती के कैंसर के साथ ओवेरीज का कैंसर भी इस सिन्ड्रोम में होता है। यह दोनो अंगों में बाईलेटरल होता है। अतः हर उस औरत को, जिसे छाती का कैंसर हो उसे अवश्य जाँच करानी चाहिए।

३. **लिन्च सिन्ड्रोम** — वंशानुगत कोलन कैंसर के साथ मल्टिपल एण्डिनो कार्सिनोमा — ओवेरीज नहीं पाया जाता है। कोलन कैंसर के मरीज में अन्य अंगों में कैंसर होने के अवसर तीन गुना बढ़ जाते हैं।

जिन औरतो में कम या न पाया जाना —

१. ज्यादा बच्चों को जन्म देने वाली महिलाओ में।
२. स्तनपान करवाने वाली महिलाओ में।
३. जिनके नसबन्दी का ऑपरेशन करवाया हुआ हो।
४. जिनके बच्चेदानी निकाली गयी हो।
५. ओरल गर्भ निरोधक गोलिया लेंने वाली महिलाओ में।

जिन महिलाओं में ये हो सकता है —

१. बी आर सी ए १/५ म्यूटेशन
२. बांझपन

३. फर्टिलाइजेशन इस्टिमूलेन्ट लेने वाली महिलाओ में।
४. जो एच आर टी १० साल से ज्यादा ले रही हो।
५. पी ५३ म्यूटेशन एच ई आर २/२०० एम्पलीफिकेशन।

स्क्रीनिंग जाँच (५५ से ऊपर व ३० से कम आयु की महिलाओ की)

१. ससेप्टिबल महिलाओ की पेलविक जाँच करके।
२. पेप्समियर टेस्ट।
३. यू एस जी द्वारा।
४. ट्यूमर मार्कर की जाँच।

ये जाँचे ससेप्टिबल ग्रुप में हर वर्ष करवानी चाहिए।

ट्रांसवेजाइनल यू एस जी व पैल्विक एग्जामिनेशन ऑन टी वी एस — ओवरी का वोल्युम ८ एम एम३ से ज्यादा होना अगर महिला पोस्टमिनोपोजल हो।

३० वर्ष से कम उम्र की महिलाओ एसिम्पटोमेटिक हो तो — युनिलोकुलरसिस्ट होती है। कलर डोप्लर मे मेलिग्नेन्सी में नियो वेस्कुलराइजेशन हो जाता है।

ट्यूमर मार्कर —

- Serum AFP, B-HCG, LDH.
- CA 125, 199 153 CEA, OCA in 70% Cases.
- Lysophosphatic acid, TAG 72 increases 96% increase.
- CR & MR
- Brease Mammography

Tissue Markers – Epithijial proliferation with papillary formation.

Information

- Pseudo Starti Fication
- Nulear Atypia & increase mitotic activity
- Stromal invasion is not seen

Idial Screening Test

Is should be completely specific and sensitive and economic.

If Simple Cyst – NOrmal CA 125, FNAC

Cyst Solidmass

- Abnormal CA 125 (cyst larger then 5 cm)
- Abnormal LDH, AFP & HCG

Classification

- Surface epithelial tumor
- Serous cyst adenocarcinoma
- Mucinous cyst adenocarcinoma
- Endothilial carcinoma

औरतो में छाती के कैंसर के साथ ओवरीज का कैंसर भी इस सिन्ड्रोम मे होता है। यह दोनो अंगो में बाईलेटरल होता है। अतः हर उस औरत को, जिसे छाती का कैंसर हो उसे अवशय जाँच करानी चाहिए।

- Transitional cell carcinoma
- Clear Cell carcinoma
- Clinical Features –
- एडोलसेन्स (कम उम)
- Meno Pausal age
- Post menopausal age
- कम बच्चे होने वाली
- पारिवारिक बीमारी होना — छाती की कैंसर इसके शुरू में कोई लक्षण नहीं होते है।

बाद में —

- आफरा आना।
- पेट में सूजन आना।
- लम्बे समय से पेट मे दर्द होना व गैस बनना।
- पेडू मे गांठ, भारीपन, दर्द होना ।
- भूख न लगना।
- रक्त स्राव (मासिक चक्र के अलावा)
- वजन घटना।
- खून की कमी।
- पेट में पानी भरना।
- पैरो में सूजन होना।
- फेफड़ो मे पानी भरना।
- लीवर का बढ़ना।

1. Chemo Prevention (Risk) को कम करना।

- धूम्रपान बन्द करना।
- धूप में कम बैठना।
- चर्बी कम खाना।
- कार्सिनोजन से बचाव।

2. Antioxident व Immune System को बढ़ाना (वेजिटैबल व फूट्स 6&7 Serving)

3. शरीर के Repair Systems को बढ़ाना।

ईलाज — Conservative – Medicine देकर
Operative – Operation के द्वारा
Radiation

बचाव व रोकथाम ही ईलाज का कारगर उपाय है।

डॉ चमेली गोस्वामी, एम डी, consultant Gynacologist, बीकानेर (राज.)

आहार व शारीरिक कार्यकलाप मेनोपॉज के बाद स्वयं स्तर आकलन



डॉ. सुनिता खण्डेलवाल

हमारी जीवन शैली में नित नये आ रहे बदलाव, आरामपसंद होती जा रही दिनचर्या, फास्टफूड्स के बढ़ते प्रचलन तथा पौष्टिक आहार के अभाव के कारण रजोनिवृत्ति के पश्चात् महिलाओं में अल्पकालीन व दीर्घकालीन परिणाम अधिक दिखाई देते हैं।

प्रौढ़ महिलाओं में रजोनिवृत्ति के उपरान्त हार्मोन्स तथा कैल्शियम आदि की कमी के कारण अस्थिखरण (ऑस्टियोपोरोसिस) रोग पनपने लगता है। उम्र के साथ-साथ शरीर में चुपचाप पनपने वाले इस रोग के लक्षण प्रारम्भ में उम्र से जुड़े समझ लिए जाते

हैं और बाद में निरन्तर हो रही उपेक्षा के कारण हड्डियों का खोखलापन, हल्की चोट में चटखना, जोड़ों में सूजन, मांसपेशियों व पीठ में दर्द होने जैसी स्थितियां आ जाती हैं। ये सभी अस्थिखरण रोग के लक्षण हैं।

क्या आप संतुलित आहार लेती हैं? आइये, स्वयं आंकलन करें और समय पर उचित कदम उठाएं।

आहार में परिवर्तन:- डायटिंग का मतलब कम खाना नहीं है, अपितु सही मात्रा में संतुलित पौष्टिक आहार का सेवन करना है। बढ़ती उम्र के साथ कुछ पोषक तत्वों के अत्यधिक सेवन से

आहार आकलन प्रश्नावली :-

- आप अपने भोजन को आमूमन क्या मानती हैं?
 - अति स्वास्थ्यवर्द्धक
 - कुछ-कुछ स्वास्थ्यवर्द्धक
 - बहुत कम स्वास्थ्यवर्द्धक
- प्रतिदिन कितनी बार इन चीजों का आप सेवन करती हैं?
 - ताजा फल
 - ताजी सब्जियाँ
 - माँस, अण्डे, मछली
 - डेयरी उत्पाद
 - सोयाबीन से बने आहार
 - दूध, रोटी, सलाद इत्यादि
 - साबुत या अंकुरित अनाज से बने उत्पाद
 - मैदे के आटे से बनी सामग्री
 - पास्ता, ब्रेड, पीजा इत्यादि
 - कैल्शियमयुक्त भोजन
- क्या आप कैफीनयुक्त पेय पदार्थ पीती हैं?
 - अगर हाँ, तो कितनी मात्रा में और कितनी बार ?
 - नहीं
- क्या आप महसूस करती हैं कि आप निम्नलिखित खाद्य पदार्थों का अत्यधिक सेवन करती हैं?
 - शक्कर
 - हाँ
 - नहीं
 - कभी-कभी
 - नमक
 - हाँ
 - नहीं
 - कभी-कभी
 - चर्बीयुक्त आहार
 - हाँ
 - नहीं
 - कभी-कभी
- क्या आप एल्कोहलयुक्त पेय पदार्थ का सेवन करती हैं?
 - यदि हाँ, तो सप्ताह में कितनी बार और कितनी मात्रा में ?
 - नहीं
- क्या आप प्रतिदिन 10 से 12 गिलास पानी पीती हैं?
 - हाँ
 - नहीं
- क्या आप प्रतिदिन विटामिन और खनिज-लवण से युक्त गोली, कैप्सूल या सिरप का सेवन करती हैं?
 - अगर हाँ, तो क्या और कितना ?
 - नहीं
- क्या आप किसी भी प्रकार का पौष्टिक आहार जैसे प्रोटीन पाउडर, च्यवनप्राश इत्यादि लेती हैं?
 - अगर हाँ, तो किस प्रकार का?
 - नहीं
- क्या आप वजन कम करने वाला भोजन ले रही थीं, यानी क्या आप डायटिंग पर थीं?
 - हाँ
 - नहीं
- क्या आप संतुलित स्वास्थ्यवर्द्धक आहार योजना बनाने के लिए मदद चाहती हैं?
 - हाँ
 - नहीं

शारीरिक कार्यकलाप आकलन प्रश्नावली :-

- क्या आप हृदय गति बढ़ाने वाले व्यायाम करती हैं?
 - हाँ सप्ताह में 1-2 बार 3-4 बार 5 या अधिक बार — नहीं
- अगर हाँ तो क्या आप जानती हैं कि आपकी हृदय गति कितनी अधिक हो जाती है?
 - हाँ — नहीं
- कौन सा व्यायाम – साईकिल चलाना, ट्रेड मील, सैर, एरोबिक, योगाभ्यास इत्यादि
- कितनी देर तक –
- जब भी मौका मिले, क्या आप अपना कार्यकलाप स्तर बढ़ाने की चेष्टा करती हैं?

उदाहरणतः – ड्राइविंग या वाहन का इस्तेमाल करने की अपेक्षा पैदल चलना, लिफ्ट या एस्कैलेटर की जगह सीढ़ियों का उपयोग करना आदि।
- क्या आप स्ट्रेचिंग करती हैं?
 - हाँ — कितनी बार — नहीं
- मांसपेशियों की शक्ति बढ़ाने के लिए क्या आप वजन उठाने वाले व्यायाम करती हैं?
 - हाँ — कितनी बार — कितने समय तक — नहीं
- व्यायाम के दौरान क्या आपको शरीर के किसी हिस्से में दर्द का अनुभव होता है?
 - हाँ — नहीं — मैं व्यायाम नहीं करती हूँ
- अगर आप किसी तरह का व्यायाम करती हैं तो क्या आप इसमें बदलाव लाना चाहती हैं?
 - हाँ — किस तरह से — शारीरिक अथवा मानसिक — नहीं
- कुछ खास व्यायाम मांसपेशियों की शक्ति, हृदय व फेफड़ों के स्वास्थ्य, और अस्थियों की मजबूती को बढ़ाने में सहायक होते हैं। क्या आप इनके बारे में जानती हैं? अगर हाँ, तो बताइये कि इन्हें कितनी बार व कितने समय के लिए करना है? अगर नहीं तो, क्या आप यह जानकारी लेना पसंद करेंगी?
 - हाँ — नहीं
- अगर आप कोई भी व्यायाम नहीं करती हैं तो क्यों? क्या कोई विशेष कारण है?
- क्या आप अपने लिए व्यायाम का प्रोग्राम बनाने में हमारी मदद चाहती हैं?
 - हाँ — नहीं
- आप व्यायाम वजन घटाने के लिए करती हैं या तनावरहित जीवन शैली के लिए?
 - हाँ — नहीं

बच्चों एवं अनावश्यक हानिकारक चीजों का निषेध करें। आहार में कैल्शियम व विटामिन (ए, सी, डी, ई) से युक्त खाद्य पदार्थ जैसे डेयरी उत्पाद, हरी सब्जियाँ—गाजर, पालक, टमाटर, आँवला, पपीता, अखरोट इत्यादि प्रचुर मात्रा में लें। आहार में सोयाबीन का उपयोग, कोशिकाओं को असमय मरने से बचाता है और रक्त में कोलेस्ट्रॉल का सही अनुपात बनाए रखता है। मोटापे से बचें और वसायुक्त भोजन कम करें। पूरी शारीरिक उर्जा के 30 प्रतिशत से कम/विविधतायुक्त संतुलित एवं सामान्य खाना सबसे उपयुक्त है।

रेशेदार भोजन, अंकुरित अनाज, फल एवं हरी सब्जियाँ खूब खाएँ। बिना मलाई का दूध नियमित पीयें। धूम्रपान एवं मद्यपान न करें।

प्रौढ़ावस्था के लक्षणों को बदला तो नहीं जा सकता, किन्तु संतुलित आहार व परिश्रमयुक्त दिनचर्या के जरिए उसे कुछ समय के लिये टाला अवश्य जा सकता है। निम्नलिखित प्रश्नावली

से आइये अपने शारीरिक कार्यकलाप के स्तर को जानें।

रजोनिवृत्ति की ओर बढ़ रही महिलाओं में जब हार्मोन स्राव कम होने लगता है तथा रजोनिवृत्ति से जुड़े दूसरे लक्षण दिखाई देने लगते हैं तो ऐसे में अंकुरित अनाज, रेशेदार हरी सब्जी, फल व सलाद जैसे एंटीऑक्सीडेंट्स के भरपूर प्रयोग से उम्र से जुड़े लक्षणों को ठहराव दिया जा सकता है। ऐसे संतुलित आहार पर अमरीकी कैंसर रिसर्च इंस्टीट्यूट द्वारा किए गए सर्वे से ज्ञात हुआ है कि एंटीऑक्सीडेंट्स के प्रयोग से कैंसर की संभावनाओं को 30 से 40 प्रतिशत तक कम किया जा सकता है। यदि इसमें शारीरिक श्रम को भी शामिल कर दिया जाए तो यह आंकड़ा 50 के पार पहुंच जाता है।

डॉ. सुनिता खण्डेलवाल

पूर्व अध्यक्ष, इंडियन मेनोपॉज सोसायटी
मिडलाइफ वूमन हेल्थ केयर एण्ड मेनोपॉज सेन्टर
मालवीय नगर, जयपुर।

MEN-O-PAUSE



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



Dr Bhavana Sheth, consultant Gynecologist Chapter Secretary, IMS-Bharuch



नये जीवन की ओर

आइये २१ वी सदी में बदल दें विचार
करें मेनोपॉज का प्रचार।।
मेनोपॉज के बाद जब मिले फुरसत
तो काम करने में आये ताकत।।
जिम्मेदारियों आज तक खूब निभाई
दूसरों की चिंता में जिंदगी बिताई।।
समय आ गया है स्वार्थी होने का
खुद के लिए कुछ वक्त निकालने का।।
बदलते जमाने के बदलते रंग
क्यों न हम भी बदले अपने रंगरंग।।
अलग रहकर भी रहेगा अपनापन
नहीं खलने देंगे हम सूनापन।।
एक से बने दो, दो से बने चार
हाथ से हाथ मिलाओ तो बन जमी है कतार।।
नाचेंगे, गायेंगे, झूमेंगे
मन करे तो कभी रोयेंगे।।
दौत गिरे, बाल झड़े, पाँव लडखड़ायें
रहेंगे हमेशा खड़े के खड़े।।
मेनोपॉज के बाद जिंदगी में रंग लायेंगे
भूत भविष्य को भूलकर वर्तमान में जियेंगे।।



डॉ. निमली वझे

MD, FRCOG consultant gynecologist, founder
secretary Nagpur

THE PERIMENOPAUSAL WOMAN



By Dr Laura Corio

Dr. Laura Corio and health writer Linda G. Kahn are authors of the book "The Change Before the Change: Everything You Need to Know to Stay Healthy in the Decade Before Menopause" published in 2002. "The Change Before the Change" was on the New York Times Best Seller List for several weeks and shot to number one on Amazon's list of best selling health books. It was the first popular title to define the idea of perimenopause - the decade before menopause - and describe all that goes with it in physical, hormonal and emotional terms.

Dr. Laura Corio regularly appears on television on The Today Show, CBS Early Morning Show, Eyewitness News and others. She is frequently quoted in publications like Self, Marie Claire and O, as well as professional medical publications.

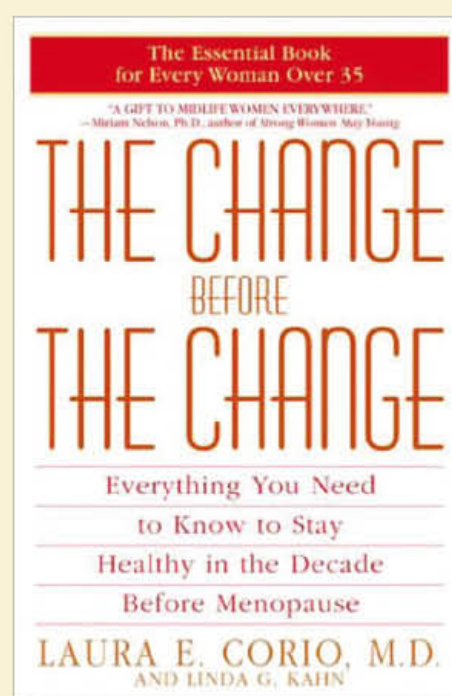
Perimenopause is a natural, normal transition that every woman experiences. On average, a woman goes through it at age 46. However, some women experience perimenopause in their early 40s, while others go through it at age 55. Perimenopause takes place four to seven years prior to menopause and lasts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

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

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

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

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



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

This is a time of great variability in menstrual cycling, menstrual bleeding and symptoms. Treatment allows for a smooth transition into menopause. Please seek alternate medical advice if you feel that your doctor is not listening to you or properly addressing your needs.

PATIENT EDUCATION ON RECURRENT URINARY TRACT INFECTIONS

Dr Swati Aggarwal, MD Gynecologist

Dr Hemant Zaveri, MD Pharmacology

Many women have a urinary tract infection (UTI) at some point during their lives. Some women will have repeat infections and may have them often.

Recurrent infections

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

A woman's urinary tract

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

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

Types of recurrent urinary tract infections

Recurrence is often categorized as either reinfection or relapse:

- **Reinfection.** About 80% of recurring UTIs are reinfections. A reinfection occurs several weeks after antibiotic treatment has cleared up the initial episode and can be caused by the same bacterial strain that caused the original episode or a different one. The infecting organism is usually introduced through fecal bacteria and moves up through the urinary tract.
- **Relapse.** Relapse is the less common form of recurrent urinary tract infection. It is diagnosed when a UTI recurs within 2 weeks of treatment of the first episode and is due to treatment failure. Relapse usually occurs in kidney infection (pyelonephritis) or is associated with obstructions such as kidney stones, structural abnormalities or, in men, chronic prostatitis.

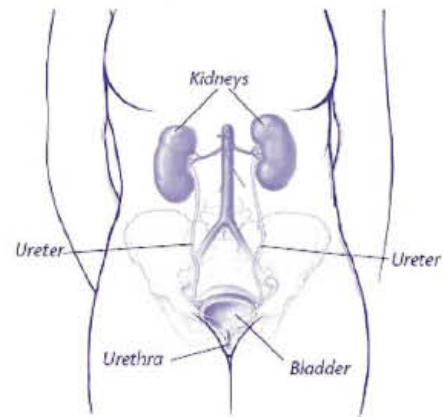
Most UTIs start in the lower urinary tract. This can cause pyelonephritis, a kidney infection. An infection in the upper tract may cause a more severe illness than infection in the lower tract.

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

Causes

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

Female Urinary Tract



Bacteria: E coli

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

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

Problems in the Urinary Tract: Stone, Blockage

Risk Factors: Specific Risk Factors in Women

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

Symptoms

Symptoms of UTIs can come on quickly.

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

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

- back pain
- chills
- fever

- nausea
- vomiting

Other signs may show up in the urine. It may

- have a strong odor
- look cloudy
- sometimes be tinged with blood

Blood in the urine may be caused by a UTI, but it also may be caused by other problems.

Diagnosis

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

- Intravenous pyelogram (IVP)
- Ultrasound exam
- Cystoscopy
- Computed tomography (CT)
- Cystourethrography

Treatment

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

For management of recurrent urinary tract infection

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

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

PACs (Proanthocyanidins)

PACs are the phytochemical responsible for many of the health benefits associated with cranberries. Science has shown that cranberries contain unique A-type PACs that provide bacterial anti-adhesive properties and help promote urinary tract, gastrointestinal, oral health, etc. PACs are the "power of the cranberry."

Cranberry extract help reduce the adhesion of *E. coli* bacteria

FOR CENTURIES THE CRANBERRY HAS BEEN RECOGNIZED FOR ITS INHERENT HEALTH BENEFITS BUT ONLY RECENTLY HAS IT BEEN SCIENTIFICALLY STUDIED

to the urinary tract walls.

D-Mannose

A safe, effective, natural treatment for Bladder Infections

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

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

Prevention technique for recurrent UTI

There are a number of ways to prevent UTIs:

- After a bowel movement or after urinating, wipe from front to back.
- Wash the skin around the anus and the genital area.
- Avoid using douches, powder, and deodorant sprays.
- Drink plenty of fluids (including water) to flush bacteria out of your urinary system.
- Empty your bladder as soon as you feel the urge or about every 2–3 hours.
- Try to empty your bladder before and after sex.
- Wear underwear with a cotton crotch.

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

Finally...

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



Do you suffer from these symptoms?

 **Increased frequency and burning pain during urination**

 **Fever, nausea and/or vomiting**

 **Upper back and side pain**

 **Blood in the urine occasionally**



You may be suffering from Recurrent Urinary Tract Infection.

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

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