Vol 2 • No. 2 • Jul–Sep 2014

Himalaya®
HERBAL HEALTHCARE

Evecare

A Quarterly Publication of The Himalaya Drug Company

Editorial

Dear doctor,

The Himalaya Drug Company is glad to present the July–September 2014 issue of Evecare, a quarterly magazine dedicated exclusively to the obstetrical and gynecological fraternity in the country.

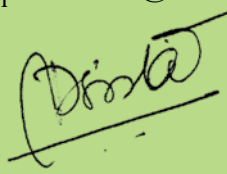
This issue focuses on dysfunctional uterine bleeding (DUB) and covers related articles in various sections including Gynecological Update, Research at Himalaya, Patient Education, and Fitness. Dr Varsha N Pai Dhungat, a leading gynecologist from Mumbai, has shared some of her views on the management of DUB.

The "Herbs for Her" section talks about *Saraca indica*, an herb with endometrial-stimulant and ovarian-stimulant properties that has promising action in DUB and irregular menstrual disorders.

A new section titled "Women—Excellence and Beyond", which speaks about the remarkable achievements of various distinguished Indian women, has been introduced in this magazine. This issue of Evecare gives you a brief report about Dr Mrudula A Phadke, a renowned academician, researcher, scientist, and an administrator, who has made outstanding accomplishments in the field of medicine.

The Travel section takes you on a journey to "God's own country," Kerala. The state is blessed with the tranquil stretches of backwaters, lush green hill stations, exotic wildlife sanctuaries, and beautiful beaches. It is famous for enchanting art forms, colorful festivals, and luscious cuisines that offer you a unique experience.

We would like to know your views on this issue of Evecare. Send in your feedback/suggestions to publications@himalayawellness.com



Dr Pralhad S Patki
Editor in chief

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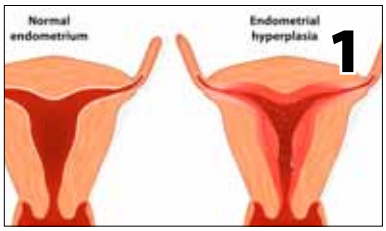

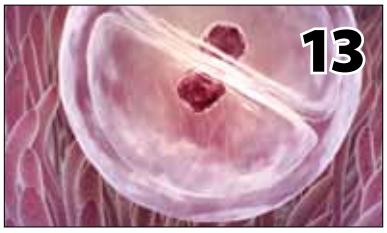

SUBSCRIPTION

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In menorrhagia & metrorrhagia...

Evecare®

(CAPSULE)

Ensures complete uterine care

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- Has antihemorrhagic activity
- Possesses hematinic property, beneficial in anemia
- Exhibits strong anti-inflammatory and analgesic activities

Contains natural source of Iron and Zinc

Dosage
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Treatment should be continued for a minimum of 3 months.

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Morphological Spectrum of Endometrium in Patients Presenting With Dysfunctional Uterine Bleeding

Khare A, et al

People's J Sci Res. 2012;5(2):13–16.

Abstract

Dysfunctional uterine bleeding (DUB) is a clinical term used to describe bleeding not attributable to any underlying organic pathological condition.

A total of 187 patients were included in this study and were categorized based on age groups into reproductive (< 40 years), perimenopausal (40–50 years), and postmenopausal (> 50 years) groups. The reproductive age group had 116 women (62%), perimenopausal age group had 47 women (25.1%), and the postmenopausal age group had 24 women (12.8%).

Histopathological examination of dilatation and curettage (D&C) samples was done to elucidate the cause of DUB. In the reproductive age group, proliferative endometrium was the most common finding (26.8%) followed by irregular maturation (25%); complex hyperplasia was seen in 6 cases, out of which 1 case showed atypia; 19 cases (16.4%) showed associated endometritis. No case of malignancy was observed in this group. In the perimenopausal age group, simple hyperplasia was the most frequent finding (29.8%); complex hyperplasia was seen in 3 cases, out of which 1 revealed atypia; 3 cases of malignancy (6.4%) were reported. In the postmenopausal age group, the most frequent finding in DUB was complex hyperplasia seen in 8 cases (33.3%), out of which 2 cases showed atypia; 6 cases (25%) of simple hyperplasia; and 4 cases (16.7%) of malignancy were reported. Atrophic endometrium was observed in D&C samples from 6 patients (25%).

Introduction

Normal menstruation is defined as bleeding from the secretory endometrium associated with ovulatory cycles, not exceeding a length of 5 days. Any bleeding not fulfilling these criteria is referred to as abnormal uterine bleeding. Abnormal uterine bleeding is considered one of the most common and challenging problems presenting to the gynecologist. It is responsible for as many as one-third of all outpatient gynecologic visits. It can be caused by a wide variety of systemic diseases, endocrine disorders or drugs. On the other hand, it may be related to pregnancy, anovulation, fibroids, polyps, adenomyosis or neoplasia. Dysfunctional uterine bleeding (DUB) is a diagnosis of exclusion. DUB may represent a normal physiological state or can be a sign of a serious underlying condition. DUB may be the symptom of endometrial carcinoma in 8% to 50% of cases.

Aim

This study was carried out to evaluate the histomorphological spectrum in endometrial samples in patients clinically diagnosed with DUB.

Materials and Methods

A total of 187 patients clinically diagnosed with DUB were included in this study approved by the Ethical Committee. Patients were categorized into the reproductive (< 40 years), perimenopausal (40–50 years), and postmenopausal (> 50 years) age groups. Retrospective analysis of hematoxylin and eosin (H&E) stained slides of D&C tissue was done under light microscopy. Histopathological

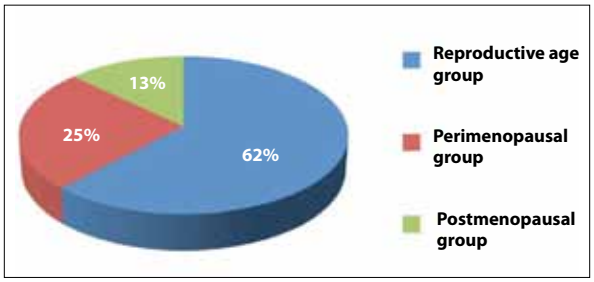


Figure 1. Age Group Distribution of All the Enrolled Cases

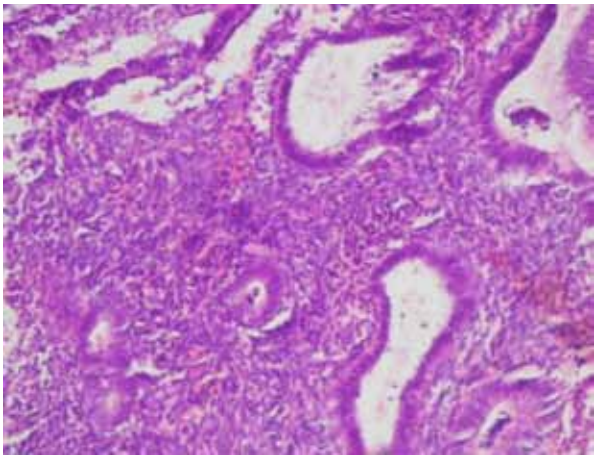


Figure 2. Photomicrograph of Simple Hyperplasia Showing Dilatation of Glands (H&E stain, 100 x)

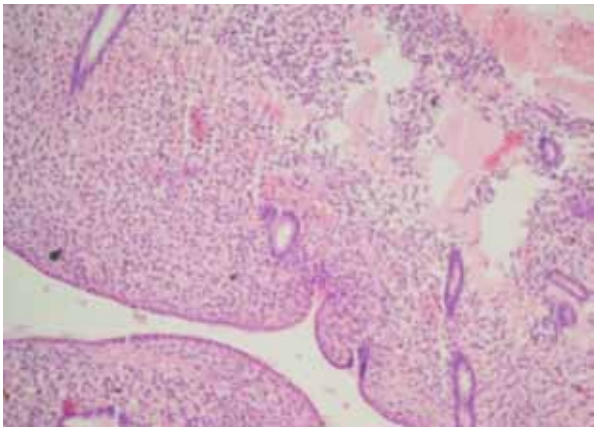


Figure 3. Photomicrograph of Atrophic Endometrium Showing Small Tubular Glands (H&E stain, 100 x)

diagnosis was done, recorded, and all cases were categorized further.

Results

Out of 187 cases, 116 cases (62%) were in the reproductive age group, 47 (25.1%) were in the perimenopausal group, and 24 (12.9%) belonged to the postmenopausal group (Figure 1). For all cases clinically diagnosed as DUB, histopathological examination was done and findings were noted. In the reproductive age group, proliferative endometrium was the most common finding observed in 31 cases (26.8%) followed by irregular maturation in 29 cases (25%). Complex hyperplasia was present in 6 cases, out of which 1 case showed atypia. Endometritis was seen in 19 cases (16.4%) and no case of malignancy was reported in this group.

In the perimenopausal age group, simple hyperplasia (Figure 2) was the most frequent finding seen in 14 cases (29.8%) followed by proliferative endometrium and irregular maturation, which were found in 10 (21.2%) and 8 (17%) cases, respectively. Complex hyperplasia was found in 3 cases, out of which 1 revealed atypia and 3 cases (6.4%) of malignancy were also observed.

In the postmenopausal age group, complex hyperplasia was the most frequent finding, seen in 8 cases (33.3%), out of which 2 cases showed atypia; 6 cases (25%) showed simple hyperplasia (Figure 2); and 4 cases (16.7%) of malignancy were observed. All cases of malignancy were reported as endometrial adenocarcinoma. Remaining 6 cases revealed atrophic endometrium (Figure 3).

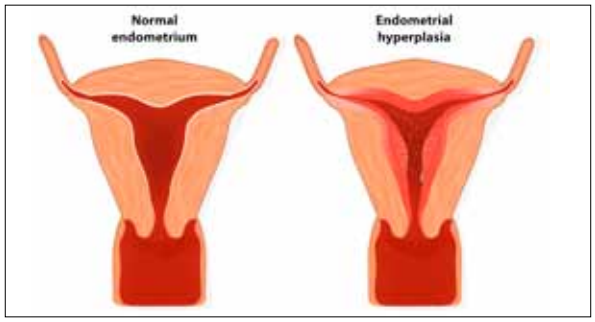
Discussion

Excessive and irregular uterine bleeding (abnormal uterine bleeding) continues to be one of the most frequently encountered complaints in gynecology. The frequency of the various causes of abnormal uterine bleeding varies with the age of the patient. DUB is a diagnosis of exclusion in which no specific organic cause can be attributed to as the reason for the bleeding. It is more common in early and late years of reproductive life. In most instances, dysfunctional bleeding is due to the occurrence of an anovulatory cycle. These cycles are most common at menarche and during the perimenopausal period.

The classification system used by the WHO designates 4 types of hyperplasias with varying malignant potential. Hyperplasias are classified as simple or complex based on the absence

or presence of architectural abnormalities, such as glandular complexity and crowding. Hyperplasias are further designated as atypical if they demonstrate nuclear atypia. Gredmark, et al (1995) studied D&C specimens of 457 postmenopausal women and showed atrophy in 50% of cases, varying degrees of hyperplasia in 10%, and adenocarcinoma in 8% cases. In our study, the most common finding in postmenopausal women was complex hyperplasia in 8 cases (33.3%) out of which 2 cases showed atypia while malignancy was seen in 4 cases (16.7%). Atrophic endometrium and simple hyperplasia were the other frequent causes. This discrepancy might be due to the small sample size of our study.

Abdullah and Bondagji (2011) analyzed 2295 endometrial samples from women presenting with abnormal uterine bleeding from January 1995 to June 2008 and noted that commonest histopathological diagnosis was secretory endometrium in 571 cases (24.9%) followed by proliferative endometrium in 498 (21.7%), endometrial polyp in 227 (9.9%), disordered proliferative endometrium in 200 (8.7%), simple cystic hyperplasia in 160 (7%), chronic endometritis in 134 (5.8%), inactive endometrium in 126 (5.5%), atrophic endometrium in 70 (3.1%), uterine malignancies in 41 (1.8%), complex hyperplasia without atypia in 33 (1.4%), and complex hyperplasia with atypia in 15 (0.7%) cases. Two hundred twenty (9.6%) samples did not contain endometrial tissue and were considered insufficient for diagnosis. Uterine malignancies and complex hyperplasia with atypia were more common in the age group of 52 years



and older, and were seen in 3.3% and 1.2% cases, respectively.

Baral and Pudasaini analyzed D&C specimens of 300 women and concluded that in patients less than 40 years of age, the most frequent finding was normal endometrium (50%). In the age group of 40 to 55 years, abnormal physiological changes (32%) and in patients above 55 years, malignancy were most common observations. There were 36% unsatisfactory samples in the postmenopausal (> 55) age group.

Conclusion

Histopathological examination of D&C tissues in women with abnormal uterine bleeding shows a wide spectrum of changes ranging from normal endometrium to malignancy; however, frequency of cause varies with age. In this study, the most frequent finding seen in patients with DUB in the reproductive age group was proliferative endometrium. In perimenopausal age group, simple hyperplasia was most frequently noted while in the postmenopausal age group complex hyperplasia was the predominant finding.

Sit Less, "Break" More

"Try to limit the amount of time you spend sitting, whether at a desk or in front of the television, or at least get up and take frequent breaks." That was the bottom line of a recent editorial by Swedish researchers writing in the *British Journal of Sports Medicine*. Sometimes it is hard to follow advice to exercise more, but just sitting less can be beneficial. Studies have linked long bouts of sitting and lack of movement with obesity, cardiovascular disease, and other chronic disorders. Along these lines, a recent study in *Circulation* on 8800 Australians concluded that each hour spent watching TV daily was associated with an 18% increase in the risk of cardiovascular disease and an 11% increased risk of death from all causes.

– UC Berkeley Wellness Letter. 2010;26(7):8.

Efficacy of Evecare Syrup in Dysfunctional Uterine Bleeding

Hemprabha, et al

Indian J Clin Pract. 2001;12(2):31–34.

Introduction

About 28% of women consider their menstrual loss excessive and nearly 10% of employed women take time off from work due to excessive loss. Every year, 6% of women between 25 and 44 consult their family physician for excessive loss. About 35% of these are referred to hospitals and 60% of them prefer a hysterectomy. Over 7500 hysterectomies are carried out every year with 30% of them for menstrual disturbances. The exact pathophysiology is difficult to understand and hence the disorder is broadly referred to as dysfunctional uterine bleeding (DUB). Various treatments prescribed in modern medicine like hormone therapy, anti-prostaglandins, and antifibrinolytic agents have not proved their definite efficacy. In Ayurveda, a number of herbal drugs have been mentioned, which are very effective in menstrual disorders. Evecare syrup, a uterine tonic (The Himalaya Drug Company, Bangalore), is formulated with extracts of different herbs, specially for uterine care.

Aim

This open clinical trial was conducted to evaluate the efficacy of Evecare syrup in DUB.

Material and Methods

Women attending the outpatient department of Prasuti Tantra, SS Hospital (Varanasi, India), with complaints of abnormal and excessive vaginal bleeding for more than 3 consecutive cycles were selected at random. Thirty-six women were enrolled in the trial.

Inclusion criteria

Patients who complained of excessive, irregular/prolonged bleeding per vaginum; patients who did not use oral contraceptive pills, hormonal treatment or intrauterine contraceptive devices (IUCDs); and patients who had no systemic illness like hypertension, renal disease, tuberculosis, hepatic disease, diabetes, and coagulation disorder were included in the study.

All the women underwent complete physical and gynecological examinations along with screening including hemogram, bleeding, clotting time, and platelet count.

Patients were given Evecare syrup, at a dosage of 2 teaspoonsfuls BID for 3 months. All the patients were reviewed at monthly intervals for 3 months for subjective assessment.

Method of scoring

To facilitate the pro forma data recording the scoring of various symptoms were done as follows:

Amount of blood loss

This assessment was based on the information given by patients. Each case was asked the day when maximum bleeding took place as it varies from person to person. Hence, the number of sanitary pads used on the day of maximum bleeding was recorded. Women were advised to use standard size sanitary pads, that is, 6" × 3" × 1.5", of average weight, and made of cotton.

Duration of menstrual cycle

Duration of menstrual cycle was assessed based on the the number of days of bleeding in a month.

Cure score

At the end of 3 follow ups, patients were assessed again on the basis of the change toward normalcy in amount and duration of bleeding, intermenstrual interval, and improvement in associated symptoms.

Normal amount of blood loss, normal duration of blood loss, normal interval between the cycles, normal consistency of menstrual blood, and relief in associated symptoms were considered as complete relief. Cases fulfilling any 2 of these criteria and showing relief from associated symptoms were considered partially relieved. Those showing no improvement in any of these criteria were considered unchanged.

Statistical analysis

Student paired *t* test was used to evaluate the significant difference within a group. The *Z*-test was also used to evaluate the significant difference between the initial and follow-up periods during and after treatment.

Results

Menorrhagia may be associated with nausea, loss of appetite, backache, anxiety, edema, body ache, general weakness, and anemia. In the trial, all the patients enrolled were in their reproductive years. The youngest patient in the study was of 18 years and the eldest was 42 years with a mean of 27.4 ± 7.4 years.

There was more than 50% drop in the number of women complaining of dysmenorrhea; most women who responded did so between first and second months of treatment. Table 1 represents significant decrease in the overall severity of menstrual symptoms. Overall, the amount of excessive blood loss was reduced significantly. Table 2 represents intermenstrual bleeding and menstrual cycle regularization during the 3 months following treatment.

Discussion and Conclusion

An open clinical trial of Evecare syrup, a polyherbal formulation, produced significant symptomatic relief in women with DUB. The various constituents of Evecare syrup are known in Ayurveda for their benefits in various menstrual disorders including DUB.

No side-effects were observed. Along with normalizing bleeding per vaginum, which is excessively significant, relief in associated symptoms also contributed to the efficacy of Evecare syrup.

Table 1. Overall Improvement in Symptoms

Time Point	Mean	SD	Minimum	Maximum	N
Baseline	1.70	0.75	1.00	4.00	30
Month 1	1.14	0.58	0.00	2.00	29
Month 2	0.69	0.81	0.00	2.00	29
Month 3	0.55	0.74	0.00	2.00	29

To ascertain the overall improvement, composite (total) scores were computed at each time point by summing the ratings for dysmenorrhea, reduced cycles, irregular cyclical bleeding, and intermenstrual bleeding at each time point. For this purpose, each symptom was rated as 0 if absent and 1 if present.
There was a statistically significant decrease in overall severity of menstrual symptoms across time (Pillai's trace = 0.62; $F = 13.87$; df = 3, 25; $P < .001$).

Table 2. Change in Duration, Amount of Blood Loss, and Intermenstrual Period Before Treatment and at Subsequent Follow Ups

Blood Loss	Initial	Follow Up 1	Follow Up 2	Follow Up 3	*Z* Value
Normal	8 (26.66%)	19 (63.3%)	20 (66.6%)	21 (70%)	3.8[a]
Excessive	1 (36.66%)	8 (26.665%)	6 (20%)	6 (20%)	1.45[b]
Very excessive	11 (36.66%)	3 (10.0%)	4 (13.33%)	3 (10%)	2.58[c]
Duration of Menstrual Cycle					
Normal	5 (16.6%)	13 (43.3%)	16 (53.33%)	19 (63.33%)	4.23[a]
Prolonged	12 (40%)	12 (40%)	10 (33.33%)	7 (23.33%)	1.44[b]
Very prolonged	13 (43.3%)	5 (16.6%)	4 (13.33%)	4 (13.33%)	2.74[c]
Intermenstrual Interval					
Normal	14 (46.66%)	20 (66.6%)	24 (80%)	24 (80%)	2.84[c]
Early	7 (23.33%)	7 (23.33%)	6 (20%)	6 (20%)	0.28[b]
Frequent	9 (30%)	3 (10%)	0 (0%)	0 (0%)	3.61[a]

[a]$P < .001$; [b]Not significant; [c]$P < .01$.

Evaluation of Efficacy and Safety of Evecare Capsule in Menorrhagia

Salhan S, et al

Med Update. 2007;15(5): 26–33.

Introduction

Menstrual problems account for much of the morbidity that occurs in women of reproductive age, being 1 of the 4 most common reasons for consulting a general practitioner. Specifically, menorrhagia represents a major public health problem in women and is one of the most common reasons for referral to gynecology clinics. As many as 10% to 15% of women experience menorrhagia during their lifetime. Women with menorrhagia have difficulties with daily activities and are concerned about its effects on work and social activities. Menorrhagia can result in severe anemia. One consequence of excessive menstrual blood loss is iron deficiency anemia.

Evecare capsule is a polyherbal formulation used in the treatment of menstrual irregularities.

Aim

To evaluate the efficacy and safety of Evecare capsules in menorrhagia

Patients and Methods

Inclusion criteria

Thirty-one patients who complained of excessive, irregular/prolonged bleeding per vaginum were included in this study. A written informed consent was obtained from all patients.

Exclusion criteria

Patients who had systemic illnesses like hypertension, renal disease, tuberculosis, hepatic disease, diabetes, coagulation disorder; those who had organic lesion of the reproductive tract, especially any benign or malignant growth, extensive cervical erosion, cervical polyps, endometriosis, tubercular endometritis, and acute infective disorder; and patients with history of recent delivery or abortion, and those patients who refused to give informed consent, were excluded from the study.

Study procedures

The study was an open, nonrandomized and noncomparative, prospective, phase 3 clinical trial. All the patients were informed about the study drug, its effects, patient's duration of stay in the trial, and overall plan of the study. Medical history was noted by interviewing the patient. Thorough clinical examination and symptomatic evaluation was carried out and the details were noted. Patients were advised to take 2 capsules of Evecare, BID for 3 months. All patients were followed up every month till the end of treatment and symptomatic evaluation and clinical examination was done along with recording the occurrence of any adverse events. All the patients were investigated before and after treatment for routine blood examination including hemoglobin (Hb), total count (TC), differential count (DC) and erythrocyte sedimentation rate (ESR), endometrial biopsy, ultrasound scan, and Pap smear.

Primary and secondary outcome measures

The predefined primary outcome measures were reduction in the symptom scores of menorrhagia and improvement in the anemic status of patients. The predefined secondary endpoints were short-term and long-term safety and overall compliance to the drug treatment.

Adverse events

All adverse events were recorded with information about severity, date of onset, duration, and

action taken regarding the study drug. Relation of adverse events to study medication were predefined as "unrelated," a reaction that does not follow a reasonable temporal sequence from the administration of the drug; "possible," follows a known response pattern to the suspected drug, but could have been produced by the patient's clinical state or other modes of therapy administered to the patient; and "probable," follows a known response pattern to the suspected drug that could not be reasonably explained by the known characteristics of the patient's clinical state.

Statistical analysis

Statistical analysis was done according to intention-to-treat principles. Repeated ANOVA and Friedman test followed by Dunnett multiple comparison test for evaluation of symptomatic scores, and paired Student *t* test for evaluation of Hb% improvement by comparing baseline values and end-of-the-treatment values were used. The minimum level of significance was fixed at 95% confidence limit and a 2-sided *P* value $< .05$ was considered significant.

Results

All the patients completed the study. The mean age of the patients was 34.55 years. On starting Evecare capsule therapy, a significant ($P < .001$) reduction was observed in the mean score of duration of menstruation, quantity of blood loss as assessed by the number of sanitary pads changed per day, and blood flow loss graded as profuse to normal at the end of the 3 months of treatment. The reduction in the symptoms started appearing from the second month of therapy itself. A significant change in the mean score of character of blood flow from clot to flow was observed at the end of the treatment with Evecare capsules (Table 1).

There was a significant rise in the mean Hb% level from 9.12 ± 1.87 to 10.76 ± 1.54 at the end of the therapy as compared to baseline (Table 2).

Out of 13 patients who had associated dysmenorrheal symptoms, 9 patients obtained (63%) significant ($P < .05$) and complete relief from the symptoms.

Table 1. Improvement in Clinical Response With Evecare Capsule Treatment (mean ± SEM)

Menstrual Symptoms		Before Treatment	After 1 Month	After 2 Months	After 3 Months
Duration of Menstruation (No. of days)	Mean	11.58	5.808	6.00	5.538
	SEM	2.248	0.7212	0.5602	0.5526
	P value		NS	< .05	< .001
Quantity of Blood Loss (No. of sanitary pads changed/day)	Mean	5.452	3.968	4.258	3.839
	SEM	0.4516	0.5153	0.3738	0.3118
	P value		NS	< .05	< .001
Blood Flow Loss (profuse to normal; mean score)	Mean	1.533	1.033	1.000	0.6000
	SEM	0.1417	0.1552	0.1269	0.1232
	P value		NS	NS	< .001
Character of Blood Flow (clot/flow; mean score)	Mean	1.000	0.7333	0.8000	0.5000
	SEM	0.0000	0.0821	0.0242	0.0928
	P value		NS	NS	< .05

Statistical analysis was carried out using repeated ANOVA test, and Friedman test followed by Dunnett multiple comparison test.
NS, not significant.

Table 2. Improvement in Hemoglobin Levels After Treatment With Evecare Capsule (mean ± SEM)

Parameters	Before Treatment	After Treatment	Significance
Hb%	9.119 ± 1.875	10.76 ± 1.537	$P < .0001$, $t = 6.726$, df = 30, $R^2 = 0.6013$

Statistical analysis was carried out using paired *t* test.

There was no change in the hematological investigations (TC, DC, or ESR), and Pap smear, ultrasound scan, or endometrial biopsy done before and after treatment. There were no clinically significant adverse events.

Discussion

In the present study, treatment with Evecare capsule resulted in a significant reduction in the symptoms of menorrhagia. These clinical benefits might be due to the actions of its principal ingredients.

Saraca indica has been well proven for its effectiveness in menorrhagia and dysmenorrhea. It also has a stimulatory effect on the ovarian tissue, which may produce an estrogen-like activity that enhances the repair of the endometrium and stops bleeding. *Symplocos racemosa* has been reported to be useful in the treatment of menorrhagia and other uterine disorders. *S racemosa* exhibits relaxant and antispasmodic effects on several spasmogens on uterine smooth muscles, attributing

Contd on page 9 ...

Product Profile

Evecare® (CAPSULE, SYRUP)

Ensures complete uterine care

Introduction

Evecare is recommended for the management of uterine disorders. Evecare regularizes endogenous hormonal secretion, corrects the cyclical rhythm, and offers relief from symptoms of dysfunctional uterine bleeding (DUB). Evecare maintains the hormonal balance and provides relief from symptoms of premenstrual syndrome such as mood swings and irritability. Evecare exhibits gonadotropin-agonist action, which enhances endometrial receptivity and assists full-term pregnancy.

Composition

Each Evecare capsule contains:

Exts.

Ashoka (*Saraca indica*)	85 mg
Dashamoola	35 mg
Lodhra (*Symplocos racemosa*)	35 mg
Guduchi (*Tinospora cordifolia*)	35 mg
Kakamachi (*Solanum nigrum*)	35 mg
Punarnava (*Boerhaavia diffusa*)	35 mg
Shatavari (*Asparagus racemosus*)	35 mg
Kumari (*Aloe vera*)	25 mg
Chandana (*Santalum album*)	25 mg
Musta (*Cyperus rotundus*)	25 mg
Vasaka (*Adhatoda vasica*)	20 mg
Triphala	20 mg
Trikatu	20 mg
Shalmali (*Bombax malabaricum*)	15 mg

Pdrs.

Kasisa godanti bhasma	35 mg
Yashada bhasma	20 mg

Each 5 ml of Evecare syrup contains:

Exts.

Ashoka (*Saraca indica*)	50 mg
Dashamoola	33 mg
Lodhra (*Symplocos racemosa*)	33 mg
Guduchi (*Tinospora cordifolia*)	33 mg
Kakamachi (*Solanum nigrum*)	33 mg
Punarnava (*Boerhaavia diffusa*)	32 mg
Shatavari (*Asparagus racemosus*)	32 mg
Narikela (*Cocos nucifera*)	32 mg
Kumari (*Aloe vera*)	25 mg
Chandana (*Santalum album*)	25 mg
Babbula (*Acacia arabica*)	25 mg
Musta (*Cyperus rotundus*)	25 mg
Anantamul (*Hemidesmus indicus*)	25 mg
Triphala	20 mg
Vasaka (*Adhatoda vasica*)	20 mg
Manjishtha (*Rubia cordifolia*)	20 mg
Trikatu	20 mg
Shalmali (*Bombax malabaricum*)	12 mg
Shilajeet (Purified)	5 mg

Clinical Pharmacology

Evecare has potent phytoestrogenic, gonadotropin-agonist, antihemorrhagic, antimicrobial, anti-inflammatory and analgesic, antispasmodic, antioxidant, and adaptogenic actions.

Evecare has a regularizing influence on the menstrual cycle by virtue of its uterine stimulant action. Evecare's stimulatory effect on the ovarian

Product Feedback

Dear Doctor,

If you prescribe any Himalaya product and would like to share your feedback on it, please write to us at **publications@himalayawellness.com**

Thank you!

The Editor—Evecare, Scientific Publications Division
The Himalaya Drug Company, Makali, Bangalore 562162, Karnataka, India

tissue helps regularize endogenous hormonal secretion, enhances the repair of the endometrium, and thus controls abnormal uterine bleeding. The anti-inflammatory action of Evecare has a healing effect on the uterus, and its antispasmodic action alleviates pain. The hematinic property of Evecare is beneficial in anemia and generalized weakness associated with uterine disorders.

Indications

- Premenstrual syndrome (PMS)
- Dysmenorrhea
- Menstrual irregularities:
  - Menorrhagia
  - Metrorrhagia
  - Oligomenorrhea
- Dysfunctional uterine bleeding (DUB)
- Assisted conception

Dosage

PMS/dysmenorrhea/menstrual irregularities/DUB

Capsule: 1 capsule twice daily. In severe cases, 2 capsules twice daily.

Syrup: 10 to 15 ml twice daily. Treatment should be continued for a minimum of 3 months.

Assisted conception

Capsule: 2 capsules twice daily.

Syrup: 10 ml twice daily.

Adverse Effects

No adverse effects have been reported.

Contraindications

No known contraindications.

Special Precautions

Should not be used in patients with estrogen-dependent tumors.

Severe dysmenorrhea or uncontrolled DUB may require additional investigations.

Drug Interactions

No clinically significant drug interactions have been reported.

Presentation

Capsule: Sealed packs of 30 capsules.

Syrup: Pilfer-proof bottles of 200 ml and 400 ml with measuring cups.

... *"Research at Himalaya" contd from page 7*

favorable actions to the drug in dysmenorrhea and as a uterine sedative. In a study, the ethanolic extract of *Boerhaavia diffusa* was found to stop intrauterine contraceptive device-induced bleeding. This herb is also known for its anti-inflammatory and analgesic properties, which are comparable to that of ibuprofen. The herb has also proved useful as a hematinic. *Cyperus rotundus* has been utilized in the treatment of anemia and general weakness. *Aloe vera* also possesses oxytocic property. *Adhatoda vasica* has antihemorrhagic activity, beneficial in dysfunctional uterine bleeding and thus a useful remedy in disorders of uterus, and especially used as a uterine hemostatic in menorrhagia and metrorrhagia. *Tinospora cordifolia* and *Solanum nigrum* have adaptogenic activity.

Conclusion

Menorrhagia represents a major public health problem in women. This study shows that Evecare capsule is safe and effective in the treatment of menorrhagia.

Saraca indica

Synonym	*Saraca asoca*
English name	Ashoka
Sanskrit name	Ashoka/Gandhapushpa

Saraca indica is highly regarded as a universal panacea in ayurvedic medicine. It is one of the universal plants having a number of medicinal activities and is hence used traditionally all over the world.

The dried bark contains tannins, sterol, catechol, organic calcium, aluminium, strontium, calcium, phosphate, potassium, sodium, and silica, which are beneficial in dysfunctional uterine bleeding.

S indica tree has many health benefits and has long been used in traditional Indian medicine as a key ingredient in various therapies and cures. One of the uses of the *S indica* herb is in the treatment of menstrual disorders associated with excessive bleeding, congestion, dysmenorrhea, abdominal pain, and uterine spasms.[1]

S indica is exceptional in ayurvedic medicine for its use as a stimulant of the endometrium and ovarian tissues. Clinical studies have shown that *S indica* benefits the endometrium and uterine muscles making it an effective uterine tonic for irregular menstrual cycles and miscarriage.[2,3]

Numerous experimental studies have reported that the herb extract is useful in a variety of menstrual disorders, such as menorrhagia, dysmenorrhagia, premenstrual syndrome, abnormal bleeding, and threatened abortion.[1]

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***Saraca indica* is an ingredient of Evecare capsule and syrup**

Saraca indica is Useful in Gynecological Disorders

Saraca indica is one of the extensively used medicinal plants in Ayurveda.[1] Ramayana, one of the greatest epics of Hindu mythology, mentions the Ashoka tree, which means "without sorrow." The bark of the Ashoka tree is used since ancient times for maintaining health and youthfulness.[2]

In India, the extracts from the dried bark and flower of *S indica* are used as a tonic for the treatment of uterine disorders; and its stem bark is used to treat all disorders associated with menstrual cycles. It is used as an astringent in menorrhagia. It is primarily used to stop dysfunctional uterine bleeding and regular menstrual pain.[2]

In countries like Srilanka and Pakisthan, its bark is used for the treatment of menstrual disorders, especially menorrhagia.[2]

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Dr Mrudula A Phadke

Dr Mrudula A Phadke, born on December 22, 1944 in Mumbai, is a distinguished academician, researcher, scientist, and administrator. She is known as an expert in the field of medical science, clinical practice in general, and pediatrics in particular.

Dr Phadke's undergraduate and postgraduate academic career is admirable; she stood first in the university in all the examinations of Mumbai University. During her academics she was honored with Yashwant Govind Nadgir, Lady Reay Medical, Sir James Fergusson, Luis Borges, Miss Guli Khanchand Mirchandani, and many more scholarships.

Dr Phadke's academic brilliance won her The Bai Hirabai Pestanji Hormasji, The Lady Reay, Seth Jairamdas Bery, The Lord Sandhurst, and The Dowager Lady Shantabai Sitaram Patkar gold medals.

Dr Phadke has published a large number of scientific articles in various national and international journals. She is the founder-editor of the *Journal of Directorate of Medical Education and Research*. She is also an exceptional writer and editor for well-known textbooks and journals.

Dr Phadke has held many responsible positions namely, Vice-chancellor, Maharashtra University of Health Sciences; Director of Medical Education and Research, Mumbai; Dean of BJ Medical College, Pune; Senior Technical Advisor at Bill and Melinda Gates Foundation; and Member of the Global Advisory Committee on Vaccine Safety, WHO, Geneva.

Dr Phadke has also served at other premium institutes and government bureaus as consultant at UNICEF; visiting scientist at Haffkine Institute for Training, Research and Testing, Parel; adjunct professor at Maharashtra University of Health Sciences; independent Director at Serum Institute of India; advisor for Maharashtra State AIDS Control Society; and member at the WHO Vaccine Safety Committee, Geneva, for specific disease conditions.

Dr Phadke has served as a member of the Child Survival Group Planning Commission. She has also successfully set up the Department of Genetics in BJ Medical College, and is a referral scientist.

Dr Phadke is known for her intense involvement in patient care, teaching, and research while working as professor of pediatrics. She was actively involved in immunization, nutrition, and HIV/AIDS research activities.

Dr Phadke not only has scientific and research expertise but also excellent administrative skills. Dr Phadke acquired valuable administrative experience while working as dean, director, and vice-chancellor at various medical research institutes and universities. Dr Phadke's immense contribution led to the conceptualization and establishment of 3 new government medical colleges in Maharashtra at Kolhapur, Latur, and Akola.

Dr Phadke has delivered lectures and orations on medicine, medical education, policy, and

Contd on page 12 ...

Latest in Medicine

Association of Dysfunctional Uterine Bleeding With High Body Mass Index and Obesity as a Main Predisposing Factor

Nouri M, et al

Diabetes Metab Syndr. 2014;8(1):1–2.

Dysfunctional uterine bleeding (DUB) is defined as abnormal uterine bleeding in the absence of underlying structural abnormalities. Recently, obesity has been suggested as a main underling risk factor for DUB. It has been observed that in obese women the estrogen to progesterone ratios are altered and there is also an increase in the peripheral conversion of androgens to estrogens.

This study aimed to assess the status of obesity in women who suffered from DUB. In an observational case series study conducted at a referral endocrinology clinic in Shahrood city, Samnan, 20 consecutive women with the final diagnosis of DUB referred from 2009 to 2011 were evaluated. Obesity was assessed using calculation of body mass index (BMI) and waist circumference. The estimated mean waist circumference was 102.95 ± 9.77 cm in the range of 90 to 119 cm. With respect to BMI measurement, the mean of BMI was 32.63 ± 3.34kg/m^2 ranging between 26.92 and 39.06. Two-third of the studied women suffered from overweight status and other one-third cases were obese.

There is a strong association between obesity and DUB and therefore weight reduction should be considered as a conservative treatment besides other medical or surgical treatment approaches. Weight loss in obese patients presumably decreases the adipose tissue available for conversion of androgens to estrogen.

Urine Peptide Patterns for Non-invasive Diagnosis of Endometriosis: A Preliminary Prospective Study

Wang L, et al

Eur J Obstet Gynecol Reprod Biol. March 15, 2014 (doi: 10.1016/j.ejogrb.2014.03.011).

This study aimed to detect endometriosis by urine peptide biomarkers using magnetic beads-based matrix-assisted laser desorption/ionization time-of-flight mass spectrometry (MALDI-TOF-MS) and to identify interesting peptides using liquid chromatography tandem mass spectrometry (LC-MS/MS). A total of 122 patients suffering from dysmenorrhea, pelvic pain, and infertility were enrolled in the study. Urine samples were collected before laparoscopy and analyzed.

Laparoscopic diagnosis showed the presence of endometriosis in 60 patients and 62 patients as disease-free. There were 36 different peptides expressed in patients with endometriosis detected by MALDI-TOF compared to controls. We established a genetic algorithm as a diagnostic model with the combination of 5 peptides. The model showed a sensitivity of 90.9% and specificity of 92.9%. Urine from another 26 symptomatic patients before laparoscopy were randomly selected and analyzed accordingly. A genetic algorithm showed a sensitivity of 90.9% and specificity of 92.9% in predicting endometriosis before laparoscopy. We also identified 2 peptides not belonging to the diagnostic model as collagen precursors. Patients with endometriosis have a unique cluster of peptides in the urine. Peptide proteomic profiling provides a novel method for noninvasive diagnosis of endometriosis.

... *"Women—Excellence and Beyond" contd from page 11*

conceptualization of many national health projects. Her scientific talks are a toast to the medical fraternity.

Dr Phadke, owing to her profound interest and dedication, has been able to start 7 different departments at the university level and has been honored at national and international levels. For her excellent research work, she has been honored with the fellowship of the Royal College of Pediatricians, UK.

Dr Phadke's students always remember her as an excellent teacher of pediatrics with a flair for adding humor to otherwise serious ward rounds.

Endometrial Scratching Improves IVF Treatment Success

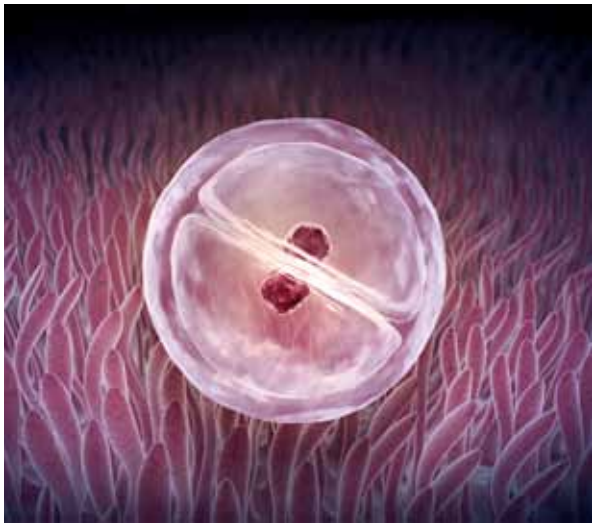
Assisted reproductive techniques (ARTs) are used widely to treat fertility problems, which affect approximately 7% to 15% of women of reproductive age. Although there have been several improvements in techniques during the last 3 decades, clinical pregnancy and live-birth rates remain at approximately 30% to 40% and 20% to 30%, respectively.

A study was conducted to evaluate the effect of endometrial scratching performed in women using oral contraceptive pills (OCPs) pretreatment. Pretreatment OCP is used frequently by women undergoing ART, and performing endometrial scratching in women using OCPs reduces the risk of damaging a spontaneous implantation.

This new technique called endometrial scratching was shown to improve the live-birth rate by around 20%. Gently scratching the lining of the womb before IVF treatment was shown to increase the clinical pregnancy rate of women undergoing IVF to 49%, compared to the current average of 29%. Endometrial scratching procedure is also shown to increase the number of live births from the current average of 23% to 42%.

A research, led by British scientists, has also shown for the first time that the technique increased the number of neonates born as a result of IVF. The technique involves medically administering damage to the inner lining of the womb. The study looks into the optimal timing for performing the procedure on a patient, shortly before fertility treatment. The "scratching" is given just once to women, between 7 and 14 days prior to undergoing fertility treatment.

The study included around 158 women, all of whom had previously undergone unsuccessful fertility procedures, and who were taking OCPs before the treatment began. Seventy-seven of



these women were picked at random and received the scratching procedure, of which 39 became pregnant; and 33 cases resulted in live births; 2 women did not undergo scratching. The remaining 79 formed the control group and underwent sham procedure. The theory given by the researchers for the success of this procedure was "awakening the womb by encouraging regeneration."

The short procedure takes just 15 minutes in a clinic using simple equipment. The technique uses a biopsy tool called a pipelle to scratch the endometrial lining. Endometrial scratching, or injury, involves inserting this pipelle through the cervix and lightly scraping it against the womb lining. However, it was found to cause considerable pain, with women reporting an average pain score of 6.4 on a scale of 1 to 10. The study also found that endometrial scratching had no effect on miscarriage or multiple pregnancy rates compared to the control group.

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Interview

Management of Dysfunctional Uterine Bleeding

Dr Varsha N Pai Dhungat, *MD, DGO*
Obstetrician and Gynecologist
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What are the risk factors for dysfunctional uterine bleeding (DUB)?

Pre-existing medical conditions like endometriosis, uterine polyps, uterine fibroids, and sexually transmitted diseases that cause lesions, like gonorrhea and *Chlamydia* infection can result in DUB. Disorders of the pituitary and thyroid glands cause anovulation thereby increasing the risk of DUB. Anovulation and conditions like polycystic ovary syndrome and uterine fibroids can also cause heavy menstrual bleeding or menorrhagia.

Being obese or overweight alters the estrogen to progesterone ratios, thereby causing DUB. Smoking is also a significant risk factor since cigarette smoke has anti-estrogenic effect and causes abnormal uterine bleeding. It is reported that women who smoke have a 47% risk of experiencing abnormal uterine bleeding. Certain medications like birth control pills also lead to DUB.

Which age group of women is most likely to suffer from DUB?

Because most cases of DUB are associated with anovulatory menstrual cycles, adolescents and perimenopausal women are particularly vulnerable. About 20% of affected individuals are in the adolescent age group and 50% of affected individuals are aged 40 to 50 years.

Does DUB lead to any complications?

Patients who experience repetitive episodes of DUB might experience significant consequences. Frequent uterine bleeding increases the risk of iron deficiency anemia. This complication can also occur due to menorrhagia. Also chronic unopposed estrogenic stimulation of the endometrial lining increases the risk of both endometrial hyperplasia and endometrial carcinoma. It is estimated that about 1% to 2% of women with improperly managed anovulatory bleeding might eventually develop endometrial cancer. Infertility associated with chronic anovulation, with or without excess androgen production, is frequently seen in these patients.

How is DUB treated?

Medical care of DUB usually involves various protocols of oral contraceptives or estrogen or progesterone supplementation, but these are accompanied by side-effects like gingivitis, weight gain or weight loss, breast tenderness, and mood fluctuations.

Surgical measures like hysterectomy and endometrial ablation are adopted when the patient does not respond to drug therapy or shows severe contraindications. While hysterectomy is a major surgery with risks of complications, endometrial ablation scars the uterine lining; these are not a treatment option if the patient is planning to conceive.

What is your opinion about Evecare capsules in the treatment of DUB?

I prefer and prescribe Evecare capsules in the management of DUB, as my patients have responded positively. This polyherbal formulation rectifies the hormonal imbalance, corrects the clinical rhythm, and offers relief from the symptoms of DUB. Evecare capsules have potent phytoestrogenic action that repairs the endometrium and retards bleeding. These capsules also exhibit antihemorrhagic, anti-inflammatory, and analgesic activities. Evecare capsule also possesses hematinic property and hence is beneficial in anemia that accompanies DUB.

Managing Dysfunctional Uterine Bleeding Through Diet Modifications

Dysfunctional uterine bleeding (DUB) is irregular uterine bleeding that occurs in the absence of pregnancy, pelvic pathology, or general medical condition. The majority of DUB cases occur due to anovulation. Continuous estrogen secretion unopposed by progesterone release from the corpus luteum stimulates thickening of the endometrial lining, and leads to an imbalance in prostaglandin (PG) synthesis. The lining thickens until it outgrows its blood supply, then breaks down and sheds from the uterus in an irregular manner. Chronic stimulation with low estrogen levels results in infrequent and light bleeding whereas high estrogen levels cause frequent and heavy bleeding.

While hormonal imbalance, especially if estrogen and progesterone is the main cause of DUB, diet plays an important role in the production and regulation of these hormones. Certain foods in the diet can cause an imbalance in the hormonal levels. Eating the right foods and avoiding the wrong ones help in the appropriate management of DUB and its effects.

Foods to Add to the Diet

Omega-3 fatty acids and arachidonic acid

Heavy bleeding is associated with increased arachidonic acid availability in the uterus. A diet rich in fish, fish oils, and linolenic and linoleic acids (omega-3 fatty acids) reduces tissue levels of arachidonic acid. Flaxseeds and soy proteins are also known to regulate uterine bleeding.[1,2]

Animal products like red meat, organ meat, egg yolk, and poultry are high in arachidonic acid content and hence, it is important to decrease the consumption of these.

Iron-rich foods

DUB is mainly accompanied by iron deficiency anemia. Foods rich in iron should be included in the diet, especially when the bleeding is heavy. Brewer's yeast and wheat germ are both excellent sources of iron. Liver and kidneys from animal sources contain high levels of iron. Apricots, eggs, raisins, beans, cooked spinach, and chicken and ground beef are also rich in iron. Foods like yogurt, sour fruits, and citrus juices aid in the absorption of iron.[1]

Vitamin A

Vitamin A deficiency contributes to heavy bleeding and studies have indicated that serum levels of vitamin A in women with heavy bleeding are lesser than that in healthy women.[1] Those with vitamin A deficiency can include poultry and fish such as salmon; dairy products; green leafy vegetables, broccoli, carrots, and squash; and fruits like watermelon, apricots, and mangoes in their diet.[1]

Vitamin C and bioflavonoids

Bioflavonoids (citrus, hesperidin, and rutin), sometimes called vitamin P, are substances that are found wherever vitamin C is found in nature. Vitamin C, along with bioflavonoids, helps reduce heavy bleeding by making the capillaries stronger and preventing them from becoming fragile. In particular, bioflavonoids seem to have a synergistic role with vitamin C in strengthening capillary walls. Also, vitamin C helps in the absorption of iron. Vitamin C-rich fruits and vegetables, especially citrus fruits, are often rich sources of bioflavonoids as well.[1,3]

Vitamin B complex

Deficiency of vitamin B complex results in the liver losing its ability to inactivate estrogen. Hence, it is important to consume foods rich in vitamin B complex.[1] One among the vitamin B types, vitamin B_6, plays an important role in the production of red blood cells. Vitamin B_6 is found in fortified cereals, bananas, spinach, sunflower seeds, avocados, tomato juice, and salmon.

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Hair Care, Naturally!

Hair problems like dry and damaged hair, split ends, and graying have become common among women. Women spend a lot of time and money on expensive hair care products to cure these; however, the end results may not be satisfactory.

Here are some helpful and effective tips that you can give to your patients.

For Damaged and Frizzy Hair: Saffron can be used for conditioning the hair. Boil saffron strands in water for a few minutes. Add 1 tbsp of honey and 1 tbsp of lemon juice to it and stir well. Apply this mixture to the scalp and strands of hair. Rinse thoroughly with lukewarm water after 15 minutes.

For Dandruff: Black pepper cures dandruff. Mix 10 g of black pepper powder, 1 tbsp of milk, and juice of 1 lime and stir well. Apply this mixture thoroughly on your scalp. Rinse thoroughly with plain water after 1 hour.

For Dry Hair: Coconut oil massage nourishes the hair. Take half cup of coconut oil and add 4 to 5 crushed almonds to it. Steam this mixture and apply while still warm on the hair and scalp. Cover the head with a wet towel and rinse it off after an hour.

For Graying Hair: Fenugreek seeds are beneficial for turning the hair black. Take a few fenugreek seeds, powder or leaves and boil them in mustard oil. Strain the mixture once it cools down. Apply on the hair and scalp. Usage of fenugreek seeds on scalp controls pigmentation loss and also makes the hair silky.

Preventing Heavy Uterine Bleeding and Associated Pain

Heavy uterine bleeding interferes with a woman's physical, emotional, social, and material quality of life, and can occur alone or in combination with other symptoms. Heavy uterine bleeding is a common problem in the 30 to 50-year age group. The care of a woman with this condition starts with assessment phase and continues with management or treatment and follow-up care. Frequent uterine bleeding increases the risk of iron deficiency anemia. The hormone imbalances and irregular menstruation may also contribute to infertility.

Following are some recommendations that doctors can give to their patients to effectively manage heavy uterine bleeding and prevent complications associated with it:

Ice packs: Placing an ice pack on the abdomen for 20 min at a time, several times a day when the bleeding is heavy will help reduce the pain associated with the condition.

Iron: It is less well-known that chronic iron deficiency can also be a cause of heavy bleeding. Foods rich in iron in particular should be included in the general diet. Brewer's yeast, wheat germ, meat, legumes, wholegrain bread, apricots, eggs, raisins, beans, and cooked spinach are rich in iron. Vitamin C helps the body to absorb iron and also strengthen blood vessels. Yogurt, sour fruits, and citrus juices are rich in vitamin C.

Estrogen: Some cases of heavy bleeding are due to the effect of excess estrogen on the endometrium. Dietary factors often recommended to lower estrogen levels include intake of high-fiber and low-fat diets, foods rich in vitamins B and D. Avoiding alcohol and soy products also help lower estrogen levels.

Vitamin K: Clotting abnormalities due to vitamin K deficiency have surfaced as a new cause of heavy bleeding. Leafy green vegetables are recommended. Avoidance of salycilates (aspirin, spices, fruits, nuts, salsa, vinegar); avoidance of antibiotics and foods and supplements with antibiotic properties, such as onions, garlic, and grapefruit seed extract are

recommended as they destroy the intestinal bacteria needed to synthesize vitamin K.

Water: It is important to consume 10 to 12 glasses of water daily to remove toxins from the body and to prevent restricted blood flow, which otherwise causes pain during menstruation.

Exercise: Avoid intense and heavy exercise during menstruation. Aggressive exercise in the form of dancing, strokes, or contusions on the belly can lead to accelerated blood flow into the vessels of the womb.

Contraceptives: Heavy and/or irregular bleeding can be because of using copper intrauterine device or taking oral contraceptives. Appropriate examination and counseling should be given to the patients before any method of hormonal contraception is initiated. Any possible side-effect should be conveyed to the patients as well.

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Ayurveda and Women's Health

Ayurvedic treatment for dysfunctional uterine bleeding (DUB) is aimed at giving symptomatic relief from bleeding as well as treating the known causes of the condition. Herbs regulate the possible dysfunction of the hormones in the affected individual and also reduce inflammation and treat any possible infection in the genital tract. Since ovulation failure or dysfunction of the ovaries is believed to be the prime cause for DUB, herbs which act on the ovaries and reduce inflammation and any possible fluid collection are beneficial. This helps in controlling and correcting the DUB. Herbs regulate the hormone levels and also exert strengthening effects on the uterus. Herbs can also help in reducing inflammation and swelling in the mucosa of the uterus, in addition to having a direct action of controlling the bleeding.

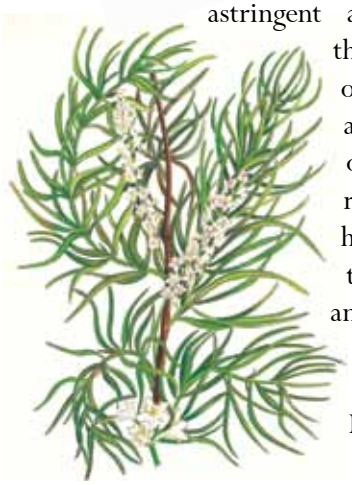
Herbal Management of Dysfunctional Uterine Bleeding

Dysfunctional uterine bleeding (DUB) occurs generally at the extremes of reproductive age (20% of cases occur in adolescence and 40% in women over 40 years). In adolescent and perimenopausal age groups, 90% of DUB is anovulatory.[1] Although a majority of treatment modalities for DUB relieve the symptoms, the adverse effects that accompany these regimens necessitate the use of herbs in the management of DUB. Following are a few herbs beneficial in the management of DUB:

Ashoka (*Saraca indica*; Ashoka)


Saraca indica

Saraca indica is one of the most distinguished herbs used in Ayurveda in the management of gynecological problems. *S indica* stem bark is used to treat all disorders associated with the menstrual cycle. It is reported to stimulate the uterus, making the contraction more frequent and prolonged. Hence, it is helpful in relieving pain and discomfort. The crystalline glycoside substance is also reported to stimulate uterine contraction. *S indica* also has astringent and stimulating effects on the endometrium and the ovarian tissues. Its estrogenic activity due to the presence of phytoestrogens helps to regulate estrogen level. It has a nourishing effect on the circulatory system. Its antimenorrhagic property is effective in the management of extreme blood loss during DUB. It has also shown positive results in treating the symptoms of fatigue and generalized weakness associated with DUB.[2,3]


Asparagus racemosus

Shatavari (*Asparagus racemosus*; Asparagus)

Asparagus racemosus is a widely used herb in rejuvenation and nourishment. It normalizes hormonal secretion and eliminates weakness. *A racemosus* has cold potency and is actually considered to be the most helpful herb for women as it helps in modulating hormonal levels. *A racemosus* completely cleanses the blood and the female reproductive organs. It has potent estrogenic and antispasmodic activities. The antioxidant action of *A racemosus* helps in decreasing the production of prostaglandins and other chemomediators, which otherwise lead to dysrhythmic contractions. It is known to regularize the menstrual cycle by local healing of the endometrium.[4]

Vasaka (*Adhatoda vasica*; Malabar Nut)


Adhatoda vasica

Adhatoda vasica has antihemorrhagic property and is a useful remedy in DUB. Since it has strong anti-inflammatory and analgesic activities, it is especially helpful in relieving pain and spasms associated with heavy bleeding.[5]

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Fifth Cesarean Section Leading to Emergency Total Hysterectomy

A 36-year-old pregnant woman, G5P4L1, visited me at 26 weeks of gestation. She had undergone 4 lower segment cesarean sections (LSCS) previously. She had a history of ruptured uterus and blood transfusion during the third LSCS. However, the patient presented no complaints during her current visit to the hospital.

Investigations and Diagnosis

Patient's vitals were stable but pallor and per abdomen corresponding to size of gestation. Ultrasound examination showed complete placenta previa with normal scar integrity, amniotic fluid index was normal, and other parameters were normal except that the Hb level was 9.5 g%.

After 4 days, patient presented with complaint of bleeding per vaginum.

Treatment

The patient was admitted and put on conservation treatment with bed rest. She was readmitted at 28 weeks of gestation with similar complaint. She was administered with tranexamic acid injection at a dosage of 500 mg TDS. Corticosteroids were given. She was advised an elective LSCS at 36 weeks.

At 34 weeks of gestation, the patient underwent emergency LSCS for bleeding per vaginum. Emergency management was done. On opening the abdomen, dense adhesion was found and the urinary bladder was high up. Classical cesarean section was performed immediately. Neonate weighed 2 kg and cried well. The urinary bladder opened during cesarean section accidently, which was repaired using vicryl-2.

Placenta was difficult to remove and found to be placenta accreta, which necessitated total hysterectomy. Total blood loss during the surgery was 2.5 L; 6 pints of blood was transfused.

Conclusion

Repeated cesarean section can lead to multiple complications and at times can be fatal.

Total hysterectomy at an early age due to repeated cesarean sections can also be one of the causes of premature menopause. The patient is on Menosan and now doing well.

Yoga for Relieving Menstrual Discomfort

Yoga is a relaxing route to ease physical changes and psychological swings during menstrual cycle. Practicing yoga alleviates abdominal cramps, back pain, leg discomfort, and also reduces the symptoms of the next cycle.

Janu Sirsasana

Janu sirsasana is a head-on-knee yoga pose or head-to-knee forward bend. This yoga posture calms the brain and helps in alleviating mild depression and stress. Janu sirsasana stretches the front of the spine, eases stiffness in the muscles of the legs and the hip joints, and increases flexibility in the arms, from the shoulders to the knuckles. It reduces menstrual cramps, dryness and itching, regulates menstrual flow, and prevents fibroids.

Steps

- Start on the floor in a seated position with your legs extended forward.
- Place your hands besides your thighs on the floor in such a manner that your palms rest on the ground.
- Bend your right leg from the knee, fold it, and place it with the sole facing the inner side of your left thigh.
- Keep your left leg straight. Do not bend it.
- Lift your hands off the floor and place them on the upper side of your left thigh.
- Inhale. Slide your hands over your leg in the forward direction till you reach your toes.
- Bend your body from your waist as you slide in the forward direction. Exhaling, extend both the arms forward beyond the left foot and catch the right wrist with the left hand; rest your elbows besides the left leg.
- Keep your spine long, chest open, shoulders drawn down, and breathe normally.
- Remain steady in this position for 30 seconds and then switch sides.

Benefits

Janu sirsana posture releases abdominal cramping and other menstrual tensions allowing the flow to be less uncomfortable. Forward bends generally

increase circulation into the pelvis and lower extremities. Thus, any cramping of the legs and/or swelling of the shins, ankles, or feet, may be reduced. The bent knee in janu sirsasana opens the hips. The uterus discharges the menstrual flow optimally, with little or no cramping. Abdominal organs are toned passively without tension and the balance of the intestinal system is restored. The downward poise of the head rests the mind completely. Those with a problem of scanty flow may find the forward bends release and improve the flow.

Contraindications: Do not practice janu sirsasana if you have asthma, bronchitis, or diarrhea. If you have stiff knees or osteoarthritis of the knees, practice with a wooden block between the foot and the straight leg thigh.

Sources:
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Books

Title: *Single Port Laparoscopic Surgery in Gynecology*

Authors: B Ramesh, Madhuri Vidyashankar, Pooja Sharma Dimri

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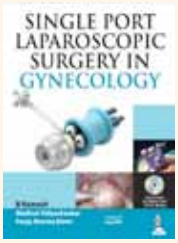
No. of pages: 182

Publisher: Jaypee Brothers Medical Publishers



This book is a guide to single port laparoscopic surgery for practicing gynecological surgeons. Divided into 3 sections, it begins with the basic principles, instruments, and techniques. The second section provides in depth coverage of the technique for various gynecological conditions including ectopic pregnancy, hysterectomy, and gynecological oncology. The final part of the book discusses recent advances in the technique, examining robotic-assisted surgery and newer trends. Tips and tricks for beginners are also included.

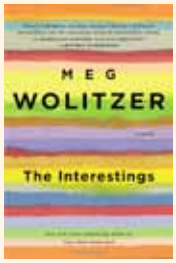
Title: *The Interestings*

Author: Meg Wolitzer

Publication date: April 9, 2014

No. of pages: 480

Publisher: Riverhead Hardcover



Wolitzer follows the life of 6 teenagers from youth through middle age as their talents and degrees of satisfaction diverge.

The kind of creativity that is rewarded at age 15 is not always enough to propel someone through life at age 30. Jules Jacobson, an aspiring comic actress, eventually resigns to a practical occupation. Jonah, a gifted musician becomes an engineer. But Ethan and Ash, Jules's now-married best friends, become successful—true to their initial artistic dreams.

Wide in scope and ambition, *The Interestings* explores the meaning of talent; the nature of envy; the roles of class, art, money, and power.

Movies and Medics

Dallas Buyers Club

Inspired by true events, Ron Woodroof's story is told in Dallas Buyers Club. Ron is an electrician and rodeo cowboy at Dallas. With a careless lifestyle, Ron is diagnosed as HIV positive and given 30 days to live.

He finds out the lack of approved treatments and medications in the US, so crosses the border into Mexico, learns about alternative treatments, and begins smuggling them into the US. He then finds an unlikely ally in fellow AIDS patient Rayon. Both establish a buyers' club, where HIV positive people pay monthly dues for the treatment. With a growing community of friends and clients, Ron fights for dignity, education, and acceptance. In the years following his diagnosis, the embattled loner lives life to the fullest like never before.

DETAILS

Genres: Biography | Drama | History; **Director:** Jean-Marc Vallée; **Year:** November 2013; **Run time:** 117 min; **Producers:** Robbie Brenner, Rachel Winter; **Cast:** Matthew McConaughey, Jennifer Garner, Jared Leto; **MPAA rating:** R

Source:
Internet Movie Database. http://www.imdb.com/.
Accessed May 16, 2014.

Gadgets

Sonic Window

The Sonic Window™ is an ultracompact, handheld ultrasound device that provides a window through the skin. It is designed to enable clinicians to quickly and easily achieve vascular access within the first "stick" attempt.

The Sonic Window resembles a remote control crossed with an iPod, but is actually an ultrasound transducer, computer, battery, and display in one system. It is operated with one hand and provides a real-time view of the anatomy, allowing a clinician to quickly measure the size and depth of veins before choosing the catheter, and to then help place the needle correctly and achieve vascular access the first time.

It has many potential benefits, such as, less complication, cost reduction, improved time-to-care, and improved patient satisfaction.

Source:
analogic Ultrasound. http://web.analogicultrasound.com/.
Accessed April 16, 2014.

Decorate Your Balcony

A balcony is a favorite relaxing spot for many. One can enjoy a breath of fresh air and a good view of the environment. The balcony serves as a location in the house where one can enjoy a cool breeze and relax under the sun while still feeling at home. Addition of some plants, simple seating, and applying your creative ideas can turn a small balcony into a pleasant retreat. The balcony can become an extension of your home with the addition of some ornamental or flowering plants, few furniture items, pillows, lights, and other creative items.

Figure out your space and determine its usage

- The first step in embellishing your balcony is to understand its shape and structure. This will help you to finalize on the types of plants, furniture, or accessories, which will suit your balcony best. Determine if your balcony is square or long; enclosed, covered, or open to the elements. Also pay attention to the type of flooring. Consider whether you want to use your balcony as a place to barbecue, for visual delight, or a spot for relaxation and cozy conversations.

Add elements of your choice

- Adding plants in the balcony can give it a lighter touch. Seasonal delights, colorful perennials, hardy ivies, and herbs can be mixed.
- Using furniture that complements the shape of the balcony is a great idea. A sturdy stool and a soft cushion for the seat can be placed if the balcony is short. If the balcony is slightly big, a small space can be used to add a table and a few chairs. A park bench or a hanging porch swing can be considered when the balcony is long. A side table can be added for keeping glasses, books, and small items.
- Good lighting is very important for the balcony. Consider placing an inexpensive outdoor lamp and use low-watt bulbs for a comfortable glow or add pin lights at night. In case of unavailability of electrical outlets, candles are a beautiful alternative.

Be creative

- There is no fixed rule to decorate your space. It is your own balcony and you can express yourself by putting in your ideas. You can paint the walls in attractive colors; add pillows of different fabrics, textures, and complementary colors on your furniture. Small elements like pictures, calendars, photo frames, and decorative thermometers can be added.

Population	33,387,677 (census 2011)
Area	38,863 km^2
Population density	859/km^2

EXPLORE Kerala

Backwaters

Backwaters are a part of the river not reached by the current and the water is stagnant. The backwaters of Kerala are marked by a unique ecosystem wherein lagoons, lakes, canals, estuaries, and deltas of several rivers meet the Arabian Sea. One can cruise through the backwaters in houseboats called "Kettuvallam."

Well-known as the "Venice of the East," Alappuzha has a large network of inland canals and Alappuzha backwaters are a great tourist attraction. One-night cruise on the backwaters is very popular here and takes you through Punnamada Lake, Vembanad Lake, and several interesting places around.

Beaches

Clean sand bound by incessant rows of palm trees are the unique features of beaches in Kerala.

Famous for its shallow waters and low tidal waves, Kovalam, Thiruvananthapuram has 3 beaches—Lighthouse Beach, Hawah Beach, and Samudra Beach—separated by rocky outcroppings in its 17-km coastline. The 3 together form the famous crescent of the Kovalam Beach.

Kovalam Beach, Thiruvananthapuram

Forts and Palaces

Kerala has a rich treasure of historical forts and palaces reflecting the bygone eras and influence of different cultures.

One of the largest preserved forts in Kasargod district, Bekal Fort is unique due to its keyhole-shaped structure. It is a favorite shooting locale for filmmakers—scenes from movies like Bombay and Alaipayuthey have been shot here.

Bolgatty Palace, a modern European-styled palace in Bolgatty Island, Kochi, was built by the Dutch as a summerhouse. Today, it has been converted into a resort.

Bolgatty Palace, Kochi

Bekal Fort, Kasargod

Hill Stations

Located on the remote corners on the cliffs and the ravines of the Western Ghats, Kerala is well-known for its hill stations that are abodes of rich flora and fauna.

Munnar is supposedly the most traveled adventure tour destination of Kerala, because of the terrains and landscapes of the area. Anamudi, the tallest peak of South India (height, 2695 m), is the best place for trekking in Munnar. Munnar is situated at the convergence of 3 mountain streams—Mudrapuzha, Nallathanni, and Kundala.

Munnar

Popularly called the "God's Own Country," Kerala enjoys unique geographical features that have made it one of the most sought-after tourist destinations in Asia. With the Arabian Sea in the West, the Western Ghats towering 500 to 2700 m in the East, and networked by 44 rivers, Kerala is gifted with equable and serene climate. In addition to beauty in the tranquil stretches of backwaters, lush hill stations, exotic wildlife, and sprawling plantations, Kerala is blessed with the enchanting art forms, magical festivals, and luscious cuisines; all of which offer you a unique experience.

Religious Sites

Kerala is a home for many pilgrimage centers of various religions and communities, which pictures the secular coexistence and religious harmony in this land.

Sree Padmanabhaswamy Temple in Thiruvananthapuram is dedicated to Lord Vishnu. The temple has a blend of Kerala and Dravidian styles of architecture. Devotees visiting the temple have to follow strict dress regulations.

Sree Padmanabhaswamy Temple, Thiruvananthapuram

Situated atop the Malayattoor Hills, Malayattoor Church is dedicated to St. Thomas, the apostle of Jesus Christ. Permanent footprints and the marks of knees of St. Thomas imprinted on the rock are very significant here.

St. Thomas Church, Malayattoor

Wildlife Sanctuaries

Nestled among the sprawling greenery of Kerala are numerous wildlife sanctuaries, which form a habitat for a number of rare and common species of flora and fauna.

Located in Thekkady, Periyar wildlife sanctuary is spread over an area of 777 sq km; the sanctuary is one of the 27 tiger reserves in India.

Periyar Wildlife Sanctuary, Thekkady

Museums

Kerala has a rich historical and cultural legacy, which is evident from a number of monuments and other architectural marvels it has.

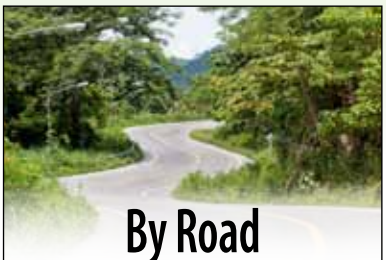
Hill Palace Museum is the largest archaeological museum in Kerala. Located at Thripunithura, Kochi, the museum is noted for royal collections of the erstwhile Maharaja of Kochi. There are a number of rare medicinal plants too, which have been cultivated here. Several ancient murals, oil paintings, stone artifacts and coins, manuscripts, and sculptures belonging to the Kochi Royal Family are displayed here.

Hill Palace Museum, Thripunithura, Kochi

How To Reach

By Train

The train services of Kerala link the state to all the important cities of India including the 4 metropolitan cities—New Delhi, Mumbai, Kolkata, and Chennai.



By Road

Kerala is directly connected by road to both Karnataka and Tamil Nadu. National Highways 47, 17, and 49 and an extensive system of metalled roads connect Kerala to the rest of the country. Buses and tourist taxis are the main modes of road transport.

By Air

The 3 airports in the state, Thiruvananthapuram International Airport, Thiruvananthapuram; Cochin Airport, Kochi; and Karipur Airport, Kozhikode, connect Kerala with the rest of the country.

Shopping

Kerala cradles some of the best shopping haunts in India. Besides beautiful handicrafts, the aromatic spices, vibrant textiles, and traditional gold jewelry are also things to look for here.


Kasavu Mundu

Kasavu Mundu and Kasavu Neryathu

These traditional wears of Kerala are extremely light, pure cotton handlooms, with golden border (known as Kasavu).


Aranmula Kannadi

Aranmula Kannadi

Considered to bring good luck, these are handmade metal-alloy mirrors, made in a village called Aranmula.


Nagapada Thali

Jewelry

Some of the beautifully and intricately crafted pieces of gold and silver ornaments are available at numerous jewelry shops in Thrissur.


Kozhikodan Halwa

Cashew

Raw, fried, grilled, salted, and spiced cashews at surprisingly low prices are available at Kollam, the "Cashew Town" of Kerala.


Pulpaya

Tea

Famous for the tea gardens, Munnar offers the best quality tea. Several varieties of tea, fresh from factory, are available here.

Bronze Wares

Well-known as Odu, bronze is used for making vessels and lamps, known by various names such as Nilavilakku and Uruli. Payyanur and Kunhimangalam in Kannur, Irinjalakuda in Thrissur, and Pallippuram in Palakkad have several bronze-casting units.

Ramacham Artifacts

Kerala is famous for Vishari (hand fans) and sleeping mats made from the roots of Ramacham (*Vetiveria zizanioides*), renowned for its fragrance. It also has cooling and medicinal properties.

Pulpaya

These traditional grass mats of Kerala are one of the oldest hand-woven products of the state.

Kozhikodan Halwa

The "Kozhikodan Halwa" is a mouthwatering sweet and an all-time favorite among the young and old. Rubbery yet soft textured, this is chiefly available in Kozhikode.

Spices

A variety of fresh spices such as pepper, cardamom, and nutmeg are available at fairly reasonable price at Wayanad, Kottayam, Thekkady, Ernakulam, and Kozhikode. The finest quality black pepper known as the "Tellicherry Black" and the best white pepper are available at Kannur.


Uruli


Ramcham Vishari


Spices of Kerala

Cuisines

Try These Kerala Dishes!

Kerala is a paradise for every food lover. Kerala cuisine offers a multitude of dishes, ranging from the traditional Sadya to seafood delicacies.


Sadya


Appam


Idiyappam


Puttu


Meen Mappas


Kozhippidi

Appam
Appam is a popular and traditional breakfast pancake made up of fermented rice batter and coconut milk.

Idiyappam
Also called string hoppers, Idiyappam is a culinary speciality of Kerala consisting of rice flour boiled in water, pressed into noodles, and then steamed. It is best-served with egg roast/curry.

Puttu
One of the best Keralite cuisines, Puttu, is steamed rice flour prepared in a special utensil called PuttuKuzhal. And to make it more tantalizing, this healthy breakfast is served with Kadala (black chickpea) Curry.

Meen Mappas
Kerala style Meen Mappas is a Syrian Christian delicacy, also known as Kottayam style Meen Mappas wherein fish is cooked in creamy coconut milk with tomatoes.

Kozhippidi
It is a coconut milk-based chicken dish with rice dumplings in it. This is Syrian Christian dish of Central Travancore, inevitable during Christmas and Easter celebrations.

Avial
A popular vegetarian dish, Avial, occupies an important place in Kerala cuisines and is a must for Onam. A thick mixture of curd, coconut, and vegetables—this is a delight for vegetarians.


Avial

Recipe

Unnakaya

Ingredients
- 2 bananas
- ½ tablespoon cardamom
- 2 tablespoons raisins
- 1 cup grated coconut
- 2 tablespoons sugar
- 1 cup coconut oil

Preparation
- Steam bananas in a pressure cooker and allow them to cool
- Heat a pan, add 2 tablespoons of sugar and some water to soak the sugar; stir well
- Once the sugar turns syrupy, add grated coconut followed by raisins and cardamom. Mix well and remove the pan from the fire
- Make a paste out of the steamed bananas; take a small ball of the paste and spread it over your palm
- Place a small amount of coconut-sugar-raisin mixture inside the flattened banana paste
- Wrap and gently pat with your fingers to give it a spindle shape
- Deep fry in coconut oil until golden brown

Conferences and Events

20th World Congress on Controversies in Obstetrics, Gynecology & Infertility (COGI)

Date: December 7, 2014

Venue: Paris, France

For more details, visit: http://www.worldclasscme.com

Maternal-Fetal Imaging 2015: Advances in OB-GYN Ultrasound CME

Date: January 23 to 25, 2015

Venue: San Antonio, TX, USA

For more details, visit: http://www.worldclasscme.com

6th IVI International Congress – Reproductive Medicine and Beyond

Date: April 23 to 25, 2015

Venue: Alicante, Spain

For more details, visit: http://www.comtecmed.com/ivi/2015/Default.aspx

EUROGIN 2015

Date: February 4 to 7, 2015

Venue: Seville, Spain

For more details, visit: http://www.eurogin.com/2015/

... *"Food Facts" contd from page 15*

Foods to Limit

Saturated fat and dairy products

Limiting the consumption of dairy products and foods containing saturated fats helps in the management of DUB. Dairy products become a source of synthetic estrogen because of the hormones injected into cows. Too much saturated fat from meats and dairy foods inhibit PG balance and disrupt estrogen–progesterone ratios.[4]

Alcoholic beverages

Alcohol is known to alter estrogen levels in the body, which can lead to DUB. Hence, limiting the consumption of alcoholic beverages is important to prevent DUB.

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3. Bruno G. Vitamin C and Bioflavonoids. http://www.hchs.edu/. Accessed March 22, 2014.
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Laugh Time

Guy in a library walks up to the librarian and says, "I'll have a cheeseburger and fries, please."

Librarian responds, "Sir, you know you're in a library, right?"

Guy says, "Oh, sorry (in a whisper) … I'll have a cheeseburger and fries, please."

•••••

A man dies and goes to Hell. The devil meets him at the gates and says, "There are 3 rooms here. You can choose which one you want to spend eternity in." The devil takes him to the first room where there are people hanging from the walls by their wrists and obviously in agony; then to the second room where the people are being whipped with metal chains. The devil then opens the third door, and the man looks inside and sees many people sitting around, up to their waists in garbage, drinking cups of tea. The man decides instantly which room he is going to spend eternity in and chooses the last room. He goes into the third room, picks up his cup of tea and the devil walks back in saying "Ok, guys, tea break is over, back on your heads!"

•••••

"I've just had the most awful time," said a boy to his friends. "First I got angina pectoris, then arteriosclerosis. Just as I was recovering, I got psoriasis. They gave me hypodermics, and to top it all, tonsillitis was followed by appendectomy."

"Wow! How did you pull through?" sympathized his friends.

"I don't know," the boy replied, "Toughest spelling test I ever had."

•••••

A very drunk man comes out of the bar and sees another very drunk man.

He looks up in the sky and says, "Is that the sun or the moon?"

The other drunken man answers, "I don't know. I'm a stranger here myself."

•••••

Due to a job transfer, Brian moved from his hometown to New York. Being that he had a very comprehensive health history, he brought along all of his medical paperwork, when the time came for his first check up with his new doctor.

After browsing through the extensive medical history, the doctor stared at Brian for a few moments and said, "Well there's one thing I can say for certain, you surely look better in person than you do on paper!"

•••••

Three guys had to cross a lake. The first one prayed to God for the strength, he swam across the lake, but almost died 5 times.

The second guy prayed to God for the strength and the tools, he made a boat, and rowed himself across the lake, he almost died 3 times.

The third guy prayed to God for the strength, the tools, and the brains. He turned into a girl, walked 4 yards, and crossed the bridge.

•••••

Johnny: Daddy, are caterpillars good to eat?

Father: Have I not told you never to mention such things during meals!

Mother: Why did you say that, junior? Why did you ask the question?

Johnny: It's because I saw one on daddy's lettuce, but now it's gone.

•••••

A man asks a trainer in the gym, "I want to impress that beautiful girl, which machine can I use?"

The trainer replied, "Use the ATM outside the gym!!!"

•••••

The best answer to the question asked in an interview, "Where do you see yourself in 5 years' time?"

"In the mirror, as always."

•••••

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Anantapur, Andhra Pradesh


Baroda, Gujarat


Navi Mumbai, Maharashtra


Navi Mumbai, Maharashtra

Women's health awareness

Jagriti

Small steps lead to big transformation; and the first step toward transformation is creating awareness. Women need to be aware that their health is as important as the health of their family members.

Jagriti reaches out to women and makes an effort to increase awareness that good health is the core for leading a fulfilled life. Women need to be healthy and happy through all the stages of life, so that they can make a difference to themselves and to the society. Keeping up with the efforts to achieve this goal, various activities were conducted in different parts of the country.

An awareness program was held as a part of the Jagriti campaign at MGM Springs (P) Ltd, Anantapur, Andhra Pradesh on March 29, 2014. Dr Malleshwari delivered the main speech on women health awareness. Forty women actively participated in the session.

Moving up North, on April 3, 2014, a Jagriti activity was conducted in Baroda, Gujarat at Akhil Hind Mahila Parishad. The guest speaker, Dr Manisha Naringe, delivered the main presentation. More than 200 women attended the program and the overall response was very good.

Another Jagriti program was conducted for the women staff of Young Women's Christian Association in CBD Belapur, Navi Mumbai, Maharashtra on May 8, 2014. Dr Sangeeta Shrivastav was the keynote speaker. Forty-five women enthusiastically participated in this interactive session. Later, the participants consulted the doctor and were prescribed with Evecare, Lukol, and Reosto.

Your FEEDBACK Matters to Us!

We have made a sincere attempt of presenting a comprehensive magazine on women's health. To improve this magazine, we welcome your feedback/suggestions through letter or e-mail. Thank you.

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Zandra
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Reosto®
(TABLET)
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Styplon®
(TABLET)
The natural styptic

V-Gel™
(GEL)
Quells infections, relieves symptoms

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Evecare

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