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Evecare

A Quarterly Publication of The Himalaya Drug Company

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Editorial



Dear Doctor,

The menstrual cycle involves the coordinated functioning of the hypothalamic–pituitary–ovarian axis and is easily influenced by physiologic and pathologic changes during the reproductive lifespan. Functioning of this axis controls the age at menarche, the regularity of menstrual cycles, and the incidence of menstrual disturbances. Various other factors such as nutrition, eating disorders, air pollution, stress, and anxiety also cause disturbances in the menstrual cycle, a detailed understanding of which is offered in this issue of Evecare. The intricate relationship between the various components of menstrual irregularities, polycystic ovaries, and metabolic syndrome is also discussed in detail.

Menstrual disturbances, since ancient times, have been managed with herbs. The therapeutic benefits of herbs such as *Saraca indica*, *Aloe vera*, *Asparagus racemosus*, *Adhatoda vasica*, and *Hemidesmus indicus* have been discussed.

An interesting article on a novel optical tomographic method that helps assess the efficacy of chemotherapy in breast cancer patients is also featured.

This issue gives you an experience of a road trip from Chennai to Kanyakumari—a trip that awakens ones spiritual disposition apart from offering an opportunity to stay closer to nature. It also gives a chance to relish the traditional delicacies and shop many souvenirs of Tamil Nadu.

We hope you find these articles interesting and informative.

Happy reading!

—Editor

Your Feedback Matters to Us!

Dear Doctor,

Evecare, the quarterly publication dedicated to gynecologists and obstetricians, which is a blend of scientific updates and light reading articles, has completed 5 years of publication. We sincerely thank you for your continual support.

We would like to know your views and opinions about this magazine, which can help us in improving its comprehensive value.

Please send your suggestions/feedback to:



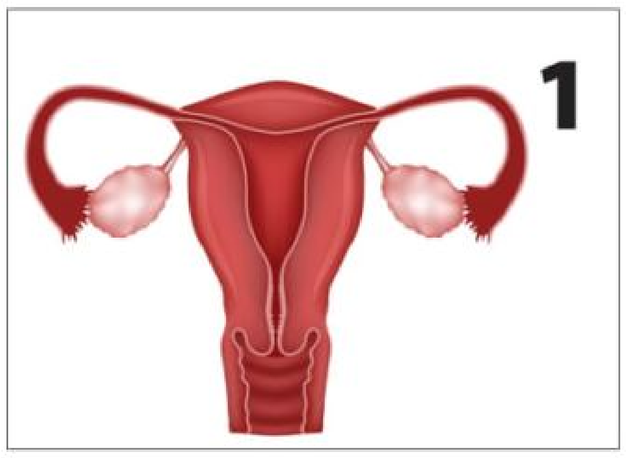
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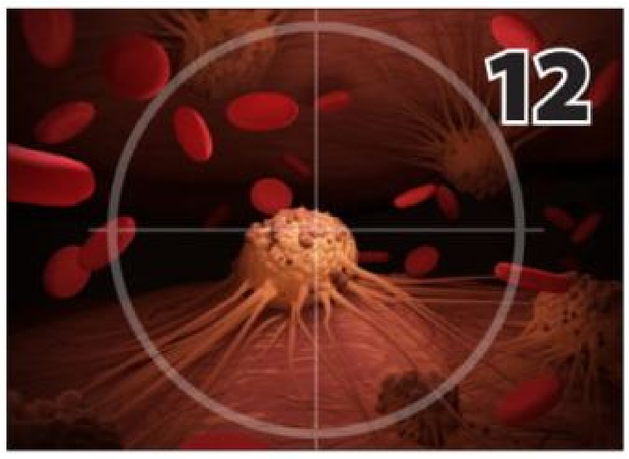
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Contents









Gynecologic Update 1
Intricate Relationship Between Menstrual Irregularities and Polycystic Ovary and Metabolic Syndromes

Factors Affecting Menstrual Cycle

Research at Himalaya 5
Evaluation of Efficacy and Safety of Evecare Capsule in Menorrhagia

Evecare Syrup in Dysfunctional Uterine Bleeding

Product Profile 9

Herbs for Her 11

Advances in Gynecology ... 12
Diffuse Optical Tomography to Assess the Efficacy of Chemotherapy in Breast Cancer Patients

Conferences and Events .. 13

A Hospital With a Legacy ... 14
St. John's Hospital

Interview 15
Menstrual Irregularities

Superwoman 16

Ayurveda and Women's Health 18

Home and Living 20
Choose the Right Upholstery for Your Living Room







Travel 22
Chennai to Kanyakumari: A Road Trip

Shopping 27
Must-Buy Traditional Outfits and Savouries En Route

Cuisines 28
Traditional Delicacies to Savor En Route

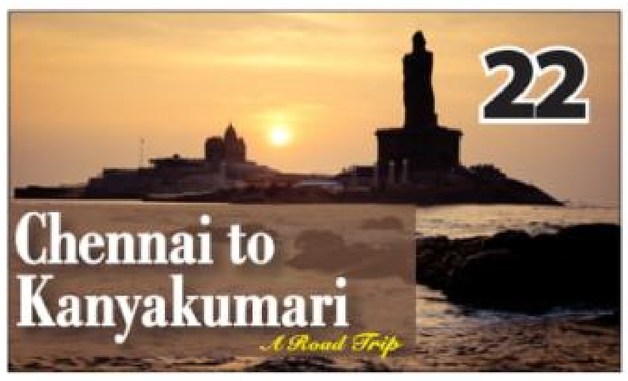
Recipes 29

Journal/Books 30

Movies and Medics 31

Gadgets 31

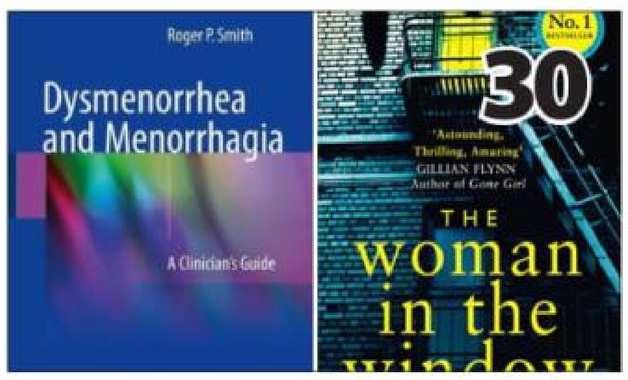
Laugh Time 32















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Introducing ...

Evecare forte™

(LIQUID, TABLET)

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PCOS

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Liquid: 2 to 4 teaspoonfuls (10–20 ml) twice daily for 3–6 months.
Tablet: 1 tablet twice daily for 3–6 months.

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For effective management of PCOS



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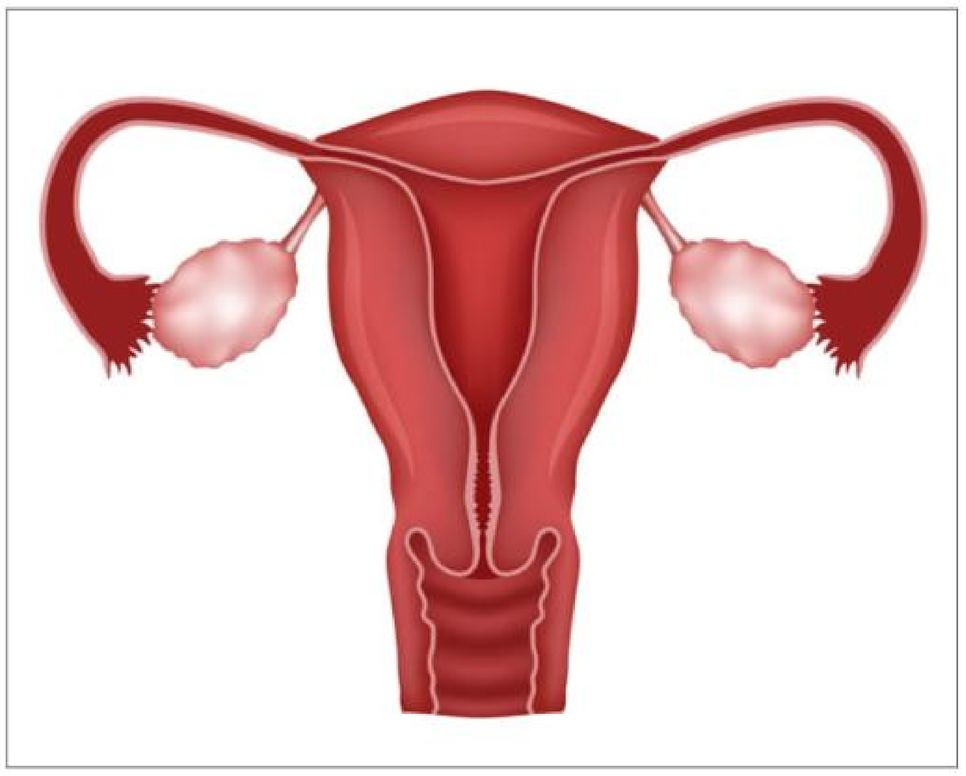
Intricate Relationship Between Menstrual Irregularities and Polycystic Ovary and Metabolic Syndromes

Regularity of menstrual cycle is an indicator of a woman's reproductive health; menstrual irregularities (MIs) are generally attributed to ovarian, thyroid, and pituitary axis dysfunctions. It is reported that 87% of women with MIs also have polycystic ovary syndrome (PCOS).[1] While PCOS is characterized by ovarian dysfunction, MIs, hyperandrogenism, visceral obesity, as well as insulin resistance (IR), metabolic syndrome (MS) is a complex entity comprising IR, abdominal obesity, dyslipidemia, and hypertension.[2]

Research indicates that PCOS and MS are interrelated. Both the conditions share common mechanisms of development. In adolescent girls with MIs related to PCOS, hormonal, metabolic, and anthropometric features are same as that of MS.[2]

Studies show that the prevalence of MS in women with PCOS is higher than that in the general population.[3] Evidence also supports the relationship between MIs and MS. In a study conducted in women with oligomenorrhea (menstrual cycle length > 40 d), it was observed that severe oligomenorrhea was associated with MS, after adjusting for BMI, age, insulin sensitivity index, free testosterone levels, and family history of diabetes.[4]

Numerous studies have evidenced the association of MIs and PCOS with components of MS.



Insulin Resistance

IR, a key component of MS, results in hyperinsulinemia, which in turn results in the suppression of expression of the hepatic sex hormone–binding globulin (SHBG) gene. This further results in an increase in the proportion of bioavailable testosterone. The higher concentration of insulin results in reduced production of insulinlike growth factor (IGF)–binding proteins 1 and 2. This in turn increases the concentration of free IGF-1. Higher levels of both insulin and IGF-1 synergistically act along with adrenocorticotropic hormone and luteinizing hormone and further boost the production of androgens. The resulting increased levels of circulating bioavailable androgens lead to adrenal hyperandrogenism. The increased androgens also impair the secretion of gonadotropin-releasing hormone, and thus affect the menstrual cycle.[3]

In a study conducted to assess the presence of IR and incidence of PCOS in adolescents with MIs, it was found that the ovary was significantly larger in volume in those with MIs compared with those with normal menstrual cycles. Also, dehydroepiandrosterone sulfate and testosterone levels were found to be higher in those with MIs; the mean values of area under the insulin curve were higher in those with MIs; and 95% of the women with MIs also had hormonal or clinical features of PCOS.[5]

Diabetes

The prevalence of impaired insulin sensitivity in patients with PCOS increases the risk of glucose

intolerance and further type 2 diabetes mellitus (T2DM).[3] Also, the prevalence of T2DM is higher in women with MIs and hyperandrogenism.[3]

In a study conducted to assess the risk of T2DM in women with a history of MIs, it was found that the relative risk of developing T2DM in women with menstrual cycle length of 40 days or more was 2.08 compared with women with menstrual cycles of normal length (18–22 d).[6]

Another study shows that menstrual cycle duration was significantly longer in women with T2DM compared with controls. Also, after adjusting for BMI, age, systolic BP, high-density lipoprotein (HDL) cholesterol level, and triglyceride level, oligomenorrhea was found to be associated with T2DM. Thus, oligomenorrhea could be a risk factor for the development of T2DM.[7]

Obesity

Several studies show a significant association between PCOS and obesity.

A systematic review of 106 studies and a meta-analysis of 35 studies show that overweightedness, obesity, and central obesity are highly prevalent in women with PCOS compared with women without PCOS.[8] Women with PCOS have been found to have higher incidence of abdominal obesity and increased visceral fat. In a study comprising 27 girls with PCOS, the mean BMI was 38.8 kg/m^2 ± 8.8 SD and the mean waist-to-hip ratio was 0.86, indicative of abdominal obesity.[3]

Studies also show that obesity contributes to MIs. A study conducted on 726 women aged 26 to 36 years shows that women with obesity had a 2-fold increased odds of having MIs compared with women of normal weight. A significant association was found between body composition measures and fasting insulin, testosterone, and free androgen index (FAI). It was also observed that SHBG level, fasting insulin level, and FAI strongly influenced the association between obesity and MIs.[9]

Hypertension

A few studies report that women with PCOS have reduced vascular compliance and vascular endothelial dysfunction. Some studies also evidence the association of MIs and hypertension in women with PCOS. Researchers suggest that obesity and IR, highly prevalent in patients with PCOS, increase the risk of hypertension. The increased bioavailable androgens have also been proposed to affect BP. Also, a correlation between hyperandrogenism and elevated systolic and diastolic BP has been seen in women with PCOS.[3,10]

Dyslipidemia

Several studies show the presence of lipid abnormalities in women with PCOS and those with MIs. Women with PCOS have a high level of triglycerides and low level of HDL cholesterol. Researchers opine that an increased androgen level affects lipid metabolism in women with PCOS.[3]

In a study, the prevalence of certain characteristics of dyslipidemia such as hypo-high-density lipoprotein cholesterolemia, hypercholesterolemia, and hyper-low-density lipoprotein cholesterolemia was significantly higher in women with MIs compared with women with normal menstrual cycles.[11]

Understanding the complex association between the various components of MIs, PCOS, and MS could help develop new therapeutic strategies to reduce the risk of any of these conditions.

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Factors Affecting Menstrual Cycle

Menstrual irregularities (MIs), also called as anovulatory periods, clearly refer to a condition where a woman's body is unable to produce and release a mature ovum regularly every month. MIs are of different types and therefore affected women respond differently to this condition. MIs can significantly affect a woman's life, and if the symptoms are ignored, the condition can even worsen. Abnormal menstrual cycle length and duration and pattern of bleeding are related to increased risk of infertility.[1]

MIs can be influenced by physiologic, environmental, nutritional, and psychologic factors, which are discussed here.

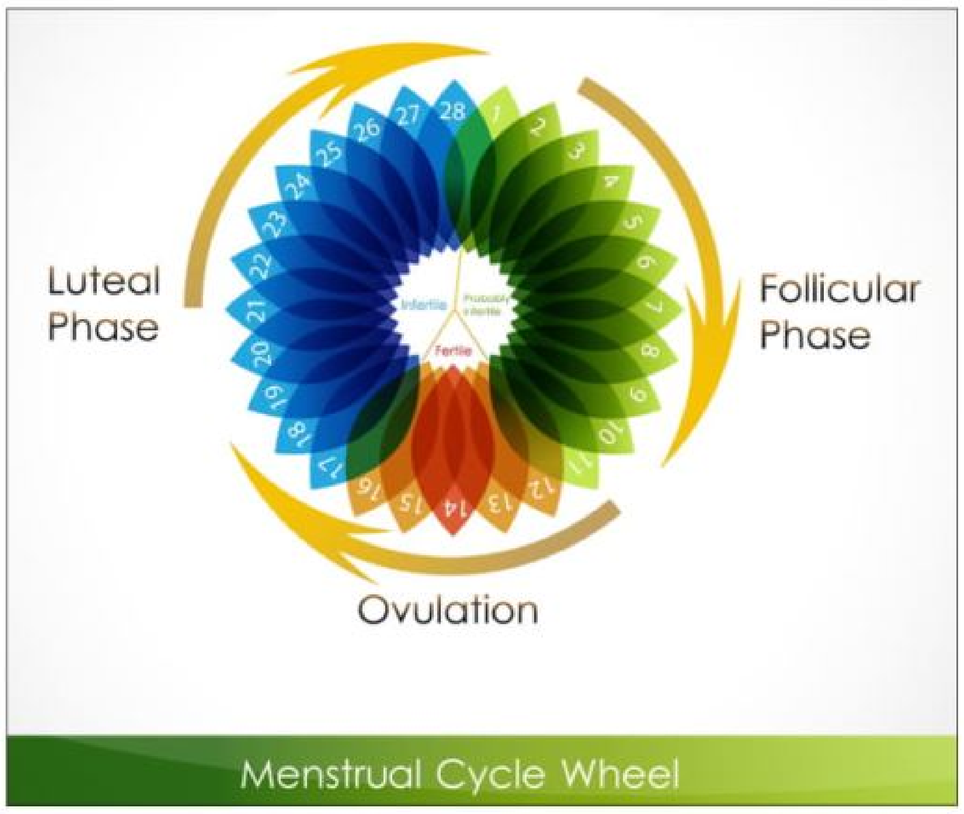
Physiologic Factors

Menstrual cycle pattern in every woman exhibits her reproductive physiology, including hormonal function. Prognostic factors influencing reproductive health in women include length of a menstrual cycle. When any phase in a menstrual cycle gets disturbed, it may affect ovulation, oocyte quality, implantation, conception, or survival of the embryo.[2]

Nutritional Factors

Lifestyle and individual quality of life are influenced by dietary habits. One of the most important factors that induces hypothalamic–pituitary–ovarian dysfunction is nutritional deficiency. Dysfunction in the hypothalamic–pituitary–ovarian axis can be predicted by MIs.[3]

Junk food is high in sugar, fat, and calories, but low in nutrients. Junk foods such as burgers; microwaved and fried snacks; packaged chips, candies, and chocolates; frozen foods; salty snacks; ice creams; and aerated drinks have high amount of sugars but low nutritional value. Regular intake of junk foods results in deficiencies of proteins; calcium; potassium; zinc; vitamins A, D, and E; and minerals in the body.[4]



Ovulatory dysfunction is commonly observed in women with eating disorders such as anorexia or bulimia nervosa. However, many women these days get engaged in pathologic dieting behaviors without considering their current health status, which may in turn lead to such disorders. Clinical eating disorders are only the most extreme form of pathologic eating attitudes and behaviors that are present in many young women. Gonadal hormone status of these women may get altered due to specific food choices and ingested nutrients.[5]

Environmental Factors

It has been observed over the years that exposure to environmental pollution is associated with oocyte quality, the length of the menstrual cycle and its irregularity, and miscarriage. It is vital to identify environmental factors that affect the menstrual cycle and length of each phase with a perspective of public health, as it may have important health implications such as infertility, cancers of the reproductive system, and metabolic disorders.[2]

Effect of air pollution

It is a fact that human beings are constantly and inexorably affected by air pollution due to inhalation of harmful toxicants. Constant exposure

to pollutants is known to shorten the length of the luteal phase, which may further have clinical implications.[2]

Disturbed endometrium (a thickened lining of the uterus) is characteristic of shortening of the luteal phase, which is further crucial for implantation of a fertilized egg. Luteal phase shortening, also referred to as luteal phase deficiency, in any normal menstruating woman may preclude embryo implantation and induce spontaneous miscarriage.[2]

Effect of organic solvents

Constant exposure to a mixture of organic solvents can be linked to an increase in the prevalence of MIs and hormonal changes. Chemical solvents interrupt the hypothalamic–pituitary axis.

Clinical studies show that there are 2 pathways by which organic solvents can disturb the menstrual cycle.

One is by altering the secretion of gonadotropin-releasing hormone (GnRH) from the hypothalamus gland. GnRH is known to control the secretion of gonadotropins, follicle-stimulating hormone (FSH), and luteinizing hormone (LH) from the pituitary gland.

The second suggested pathway may cause menstrual disturbances by affecting metabolism and enterohepatic recirculation of steroids.[6]

Psychologic Factors

Anxiety, daily emotional stress, and fatigue can cause an emotional instability, leading to conditions such as MIs. It is important for women to take out time every day to relax and relieve stress.[1]

Based on the biopsychosocial model, MIs are also influenced by social factors such as interaction with friends, family, and colleagues and the attitude toward menstruation. Psychologic disorders may activate the production of corticotropin-releasing hormone, followed by increased cortisol and prolactin levels, which lead to the incidence of irritability, tender breasts, low back pain, skin outbreaks, fatigue, palpitation, social isolation, nausea and vomiting, abdominal pain (cramps), and general weakness.

There is a positive correlation between menstruation and anxiety, depression, and stress.[7]

Disorders, such as panic disorder (PD), that involve dysregulation of anxiety systems are more prevalent in women than men. This suggests that there is a sex-specific vulnerability involved in the etiology and/or maintenance of anxiety disorders such as PD.

During the premenstrual phase of the menstrual cycle, ovarian hormonal changes occur, which may constitute a neuromodulatory influence. This may further contribute to the onset and maintenance of maladaptive behavior or clinical anxiety in women. Periods of hormonal change or flux are related to the occurrence or exhibition of symptoms of several mental disorders.[8]

A combination of physiologic, environmental, nutritional, and psychologic factors is responsible for MIs. Certain medical conditions such as cysts or hereditary factors also affect the menstrual cycle. Therefore, it is essential to regulate and manage MIs by keeping a check on these factors.

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Research at Himalaya

Evaluation of Efficacy and Safety of Evecare Capsule in Menorrhagia

Salhan S, et al

Med Update. 2007;15(5):26–33.

Aim

To evaluate the efficacy and safety of Evecare capsule, a polyherbal formulation, in menorrhagia

Patients and Methods

Inclusion criteria

Thirty-one patients who complained of excessive, irregular, or prolonged bleeding per vaginam and attended the gynecology outpatient department of the Department of Obstetrics and Gynecology, Safdarjung Hospital (New Delhi), were included in this study.

Exclusion criteria

Patients who had systemic illnesses such as hypertension, renal disease, tuberculosis, hepatic disease, diabetes, and 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; patients with a history of recent delivery or abortion; and patients who refused to give informed consent were excluded from the study.

Study procedure

This study was an open, nonrandomized, noncomparative, prospective, phase 3 clinical trial, conducted at the Department of Obstetrics and Gynecology, Safdarjung Hospital (New Delhi), as per the ethical guidelines of the Declaration of Helsinki.

Patients were informed about the study drug, its effects, duration of the trial, and overall plan of the study. Medical history was noted by interviewing the patients. Thorough clinical examination and symptomatic evaluation were carried out. 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 (3 mo), and symptomatic evaluation and clinical examination were done, along with recording of any adverse event. All the patients were investigated before and after treatment—routine blood tests for hemoglobin (Hb), total count (TC), differential count (DC), and erythrocyte sedimentation rate (ESR); endometrial biopsy; ultrasound scan; and Pap smear were conducted.

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 end points were short- and long-term safety.

Statistical analysis

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

Results

Thirty-one women (mean age = 34.55 y) were enrolled, and all of them completed the study.

On starting treatment with Evecare capsules, 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 napkins changed per day, and blood flow graded as profuse to normal at the end of the 3-month treatment. A significant change in the mean score of character of blood flow from clot to flow was observed at the end of the 3-month treatment with Evecare capsules (Table).

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 treatment compared with the baseline values (Figure).

Of the 13 patients who had associated dysmenorrheal symptoms, 9 (63%) had significant complete relief from the symptoms. There was no change in the hematologic investigations (TC, DC, or ESR), Pap smear, ultrasound scan, or endometrial biopsy done before and after treatment. There were no clinically significant adverse events.

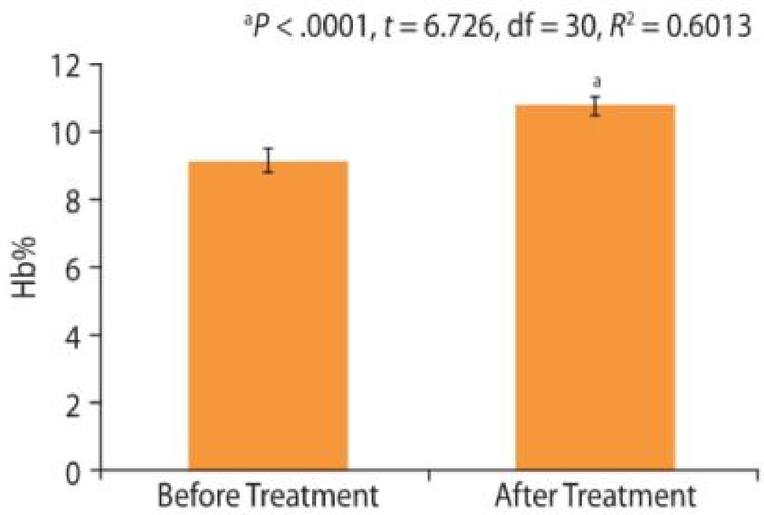


Figure. Improvement in Hb% Level After Treatment With Evecare Capsules (Mean ± SEM)

Discussion

In this study, a significant reduction was observed in the mean score of duration of menstruation, quantity of blood loss, and blood flow at the end of 3 months of treatment with Evecare capsules. There was a significant rise in the mean Hb% level at the end of the treatment compared with the baseline values. These clinical benefits might be due to the actions of Evecare's main ingredients whose effects are well documented.

Saraca indica has stimulatory property on the ovarian tissue, which may produce an estrogenlike activity, which enhances the repair of the endometrium. *Symplocos racemosa* exhibits relaxant and antispasmodic properties on uterine smooth muscles. *Boerhaavia diffusa* is known for its anti-inflammatory and analgesic properties. *Cyperus rotundus* has been used in the treatment of anemia and general weakness. *Aloe vera* possesses oxytocic property. *Adhatoda vasica* has antihemorrhagic property. *Tinospora cordifolia* and *Solanum nigrum* have adaptogenic properties.

Conclusion

This study showed a significant reduction in the mean score of duration of menstruation, quantity of blood loss, and blood flow at the end of 3 months of treatment with Evecare capsules. There were no clinically significant adverse events. Therefore, it may be concluded that Evecare capsules is safe and effective in the treatment of menorrhagia.

Table. Improvement in Clinical Response to Treatment With Evecare Capsules (Mean ± SEM)

Menstrual Symptoms		Before Treatment	After 1 Mo	After 2 Mo	After 3 Mo
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	–	NS	.05	.001
Quantity of Blood Loss, No. of Sanitary Napkins Changed/d	Mean	5.452	3.968	4.258	3.839
	SEM	0.4516	0.5153	0.3738	0.3118
	P	–	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	–	NS	NS	.001
Character of Blood Flow (Clot or Flow), Mean Score	Mean	1.000	0.7333	0.8000	0.5000
	SEM	0.0000	0.0821	0.0242	0.0928
	P	–	NS	NS	.05

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

Evecare Syrup in Dysfunctional Uterine Bleeding

Hemprabha, et al

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

Aim

To evaluate the effect of Evecare syrup in dysfunctional uterine bleeding (DUB)

Materials and Methods

Study design

This was an efficacy study.

Study population

Thirty-six women, in their reproductive age, suffering from symptoms of DUB were selected for the study.

Inclusion criteria

Patients who had complaints of excessive, irregular, or prolonged bleeding per vaginam; who did not use oral contraceptive pills, hormonal treatment, or intrauterine contraceptive devices; and who had hemoglobin concentration of ≥ 8 g% were included in the study.

Exclusion criteria

Patients with a history of recent delivery or abortion were excluded from the study.

Study procedure

The enrolled patients underwent complete physical and gynecological examinations. They were also screened for bleeding time, clotting time, and platelet count. All patients were prescribed Evecare syrup at a dosage of 2 teaspoonfuls, BID, for 3 months.

Follow-up assessment

All the patients were assessed based on the change toward normalcy in terms of amount of blood loss, duration of menstruation, and intermenstrual interval and improvement in associated symptoms on all the follow-up visits.

All the patients were reviewed at regular intervals for 3 months. Parameters such as amount of blood loss, dysmenorrhea, reduced cycles, irregular cyclical bleeding, and intermenstrual bleeding were monitored at each follow-up visit.

Method of scoring

The scoring of various symptoms was done as follows:

Amount of blood loss

The amount of blood loss was evaluated based on patients' statements. Blood loss was categorized as normal, excessive, and very excessive. Each patient was inquired about the day when there was maximum blood flow and the number of sanitary napkins used on that day.

Duration of menstrual cycle

The menstrual cycle duration was categorized as normal, 2 to 3 days; prolonged, 4 to 6 days; and very prolonged, ≥ 7 days. The cycle duration was scored as 1 for normal cycle, 2 for a prolonged cycle, and 3 for a very prolonged cycle.

Intermenstrual interval

The intermenstrual interval was categorized as normal, 26 to 30 days; early periods, 21 to 25 days; and frequent, 15 to 20 days. The interval was scored as 1 for normal, 2 for early, and 3 for frequent intermenstrual interval.

Cure score

A cure score for all the patients was recorded at the end of 3 follow-ups. Patients were reassessed based on the change observed in amount and duration

of bleeding, intermenstrual interval, and improvement in associated symptoms.

Statistical analysis

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

Results

After treatment with Evecare syrup, a significant decrease in overall amount of excessive blood loss was observed. No intermenstrual bleeding was observed, and menstrual cycles were regularized during the next 3 months (Table 1). No adverse events were observed or reported during the study.

There was a significant decrease in the overall severity of menstrual symptoms (Table 2). To ascertain the overall improvement, scores were recorded by computing the ratings for parameters such as dysmenorrhea, reduced cycles, irregular cyclical bleeding, and intermenstrual bleeding at each time point. Each symptom was rated as 0 if absent and 1 if present.

Based on the cure score, 56.6% (n = 17) of the patients were relieved from the symptoms, 33.3% (n=10) had partial relief, and 10% (n = 3) observed no change in the symptoms.

Table 1. Changes in Amount of Blood Loss, Duration of Menstrual Cycle, and Intermenstrual Interval Before and During Treatment With Evecare Syrup

Parameter	Initial, *n* (%)	Follow-Up 1, *n* (%)	Follow-Up 2, *n* (%)	Follow-Up 3, *n* (%)	Z Value
Blood Loss					
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]$P < .01$.

Table 2. 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

There was a statistically significant decrease in the overall severity of menstrual symptoms across time (Pillai trace = 0.62; F = 13.87; df = 3.25; $P < .001$).

Discussion

Menstrual cycle is a significant factor in determining the reproductive health of a woman. Any abnormality in it may put her in distress. The regularity of menstruation depends upon hypothalamic–pituitary–ovarian function, and the amount of blood loss depends upon the uterine condition. The factors responsible for DUB include tension, anxiety, emotional trauma, infections and inflammation of the uterus and adnexa, hormonal imbalance, fibrinolytic activity, and delayed endometrial regeneration.

Evecare syrup is a polyherbal formulation. The constituents of Evecare syrup are known for their benefits in treating various menstrual disorders including DUB. The syrup mainly contains herbs such as Ashoka (*Saraca indica*), Lodhra (*Symplocos racemosa*), Punarnava (*Boerhaavia diffusa*), Musta (*Cyperus rotundus*), and Kumari (*Aloe vera*).

Clinical observations of the study suggest that *S indica* is effective in the treatment of menorrhagia and dysmenorrhea. It stimulates the ovarian tissue and aids in endometrial repair. *S racemosa* serves as a relaxant and exhibits antispasmodic effect on several spasmogens on the uterine smooth muscles. *S racemosa* acts as an effective remedy for the treatment of anemia and helps in overcoming overall weakness experienced during menstruation. *B diffusa* is known for its anti-inflammatory and analgesic properties, while *A vera* has oxytocic property.

Conclusion

The study results indicate that Evecare syrup helps in normalizing bleeding and imparts relief from menstrual symptoms. It is effective in controlling dysmenorrhea and in the management of DUB.

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 cyclical rhythm, and offers relief from symptoms of dysfunctional uterine bleeding and premenstrual syndrome. Evecare 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.

Kasisagodanti 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	5 mg

Clinical Pharmacology

Evecare has potent phytoestrogenic, gonadotropin-agonist, antihemorrhagic, antimicrobial, anti-inflammatory, 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 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 properties of Evecare are beneficial in anemia and generalized weakness associated with uterine disorders.

Indications

- Menstrual irregularities:
  - Dysfunctional uterine bleeding (DUB)—menorrhagia, metrorrhagia
  - Oligomenorrhea
- Dysmenorrhea
- Premenstrual syndrome (PMS)
- Polycystic ovarian syndrome (PCOS)
- Assisted conception

Dosage

PMS/Dysmenorrhea/Menstrual irregularities/DUB:

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

Syrup: 2 to 3 teaspoonfuls (10 to 15 ml) twice daily.

Treatment should be continued for a minimum of 3 months.

Assisted conception:

Capsule: 2 capsules twice daily.

Syrup: 2 teaspoonfuls (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 pack of 30 capsules.

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

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, Bengaluru 562162, Karnataka, India

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Saraca indica

English name	Ashoka Tree
Sanskrit name	Ashoka



Saraca indica is a small evergreen tree that grows up to 5 m tall. The tree trunk is usually tubercled; bark is lenticellate; leaves are compound and alternate paripinnate; and flowers are orange, at times white, and fragrant.[1] *S indica* has been widely used as a traditional medicine for gynecologic problems such as leukorrhea, menorrhagia, dysfunctional uterine bleeding, and bleeding hemorrhoids.[2] The herb is known to possess oxytocic, uterotonic, anti-inflammatory, antibacterial, antifungal, and anticancer properties.[3]

Glycosides, flavonoids, tannins, saponins, and sterols are the key constituents of *S indica*.[3] Majority of these phytochemicals are redox active molecules.[2]

In an experimental study, bark extract of *Saraca asoca* (Syn: *S indica*) was orally administered to ovariectomized mice. A dose of 500 mg/kg body weight showed apparent induction of estrus and a significant increase in uterine wet weight. A notable change in the uterus size was also observed. These changes were inferred to occur due to the action of phytoestrogenic compounds that might be present in the bark extract of *S asoca*.[4]

In a study conducted on mice, the analgesic effect of acetone, methanol, and aqueous powder extracts of *S indica* seeds (300 mg/kg and 500 mg/kg each) was evaluated. The results revealed that the central analgesic effect of the 3 extracts was significant compared with the control group. It was also observed that the latency in the reaction time was about 90 minutes after the administration of the test drug at both the doses.[5]

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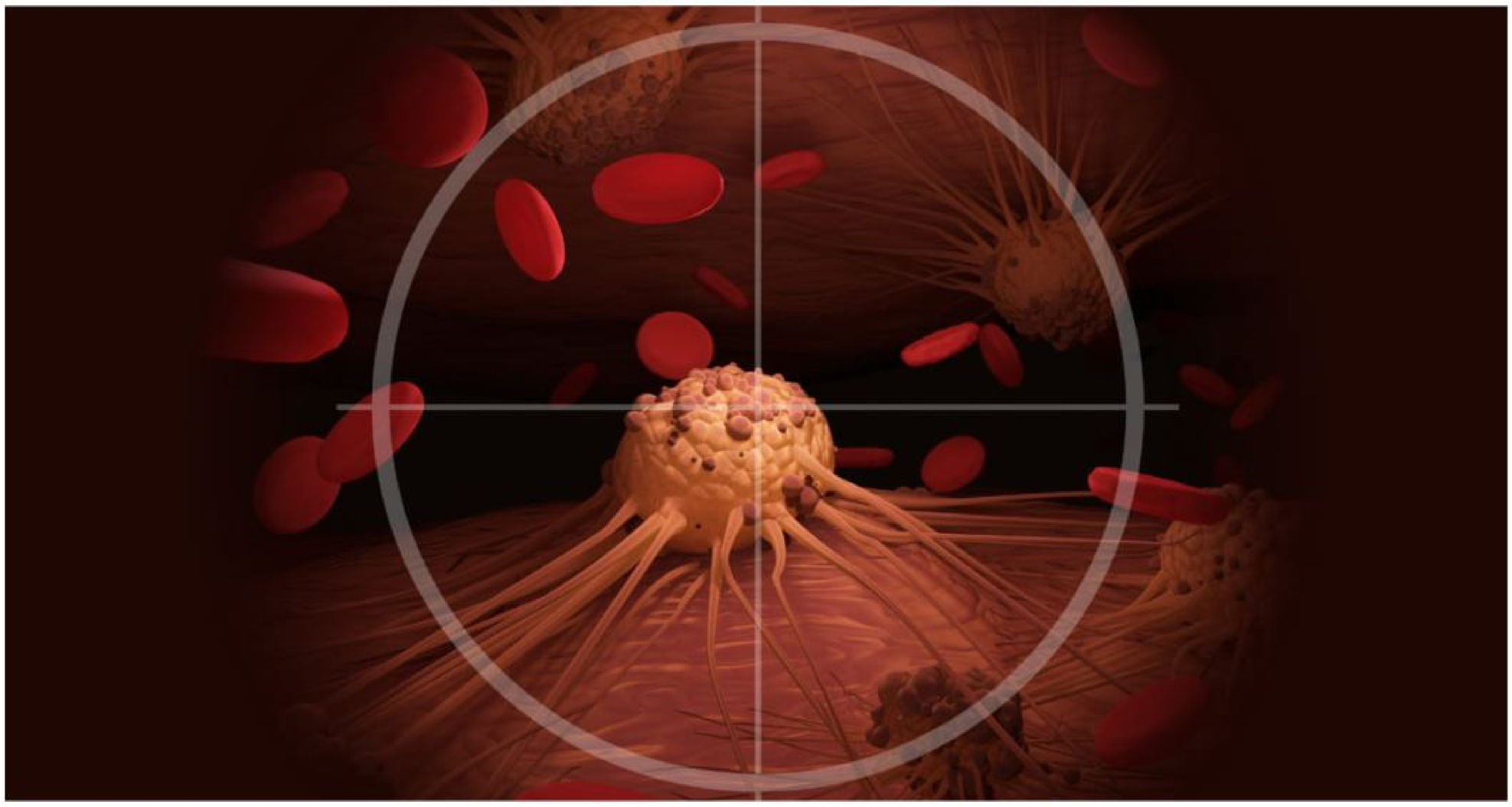
S indica is an ingredient of Evecare.

In Vitro Antioxidant Activity of *Saraca Asoca* Roxb. De Wilde Stem Bark Extracts From Various Extraction Processes

Panchawat S, Sisodia SS. *Asian J Pharm Clin Res*. 2010;3(3):231–233.

Antioxidant potential of various extracts, that is, ethanolic, hydroalcoholic, and acetone, prepared by different extraction methods (Soxhlet extraction, ultrasonication extraction, and microwave-assisted extraction) of stem bark of *Saraca asoca* was studied using 1,1-diphenyl-2-picrylhydrazyl in vitro model. The highest IC_{50} value 193.88 μg mL was shown by the hydroalcoholic (ethanol 60%) extract prepared by the Soxhlet extraction method. The acetone extract prepared by ultrasonication extraction exhibited the lowest IC_{50} value 97.82 μg/mL. The results indicate that the antioxidant property of the extract may be due to the high content of phenolic compounds.

Diffuse Optical Tomography to Assess the Efficacy of Chemotherapy in Breast Cancer Patients



A group of researchers at the Columbia University have come up with a novel optical imaging system that uses red and near-infrared rays, to assess if breast cancer patients are benefitting from chemotherapy. Diffuse optical tomography is a noninvasive method that measures blood flow dynamics in response to a single breath-hold and assesses the efficacy of chemotherapy as early as 2 weeks of beginning the treatment. This tool generates 3-dimensional (3D) images of both the breasts at the same time. These images are further analyzed to assess blood flow in the breasts, changes in the vasculature, and interaction of blood with the tumor cells, thus aiding in distinguishing healthy cells from malignant cells and assessing the response of tumor cells to chemotherapy, much earlier during therapy.

Neoadjuvant chemotherapy for 5 to 6 months prior to surgery is the main treatment strategy for women with newly diagnosed invasive but operable breast. Neoadjuvant chemotherapy eliminates active cancer cells before surgery, which means the patient is completely responsive to the therapy. Such patients have a reduced risk of cancer recurrence compared with patients who do not exhibit complete response to treatment. However, < 50% of women achieve complete response. Early detection of patient response to chemotherapy can help in predicting if the patient shall or shall not respond to therapy, changing treatment strategies, and avoiding side effects.

The researchers of this pilot study suspected that the breast vasculature system undergoes changes due to tumorigenesis as well as chemotherapy. The vascular system in breast cancer tissues is much denser compared with that in healthy breast tissues. Blood circulation in healthy breast tissues is faster, whereas in tumorigenic tissues, it is inhibited. On the other hand, chemotherapy kills cancerous cells and affects the vasculature of the cancerous cells. The researchers banked on these changes and differences in the breast vasculature. Also, the fact

that blood is a strong absorber of light aided them in using infrared rays.

In their study, the researchers analyzed 3D images of 24 patients with invasive breast cancer from June 2011 to March 2016. Patients did not face any difficulty in placing their breasts in this novel optometric system as there was no compression of breasts as in mammography. Patients were instructed to inhale and hold their breath for a minimum of 15 seconds, during which the researchers captured a series of 3D images of the breasts. Holding the breath resulted in inhibition of backflow of blood through the veins but not through arteries of the breast vasculature. When the patients released their breath, additional images were captured, during which the blood flows out of the veins in the breast vascular system. The researchers captured such images before chemotherapy and 2 weeks after chemotherapy.

The researchers found that there were several differences with respect to blood circulation in patients with complete response and no response to chemotherapy. They found that the rate of blood outflow could accurately identify 92.3% of patients who responded to therapy. They also found that initial increase of blood concentration inside the cancer cells could identify 90.5% of patients who did not respond to therapy. This novel method had a positive predictive value of 70.6%, a negative predictive value of 94.1%, a sensitivity of 92.3%, and a specificity of 76.2%.

According to researchers, other techniques have several shortcomings: X-rays could produce damaging effects and magnetic resonance imaging is expensive and consumes more time (30–90 min) to record details. The optometric system devised in this study uses harmless rays and captures images in < 10 minutes.

The researchers plan to confirm the efficacy of this method in a large multicenter study. Once successful, they plan to bring this technology to use in medical facilities in the next 3 to 5 years.

Sources:

Columbia Engineering. Near-infrared light may identify breast cancer patients who will benefit most from chemotherapy. http://engineering.columbia.edu/. Published February 12, 2018. Accessed April 16, 2018.

Gunther JE, et al. *Radiology.* 2018;287(3):778–786.

Conferences and Events

Event: 8th World Congress on Breast Cancer & Therapies

Date: July 16 to 17, 2018

Venue: Melbourne, Australia

For more details, visit:
https://breastcancer.cancersummit.org/

• • •

Event: 6th International Congress on Gynecology & Gynecologic Oncology

Date: July 23 to 24, 2018

Venue: Rome, Italy

For more details, visit:
https://gynecologyconference.annualcongress.com

• • •

Event: 2nd International Conference on Women's Health, Obstetrics and Female Reproductive System

Date: July 27 to 28, 2018

Venue: Vancouver, British Columbia, Canada

For more details, visit:
https://womenhealth.conferenceseries.com/

• • •

Event: 5th Asia Pacific Gynecology and Obstetrics Congress

Date: August 22 to 23, 2018

Venue: Tokyo, Japan

For more details, visit:
https://gynecology-obstetrics.conferenceseries.com/

• • •

Event: 5th International Conference on Gynecology and Obstetrics

Date: October 8 to 10, 2018

Venue: Zurich, Switzerland

For more details, visit:
https://gynecology.conferenceseries.com

• • •

Event: XXII FIGO World Congress of Gynecology and Obstetrics 2018

Date: October 14 to 19, 2018

Venue: Rio de Janeiro, Brazil

For more details, visit: https://figo2018.org/

A Hospital With a Legacy

St. John's Hospital



Source: http://www.medifee.com/list/best-hospitals-bangalore#7

St. John's Hospital was started on December 8, 1975. It is a part of St. John's National Academy of Health Sciences, which was established by the Catholic Bishops' Conference of India in 1963. The National Academy of Health Sciences consists of a medical college, St. John's Hospital, a nursing college, a research institute, and an institute of healthcare management and paramedical studies. St. John's hospital is a tertiary medical service center that has grown from 100 beds in 1975 to over 1350 beds at present, in all medical and surgical departments including superspeciality departments.

Currently, the hospital has various specialty services and superspeciality services including anesthesiology, clinical nutrition, clinical psychology, dental surgery, dermatology, emergency medicine, general medicine, general surgery, obstetrics and gynecology, ophthalmology, orthopedics, pediatrics, physical medicine and rehabilitation, psychiatry and cardiology, chest medicine, cardiothoracic surgery, diabetes and endocrinology, gastroenterology, gynecologic oncology, neurology, neurosurgery, pediatric surgery, plastic reconstructive surgery and burns, urology, renal transplantation, and treatment of erectile dysfunction.

Diagnostic facilities include prenatal diagnostic techniques–complaint imaging (CT scan, MRI scan, ultrasound, mammography), Cath labs (cardiology and noncardiology interventional radiology services), and fully equipped National Accreditation Board for Laboratories–accredited laboratory facilities encompassing pathology, biochemistry, microbiology, clinical physiology, clinical pharmacology, and forensic services. It also has 13 supportive service departments and 4 ancillary service departments. It has one of the largest intensive and critical care complexes (115 beds) with a 30-bedded adult medical ICU, 12-bedded surgical ICU, 35-bedded neonatal ICU, 12-bedded pediatric ICU, 8-bedded emergency ICU, and a 18-bedded noninvasive respiratory care unit.

Annual patient statistics report of 2017 shows that 757,763 outpatients were treated with a daily average of 2076. The total number of admissions made was 58,906 with a daily average of 161. A total of 51,926 patients were admitted in the emergency department, of which 8150 patients were children.

Contact details

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Interview

Menstrual Irregularities



Dr Seema Tandon, *MBBS, DGO*
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Consultant Gynecologist and Obstetrician
Shivam Clinic, Seemagna
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Lucknow, Uttar Pradesh
India

Doctor, please tell us about the menstrual problems that you commonly come across in your clinical practice.

Oligomenorrhea, amenorrhea, dysmenorrhea, and premenstrual syndrome are some of the common abnormal menstrual conditions I come across in my practice. These problems are seen in women with extremely low or very high BMI, hormonal imbalance, infections, or any kind of malignancy. Stress can influence menstrual health to a great extent.

What are the common factors causing menstrual irregularities (MIs)?

MIs can have a variety of causes, including pregnancy, hormonal imbalances, infections, diseases, trauma, and certain medications. Common causes include sudden weight loss or gain, eating disorders (such as anorexia nervosa), excessive exercise, thyroid dysfunction (too much or too little thyroid hormone), uncontrolled diabetes, excessive alcohol consumption (as the liver is a key player in processing estrogen and progesterone), poor nutrition, Cushing syndrome (elevated levels of cortisol, a hormone produced in response to stress), and polycystic ovary syndrome.

Are irregular menstrual cycles related to any other health problems experienced by women?

Irregular menstrual cycles, in the long run, have been shown to increase the risk of iron-deficiency anemia (when there is heavy bleeding), type 2 diabetes, heart disease, stroke, and osteoporosis. Abnormal ovulation is also known to up the risk of infertility.

How is an abnormal menstrual cycle diagnosed?

If any phase of menstrual cycle, such as timing and duration of menstrual cycle, gets deviated, it should be recorded accurately. In such a case, a record of when the cycle begins and ends should be conveyed briefly to the treating gynecologist. The gynecologist will generally perform a physical examination, including a pelvic exam or a Pap test (if required). In vague cases, he/she might also order certain other tests such as blood tests to rule out anemia or other medical disorders. A vaginal culture test can also be performed to detect infection (if any). At times a pelvic ultrasound examination to detect uterine fibroids, polyps, ovarian cysts, or an endometrial biopsy, in which a sample of tissue is removed from the lining of the uterus to diagnose endometriosis or problems associated with the endometrium, hormonal imbalance, or cancer will also be advised.

Doctor, please let us know about the therapeutic remedy you recommend for MIs.

I have often prescribed Evecare, a polyherbal formulation from The Himalaya Drug Company, for the management of uterine disorders. It helps regularize the menstrual cycle, repair the endometrium, control abnormal uterine bleeding, and heal the uterus. My patients have reported that Evecare helps reduce menstrual pain. Evecare also resolves anemia and helps to overcome fatigue.

Superwoman

Arunima Sinha

India's first female amputee to climb Mount Everest

"Physical disability can never stop one from achieving goals in life!"

Arunima was born on July 20, 1988, in Ambedkar Nagar, Uttar Pradesh. Arunima was athletic since childhood. She practiced cycling, played football, and was a national-level volleyball player. She studied law; however, she chose to apply for a job in the paramilitary force with the hope that she would get a chance to earn a living as well as play sports, but she did not succeed. In 2011, she applied for an examination to join the Central Industrial Security Force.



Source: https://navrangindia.files.wordpress.com/2016/01/76997-arunima_090214031306.jpg



Source: http://arunimasinha.com



Source: http://arunimasinha.com



Source: http://arunimasinha.com

The Turning Point

While on a train journey from Lucknow to Delhi to write the CISF examination, she was attacked by a group of robbers who intended to snatch her gold chain and bag. Upon resisting, she was thrown out of the train by the robbers. Lying on the railway track, she saw a train coming toward her; by the time she tried to get up, the train had run over her legs. As she fell on the railway track, she saw another train moving on the parallel track that crushed her left leg below the knee region. Arunima suffered from severe leg and pelvic injuries. To prevent further infection, the doctors decided to amputate her injured left leg.

This incident turned to be a turning point in her life. On the hospital bed, in a vulnerable state, she pondered on an almost impossible dream she could set for herself then—to reach atop Mount Everest! Amassing all the grit and determination, Arunima set her mind to defy all the odds and achieve her goal.

Once she got her prosthetic leg, she underwent a basic mountaineering course from the Nehru Institute of Mountaineering. She then backed it up with 1½ years of rigorous training. She also trained under Bachendri Pal, the first Indian woman to climb Mount Everest, at Tata Steel Adventure Foundation (TSAF) in 2012. As preparation to accomplish her mission of climbing Mount Everest, she climbed the Island Peak (6150 m tall) in 2012.

Her Mountaineering Journey

In 2012, Arunima along with Susen Mahto, a TSAF instructor, climbed Mount Chhamser Kangri (6622 m tall), under the guidance of Bachendri Pal. On April 1, 2013, the duo began their expedition of climbing Mount Everest. Although her prosthetic limb posed many problems, she was determined to reach the summit. Shrugging off any fear of the cold or height or death, Arunima, after 52 days, reached the summit on May 21, 2013, at 10:55 AM. After this expedition, Arunima has climbed many other mountains including Mount Elbrus of Russia (Europe) at an elevation of 5642 m and Mount Kilimanjaro of Tanzania (Africa) at a height of 5895 m.

Her Ambitions

Arunima aims to conquer several challenging summits across the world.

She is now dedicating her time toward social welfare. She is relentlessly working toward fulfilling her dream of starting a free sports academy called Shaheed Chandra Shekhar Azad Viklaang Khel Academy for poor and differently-abled people.

Awards

- Padma Shri in 2015
- Tenzing Norgay Highest Mountaineering Award in 2014

Accolades

- Arunima's autobiography, Born Again on the Mountain, was launched in 2014
- Arunima was featured in the Limca Book of Records People of the Year (27th edition, 2016)

For further details, visit **http://arunimasinha.com/**

Ayurveda and Women's Health



A woman's reproductive health is often determined by regular menstrual cycles. Several factors such as nutrition, socioeconomic conditions, access to preventive care, and medical conditions such as being overweight and obese influence the onset as well as regularity of menstrual cycles. Abnormal ovulation, dysfunctional hypothalamic–pituitary–adrenal axis, and underlying medical conditions that include polycystic ovary syndrome and uterine fibroids are some of the major causes of menstrual irregularities (MIs).

While hormonal therapies are often considered for managing MIs, they could have several adverse effects—the major one being increased risk of uterine and ovarian cancer. Hence, numerous research and medical communities worldwide have been keen on adopting alternative/traditional medicine systems, such as Ayurveda, for managing MIs, as they are not associated with any major adverse health consequences. The therapeutic properties of several medicinal herbs are being explored for the safe and effective management of MIs.

Herbs for the Management of Menstrual Irregularities

The following are a few herbs that are beneficial for reproductive health.

Aloe vera (Kumari)



Aloe vera

Aloe vera has around 75 different active components that include vitamins, minerals, sugars, lignins, saponins, amino acids, and salicylic acids. The herb possesses anti-inflammatory, wound-healing, antimicrobial, immunomodulatory, and antiseptic properties.[1,2]

In a study, *A vera* leaf extract at a dosage of 20 mg/mL produced significant antimicrobial activity against *Klebsiella pneumoniae*, *Escherichia coli*, *Aspergillus niger*, and *Candida*.[3] In another study, *Aloe barbadensis* (Syn: *A vera*) aqueous extract significantly reduced formalin-induced edema in rats, evidencing its anti-inflammatory property.[4]

Asparagus racemosus (Shatavari)

Mainly known for its phytoestrogenic property, *Asparagus racemosus* is effective in the management of MI and sexual dysfunction in women. Phytoestrogens directly bind to the estrogen receptors and do not enhance endogenous estrogen levels. Hence, to rectify hormonal imbalances, physicians prefer phytoestrogens over hormone replacement therapy.[5,6] *A racemosus* also has antispasmodic, galactagogue, anti-inflammatory, antistress, and antioxidant properties.[5,7] It also improves folliculogenesis and ovulation.[8]



Asparagus racemosus

Hemidesmus indicus (Anantamula)

Hemidesmus indicus has been widely used in the management of several bacterial and fungal infections, uterine hemorrhage, and leukorrhea.[9,10] Studies have evidenced the antibacterial activity of *H indicus* against *E coli*, *Staphylococcus aureus*, and *Pseudomonas aeruginosa*. The herb has proven antimicrobial activity against antibiotic-resistant microorganisms.[11]



Hemidesmus indicus

Adhatoda vasica (Vasaka)

Adhathoda vasica has potential anti-inflammatory, antimicrobial, and immunomodulatory properties.[12] In an experimental study, administration of *A vasica* methanolic extract at doses of 200, 400, and 600 mg/kg (po) in rats with carrageenan-induced paw edema significantly inhibited inflammation in a dose-dependent manner.[13]



Adhatoda vasica

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Choose the Right Upholstery for Your Living Room

While wall colors determine whether a living room looks bright, spacious, or small, upholstery reflects the style and personality of the inhabitants. Be it solid or patterned, of leather or fabric, of bright or neutral colors, there are a multitude of choices for picking upholstery. However, buying upholstery is large investment; quality and durability are 2 factors that must be kept in mind.



Here are a few tips to handpick the best of upholstery.

1. Consider functionality: Bear in mind the usage of the furniture and personal aspects of the family, like presence of children and pets at home. Furniture pieces in areas of a home with more traffic such as the living room require highly durable upholstery fabric. Choose fabric with tight weaves and higher thread counts. With kids at home, it is best to choose a fabric that is resistant to wear and tear and stains. With pets around, it is wise to choose microfiber fabric or leather that can withstand more wear and tear.

2. Choose colors wisely: The color of the upholstery fabric could affect mood and the visible space of the room. It is also important to consider the size of the furniture. Avoid bold colors when the room is small and when furniture such as sofa is large. Choose warm and cool colors with care, as they can evoke a range of emotions from anger or hostility to calmness or sadness. The safest colors to go for are the neutrals (gray, black, or white); they stay in fashion for a long time and also allow other accessories in the room to get highlighted.

3. Choose patterns appropriately: It is preferable to choose fabrics of solid colors for large pieces of furniture as they are timeless, whereas prints could run out of fashion. A sofa with solid color fabric could be accentuated with pillows having different prints or patterns. Patterns could also affect the visible space of a room. Large, bold patterns are best suited for larger rooms, whereas small, muted patterns are better for smaller rooms.

4. Choose fabric of complementary style: The upholstery fabric should complement the furniture as well as the decor of the room. For example, fabric with a traditional pattern would suit a sofa with a traditional style frame.

5. Consider furniture shape: It is always important to take into account furniture shape. For example, a curvaceous furniture piece (such as ornate shaped) would require solid colored fabric rather than a patterned fabric. A patterned fabric could look good individually, but tucking the patterned fabric on the sides of the furniture or chopping the fabric to fit the size and shape of the furniture could be tricky and may not complement the furniture or room.

Chennai to Kanyakumari

A Road Trip

Traveling is an adventurous experience. It offers relaxation and unforgettable experiences in the process of discovering places. Every journey reveals a lot about the place, culture, emotions, and flavors of a town or city.

It is said that "all journeys have secret destinations of which the traveler is unaware," and thus, a trip can set the traveler on a journey of self-awareness and self-discovery. An expedition that could put one on this path of discovery is a road trip, for it is sometimes the roads that decide the course of one's journey. One such stimulating road trip is from Chennai to Kanyakumari, which revives the spiritual being and satiates the yearning of being close to nature.

Here is a brief guide on the various places one could visit on this road trip.

Route 1

Chennai

Marina Beach

Being the longest natural urban beach in India and the second longest in the world, Marina beach stretches to a distance of 13 km along the Bay of Bengal. It is well known for statues of popular personalities of Tamil Nadu and an aquarium that houses rare freshwater and sea creatures.

National Art Gallery

The National Art Gallery is built of sandstone and is one of the oldest art galleries in India. Within it are the Tanjore Painting Gallery, Indian Traditional Art Gallery, Decorative Art Gallery, and Raja Ravi Varma Painting Gallery. Paintings of the Mughal era and Rajputs and portraits of British officers are also displayed here.

Thousand Lights Mosque

With 5 domes and 2 minarets and being one of the largest in the country, this mosque has an interesting history that 1000 lights had to be lit to illuminate its assembly hall.

Mahabalipuram

Chennai to Mahabalipuram: 56.9 km

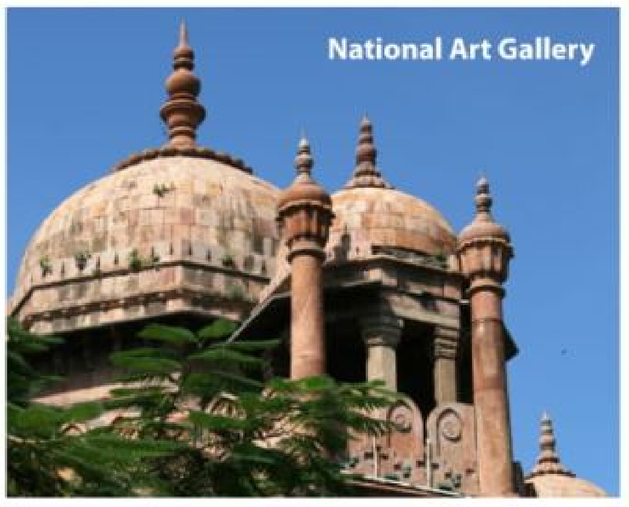
Shore Temple

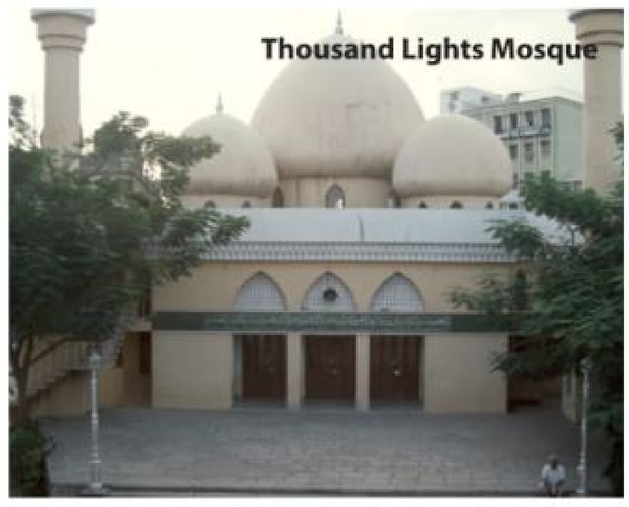
Present along the shores of the Bay of Bengal, Shore Temple is a part of the Group of Monuments at Mahabalipuram that have been classified as a UNESCO World Heritage Site. The temple has 3 sanctums, among which 2 are dedicated to Lord Shiva and 1 to Lord Vishnu.

Arjuna's Penance

Declared as a UNESCO World Heritage Site, Arjuna's Penance is a 43-feet monument comprising a huge monolith carved on 2 adjoining boulders, the total height of which is 96 feet. The artworks on the monolith depict Arjuna's penance to obtain Pashupatastra (a weapon) from Lord Shiva and also depict Gods, animals, and human figures from Hindu mythology.







Source: https://ruggedanay.files.wordpress.com/2015/01/thousand-lights-mosque-chennai.jpg

Tiger Caves

These are rock-cut structures and get their name because of the tiger heads that are carved at the mouth of the caves, which enclose a shrine dedicated to Goddess Durga. The caves are a part of the Archaeological Survey of India–protected monuments.

Puducherry/Pondicherry

Mahabalipuram to Puducherry: 99.2 km

Paradise Beach

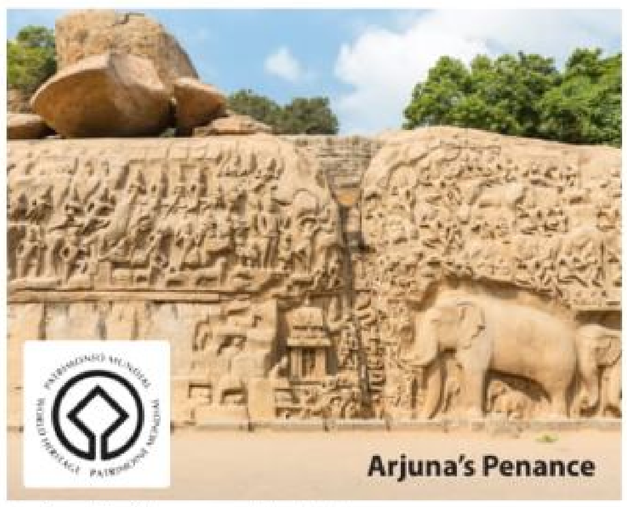
Also known as Plage Paradiso, this beach is well known for its golden clean sand, backwater, and serenity.

Jawahar Toy Museum

Located in the Old Lighthouse building near Gandhi Maidan, this museum is famous for its collection of rare, decorated dolls and toys. It has a collection of greater than 140 dolls brought from various Indian states.

Auroville

Auroville is an experimental township that was developed with an idea that men and women from different countries live together in peace and harmony beyond caste, creed, culture, and nationality. The purpose is to highlight the importance of human unity.



Logo Source: http://whc.unesco.org/en/emblem/



Logo Source: http://whc.unesco.org/en/emblem/

Cuddalore

Puducherry to Cuddalore: 20.6 km

Silver Beach

Undisturbed by the busy city life, Silver Beach is the second longest beach of the Coromandel Coast, well known for its tranquility. The beach offers boating, horse riding, children's play area, and also a boat house.

Pichavaram Mangrove Forest

It is the second largest mangrove forest in the world and is well known for its backwater. It is home to 177 different species of birds of 41 families and 15 orders. Migrant birds such as egrets, watersnips, cormorants, pelicans, and herons can be spotted here. Water activities such as canoeing and rowing can also be enjoyed here.

Kumbakonam

Cuddalore to Kumbakonam: 109.7 km

Adi Kumbeshwara Temple

The temple is dedicated to Lord Kumbeshwara (Lord Shiva) and is the largest and oldest Shiva temple in Kumbakonam. The temple is known for its sculpture and architecture; for example, a single block of stone has carvings of all the 12 Rashis and 27 stars.

Sarangapani Temple

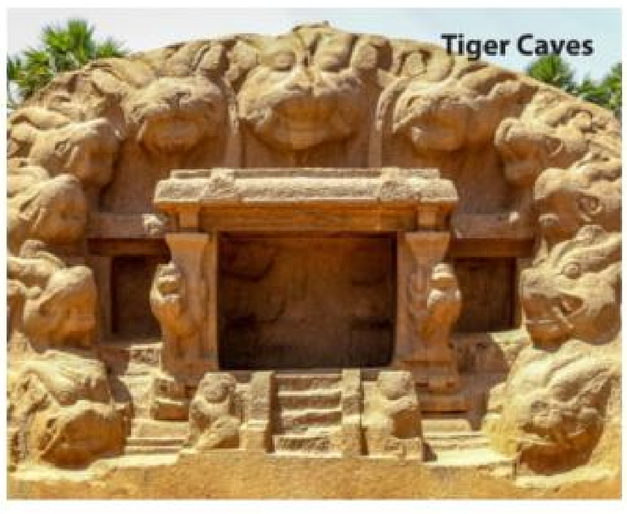
The temple is dedicated to Lord Vishnu. The deity of the temple has a bow in the hand and hence the name of the temple, where "saranga" means bow and "pani" means hand. The central shrine is in the form of a chariot that is drawn by elephants and horses.

Thanjavur

Kumbakonam to Thanjavur: 39.7 km

Brihadeeshwara Temple

One of the greatest glories of Indian architecture and a part of the Great Living Chola









Logo Source: http://whc.unesco.org/en/emblem/

Temples, which is recognized as a UNESCO World Heritage Site, the temple is dedicated to Lord Shiva, with a 2.7-m tall Shivalinga. The temple also has a tower called Vimana, which is 70-m high, and a 13-tier tower built over the sanctum.

Thanjavur Maratha Palace

Also known as Aranmanai, Thanjavur Palace was once the official residence of the Maratha rulers. The mazelike complex encloses the Saraswathi Mahal Library, Royal Museum, Maratha Darbar Hall, Sangeetha Mahal, Gooda Gopuram, Manimandapam, and Art Gallery.

Tiruchirappalli

Thanjavur to Tiruchirappalli: 59 km

Sri Ranganathaswamy Temple

This is a must-visit temple in Srirangam and is dedicated to Sri Ranganatha, an incarnation of Lord Vishnu. The temple is present on an island between 2 rivers: Cauvery and Kollidam. It has 2 enclosures with massive walls; the complex comprises 21 sculpted gopuras, a golden Vimanam, 5 subshrines, and 9 sacred pools.

The Rock Fort Temple

A historic fort built on a rock at a height of 85 m, this fort has 344 steps carved in the rock. It encloses 3 temples: the Ucchi Pillayar Temple, Thayumanavar Temple, and the Manikka Vinayagar Temple. The fort also offers a panoramic view of the city.

Pudukkottai

Tiruchirapalli to Pudukkottai: 55.2 km

Government Museum

This is the second largest museum of Tamil Nadu and houses artifacts of archeology, numismatics, anthropology, zoology, botany, and geology. It also houses ancient and rare bronze and stone sculptures and historical paintings.

Sittanavasal Cave

Considered a rock-cut cave monastery and having some of the best cave paintings of early medieval India, the Sittanavasal Cave is a Jain complex of caves and has 17 polished stone berths.

Madurai

Pudukkottai to Madurai: 111.9 km

Sree Meenakshi Amman Temple

A must-visit south Indian temple, the Sree Meenakshi Amman Temple complex comprises 12 towers and 4500 pillars and is dedicated to Goddess Meenakshi (incarnation of Goddess Parvathi) and Lord Shiva. The temple encloses the hall of thousand pillars, where pillars have been arranged such that from any angle, the pillars seem to be in a row. The temple also has musical pillars, which produce musical sounds when tapped.

Thirumalai Nayak Palace

Built as a residential palace by King Thirumalai Nayak, this was designed by an Italian architect in Indo-Saracenic style and is of historical significance. The ceilings of the palace have huge paintings depicting Vaishnavism and Shivaism. The Darbar and Natakasala represent the glory of the palace.

Tirunelveli

Madurai to Tirunelveli: 162.6 km via NH 44

Kanthimathi–Nellaiappar Temple

This twin temple dedicated to Goddess Parvathi (Kanthimathi) and Lord Shiva (Nellaiappar) is considered 1 of the 5 Celestial Dance Sabhas (dance stage) of Lord Shiva. The temple also encloses a golden lily tank, a hall with 1000 pillars, the musical pillars that produce musical sounds when tapped, and a golden chariot, which is the third largest in India.

Kutralam

Also called the spa of South India, Kutralam is a town that consists of several waterfalls; its waters flow through several medicinal plants. Taking bath in these falls is known to cure several illnesses; hence, the waterfalls are famous for their healing properties.

Kanyakumari

Tirunelveli to Kanyakumari: 84.9 km

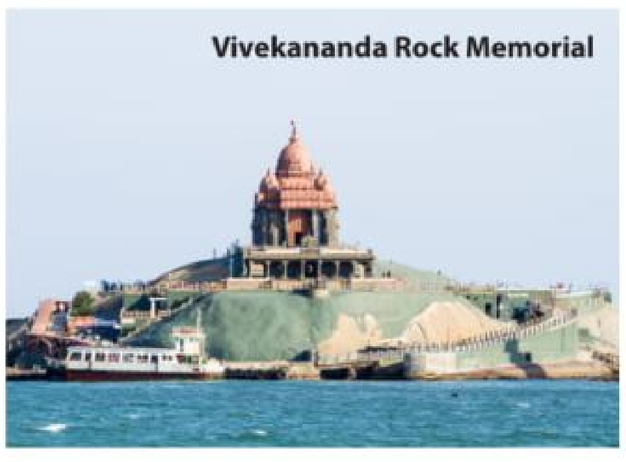
Kanyakumari Bagavathi Amman Temple

Dedicated to the virgin Goddess Devi Kanyakumari (incarnation of Goddess Parvathi), this 3000-year-old temple is famous for the idol of the Goddess, which is in the form of a young girl in penance, with a rosary in the right hand and a sparkling nose ring.





Source: https://upload.wikimedia.org/wikipedia/commons/2/20/Palaya_Kutralam_falls.jpg



Vivekananda Rock Memorial

Located on a small island off Kanyakumari, Vivekananda Rock Memorial is dedicated to Swami Vivekananda, who is believed to have attained enlightenment after meditating here for 2 days. The Pralima Mandapam of Vivekananda Mandapam encloses the life-size bronze statue of Swami Vivekananda standing in Parivrajak posture.

Thiruvalluvar Statue

Situated on a small island near Kanyakumari, this 133-feet high statue on a 38-feet pedestal is dedicated to the legendary author and poet Thiruvalluvar. The height of the pedestal represents the 38 chapters in Thirukkural, authored by him. One can get a beautiful view of nature from this place.


Thiruvalluvar Statue

Route 2

After reaching Puducherry, one can deviate to reach Viluppuram.

Villupuram

Puducherry to Villupuram: 38.6 km via NH 32

Gingee Fort

One of the surviving forts of Tamil Nadu, Gingee Fort has 3 different hilltop citadels and a massive boundary of thick cliffs and walls. Today, with its ruined forts, granaries, and temples, Gingee Fort is a popular film shooting destination.

National Fossil Wood Park

Maintained by the Geological Survey of India, the National Fossil Wood Park preserves petrified wood fossils that are as old as 20 million years. It contains as many as 200 fossilized trees that belong to the Mio-Pliocene age.

Namakkal

Villupuram to Namakkal: 222.6 km via NH 79

Namakkal Narasimha Temple

The temple is a rock-cut cave, dedicated to Lord Lakshmi Narashimha (incarnation of Lord Vishnu). The deity sits on Rathna Simhasanam (golden chair embedded with precious gems and stones) in Veerasana posture, with a garland of 108 Saligramams.

Karur

Namakkal to Karur: 46 km

Kalyana Venkataramana Swamy Temple

This is a cave temple where Kalyana Venkataramana Swamy or Srinivasa (incarnation of Lord Vishnu) is the deity, along with Goddesses Sridevi and Bhoomidevi. Considered the Tirupati of the south, it is believed that childless couples and people who are unmarried visit to fulfill their wishes.

Dindigul

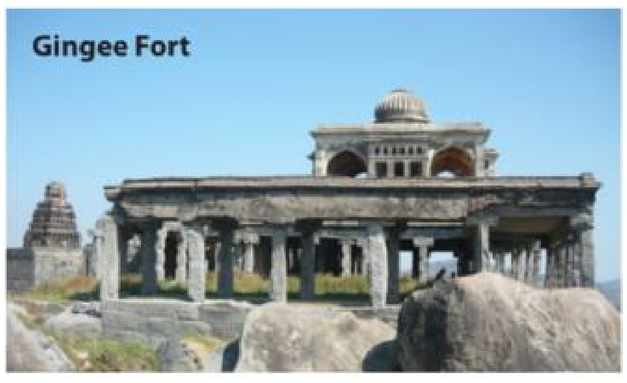
Karur to Dindigul: 78.8 km via NH 44

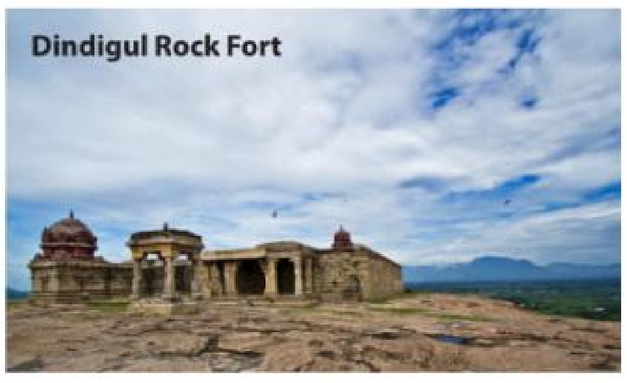
Dindigul Rock Fort

Located on the Dindigul Hill at a height of 380 feet, Dindigul Rock Fort is of historical significance. The rock looks like a pillow, which is the reason for its name.

Kodaikanal

Approximately 97 km away from Dindigul town on the eastward hills of the Western Ghats, Kodaikanal is a picturesque hill station. The weather is usually cool throughout the year. Kodaikanal offers some of the best views of nature and places to see: the Kodai Lake, Berijam Lake, and Bryant Park. One should never miss visiting the Coaker's Walk, a 1-km long pathway on the slopes of a hillock that offers a breathtaking view of the magnificent hills and the feel of clean, fresh air. Dolphin's Nose is another interesting place that offers a panoramic view of the Western Ghats.


Gingee Fort


Dindigul Rock Fort


Kodai Lake


Coaker's Walk

Disclaimer: The content in the Travel section is for general information only. It does not constitute professional advice, is not intended for advertising, and holds no commercial interests.

Route 3

From Dindigul, one can travel to Madurai (Kodaikanal to Madurai: 115 km) and continue the journey toward Kanyakumari via Tirunelveli.

Kanchipuram

Chennai to Kanchipuram: 74.0 km

Kailasanathar Temple

Dedicated to Sri Kailasanathar (Lord Shiva), the temple is constructed with sandstone and encompasses 58 shrines. The main shrine of the temple is a 16-sided Shivalinga.

Vedanthangal Bird Sanctuary

A bird watcher's paradise, Vedanthangal Bird Sanctuary is one of the oldest bird sanctuaries in India. Around 40,000 different species of migratory birds flock to this sanctuary every year.

Vellore

Kanchipuram to Vellore: 70.4 km

Vellore Fort

The Vellore Fort is built with granite; it has huge double walls and is surrounded by a large moat filled with water. The fort includes the Jalagandeeswarar Temple, dedicated to Lord Shiva; a mosque; a church; Vellore Christian Hospital; Muthu Mandapam; and the Government Museum.

Vainu Bappu Observatory

Often called the telescope city, Vainu Bappu Observatory is an astronomical observatory that has a 93-inch telescope, the largest in Asia. The place is famous for several ground-breaking scientific discoveries.

Krishnagiri

Vellore to Krishnagiri: 124.3 km via NH 48

Thali

Often referred to as Little England, it is a small town with several lakes, hillocks, cliffs, and valleys. Apart from the cool weather and breathtaking views, Thali is a popular place for trekking and hiking.

Rayakottai Fort

One of the protected monuments by the Archaeological Survey of India, this fort has a historical significance that even after the Anglo–Mysore War, it was held captive by the British till 1861.

Dharmapuri

Krishnagiri to Dharmapuri: 51.4 km

Hogenakkal Falls

Situated on the banks of the river Cauvery, Hogenakkal falls derives its name from 2 Kannada words "hoge" (meaning smoke) and "kal" (meaning rock), which means smoky rock. The waterfalls cascade from an altitude of approximately 750 feet above sea level from the Melagiri Hills. The falls have around 14 channels. A major attraction here is coracle riding.

Salem

Dharmapuri to Salem: 63.1 km via NH 44

Yercaud Hills

Often referred to as Salem's Ooty, Yercaud Hills are situated at an altitude of 1515 m above sea level and are a part of the Servarayan Range in the Eastern Ghats. This hill station is famous for its plush greenery, coffee plantation, and orange groves. One can never miss the Servarayan Temple—the highest point in Yercaud, Pagoda Point—the perfect ambience, and Killiyur Falls—water falling from a height of 300 m. Other places of interest include the Yercaud Lake and the botanical garden.

Mettur Dam

Mettur Dam is one of the largest dams in India and is a major tourist attraction, where one can visit the hydroelectric power station and Ellis Park, which is at the base of the dam. The dam gives a picturesque view of nature.


Kailasanathar Temple


Vedanthangal Bird Sanctuary


Hogenakkal Falls

From Salem one can travel to Namakkal (Salem to Namakkal: 56.5 km), Karur, Dindigul, Madurai, Tirunelveli, and reach Kanyakumari.

anyakumari Chennai to Kanyakumari Chennai to Kanyakumari

Shopping

Often called the cradle of Dravidian civilization, Tamil Nadu is famous for its cultural heritage. The state offers a range of souvenirs that reflect its culture.

Sculptures

Sculptures made from granite and soapstone, generally of Hindu Gods, are a must-buy. These are available in a range of sizes and are found in plenty at Mahabalipuram.

Thanjavur Paintings

Thanjavur paintings portraying Hindu Gods and Goddesses have unique artistic style with gold foil, several hues of colors, and precious and semiprecious stones. The Government Museum in Chennai and South Keezha Veedhi in Thanjavur are some of the best places to buy these paintings.

Thalaiyatti Bommai

Thalaiyatti Bommai are nodding dolls or dancing dolls made from clay and are an excellent souvenir, especially for children. These dolls are easily available in Thanjavur.

Thanjavur Art Plates

These are brass plates with relief work in silver, copper, and brass, usually depicting flowers, animals, or Hindu Gods and Goddesses.

Tirunelveli Halwa

One must never miss buying this famous traditional sweet dish of Tirunelveli; it is made from wheat milk, ghee, jaggery, and cashew nuts.

Kanchipuram Saris

Also called Kanjeevaram saris, these are woven from pure mulberry silk and are famous for pure gold and silver zaris. The sari and zari are woven separately and joined together.

Bhavani Jamakkalam

These purely handloomed carpets with threaded patterns are world famous.

Pattamadai Mats

These are unique traditional mats made using a kind of grass called Korai that is soaked in water for weeks, split, dried, and dyed to make the mats.

Metalwares

The traditional metalwares from Tamil Nadu include Deepams, Deepalakshmi, standing lamps, and Panchapatra that are usually made with copper and brass.

Chola Bronze Figurines

One of the must-buys that represent the culture of the Chola dynasty are the bronze statues made using the lost-wax method. These are available in Madurai and Tiruchirapally.



Source: https://en.wikipedia.org/wiki/Thanjavur_painting#/media/File:Thanjavur_Painting.jpg





Source: http://sanskkriti.blogspot.in/2014/01/world-famous-korai-silk-mats-of.html









Source: https://commons.wikimedia.org/wiki/File:Tanjore_art_plate.jpg



Source: https://en.wikipedia.org/wiki/Bhavani_Jamakkalam



Source: https://en.wikipedia.org/wiki/Chola_art#/media/File:Shiva_as_the_Lord_of_Dance_LACMA_edit.jpg

Chennai to Kanyakumari Chennai to Kanyakumari Chennai to K

Cuisines

Although rice is an integral part of the Tamil Nadu diet, the state is also well known for its culinary diversity. On a road trip from Chennai to Kanyakumari, one could halt at a number of places to relish the local and traditional delicacies.

Sundal

This is a traditional snack made of cooked brown or black chickpeas that are seasoned with mustard seeds, curry leaves, green chili, and grated coconut.

Kuzhambu

A spicy, tangy, and sweetish dish, kuzhambu is prepared with tur dal and assorted vegetables or meat and is cooked in a gravy of tomato and tamarind.

Paruthi Pal

A healthy beverage beneficial for curing cold and cough, paruthi pal is prepared using cotton seeds, raw rice flour, jaggery, and coconut.

Nethili Fry

A popular sea food, nethili fry is prepared by tossing fried anchovies in a spicy masala of red chili powder, coriander powder, ginger garlic paste, and turmeric powder.

Adai

Adai is a nutritious delicacy, prepared with a mixture of dals (tur dal, Bengal gram dal, urad dal, etc), rice, dry red chilies, and curry leaves.

Mutton Kola Urundai

This Chettinad recipe is a famous dish of Madurai. Minced mutton is mixed with spices, curry leaves, and onions and made into balls, which are fried in oil.

Kuzhi Paniyaram

This authentic dish is made with left over idli or dosai/dosa batter that is seasoned with mustard, mixed with chopped chilis and onion, and steamed in a paniyaram pan.

Kothu Parotta

This is a popular street food in Tamil Nadu. It is prepared by mincing and tossing shredded parathas/parottas with a mixture of cooked vegetables or egg and chicken.

Puliyodharai

This is a very popular rice dish prepared by mixing cooked rice with a paste of tamarind, jaggery, and dry red chilies and garnished with peanuts, and curry leaves.

Sakkarai Pongal

Generally prepared during festivals like Pongal, this is a popular sweet dish where newly harvested rice is cooked with yellow mung dal, ghee, jaggery, and cashew nuts.

Ashoka Halwa

This protein-rich delicacy of Tamil Nadu is prepared using a combination of mung dal, wheat flour, sugar, cashew nuts, and ghee.

Kootu

Kootu is a semisolid dish prepared using lentils and vegetables; the consistency is thicker than sambar.


Sundal


Sakkarai Pongal


Kothu Parotta


Nethili Fry


Kuzhambu


Ashoka Halwa


Kuzhi Paniyaram


Adai


Puliyodharai

anyakumari Chennai to Kanyakumari Chennai to Kanyakumari

Recipes

Veg Recipe

Arachuvitta Sambar

Ingredients

- 2 Medium-sized chopped tomatoes
- 1 Cup tur dal
- 1 To 2 drumsticks cut into pieces of 1.5 inch
- 1 Medium-sized chopped onion
- ½ Cup tamarind extract
- 1 Teaspoon turmeric powder
- 1 Teaspoon red chili powder
- Salt to taste
- 1 Teaspoon oil

Ingredients for the masala

- ½ Cup Bengal gram dal
- 6 Whole dried red chilies
- 3 Tablespoons desiccated coconut
- 1 Teaspoon coriander seeds
- 1 Teaspoon fenugreek seeds
- 1 Teaspoon oil

Ingredients for seasoning

- 1 Teaspoon mustard seeds
- 2½ Teaspoons urad dal
- Curry leaves
- 2 Tablespoons oil

Preparation

1. Cook tur dal, mash it, and keep aside. Add turmeric powder and little salt to the cut drumsticks and cook until soft.
2. Heat 1 teaspoon of oil in a pan and roast the ingredients for the masala for 2 to 3 minutes. Allow it to cool; grind into a paste by adding little water and keep aside.
3. Heat 1 teaspoon of oil in a pan, add chopped onions, and sauté until they are golden brown.
4. Add chopped tomatoes, the ground masala, turmeric powder, red chili powder, and half cup water; stir well.
5. Add cooked drumsticks, the mashed tur dal, and tamarind extract; mix well.
6. Add 2 cups of water and salt; cook on medium flame for 15 to 20 minutes.
7. Heat 2 tablespoons of oil in a pan; add the seasoning ingredients. Once they crackle, add them to the sambar and mix well.


Arachuvitta Sambar

Nonveg Recipe

Kadugu Yerra

Ingredients

- 250 g Peeled shrimp
- 2 To 3 Teaspoons oil
- ½ Cup chopped onions
- Curry leaves
- 3 Garlic cloves
- ¾ Teaspoon cumin seeds
- 1½ Teaspoon red chili powder
- ⅓ Cup chopped tomatoes
- ⅓ Cup diced potatoes
- Salt to taste
- ⅓ To ½ Cup coconut milk
- 1½ Tablespoon coconut cream
- ⅓ Teaspoon mustard seeds powder
- ⅓ Teaspoon fenugreek seeds powder
- ½ Tablespoon malt vinegar

Preparation

1. Grind cumin seeds and garlic together and keep aside.
2. Mix mustard and fenugreek powders; mix this with coconut cream and keep aside.
3. Heat oil in a pan and sauté chopped onions until golden brown.
4. Add curry leaves, cumin–garlic paste, and chili powder and fry for 1 to 2 minutes.
5. Add chopped tomatoes, mix well, cover, and cook on medium flame until tomatoes soften.
6. Add diced potatoes and fry. Add shrimp and salt and fry for a few minutes.
7. Add coconut milk, cover, and cook on medium flame for 5 to 7 minutes. The shrimps will curl up and potatoes will be soft once cooked.
8. Add the mixture of mustard–fenugreek powder and coconut cream; mix well.
9. Add 4 tablespoons of water; boil for 2 to 4 minutes.
10. Add malt vinegar; cook for 4 to 5 minutes and then turn off the flame.


Kadugu Yerra

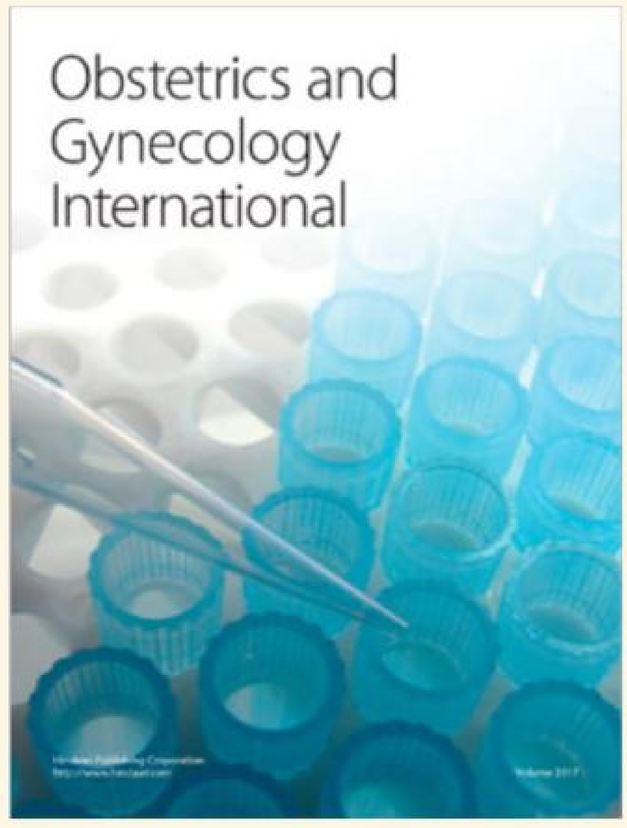
Journal

Title: *Obstetrics and Gynecology International*

Periodicity: Biannual

Publisher: Hindawi Publishing Corporation

Subscription: Open Access

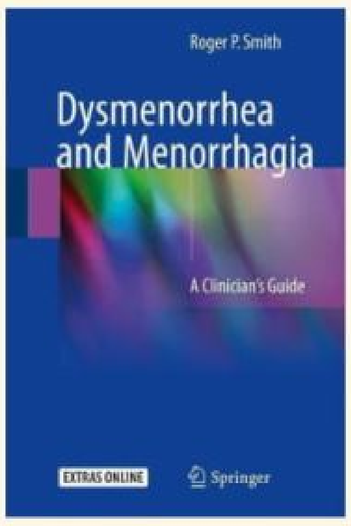


Obstetrics and Gynecology International is a peer-reviewed journal that publishes original research articles, clinical studies, and review articles related to general gynecology, urogynecology, gynecologic oncology, obstetrics, maternal–fetal medicine, reproductive medicine and infertility, sexual medicine, and reproductive endocrinology. The journal aims to provide a platform for clinical professionals and scientists in the field of obstetrics and gynecology.

The journal is archived in Portico that offers permanent archiving for electronic scholarly journals. The journal offers open global access to its published content.

Books

Title: *Dysmenorrhea and Menorrhagia: A Clinician's Guide*



Edition: First edition

Author: Roger P Smith

Publication date: January 25, 2018

Number of pages: 164

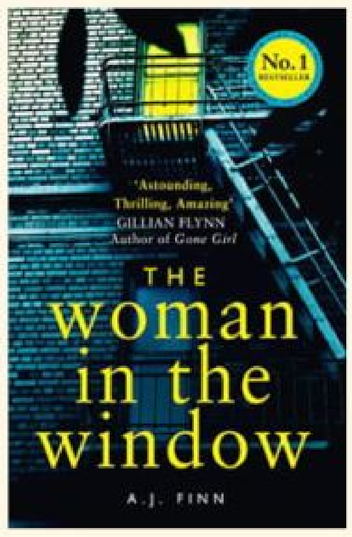
Publisher: Springer

This book addresses the pathophysiologic basis of dysmenorrhea and menorrhagia and practically guides clinicians in establishing diagnosis, dealing with challenging atypical cases, therapeutic interventions, and patient counseling.

The book explains the role of underlying principles of the diseases, including the role of prostaglandins. It also provides a complete understanding of transcutaneous electrical nerve stimulation and surgical options for these diseases. The book also includes counseling materials and patient education that are helpful for busy clinicians. Overall, the book is an ideal guide for obstetricians, gynecologists, residents, and trainees who deal with patients suffering from these common diseases.

Title: *The Woman in the Window*

Author: AJ Finn



Publication date: January 2, 2018

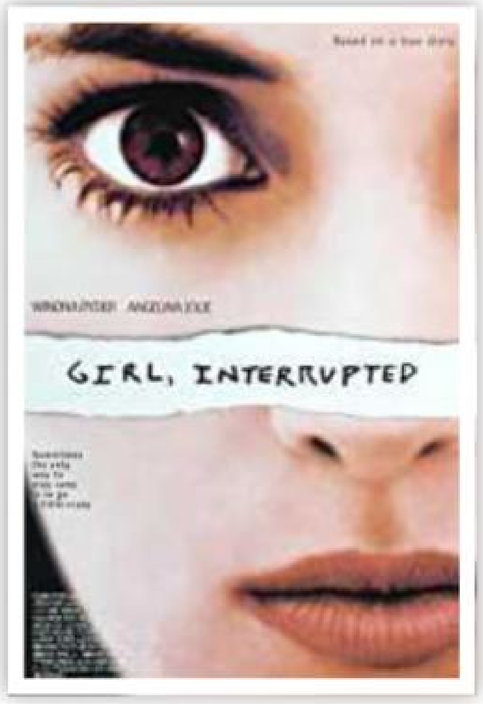
Number of pages: 448

Publisher: HarperCollins

Isolated in her home at New York City, Dr Anna Fox, a child psychologist, hasn't left the place since 10 long months. She has had too much wine, watched old movies, rambled her home, and recollected old memories. Her only connect with the real world is her window, where she sits everyday and spies on her neighbors. She gets instantly drawn to a new family that moves into a house across the way, the Russels.

On an unfortunate night, when Anna is gazing out of her window, she hears a scream and witnesses something that no one must have seen. All she has to do is to uncover the truth and the underlying secrets; if she does, would there be anyone to believe her?

Movies and Medics



Girl, Interrupted

Set in the 1960s, "Girl, Interrupted," is the true story of Susanna Kaysen, a young woman who lands at a renowned psychiatric hospital, after a botched suicide attempt. Here she meets many other patients with mental disorders. Above all, Susanna becomes fascinated by the ward's longest resident, Lisa. As Lisa and Susanna's relationship deepens, Lisa encourages Susanna to stop taking her medication. But, as Lisa's hatefulness surfaces, Susanna breaks free from Lisa's clutches.

The film allows its audience to explore mental health from a perspective other than our own. After 18 months of an eventful stay, Susanna is released from this institution. The girl who was just interrupted by herself and everyone else tries to regain control of her life.

Details

Genre: Biography, Drama; **Director:** James Mangold; **Year:** 1999; **Runtime:** 127 minutes; **Producers:** Cathy Konrad, Douglas Wick, Carol Bodie, and Winona Ryder; **Cast:** Winona Ryder, Angelina Jolie, Clea DuVall, and others; **MPAA Rating:** R

Sources:

Rotten Tomatoes. https://www.rottentomatoes.com/. Accessed April 16, 2018.

Internet Movie Database. https://www.imdb.com/. Accessed April 16, 2018.

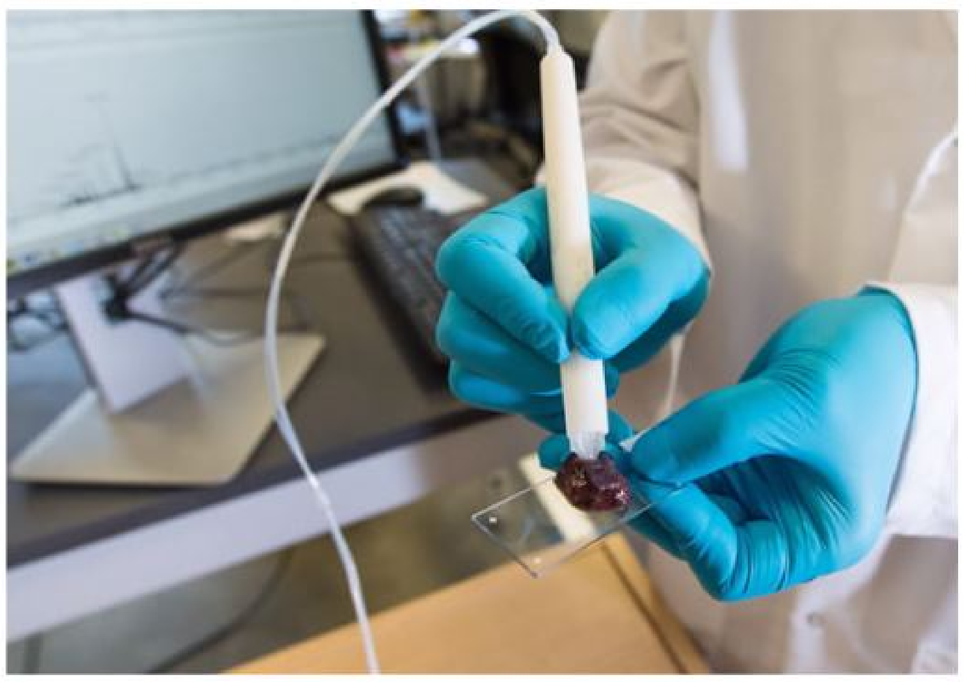
Gadgets

MasSpec Pen: Rapidly Detects Cancer

The MasSpec Pen, developed by the University of Texas, is a handheld device that rapidly identifies the molecular profile of affected tissues.

The device is placed on the tissue surface. After 3 seconds of gentle physical contact, the MasSpec Pen sucks up molecules from the tissue being sampled via a water drop hanging off its tip. This water droplet is then transported to a mass spectrometer that characterizes diagnostic proteins, lipids, and metabolites. As certain molecules are only present in tumors in quantities higher than normal, the device essentially points out their presence or absence. It performs the diagnoses with the help of an algorithm.

The research team says that the MasSpec Pen could potentially serve as a clinical and intraoperative technology for both ex vivo and in vivo cancer diagnoses.



Sources:

medgadget. MasSpec Pen spots cancer on surgical samples. https://www.medgadget.com/. Accessed April 13, 2018.

MasSpec Pen. https://www.masspecpen.com/technology. Accessed April 13, 2018.

Disclaimer: The content in this section is for general information only, and holds no commercial interests.

Laugh Time



Job interviewer: And where would you see yourself in 5 years' time Mr Jeffries?

Mr Jeffries: Personally, I believe my biggest weakness is in listening.

•••••

A manager announces to his staff: I've lost a wallet with ₹5000. If you find it, I'm offering a ₹100 finder's fee!"

A voice in the background: I'm offering ₹200!

•••••

A policeman stopped a female driver and asked for her license.

After looking it over, he said to her, "Lady, it stipulates here on your license that you should be wearing glasses."

"Well, I have contacts," the woman replied.

"Look lady, I don't care who you know, and who are your contacts" snapped the officer. "You're getting a ticket."

•••••

A proud and confident genius man makes a bet with a 10-year-old kid.

Genius: Hey kid, every question I ask you that you don't know the answer, you have to give me ₹50. And if you ask me a question and I can't answer, I will give you ₹5000.

Kid: Okay!

Genius: How many continents are there in the world?

Kid (*not knowing the answer*): Hands over ₹50 and asks the genius, "Which animal stands with 2 legs but sleeps with 3?"

The genius tries and searches very hard for the answer, but gives up and hands over ₹5000.

Genius: Dang it, I lost. By the way, what was the answer to your question?

The kid hands over ₹50 and runs away!

•••••

The husband called out to his wife in the other room for the computer password.

"Start with a capital S, then 123," she shouted back.

He tried "S123" several times, but it didn't work. So, he called the wife in. As she input the password, she muttered, "I really don't see what's so difficult about typing Start123."

•••••

I'm a big fan of whiteboards.

I find them quite re-markable!

•••••

Q: Did you hear about the semicolon that broke the law?

A: He was given 2 consecutive sentences.

•••••

The shovel was a ground-breaking invention!

•••••

I wouldn't buy anything with a Velcro. It's a total rip-off.

•••••

Q: Why did the scarecrow win an award?

A: Because he was outstanding in his field!

•••••

Q: What did the sleepy Australian bear say at the job interview?

A: I believe I am "koala-fied" for this position.

•••••

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