



EVERYTHING ABOUT MENOPAUSE

By Dr.Jiju Jayachanran

CS LEAFLABS

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INTRODUCTION

The ebook "All About Menopause" reveals the reality of menopause that women will face..

Menopause is not something that can be avoided but in the right way you can reduce the symptoms that make your body uncomfortable.

Menopause is not the end of a woman's life, so a complete preparation step is very important for women.

This topic is rarely discussed and we hope this ebook can help raise awareness of the importance of women taking drastic measures to overcome their menopause symptoms.

What is Premenopause and Menopause

By Dr.Jiju Jayachanran

Women experience many biologic changes that affect their reproductive system and well-being as part of the normal ageing process. This is a spectrum that begins with puberty and progresses through peri-menopause to menopause.

Menopause usually begins around the age of 51. Menopause is defined as the absence of menstruation (periods) due to a complete cessation of ovulation for a period of 12 months.

The transition to menopause, known as perimenopause, can last 3 to 5 years. It is associated with a variety of signs and symptoms that women may experience differently.

It is critical that you become acquainted with what is considered normal in order to seek medical attention when necessary.

There are three main parts to the menopause

Premenopause

This is the first stage in which your hormonal balance changes. It usually begins a few years before your periods stop completely. Many women will develop menopausal symptoms at some point during the peri-menopausal period.

Menopause

Doctors define this as the point at which your periods have stopped for good. However, because you won't know you've had your last period until you've been without one for a while, the medical definition isn't very helpful. If a woman has not had her period for a year, she is said to be in menopause. Female hormone levels continue to fall during this stage, which is why menopausal symptoms appear.

Postmenopause

After two years without a period, you are considered postmenopausal. By this point, the hormones will have settled into a new balance, and most women will notice that their symptoms have subsided. However, some women may experience ongoing symptoms during this stage of life, sometimes for many years after menopause.

Symptom Premenopause and Menopause

MENSTRUAL CYCLE

Changes in the cycle are typically the most common complaint that leads women to seek medical attention during this time. Estrogen levels fall as the number of eggs in the ovaries decreases. This results in longer menstrual cycles, shorter bleeding days, and less menstruation. Periods will stop when there are no more functioning eggs.

If your periods have been irregular for a year or more and you are experiencing excessive vaginal bleeding or spotting, you should seek medical attention. Other factors could be causing this change in bleeding pattern.

HOT FLASHES

These are the most common signs of menopause. Hot flashes affect up to 60% to 80% of women. They frequently happen unexpectedly, with a sudden overwhelming feeling of heat spreading all over your body.

This may be followed by a brief cold or shivering sensation at various times throughout the day. Hot flashes are most common around the end of a period, but they can last for more than a decade after menopause.

If hot flashes are interfering with your quality of life, you have several options, which are outlined below.

VAGINAL DRYNESS AND ITCHING

Estrogen is a critical factor in the health of the vulvar and vaginal areas. As estrogen's levels fall, you may experience irritation, soreness, and pain. This is due to the vulva and vaginal skin becoming thinner. It can also make sex painful, causing irritation, burning, or small tears during sexual contact.

If your periods have been irregular for a year or more and you are experiencing excessive vaginal bleeding or spotting, you should seek medical attention. Other factors could be causing this change in bleeding pattern.

DECREASE IN LIBIDO AND SEXUAL PROBLEMS

During this time, a variety of hormonal and psychological factors can have an impact on your sexual life. You might notice that you have fewer sex experiences and/or have more difficulty having an orgasm. You might not enjoy sex as much as others.

Vaginal dryness can be caused by a lack of oestrogen in your body. This dryness can cause arousal difficulties and pain during sex. It is critical that you understand that there are numerous treatments available to help you with these symptoms.

We go into greater detail about painful menopausal intercourse later in this e-book.

A variety of other factors can cause your vagina to become dry or sore, making sex uncomfortable and painful. Aside from the natural drop in oestrogen that occurs during menopause, the following situations may also cause sex pain:

- If you have recently given birth, especially if you are breastfeeding,
- If you are taking medications that are known to inhibit the production of oestrogen by our bodies (medical menopause)
- If your ovaries were removed (surgical menopause)
- If you had chemotherapy or radiation therapy for cancer in your pelvis,
- If you have any other non-hormonal vulva and vaginal pain conditions.

PROBLEMS SLEEPING

Sleep problems affect 32% to 40% of menopausal women. You may be unable to sleep or have interrupted sleep cycles. We have no idea why this happens. It could be related to hot flashes, which occur frequently at night.

Alternatively, you may experience mood swings that disrupt your sleep. While some sleep disruption is normal, if the problem persists, you should consult your doctor.

MEMORY PROBLEMS

Some women have temporary memory problems prior to, during, and after menopause. This could be due to a decrease in oestrogen. Estrogen has been linked to cognition and brain function.

To avoid missing anything, try to train yourself by reading and writing down important information and appointments. If you believe that your memory problems are worsening despite your best efforts, consult your doctor.

MOOD CHANGES

Mood swings are normal before, during, and after menopause. These could be the result of hormonal changes. Menopause also carries a stigma that can be difficult to overcome.

You may become irritable or experience crying spells. It is critical to understand that mood swings are not the same as depression. It is critical to consult with your doctor.

DEPRESSION AND ANXIETY

Mood swings and depression are relatively common during menopause. The severity of symptoms can fluctuate throughout the day. They may worsen during the night and disrupt your sleep. Menopause, in fact, doubles the risk of depression in women, even if they have no history of mental illness. Certain people are predisposed to menopausal depression.

These people include:

- those who have a history of depression, such as postpartum depression
- those who have suffered from severe premenstrual syndrome (PMS)
- those whose ovaries have been removed (surgically-induced menopause)

Do not hesitate to contact your doctor if you are having sleep or concentration problems, changes in your appetite, or a loss of interest in life. Your mental health is critical to your physical health.

URINARY SYMPTOMS

It is common for menopausal women to lose control of their bladder and develop a constant need or urge to urinate. They may experience a decrease in bladder fullness, incontinence, and painful urination. These symptoms are caused by a drop in oestrogen and its impact on the bladder and urethra.

The changes also promote bacterial overgrowth, which can lead to more frequent urinary tract infections. If you are experiencing any of these symptoms, it is critical that you seek medical attention.

You could have a urinary tract infection or other issues that need to be evaluated and treated.

PREPARING FOR THE MENOPAUSE

We know that the healthier and fitter you are, the less likely you are to have a difficult time during the menopause.

So diet, exercise, and lifestyle are all important factors, and the earlier you start getting ready, the better!

1. MENOPAUSE AND DIET

You've probably heard the expression "you are what you eat."

Certain foods are more likely than others to increase your oestrogen levels.

Drinking enough water to stay hydrated, as well as keeping your friendly bacteria and liver happy, are also important considerations during this time of life.

2. EXERCISE

Falls in oestrogen levels can affect muscle tone, so use them or lose them!

Weak muscles can affect your posture and put pressure on your joints. Furthermore, your metabolism usually slows during this time of life, making weight gain much easier, and losing what you gain much more difficult.

All of these issues can be influenced by regular exercise. But how much physical activity should you get?

A good rule of thumb for determining the amount of exercise you should do is that if you feel good, energised, and lifted afterward, you are doing enough; if you feel shattered, exhausted, or hurt everywhere, you are doing too much!

Cutting back on heavy exercise and switching to more gentle but effective forms of exercise like yoga, swimming, or walking can help you maintain your fitness level until your energy levels improve.

3. RELAXATION AND REST

Making time for yourself is one of the most important things you can do for yourself during the menopause. It's also one of the most difficult!

As women, we should use the menopause to rest and allow our bodies to adjust to the hormonal changes that are occurring. But do we actually do this? No!

The majority of women going through menopause will be at a particularly busy time in their lives, caring for family and working. Toiling through menopause can be difficult, especially if you are experiencing symptoms.

Your body can become completely exhausted, and your emotions can be shredded.

Please prioritise 30 minutes of relaxation per day! It is not enough to have a cup of tea and read a magazine: you must completely disconnect, which requires listening to a relaxation CD or practising meditation. This has been shown in studies to reduce symptoms quickly - and it's free!

Diet and Menopause

By Dr.Jiju Jayachanran

The hormonal changes leading up to menopause, as well as the menopause itself, put a tremendous strain on the body, and your nutritional requirements skyrocket.

So eating a healthy, varied diet will help to provide your body with the nutrients it requires while also increasing its ability to withstand symptoms during this stressful time.

In my experience, eating well and staying hydrated are two of the most important things you can do to help yourself through the menopause.

WHAT FOOD SHOULD I EAT?

- At least 5 servings of fruits and vegetables (the fresher the better because fresh means more nutrients).
- Lean protein of some kind - your protein requirements tend to rise as you age, so make sure you're getting enough: meat and fish if you're not vegetarian or vegan, nuts and seeds, eggs, low fat cheeses (in moderation), and fermented soya foods like tempeh. If your diet is limited, adding a protein powder shake every day to top up your protein may be a good idea, but make sure it doesn't contain sugar or artificial sweeteners. Good ones should be available at your local health food store.
- Wholegrains like quinoa, millet, brown rice, and oats - fibre is essential for digestion and elimination. Constipation or sluggish bowels can aggravate symptoms! A carb-heavy diet, on the other hand, can be detrimental. A high carb diet may contribute to weight gain, so if this is an issue, try cutting back on carbs for a few months to see if it helps.
- Good fats such as olive oil, coconut butter, and oily fish - the right fats are essential for joint health, brain function (especially memory), and beautiful skin.
- Plenty of plain water.

WHAT SHOULD I AVOID?

- Sugar and other sweeteners, such as sucrose, and any foods containing refined sugar - these contribute to weight problems, which are more common during menopause because your metabolism slows down.
- Coffee, like sugar, stimulates the nervous system, causing flushes, palpitations, dizziness, and sleep problems. According to studies, 50% of the caffeine in a cup of coffee remains in your system six hours later, so a late afternoon cup may prevent you from falling asleep! Decaf coffee is also not recommended because other chemicals in the coffee, aside from caffeine, can cause problems.
- Wheat should be avoided if possible because it can cause bloating, wind, and constipation.
- As you are probably aware, eating too much salt is bad for you. It can also cause flushes and contribute to high blood pressure, which is common during menopause.
- It is best to avoid dairy products, but this can be difficult. If you require this type of food in your diet, make sure it is organic (very important) or choose sheep or goat's milk. Also, eat in moderation.
- Alcohol depresses the nervous system and depletes vital minerals such as magnesium, which is essential for mood, relaxation, and sleep.

WHY PLENTY OF WATER IS A MUST IN THE MENOPAUSE

Water makes up 75% of our adult bodies. Neglecting our water intake can result in a slew of symptoms, some of which may resemble menopausal symptoms. As an example:

- Joints – Dehydration can result in joint inflammation and pain.
- Skin - imagine a lovely, juicy, ripe plum with firm, plump, and soft skin. Consider a prune: its skin is rough, wrinkly, and tough. That's dehydration in action!
- Mood - dehydration can cause mood swings, anxiety or panic attacks, and palpitations caused by stress
- Memory - dehydration can affect brain function, causing fuzziness and forgetfulness
- Headaches
- Constipation and bloating - dehydration slows down gut motility and elimination
- Hot flushes - Dehydration can affect the nervous system, causing hot flushes. Water is especially important here because sweating with each flush will dehydrate you even more, creating a vicious cycle.
- Fatigue - dehydration can reduce our energy levels.
- Bladder problems and infections - dehydration can irritate the bladder by making urine thicker and more concentrated.
- Night palpitations - These can be caused by dehydration, especially if you sweat at night.

It can be difficult to drink water.

You'd think that drinking water would be simple, but many of us find it difficult for a variety of reasons, including a dislike of the taste of water.

Tea, coffee, alcohol, and fizzy drinks do not help hydration because they flush water out of your body, which has the opposite effect, so drinking a lot of these will not help!

Treatment of Menopausal Symptoms

Certain hormone levels in our bodies begin to decline as we age. When our ovaries stop producing eggs, we usually enter menopause between the ages of 45 and 55. We no longer have menstrual periods at this point, and the level of oestrogen in our bodies decreases.

As a result of this drop, some of us experience menopausal symptoms, as previously mentioned. If the symptoms aren't bothering you, there's no need to treat them. If your symptoms are bothering you, consult with your doctor about the best treatments for you.

Make sure you discuss all of your options with your doctor, including the risks and benefits of each.

What Kinds of Options Are There?

Many options for treating menopausal symptoms. Medication and hormone therapy are both used as treatments. Depending on the severity of your symptoms and how bothersome they are, you may want to try a combination of treatments.

Because these medications may cause side effects, you should consult your doctor about your options and the risks associated with each one. In addition, if you have certain medical issues, your doctor may recommend one treatment over another.

WHAT ARE THE DIFFERENT TYPES OF HORMONE THERAPY?

Estrogen and progestin are two hormones that are used to treat menopausal symptoms. Estrogen is available in a variety of forms and is the most effective treatment for menopausal symptoms such as hot flashes, sleep problems, mood changes, and vaginal dryness.

If you still have your uterus, that is, if you have not had a hysterectomy to remove it, you will need to take an oestrogen and progestin combination. The second hormone, progestin, prevents oestrogen from stimulating the uterine lining, which can lead to cancer.

ESTROGEN

Doctors can treat hot flashes using estrogen. You can get estrogen from a patch worn on the skin, an oral pill, or a “ring” or tablet that you put in your vagina. There are also creams and sprays that you can put on your skin.

- **Patch:** If you have hot flashes, you might want to try an estrogen patch. Experts think that the risk of getting a blood clot with the patch is lower than taking estrogen pills.
- **Pills:** If you are bothered by your menopausal symptoms, you can take oral tablets. There are many different kinds of estrogen tablets, and they all can help treat symptoms of menopause.
- **Very low-dose birth control pills:** If you are in your 40s and have hot flashes and irregular bleeding, your doctor might start you on a very low-dose birth control pill. **Note:** If you are obese, you are at higher risk for developing blood clots while taking low-dose birth control pills than an average weight woman, so please discuss this with your doctor. If you are already in menopause, then you should not take these kinds of pills because you are at high risk of developing blood clots and other problems from this pill.

VAGINAL ESTROGEN

If your vagina is dry, then you can try using estrogen cream to treat your symptoms. You can put the cream directly on your vaginal tissue. Since the amount of estrogen in the cream is very low, the cream will not help with hot flashes, but this is very good at treating vaginal dryness from menopause and pain with sex caused by vaginal dryness. You can chose from a number of different vaginal estrogen products:

- You can put estrogen cream (Premarin or Estrace cream) into the vagina using an applicator or using your finger. Women usually use the cream every day for two to three weeks, and then two times a week at bedtime.
- You can use Vagifem, which is a small tablet that you can put inside the vagina. Like the vaginal cream, you can use it every day for two weeks and then twice a week.
- You can use Estring, which is a flexible plastic ring that you place in your vagina. The ring slowly releases estrogen, and you replace the ring every three months. You can replace the ring yourself or you can see your healthcare provider. The ring does not need to be removed during sex or bathing.

PROGESTIN

As mentioned, if you are postmenopausal and still have your uterus, then you also need to take progestin with the estrogen to prevent changes in the lining of your uterus.

Your doctor might prescribe you a pill or may place something inside your uterus, called an intrauterine device, which slowly releases progestin over time.

These devices also prevent pregnancy, which is important for women who are not yet in menopause.

WHAT ARE THE DIFFERENT KINDS OF NON-HORMONAL THERAPY?

Even though estrogen is the best treatment for menopausal symptoms, some women can't or don't want to take hormones. If you have had breast cancer, a blood clot, a heart attack or a stroke, then you should not take hormone therapy.

You should also not take hormone therapy if you have heart disease, liver disease, or abnormal vaginal bleeding, or if you are at high risk for any of these medical problems. If there is a chance that you could be pregnant, then you should not use hormone therapy. You can try non-hormonal medications to treat your menopausal symptoms.

LOW-DOSE ANTIDEPRESSANTS

Your hot flashes might improve if you take certain antidepressants. The only antidepressant that the FDA has approved for the treatment of hot flashes is Paroxetine, but there are other antidepressants that some women use to treat hot flashes (Venlafaxine, Desvenlafaxine, Citalopram and Escitalopram). You should not take Paroxetine if you have breast cancer and are taking tamoxifen.

GABAPENTIN

This medication was originally made to treat seizures, but some women find that it helps hot flashes.

This medication can be particularly helpful if you mainly have hot flashes in the middle of the night.

CLONIDINE

This medication is available in both a pill and a patch form and was originally made to treat high blood pressure, but it can help hot flashes for some women

WHAT ABOUT HERBAL TREATMENTS FOR MENOPAUSAL SYMPTOMS?

If you are looking for something natural and free from side effect you might want to explore herbal treatment instead.

Do you realize there is not many product in the market that focus for menopause issue?

Recently, CS Leaflabs had introduced to the market a combination of herbal botanical supplement drink that is speciliased to help women with menopausal condition. "Feminira", unlike pharmaceutical pills, does not only provide symptomatic relief but also nourishes and balances the hormones from within, resulting in self-sustaining long-term benefits. Most of the product in the market targets or focuses either on hormone balancing or skin health only. Feminira focuses and targets the issue 2 in 1

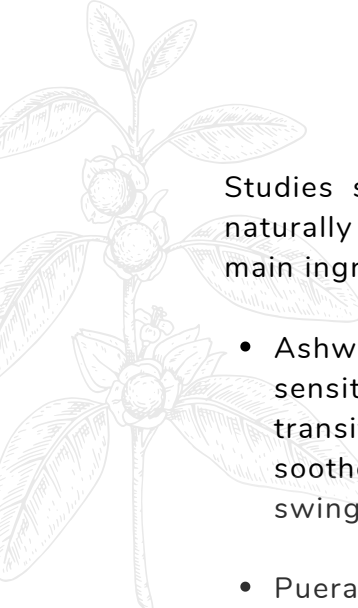
Feminira mainly helps in managing hormonal imbalance issues that majority of the women are facing these days and also simultaneously Feminira promote and improve skin texture, hair and nails.

Furthermore, Feminira has been shown to be effective in helping women sleep better from the first day of use.


Feminira is formulated with 6 natural ingredients with Vitamin C (Astaxanthin) and marine collagen peptide where each of these ingredients plays an important role in overall women's health.

Astaxanthin is crucial in absorption of all the fibres and ingredients that we used in Feminira and marine collagen is important in improving your skin texture, hair and skin. And definitely there would not be any side effects as it is all from natural source compared to chemically produced drugs. Therefore, it gives you inner balance and outer beauty.





Studies show you can balance your hormone naturally by using selected herbs and it is the main ingredients in Feminira

- Ashwagandha-This herb is a holy grail for sensitive souls navigating the menopausal transition. Lowered cortisol levels and soothed brain function can lead to less mood swings, hot flashes, and night sweats
 - Pueraria Mirifica-Small studies suggest that pueraria mirifica may help ease some symptoms of menopause, including hot flashes, vaginal dryness, irritability, and irregular periods.
 - Curcumin-Turmeric is a phytoestrogen, a plant source of oestrogen, so it can help women going through the menopause, by balancing oestrogen. It is a natural antioxidant, antimicrobial and anti-inflammatory.
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- Amla-Indian gooseberry helps in reducing symptoms during menopause. It reduces hot flashes, tiredness, Mood swings, Night sweat, vaginal dryness, Sleep problem and mental irritation. It also provides nourishment to all parts of the body because it contains a good amount of nutrients and vitamin C.
- Cinnamon-Cinnamon also supports the uterine muscle fiber and benefits a woman undergoing menopause. It contains a natural chemical called cinnamaldehyde, which studies show increases the hormone progesterone and decreases testosterone production in women, helping to balance hormones.
- Saffron-Saffron is a safe and effective treatment in improving hot flashes and depressive symptoms in post-menopausal healthy women



WOULD FEMINIRA BENEFICIAL FOR WOMEN THAT HAD ALREADY HAD HYSTERECTOMY ?

Removing the uterus itself won't impact your hormone levels, because the uterus doesn't make or store hormones. Your uterus, cervix, and vagina aren't part of your endocrine system, which means there's no effect on your hormones, if they must be removed.

The sudden loss of estrogen following ovary removal can trigger symptoms of early menopause like hot flashes, vaginal dryness, trouble sleeping, mood changes, and painful intercourse.

Therefore an individual that has undergone hysterectomy can take Feminira simultaneously with the medication that has been prescribe by the doctor. No issue. Feminira is an extra supplementation for the body.



WHAT ABOUT BEHAVIORAL AND OTHER SUCH TREATMENTS FOR MENOPAUSAL SYMPTOMS?

If you do not want to try medications or medications haven't helped your symptoms, then you can try therapies such as aerobic exercise, yoga, tai chi and acupuncture.

These therapies can help sleep and mood problems and muscle and joint pain.

Your symptoms might get better if you manage your stress with strategies such as relaxation and deep breathing, but not all people will improve with these therapies.

Osteoporosis and Menopause

As we get older, the levels of certain hormones in our bodies decrease.

Estrogen is a hormone that protects our bones from bone loss. After we hit menopause at approximately 50 years old, our ovaries produce very little estrogen, which leads to more rapid bone loss.

This is why older women are at higher risk for having bone health problems.

Are There Symptoms of Osteoporosis?

Symptoms of osteoporosis include fractured vertebrae, which can cause loss of height or a slight curve of the spine.

These kind of spine fractures are not painful, but other kinds of fractures can cause pain. Most often, however, women with osteoporosis have no symptoms.

IF THERE ARE NO SYMPTOMS ASSOCIATED WITH WEAK BONES, THEN HOW DO I KNOW IF I HAVE WEAK BONES?

If you are over 65 years old, you should get a bone density test. If you are younger than 65 years old, your doctor may order a bone density test if you are at risk for bone loss. A bone density test tells us how strong your bones are and whether you are at risk for fracture. If you are over 65 and have normal bone health or bones that are only a little weak, then you can get a bone scan every 15 years. You might need to have testing more often if you are in this age group with weaker than average bones.

The bone density scan, also known as a DXA scan, is the best test to check your bone health. The test is painless and safe. You lie down for 3 to 10 minutes while a machine scans your body. You are exposed to a small amount of radiation during this test – less than in a chest X-ray. Using the results of your hip and spine bone strength, your medical provider can tell if you have normal or weak bones.

If you're younger than 65 years old, your provider might use a tool called FRAX to estimate your fracture risk and decide whether you should have a bone scan test.

The FRAX tool uses information such as age, sex, weight, height, smoking, alcohol intake, and other risk factors to guess your risk of having a fracture within the next 10 years.

Your medical provider will recommend starting a medication for bone health if your FRAX shows that you have a 3% risk of hip fracture or a 20% risk of a fracture of the forearm, shoulder, or spine.

WHAT KIND OF MEDICATIONS DO PROVIDERS PRESCRIBE TO TREAT OSTEOPOROSIS?

If you are at high risk for getting a fracture, your doctor may recommend that you start a medication to improve your bone health. In addition to making sure you are living a healthy lifestyle and getting enough calcium and vitamin D, it is important for you to prevent falls. If you can prevent falls, you will decrease your risk of fracturing a bone.

The most common medication prescribed to treat osteoporosis is a pill called bisphosphonate, but there are other types of medications that your medical provider may prescribe for you. If you are prescribed a medication, it is important to take your medication as instructed and follow up with your medical provider regularly.

If your health changes and you start a medication that weakens your bones, you should tell your medical provider. If you fracture a bone, you should tell your medical provider since a fracture might mean that you have a serious bone health problem such as osteoporosis and may need to have some tests done and even start a new medication.

Metabolic Syndrome After Menopause

A new study suggests that after menopause, women are more likely to develop metabolic syndrome, a group of conditions that includes high blood pressure, excess belly fat, elevated levels of cholesterol or other lipids in the blood, and elevated blood sugar — regardless of age.

Some women who have maintained a healthy weight and "good" blood pressure, cholesterol, and blood sugar levels for the majority of their lives may discover that this is no longer the case once they reach menopause. According to a study published in the journal *Menopause* in June 2020, their risk of developing so-called metabolic syndrome, when many of these things are too high, increases by up to 38% after menopause.

Researchers looked at data from 12,611 Canadian women aged 45 to 85, including 10,035 who had reached menopause and 2,576 who had not. With an average age of 65, postmenopausal women were more than a decade older than premenopausal women, who were 51.

Even after accounting for age at menopause and whether women used hormone therapy (HT) for menopausal symptoms — two factors that can independently impact the risk of several conditions involved in metabolic syndrome — researchers discovered that postmenopausal women were 10% more likely than premenopausal women to develop metabolic syndrome.

WHAT KIND OF MEDICATIONS DO PROVIDERS PRESCRIBE TO TREAT METABOLIC SYNDROME?

The clustering of metabolic abnormality is closely related to oxidative stress and inflammation, as well as the progression of atherosclerosis. Antioxidants are reducing agents which inhibit the oxidation of other molecules and can be used not only to prevent but also to treat health complications metabolic syndrome and atherosclerosis. They can be ingested in the normal diet, since they are found in many food sources, or in supplement formulations

Thus, CS Leaflabs had conduct more than 5 year of research for the combination of 13 medical plant in one formulation that is rich in antioxidant and anti-inflammatory called Ayur Lin Capsule.

This is where Ayurlin is unique. The ancient medical discipline treats a person as a whole, not in parts, whereas modern medicine treats by targeting particular disease or sickness only. Our body is not just a combination of limbs. All organs work in sync to keep us healthy and active. It does not mean when a person has diabetes, it only affects the pancreas but it will affect the whole-body system and causes other sickness as well such as cataract, heart attack, stroke, nerve damage and etc.

The same sickness (diabetes) can manifest through different symptoms in different bodies. So, instead of focusing on symptoms, each ingredient in Ayurlin analyses the patient's body type thoroughly which will help people with metabolic syndrome.

Here is the list of medical plant that is proven by many scientific journal on their properties to treat metabolic syndrome:

- Nirmali Seeds
- False black pepper
- Indian Rose Chestnut
- Jungle Geranium
- Sweet Flag
- Mango(seed)
- Turmeric
- Terminalia Chebula
- Aerva lanata
- Indian gooseberry
- Terminalia Bellirica
- Red Spiderling
- Golden Shower Tree



Pain with Intercourse After Menopause

What causes sex to hurt?

Pain during sex can occur at any age, but it appears to be more common around and after the age of 50. When there is a significant drop in oestrogen in your body, you are more likely to experience pain during intercourse.

Menopause is the most common cause of sex pain, but there may be other factors at play in your life.

It is critical to consult a health care professional if you experience pain during intercourse, as there are many things you can do to make intercourse more pleasurable and enjoyable.

What are the different kinds of pain during sex?

Pain from sex can occur before, during, or after intercourse. The discomfort or pain can be superficial, deep, or both.

Superficial pain refers to pain felt upon entry or penetration, whereas deep pain refers to pain felt during deep thrusting.

As a result, pain can be felt in several locations, including the vagina, vulva (external genitalia including the labia and vaginal opening), and deep in the pelvis. After having sex, your pelvis and belly may feel sore.

WHAT DOES MENOPAUSE HAVE TO DO WITH IT?

As previously stated, the ovaries stop producing eggs and women's menstrual periods cease between the ages of 48 and 55. The ovaries produce less oestrogen during the menopause transition. Estrogen maintains the vaginal health, moisture, and flexibility. When oestrogen levels drop after menopause, the vagina loses flexibility and lubrication.

As a result, your vagina can become thin and dry, and sex may cause pain. Vulvovaginal atrophy is a common term for these symptoms. 45% of all women who enter menopause experience these symptoms.

WHAT IS “GENITOURINARY SYNDROME OF MENOPAUSE”?

This is a fancy term for the vaginal symptoms that some women experience during menopause. With sex, the vulva and vagina become thin and dry, resulting in burning, irritation, vaginal discharge, and pain or soreness.

Because your bladder and urethra respond to low oestrogen, you may also experience symptoms such as urination pain, frequency, or increased urinary infections. Because all of these symptoms may coexist, "genitourinary syndrome of menopause," or "GSM," appears to be a more comprehensive term.

TREATMENTS FOR DRYNESS AND SEXUAL PAIN

There are several therapies that can help treat your vaginal dryness and reduce sex pain. Lubricants and moisturisers are effective in treating minor symptoms. These items do not contain any medication or hormones. They don't require a prescription and are simple to obtain. If your symptoms are minor, we recommend that you try these options first.

If your symptoms are more severe, or lubricants and moisturisers have not provided relief, you should consult your doctor. Your doctor may recommend vaginal oestrogen or another non-hormonal treatment option. Options range from therapies that are placed directly in your vagina to pills that are taken orally.

LUBRICANTS & MOISTURIZERS

LUBRICANTS

You could benefit from a variety of lubricants. These are available in liquid and gel forms, and are either water- or silicone-based. Water-based lubricants may be less irritating and more tolerable. Options based on silicone may be more slippery and last longer. Right before sex, apply your preferred lubricant inside and around the opening of your vagina. They function by reducing friction and thus making sex more comfortable. You may need to try a few different products before finding the one that works best for you.

Here are some examples:

Water-based	Silicone-based	Oil-based**
Astroglide® liquid	Astroglide®	Olive oil
Astroglide® Gel liquid	K-Y Intrigue®	Coconut oil
K-Y® Jelly	ID Millennium®	Vitamin E
Pre-Seed™	Pjur® Eros	Ele'gance Women's Lubricants
Slippery Stuff®	Wet® Platinum®	

**Oil-based lubricants should never be used in conjunction with latex or polyisoprene condoms as they can damage the condom and cause it to break during intercourse

MOISTURIZERS

A variety of moisturisers may also be beneficial. Moisturizers, unlike lubricants, are meant to be applied to the vagina several times per week as needed, not just before sex. Depending on the severity of your dryness, some may be used on a daily basis. Always follow the manufacturer's instructions and, if in doubt, consult your healthcare provider.

Moisturizers work by attracting and retaining moisture in your vagina. As a result, you may experience relief from other vaginal symptoms such as dryness, burning, and itchiness.

A moisturizer's effect is intended to last longer than that of lubricants. You may also need to experiment with a few different products to find the one that works best for you..

VAGINAL HORMONE THERAPY

VAGINAL ESTROGEN

If lubricants and moisturisers do not provide enough relief, your doctor may prescribe low-dose vaginal oestrogen. These products are very effective at treating the vaginal dryness and irritation that makes sex painful. Vaginal oestrogen causes the tissue in your vagina to become moister and thicker.

As more blood flows to your vagina, the tissue will become less pale.

It is critical to consult with your doctor before using oestrogen. Estrogen use may increase your risk of stroke, blood clots, high blood pressure, and heart attack in some people.

You can select from a variety of vaginal oestrogen products. You may notice relief after a few weeks of use, but it may take several months depending on how severe your symptoms are.

- Vaginal cream- You can put a pea-size amount of estrogen cream into the vagina using your finger or an applicator. If the vaginal opening is also affected, you may apply a very small amount to this area as well. You will put estrogen cream in your vagina one time, each day for two weeks, and then one time, two days per week.
- Vaginal tablet- If you find the cream to be messy, you can put a small tablet into the vagina using your finger or an applicator. You will put this tablet in your vagina one time, each day for two weeks, and then one time, two days per week.
- Vaginal ring- You can put a small flexible plastic ring in your vagina for 3 months and then remove and replace with a new one every 3 months. You do not need to remove the ring to have sex or bathe. If you choose to remove it to have sex, make sure to put it back inside the vagina afterwards.

NON-ESTROGEN TREATMENTS

DHEA

This is a hormone which works like estrogen on the vagina. It is a suppository that is placed in the vagina at bedtime. It usually needs to be prescribed by a medical caregiver and prepared by a compound pharmacy.

OSPEMIFENE

Ospemifene is the only oral non-hormone treatment available to treat vaginal dryness and pain with sex during menopause. You can take the pill by mouth one time, each day.

This medication is not estrogen, but it works like estrogen to help improve the tissue in your vagina. It also helps with your bones.

If you don't want to use any vaginal product, or have a hard time putting products inside your vagina, ospemifene may be a good option for you. Relief may be noticed after using the medication for 12 weeks.

VAGINAL PRASTERONE

Prasterone is a man-made form of a hormone called DHEA (dehydroepiandrosterone). It is sold under several different brand names and is over-the-counter as a dietary supplement.

You can put a DHEA suppository inside your vagina using an applicator one time, each day, at bedtime. The vaginal suppository contains DHEA, an ingredient that is changed in your body to estrogen.

If you do not want to use estrogen, this may be a good option for you. However, keep in mind that vaginal prasterone was recently approved by the FDA and we know less about this therapy option as compared to vaginal estrogen

HERBAL TREATMENT

CS Leaflabs formulated a combination of 6 herbs that is proven scientifically to help women with libido and vagina dryness.

- Saffron-In one study, saffron proved effective in treating female libido function and vaginal moisture.
- Amla-Amla has aphrodisiac properties where it can increase libido and make you feel more relaxed
- Ashwagandha-Ashwagandha may improve female libido dysfunction due to its role in reducing stress, but possibly also due to its role in increasing androgen hormones in women
- Turmeric-Studies also show turmeric can help increase libido due to its aphrodisiac properties.
- Pueraria Mirifica-Scientifically proven this herb can help overcome the problem of vaginal dryness and can indirectly help increase libido as well.
- Cinnamon-Scientific studies also show that cinnamon is effective in increasing women's libido!
- So if your libido problem is due to hormones, I recommend trying Feminira because it contains herbal content as I have discussed and it is scientifically proven to help stabilise female hormones and increase libido.

OTHER TREATMENTS

VAGINAL LASER

Laser therapy appears to be a safe and potentially effective treatment option for vaginal dryness and pain with sex during and after menopause. During this procedure, a numbing cream is applied to the vulva and vagina, and your healthcare provider carefully inserts a probe into the vagina.

If necessary, this probe will deliver laser energy to all of your vaginal walls as well as your vulvar area or vaginal opening. It is possible that multiple sessions will be required.

The laser works by making numerous small punctures in your vagina, stimulating the growth of new, healthy vaginal tissue.

There is currently insufficient evidence to recommend this treatment over other therapies, such as vaginal oestrogen. More research is required. Vaginal laser treatment, on the other hand, holds promise for women who cannot use oestrogen, cannot tolerate hormone treatment, cannot afford long-term hormone treatment, or are unwilling to use hormone-containing products.

PHYSICAL THERAPY

Many women who experience sex pain have tight pelvic muscles. You can learn how to identify and relax your pelvic floor muscles with the help of a physical therapist (pelvis). This treatment is spread out over several sessions. Learning how to relax your pelvic muscles may help you have easier, less painful sex.

VAGINAL DILATORS

If your vagina narrows and shortens, or if you have been contracting your pelvic muscles in such a way that you are unable to have sex (for example, in anticipation of pain), a set of vaginal dilators may be beneficial. You will stretch your vagina gently with well-lubricated dilators, beginning with the smallest and gradually increasing the size of the dilator until you are able to have sex. During this time, your health care provider or therapist can help you.

BEHAVIOR CHANGES

There are some things you can do to possibly reduce pain while having sex. The following are the most common recommendations:

- Empty your bladder before having sex and spend more time in foreplay to improve natural lubrication.
- Change positions during sex and don't be afraid to express your feelings about what is right or wrong.
- Choose positions that give you control over the depth of penetration.
- If you experience discomfort after sex, wrap ice packs in a towel and apply to your vulva.
- During sex, try using a vibrator. This can help to focus attention on areas that feel good and away from areas that don't. This can give you more control over your partner during sex.

- Remember that as your body changes, so can you and your partner. Play and experiment with new ways to find sexual fulfillment.
- Try to stay sexually active as long as there is no major pain- sex keeps the vaginal tissue healthy and the vagina soft and stretchable.
- Practice yoga- Yoga has numerous advantages! Some yoga poses work by strengthening and relaxing the abdominal and pelvic muscles.
- Nonsexually connecting with your body may help increase sensation during sex and may even help ease pain during penetration. Yoga practise can help you improve your sexual satisfaction.

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