



The union government will seek suggestions from states for amending the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994, for its effective implementation at the ground level to address sex-ratio imbalance, according to official sources

ENDOMETRIOSIS

SUFFERING IN SILENCE

NAMRATA SINDWANI @Bengaluru

IT'S just period pain for some women. For others the pain is acute, like a knife piercing the body, not only while menstruating but sometimes mid-cycle too. "For 15 years, I have suffered from this excruciating pain and did not know what caused it. Intolerable to the extent where I landed in a hospital at 3am because I could not bear it," says Lakshmi Sharath (49), a travel blogger from Bengaluru who has been suffering from endometriosis for more than 30 years.

Menstruation in India is still considered a taboo subject, so much so that its effect has cast a shadow on ailments related to it. Endometriosis is one such disorder women suffer in silence, despite its high prevalence, and lack of awareness of it is causing delayed diagnosis.

Endometriosis affects over 42 million women in the country, which is as common as diabetes. However, medical professionals too do not know the exact cause of the disorder with no permanent cure available either.

It is a condition when tissues similar to the lining of the uterus grow outside it, causing severe pain in the pelvis. Pain is also experienced during sex, while urinating or defecating, apart from nausea, bloating or fatigue by women suffering from it.

Lack of knowledge about the disease among health care professionals also affects early diagnosis and treatment. "I was diagnosed with endometriosis at a time when even gynaecologists were not well aware of the disease and hence they were not efficient with treating it too. I have undergone multiple surgeries and hormonal treatments which were not just expensive, but mentally torturous at times," said Sharath. She was diagnosed with the disease at 35 and was already in stage 3. The chronic medical condition led to severe mental health issues along with infertility which induced menopause also.

Sanjiv Navangul, MD of Bharat Serums and Vaccine Ltd, said, "Two areas where the data is not great are for endometriosis and

for women entering the menopausal stage (in the 40s). Despite high incidence, nobody understands what the actual figures are and how treatment can be provided."

Rising Incidence

"Recent observations in Kerala have revealed an alarming increase in the incidence of extensive endometriosis cases. Disturbingly, even teenagers are now affected by this condition, leading to prolonged suffering. The early onset of endometriosis in teenagers raises concerns about the long-term effects on their reproductive health and quality of life," said Dr Geetha P, senior consultant (obstetrics and gynaecology), KIMS Health, Thiruvananthapuram.

Dr Sheela Murali Chakravarthy, director (internal medicine), Fortis Hospital, Bengaluru, explained that the incidence of endometriosis has increased over time. "Of late, around 10% of all cases complaining about pain during menstruation are diagnosed with endometriosis. However, difficulty in diagnosis and no permanent cure makes it hard for doctors to identify people prone to it and suggest precautionary measures."

Diagnosis

"Gynaecologists can diagnose it easily as women with severe pain and infertility are suspected cases for endometriosis. If it is not diagnosed and treated timely, it will require a higher end of management and that will also lead to other complications. If treated properly at the primary stage it can be cured," said Dr C Sumathi, director, Government Kasturba Gandhi Hospital for Women and Children in Tamil Nadu.

The problem with this disease is that its symptoms take around seven to nine years to appear and there are a lot of misconceptions even in the medical fraternity regarding its proper diagnosis and treatment, said Dr GSS Mohapatra, senior consultant at Apollo Hospital, Bhubaneswar, who is an endometriosis excision specialist.

Since routine ultrasound or MRI may not be able to detect early signs of endometriosis, by the time a patient comes to the doctor, she

SYMPTOMS

- Infertility • Fatigue • Painful urination before periods • Painful bowel movements during periods • Pain during sex • Pain before and during periods due to severe cramps • Heavy menstrual flow and periods lasting >7 days • Diarrhoea • Constipation

LIFESTYLE AND DIET

Lifestyle changes and diet play a crucial role in managing endometriosis. A person should avoid or limit food causing inflammation like alcohol, caffeine, gluten, red meat, saturated and trans fat

Consume antioxidant-rich food like fruits and vegetables like oranges, berries, beetroot or spinach and fatty acid-rich food like salmon, trout, walnuts, chia and flax seeds

Obesity is associated with increased oestrogen levels, which can worsen endometriosis symptoms

Women must maintain a healthy weight and a balanced diet along with regular exercise, such as yoga or walking, promoting overall well-being and alleviating discomfort

already has severe symptoms. Although oral contraceptive pills and progesterone are being prescribed to treat the disease, it cannot halt or reverse the disease process.

Treatment

Endometriosis can be managed in two ways - medical and surgical - based on the severity of the disease. "The treatment is planned depending on the severity of the disorder. Endometriosis is classified into four stages. It can be easily treated by a gynaecologist with birth control pills in the early stage to stop periods. It will heal when the period is stopped," Dr S Vijaya said.

If it is not responding to medicines, then they have to opt for surgical management. "It becomes difficult to treat when it spreads to other organs. Extensive endometriosis will spread to the bowel, bladder, urethra and sur-

rounding organs. Later stages need prolonged hormonal therapy and surgery. To remove it surgically in an extensive spread, a multi-disciplinary team should be involved as its spread to other organs," said Dr Vijaya, former director at the Govt Institute of Obstetrics and Gynaecology in Chennai.

"The only current cure is laparoscopic excision of all visible endometriotic tissue - known as Lapex surgery. We are also conducting robotic surgery for all advanced endometriotic surgeries for better precision and outcome. The patient must choose her endometriosis excision specialist carefully because the first surgery should be the final surgery otherwise relapse can be very fast," Dr Mohapatra said.

With inputs from Unnikrishnan S (T'puram), Sinduja Jane (Chennai) and Hemant Kumar Rout (Bhubaneswar)



Dr SN Basu, director and HOD of Obstetrics And Gynaecology, Max Super Speciality Hospital, Shalimar Bagh, Delhi

Debunks menstrual pain, which affects a significant number of women worldwide

MYTH BUSTING

Myth: Eating certain foods can cure or worsen menstrual pain
Fact: While maintaining a balanced diet is important for overall health, there is no specific food or diet that can universally cure or worsen menstrual pain. However, some women may find that reducing their intake of caffeine, alcohol and processed foods can help alleviate symptoms.

Myth: Exercising during menstruation is unsafe, causes complications and should be avoided
Fact: On the contrary, engaging in exercise is considered safe and beneficial during this time. Exercise can help relieve menstrual cramps by promoting blood circulation and releasing endorphins, which act as natural pain relievers. However, it is crucial to listen to your body and adjust the intensity of your workout according to your comfort level. Choose exercises that feel suitable for you, such as low-impact activities like walking, yoga, or swimming.

Myth: Bathing during menstruation is harmful or prolongs menstrual bleeding
Fact: This belief is unfounded. Bathing, whether through showers, baths or swimming, has no adverse effects on menstruation. In fact, maintaining good personal hygiene and feeling refreshed can contribute to overall well-being during this time. It is important to embrace self-care practices, including regular bathing, while menstruating

Myth: Exercising during menstruation leads to excessive bleeding
Fact: Engaging in exercise does not have any direct impact on the amount or duration of menstrual bleeding. Menstrual bleeding is primarily determined by hormonal factors and the shedding of the uterine lining. If you notice any significant changes in your menstrual flow, it is advisable to consult with a healthcare professional to rule out any underlying issues.

Myth: Over-the-counter painkillers are the only effective option for managing menstrual pain
Fact: Over-the-counter pain relievers, such as nonsteroidal anti-inflammatory drugs (NSAIDs), can provide effective relief for many women. However, they are not the only option. Heat therapy, such as using a heating pad or taking warm baths, can help relax muscles and reduce pain. Additionally, hormonal contraceptives, such as birth control pills, can regulate hormone levels and alleviate menstrual pain. Consulting with a healthcare professional can help determine the best option.

Myth: Exercising during menstruation negatively affects fertility
Fact: Engaging in moderate exercise has no direct effect on a woman's reproductive system or fertility. In fact, regular exercise can have numerous benefits for overall health, including supporting reproductive health. However, extreme exercise regimens or excessive weight loss due to intense exercise can disrupt hormonal balance and potentially impact fertility. It is important to maintain a balanced approach to exercise and prioritize overall well-being.

Myth: Severe menstrual pain indicates infertility
Fact: Experiencing severe menstrual pain does not necessarily mean that a woman is infertile. While some underlying conditions that cause menstrual pain, such as endometriosis or pelvic inflammatory disease, can affect fertility, it is not a direct correlation. Many women with menstrual pain can conceive and have successful pregnancies.

Myth: Pregnancy can cure menstrual pain
Fact: While pregnancy may temporarily alleviate menstrual pain for some women, it is not a guaranteed solution nor should it be the primary reason for considering pregnancy. Hormonal changes during pregnancy can affect menstrual cycles, but they do not guarantee freedom from future pain. Pregnancy is a personal decision and should not be solely based on expectations of pain relief.

Myth: Treating menstrual pain will improve fertility
Fact: While effectively managing menstrual pain can improve quality of life, it does not directly enhance fertility. Addressing menstrual pain through pain relief measures or treating underlying conditions like endometriosis may alleviate discomfort but does not guarantee improved fertility.

Myth: Menstrual pain has no long-term implications
Fact: Chronic and severe menstrual pain can have long-term implications for a woman's quality of life. It may impact mental health, disrupt daily activities, and affect overall well-being. Additionally, some underlying conditions that cause menstrual pain, such as endometriosis, can have long-term consequences if left untreated.

Ultra-processed foods make you overeat

BY DR ARUN GUPTA

Ultra-processed foods (UPFs) are industrial formulations made by de-constructing natural foods into chemical constituents. It destroys the fundamental food matrix as fibre content is ripped off and sugars, fats or salts are added. Modified with cosmetic additives such as emulsifiers, stabilisers, colouring agents and flavours, UPFs are marketed aggressively and projected as healthy to replace regular diets.

The World Health Organisation has released new guideline on policies to protect children from harmful impact of marketing of high sugar/fat/salt foods (HFSS) mostly sold as pre-packaged foods and are ultra-processed.

What happens if you eat UPFs as part of your diet?

XPLAINER You will begin to overeat. It significantly increases your intake of sugars, saturated fats or salts. In India, it is estimated that about 20% of diet comes from such foods.

What are the associated health risks? Increased intake of UPFs is associated with a higher incidence of non-communicable diseases such as overweight, diabetes, cancers, heart diseases and overall deaths.

Why are these harmful? Flavours and additives that are used in these foods block the brain pathway which indicates you are full. The decreased fibre content and increased sugars/salt and fats make these foods unhealthy. Additives and packaging chemicals are likely to disturb the normal gut flora that protects you from disease.

Do we need a prohibition on marketing? While sale of sugar-sweetened beverages has fallen by about 25% in high-income countries, companies are coming to low and middle-income countries to make up for the loss. Billions are spent on marketing and most of the food products advertised in India are UPFs.

(The writer is a paediatrician and member of WHO's global development group for guidelines on complementary feeding)



Dr T S Selvavinayagam, Director, Directorate of Public Health and Preventive Medicine, Tamil Nadu, talks to **Sinduja Jane** about the challenges faced by the health department as non-communicable diseases are on the rise, apart from steps people can take to avoid catching infectious diseases.

Q. With the burden of non-communicable diseases (NCDs) increasing, has the focus of the Public Health and Preventive Medicine Department shifted from the prevention of infectious diseases to NCDs?
 Yes, non-communicable disease is the big killer now. We are not shifting our focus from infectious diseases, but in addition to the surveillance of infectious diseases, we developed the capacity to handle non-communicable diseases also. The Makkalai Thedi Maruthuvam Scheme (MTM) is a step towards the prevention and control of non-communicable diseases.

Q. What are the new challenges for the DPH in the time of changing food and living habits of people?
 Changing lifestyle and food habits are the prime reason for the increase in non-communicable diseases like hypertension, diabetes and cancer. Limited exercise, physical mobility, stressful life and junk food contribute to our abnormal BMI and NCDs. The major challenge is that more children and adolescents are now getting affected.

Q. With intermittent rains becoming commonplace now, what is your advice to people to prevent infectious diseases like dengue, leptospirosis or rat fever, typhoid and malaria?
 A. Monsoon season is one of the challenging times for public health. Even after the rainy season, there is a possibility of communicable disease outbreaks, including dengue, leptospirosis, typhoid, malaria, etc. So the first and foremost intervention is that we intensify our surveillance through the

Q. Can you brief us about the significance of the 'First 1,000-Healthy Days' programme that was recently launched by the Health Department and how it will help the mother and child?
 This first 1,000 days intervention is one of



'Surveillance is key to managing future epidemics or pandemic'

IHIP portal wherein all the government and private institutions will be reporting the occurrence of selected events on a daily basis in addition to our health inspectors, field staff active case-finding measures. The key strategies include an entomological survey of vectors, strengthening the lab services for diagnosis, the appointment of suitable domestic breeding checkers with local bodies' support, ensuring the availability of sufficient quantities of medicines etc. In addition, sufficient quantities of insecticides and anti-larval are stocked.

Other interventions include mass cleaning with local body support, fever camps, and health education programmes to ensure mosquito-free buildings, including schools and hospitals are done. So far all the communicable diseases are under control.

INTERVIEW
 DR T S SELVAVINAYAGAM

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Kerala's ₹3,000 cr plan to tackle lifestyle ailments

T'puram: Kerala will launch an ambitious health programme to tackle non-communicable diseases (NCDs) such as cancer, heart diseases and diabetes with the support of World Bank. Under the programme, the output of primary and secondary healthcare centres will be improved to provide NCD care. The project will be implemented in 14 districts for a five-year period from 2024.

Teenager succumbs to brain-eating amoeba

Alappuzha: A 15-year-old boy died in the district from a rare brain infection - primary amoebic meningoencephalitis. The water-borne amoeba - naegleria fowleri - usually found in polluted pond water or canals, enters the brain through tissues in the nose. The teenager had taken a bath in the pond near his house last week. Samples have been sent to JIPMER, Puducherry, for confirmation.

Sexagenarians treated for Ludwig's angina in TN

Chennai: Doctors at Kauvery Hospital here recently treated three cases of Ludwig's angina, an infection that usually affects your molars and can lead to swelling in the face and neck and turn fatal. The patients, in their 60s, came in with severe breathing and swallowing issues. A simple toothache can escalate into a rapidly spreading infection due to virulent enzymes.