

CERTIFIED WOMEN'S HEALTH COUNSELOR ONLINE COURSE: SESSION 7

• Female Reproductive Health

Women's reproductive health covers diseases and conditions that affect the female reproductive system. Includes symptoms, diagnosis, treatment, and prevention of women's reproductive health issues. Covers woman's health diseases that affect the uterus, cervix, vagina, fallopian tubes, and breasts.

Menstruation: Understanding the Menstrual Cycle

Despite the fact that all women deal with the menstrual cycle, there are numerous individuals who don't fully understand how it works. The female reproductive system is complex, but with a little basic information it can be easy to get a handle on how the menstrual cycle works. This guide provides insight into why and how menstruation occurs and the effects it has on women.

The Female Reproductive System

The main structure of the female reproductive system is the uterus. Located in the lowest part of the abdomen, this is where a baby grows and develops when a woman becomes pregnant. Attached to the uterus on either side are fallopian tubes. These long and thin structures each connect the uterus to an ovary, which contains thousands of tiny eggs.



When a woman ovulates once a month, an egg leaves one of the two ovaries and travels through the fallopian tube to the uterus. At the same time, the uterus is building up a layer of extra blood and tissue on its lining. This provides a place for the egg to attach if it becomes fertilized by a sperm cell and the woman becomes pregnant. However, if the egg isn't fertilized by a sperm cell (which is the case in most women's monthly cycles), the lining of the uterus is shed and exits the body through the vagina. This is a woman's monthly menstrual period.

The Beginning of the Menstrual Cycle

The menstrual cycle begins when a girl goes through puberty. For most girls, this occurs somewhere between the ages of 8 and 13. At this point, hormones begin to stimulate changes in the body, including breast development, the growth of pubic hair and underarm hair, and mood swings. A girl gets her first period once her reproductive system has matured and begins functioning properly. This generally occurs about 2 to 2½ years after her breasts first begin to develop. The beginning of a girl's menstrual cycle is called menarche.

Girls may also experience increased vaginal discharge about 6 months or so before their first period. The discharge is common and is nothing to worry about as long as it is clear, relatively odorless and does not cause itchiness.

It's important for parents to talk with their daughters about the changes they can expect to see in their body during puberty, and how to recognize that they may get their first period soon. This will keep them from getting misinformation from their peers and will help them to feel prepared rather than overwhelmed when these changes occur.



The Monthly Cycle

Many women refer to menstruation as their monthly cycle. The reason for this is that a new egg is released from one of the ovaries about once every four weeks. However, it is important to note that some women may have cycles that are slightly longer or shorter than the average 28-day cycle. Women can determine the length of their cycle by counting the number of days between the first day of bleeding in one month to the first day of bleeding in the next.

For most women, bleeding occurs for about 3 to 5 days, but anywhere from 2 to 7 days of bleeding is considered normal. Menstrual periods can have varying degrees of bleeding or “menstrual flow” from light to medium to heavy. Periods also tend to become shorter and more regular as a woman ages. Feminine hygiene products, including tampons and pads, are available to help women during their menstrual periods. Always use these products according to the directions on their packaging.

Many women experience a variety of symptoms around the time of their periods. The most common are menstrual cramps. However, women may also experience temporary emotional and physical changes at this time as a result of premenstrual syndrome, or PMS. These changes can include heightened emotions, irritability, food cravings, feeling bloated, swollen or sore breasts, headaches and acne flare-ups.

Although irregular periods are common in girls who have just started menstruating, it's important to see a doctor if periods continue to be irregular a year or two after menarche. In some cases, an irregular period is nothing to be concerned about, but it's important to have a doctor rule out possible health conditions which could be causing them. Some of the reasons a woman might experience irregular periods include abnormal uterine bleeding, extreme weight loss, eating disorders, stress and excessive exercising.

Menopause

After menarche occurs, a woman continues to get her period each month for several decades (except for when she becomes pregnant). Eventually, her ovaries stop producing the hormones necessary for menstruation. At this time, she stops having her period, an event which is known as menopause. Once this occurs, the woman's eggs no longer release eggs and she cannot get pregnant anymore. Because periods can be irregular in the years leading up to this time, women don't know for sure if they've gone through menopause until they have not had a period for one year. Most women go through menopause around the age of 51, but it can happen anywhere between the ages of 40 and 55.

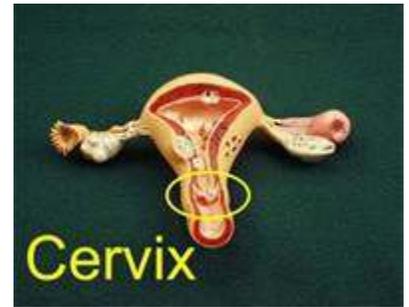
Menopause causes several symptoms, including hot flashes, mood changes, vaginal dryness, urinary tract infections, osteoporosis and night sweats. However, women can help control these symptoms by eating a healthy diet and being active.

Conclusion

Most women find that their menstrual cycle is relatively easy to deal with, especially if they know when to expect their period and how to deal with their symptoms. However, many young girls are unprepared for this transition and parental guidance and advice is essential for readying them for menstruation and all it entails.

What Is The Cervix?

The cervix is the lower third portion of the uterus which forms the neck of the uterus and opens into the vagina which is also called the endocervical canal. The narrow opening of the cervix is called the os. The cervical os allows menstrual blood to flow out from the vagina during menstruation. During pregnancy the cervical os closes to help keep the fetus in the uterus until birth. Another important function of the cervix occurs during labor when the cervix dilates, or widens, to allow the passage of the fetus from the uterus to the vagina.



The cervix is covered by the epithelium which is made of a thin layer of cells. Epithelial cells are either squamous or columnar (also called glandular cells). Squamous cells are flat and scaly, while columnar cells appear, as indicated by their name, column-like. Having regular Pap smears is imperative to detect early changes to the cervical cells which may lead to cervical cancer; however, you should know that the majority of abnormal Pap smears are due to inflammation or infection.

Cervical Conditions

Cervical Erosion

Cervical erosion is a normal condition that occurs when the squamous epithelial cells grow out of the cervix and form an inflamed, red, velvet-type area that looks eroded and infected. The normal cervix has a narrow passage called the os which is lined with glandular cells that secrete mucus; the rest of the cervical surface is lined with flat, epithelial, cells on the outer surface. While it sounds scary to think that your cervix is eroded, there is no actual erosion.

Cervical Dysplasia

Precancerous changes of the epithelial cells that line the cervix. Seen through a microscopic examination of Pap smear tissue. Occurs in less than 5% of all Pap smear and most often in women ages 25 to 35. Risk is increased with multiple sexual partners, sexual activity before age 18, childbirth before the age of 16, and a past history of sexually transmitted diseases. Treatment depends on severity of dysplasia and can include cryosurgery or conisation.

Bleeding Between Periods

Bleeding or spotting between periods can be a frightening experience. You never know when bleeding between periods may occur. Maybe your period was over last week and then you notice that you're bleeding again. Maybe this isn't the first month you've experienced bleeding or spotting between periods. Or it could be the first time you've had bleeding between periods. Whether it's the first time you've experienced bleeding between periods, or just another month of spotting, bleeding between periods is a frustrating and stressful experience.

What Is Normal Menstruation?

Normal menstrual bleeding lasts about four to five days, and although it may seem like you are losing a lot more blood, the amount of blood lost during your period is only about two to eight tablespoons. While normal menstruation occurs on average every 28 days, anywhere from 21 to 35 days between periods is considered normal.

When Should You Worry About Menstrual Bleeding?

If you are post-menopausal or younger than 11 and bleeding you should consult your physician immediately. Also do so if you are experiencing vaginal bleeding between periods. Try to determine where the bleeding is coming from: Are you sure you are bleeding from your vagina? Or is it your rectum? Is there blood in your urine?

What Causes Bleeding Between Periods?

Although the cause of irregular bleeding can vary according to individual health situations, some of the more common causes include:

- Implantation Bleeding/Pregnancy
- Miscarriage
- Hormonal fluctuations
- Starting, stopping, or missing oral contraceptives or estrogens
- Low thyroid levels
- Stress
- IUDs occasionally cause slight spotting
- Injury to the vagina from insertion of objects
- Malignant cancers
- Undiagnosed vaginal infections
- Certain drugs, particularly anticoagulants Vaginal dryness
- GYN procedures
- Some women have spotting during ovulation, which is normal

Bed rest may be recommended if between period bleeding is heavy. Use your menstrual cycle calendar to record the number of tampons or pads you use. This information helps your doctor determine whether you are bleeding excessively.

Unless your doctor specifically advises otherwise, never take aspirin while you are menstruating. Aspirin can cause bleeding to occur longer and heavier.

Of course, you should inform your doctor about any bleeding or spotting between periods that you experience.

Abnormal Uterine Bleeding

You may be experiencing abnormal uterine bleeding if you're change pads or tampons more often than every one or two hours, or having a period that lasts over seven days.

While it sounds unlikely, abnormal uterine bleeding is also used to describe amenorrhea or absence of menstruation. Uterine bleeding is always abnormal when:

- Bleeding occurs between periods
- Bleeding occurs following sex
- Spotting occurs at any time during the menstrual cycle
- Bleeding is heavier than normal or lasts for more days than usual
- Bleeding occurs after menopause

Some women are concerned, needlessly, by clots in their menstruation. In most instances, brown, black, or red menstrual blood clots are normal. These blood clots are part of the endometrium, which is the lining of the uterus that is shed during menstruation.

What Causes Abnormal Uterine Bleeding?

Abnormal uterine bleeding, or heavy menstruation, which is called menorrhagia by the medical community, is usually the result of a hormonal imbalance in adolescents during the years following the onset of menstruation, or in women who are approaching menopause. Menstruation is often irregular or heavy during these times because, depending on hormonal levels, the ovaries may or may not release an egg. Another common cause of abnormal uterine bleeding is fibroid tumors. Other causes of excessive bleeding that your healthcare provider should consider include:

- cervical or endometrial polyps
- lupus
- pelvic inflammatory disease (PID)
- cervical cancer
- endometrial cancer

Women using intrauterine devices (IUDs) for birth control may also experience excessive or prolonged periods. If you experience excessive uterine bleeding while using an IUD, the IUD should be removed and replaced with an alternative birth control method.

Usually detected soon after menstruation begins, platelet disorders are the most common blood disorder which causes excessive bleeding; the most common platelet disorder is von Willebrand's disease. Women with von Willebrand's disease commonly will experience not only heavy menstrual bleeding, but nosebleeds, easy bruising, and blood in the stool.

Diagnosis and Treatment of Abnormal Uterine Bleeding

A pelvic exam is the first step to determine the cause of abnormal uterine bleeding, including a Pap smear and lab tests to check for any underlying causes, as well as a pregnancy test when appropriate. An ultrasound is often performed to check for any abnormalities, such as fibroids. And an endometrial biopsy, D&C, or hysteroscopy may also be performed to further evaluate the condition of your uterus.

Treatment of Abnormal Uterine Bleeding

Relief from abnormal uterine bleeding or menorrhagia is usually found by treating either the medical or physical (as in the case of an IUD) cause. Abnormal bleeding which does not appear to be related to another underlying disease or condition is often successfully treated with progesterone or a combination of progesterone with estrogen, many times given in the form of an oral contraceptive.

Women who experience menorrhagia, or excessive uterine bleeding, on a regular basis should be monitored closely for anemia and treatment with iron supplementation may be necessary. Often, severe bleeding is treated with non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen and naproxen. These drugs sometimes help reduce bleeding, as well as menstrual cramps.

Endometrial ablation, once commonly used to treat excessive bleeding in women past child bearing who wanted to avoid hysterectomy, has now been replaced by a therapy called thermal balloon ablation. In most cases, thermal balloon ablation ends bleeding by destroying the lining of the uterus. Only women who **do not** want to have children are treated in this manner because this treatment usually results in infertility. However, this procedure

does not guarantee that pregnancy won't happen. Women who do not desire children should continue using their preferred birth control method.

Unless you're pregnant when you experience abnormal uterine bleeding, a single episode of heavy menstrual bleeding usually does not require treatment. The exception to this, however, is when excessive uterine bleeding continues for over 24 hours. Women should contact their gynecologists.

Top Ten Causes of Heavy Menstrual Bleeding

All of us, from time to time, experience what we feel is unusually heavy bleeding during our menstrual periods. Fortunately, most often what we think is abnormal uterine bleeding is not excessive enough to be diagnosed as menorrhagia.

How do you know when bleeding during your period is abnormally heavy? The easiest way to know if you are experiencing menorrhagia is to take note of how often you need to change your pad or tampon. If your period is heavy enough to require changing more often than every one or two hours, or if you have a period that lasts more than a full week, you may be experiencing menorrhagia.

Let's take a look at the most common causes of menorrhagia or heavy menstrual bleeding:

1. A hormonal imbalance during adolescence or menopause is the most common cause of heavy menstrual bleeding. During adolescence after girls have their first periods, and for several years before the onset of menopause when menstruation ceases, our hormones levels are fluctuating which often leads to excessive uterine bleeding during our periods. It's often possible to treat menorrhagia caused by hormonal imbalances with birth control pills or other hormones.
2. Uterine fibroid tumors are another very common cause of excessive menstruation. It's important to understand that fibroid tumors are usually benign (non-cancerous) tumors that often occur in the uterus of women during their thirties or forties. While the cause of uterine fibroid tumors is unclear, it is clear that they are estrogen-dependent. Several surgical treatments are available for treating fibroid tumors of the uterus including myomectomy, endometrial ablation, uterine artery embolization, and uterine balloon therapy, as well as hysterectomy. Non-surgical pharmacological treatments for fibroid tumors include GnRH agonists, oral contraceptives, androgens, RU486 (the abortion pill), and gestrinone. Some women find natural progesterone to be an effective treatment for uterine fibroid tumors. Often, when symptoms are not severe or troublesome, a "wait and see" approach is taken. Once menopause occurs, uterine fibroid tumors typically shrink and disappear without treatment.
3. Cervical polyps are small, fragile growths that begin in either the mucosal surface of the cervix, or the endocervical canal and protrude through the opening of the cervix. The cause of cervical polyps is not clear; however, they are often the result of an infection and many times associated with an abnormal response to increased estrogen levels or congestion of the blood vessels located in the cervix. Women most commonly affected by cervical polyps are those over the age of twenty who have had children. A simple outpatient office procedure that removes the growth, along with antibiotics, is the usual treatment for cervical polyps.

4. Endometrial polyps are typically non-cancerous, growths that protrude from the lining of the uterus. The cause of endometrial polyps is unclear, although they are often associated with an excess of estrogen following hormone treatment or some types of ovarian tumors. Treatments for endometrial polyps include hysteroscopy and D&C. A pathology lab will evaluate endometrial polyps for cancer following removal.

Very Heavy Menstrual Bleeding causes, symptoms & treatments

As you get closer to menopause, it may be hard to tell when your period is going to start. The time between your periods may be longer or shorter than usual. When it does start, bleeding may be very heavy and last for several weeks.

You may have dysfunctional uterine bleeding or DUB. DUB most often affects women over 45. Usually it is caused by an imbalance in the chemicals in the body (hormones) that control the menstrual cycle.

Younger women also may have heavy bleeding. Usually it is because of an irregular menstrual cycle. A woman may go for several months without a period, but the lining of her uterus continues to build up. When finally her body sheds the uterine lining, she may have very heavy bleeding.

The symptoms can be very upsetting and may make you feel limited in the things you can do. Sometimes, the symptoms are a sign of a more serious problem.

Your doctor will probably do a blood test. Depending on the results, your medical history, and your age, the doctor may recommend that you have a biopsy to rule out endometrial hyperplasia.

What treatments are used for very heavy menstrual bleeding?

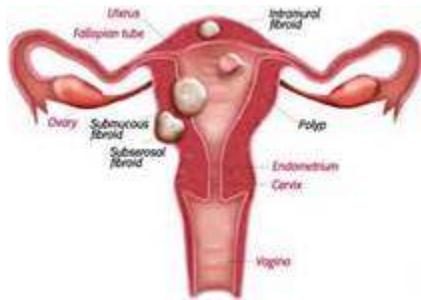
- Birth control pills or other medicines may be helpful.
- Another choice is watchful waiting.
- A surgical procedure called endometrial ablation may help to relieve very heavy menstrual bleeding. Endometrial ablation causes sterility (inability to become pregnant), but it does not trigger menopause. The long-term effects of endometrial ablation are unknown.

Do you have a bleeding disorder?

If you have very heavy periods (lasting more than 7 days or soaking more than one pad or tampon every 2 to 3 hours), frequent or long-lasting nosebleeds, easy bruising, or prolonged oozing of blood after dental work, you may have a bleeding disorder such as von Willebrand Disease. This is not the same as very heavy menstrual bleeding, but it can be an underlying cause. It can be diagnosed at the Hemophilia Treatment Center, and it can be treated. Call the National Hemophilia Foundation at 800-424-2634, extension 3051, to find the Hemophilia Treatment Center nearest you.

Benign Uterine Fibroid Tumors

Uterine fibroid tumors are almost always benign. These benign (non-cancerous) tumors are found in most cases, in the uterus of women in their 30's and 40's.



Fibroid tumors are solid tumors which are made of fibrous tissue, hence the name 'fibroid' tumor. Most often fibroids occur as multiple tumor masses which are slow-growing and often cause no symptoms.

The size of fibroids varies immensely among women and some are so small that a microscope is required to see them. However some women experience a single large fibroid tumor the size of a grapefruit or a fibroid which is so large it encompasses the entire abdominal area. Such large tumors

can weigh as much as 50 pounds; the largest, reported, fibroid ever recorded weighed in at 140 pounds.

No one is sure why fibroid tumors develop, but some facts seem clear:

- fibroid tumors do not develop before the body begins producing estrogen during the onset of menstruation
- fibroid tumors will continue to grow while estrogen is present
- they will grow very quickly during pregnancy when the body is producing extra estrogen
- the tumors often shrink and disappear after menopause when the body stops producing estrogen
- A woman will almost never develop fibroid tumors after menopause.

The estrogen connection appears to be quite clear, although there are still some who doubt the role estrogen plays in the development of fibroid tumors because women with fibroids often have blood levels which reveal normal amounts of estrogen.

Types of Fibroid Tumors

Submucous Fibroids

These fibroids occur just below the lining of the uterus and can cause menstrual problems, including pain as they grow and move around the pelvic area.

Intramural Fibroids

This is a round fibroid most often within the uterine wall which can cause enlargement of the uterus as they grow.

Subserous Fibroids

This fibroid grows on the outer wall of the uterus and usually causes no symptoms until it grows large enough to interfere with other organs.

Pedunculated Fibroids

These fibroids develop when a subserous fibroid grows a peduncle (stalk), as they grow larger they may become twisted and cause severe pain.

Interligamentous Fibroid

This is a fibroid which grows sideways between the ligaments which support the uterus in the abdominal region. This type of fibroid is especially difficult to remove without the possibility of interfering with the blood supply or other organs.

Parasitic Fibroid

The rarest form of fibroid tumor occurs when a fibroid attaches itself to another organ.

Diagnosis of Fibroid Tumors

Diagnosis of fibroids is generally made by your physician during your annual gynecological exam when your physician feels a mass, they often are found when your physician is looking for something else or may never be discovered if you do not experience symptoms. However larger fibroids may make examination of your ovaries impossible if they grow near your ovaries.

An ultrasound scan is often ordered when such masses are felt by your physician to determine the cause of the mass, however some fibroids appear on sonograms as ovarian tumors and surgery is the only way an accurate diagnosis can be made.

Although most fibroids cause no symptoms, the estimated 25 percent of women who do have symptoms may have abnormal bleeding, pain during menstruation, and as the fibroid tumors grow larger, women will often experience a swollen abdomen.

Larger fibroids may cause frequent urination or an inability to control your bladder, either the ability to control the urge or in severe cases, a woman may find that she is unable to urinate at all. If a fibroid extends towards a woman's back it may push on the bowels, causing constipation and a backache.

Treatment Options for Fibroids

If your fibroid tumors are severe enough that they cause certain symptoms, surgery is often, the recommended treatment. However, before you consent to hysterectomy, learn about your treatment options. Symptoms which justify surgery include: extremely heavy bleeding during your menstrual cycle, which causes anemia that does not respond to treatment; pain, which has become intolerable to the woman or discomfort caused by the pressure of the fibroids on another organ; or when the location of the tumors is likely to cause further problems.

Surgery for fibroid tumors includes myomectomy and hysterectomy. Myomectomy is the surgical removal of each individual tumor without damage to the uterus, preserving a woman's ability to conceive. However, fibroids will often grow back and although it is possible to have a myomectomy repeated, multiple myomectomies can cause other problems such as the walls of the uterus sticking together due to scarring.

Women should also consider uterine artery embolization. Uterine artery embolization leaves the uterus intact in a non-surgical procedure. Polyvinyl particles are placed into the uterine artery at a point just before the nexus of vessels spread out into the uterine tissue. The particles flow into the vessels and clog them. This prevents the fibroids from receiving the constant blood supply they require and causes the fibroids shrink overtime. However, almost immediately the symptoms of heavy bleeding and pelvic pain are significantly reduced. The sad fact is that because fibroids do grow back, most women will eventually have to face a hysterectomy. Removing the uterus is the only permanent way to effectively relieve most women of fibroids.

Hysterectomy is, most often, the procedure of choice for fibroid tumors when a women with severe symptoms, has completed her family and her uterus has grown to the size of a uterus at twelve weeks of pregnancy; a women has excessively large fibroid tumors; severe abnormal bleeding occurs; or when the fibroids are causing problems with other organs such as the bladder and bowels.

Science is starting to evaluate other options for treating fibroids, including the use of Lupron which may be beneficial for those who want to become pregnant or for women approaching menopause when fibroids often shrink naturally. Lupron shrinks fibroids in most women with continued use, but one drawback is that the fibroids will quickly grow back once treatment is stopped.

If you have fibroid tumors, investigate your options before deciding what treatment you want to try. There are many alternatives to hysterectomy currently available, and science is creating more options for women every day.

Cervical Polyps

Cervical polyps are fingerlike growths on the lower part of the uterus that connects with the vagina (cervix).

Causes

The cause of cervical polyps is not completely understood. They may occur with:

- An abnormal response to increased levels of the female hormone, estrogen
- Chronic inflammation
- Clogged blood vessels in the cervix

Cervical polyps are common, especially in women over age 20 who have had children. Polyps are rare in young women who have not started their period (menstruation). Most women have only one polyp, but some women have two or three.

Symptoms

- Abnormally heavy periods (menorrhagia)
- Abnormal vaginal bleeding
 - After douching
 - After intercourse
 - After menopause
 - Between periods
- White or yellow mucus (leukorrhea)

Polyps may not cause symptoms.

Exams and Tests

During a pelvic examination, the health care provider will see smooth, red or purple, fingerlike growths on the cervix. A cervical biopsy will most often show cells that are consistent with a benign polyp. Rarely there may be abnormal, precancerous, or cancer cells in a polyp.

Treatment

The health care provider can remove polyps during a simple, outpatient procedure. Gentle twisting of a cervical polyp may remove it. Larger polyps may require removal with electrocautery.

Although most cervical polyps are not cancerous (benign), the removed tissue should be sent to a laboratory and checked further.

Outlook (Prognosis)

Typically, polyps are not cancerous (benign) and are easy to remove. Polyps do not usually grow back. Women who have polyps are at risk of growing more polyps.

Possible Complications

There may be bleeding and slight cramping for a few days after removal of a polyp. Some cervical cancers may first appear as a polyp. Certain uterine polyps may be associated with uterine cancer.

When to Contact a Medical Professional

Call for an appointment if you have:

- Abnormal bleeding from the vagina, including bleeding after sex or between periods
- Abnormal discharge from the vagina
- Abnormally heavy periods

Prevention

See your health care provider to treat infections as soon as possible.

Uterine Polyps May Cause Abnormal Uterine Bleeding - Often Uterine Polyps Are Asymptomatic

Almost a quarter of all women experience uterine polyps -- an overgrowth of tissue in the endometrium. While many women experience abnormal uterine bleeding, the fact is that uterine polyps are often asymptomatic.

Uterine polyps, also called endometrial polyps, are usually small, bulb-shaped masses of endometrial tissue, attached to the uterus by a stalk. They are soft, as opposed to uterine fibroids, which can grow much bigger and are made of hard muscle.

When symptoms of uterine polyps are apparent, they're similar to those of more serious conditions, such as endometrial cancer, so if you have these symptoms it's important that you see a doctor. The symptoms may include several types of abnormal uterine bleeding such as:

- Heavy menstrual bleeding
- Spotting between periods
- Bleeding after intercourse
- Bleeding after menopause

Who is at Risk?

The exact cause of uterine polyps is unknown, but they are sensitive to the hormone estrogen. You may be more likely to develop polyps if any of the following are true:

- Age 40 to 50
- Pre- or peri-menopausal
- Obese, or having a body mass index of 30 or more (such as a 5-foot, 9-inch adult weighing 203 pounds)
- Currently or formerly taking an anti-estrogen drug like Nolvadex (tamoxifen).

High blood pressure and the presence of cervical polyps were at one time also cited as risk factors. But a study published in the November 2008 issue of the *American Journal of Obstetrics and Gynecology* did not find an association between those conditions and uterine polyps.

However, a small study published in *Maturitas: The European Menopausal Journal* in 2007 did link the chance of malignancy in uterine polyps to high blood pressure and obesity in women who did not have breast cancer or take tamoxifen.

Less than 1% of all uterine polyps are associated with cancer.

An article published in a 2008 issue of the *American Journal of Obstetrics and Gynecology* found a relationship between hormone replacement therapy (HRT) and uterine polyps, but other studies have not found HRT during menopause to be a risk factor.

Uterine Polyps and Infertility

Infertility is defined as the inability to conceive after 1 year of trying. When a woman is infertile and has no symptoms of uterine polyps, the chance that she has asymptomatic polyps is between 3% to 5%, according to the Jones Institute of Reproductive Medicine. If she's experiencing abnormal bleeding, it's more likely that polyps are present.

Uterine polyps can act like a natural intrauterine device (IUD), preventing a fertilized egg from implanting in the uterine wall. They can also block the area where the fallopian tube connects to the uterine cavity, preventing sperm from traveling into the tube to meet the egg. Similarly, they can block the canal of the cervix, which would prevent sperm from entering the uterus at all. Polyps may also play a role in miscarriage for some women.

In a study published in 2005 in the journal *Human Reproduction*, women undergoing artificial insemination after having their polyps removed became pregnant at about twice the rate of women who did not have their polyps removed. In fact, the women who had their polyps removed often became pregnant without artificial insemination.

Diagnosis and Treatment

Your doctor may recommend one of several methods for finding out whether you have uterine polyps:

- **Hysterosalpingogram (HSG):** An exam using an x-ray, in which a radiologist injects a contrast dye into the uterus and fallopian tubes to make it easier to see polyps and other tissue.
- **Ultrasound:** Insertion of a wand-like device into the vagina that sends out high-frequency sound waves to create images.
- **Sonohysterogram:** A special type of ultrasound in which the radiologist fills the uterine cavity with saline using a narrow catheter. The saline distends the cavity (like a balloon) and creates a space between the walls. This aids in visualizing polyps that may be missed with traditional ultrasound.
- **Hysteroscopy:** A procedure using a scope inserted through the vagina into the uterus to view the polyps and determine their size and extent. Part or all of a polyp can also be removed for microscopic examination by inserting instruments through the hysteroscopic tube.
- **Excision through traditional methods:** A sample of a polyp may be obtained through curettage (scraping or scooping) or biopsy (removing tissue via an instrument resembling a drinking straw), or after a hysterectomy (removal of the uterus).

Examination of tissue under a microscope is the only way to reliably determine whether a polyp is benign (noncancerous) or malignant (cancerous).

Some polyps disappear on their own. When removal is necessary to control bleeding, to increase pregnancy odds or to check for cancer, curettage guided by a hysteroscope is often recommended, according to the University of Michigan Health System.

A more conventional method, dilation and curettage (D&C), or scraping the uterine lining, is also still in use.

Hysteroscopy is generally performed using either local or no anesthesia, but general anesthesia is sometimes used as well. After hysteroscopy, you may experience slight bleeding and mild cramps, but you should be able to resume normal activities right away, with the possible exception of intercourse, which you may need to avoid for a week or two if your doctor advises.

When polyps are too numerous for hysteroscopic removal, hysterectomy may be recommended.

There is no specific method for preventing uterine polyps, although keeping yourself at a healthy weight, with normal blood pressure readings are the best methods of lessening your risk factors.

Hormone Imbalance in Women and Men

Most people are familiar with the hormonal changes that take place in women as they age, called menopause. But few people know that men experience similar changes over their lifetime as well. In addition, there are many more hormones in the body than just estrogen or testosterone. For the sake of clarity, this article will discuss hormone imbalance in adults. Hormone imbalance in children is another subject altogether.

What Are Hormones?



Hormones are the chemical messengers in the body. They are carried throughout the body in the bloodstream, so they are measurable by blood tests. Hormones work slowly over time and the body functions best when hormone levels are kept steady.

Hormones are made in the endocrine glands. The major endocrine glands are the pituitary, the pineal, thymus, thyroid, adrenal glands and the pancreas. Additionally, men produce hormones in the testes and women produce hormones in the ovaries.

Hormone Functions

Hormones are powerful substances that control a number of functions. Hormones regulate many processes including growth and development of the human body, metabolism, sexual function, reproduction and mood.

Different endocrine glands regulate different functions, and all of them work together to maintain homeostasis.

Hormone Imbalance

The body functions best when hormones are in balance, but it is surprisingly easy for them to become imbalanced. Hormones can become imbalanced in a variety of ways, but many of them stem from over-processed foods, environmental toxins and stress, and it doesn't matter if someone is a man or woman.

The Food/Stress Cycle

One of the most common hormone imbalances is the food/stress cycle. What happens is that when food is consumed, it causes blood sugar to rise. The hormone, insulin, is then released to distribute that sugar to the various cells throughout the body. Usually this process works well, regardless of sex.



However, in the hurried day-to-day lives that nearly everyone leads, it is common for the body to be inundated with refined carbohydrates, like white sugar, or foods that break down into simple sugar like potatoes. When this happens, the body has to try and compensate by releasing extra insulin in an attempt to use that sugar. This leads to the "crash" after the candy bar, so to speak. And because this whole process adds to stress levels in the body, cortisol, also known as "the stress hormone", increases sharply. This increase can cause sleep disturbances as well as causing a disruption in other hormones.

Environmental Toxins

Many of the products men and women use every day expose them to toxins that can greatly influence hormone levels. These substances often mimic hormones in the body and when they leach into the products that are consumed they can cause fluctuation which result in a number of problems.

BPA (Bisphenol A) - Effects
<ul style="list-style-type: none">• Endocrine disruptor, strongest effects during early development• Estrogen mimic• Obesity• Neurological disorders• Thyroid function• Cancer risk: breast, prostate, neuroblastoma• Reproductive anomalies – ovarian development, ...• DNA alterations related to estrogen• Heart disease, diabetes• Growth, reproduction, development of aquatic organisms, including fish, invertebrates, amphibians.

Bisphenol A, also known as BPA, is a chemical found in plastics. This substance mimics the hormone estrogen in the human body, and while that may not sound too bad, it really is. Some cancerous cells thrive on estrogen, so elevated levels could cause cancerous cells to develop and spread. In addition, elevated levels are linked to obesity, which has a whole host of problems associated with it.

Check plastic containers for the triangle marking that is typically on the bottom. If it has a 3, 6, or 7 in it, get rid of that container. These are the containers that leach the most BPA into foods and drinks.

Phthalates (pronounced they-lates) are another substance that mimic hormone action and have been shown to decrease levels of thyroid hormones. This can lead to obesity and fatigue. Phthalates are often found in artificial fragrances, which are used in nearly every cosmetic product on the market for both men and women, from deodorants to shampoo. Products that don't contain phthalates will be labeled so.



Menopause and Andropause

Everyone is familiar with menopause, the point in a woman's life where she stops having monthly menstrual cycles and can no longer have children. This whole process is regulated by hormones, or rather the loss of hormones. What many people don't know is that men experience a similar reduction in hormone production as they age called andropause.

Though it is not widely recognized, there is some indication that men experience many of the same bodily changes and mood changes that women do as they age. These hormone changes can affect sexual function and physical appearance. Some symptoms to watch for in a man include depression, trouble sleeping, weight gain, the development of breasts, a condition called gynecomastia and sexual dysfunction. If a man notices any of these symptoms he should see his doctor.

Rebalancing Hormones

Just as it's easy for hormones to become unbalanced, it's fairly easy to rebalance them again. Here are some simple ways to rebalance hormones without costly pharmaceuticals.

1. Eat small, well balanced meals frequently. This will help avoid the spike and crash associated with the food/stress cycle.
2. Take a good multi-vitamin and mineral supplement every day
3. Exercise regularly
4. Establish a bedtime routine that will promote healthy sleep
5. Reduce daily stress

If someone is still experiencing difficulties there are many supplements available over-the-counter to help.

- Fish oil supports hormone balance
- Black Cohosh , Arginine, Ginkgo Biloba, Ginseng, and Damiana can help with the some of the sexual effects of menopause
- Soy has estrogen properties and is widely used for menopause support.
- SAMe and St. John's Wort can help with the depression and anxiety that accompany menopause and andropause.
- Magnesium and CoQ10 are helpful with fatigue. CoQ10 is also helpful with diabetes, another hormone imbalance.

Hormone imbalance can make people feel like they are going crazy. But by simply being mindful of one's diet, and careful about the products one use's, many hormone problems can be avoided. While menopause and andropause can't be avoided, following the same tips can make all the difference between just getting old and growing older gracefully.

Polycystic Ovary Syndrome and Ovarian Cysts

Polycystic ovary syndrome, or PCOS, is a health condition where a woman's sex hormones go off balance, making excess androgens, which is commonly known as male hormones, although women make them too.



A woman with high levels of androgen can experience:

- Issues with her menstrual cycle that can cause irregularities and missed periods
- Excess facial and bodily hair that can become dark and thick
- Hair thinning on the scalp (male-pattern baldness)
- A deeper voice
- Reduced breast size
- An enlarged clitoris
- Fertility issues
- Increased acne
- A resistance to insulin, causing a blood sugars to rise, which increases the risk of diabetes

Many women who experience polycystic ovary syndrome will also experience small cysts that grow on their ovaries. These cysts are not considered harmful and are not to be confused with ovarian cysts that occur during a woman's menstrual cycle, which are called functional cysts.

PCOS and Ovarian Cysts

Ovarian cysts are small sacs filled with fluid that form on a woman's ovaries. Functional cysts are the most common form of ovarian cysts experience by women, but can also form due to polycystic ovary syndrome and are called polycystic ovaries. Ovarian cysts caused by PCOS are a result of matured eggs found within these sacs that are never released and can continue to grow and cause even more cysts.

In normal ovulation, a woman's eggs are released after maturation, causing the cyst to break open and release the egg down the fallopian tube to the uterus to be fertilized. Because the egg never matures due to PCOS, more cysts are formed without any eggs being released and the hormone, progesterone, is not made. This can lead to irregularities in a woman's menstrual cycle. Reduced progesterone compounded by an increase in the male hormone, androgen, prevent normal ovulation.

Other Forms of Ovarian Cysts

While ovarian cysts caused by polycystic ovary syndrome are caused by issues with hormone imbalance, there are other types of ovarian cysts that can develop:

- **Functional cysts can come in two forms: follicle and corpus luteum.** Follicle cysts are similar to ovarian cysts caused by PCOS because they are formed when sacs don't release eggs. However, these types of cysts often disappear after a few months. Corpus luteum cysts are formed when a sac does not dissolve after releasing the egg, and tend to disappear after several weeks.

- **Cystadenomas are formed from cells on the outer layer of the ovary.** These cysts can become more painful as they grow and are filled with a thick, gel-like substance.
- **Endometriomas cysts occur in women who have endometriosis.** The cysts are formed due to the inner lining of the uterus that begins to grow outside of the uterus. This abnormal tissue growth can attach to the ovaries causing cysts that can become painful during intercourse or menstruation.

Causes of PCOS

Doctors and experts do not know what triggers the hormone changes in women that causes polycystic ovary syndrome. However, studies have narrowed down the likely causes of PCOS:

- **PCOS may be passed down through the family.** Women with a mother or sister who suffer from PCOS are more likely to experience the health condition as well. This may be linked to a mutation in the genes, although further study is still required.
- **PCOS can be the result of too much insulin.** If a woman is resistant to insulin, it is likely that her body will produce more of the hormone to compensate, which might also increase androgen production.
- **PCOS might be the result of exposure to androgens from fetal life.** According to Mayo Clinic, the excessive exposure to androgens can cause normal genes to stop functioning properly. This can lead to abdominal fat distribution that is similar to a male, resulting in increased insulin resistance that can lead to PCOS. Further research is being conducted to determine the validity of this theory.

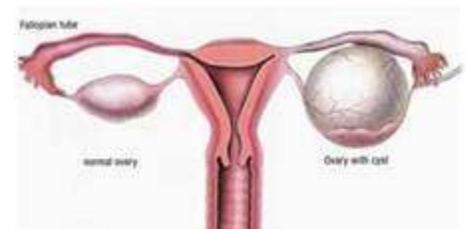
Treatment for Polycystic Ovary Syndrome and Ovarian Cysts

Unfortunately, there is no cure for PCOS, but there are ways to manage it. Birth control pills can be used to help with irregularities in menstruation. Exercise and a healthy diet can help decrease the risk of diabetes, while helping with hormone imbalance and infertility. Different types of hair removal can help with unwanted hair around the face and body, or eflornithine cream can be used to reduce the growth of unwanted facial hair.

For ovarian cysts, a physician may opt to simply monitor cysts to see if they subside on their own. Surgery for ovarian cysts are required due to complications or if a woman is past menopause. Surgery for ovarian cysts can be performed through a laparoscopy or laparotomy.

Ovarian Cyst

The ovaries are part of a woman's reproductive system. They are shaped as ovals and are about as small as a green olive. Each woman has two ovaries that secrete the female sex hormones estrogen and progesterone. Each ovary houses a woman's genetic material in gametes, which are also known as eggs. An ovarian cyst can interrupt the basic processes of a woman's reproductive system, causing hormonal imbalances and problems with pregnancy.



What Is An Ovarian Cyst?

During diagnosis, an ovarian cyst can take on the appearance of a cancerous tumor. In actuality, ovarian cysts are non-cancerous tumors; they are basically benign sacs where fluid accumulates that can occur almost anywhere in the body. The most common form of an ovarian cyst is a functional cyst. Functional cysts can be broken down into two categories:

- **Follicle cysts:** these cysts regularly subside within 1 to 3 months, and occur when an ovarian sac continues to grow because the egg inside was never released.
- **Corpus luteum cysts:** these cysts form when the ovarian sac does not dissolve after having released its egg. The sac will reseal itself and cause fluid to accumulate within. These ovarian cysts can grow up to 4 inches in size, and may also cause bleeding and pain. In some, rare instances, they may become cancerous.

Other Types of Ovarian Cysts

- **Polycystic ovarian cysts are from matured eggs that are never released.** Because the eggs are not released, the sac will continue to grow, forming many more cysts.
- **Dermoid cysts contain many types of cells.** These cysts may contain hair, teeth and any other tissues from the cells that can attach to the cyst. These cysts can grow in size causing pain.
- **Cystadenomas are formed from cells outside of the ovary.** These cysts can become more painful due to a thick, gel-like substance that causes it to grow in size.
- **Endometriomas cysts occur due to endometriosis.** These cysts are caused by inner lining of the uterus that starts to grow outside of the uterus. This abnormal tissue growth can attach to the ovaries causing cysts that can become painful during intercourse or menstruation.

Symptoms

Most ovarian cysts will not show any signs or symptoms. However, some can be detected due to the following symptoms:

- Pelvic pain
- Dull pain around the lower back and thighs
- Urination problems
- Painful intercourse
- Abdominal pain accompanied by pressure and/or swelling
- Abnormal vaginal bleeding
- Nausea
- Tender breasts

The following are list of symptoms that require medical attention:

- Pain accompanied by a fever and vomiting
- Rapid breathing
- Fainting
- Dizzy spells
- Weakness or extreme fatigue
- Severe abdominal pain

Tests/Diagnosis

Doctors can typically diagnose an ovarian cyst from a routine pelvic exam. The doctor will look for signs of a cyst, like swelling around the ovaries. Additional tests are then performed to help plan the most appropriate form of treatment. These tests include:

- **Ultrasound:** sound waves are used to create images that will indicate the size, shape, location and mass of the ovarian cyst.
- **Pregnancy test:** this can be performed to ensure symptoms aren't signs of pregnancy.
- **Hormone level tests:** these tests will be performed to see if there are any signs of hormonal problems.
- **Blood test:** used to indicate whether an ovarian cyst is cancerous.

Treatment

Because ovarian cysts can be quite common, and can often show little to no signs or symptoms, a physician may use a "watchful waiting" tactic when treating an ovarian cysts. In other words, the physician will ask the patient to have a second exam in 1 to 3 months before actually treating the cyst. Upon the second exam, the physician will check if there are any changes with the cyst, primarily a change in size. Watchful waiting is commonly used for women who are in their childbearing years, are suffering no symptoms, or have a cyst filled with fluid.

If a physician decides treatment is necessary for an ovarian cyst, these two forms of treatment may be used:

- **Surgery:** This form of treatment may be required for cysts that get larger, do not go away, causes severe pain or looks unusual in the ultrasound test. A surgeon can perform a laparoscopy, where a small incision is made below the navel and a small instrument is used to remove the cyst. A laparotomy may also be performed for larger cysts that may be cancerous. This procedure requires are larger incision around the stomach to remove the cyst.
- **Birth control pills:** A physician may prescribe birth control pills in an effort to keep the patient from ovulating. This will prevent new cysts from being formed.

Complications

If an ovarian cyst appears cancerous, a doctor may need to remove the ovary, uterus and other nearby tissues. Note that if only one ovary is removed, it is still possible to become pregnant and the production of estrogen will also continue.

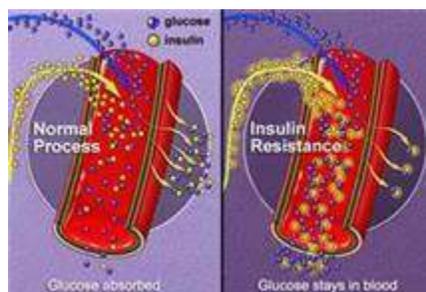
Insulin Resistance

Insulin resistance is a health condition in which the body is resistant to the effects of a hormone called insulin. Changes in diet and exercising can often combat the effects of this condition for many people who suffer from it. Insulin resistance may seem relatively harmless at first, but the important thing to remember about this health condition is that it could lead to several serious diseases, including Type 2 diabetes. Read this article to learn more about insulin resistance, including what causes it and how to treat it.



What is Insulin?

The first step in understanding insulin resistance is understanding how insulin works and its effects on the body. Insulin is a hormone that is naturally produced by our body's beta cells, which are located in the pancreas. When insulin is released, it travels through the body via the bloodstream. Insulin's main functions are to regulate the metabolism of sugars, starches, fats and proteins.



For most people, insulin production and function goes off without a hitch. However, people with insulin resistance have a different experience. Their bodies are more resistant to the effects of insulin, which means that their metabolism of the substances mentioned above may be off. Therefore, people with insulin resistance often need extra insulin in their bodies in order to experience the appropriate amount of metabolism regulation.

Causes of Insulin Resistance

There may be many contributing factors to insulin resistance depending on each individual's experience. Many experts believe that inherited genes may increase a person's risk for becoming insulin resistant. However, there are several health conditions which researchers have linked to an increased risk for insulin resistance, including:

- **Obesity:** Obese individuals have fewer insulin receptors on their cell surfaces, which makes it harder for their muscles to use insulin properly.
- **Physical stress:** Things like trauma, infection, severe illness or surgery can interfere with the effects of insulin.
- **The use of certain medications:** Drugs like cyclosporine, niacin and protease inhibitors may cause the body to become more resistant to insulin over time. This effect is also seen in some cases of steroid use.

- **Aging:** As the body ages, its ability to transport and use insulin may be compromised.

Symptoms to Watch For

There are several key signs that may appear when a person is insulin resistant, many of which are serious diseases caused by the insulin resistance itself. These symptoms are:

- **Type 2 Diabetes:** When the pancreas is not producing enough insulin, blood sugar levels may rise, resulting in Type 2 Diabetes.
- **High blood pressure:** Having higher blood pressure may make insulin resistance worse.
- **Altered cholesterol levels:** Typically, people with insulin resistance will have higher triglyceride levels and lower HDL cholesterol levels.
- **Heart disease:** People who are more resistant to insulin often develop atherosclerosis and have an increased risk for blood clots.

Heart disease is an especially risky symptom of insulin resistance, and should be treated carefully and thoroughly. In addition, Type 2 Diabetes can often be managed but can quickly escalate to a dangerous level if not treated properly.

Treating Insulin Resistance

Most people are diagnosed with insulin resistance based on the associated health conditions which may have developed or based on certain risk factors, like obesity. Blood glucose and blood insulin level tests can be completed to confirm the results of this diagnosis. Treatment typically starts right away after the diagnosis is complete and may include a dramatic change in lifestyle. Especially for those who are overweight, a healthy diet and regular exercise will become a necessity in order to manage their insulin resistance. There is an emphasis on adding foods which are high in fiber to the diet of an individual with insulin resistance due to the fact that natural fiber can lower blood insulin levels and help to prevent high blood pressure. In addition to diet and exercise, those with insulin resistance should not smoke or drink alcohol excessively.

There are also several medications that may be prescribed to help manage insulin resistance. Biguanides and thiazolidinediones both help the body absorb more glucose in the muscles and fatty tissues. However, these medications are usually only given to patients who have been diagnosed with diabetes. Some individuals with insulin resistance are given insulin to inject into their body in order to lower their blood sugar levels.

If you think you may have insulin resistance based on some of the risk factors listed above, see your doctor right away. He or she can help you determine how to best change your lifestyle to manage this health condition while also prescribing medications or insulin injections if necessary. More importantly, you will also be screened for dangerous conditions associated with insulin resistance, including heart disease, allowing you to treat that as well if necessary.

How to Perform a Vaginal Self-Exam

While not recommended by medical professionals, some women give themselves vaginal and cervical self-exams. Supporters of these exams say they help women learn what is normal, allowing women to more quickly recognize changes -- a way that you can get to know your body better. But, keep in mind that a self-exam should in no way replace your annual professional pelvic exam, during which the Pap smear and other tests can detect important microscopic changes.

Difficulty: Hard

Time Required: 20 minutes

Here's How:

1. You will need a strong light such as a flashlight, a mirror, a vaginal lubricant, antiseptic soap or alcohol, and a plastic speculum (get a speculum from a pharmacy that sells medical supplies).
2. Find a place to relax. This can be the floor or your couch, wherever you can feel comfortable.
3. Lie back.
4. Bend your knees, with your feet wide apart.
5. Lubricate the speculum, and insert it into your vagina in the closed position. Experiment to find the most comfortable position for inserting the speculum.
6. Once the speculum is inserted, grab the shorter section of the handle and firmly pull it toward you until it opens inside your vagina.
7. Push down on the outside section until you hear a click, while keeping a firm hold on the speculum. The speculum is now locked in place.
8. Place the mirror at your feet so that you can see your vagina. Move the speculum, while shining the flashlight into the mirror, until you can see your cervix and vaginal walls in the mirror.
9. Take note of the color of your cervix, as well as any vaginal secretions.
10. Remove the speculum, after your examination is complete, either in the closed or open position whichever is most comfortable for you.
11. Thoroughly wash the speculum with antiseptic soap or alcohol and store for your next self-exam.

Tips:

1. Speculums are available at pharmacies that sell medical supplies.
2. Some women may find it easier to have a friend or partner help by holding the mirror. The normal cervix appears wet, pinkish, and has a bulb shape. The cervix of pregnant women has a bluish tint.
3. Vaginal secretions change throughout the month. Understanding the changes your body goes through can help you detect your fertile periods, as well as abnormalities.
4. Vaginal self-exam is neither recommended, nor valuable for detecting abnormal cervical cells that are detectable only by having regular Pap smears.

What You Need

- plastic speculum
- flashlight
- mirror
- vaginal lubricant
- antiseptic soap or alcohol

Breast Cancer Facts

- An estimated 182,800 new cases of invasive breast cancer will be diagnosed in 2000.
- Approximately 42,200 deaths will occur in women from breast cancer in 2000.
- One in eight women or 12.6% of all women will get breast cancer in her lifetime.
- Breast cancer risk increases with age and **every** woman is at risk.
- Every **13** minutes a woman dies of breast cancer.
- Seventy-seven percent of women with breast cancer are over 50.
- Approximately 1400 cases of breast cancer will be diagnosed in men in 2000 and 400 of those men will die.
- More than 1.7 million women who have had breast cancer are still alive in the United States.
- Breast cancer is the leading cause of cancer death in women between the **ages of 15 and 54**, and the second cause of cancer death in women 55 to 74.
- Seventy-one percent of black women diagnosed with breast cancer experience a five-year survival rate, while eighty-six percent of white women experience five-year survival.
- The first sign of breast cancer usually shows up on a woman's mammogram before it can be felt or any other symptoms are present.
- Risks for breast cancer include a family history, atypical hyperplasia, delaying pregnancy until after age 30 or never becoming pregnant, early menstruation (before age 12), late menopause (after age 55), current use or use in the last ten years of oral contraceptives, and daily consumption of alcohol.
- **Early detection** of breast cancer, through monthly breast self-exam and particularly yearly mammography after age 40, offers the best chance for survival.
- Ninety-six percent of women who find and **treat breast cancer early will be cancer-free** after five years.
- Over eighty percent of breast lumps are **not** cancerous, but benign such as fibrocystic breast disease.
- Oral contraceptives may cause a slight increase in breast cancer risk; however 10 years after discontinuing use of oral contraceptives the risk is the same as for women who never used the pill.
- Estrogen replacement therapy for over 5 years slightly increases breast cancer risk; however the increased risk appears to disappear 5-10 years after discontinuing the use of estrogen replacement therapy.

- You are **never too young** to develop breast cancer! Breast Self-Exam should begin by the age of twenty.

Why We Turn Him Down

According to a new study from University of California researchers, ladies who settled down with Mr. Stable over Mr. Steamy are less likely to be sexually attracted to their partner during their most fertile period than women who paired up with sexually-desirable men.

Not all that surprising, except that in some studies of reproductive survival, women are more attracted to and more likely to mate with stable rather than purely attractive men in an attempt to secure a more lasting environment in which to raise a family.

But in this latest study of heterosexual couples, sexual attraction seems to trump social stability. **“A woman evaluates her relationship differently at different times in her cycle, and her evaluation seems to be colored by how sexually attractive she perceives her partner to be,”** said senior study author Martie Haselton, a professor of psychology and communication studies at UCLA in a statement.

To assess the changing behavior of women during ovulation, the researchers identified the ovulation cycles of 41 undergraduate women who were in long-term relationships with men. The researchers asked the women to rate the sexual attractiveness of their partners based on questions like, “How desirable do you think women find your partner as a short-term mate or casual sex partner, compared to most men?” The women also answered questions about the sustainability of their mate as a long-term partner.

The women were then asked about the state of their relationship at two different periods during their ovulation cycle: **at high fertility just before ovulation and at low fertility.** When they were asked about the quality of their relationship, their feelings remained the same, **but when they were asked how close they felt to their partner, women with less sexy partners progressively reported diminishing feelings of intimacy and greater aloofness toward their partner as they became more fertile. The opposite was true for women with sexually-desirable partners.**

In the second part of the study, the researchers repeated the experiment with 67 new participants. This time, the women were assessed on their “pickiness” by listing how irritating characteristics like moodiness, childishness and thoughtlessness occurred in their partner. Once again, the women paired with less sexy men were most likely to identify the faulty characteristics in their partners as they became more fertile.

Fortunately for the sake of long-term relationships, the women’s physical dissatisfaction didn’t last long. According to the researchers, although women may be more critical of their partners during high fertility periods, it doesn’t influence how they feel about their men over the long term.

The authors speculate that women’s changing preferences may stem from a key evolutionary benefit attractive men enjoyed long ago. “Since our female ancestors couldn’t directly examine a potential partner’s genetic makeup, they had to base their decisions on physical manifestations of the presence of good genes and the absence of genetic mutations, which might include masculine features such as a deep voice, masculine face, dominant behavior and sexy looks,” said Haselton in the statement. “It is possible that we evolved to feel drawn to these visible markers because, at least in the past, they proved to be indicators of

good genes. Ancestral women who were attracted to these features could have produced offspring who were more successful in attracting mates and producing progeny.”

Whether this legacy of assessing mates by physical characteristics continues to provide an evolutionary advantage isn't as clear; the authors are planning to evaluate that next by studying whether such shifts in women's opinions of their partners damage their relationships or threaten the stability of their families as time goes on.

Why Fertile Women Are More Aloof

According to a new study from University of California Los Angeles researchers, ladies who settled down with Mr. Stable over Mr. Steamy are less likely to be sexually attracted to their partner during their most fertile period than women who paired up with sexually-desirable men. Not all that surprising, except that in some studies of reproductive survival, women are more attracted to and more likely to mate with stable rather than purely attractive men in an attempt to secure a more lasting environment in which to raise a family.

But in this latest study of heterosexual couples, sexual attraction seems to trump social stability. “A woman evaluates her relationship differently at different times in her cycle, and her evaluation seems to be colored by how sexually attractive she perceives her partner to be,” said senior study author Martie Haselton, a professor of psychology and communication studies at UCLA in a statement.

To assess the changing behavior of women during ovulation, the researchers identified the ovulation cycles of 41 undergraduate women who were in long-term relationships with men. The researchers asked the women to rate the sexual attractiveness of their partners based on questions like, “How desirable do you think women find your partner as a short-term mate or casual sex partner, compared to most men?” The women also answered questions about the sustainability of their mate as a long-term partner.

The women were then asked about the state of their relationship at two different periods during their ovulation cycle: at high fertility just before ovulation and at low fertility. When they were asked about the quality of their relationship, their feelings remained the same, but when they were asked how close they felt to their partner, women with less sexy partners progressively reported diminishing feelings of intimacy and greater aloofness toward their partner as they became more fertile. The opposite was true for women with sexually-desirable partners. In the second part of the study, the researchers repeated the experiment with 67 new participants. This time, the women were assessed on their “pickiness” by listing how irritating characteristics like moodiness, childishness and thoughtlessness occurred in their partner. Once again, the women paired with less sexy men were most likely to identify the faulty characteristics in their partners as they became more fertile.

Fortunately for the sake of long term relationships, the women's physical dissatisfaction didn't last long. According to the researchers, although women may be more critical of their partners during high fertility periods, it doesn't influence how they feel about their men over the long term.

The authors speculate that women's changing preferences may stem from an evolutionary benefit attractive men enjoyed long ago. “Since our female ancestors couldn't directly examine a potential partner's genetic makeup, they had to base their decisions on physical manifestations of the presence of good genes and the absence of genetic mutations, which might include masculine features such as a deep voice, masculine face,

dominant behavior and sexy looks,” said Haselton in the statement. “It is possible that we evolved to feel drawn to these visible markers because, at least in the past, they proved to be indicators of good genes. Ancestral women who were attracted to these features could have produced offspring who were more successful in attracting mates and producing progeny.”

Whether this legacy of assessing mates by physical characteristics continues to provide an evolutionary advantage isn't as clear; the authors are planning to evaluate that next by studying whether such shifts in women's opinions of their partners damage their relationships or threaten the stability of their families as time goes on.

Is PMS A Myth?

For many women, premenstrual syndrome, or **PMS**, is a familiar preamble to their monthly cycle. But a new review suggests that mood changes aren't as closely tied to **menstruation** as many have assumed.



A team led by Dr. Sarah Romans of the University of Otago in New Zealand reviewed 47 studies that followed women's moods across the menstrual cycle. **Only 15 percent of the studies found that women tended to have "classic" PMS:** moods that worsened as the menstrual period approached and lifted when menstruation occurred. An additional 38 percent found **PMS** that lasted into **menstruation** or another cycle phase.

However, a further 38 percent of the studies found no association between mood and any particular phase of the cycle. And nine percent found that the worst moods actually occurred outside of the premenstrual phase. That means that little more than half of the studies (53 percent) found any link between menstruation and bad mood, and 85 percent didn't find classic PMS.

“The major finding of this review was that clear evidence for a specific premenstrual-phase-related mood occurring in the general population is lacking,” the authors conclude. Nonetheless, the idea of moodiness occurring cyclically in women has a long-standing history. The authors cite a “long-established tendency to label women's behavior as overly emotional and to attribute this to female reproductive function.”

Sexist Idea?

So is the concept of PMS just a remnant of sexist ideas about women's changing **moods** from a time when most physicians were male? The new study unfortunately isn't designed to provide an answer. For one thing, because they wanted to look at healthy women, the authors excluded data on women seeking help for premenstrual dysphoric disorder (PMDD), a syndrome they do not dispute, in which one to nine percent of women experience extreme mood problems related to the menstrual cycle.

Second, given the wide range of factors that affect mood, it's difficult to distinguish the effects of changing hormone levels. Some of the studies, for example, found mood changes related to the day of the week (in one, Fridays were happy, Tuesdays not so much), and others found, not surprisingly, that stressful events had a greater impact on mood than the cycle did.

“It makes sense to me that they would find little to no effect of PMS on mood when looking at the big picture,” says Kathryn Clancy, an assistant professor of anthropology at the University of Illinois who studies reproductive behavior but was not associated with the research.

“Overall, **PMS** is not only physiologically dependent but culturally dependent. There are studies that show women have different PMS symptoms depending on their country of origin.” In fact, she says, citing a classic feminist text that describes menstruation, some women even use the idea to subvert culturally restricting concepts about femininity and feminine behavior. “It’s almost as if, given cultural expectations that they will behave badly, they decide to go along with it in order to behave in the ways normally inaccessible to them, [like] being bossy, irritable [or] bold,” she says.

Still, this doesn’t mean **sex hormones** have no effect. The hormone that dominates the second half of the cycle, progesterone, has a powerful influence. Some studies show that **progesterone can reduce anxiety**, and in animal studies, when levels drop – as they do around menstruation – symptoms of depression can occur.

Since many women in the data showed cycle-related mood changes, the most likely explanation is that varying hormone levels have different effects on mood in different women – a sensible, if not very satisfying, conclusion.

So while the new review suggests that most women don’t have a predictable pattern of low moods preceding their periods, it doesn’t exonerate reproductive hormones from having any role in how people feel. And new technology may soon provide far better data for both men and women to find any correlations that exist in their own lives: smart-phone apps that help track changing moods, for example, may soon give researchers deeper insight into individual patterns that may or may not be linked to sex hormones.

Additional Course Information from Amanda Bears

Fertility Advocate and Certified Herbal Counselor
My Fertility Awareness
Web Site: <http://www.myfertilityawareness.com>
Contact E-mail: myeggandme@amandabears.com



We had a girl who assumed she was pregnant. She had a positive test. Everything checked out. However, because the corpus luteum cyst secretes HCG, hers never collapsed as it should after it was supposed to die. Therefore it kept her "period" away. Her test remained positive. She then started to pass clots. We were convinced she was having a chemical pregnancy. However, she started to pass what looked like pubic hair, then little fragments of tissue that looked like bone. She went to the ER. The dermoid cyst had actually grown so big that she started to pass bits of it which is what caused her corpus luteum to stay live. She was never pregnant.

Estrogen causes us to become more "horny" prior to ovulation, gears us up. Some ladies notice an increase of her breast size before Oing. After Oing, her estrogen is starting to decline while her corpus luteum which was once her follicle (that held the mature egg) produces progesterone....

The follicle size is dependent on the luteal phase symptoms. If you have an immature follicle, that releases out a follicle that is 17mm and the next cycle your follicle is 22mm (average) in size. The 22mm cycle will produce more progesterone.

Ovulation can be interrupted by many things. Besides environmental issues/factors, stress that the body isn't used to, weather changes, lack of sleep, change in diet/appetite, infections, sometimes even antibiotic. Our ovulation is fragile. Travel even can harm ovulation. If ovulation is delayed and no egg drops you will have an anovulatory cycle, and in this case, it can honestly go on until the body finally stores too much estrogen and it gives, or the lining gets too thick. Women are allowed (according to doctors) to have two anovulatory cycles a year, and yes, you can have a regular cycle and not ovulate.

LUFs SYNDROME

This is rare but does and can happen. This is when the follicle develops to mature an egg, but never releases the egg. The follicle will then collapse like it should secreting progesterone as normal, but no egg is released.

Clotting is okay as long as no pain is associated with it and it's not a clot the size of a fist.

A normal luteal phase is 14 days, and it typically does not change with a particular woman. However, between women it does and can vary. Normally it's between 10 and 16 days. Most doctors say that under 12 days is a progesterone issue known as LPD (Luteal phase defect), only because implantation can occur as late as 11 days past ovulation. Progesterone starts to decline normally around 12 days past ovulation if a woman has a normal luteal phase...

If she has an LPD this can be corrected either through prometrium (synthetic progesterone), change in diet, or wild yam.

So many women come to us who have cysts. The typical cysts though, nothing serious. However, they always wonder if this hurts their chances of conceiving.

With some of the research I have done, the only bad thing about some cysts if this occurs too much in a cycle is that if the cysts develop on the tubes, once they burst the puss inside the sac can cause corruption on the tube and damage it.

Also, sometimes over time women's tubes can get "clogged" with either older tissue or the eggs that dissolve back into the body if not fertilized. Over time if this happens and HSG is needed.

Herbal Program for Menopause

The following herbal program was taken from "Footprints on the Path" by Herballure and by client experience.

Menopause is the physiological cessation of menstruation as a result of decreasing ovarian function. As estrogen decreases and hormone balances with progesterone change post-menopausal women may choose to supplement in addition to or instead of hormone replacement therapy (HRT). Imbalances can cause hot flashes, vaginal dryness/atrophy or pain with sexual intercourse.

Primary Formula:

- Natural Changes (Menopause Packets)
(Brenda has been personally taking this product for hot flashes and it is working great!)

Herbals:

- Pro-G Yam Cream – For progesterone balance
- Dong Quai – For hot flashes, pelvic pain, insomnia, mood changes, vaginal dryness
- Wild Yam/Chaste Tree – For progesterone
- C-X or Black Cohosh – For female hormone balance
- Breast Assured – For female hormone balance
- Female Comfort or FCS II (Female Correctives)
- X-A (Hormone Balance) or Damiana
- Sarsaparilla –Glandular Tonic)
- Phyto-Soy – For estrogen-like properties
- Herbal CA – To prevent bone loss and Osteoporosis
- Licorice Root – For adrenal support and to assist in estrogen production
- Wild American Ginseng – For hot flashes and night sweats
- MACA

Vitamins, Minerals & Other Supplements

- Vitamin E complete w/Selenium (Antioxidant/Female)
- Skeletal Strength, Calcium-Magnesium, Liquid Calcium, Coral Calcium, Nature's Sea Calcium or Magnesium Complex – To prevent bone loss and Osteoporosis
- IGF-1 – To raise hormone levels and increase bone density
- Super GLA, Flax Seed Oil or Super Omega-3 (Fatty Acids)
- L-Glutamine (Energy Regulating Amino Acid)
- Pregnenolone or DHEA-F – For adrenal support and as a precursor to progesterone

Hot Flashes:

- Flash-Ease (Menopause Hot Flashes)
- HY-C (Chinese Heat, Dryness and Thirst)
- MSM + Vitamin C – To eliminate hot flashes
- SUMA Combination – Helps many women
- Adrenal Support, Licorice Root or DHEA-F (Adults only)
- Eleuthero

Essential Oils:

- Peppermint (For hot flashes and night sweats) – Diffused, on cotton ball on pillow, or in Massage Oil over lower abdomen and lower back.
- Roman Chamomile, Clary Sage, Rose Bulgaria, Geranium

Homeopathic:

- Menopause Remedy

Other:

- Consider cleansing the liver and the bowels – Milk Thistle Combination

Herbal Program for Females

The following herbal program was taken from “Footprints on the Path” by Herballure and by client experience.

Primary Formulas:

- Female Comfort, Dong Quai or FCS II

General:

- X-Action for Women (Female Emotional/Physical Support)
- Vitamin E Complete w/Selenium – Antioxidant/Female
- Black Currant Oil – For metabolism of hormones
- Coral Calcium or Nature’s Sea Calcium – For bone mineral density
- IGF-1 – For women over 30
- Evening Primrose Oil
- Red Raspberry (Female Tonic)
- Blessed Thistle (Hormone balance and general tonic)
- Damiana (Hormone Regulator)
- C-X or Black Cohosh
- Phyto-Soy – For estrogen-like properties
- Master Gland (Hormone Balance)
- Super Algae, Alfalfa or Kelp (Trace Minerals)
- Thai-Go or Super Antioxidant
- Liver Balance, Chinese – Promotes functions unique to the female body

Homeopathic:

- Feminine Tonic

Essential Oils:

- Geranium – Used as a douche to tone the vaginal area and uterus, stimulate adrenal cortex to balance the reproductive system
- Rosemary – To regulate the ovaries
- Frankincense – As a female tonic
- Lemon Bio – For uterine infections
- Bergamot, Ylang Ylang – May help with hormone balance

Hot Flashes:

- Flash-Ease, C-X or Black Cohosh
- Natural Changes (Menopause Packets)
- Pro-G-Yam Cream – For progesterone
- Wild Yam/Chaste Tree – For progesterone
- FCS II (Female Hormone Corrective)
- Damiana (Hormone Regulator)
- Vitamin E Complete w/Selenium (Antioxidant/Female)
- SUMA Combination – Helps many women
- Adrenal Support, Licorice Root or DHEA-F (Adults only)
- Eleuthero _Regulates Hypothalamus
- Homeopathic: Menopause Remedy
- Essential Oils: Bergamot, Clary Sage

Ovarian Cysts:

- Tea Tree – As a suppository in empty capsules or soak a tampon
- V-X – As a suppository

Uterus, Prolapses:

- Mood Elevator
- Black Walnut

Vaginal Dryness/Atrophy:

- Damiana – Orally by mouth
- Wild Yam (By mouth before retiring) + Pro-G-Yam Cream (Externally twice daily)
- Flax Seed Oil – Internally for the essential fatty acids
- Vitamin E – Piece capsule and apply in the vagina while lying down

Vaginitis: (Non-Specific)

- Kava Kava – Open capsules and use as a douche
- Pau d'Arco Extract
- Essential Oils: Bergamot, Frankincense or Tea Tree – Highly diluted a douche

Yeast Infection:

- Yeast/Fungal Detox – Internally by mouth
- Olive Leaf Extract – Internally, taken by mouth
- Morning: Douche with mixture of 1 cup pure water + 3 opened Probiotic Level or Bifidophilus Flora Force (For friendly bacteria)
- Evening: Douche with 2-1/2 cups pure water + 2 tablespoons apple cider vinegar + 2 drops each Lavender, Rosemary & Tea Tree (or soak a natural tampon in solution, change twice daily, and remove at night for 3 days)
- Homeopathic: Candida Remedy
- Essential Oils:
 - Blend #1: Lavender + Tea Tree, Frankincense, Bergamot, Rosemary or Roman Chamomile
 - Blend #2: Thyme + Lavender, Myrrh or Clove Bud (With massage oil massaged in the vagina and over abdomen)
- Cinnamon

Other:

- Consider candida and thyroid. Build the Immune System
- ASEA

Herbal Program for Menstruation

The following herbal program was taken from “Footprints on the Path” by Herballure and by client experience.

Menstruation is the monthly flow of blood and cellular debris from the uterus that begins at puberty in women and the females of other primates. In women, menses ceases at menopause.

Primary Formula:

- Menstrual-Reg

General:

- Female Comfort, Dong Quai or FCS II
- MSM + Vitamin C – To eliminate headaches, cramps and nausea
- Anamu – Used in Central and South America
- Ginseng, Wild American or Korean (Balance/Stress)
- Herbal CA, Liquid Calcium, Coral Calcium, Nature’s Sea Calcium, Calcium Plus Vitamin D or Skeletal Strength
- Chamomile – For tardy period
- IGF-1 – TO decrease menstrual disorders

Homeopathic:

- Menstrual
- PMS
- Menopause Remedies

Essential Oils:

- Rose Bulgaria – To regulate menstrual cycle
- Roman Chamomile, Thyme Linalol, Sandalwood, Lavender, Clary Sage
- Jasmine – As a uterine tonic or a painful menstruation

Absence of Periods (Amenorrhea):

- DHEA-F + Pro-G-Yam Cream
- Damiana
- Black Cohosh
- Dong Quai
- Essential Oils: Myrrh

Irregular or Cramping:

- Cramp Relief
- Female Comfort – Throughout month to balance hormones
- FCS II or Lobelia – To stop spasms
- Blood Build (Weakened Liver) – For cramps or a long cycle
- Stress Relief, Hops or Valerian T/R – Pain/Relaxation
- 5-W – Irregular or cramps
- Kava Kava – Used in Europe to relieve cramps
- Herbal CA (Herbal Calcium) or Skeletal Strength – If due to a calcium deficiency
- Tie Fu Oil or Tei Fu Lotion – Externally
- Ginger – To increase blood flow in pelvis – Take 4 at one time when cramping starts
- C-X or Black Cohosh (Hormone Balance)
- Nature’s Noni – To strengthen muscles
- NF-X (Female Health/Cramping)

Essential Oils:

- Rosemary + Clary Sage or Roman Chamomile
- Marjoram/Sweet – For pain relief and muscle tension

Homeopathic:

- PMS
- Menstrual
- Menopause Remedies

Heavy Bleeding/Hemorrhaging:

- Menstrual Reg
- Yarrow _For bleeding problems of all kinds
- FCS II (Female Corrective)
- Silver Shield – In a douche to tone the uterus
- White Oak Bark + False Unicorn + FCS II
- Wild Yam/Chaste Tree + Pro-G-Yam Cream – Prevention
- Red Raspberry – To regulate estrogen
- Vitamins A & D w/Calcium
- Vitamins A & D – For prevention of bleeding and clotting
- Phyto-Soy (Soybean Immune Booster) – For prevention

Essential Oils:

- Helichrysum + Massage Oil – Rubbed on lower back and stomach

Scanty Periods:

- Female Comfort
- Red Raspberry

Herbal Program for PMS (Premenstrual Tension)

The following herbal program was taken from “Footprints on the Path” by Herballure and by client experience.

A condition characterized by nervousness, irritability, emotional instability, depression and possibly headaches, edema and mastalgia. It occurs during the 7 to 10 days before menstruation and disappears a few hours after onset of menstrual flow. The name describes a broad range of symptoms that occur cyclically which are severe enough to disturb a woman’s life patterns or cause her to seek professional help.

Herbals:

- Female Comfort, FCS-II or Dong Quai
- Cramp Relief
- Blood Build (Weak Liver/Blood Purifier)
- Liver Balance (Stressed Liver) - Tension & headaches
- Flash-Ease (Menstrual Disorders)
- Mood Elevator or St. John’s Wort T/R
- Licorice Root or HY-C – For Hypoglycemia or food cravings
- Wild Yam/Chaste Tree or Sarsaparilla – Progesterone
- Herbal CA (Natural Calcium)

Vitamins, Minerals & Other Supplements:

- Krill Oil, Super Omega-2, Super GLA, Flax Seed Oil, or Black Currant Oil (Essential Fatty Acids)
- Pro-G-Yam Cream – 14 days prior to period
- Calcium-Magnesium (for breast tenderness, tension, weight)
- 5-HTP Power – As a precursor to serotonin
- Melatonin Extra – For elevated estrogen levels. Adults only.
- Vitamin E Complete (Antioxidant/Female)
- Pregnenolone or DHEA – Hormone precursor, mature women.
- B-6 + B-Complex – To support the Nervous System
- Potassium Combination – For potassium/sodium balance

Essential Oils:

- Clary Sage + Chamomile, Bergamot or Lavender
- Jasmine
- Neroli

Diet:

- Eliminate dairy, sugar and caffeine.
- Limit proteins

Homeopathic:

- PMS Remedy

Other:

- Moderate exercise

**CERTIFIED WOMEN'S HEALTH COUNSELOR ONLINE COURSE - SESSION 7
QUESTION & ANSWERS**

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP, PC: _____
PHONE: _____
FAX: _____
E-MAIL: _____

Please be sure to fill out the information above, complete the test and e-mail or mail it back to us at iridology@netzero.net or P.O. Box 485, Weimar, CA, 95736-0485. We will grade your question & answer session and will let you know if we have any questions or concerns. **Please use a separate sheet to do this assignment.**

1. The beginning of a girl's menstrual cycle is called _____.
2. When do most girls begin menstruation?
3. What is menopause?
4. When do most women experience menopause?
5. What is the cervix?
6. What is cervical erosion?
7. What is cervical dysplasia?
8. How do you know if you have abnormal menstrual bleeding?
9. What are the types of uterine fibroid tumors?
10. What are cervical polyps?
11. Who is at risk for benign uterine polyps?
12. What are cysts?