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A Study on Menstrual Flow

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Abstract

In the present study the purpose of this study is to define normal, moderate and heavy menstrual bleeding, to explain what causes heavy flow and to show what one can do in dealing with heavy flow. The locale was confined to Meerut city. The sample consisted of 25 subjects. Young patients and their parents often are unsure about what represents normal menstrual patterns, and clinicians also may be unsure about normal ranges for menstrual cycle length and amount and duration of flow through adolescence. It is important to be able to educate young patients and their parents regarding what to expect of a first period and about the range for normal cycle length of subsequent menses. It is equally important for clinicians to have an understanding of bleeding patterns in girls and adolescents, the ability to differentiate between normal and abnormal menstruation, and the skill to know how to evaluate young patients' conditions appropriately. Using the menstrual cycle as an additional vital sign adds a powerful tool to the assessment of normal development and the exclusion of pathological conditions.

Keywords : adolescences, puberty, menstrual cycle, knowledge score

Introduction :

Young patients and their parents frequently have difficulty assessing what constitutes normal menstrual cycles or patterns of bleeding. Girls may be unfamiliar with what is normal and may not inform their parents about menstrual irregularities or missed menses. Additionally, girls often are reluctant to discuss this very private topic with a parent, although they may confide in another trusted adult. Some girls will seek medical attention for cycle variations that actually fall within the normal range. Others are unaware that their bleeding patterns are abnormal and may be attributable to significant underlying medical issues with the potential for long-term health consequences.

Clinicians also may be unsure about normal ranges for menstrual cycle length and for amount and duration of flow through adolescence. Clinicians who are confident in their understanding of early menstrual bleeding patterns may convey information to their patients more frequently and with less prompting; girls who have been educated about menarche and early menstrual patterns will experience less anxiety when they occur. By including an evaluation of the menstrual cycle as an additional vital sign, clinicians reinforce its importance in assessing overall health status for both patients and parents. Just as abnormal blood pressure, heart rate, or respiratory rate may be key to the diagnosis of potentially

serious health conditions, identification of abnormal menstrual patterns through adolescence may permit early identification of potential health concerns for adulthood. Thinking back to your first experience of menstrual bleeding, you may recall a host of emotions, possibly including fear or shame, or perhaps even pride, depending on how you were prepared for the coming of menses. In *Women's Bodies, Women's Wisdom*, Dr. Northrup explains that menstruating women in cultures from ages ago "were considered sacred" and "their dreams and visions were used to guide the tribe." These early beliefs fostered a sense of pride as women prepared their young girls to be initiated into the rites of womanhood. Somewhere along the line, a cultural shift began to occur, and menstrual bleeding became associated with more negative connotations. Harmful myths and beliefs began to foster a fear and humiliation regarding menstruation, feelings that some women still experience. Perhaps these women don't realize that menstrual bleeding is a normal, healthy, cleansing process. Having a better understanding of this necessary bodily process may help more women replace those fears or humiliation with a sense of pride regarding this "rite of passage" and monthly celebration of their womanhood. One concern expressed by many women is that they don't know what's "normal" when they experience menstrual bleeding, so they fear the worst. In order to understand what is "normal" versus "abnormal" bleeding, you should have a good understanding of how and why menstruation occurs. This will help you determine what is "normal" for you, making it easier to identify any irregularity, and perhaps understand why your normal bleeding pattern has been disrupted.

Menstruation refers to the phase of the female reproductive cycle in which the body sheds the uterine lining (endometrium), if pregnancy does not occur. In *Heavy Menstrual Flow & Anemia*, Dr. Susan Lark explains menstruation as: "Each month the uterus prepares a thick, blood-rich cushion to nourish and house a fertilized egg. If conception occurs, the endometrium becomes the placenta. If pregnancy does not occur, the egg doesn't implant in the uterus and the body doesn't need the extra buildup of uterine lining. The uterus cleanses itself by releasing the extra blood and tissue so that the buildup can recur the following month." Thus, cyclical uterine shedding (i.e., menstrual bleeding) is a normal female body function that cleanses the uterus, preparing it for the next reproductive cycle. The buildup and shedding of the uterine lining is controlled by fluctuations in hormones, primarily the estrogens and progesterone. These hormonal fluctuations are the result of an elaborate feedback system among different parts of the brain, the ovaries, and the uterus. The glands that produce the hormones directly involved in triggering the different phases of the menstrual cycle are the hypothalamus, the pituitary, and the ovaries, but other glands, including the adrenals and thyroid, also affect menstruation. According to Dr. Lark, "The initial trigger for the menstrual cycle comes from hormones produced by the hypothalamus." The hypothalamus, which is a gland just above the pituitary near the base of the brain, regulates many basic bodily functions, including hunger, thirst, body temperature, and sleep patterns. It also signals the pituitary to begin producing its own hormones, which in turn stimulate all other glands in the body, including the ovaries, as well as the adrenals and thyroid.

During the first two weeks of a normal cycle (immediately following the previous menstruation), estrogen triggers the endometrium to gradually rebuild itself by increasing the number of blood vessels and forming an interconnecting fiber mesh that thickens the uterine lining. The pituitary releases follicle-stimulating hormone (FSH) and luteinizing hormone (LH), which target the ovaries. Upon receiving this signal (usually around day 14 or mid-cycle), the ovaries begin ovulation. At this point, the follicles begin producing more of the

estrogens (as well as some progesterone), which triggers the ripening and release of an egg for potential fertilization as it travels down the fallopian tube to the uterus. The follicle that produced that month's egg becomes further stimulated by LH and transforms into the corpus luteum, which secretes more progesterone, triggering the uterine lining blood vessels to coil, and becoming swollen and thick with mucous in preparation for a fertilized egg.

If fertilization occurs, the egg implants on the uterine wall and the corpus luteum continues secreting progesterone. If fertilization does not occur, progesterone levels decrease, triggering the corpus luteum and uterine lining to break down, and menstruation begins.

Sufficient levels of progesterone and the estrogen hormones are needed to maintain a healthy, regular bleeding cycle. One of the estrogen hormones, estradiol, reaches its peak during the first half of the cycle, while progesterone peaks after mid-cycle when ovulation has occurred. The timing of those peaks is one aspect of regulating the menstrual cycle

Common Irregularities

Irregular or abnormal bleeding is a common cause for concern among women, and a frequent reason for scheduling an office visit. Any time uterine bleeding is unexpected, or unusually light or heavy, it is considered to be "abnormal," even though there may be a logical explanation for it. Dr. Northrup contends that "Menstrual blood, especially when it comes at an unscheduled time, is a message. It carries wisdom of some kind."

Abnormal bleeding can result from many different situations and conditions, some of which are unrelated to ovulation or menstruation. For example, unexpected bleeding can occur due to irritation from intercourse or an intrauterine device, or soon after stopping birth control pills. Abnormal bleeding may also signal a potential miscarriage or an ectopic pregnancy, or indicate the presence of a cyst, polyp, or fibroid tumor. Different forms of abnormal bleeding include the following:

- **Irregular menstrual bleeding**, which typically occurs at the beginning or end of a woman's reproductive phase when hormones are in a state of flux, is fairly common. During these life phases (i.e., puberty and pre menopause), irregular bleeding is usually caused by insufficient levels of the estrogen hormones, resulting in no ovulation. The lack of ovulation means that there is no progesterone production during the second half of the menstrual cycle, resulting in no bleeding, or spotting, or irregular bleeding patterns. Women who don't ovulate usually don't experience premenstrual symptoms and are therefore often surprised when they get a period "out of the blue" without any warning signals. Women who do not ovulate tend to have more irregular periods.
- Some women experience only **occasional menstrual bleeding**, such as once or twice per year. Known as oligo menorrhea, this type of irregularity is typically due to a pituitary malfunction or polycystic ovaries, but may also occur due to irritation from intercourse or an intrauterine device, or after stopping birth control pills. It could also signal a potential miscarriage or an ectopic pregnancy.
- **Heavy menstrual bleeding**, also known as menorrhagia, includes bleeding that is either too heavy or too fast, or moderate bleeding that occurs for an extended period of time. Large blood clots and mid cycle spotting may also occur. Common causes include estrogen dominance, nutritional deficiencies, hypothyroidism, the use of

intrauterine devices, ovarian cysts, and uterine fibroids. Chronic menorrhagia can lead to anemia, potentially affecting your overall health.

- **A lack of menstrual bleeding** is called amenorrhea, where primary amenorrhea refers to a woman who is past puberty but has never experienced menstrual bleeding. Common causes include a hormone imbalance, or congenital abnormalities of the vagina, uterus, or ovaries. Secondary amenorrhea is far more common than primary amenorrhea and refers to the condition whereby a woman stops menstruating after experiencing regular periods. The most common reason for missing a period is pregnancy. Other potential reasons include stress, nervousness, tension, emotional trauma, weight gain or loss, poor nutrition, excessive exercise, or prolonged use of birth control pills—all of which can disrupt the intricate hormone balance that is necessary for maintaining a regular bleeding cycle.
- **Excessive Menstrual Flow**
- A female's first period usually is reported to be of medium flow, and the need for menstrual hygiene products is not typically excessive. Although experts typically report that the mean blood loss per menstrual period is 30 mL per cycle and that chronic loss of more than 80 mL is associated with anemia, this has limited clinical utility because most females are unable to measure their blood loss. However, a recent study in adult women confirms that the perception of heavy menstrual flow is correlated with a higher objective volume of blood loss.
- Attempts to measure menstrual blood loss on the basis of number of pads or tampons used per day or frequency of pad changes are subject to variables such as the individual's fastidiousness, her familiarity or comfort with menstrual hygiene products, and even variation among types and brands of pads or tampons. Most report changing a pad approximately 3 to 6 times a day, although external constraints such as school rules and limited time between classes may make menstrual hygiene more problematic for adolescents than adults. Menstrual flow requiring changes of menstrual products every 1 to 2 hours is considered excessive, particularly when associated with flow that lasts more than 7 days at a time. This type of acute menorrhagia, although most often associated with anovulation, also has been associated with the diagnosis of hematologic problems, including von Willebrand disease and other bleeding disorders, or other serious problems, including hepatic failure and malignancy.
- The prevalence of von Willebrand disease is 1% in the general population. Von Willebrand disease is the most common medical disorder associated with menorrhagia at menarche. As many as 1 in 6 girls presenting to an emergency department with acute menorrhagia may have von Willebrand disease. Therefore, hematologic disorders should be considered in patients presenting with menorrhagia—especially those presenting acutely at menarche. Hormonal treatment, in the form of estrogen therapy, may affect hematologic factors and mask the diagnosis. Blood collection to screen for hematologic disorders should be obtained before initiating treatment. Evaluating the patient may include referral to a hematologist or a specialized hemophilia treatment center for appropriate screening.

Normal menstrual Flow: The usual length of menstrual bleeding is three to six days. The usual amount of blood loss per period is 10 to 35 ml that means it is normal to soak one to seven normal sized pads or tampons (sanitary products) in a whole period.

Heavy flow: Officially, flow of more than 80 ml (or 16 soaked sanitary products) per menstrual period is considered as Menorrhagia (heavy flow). Most women bleeding this heavily will have a low blood count (anaemia) or deficiency of iron deficiency.

If your bleeding interferes with your daily activities, soaks through one or more pads or tampons every hours of reasons you to use a pad at the same time, you may be one of the millions of women who experience heavy monthly bleeding, also known as Menorrhagia.

Living with heavy periods can be very frustrating. Heavy menstrual flow often interferences with daily tasks for you to manage routine activities like running, errands, playing sports, working and going to school. It can also lead to fatigue and low blood count.

Compounding these issues, nearly 40% of women with excessive flow said they feel trapped between experiencing heavy periods and sitting for treatment options that are more acceptable to them, according to a recent survey conducted by Mom Control and Healthy Women.

Causes

In some cases, the cause of heavy monthly bleeding is unknown. A number of common conditions may contribute, including hormonal imbalance, ovarian dysfunction, uterine fibroids and underlying bleeding disorders. Many women with heavy periods experience a breakdown of blood clots (fibrinolysis), which occurs more rapidly than normal and causes excessive blood loss during menstruation.

Symptoms of menstruation

Menstruation which can result from heavy menstrual flow, is a potentially serious medical condition characterized by a low number of red blood cells. An optimum level of red blood cells is essential to good health because these cells contain hemoglobin, the protein that carries oxygen to all the other cells in the body. Without enough oxygen, all normal body functions are compromised and, if the condition of oxygen depletion continues, the body can become debilitated.

Common symptoms of menstruation include any or all of the following:

- | | |
|--------------------------|-------------------------------------|
| ✓ Fatigue | ✓ Abdominal pain |
| ✓ Weakness | ✓ Diarrhea |
| ✓ Dizziness | ✓ Pale or yellow skin |
| ✓ Lack of mental clarity | ✓ Brittle and/or ridged fingernails |
| ✓ Headaches | ✓ Hair loss |
| ✓ Lack of coordination | ✓ Sore tongue |
| ✓ Loss of appetite | ✓ Tingling in extremities |
| ✓ Heartburn | ✓ Heart palpitations |

Treatments

Today, women have a range of options for managing their heavy periods. According to Mom Central and Healthy Women survey, women with heavy monthly bleeding indicated their top four most important factors for selecting a treatment option were: NSAIDs are often the first option. **FDA** approved tranexamic acid tablets, a nonhormonal option that doesn't affect fertility.

The various forms of abnormal bleeding can often be treated to induce menses, regulate flow and/or alleviate symptoms. Depending on the root cause, typical treatment methods include drug and hormone therapies, vitamins and nutritional supplements, as well as alternative treatments such as herbal medicines and acupuncture, and surgery, usually as a last resort.

Drugs are often prescribed as an initial course of treatment, including:

- Over-the-counter or prescription non-steroidal anti-inflammatory drugs (NSAIDs), such as Motrin™, Ibuprofen, Naprosyn™ and Anaprox™. For some women, these drugs provide pain relief and/or help reduce menstrual flow. However, as with any drug, there may be unintended side-effects.
- Low-dose birth control pills that include synthetic replacements for estrogens and progesterone. While this approach may help to regulate some women's periods, these drugs also have potentially serious side-effects, and some women's symptoms actually get worse with this treatment.
- Synthetic derivatives of testosterone such as Danazol™ or Danocrine™ suppress female hormone production and alter the metabolism of estrogens and progesterone, sometimes providing pain relief and reducing bleeding. Potential drawbacks include masculine side-effects and a recurrence of symptoms after stopping treatment.
- Gonadotropin-releasing hormone (GnRH) analogs such as Luron™ or Nafarelin™ also inhibit female hormone production and may reduce bleeding, oftentimes producing menopause-like symptoms.

Hormone therapies are also often prescribed to regulate the cycle and reduce blood flow. (Note that there are significant differences between "conventional" hormone therapies and "natural" hormone therapies that are biologically identical to those found in the human body.) Typical biologically identical hormone treatments include:

- Progesterone (sometimes combined with estrogen hormones, depending on the reason for the abnormal bleeding) helps prevent erratic periods and heavy bleeding. According to the research of Dr. Fitzpatrick and Dr. Good at the Mayo Clinic, progesterone therapy is effective in treating irregular bleeding, especially for women in pre menopause. Dr. Lark concurs that progesterone is "the most effective medical treatment available for women in menopause transition."
- Thyroid therapy is often prescribed because hypothyroidism (low thyroid function) is a common cause of heavy menstrual bleeding, and women account for almost 90% of the hypothyroidism cases in the United States.

Vitamin supplements also help many women reduce or alleviate abnormal bleeding. Vitamin A "plays a significant role in the prevention of heavy menstrual bleeding," according to Dr. Lark. Vitamin A supplements alleviated menorrhagia in 92% of the 71 patients in a study by Lithgow and Politzer. The B vitamins, especially B12 and folic acid, are essential to liver function and help prevent (or reverse) anemia. During stress, the B vitamins are more

easily depleted, which explains why any kind of stress contributes to abnormal bleeding. Vitamin C is sometimes called the "anti-stress" vitamin because it is important to adrenal function, which controls the stress response. Vitamin C also increases iron absorption to help prevent anemia. Vitamin E is necessary for ovulation and helps reduce excess levels of estrogens.

Alternative treatments, including dietary changes, herbal medicine, and acupuncture, are also used to reduce or eliminate abnormal bleeding problems. In the *Alternative Medicine Guide*, Burton Goldberg describes reversing amenorrhea with dietary changes and stress reduction. Tori Hudson, a naturopathic physician, promotes the use of herbal remedies such as uterine tonics in treating abnormal bleeding and uterine dysfunction. Dr. Northrup often suggests alternative approaches such as daily exercise to help control excess estrogens, and castor oil packs to boost liver function and help balance hormone levels. Many women report having symptom relief after acupuncture, when it is used to unblock qi or "life force energy" to improve reproductive organ or liver function.

Surgical treatment for the relief of abnormal bleeding is typically recommended only after other treatment approaches have proven to be unsuccessful, or if the known cause is a physical abnormality. Surgery is usually considered as the last resort because of the physical and emotional stress involved. Surgical procedures sometimes used to treat abnormal bleeding include:

- endometrial biopsy, primarily to rule out cancer
- dilatation and curettage (D&C) to remove the uterine lining
- endometrial Ablation, described by Dr. Lark as "a laser or electro-surgical technique to essentially render the lining of the uterus inactive"
- myomectomy to remove fibroid tumors while preserving the uterus
- Hysterectomy to remove all or some of the reproductive organs.

Given the variety of potential reasons for abnormal bleeding, it is best to discuss any irregularities in your bleeding pattern or flow with your healthcare practitioner. Accurately reporting the details of your bleeding patterns will help your practitioner properly diagnose your condition and identify appropriate treatment options.

No matter which treatment you choose, it is important to continue working with your healthcare practitioner to monitor ongoing treatment results and adjust your treatment accordingly.

Hypothesis:

- There is significant difference between the awareness of menstrual flow in working women.
- Menstrual flow whether is heavy, moderate or low is directly or indirectly not related to health problems.
- Very heavy flow or menorrhagia can cause to low blood count (anaemia).
- Uterine pathogens should be more prevalent before menses than after menses

- In the life histories of females, the timing of menstruation should track pathogen burden,
- In primates, the copiousness of menstruation should increase with the promiscuity of the breeding system.
- The endometrial microvasculature is designed to provide the blood supply to the endometrium and the placenta, and external bleeding appears to be a side effect of endometrial regression that arises when there is too much blood and other tissue for complete reabsorption.

Method

. Rhythm method

To find the estimated length of the pre-ovulatory infertile phase, nineteen (19) is subtracted from the length of the woman's shortest cycle. To find the estimated start of the post-ovulatory infertile phase, ten (10) is subtracted from the length of the woman's longest cycle.^[16] A woman whose menstrual cycles ranged in length from 30 to 36 days would be estimated to be infertile for the first 11 days of her cycle ($30-19=11$), to be fertile on days 12-25, and to resume infertility on day 26 ($36-10=26$). When used to avoid pregnancy, the rhythm method has a perfect-use failure rate of up to 9% per year

Standard Days Method



A **Cycle Beads** birth control chain, used for a rough estimate of fertility based on days since menstruation

Developed by **Georgetown University's** Institute for Reproductive Health, the Standard Days Method has a simpler rule set and is more effective than the rhythm method. A product called **Cycle Beads** was developed alongside the method to help the user keep track of estimated high and low fertility points during her menstrual cycle. The Standard Days Method may only be used by women whose cycles are usually between 26 and 32 days in length. In this system:

- Days 1-7 of a woman's menstrual cycle are considered infertile
- Days 8-19 are considered fertile; considered unsafe for unprotected intercourse
- Day 20 through the end of the cycle are considered infertile.

When used to avoid pregnancy, the Standard Days Method has perfect-use efficacy of 95+% and typical-use efficacy of 88%

Tools of the study

For the purpose of present study, one tool will be used as given below: The questionnaire on the effect of stress and painkiller on working women.

Procedure

To collect the real facts, contact was established with them. After making instructions clear to them they were asked to fill the questionnaire. For the purpose of data collection there are total 50 questions in questionnaire researcher figure out some questions related to the effect of stress and painkiller on working women. Data has been analysed by chi-square. On the basis of that questions, researcher scored them to count total number of 'yes' response and 'no' response. It is ensured that each subject has responded to each of the item. At the end scoring was done with the help of manual.

Interpretation

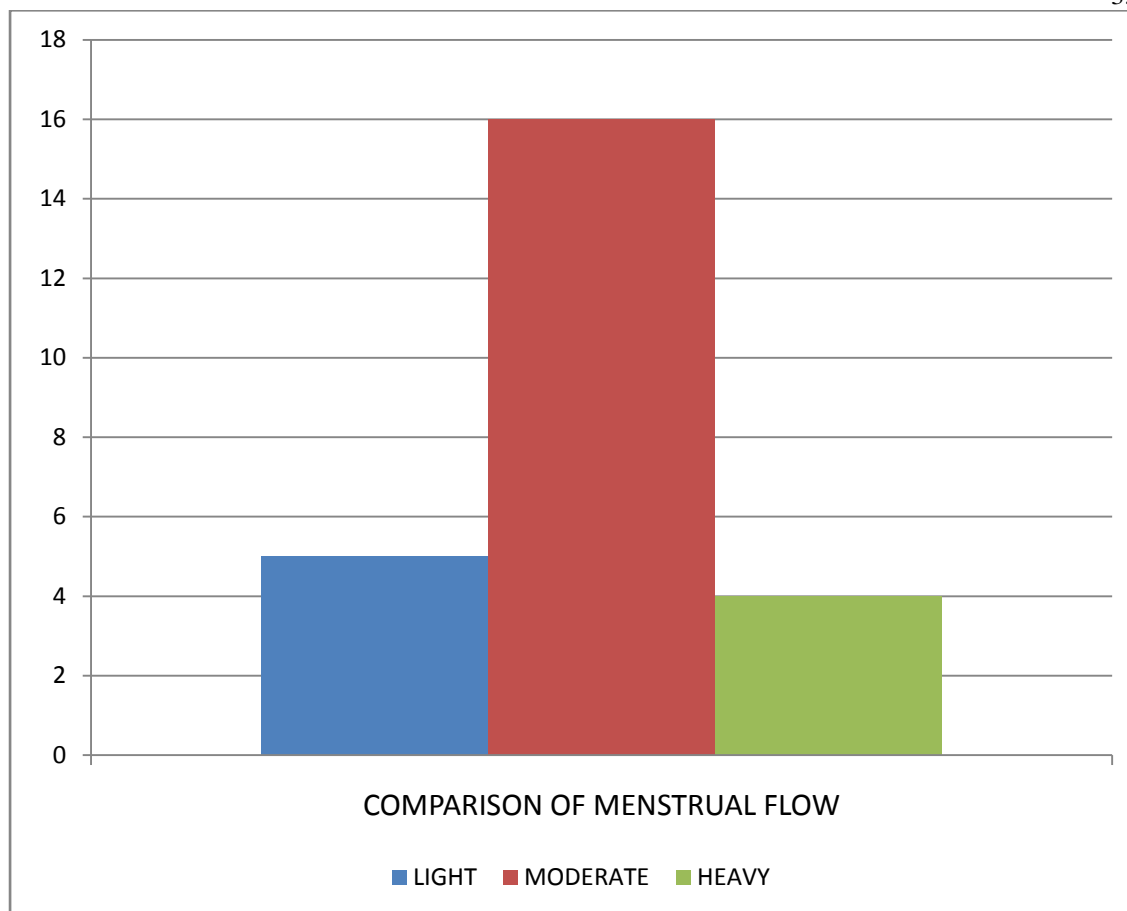
After the calculation the total score of women having heavy menstrual flow according to all the dimension 16 out of 25 women have moderate menstrual flow, 5 out of 25 women have light menstrual flow and 4 out of 25 have heavy menstrual flow during menstruation, which indicated that from the selected data only 48% women scored high in 'no' response that means less women scored having heavy menstrual flow. Yet those who scored high in heavy menstrual flow told that living with heavy periods can be very frustrating and irritating.

TOTAL PERCENTAGE OF MENSTRUAL FLOW

In table 1 we find that 20% of women have light menstrual flow, 64 % of women have moderate menstrual flow and rest of the 16% have heavy menstrual flow. We find that the percentage of heavy menstrual flow is less yet women with heavy menstrual flow admitted that living with heavy periods can be very frustrating. Heavy menstrual flow often interferences with daily tasks for you to manage routine activities like running, errands, playing sports, working and going to school.

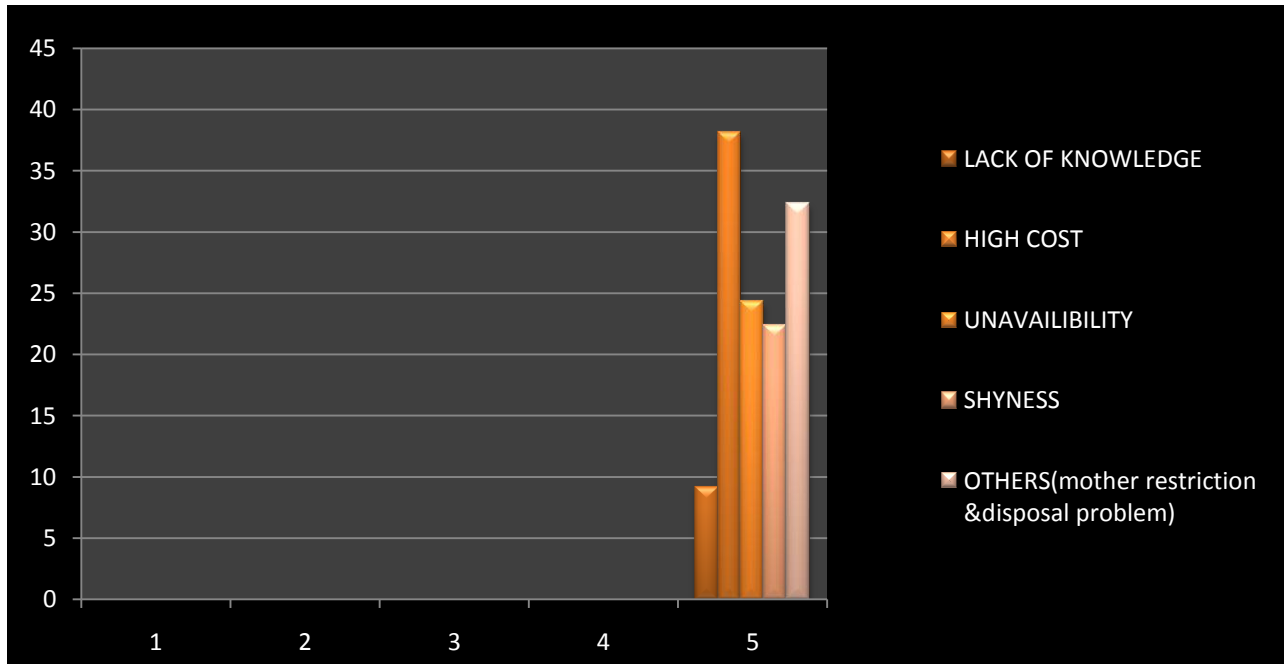
Table 1

Variable	Light	Moderate	Heavy
Menstrual flow	20%	64%	16%

**Table 2****TOTAL PERCENTAGE OF SANITARY PAD**

In table 2 we find that 24% of women have lack of knowledge, 38% of women have high cost to buy, 22% of unavailability of sanitary pads in rural areas. 7% of others (where the mother restriction and disposal problems, and the rest depend on the 33% of shyness in woman and girls the using of the sanitary pads in the menstruation time often interferences with daily tasks for you to manage routine activities like running, errands, playing sports, working and going to school.

<u>Variables</u>	<u>Lack of knowledge</u>	<u>High cost</u>	<u>Unavailability</u>	<u>Shyness</u>	<u>Others (mother's restriction & disposal problem)</u>
<u>Sanitary napkins</u>	<u>24%</u>	<u>38%</u>	<u>22%</u>	<u>33%</u>	<u>7%</u>



Result and Discussion

Presents the demographic details of the study subjects. It was evident that the mean age of the study subjects who were studied was 13.82 ± 0.832 years, while their age range was 12-17 years. A majority of the subjects (62.27%) belonged to urban residences and 37.73% resided in the rural areas. The percentage of the girls who were above the poverty line was 59.69% and those who were below the poverty line were 40.31%. A majority of the mothers of the study girls were educated and 7.49% of the mothers were illiterate. The cleaning of the external genitalia was unsatisfactory in 58.09% of the urban girls and it was unsatisfactory in 79.45% of the rural girls. This difference was also found to be statistically significant ($p = 0.001$). More girls from the urban areas maintained a satisfactory cleaning practice of the external genitalia as compared to the rural girls and this difference was statistically significant ($p = 0.001$). For the cleaning purpose, 225 (58.18%) girls used soap and water, 157 (40.57%) used only water and 5 (1.29%) used water and antiseptics. There was no statistically significant difference between the rural and urban girls with regards to the use of materials for the cleaning of the external genitalia during menstruation. A majority [135 (34.88%)] stored it in the bathroom, 133(34.37%) of the girls did not store the absorbent, and 96 (24.81%) stored it with the routine cloth. No statistically significant difference was observed in the urban and rural girls, which pertained to the storage of the absorbents, except those which were stored with the routine cloth (0.001). With respect to the method of disposal of the used absorbent, it was found that a majority of the girls; 202 (52.20%) burned it, 154 (39.79%) threw it with the routine waste and 26 (6.72%) used other methods of disposal.

This study reveals that the age of the menstruating girls ranged from 12-17 years, with the maximum number of girls being between 13-14 years of age. Another researcher reported that the age of the menstruating girls ranged from 12-17 years, with the maximum number of girls being between 13-15 years of age. In the present study, the mean age at menarche was found to be 12.85 years, whereas the mean age for menarche was calculated to be 12.8, 13.2 and 13.7 years, as reported by other researchers. However, in urban areas, the mean age of menarche among the girls was earlier (12.85 ± 0.867) years, as against the earlier reported age of 12-14 years in India [16-21]. Prior awareness regarding menarche and menstruation among girls is generally low in most of the cultures. It was evident that only 36.95% of the

participants were aware of menstruation before menarche. Menarche is an important event in girls at the threshold of adolescence and ideally, mothers should be the main informants at this tender age of the girls.

Conclusion

- **It is concluded that bleeding heavily will have a low blood count (anaemia).**
- **Most of the women with heavy monthly bleeding agreed that this condition frustrates them a lot and they have had to miss work due to heavy periods. It can be said that among the adolescent school girls in both the urban and rural areas, the knowledge on menstruation is poor and the practices are often not optimal for proper hygiene. Menstrual hygiene is an issue needs to be addressed at all levels. A variety of factors are known to affect menstrual behaviours, the most influential ones being economic status and residential status (urban and rural). Awareness regarding the need for information on healthy menstrual practices is very important. It is essential to design a mechanism to address and for the access of healthy menstrual practices in this we also see that the using of the sanitary napkins in the daily uses of the womens and girls according to the table no. 2 in the article .**

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THANKYOU

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