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**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.1002937>Available online at: <http://www.iajps.com>*Review Article***PREVALENCE AND IMPACT OF HEAVY MENSTRUAL
BLEEDING: A REVIEW****Sayeeda Aqsa* and Mariam Zaka**

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Abstract

Menorrhagia is the most common complaint among female reproductive ages. It has been defined as excessive menstrual blood loss more than 80ml and it affects the woman's physical, social and emotional status. Symptoms of menorrhagia may include, soaking through one or more sanitary pads every hour for several consecutive hours and bleeding for longer than a week. Counselling is necessary for its management. In adolescence females undergo many physical and psychological changes. Patients presenting with menstrual irregularities must be screened properly as incidence of menorrhagia is high in reproductive age women. Frequency of menstrual disorders and their impact on women's health status, quality of life and social integration suggest that proper evaluation and management should be given a higher priority.

Key words: *Heavy menstrual bleeding, excessive bleeding, menstrual cycle, menorrhagia*

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INTRODUCTION:

Menstruation is a normal biological process in females that occur periodically. Excessive menstruation is defined as when blood loss per cycle is more than 80ml. it a quite terrible condition that badly affects women's social activity. Women's suffering from menorrhagia has a common complaint that affects their quality of life, physical and mental health of the sufferer as well. Polyps, fibroids, adenomyosis or infection are the common causes of menorrhagia. Systemic disorders and bleeding disorders are also associated with its etiology, rare causes involve genital malignancy (cervical, endometrial or myometrial). Diagnosis of menorrhagia must be focused. It includes complete patient history and clinical evaluation followed by thorough investigation. [1]

Menorrhagia may last for more than 7 days. It is the major complaint for which women visit gynecologist. In Europe and North America it affects 1-5 women of their reproductive age. Menorrhagia is major cause of iron deficiency anemia that have negative effect on women's health and being hospitalized. It comes in women associated with inherited bleeding disorders. For its proper management there must be confirmed diagnosis, it can be done by various methods i.e by interviewing women and asking about no.of sanitary pads and its weight in each menstruation and laboratory analysis of blood count. In a study women described their blood flow using the term "gush" and they further explained "they have to leave from work to change their clothes and have to set alarm clocks at night just to avoid drenching the bed". [2]

In women with menorrhagia von Willebrand's disease i.e platelet function abnormalities are more common. There are many herbs which are in practice used to treat menorrhagia. Goals of menorrhagia treatments include bleeding control and restoration of normal menstrual pattern. According to literature in Europe Chaste Tree chaste berry is the best herb for the abnormal bleeding in women. Yarrow is also common and effective herb to treat bleeding wounds, it is a uterine stimulant also used for all kinds of menstrual complications. Black haw showed anti-spasmodic as well as relaxant effect on the uterus in different laboratory studies. [3]

Vitamin deficiency may leads towards menorrhagia. For example vitamin A deficiency may be a contributing factor for menorrhagia. Serum levels of vitamin A were lower in women suffering from menorrhagia than healthy women. Prothrombin levels in menorrhagic women are normal. An astringent herb from tannin category contains many plants used to control blood flow. It corrects cervical or uterine bleeding in reproductive tract. (Hudson T, Northrup C 1999).

Factors which are responsible to cause menstrual disorders include environmental, drugs, nutritional, physical activities and stress. Direct link has been observed for cardiovascular, mental retardation, musculoskeletal disorders and both prevalence as well as severe menstrual irregularities. [4]

Before the beginning of pharmaceutical companies herbal treatment has been practiced for thousands of years. Herbal remedy is effective in menstrual irregularities. Egyptians have used peppermint, coriander, garlic, castor oil and other treatments for this disorder.[5]

Exact mechanism controlling menstrual pattern is not well understood. Previous records shows enhanced endometrial fibrolysis and an alteration in prostaglandin balance exists in dysfunctional uterine bleeding. Anti-fibrinolytic drugs have proven effective in controlling menstrual bleeding. Mefenamic acid that is prostaglandin synthetase inhibitor and hemostatic ethamsylate also effective to treat heavy menstrual bleeding. [6]

Matteson et al found either the queries asked by health care professionals to diagnose menorrhagia covered the women's life aspects properly. A qualitative research was done parallel to investigate the influence of heavy menstrual bleeding in women's quality of life. Questions asked by females include how much time taken to soak a sanitary pad, frequency of visits to change pads and frequency of passage of blood clots. [7]

There are many treatments used for menorrhagia, has proven to be effective with some side effects and adverse effects. 35% of the women with heavy menstrual bleeding undergo through hysterectomy which is effective but being surgical procedure associated with morbidity and in some cases mortality. In young girls it is inappropriate. Thus drug therapy should be first line treatment before moving towards surgery. Symptoms of menorrhagia are constant need to change pads >3hr or 21pads throughout the period and blood clots larger than 1 inch. [8]

CONCLUSION:

This study has demonstrated that HMB is common in the exercising population. HMB was associated with anemia, iron supplementation and slower performance times. Further research is however needed to explore the impact of HMB and iron deficiency on performance. The lack of medical help sought by the participants in this study suggests that either females don't feel or realize this is a problem, or have learnt to cope with it, highlighting that more research and awareness is needed. HMB is also surprisingly common amongst elite athletes, ostensibly impacting upon their training and

performance, and potentially causing iron deficiency, although further research is needed to confirm this association.

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