

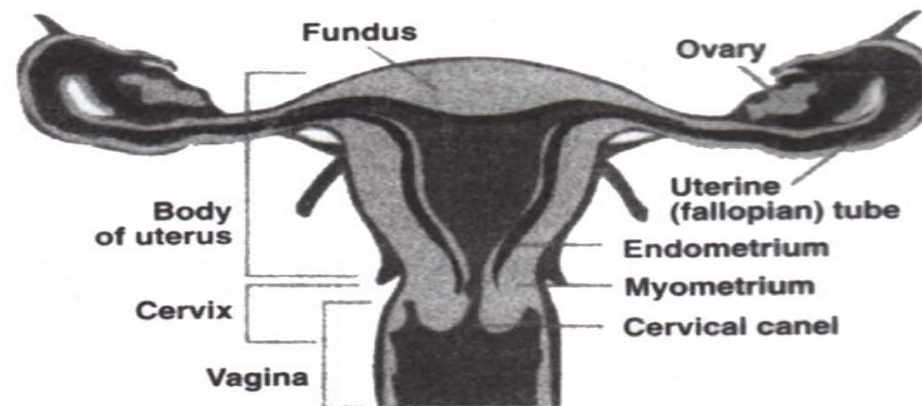
Introduction to Woman's cycle:

A woman's lifestyle is completely different from that of a man both biologically as well as qualitatively. Some exclusive feminine attributes are **Menstruation, Conception and Motherhood**.

SYSTEMS INVOLVED: FEMALE REPRODUCTIVE SYSTEM:-

The system comprises of the organs, which can be classified into two groups.

1. PRIMARY SEX ORGANS - Ovaries (They are two in number)
2. SECONDARY SEX ORGANS - Two uterine tubes (fallopian tubes), Uterus, Vagina, external genitalia and Mammary Glands (Breasts).



The Uterus

1. What is UTERUS?

The uterus (womb) is pear-shaped muscular organ, measuring approximately three inches in length, two inches in width and 1 inch in thickness. It is located in the pelvic cavity between the bladder and the rectum. Uterus has two main parts: an upper portion, the body and a lower, narrow section, the Cervix, which is incorporated within the vagina. Cervical glands secrete alkaline mucus which keeps the female reproductive tract moist. This is the passage for the baby to come out. Uterus plays a role in all the three functions vital for the survival of the human species: menstruation, pregnancy and labor.

Uterus has three layers, called: **Endometrium, Myometrium and Perimetrium.**

2. What are FALLOPIAN TUBES?

Fallopian tubes, also known as uterine tubes, are attached to the uterus at its upper outer angles. They are two in number, each about 10 cm long and 1 cm thick. The tubes serve as ducts for the ovaries, although they are not attached to them. Fertilization,(union of sperm with an ovum), normally occurs in the Fallopian tubes. Later, the fertilized ovum travels thru the Fallopian tube and lodges in the Uterus.

3. What is an OVARY?

Ovaries (2 in number) are glands that resemble large almonds in size and shape and are located one on either side of the uterus, below and behind the uterine tubes. They measure about 3.5 cm in length, 2cm in width, and 1.5 cm in thickness and weigh 8 Gms.

Ovaries produce ovum (female eggs) & secrete hormones known as Estrogens & Progesterone, which play a vital role in functioning of female body.

4. What is VAGINA?

Vagina is situated between the rectum, urethra and bladder. Also called the birth canal, it is a highly muscular passage. Vagina is moist and watery with an acidic pH, which accounts for its bactericidal (destructive to bacteria) action. Vaginal epithelium is an important indicator of estrogenic (estrogen related) activity. It is the organ that receives seminal fluid from the male and acts as the excretory duct for uterine secretions and menstruation.

5. What is MENARCHE?

Menarche is the age of onset of first menstruation. It occurs between 10 to 16 years (Mean age 13.5 years) It particularly depends on genetic and environmental factors. These factors include family history, race, social class, nutrition and environment.

6. What is PUBERTY? Puberty marks the point in a girl's life at which she enters the reproductive phase. This is the point where her ovaries start functioning and releasing an ovum approximately once in 28 to 30 days. The age of puberty varies from 12 to 14 years. Puberty occurs because of a sudden spurt in the following hormones:

- FSH (Follicle Stimulating Hormone)
- LH (Leutinising Hormone)
- Estrogens
- Progesterone

7. What is MENSTRUATION?

The discharge of blood and fragment of womb lining from the vagina at intervals of about one month in a woman of child bearing age is termed as Menstruation. The 'bleeding' normally lasts between 3-5 days.

Each ovary releases an egg approximately once in 2 months- the release is on an alternate basis, one ovary at a time. Release of ovum is about the midpoint between two successive menstruations. If the egg is not fertilized (with a male sperm) it perishes and results in casting of lining of the endometrium as Menstrual Flow.

Approximately 2 days before the end of the monthly cycle, the ovarian hormones, estrogen and progesterone, decrease sharply to low levels of secretion and menstruation follows. Menstruation is caused by this sudden reduction of. estrogens and progesterone, especially progesterone, at the end of the monthly ovarian cycle.

During normal menstruation, approximately 40 ml of blood and an additional 35 ml of serous fluid is lost.

8. What is ESTROGEN?

Estrogen is a hormone produced by the Ovaries. It causes development and maturation of ovaries and uterus during puberty. It is responsible for development of secondary sexual characters (Breasts, pubic / axillary hair). It is also responsible for proliferation (Growth of tissue by rapid multiplication of cells through mitosis) of endometrium during menstrual cycle. It also gives smoothness and vascularity (pertaining to blood vessels) to feminine skin. It is required for calcium absorption, bone growth and maturation.

At puberty, the quantity of estrogens increases some 20-fold or more. At this time the female sex organs change' from those of a child to those of an adult. The ovaries, fallopian tubes, uterus, and vagina all increases several times in size.

9. What is PROGESTERONE?

It is also a hormone, secreted by ovary. Basically it is a pregnancy promoting hormone. By far the most important function of progesterone is to promote secretory changes in the uterine endometrium during the latter half of the female sexual cycle, thus preparing the uterus for implantation of the fertilized ovum Progesterone decreases the frequency of uterine contractions, thereby helping to prevent expulsion of the implanted ovum. Progesterone also promotes secretory changes in the mucosal lining of the fallopian tubes. These secretions are necessary for nutrition of the fertilized ovum.

10. What do you understand by DUB?

A disturbance in the normal quantum of uterine bleeding where the cause cannot be detected is called DUB. Menorrhagia, Metrorrhagia, Oligomenorrhea can be clubbed under DUB.

DUB may occur at any time during reproductive life especially at puberty [puberty - adolescent group before 20 years] before menopause [pre-menopausal group after 40 years] and after child-birth or abortion [maturity group between 20-40 years]. Women who have had children are more affected than those who have not had children. It is common during the pre-menopausal years.

11. What is MENORRHAGIA?

Excessive Uterine bleeding occurring at the regular interval of menstruation. The period of flow sometimes being prolonged. .In the popular term, it is termed as 'heavy periods' or heavy menstruation.

Ovarian tumor, Uterine malformation, Intrauterine contraceptive device (IUCD) implantation, hormonal disorders, Hypothyroidism or hyperthyroidism, chronic hypertension, heart disease with chronic congestive failure, chronic nephritis, Malnutrition, blood disorders -severe anemia (some cases), leukemia, prolonged intake of aspirin., emotional disturbances like stress, anxiety, sorrow etc., are some of the causes of Menorrhagia.

12. What is METRORRHAGIA?

Uterine bleeding usually of normal quantity, occurring at completely irregular intervals is termed as Metrorrhagia. Period of flow sometimes is prolonged. A woman continues bleeding irregularly for several days after the menstrual period.

Common causes of Metrorrhagia are dysfunctional uterine hemorrhage, any ulcer on the cervix, disturbed early pregnancy hemorrhage, etc.

13. What is OLIGOMENORRHOEA?

Menses occurring with very little bleeding are termed Oligomenorrhea. Also called Scanty Periods.

14. What is DYSMENORRHOEA?

Menstruation associated with severe pain usually with scanty flow is Dysmenorrhoea. This is common in younger age group. It is also known as painful menstruation. Probably 5-10% girls in their late teens and women in their early twenties suffer from spasmodic Dysmenorrhea.

15. What is AMENORRHOEA?

Absence of menstruation in a female is called Amenorrhea. There are two types of Amenorrhea.

Primary Amenorrhea: When menses have never occurred even though the female is well past her puberty phase and is 18 years or above.

Secondary Amenorrhea: Stoppage of menstruation in a female who has been menstruating earlier. There should be cessation of menses for at least 3 cycles following normal menstrual cycle before the patient is labeled as a case of secondary Amenorrhea.

16. What is LEUCORRHOEA?

Leucorrhoea is described as “Vaginal Whites” and is characterized by excessive dull white grey fluid which is free from blood or pus.

17. What is INFERTILITY?

Inability to conceive after 1 year of regular unprotected intercourse

There are two types of Infertility:

🌻 **Primary infertility-** Where conception has never occurred

🌻 **Secondary infertility** -Where conception has failed to occur after a period of fertility

18. What is MENOPAUSE?

Menopause refers to final cessation of menstruation. It occurs as a result of exhaustion of ova from ovarian follicles and consequent estrogen / progesterone deprivation. Menopause is a gradual process and can take 1-2 years. Though it is impossible to predict the exact age at which menopause occurs, most women experience it between the ages of 40 and 50. It is said, early the menarche late the menopause and late the menarche early the menopause.

Menopause is a natural phase, which occurs because the body can no longer produce sufficient quantities of certain hormones (Estrogen and Progesterone) which are responsible for menstruation and fertility. The sudden change in hormonal levels can cause a number of symptoms both physical and emotional. Menopausal syndrome or Postmenopausal syndrome refers to this group of symptoms that are expressed by woman during that transition to menopause between 40 to 50 years of age.

THEREPEUTIC BENEFITS OF THE INGREDIENTS:

ASHOKA (*Saraca indica*)

1. Clinical Usage:

It is used in treatment of excessive uterine bleeding. Also used in Dysmenorrhea & depression in women during menstruation.

2. Pharmacological Properties:

- Significant anti-hemorrhagic property.

Role of Meryton in Management of Uterine Disorders

- Controls excessive bleeding.
- Uterine sedative
- Useful in infertility

LODHRA (*Symplocos racemosus*)

1. Clinical Usage:

Have anti-hemorrhagic and healing properties.

2. Pharmacological Properties:

- Excellent antimicrobial action.
- Proven astringent action.
- Controls hemorrhage.
- Reduces vaginal secretions.
- Tackles Menorrhagia
- Uterine sedative

ASHWAGANDHA (*Withania Somnifera*)

1. Clinical Usage:

Maximum improvement was seen in nervousness, with the administration of Ashwagandha. Relief in Pain was also observed.

2. Pharmacological Properties:

- Proven antispasmodic action.
- Useful in infertility.
- Anti – inflammatory

GUDUCHI (*Tinospora cordifolia*)-

1. Clinical Usage: Has excellent analgesic action. It is also used widely for its “Rasayan”, i.e. Tonic properties.

2. Pharmacological Properties:

- Excellent analgesic action

Role of Meryton in Management of Uterine Disorders



- Useful in anemia
- Useful in vaginal discharges

SHATAVARI (Asparagus racemosus):

1. Clinical Usage: The drug provides essential nutrients & minerals and thus it is used extensively as a nutritive tonic. The drug is also used in urinary disorders.

2. Pharmacological Properties:

- **Useful in infertility**
- Anti – inflammatory
- Useful in anemia

YASTIMADHU (Glycyrrhiza glabra)

1. Clinical Usage:

It is used extensively as an anti inflammatory agent. Glycyrrhizin and various derivatives has been shown to possess in vitro anti bacterial activity against a number of bacteria, fungi and several un related DNA & RAN, viruses.

2. Pharmacological Properties:

Anti- inflammatory and anti bacterial properties.

JIVANTI (*Leptadenia reticulata*)

Clinical Usage:

The leaves and roots are useful in skin related diseases. The effect of leptadenia in uterine hemorrhage as well as threatened and habitual abortions was also studied.

BALA (*Sida cordifolia*)

1. Clinical Usage:

It is used in the treatment of urinary tract infections and leucorrhoea.

2. Pharmacological Properties:

- Useful in urinary troubles and vaginal discharges
- Useful in the treatment of infertility

DASHMOOL:

- It works as a menstrual modulator
- Regulates & normalizes menstrual flow

HOW DO MERYTON SYRUP / CAPSULE ACT?

In Irregular Cycles:

- ☀ Restores the delicate balance between Endocrines-Emotion-Nutrition
- ☀ Regulates menstrual cycles
- ☀ Corrects estrogenic insufficiency
- ☀ Relieves emotional stress

In Secondary Amenorrhea and Oligomenorrhea:

- ☀ Encourages optimal endometrial proliferation
- ☀ Normalizes the quantity of menstrual flow
- ☀ Corrects ovarian insufficiency
- ☀ Relieves anxiety and stress

In Leucorrhoea:

- ☀ Normalizes the secretion of vagina
- ☀ Reduces the congestion of genitals
- ☀ Restores the vaginal pH to normal and prevent re – infection

Role of Meryton in Management of Uterine Disorders



- ☀ Calms the nervous hyper excitability and improves nutrition

In Dysmenorrhea:

- ☀ Inhibits excessive uterine contractions
- ☀ Provides relief from painful abdominal cramps
- ☀ Relieves anxiety and stress

In Unexplained Infertility:

- ☀ Creates a fertile Intra-uterine environment conducive to implantation and full term gestation
- ☀ Encourages timely ovulation
- ☀ Improves the chances of conception
- ☀ Promotes normal endometrial proliferation

GLOSSARY OF MEDICAL TERMS:

1. Conception: Union of male & female gamete (one of 2 cells, male or female whose union is necessary in sexual reproduction to initiate the development of a new individual) marking the beginning of a new organism.

2. Fertilization: Union of male & female gamete leading to a development of a new individual

3. **Contraception:** Prevention of fertilization of ovum
4. **Glycogen:** Glycogen is ready source of energy for the body. This is the main role of glycogen.
5. **Endometriosis:** Presence of a functioning endometrial like tissue at different sites (outside the Uterus) mostly along the female genital tract.
6. **Abortion:** Interruption of pregnancy before due date (Loss of products of conception from the uterus).
7. **Hysterectomy:** Removal of the uterus (sometimes with ovaries) especially in cases of DUB
8. **Ovarian Cyst:** Abnormal collection of fluid
9. **Vaginitis:** Inflammation of the vagina.

WHAT IS THE RECOMMENDED DOSAGE OF MERYTON SYRUP / CAPSULE?

DOSAGE OF MERYTON		
INDICATIONS	CAPSULES	SYRUP
Irregular Cycles, Menorrhagia, Metrorrhagia & Dysmenorrhoea	1 Capsule BID for 3 to 6 Cycles	15 MI BID for 3 to 6 Cycles
Leucorrhoea	1 Capsule TID for 7 Days	15 MI TID for 7 Days
Unexplained Infertility	1 Capsule BID till conception takes place	15 MI BID till conception takes place

Estrogen and progesterone (hormones) do have side effects . One has to be careful while using these hormones due to various contraindications and drug interactions. In spite of knowing the above drawbacks, these hormones are being used. Now Meryton syrup / capsule are available as a non hormonal treatment that provides benefits of efficacy similar to hormones without the risks of side – effect, precaution and contra indications.

Meryton syrup / capsule is for female patients in the age group of 15 to 45 years. Of age, Meryton Syrup/Capsule is for the treatment of menstrual disorder like irregular cycle, Secondary Amenorrhea & Oligomenorrhea.

In the age of 21 to 40 years Meryton Syrup/Capsule is for unexplained infertility apart from the above menstrual disorders.

Benefits offered by Meryton:

- Non-Hormonal, Non Invasive Profeminine herbo-mineral formulation
- Restores the balance between Endocrine, Emotion and Nutrition
- Has estrogen like effect without any associated side effects or special precautions.
- Safe even during pregnancy.
- Efficacious with immense clinical value.
- Tried and prescribed by many gynecologists.
- Offers predictable results in unexplained infertility and menstrual disorders.
- Convenient dosage schedule and easy administration that ensures patient compliance.