



# AFOG YGAA

AFOG YOUNG GYNAECOLOGIST AWARDEES ASSOCIATION

## NEWS LETTER

VOL. 1

NO. 2

22ND SEPTEMBER, 2007

### OFFICE BEARERS



*President*  
**Professor Yuji Murata**  
(Japan)  
*email: ymurata@aizenen.or.jp*



*Vice President*  
**Prof. Pak Chung Ho**  
(Hong Kong)  
*email: pcho@hkusub.hku.hk*



*Immediate Past President*  
**Dr. Shahida Zaidi**  
(Pakistan)  
*email: zaidis@cyber.net.pk*



*President Elect*  
**Emeritus Prof. Yoon Seok Chang**  
(Korea)  
*email: ysc@mariababy.com*



*Secretary-General*  
**Prof. Walfrido W. Sumpaico**  
(Philippines)  
*email: wwsumpaico@edsamail.com.ph*



*Deputy Secretary-General*  
**Dr. Chinnaiya Anandakumar**  
(Singapore)  
*e-mail: anandakumar\_c@hotmail.com*



*Treasurer*  
**Professor Yu-Shih Yang**  
(Taiwan)  
*email: ysyang@ha.mc.ntu.edu.tw*



*Editor-in-Chief, JOGR*  
**Professor Takashi Okai**  
(Japan)  
*email: okai.t@med.showa-u.ac.jp*

### EDITORIAL



Dr Narendra Malhotra

Dearest AFOG Members,

It is indeed my pleasure to present this YGAA News Letter to all of you.

This years AOCOG is special as it is the 50th year of our organisation. I step into the shoes of a great person Prof D. K. Tank as the chairman of the Publication committee. We miss Dr D. K. Tank's wisdom and his vision for the youngsters.

This bulletin brings to you a review of all the herbal drugs used in the Asia Oceania for gynaec disorders. We have put this article for information and in no way do the AFOG or we propagate the use of these drugs.

This bulletin also has inputs from YGAA's on their experiences and some pictures.

I thank Charak Pharmaceutical (I) Ltd. for sponsoring the printing of this bulletin.

This 50th Golden Jubilee Issue is being distributed to FOGSI Members by Charak.

Do contribute to this bulletin.

Looking forwards to hearing from all of you.

  
**Narendra Malhotra**  
mnmhagra@gmail.com

**EDITOR & CHAIRMAN OF YGAA ALUMINI NETWORK OF AFOG  
CHAIRMAN PUBLICATION COMMITTEE AFOG**

**Dr Narendra Malhotra**

Malhotra Nursing & Maternity Home Private Limited  
84, Mahatma Gandhi Road, Agra - 282 010 (U P) India.  
Phone : +91-562-2260275, 2260276, 2260277  
Fax : +91-562-2265194  
eMail : mnmhagra@gmail.com  
Web : www.narendramalhotra.net

**FOR CIRCULATION AMONG FOGSI MEMBERS**



It is my great pleasure and honor to have an opportunity to deliver a message in the YGAA (Young Gynecologist Awardees Association) Newsletter which is published to commemorate the 20th AOFOG as a Golden Jubilee.

I am confident that the participation of distinguished Young Gynecologists from every country will surely open a new chapter in the history of AOFOG providing update knowledge and skills in the field of Obstetrics/gynecology and Reproductive medicine. Also, it will contribute to upgrade the quality of the young scientists to be the leaders in AOFOG as well as in the individual National Societies through international relationship with presentation of scientific papers.

Since its first publication in October 2005, this Newsletter of AOFOG YGAA has greatly contributed to retain strong ties among YGAs providing a platform for communication and mutual exchanges.

I heartily congratulate on the publication of the special issue of YGAA Newsletter celebrating Golden Jubilee of AOFOG and wish a great prosperity of YGAA in the future.

**Prof Yoon-Seok Chang**  
President Elect  
AOFOG



The future of our Federation will depend on our young gynaecologists. Throughout these years, the Federation has supported many young gynaecologists to participate in the Asian and Oceanic Congresses.

A network of young gynaecologists has now been established. On this occasion of Golden Jubilee of our Federation, I would like to congratulate our young gynaecologists for publishing the YGAA newsletter.

I hope that in future they will become leaders of the Federation and take our Federation to new heights.

**Prof. Pak Chung Ho**  
Vice-President  
AOFOG



## YGA - WHAT & WHY

The project was initiated in 1991 by the late Professor Masahiko Mizuno (Japan Society of Obstetrics & Gynaecology) with subsequent support by donor agencies and member societies on a voluntary basis. The Award was initially restricted to the following countries Bangladesh, India, Indonesia, Nepal, Pakistan, Papua New Guinea, Philippines and Sri Lanka. The initial objective was and remains to recognize outstanding young men and women under the age of 40 who have rendered interest and service to their national societies. The award consists of formal recognition and awards during AOFOG congresses and financial help in the form of free registration, airfare and allowance for the duration of his stay during the congress.

In 1995, the YGA's were asked to present a scientific paper and vie for the best presentation awards courtesy of NV Organon. All awards are to be conferred during the President's Night. In 1998, YGA's were expanded to include Myanmar, Mongolia, Malaysia, Thailand and Vietnam. In 2002, the YGA was expanded to include all 23 members of the federation but financial assistance will be extended only to the developing nations in the federation.

The Federation recognises that the nominal allowances will be grossly inadequate, but to stretch the funds available to as many gynaecologists as possible, this is all the Federation can afford. We hope that national societies will be in a position to support the young gynaecologists with additional living allowances. We will also request the organisers of congresses to arrange reasonable and cheap accommodation. The final objective is hopefully to offer full support to all YGA's be they from developing or developed nations.

**Prof Walfrido W. Sumpaico, MD**  
AOFOG Secretary General



With Professor Careem



With his department staff at a dinner on the occasion of being elected president of FIGO 1985



Colleagues from Mongolia



With Dr Narendra Malhotra & Jaideep Malhotra



With his three musketeers



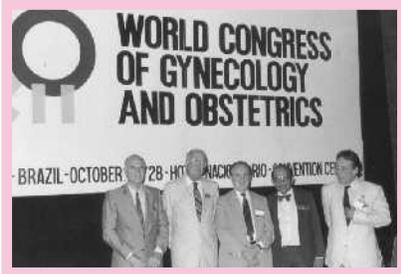
AOFOG Workshop in Philippines



With Prof. Wilfred Perera & Dr. Haththotuwa



AOFOG workshop in India



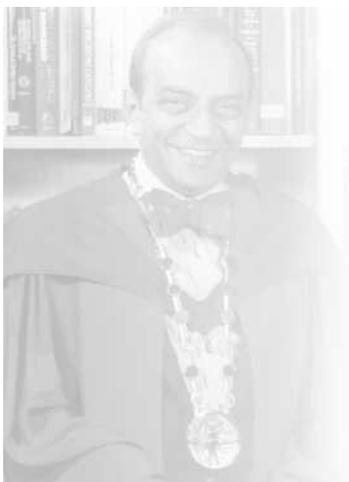
Presidents of FIGO



Honorary Fellow Japan Society of Obs. & Gyn. 1990



With Dr & Mrs Tank



***Don't do anything because it gives you recognition or money.  
Ask what you enjoy doing most.  
Is caring for patients your primary interest?  
If yes, don't take on academic medicine,  
Go and be a good doctor and be kind to your patients.  
Always be honest with yourself and  
Don't repeat the mistakes you made.  
As an obstetrician & gynaecologist,  
You have a primary responsibility to your patients.***



It is with great pleasure that I have been invited to attend the XXth Asian and Oceanic Congress of Obstetrics and Gynaecology (AOCOG-2007) to be held September 21 to 25, 2007 in Tokyo, Japan.

I am graduated from the Medical University of Mongolia in 1997 and has been working in the Maternity hospital 1 as a obstetrician gynecologist up to 2005 and now I am working as a deputy director for 2 years. I was admitted in the doctor's course and have been continuing my scientific research in the field of preeclampsia.

I was participated to XIXth Asian and Oceanic Congress of Obstetrics and Gynaecology (AOCOG-2006) had been held in October, 2006 in Seoul, Korea. I participated in the fellowship programme and awarded by S. Rathnam awardee as a YGAA.

We wishes all the best and very warm congratulation with GOLDEN JUBILEE AFOG Congress 2007!

**BAYASGALAN GEREL /MD/**  
Mongolia, MFOG



At this point I would like to Thank the AOCOG and AFOG for awarding me the YOUNG GYNECOLOGIST award in South Korea in 2005.

My paper on child birth in squatting position was selected as one of the 10 best papers which I presented at the congress, for this encouragement I shall always be grateful to the AFOG.

This is the best form encouragement for Doctor's like my self in the developing countries. I wish best of luck to all the new Doctors trying for the YGA.

See you all in Tokyo.

**DR AYESHA KAMAL NASIR**

In the year 2005 I was awarded "SSR-young gynaecologist Award" by AFOG. It gave me an opportunity to present a scientific paper and to meet other awardees. The Award increased my devotion in patients care and academic activities. I presented a paper on septic abortion in world congress FIGO 2006 and now I am doing research work on Eclampsia and prolonged coma and also working in VIA and colposcopy clinic.

I congratulate the endeavors for reunion of awardees. Greetings for all from Bangladesh !!

**DR. ZANNATUL FERDOUS JESMIN**  
Asstt. Prof. Dept. of OB/GYN  
Khulna Medical College  
Bangladesh.

In the field of Gynecologic Oncology, the Philippines historically has only one training center- the University of the Philippines-Philippine General Hospital (UP-PGH) from which all of us graduated.

Recognizing the increasing number of gynecologic malignancy cases and the attendant need for more specialists especially in the far-flung islands and provinces, the Section of Gynecologic Oncology of the Department of Obstetrics and Gynecology of Jose R. Reyes Memorial Medical Center (being the flagship hospital of the Department of Health), took the initiative in year 2001 to put up a training program for Gynecologic Oncology.

This was spearheaded by Dr. Rey H. Delos Reyes (a YGA recipient himself) and Dr. Benjamin D. Cuenca as the training officer. In year 2004, the Philippine Board of Gynecology Oncology (PBGO) granted JRRMMC the formal accreditation of its training program.

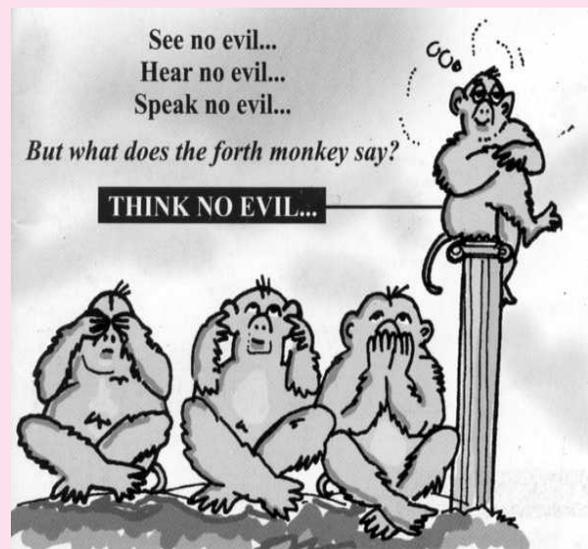
Currently, I work as the Chief of the Section of Gynecologic Oncology of JRRMMC and take pride in being one of the trainers in the second institution in the country to offer a fellowship program for our subspecialty.

And congruent with the mission-vision of our mother society, the Society of Gynecologic Oncologists of the Philippines (SGOP), the training program focuses on the three important facets- training, research and service to mankind.

Thank you and I will e-mail you soon some of the photos highlighting our activities in the section.

**BENJAMIN D. CUENCA, M.D.**

Gynecologic Oncologist  
Chief, Section of Gynecologic Oncology and  
Trophoblastic Disease  
Jose R. Reyes Memorial Medical Center  
Manila, Philippines



## How do I feel to be a Young Gynecologist Awardee...

Dating back to 1991, the Asia Oceania Federation of Obstetrics & Gynecology initiated a unique activity of appraisal of young, talented and dedicated Obstetricians & Gynecologist for their work and contribution to the field of women's & maternal health, by conferring 'Shan S. Ratnam Young Gynecologist Award'. This is really a great event organized by AOFOG to encourage young and budding Gynecologists. I appreciate the sincere efforts and the hard work by AOFOG to promote young talents.

It is indeed a great feeling to be at XXth Silver Jubilee congress of Asia Oceania Federation of Obstetrics & Gynecology at Tokyo, Japan. To receive recognition at a platform represented by 23 member countries of the Asia & Oceania region is a pleasant feeling. It is also satisfying to know that the world recognizes the contribution of young & committed persons in the field. It is a privilege to represent work from India at this international platform, especially when it has already been selected as one of the ten best papers for SSR-YGA. I am looking forward to interact with other awardees, representatives and giants of the field from different countries. I wish to learn about academic & research work done by my counterparts in different countries. I am eagerly waiting to be at President's Night to cheer the joyous moment of the life with other awardees.

I know that the matter does not end on receiving the award. This certainly means a new responsibility conferred to me for my country and the whole society. It reminds me to lead the field of Obstetrics & Gynecology in an ethical, rational and humane way in future. It also brings upon new commitment towards the federation, nationally and beyond. And this also reinforces that the 'betterment of the women's life is the ultimate motto of practice of Obstetrics & Gynecology.'

The Mother Nature has created her to create the world. Let us care for her- The Mother!



**DR. ASHISH N. SHAH**

Assistant Professor, Dept of O & G,  
Medical College, Baroda, INDIA  
drashishshah2001@yahoo.com  
+91-9327684251



Thanks for asking me to write about my feelings of having been chosen as YGA of the AOFOG.

When I heard the news that I am one of the YGA's of the AOFOG the feeling was ineffable and really felt On Top of the World. More so when I realized that the congress would happen in Tokyo and the subsequent one in Auckland. I am extremely grateful to the members of the FOGSI and the AOFOG, who have put me to this August gathering of Gynaecologists. It is very nice of the AOFOG to put forth these awards and promote innovative youth amongst the experienced elders.

This is in par with last years FOGSI motto youth making the majority our priority, and I really feel that youth is being promoted by FOGSI in liaison with AOFOG. I am indeed looking forward to experience the unexpected through this mammoth event and I once again thank the AOFOG and FOGSI

Thanks and Regards  
**Dr N Palaniappan**  
Chennai, India

## DON'T COMPLAIN! GENERAL GRANT STORY!

*During the American Civil War, the generals complained to Abraham Lincoln that General Grant was very fond of the bottle. He said he would discuss it at the meeting next day. Lincoln was a wise man and took time to think and put himself in other people's shoes. The next day at the meeting he asked, "Which brand does General Grant drink? May be he wins battles because of this! In that case, may be I should send you all a case every month!" Winning is important, very important.*

## Cross Word Puzzle (Answers)

### Across

1. Molimina
2. Hegar's sign
3. Word catheter
4. Rubin maneuver
5. Lefort
6. Edward Syndrome
7. Spalding sign
8. Barr body
9. Meckel syndrome
10. Pudendal nerve
11. Ritgen maneuver
12. Zavanelli maneuver

### Down

1. Loop
2. Alder's sign
3. Gehrung
4. Asynclitism
5. Mittelschmerz sign
6. Marshall test
7. Kegel exercises

## Spinal Versus Epidural Anesthesia for Cesarean Delivery in Severe Preeclampsia : A Prospective Randomized, Multicenter Study

Shusee Visalyaputra, Oraluxna Rodanant, Wanna Somboonviboon, Kamthorn Tantivitayatan, Somboon Thienthong and Wanawimol Saengehote

Department of Anesthesiology, Siriraj Hospital, Faculty of Medicine, Mahidol University, Bangkok, Thailand; Department of Anesthesia, Chulalongkorn University Hospital, Faculty of Medicine, Bangkok, Thailand; Department of Anesthesiology, Rajvithi Hospital, Tertiary Care Center, Bangkok, Thailand; Department of Anesthesiology, Faculty of Medicine, Khonkaen University, Khonkaen, Thailand; Department of Anesthesiology Faculty of Medicine, Ramathibodi Hospital, Mahidol University, Bangkok, Thailand

*Anesth Analg* 2005; 101:362-368

### ABSTRACT

Epidural anesthesia currently is the preferred method for cesarean delivery in women with severe preeclampsia (defined in this study as a systolic arterial blood pressure [SAP] of 160 mm Hg or higher or a diastolic pressure [DAP] of a least 100 mm Hg in addition to proteinuria of 100 mg/dL or more). although spinal anesthesia can be instituted more rapidly, has fewer complications, and is more cost-effective, there is concern that rapid and profound hypotension might further compromise the newborn infant. In this prospective, randomized, multicenter study, 47 women not in labor received epidural anesthesia with 18 to 23 mL of 2% lidocaine and 1:400,000 epinephrine followed by 3 mg of morphine after delivery. Another 53 nonlaboring women with severe preeclampsia received 2.2 mL of 0.5% hyperbaric bupivacaine plus 0.2 mg of morphine for spinal anesthesia. The 2 groups were demographically similar and comparable with regard to the volume of intravenous fluid given, treatment with magnesium sulfate or hydralazine, and estimated blood loss.

Anesthesia lasted longer in the epidural group despite similar surgical duration times. Median sensory blocked levels were comparable in the epidural and spinal groups. The mean lowest levels of SAP, DAP, and mean arterial pressure (MAP) from induction to delivery were consistently lower in the spinal group. Mean differences were 14, 9, and 10 mm Hg, respectively. After delivery, the 2 groups had similar mean lowest arterial pressures. Significant hypotension, a SAP of 100 mm Hg or less, was approximately twice as frequent in the spinal group, but significant hypotension lasted no longer than 1 minute in both groups. Women given spinal anesthesia received more ephedrine, but hypotension was easily treated. In neither of the premature infants with an adverse outcome was the mother hypotensive. Birth weights, Apgar scores, and the need for admission to a neonatal intensive care unit all were similar in the spinal and epidural groups.

These findings support the use of spinal anesthesia for cesarean delivery in women with severe preeclampsia.

## Laparoscopic-Assisted Vaginal Hysterectomy versus Abdominal Hysterectomy in Stages I and II Endometrial Cancer : Operating Data, Follow up and Survival

A. Zapico, P. Fuentes, A. Grassa, F. Arnanz, J. Otazua, and J. Cortes-Prieto

Department of Obstetrics and Gynecology, "Principe De Asturias" Hospital, School of Medicine, Alcala University, Alcala de Henares, Madrid, Spain

*Gynecol Oncol* 2005;98:222-227

### ABSTRACT

At "Principe De Asturias" Hospital in Madrid, Spain, between January 1997 and December 2003, 75 women with stage I or II endometrial cancer were treated either with laparoscopic-assisted vaginal hysterectomy and pelvic lymphadenectomy (n=38) or with total abdominal hysterectomy and pelvic lymphadenectomy (n=37). This article presents a comparison of these two groups. Patients were not randomized to treatment; abdominal surgeries were more frequent in the early years, and laparoscopic procedures more common in the later years.

All patients underwent initial pelvic and abdominal washing and inspection followed by pelvic lymphadenectomy, Paraaortic lymphadenectomy was performed after hysterectomy if there were positive pelvic lymph nodes. In laparoscopic procedures, a 10-mm umbilical and another inter-xiphoid-umbilical port and two 5-mm punctures in each lower abdominal quadrant were used. Lymph nodes were collected in a bag that was placed in the pouch of Douglas at the beginning of the procedure and then removed through the 10-mm umbilical trocar. The uterine vessels were sutured by either the laparoscopic or vaginal route. A middle incision was used for abdominal procedures. Patients were seen at a follow-up visit every 6 months for 5 years and then once a year.

The mean operating time for the laparoscopic vaginal hysterectomy (LPS) group was 165 minutes (range, 77-240 minutes) compared with 130 minutes (range, 60-180 minutes) for the abdominal hysterectomy (LPM) group ( $P < 0.05$ ). There were seven (19%) intraoperative complications in the LPM group, including blood loss greater than 1000 mL in three patients and bladder and bowel injury in two patients each. In the LPS group, two patients had excessive bleeding, two patients with an uncontrollable hypercapnia were converted to laparotomy, and one patient with a ureteral abnormality had a double-J catheter inserted to maintain patency (five total intraoperative complications; 13%).

Postoperative complications were seen in 39% of the LPM group compared with 18% of the LPS group. Overall, nine women had an abscess or hematoma, which was in the abdominal incision in five LPM and one LPS patient and in the vaginal vault in three LPS patients. There were five instances of fever in the LPM group and three in the LPS group. One LPM patient had a deep vein thrombosis and three LPM patients had postoperative ileus greater than 3 days. Four women who had laparotomy required postoperative blood transfusion. Three patients in this group were readmitted to the hospital for treatment of abscess or fever. No patient in the laparoscopically treated group required transfusion or readmission. There were no differences between the two groups in the number or location of lymph nodes removed or in the pathologic results.

Postoperative adjuvant radiotherapy was given to all patients with a pathologic diagnosis of stage IB, G2 or greater. After a mean follow up of 53 months (range, 5-90 months) in patients who had laparotomy, 30(18%) are free of disease, two (5%) are alive with recurrence, three (8%) are dead, and two have been lost to follow up. The mean follow up for women who underwent laparoscopy was 36 months (range, 9-65 months). Thirty-one (82%) of these women are alive, two (5%) are alive with disease, four (10.5%) are dead, and one has been lost to follow up. A total of four patients developed recurrent disease. There was one recurrence in the retroperitoneum, one in the lung (LPM group), one in the vaginal vault, and one bone metastasis (LPS group). All were alive at the time of publication.

## Chinese & Korean herbs

### Adrue

Latin name: *Cyperus articulatus*

Other name: *Guinea Rush*

Adrue is used in traditional African and Asian medicine to control nausea, vomiting, stomach pain, and gas. It is also used for headaches and epilepsy; for blood in the urine, and for some female disorders such as menstrual irregularity, breast pain, and vaginal discharge.

The root of the Adrue plant contains compounds that have an overall calming effect on the body. It also acts specifically on the digestive system, controlling nausea and vomiting and aiding in the elimination of gas. A recent study suggests that its historical use for headache and epilepsy may be due to its effects on neurotransmitters in the brain<sup>1</sup>. Adrue also demonstrates some anti-bacterial activity<sup>2</sup>.

With an aroma somewhat reminiscent of lavender, the Adrue plant can be found in Jamaica, Turkey, and along the Nile. Only the blackish root is used medicinally.

#### Reference:

1. J Ethnopharmacol. 1996 Nov.  
Extracts from rhizomes of *Cyperus articulatus* (Cyperaceae) displace [3H]CGP39653 and [3H]glycine binding from cortical membranes and selectively inhibit NMDA receptor-mediated neurotransmission.  
Bum EN, Meier CL, Urwyler S, Wang Y, Herrling PL.  
Sandoz Research Institute Berne Ltd., Switzerland.
2. Rev Argent Microbiol. 1995 Oct-Dec.  
Antimicrobial activity and interaction with DNA of medicinal plants from the Peruvian Amazon region. [Article in Spanish]  
Mongelli E, Desmarchelier C, Coussio J, Ciccio G.



### Celandine

Latin name : *Chelidonium majus*

Other name : *Tetterwort*

Celandine is frequently used for a wide variety of ailments, including stomach problems, intestinal polyps, breast lumps, chest pain (angina), cramps, asthma, hardening of the arteries, high blood pressure, cancer, gout and water retention. The fresh roots are sometimes chewed to relieve toothache, and a powder derived from the roots can be applied to ease tooth extraction. The herb has also been used for an assortment of skin conditions, such as rashes, scabies, and warts. In China, it is used to correct irregular menstrual periods.

Celandine enjoys a long-standing reputation as a medicinal herb. The Roman scholar Pliny mentions its healing power, and we know that in the 14th century it was taken in liquid form as a blood tonic and was thought to sharpen sight and other senses. It was also used as an aid to wound healing, and was believed to be good for jaundice because of its vivid yellow flowers.

Only the exposed parts of the plant have been tested for medicinal value. They exhibit mild analgesic and sedative



effects and appear to ease spasms of the internal organs. The plant may also inhibit the growth of cancers, combat infection, and boost resistance. Claims that it can reduce blood pressure and ease muscle tension require further testing.

#### Reference:

- Planta Med. 1996 Jun.  
Chelidonium majus L.: components with in vitro affinity for the GABAA receptor. Positive cooperation of alkaloids.  
Häberlein H, Tschiersch KP, Boonen G, Hiller KO.

### Dong Quai

Latin name: *Angelica sinensis*

Dong quai is also referred to as the "female ginseng," Dong Quai has been used for thousands of years to treat menstrual problems such as PMS and relieve menopausal symptoms such as hot flashes. Chinese doctors also use it, for men and women alike, to treat high blood pressure, poor circulation, and anemia.

Contrary to some theories, Dong Quai is not, in itself, a replacement for estrogen, nor does it have any hormone-like effects on the body<sup>1,2</sup>. Its ability to relieve menstrual difficulties is thought to stem from its power to quell spasms in the internal organs.

Chinese researchers have also found that Dong Quai stimulates production of the red blood cells that carry oxygen throughout the body, thus increasing energy and combating fatigue. Some scientists even claim that the herb contains an immune-boosting compound that could help prevent arthritis and cancer, although its effectiveness for such problems remains unproven.

#### Reference:

1. Phytother Res. 2006 Aug.  
Estrogenic activity of standardized extract of *Angelica sinensis*.  
Circosta C, Pasquale RD, Palumbo DR, Samperi S, Occhiuto F.
2. Fertil Steril. 1997 Dec.  
Does dong quai have estrogenic effects in postmenopausal women? A double-blind, placebo-controlled trial.  
Hirata JD, Swiersz LM, Zell B, Small R, Ettinger B.



### Black Cohosh

Latin name: *Cimicifuga racemosa*

Other names: Black Snake Root, Bugbane, Bugwort, Rattle Root, Richweed and Squaw Root

Black Cohosh is primarily used in Menopausal disorders & Premenstrual syndrome (PMS). It is also used for sore throat, bronchitis, joint pain, fever, insomnia, and snakebite, but its effectiveness for these problems has never been verified.

Advocates of Black Cohosh say it has an effect similar to estrogen, the female hormone that governs the menstrual cycle. Declining estrogen levels are responsible for the hot



flashes and other symptoms that often accompany menopause<sup>1</sup>. Estrogen replacement therapy relieves these symptoms, but poses an increased risk of breast cancer in susceptible women. Black Cohosh is said to offer a nonhormonal alternative<sup>1</sup>.

Although the preponderance of evidence supports the herb's ability to relieve menopausal symptoms, controversy about its action persists. Some studies have found an estrogen-like effect on the body's hormonal balance<sup>2</sup>, while others have failed to detect any difference<sup>3</sup>. To date, no studies have reported any protective effect against heart disease or osteoporosis, the two major ailments that traditional estrogen replacement therapy combats.

#### Reference:

1. Maturitas. 2007 Jun 21.  
Efficacy and tolerability of a medicinal product containing an isopropanolic black cohosh extract in Chinese women with menopausal symptoms: A randomized, double blind, parallel-controlled study versus tibolone.  
Bai W, Henneicke-von Zepelin HH, Wang S, Zheng S, Liu J, Zhang Z, Geng L, Hu L, Chunfeng J, Liske E.
2. Integr Cancer Ther. 2003 Jun.  
Phytoestrogens in botanical dietary supplements: implications for cancer.  
Piersen CE.
3. Int J Oncol. 2003 Nov.  
Black cohosh, a menopausal remedy, does not have estrogenic activity and does not promote breast cancer cell growth.  
Lupu R, Mehmi I, Atlas E, Tsai MS, Pisha E, Oketch-Rabah HA, Nuntanakorn P, Kennelly EJ, Kronenberg F.

## Wild Yam

Latin name: *Dioscorea villosa*

Other names: China Root, Colic Root, Devil's Bones, Rheumatism Root, Yuma

An extract of Wild Yam has been shown to lower triglycerides and raise levels of the HDL cholesterol that combats build-up of plaque in the arteries. Wild Yam is also considered a remedy for rheumatism, gallbladder problems, cramps, nerve pain, painful menstruation, upset stomach, and morning sickness, but its effectiveness for these problems remains to be confirmed<sup>1</sup>.

Wild Yam calms muscular spasms and seems to have anti-inflammatory properties. It also stimulates the flow of bile and promotes perspiration. It does not, as some believe, serve as a natural source of the female hormone progesterone. It is used in the production of artificial progesterone, but it will not yield the hormone in the absence of a chemical conversion process that the body can't supply.

Wild Yam is a member of the huge *Dioscorea* family, which includes the common potato. It is named for Dioscorides, the 1st century Greek physician whose botanical writings were the standard for more than a thousand years. Native to North America, the plant is now cultivated in tropical,



subtropical, and temperate regions worldwide. The dried root is the medicinal part of the plant.

#### Reference:

1. Climacteric. 2001 Jun.  
Effects of wild yam extract on menopausal symptoms, lipids and sex hormones in healthy menopausal women.  
Komesaroff PA, Black CV, Cable V, Sudhir K.

## Japanese Herbs

### Yakumosou

Latin name: *Leonurus sibiricus* Linn

Siberian motherwort is indigenous to Japan, Taiwan, Korea, and China. A biennial plant, it grows wild along roadsides and on the edges of fields. It bears small, pale pink flowers from summer straight into autumn. The plant is harvested in August when in full bloom and is then dried in the sun. In Japanese, Yakumosou means "the herb that serves the mother". As the name suggests, it has been used for thousands of years as the women's herb of choice.

The plant contains alkaloids such as leonurinine, leonuridin, leonurine, and stachydrine. Fixed oils (ca.40%): oleic acid (64%), linoleic acid (21%), lauric acid & Sterols such as Stachose. 4-guanidino-1-butanol. 4-guanidino-butyric acid. Nitroleonurine monohydrate<sup>1</sup>.

Throughout Asia, Siberian motherwort is seen as a tonic for women. It is used throughout a woman's reproductive life to tone the female reproductive tract and to increase general vitality.

In Japan, the plant is used to treat postpartum bleeding, uterine disease, dysmenorrhea, premenstrual tension<sup>2</sup>, infertility, leucorrhea, vertigo, dizziness, abdominal pain, sciatic pain, rheumatic pain and as a tonic in weak constitution. When the Japanese are looking for a female tonic, they reach for Yakumosou.

#### Reference:

1. Chem Pharm Bull (Tokyo). 2003 Mar.  
Studies on the constituents of *Leonurus sibiricus* L.  
Satoh M, Satoh Y, Isobe K, Fujimoto Y.
2. Zhongguo Zhong Yao Za Zhi. 1995 Mar.  
Stimulating action of *Carthamus tinctorius* L., *Angelica sinensis* (Oliv.) Diels and *Leonurus sibiricus* L. on the uterus.[Article in Chinese]  
Shi M, Chang L, He G.

## Ikarisou

Latin name: *Epimedium grandiflorum*

Ikarisou is a perennial plant, native to middle and southern parts of Japan, though it has many close relatives growing in China. Whether from Japan or China, all are used for similar purposes. In Chinese, the plant's name translates to "lascivious goat wort". Legend says that goats feeding upon the plant can copulate one hundred times a day. The legend may be optimistic, but it is true that the plant is used



as an aphrodisiac throughout Asia. And a long used aphrodisiac it is. It is mentioned in 'Shinnouhonzoukyou', the oldest Chinese herbal, reported to have been printed 1400 years ago.

In Japanese, the word Ikarisou, refers to the shape of the plant's leaf. The stem and leaf look rather like an anchor. In Japanese, Ikari means anchor and sou means herb. The plant's flowers are pale pink or white and appear in April and May. The parts used in medicine are the leaves and stems which are harvested in May and June and dried in the sun.

The active constituents include Flavonol glycosides like icarin, noricarin, icarisides, epimedin A,B,C, anhydroicarin 3-O- $\alpha$ -L-rhamnopyranoside, sagittoside A,B,C, baohauside, epimedeside C, anhydroicarin, desmethylandroicariin, diphyloside A,B, keropimedeside. Lignoids: (+)-syringaresinol-O- $\beta$ -D-glucoside, sagittatin A, B.<sup>1</sup>

In Japan, Ikarisou is highly prized as an aphrodisiac and has long been used to treat impotency, infertility, and lack of libido in men. In women, it has been used to increase sexual desire and fertility. This is the sexual health plant of Japan!

#### Reference:

1. Zhongguo Zhong Yao Za Zhi. 1998 Mar.  
A review of pharmacological study on Epimedium grandiflorum Morr and its active constituents.[Article in Chinese]  
Wang C, Li Y, Wang Y.

## Common Herbs used in Gynecology & Obstetrics INDIA

### Aloe

Latin name: *Aloe barbadensis*

Other names: *Aloe Vera*, *Barbados Aloe*, *Cape Aloe*, *Curacao Aloe*, *Socotrine Aloe*, *Zanzibar Aloe*



Two totally different medicines are derived from the Aloe plant. From just below the surface of the leaves comes a juice with potent laxative properties. At the core of each leaf is a colorless gel that soothes the skin.

Aloe has played a role in medicine since the 4th century B.C., when ancient Greek doctors obtained it from the island of Socotra in the Indian Ocean.

Aloe is a lily-like, succulent shrub with little if any stem. It produces about 25 fleshy, gray-green leaves in an upright, dense rosette. In Europe, Aloe is used almost exclusively as a digestive aid and laxative. Elsewhere, the gel from the inner leaf is a popular ingredient in many skin preparations and cosmetics.

The laxative component of the plant works by preventing the absorption of water from the bowel, thus increasing the volume of its contents and hastening their passage. This component of Aloe also kills bacteria and is active against a variety of viruses, including herpes, chickenpox, and flu.

The gel from the inner leaf, usually called Aloe Vera, has anti-inflammatory and pain-killing properties<sup>1</sup>. However, tests of its medicinal value have been quite contradictory. Some researchers have found that it speeds wound healing; others have reported that it actually interferes with healing. It seems to protect skin from the effects of

frostbite, and has been proven effective against common psoriasis.

#### Reference :

1. Methods. 2007 Aug.  
The inner gel component of Aloe vera suppresses bacterial-induced pro-inflammatory cytokines from human immune cells.  
Habeb F, Stables G, Bradbury F, Nong S, Cameron P, Plevin R, Ferro VA.

### Ashoka

Latin name: *Saraca indica*

Other names: *Gandha pushpa*.

It's a small evergreen tree occurring in India at upto 750 m above sea level, in the central & eastern Himalayas Khasi hills.



The name ashoka in literal translation means 'The sorrowless tree' as it is traditionally accepted as treatment for all gynecological problems<sup>1</sup>.

Its principle composition is a steroid component and a calcium salt<sup>2</sup>. The bark contains estrogenic compound ketosterol. It has a stimulating effect on the endometrium & ovarian tissue; it is useful in menorrhagia due to uterine fibroids. It is well established for its effects in Dysmenorrhoea & menorrhagia<sup>3</sup>.

#### Reference :

1. Indian J Med Res. 1970 Jul.  
Further studies on the uterine activity of Saraca indica Linn.  
Satyavati GV, Prasad DN, Sen SP, Das PK.
2. Indian J Hist Sci. 1972 Nov.  
Aśoka (Saraca Indica Linn)-a cultural and scientific evaluation.  
Biswas TK, Debnath PK.
3. Indian J Med Res. 1970 May.  
Oxytocic activity of a pure phenolic glycoside (P2) from Saraca indica Linn (Ashoka): a short communication.  
Satyavati G V, Prasad D N, Sen S P, Das P K

### Lodhra

Latin name: *Symplocos racemosa*

Other names: *Lodh*, *Tilva*, *Shavara*.

Lodhra literally means 'propitious'. It was traditionally used in dyes & had medicinal uses for bleeding & spongy gums.

It is an evergreen shrub, growing all over India upto 1400m in the northern areas & extending in the south.



Its composition contains three alkaloids namely loturine, loturidine & collutirine<sup>1</sup>. The astringent bark is traditionally used for diarrhoea, dysentery Liver complaints. It is used in the treatment of Menorrhagia & other Gynecological disorders<sup>2,3</sup>.

## Reference :

1. J Asian Nat Prod Res. 2007 Apr-May.  
New salirepin derivatives from *Symplocos racemosa*.  
Ahmad VU, Rashid MA, Abbasi MA, Rasool N, Zubair M.
2. J Ethnopharmacol. 2004 Sep.  
Effect of *Symplocos racemosa* Roxb. on gonadotropin release in immature female rats and ovarian histology.  
Bhutani KK, Jadhav AN, Kalia V.
3. Phytochemistry. 2003 May.  
Phenolic glycosides from *Symplocos racemosa*: natural inhibitors of phosphodiesterase I.  
Ahmad VU, Abbasi MA, Hussain H, Akhtar MN, Farooq U, Fatima N, Choudhary MI.

## Haridra

Latin name: *Curcuma longa*

Other names: *Haridra*, *Rajani*, *Nisha*.

*Curcuma longa* is a tropical plant native to south and southeast tropical Asia. It is a member of the ginger or Zingiberaceae family. Turmeric is widely consumed in the countries of origin for a variety of uses, including use as a dietary spice, as a dietary pigment and as an Indian folk medicine for the treatment of various illnesses. It is also used in Hindu religious ceremonies in one form or another as part of the religious rites.



Curcuminoids, responsible for the yellow color of turmeric, are derived from turmeric by extraction with ethanol. Curcumin is the most studied of the curcuminoids. In pure form, it is an orange-yellow, crystalline powder that is insoluble in water. It is also known as diferuloylmethane and turmeric yellow. Its chemical name is (E, E) 1, 7-bis(4-hydroxy-3-methoxyphenyl)-1,6-heptadiene-3, 5 dione. The molecular formula of curcumin is C<sub>21</sub>H<sub>20</sub>O<sub>6</sub>.

The curcuminoids may have anticarcinogenic, anti-atherosclerotic, anti-inflammatory (including anti-arthritis), antiviral, antifungal and immune-modulating effects<sup>1</sup>. They appear to help detoxify some drugs and other chemicals. There is some evidence the curcuminoids may help prevent cataracts and ameliorate chronic anterior uveitis. They may also help speed wound healing<sup>2</sup>. Claims that the curcuminoids may be helpful in gall bladder disease are poorly supported. Credible clinical trials related to the curcuminoids in general are lacking.

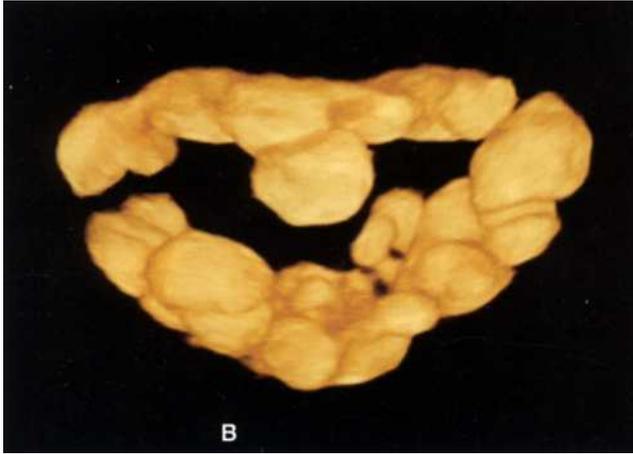
## Reference:

1. J Med Assoc Thai. 2003 Jun.  
Antispasmodic effects of curcuminoids on isolated guinea-pig ileum and rat uterus.  
Itthipanichpong C,  
Ruangrunsi N, Kemsri W, Sawasdipanich A.
2. Zhongguo Zhong Yao Za Zhi. 2001 May.  
Effect of *Curcuma zedoaria* (Berg.) Bosc on the myoelectric activity of uterus in rats and study of its mechanisms. [Article in Chinese]  
Xu XB, Qin XM, Xu JD, Pang JJ.

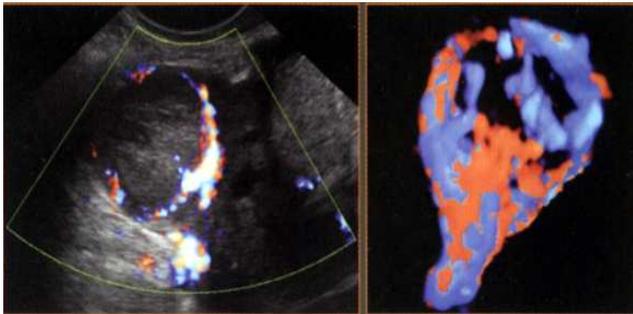


ADVERTISEMENT  
OF  
CHARAK

3D PCOD



B



FACE

DYSGERMINOMA



Today Ultrasound has advanced to a Practical Reality Scan. Here are some pictures from Donald School Journal of Ultrasound in Obstetrics & Gynaecology.

To subscribe to this journal contact :  
**M/s. Jaypee Brothers Medical Publishers (P) Ltd.**  
 email : [jaypee@jaypeebrothers.com](mailto:jaypee@jaypeebrothers.com)  
[t\\_duneja@rediffmail.com](mailto:t_duneja@rediffmail.com)



11 WEEK 4D FETUS

# AOFOG Photo Essay



Photos sent by Dr. Zannatul Ferdous Jesmin



Taken in September, 1983, at 9th AOCOG Seoul, Korea. From the left, Late Prof. Yoshinori Kuwabara (Editor-in-Chief of AOFOG Journal, 1987-2000) Y. S. Chang (Current President Elect) and late Professor Masahiko Mizuno.

Professor Mizuno is a founder of YGA and YSA during his presidency of AOFOG, 1989-1991, and passed away in February, 1993. He was also the founding Editor-in-Chief of AOFOG Journal, 1979-1987.

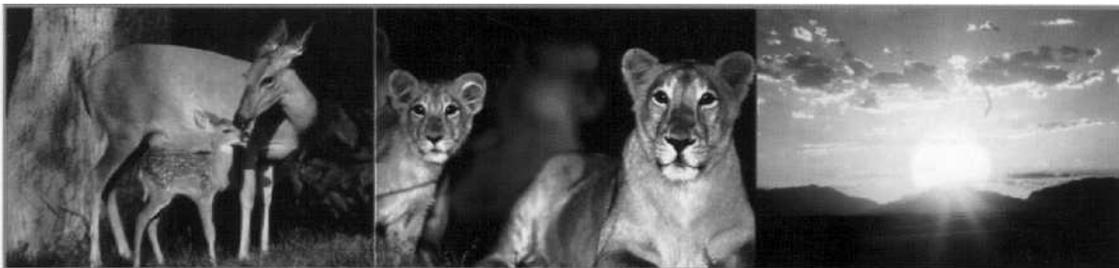


Taken in October, 1995, at 15th AOCOG Bali, Indonesia. From the left, Professor Mochizuki (Japan), Professor PC Ho (Hong Kong) and Y. S. Chang (Korea).

**Don't forget the daily glass of grape juice!**

# Visit Some Interesting Medical Websites

4 Physicians	<a href="http://www.4physicians.com">www.4physicians.com</a>	Hospital Web	<a href="http://www.mgh.harvard.edu/hospitalweb.nclck">www.mgh.harvard.edu/hospitalweb.nclck</a>
Adam	<a href="http://www.adam.com">www.adam.com</a>	Infertility Resources	<a href="http://www.ihr.com/infertility/index.html">www.ihr.com/infertility/index.html</a>
Advocate health care	<a href="http://www.advocatehealth.com/home.html">www.advocatehealth.com/home.html</a>	Intelihealth of Johns Hopkins	<a href="http://www.intelihealth.com">www.intelihealth.com</a>
America's Health Care Source	<a href="http://www.healthcaresource.com">www.healthcaresource.com</a>	Interlinks Medical Network List	<a href="http://www.nova.edu/inter-links">www.nova.edu/inter-links</a>
America's Doctor.com	<a href="http://www.americasdoctor.com">www.americasdoctor.com</a>	Journal Club on the Web	<a href="http://www.webcom.com/mijjweb/jrnclcb">www.webcom.com/mijjweb/jrnclcb</a>
Antibiotic Guide	<a href="http://www.intmed.mcw.edu/antibioticguide.html">www.intmed.mcw.edu/antibioticguide.html</a>	Kids Doctor	<a href="http://www.kidsdoctor.com">www.kidsdoctor.com</a>
Antigoni-Greek Medical Site	<a href="http://www.med.auth.gr">www.med.auth.gr</a>	Mayo Clinic Oasis	<a href="http://www.mayohealth.org">www.mayohealth.org</a>
Atlas of Diagnostic Laparoscopic Surgery	<a href="http://www.surgery.med.ohio-state.edu/atlas">www.surgery.med.ohio-state.edu/atlas</a>	MD Consult	<a href="http://www.mdconsult.com">www.mdconsult.com</a>
Best medical info the net	<a href="http://www.sau.edu/cwis/internet/wild/majors/medical/medintex.html">www.sau.edu/cwis/internet/wild/majors/medical/medintex.html</a>	Medguide	<a href="http://www.medguide.net">www.medguide.net</a>
Breast Carcinoma Links	<a href="http://www.med.umich.edu/1libr/cancer/breast06.html">www.med.umich.edu/1libr/cancer/breast06.html</a>	Medical Chats	<a href="http://www.geocities.com/HotSprings/1505/medicalchats.html">www.geocities.com/HotSprings/1505/medicalchats.html</a>
Cancer Guide	<a href="http://www.cancerguide.org">www.cancerguide.org</a>	Medical Engine	<a href="http://www.geocities.com/TheTropics/5320/indframe.html">www.geocities.com/TheTropics/5320/indframe.html</a>
Cancer Links	<a href="http://www.ncl.ac.uk~nchwww/guides/clinks21.html">www.ncl.ac.uk~nchwww/guides/clinks21.html</a>	Medical References	<a href="http://www.medref.com">www.medref.com</a>
Cancer news of the net	<a href="http://www.cancernews.com">www.cancernews.com</a>	Medical Residency Page	<a href="http://www.webcom.com/~wooming/residenc.html">www.webcom.com/~wooming/residenc.html</a>
Clinical Center	<a href="http://www.ccnih.gov">www.ccnih.gov</a>	Medical Student	<a href="http://www.medicalstudent.com">www.medicalstudent.com</a>
Clinical Genetics	<a href="http://www.vh.org/providers/textbooks/clinicalgenetics/contents.html">www.vh.org/providers/textbooks/clinicalgenetics/contents.html</a>	Medicine OnLine	<a href="http://www.meds.com">www.meds.com</a>
CME Course Online	<a href="http://www.cmesearch.com">www.cmesearch.com</a>	Medicus Links-Japanese	<a href="http://www.medicusLinks.com">www.medicusLinks.com</a>
Critical Guide Inet	<a href="http://www.internetmedicines.com">www.internetmedicines.com</a>	Medscape	<a href="http://www.medscape.com">www.medscape.com</a>
Dictionary of Measures	<a href="http://www.ex.ac.uk/cimt/dictunit.htm">www.ex.ac.uk/cimt/dictunit.htm</a>	Medsearch	<a href="http://www.medsearch.com">www.medsearch.com</a>
Diet	<a href="http://www.cyberdiet.com">www.cyberdiet.com</a>	Multi Topic Medical & Nursing Links	<a href="http://www.seaox.com/nurse.html">www.seaox.com/nurse.html</a>
Doc Net	<a href="http://www.docnet.org.uk">www.docnet.org.uk</a>	National Institute for Diabetics	<a href="http://www.niddk.nih.gov">www.niddk.nih.gov</a>
Docs Online	<a href="http://www.docsonline.com">www.docsonline.com</a>	Nethealth	<a href="http://www.healthwatch.com">www.healthwatch.com</a>
Docsweb	<a href="http://www.docsweb.com">www.docsweb.com</a>	Netmedicine	<a href="http://www.netmedicine.com">www.netmedicine.com</a>
Doctor any where	<a href="http://www.doctoranywhere.com">www.doctoranywhere.com</a>	Ob/gyn net	<a href="http://www.obgyn.net">www.obgyn.net</a>
Doctor Line	<a href="http://www.doctorline.com">www.doctorline.com</a>	Organ Transplantation Links	<a href="http://www.asf.org/other.html">www.asf.org/other.html</a>
Doctor's Page	<a href="http://www.doctorspage.net">www.doctorspage.net</a> ; <a href="http://www.members.aol.com/drspage/index.html">www.members.aol.com/drspage/index.html</a>	Pathguy	<a href="http://www.pathguy.com/lectures/guts.html">www.pathguy.com/lectures/guts.html</a>
Drug Search Lists	<a href="http://www.rxlist.com">www.rxlist.com</a>	Peads Links	<a href="http://www.med.jhu.edu/peds/neonatology/poi.html">www.med.jhu.edu/peds/neonatology/poi.html</a>
Family Doctor - AAFP	<a href="http://www.familydoctor.org">www.familydoctor.org</a>	Physician's Desk Reference	<a href="http://www.pdr.net">www.pdr.net</a>
Global Medic	<a href="http://www.globalmedic.com">www.globalmedic.com</a>	Physicians Guide to the Internet	<a href="http://www.webcom.com/pgi">www.webcom.com/pgi</a>
Guide to Health Resources	<a href="http://www.healtheconomics.com">www.healtheconomics.com</a>	Reuters Health Services	<a href="http://www.reutershealth.com">www.reutershealth.com</a>
Gynecology and Obstetrics Page	<a href="http://www.womens.health.com">www.womens.health.com</a>	Sick.com	<a href="http://www.sick.com">www.sick.com</a>
GynaeOncology Links	<a href="http://www.oncolink.upenn.edu/specialty/gyn_onc">www.oncolink.upenn.edu/specialty/gyn_onc</a>	Tb who	<a href="http://www.who.org/gtb/index.html">www.who.org/gtb/index.html</a> ; <a href="http://www.who.org/gtb">www.who.org/gtb</a>
Harvard University	<a href="http://www.golgi.harvard.edu/biopages/all.html">www.golgi.harvard.edu/biopages/all.html</a>	Urology	<a href="http://www.medmark.org/uro">www.medmark.org/uro</a>
Health A to Z	<a href="http://www.healthAtoZ.com">www.healthAtoZ.com</a>	Virtual Medical Library	<a href="http://www.ccsublishing.com/index.html">www.ccsublishing.com/index.html</a>
Health Care Professional	<a href="http://www.hcpro.com">www.hcpro.com</a>	Web Crawler	<a href="http://www.webcrawler.com/Health">www.webcrawler.com/Health</a>
Hippocratic Oath	<a href="http://www.montchoisi.ch/radiologie/sermentE.html">www.montchoisi.ch/radiologie/sermentE.html</a>	Web Doctor	<a href="http://www.gretmar.com">www.gretmar.com</a>
		Weekly Medical Bloopers	<a href="http://www.ep-publishing.com/bloopers.html">www.ep-publishing.com/bloopers.html</a>
		Wellness web home page	<a href="http://www.wellweb.com">www.wellweb.com</a>



*Every morning in Africa  
deers wake up. They  
know they must run faster  
than the fastest lion or  
they will be killed...*

*Every morning lions  
wake up. They know, they  
must outrun the slowest  
deers or they will starve  
to death...*

*It doesn't matter whether  
you are a lion or a deer!  
When the sun comes up,  
you better be running  
faster!*

(Source: Not ours. Thank you )

# Cross Word Puzzle

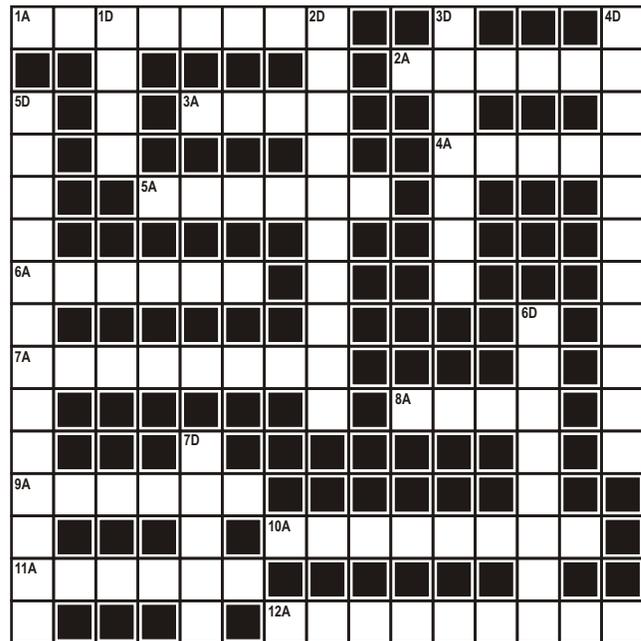
Contributed by Prof. Arun Nagrath, Agra, India

## ACROSS

- 1A. The feeling of impending menstruation.
- 2A. A sign to diagnose early pregnancy, eliciting the compressible soft isthmus of the uterus.
- 3A. A single lumen catheter with a 1 inch stem and an inflatable ballon tip used in the treatment of bartholin cyst.
- 4A. A manoeuvre used for managing shoulder dystocia following MacRobert's manoeuvre. The anterior shoulder can then be dislodged externally with suprapubic pressure (applied in an oblique fashion to rotate the shoulder under the pubic symphysis.)
- 5A. Partial colpoclysis approximating the anterior and posterior vaginal wall to treat prolapse.
- 6A. Trisomy 18, small for gestation, post dated pregnancy with a small placenta and a single umbilical artery, short sternum, overlapping clenched fingers and "rocker bottom" feet are noted skeletal anomalies. Less than 10% live to 1 year of age.
- 7A. Overlapping of the foetal skull bones following intrauterine foetal demise. This may also appear in fetuses with oligohydramnios or with moulding in normal labour.
- 8A. Chromatin positive material detected in female cells representing the X chromosome.
- 9A. A neural tube defect presenting as (encephalocoele, polycystic kidneys, polydactyly) autosomal recessive.
- 10A. Derived from the second and fourth sacral root ganglion supplies the perineum, anus and lower vagina, innervated by the somatic branches.
- 11A. Extension of the foetal vertex prior to expulsion. This is achieved with the operator extending the foetal chin through rectal pressure. The maneuver serves to quicken the delivery.
- 12A. Manoeuvre used for managing shoulder dystocia. This maneuver involves flexion of the foetal head, replacement.

## DOWN

- 1D. First generation intrauterine contraceptive device designed by Lippe.
- 2D. A sign used to differentiate abdominal from uterine pathology. The maximal point of



- tenderness is identified with the patient in a supine position. The patient is then placed in a left lateral tilt, effectively displacing the gravid uterus to the far left and the point of tenderness is again located. Uterine pain, such as from fibroid degeneration or adenexal torsion tends to move with the uterus whereas pain from an inflamed appendix more often favours a constant position.
- 3D. A silicon flexible arch shaped pessary. It provides support to the anterior vaginal wall in patients with a cystocoele with its lateral bars, straddling the rectum and flattening out a rectocoele.
- 4D. Failure of the vertex to descent with the sagittal suture in the midplane between the front and back of the pelvis.
- 5D. Abdominal discomfort which occurs at a regular time in succeeding or intermediate menstrual cycles at the time of ovulation.
- 6D. Test for pelvic support. Tips of a Kelley clamp are placed on each side of the urethra to restore the urethra to its normal anatomic position. If incontinence is corrected the test is believed to be positive for GSI, and the patient is judged a good candidate for surgical correction.
- 7D. Non operative treatment for prolapse comprising of long term course of pudendal resistive exercises.

This bulletin has been brought to you by Dr. Narendra Malhotra published for AOFOG by  
 Mr Rajesh Surana, **Prabandhan**  
 A-7, Awagarh House, Opp. Anjna Cinema, M. G. Road, Agra-282 002  
 Tele/Fax : 0562-2520129, 3293768, eMail : rajeshsurana@dataone.in

**FOR PRIVATE CIRCULATION ONLY**