

## ROLE OF BALANCED DIET AND HOLISTIC NUTRITION IN WOMEN UNDERGOING MENSTRUATION

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### Abstract

Puberty is a phase of evolution to maturity from puberty. Girls' puberty is a turbulent period with traumatic occurrences such as menarche and is considered a characteristic of female puberty. Menstruation is a natural occurrence of young women. In a woman menstrual cycle is a delicate hormone interaction and physiological responses. The menstrual cycle is the way in which the body prepares itself for a possible pregnancy each month. As the women of childbearing age go through menstruation, a significant problem is overall nutrition. In a woman's body there are 5 major hormones at play during the menstrual cycle: estrogen, progesterone, Follicle Stimulating Hormone, Luteinizing Stimulating Hormone, and Testosterone. As each of these hormones rises and then falls throughout the month, they have downstream effects on a woman's mood, energy, and hence, nutritional needs. While adequate dietary intake can significantly help maintain hormonal equilibrium, reduce Premenstrual syndrome symptoms, and optimize a woman's energy throughout her menstrual cycle, which is often overlooked. This gives an insight about the menstrual hygiene concern and dietary requirement along with it on regular basis. The objective of this research was to find out role of balanced diet and holistic nutrition especially in women undergoing menstruation. It was found that women need proper diet to suffice nutrition needs and still there is negligence to good nutrition. Self care and associated awareness need to be imparted to rural women majorly. The study has found that the women can benefit from health perspective by improving pattern of meals with balanced diet consumption which can help ease menstrual cycles regularly.

**Keywords:** medical waste, hospitals, waste management practices

### INTRODUCTION

Iron needs during a woman's menstrual years are a particular nutritional concern. On average, women at each menstrual cycle lose about 1/4 cup of blood; women with a heavier flow may lose even more. Since iron flows through the blood, blood loss causes some of it to get lost. Women of childbearing age have an RDA of 15 mg of iron per day that doubles with pregnancy. Women over 51 have a lower RDA of 10 mg per day, because most of them have reached menopause and do not lose blood every month. Becoming iron deficient is common for women of childbearing age. An iron deficiency may cause symptoms which include fatigue and weakness. Deficiency can lead to anemia, as well. The combination of iron loss via the menstrual cycle, low iron intake, regular diet and low vitamin C intake all contribute to the iron deficiency problem.

Pre-existing anaemia and its ill effects are compounded by dietary malnutrition, elevated iron demand for teenage development, prolonged menstrual losses and early / frequent pregnancies. Most girls are unaware of their dietary needs (in fact, their food consumption increases to

achieve the calorie-related necessities of teenage growth), which results to low weight and short stature. The low nutritional health of these mothers would raise the risk of obstetrics during pregnancy and childbirth and place their children at risk. In this way, as women's education and health, demographic trends and overall development are strongly interrelated; the vicious circle continues and in turn impacts national progress.

## OBJECTIVES

The overall objective of this research is to perform a review study on the role of holistic nutrition in adolescent women undergoing menstruation.

## DISCUSSION

Iron is an important mineral that helps to produce red blood cells and carries oxygen all over the body. Depending on the length and flow of your cycle, the amount of blood lost during menstruation can jeopardize low iron levels that lead to low energy and fatigue. Iron deficiency is actually one of the most common nutritional deficiencies among women in child-bearing age. Thus, during this process, women must compensate for the amount of blood lost from their time by consuming more iron-rich foods. Foods such as meat, poultry and fish are the best sources of iron that our body easily absorbs, and other plant-based sources include fortified cereals, tofu, beans, lentils, and other legumes. For many of us, one common symptom during the first few days of your period is painful cramps. Additionally, the estrogen and progesterone are extremely weak, resulting in a complete loss of strength and endurance. Nevertheless, some evidence indicates that gentle exercise may play a therapeutic role in releasing endorphins to relieve cramps. Endorphins not only help improve mood but also relax the body that helps ease painful cramps. Exercise can also distract you from the discomforts that you may experience. Depending on the extent of the cramps, taking a stroll may or may not be good for anyone, but it doesn't hurt trying. Many women find period cramps even worse, so it may be best to stick to herbal tea during those first few days or spread the caffeine out at least one hour before or after your iron-rich meal to help maximize iron absorption. Fatty foods, on the other hand, increase the production of prostaglandin which can increase the contractions aka cramps. Emphasize meals with lots of veggies and fruit, especially those with a high-water content as this will help you stay hydrated. In addition, focus on eating more energizing carbs to help with your decreasing energy levels, like whole grains and legumes. During each course of your menstrual cycle, changing your diet to include different foods and nutrients simply requires some body preparation and self-awareness as it passes from one point to the next. The diet will concentrate on rising iron-rich foods and vitamin B12 for energy boosting. In addition, even pasture-raised eggs can be very nourishing during this process time. For vegetarian iron sources, in addition to beans, lentils, nuts, and seeds, opt for more dark leafy greens (increase the absorption of plant-based iron by adding a vitamin C source such as lemon or other citrus fruits). The aim is light, fresh and colorful food for meals. During this phase, the appetite-suppressing effect of estrogen causes women to feel less hungry and optimally energized. As a result, the need for a woman to rely on carbohydrates drops dramatically for quick energy. The diet focus instead shifts to a protein and fat need to help sustain this positive energy and tons of fiber to detoxify increased hormones. Focus on fibre-rich vegetables such as asparagus, Brussels sprouts, chard, dandelion leaves, okra, and spinach during ovulation. Additionally, fruit rich in antioxidants such as raspberries, strawberries, coconut, and guava help to increase glutathione and further detoxify growing hormones in the liver. Assure that you are eating at regular intervals during the day

(every 3–4 hours) and at the first indication of hunger to help stave off the emotional roller coaster that might accompany skipping a meal. Another side effect of progesterone is that it can trigger constipation and slow digestion, which is why women often complain about digestive disturbance the week before their time. This can consequently cause temporary bloating and retention of water. To curb cravings and reduce bloating caused by an increase in progesterone, opt for foods that are rich in b-vitamins, calcium, magnesium, and fiber as these foods help reduce sugar cravings, mitigate fluid retention effects, and promote continued elimination to effectively flush hormones. Foods best to incorporate include starchy roasted vegetables such as sweet potatoes and pumpkin. Foods that may help include water-rich fruits and vegetables that have a low glycemic index overall and are rich in iron, zinc, and iodine.

A severe and common public health concern is iron deficiency. In conjunction with the practical effects such defects have on the quality of life, both physically and financially, the severity of the issue demands the immediate implementation of proven and efficient measures. The emphasis of improving professionals on their own limited field of concern or knowledge, whether it be wellbeing food, however, has prohibited the realization of a more holistic view to solving this crucial question. This work is an attempt to address disparity and put eating practices back of the discussion and support implementation as a matter of importance on a larger scale. In the body, iron has many important roles. It is used by red blood cell hemoglobin to transport oxygen to the tissues of the lungs, as a carrier of electrons inside cells, and as an integral part of essential enzyme processes in various tissues. Iron is reversibly processed as ferritin and hemosiderin within the liver and is transferred by protein transferrin from various compartments in the body. The measures widely used in the investigation of iron status are haemoglobin (Hb), mean cell volume (MCV), transferrin saturation (TSAT), serum ferritin (SF), transferrin receptor (TfR), total iron binding potential (TIBC) and erythrocyte protoporphyrin (EP). The sensitivity and accuracy of all measures is unknown, however, often a mixture of all indicators is used.

Micronutrients are referred to as vitamins and minerals because the body requires them for growth, production, and maintenance in very limited amounts. The aim of a food-based approach is to enhance nutrition by raising the production and consumption of a nutritionally acceptable diet rich in micronutrients consisting of a variety of foods available. Know that people consume food and concentrate on offering simple basic guidance on the best blend of eatables that can satisfy nutritional needs. Prompt supply of food is a scenario in which everyone has real-time, shared, and cost-effective access at all times to ample, benign, and healthy food that satisfies their health wants and eating choices for productive and stable living. Iron needs differ based on age, physical condition, growth rate, degree of physical growth, structure of the body, and level of exercise[6-8]. In people affected with malaria, congenital hemoglobinopathies, and other sources of hemolysis, increased criteria are also reported. In comparison to energy consumption, iron needs are at peak in the last three months of pregnancy, during the weaning cycle, teenagers. These high requirements can only be met if the food has a consistently elevated content of non-veg menus abundant in Vitamin C.

The main cause of micronutrient deficiency is always inadequate dietary consumption, overall food amount and nutrient-rich food. Virtually all conventional dietary habits can meet population groups' nutritional needs as long as, for example, the ability to produce and purify

food is not constrained by socio-economic factors or cultural traditions that limit food choice. The erosion of these behaviors as a result of evolving habits and modernization will contribute to poor food options and the preservation and encouragement of those foods that can supply the nutrients we need.

Many that are physiologically vulnerable include those people with particular dietary issues or nutritional requirements, such as women of childbearing age, pregnant and lactating women, small children and populations afflicted by starvation, who may lack access to a diet that is sufficiently low in quantity or consistency to have appropriate iron levels. To address dietary as well as nourishment wants of the respective disadvantaged classes, special consideration is needed. Many that are physiologically vulnerable include those people with particular dietary issues or nutritional requirements, such as women of childbearing age, pregnant and lactating women, small children and populations afflicted by starvation, who may lack access to a diet that is sufficiently low in quantity or consistency to have appropriate iron levels. To address dietary as well as nourishment wants of the respective disadvantaged classes, special consideration is needed.

A variety of nutrients that are able to satisfy the dietary needs of most groups are offered by most conventional diets and eating habits. However, to fulfill their increased needs, those disabled, such as ill, small kids, and pregnant and breastfeeding mothers, can need greater quantities of micronutrient rich foods. Traditional food habits may not be easy to sustain for those impacted by comparatively sudden behavioral changes, such as civil disruption, relocation, urbanization, and modernization, ensuing in extreme and insufficient foods. Where iron deficiency is normal, the normal diet also fails to have adequate bioavailable iron. In such conditions, it is important for good health and nutrition to encourage increased intake of micronutrient-rich foods. The only action that can lead to self-sustained progress in improving iron status is the motto of dietary modification along with an emphasis on enhancing the consumption of bioavailable iron via increased intake of fish and poultry products, fruits and vegetables, specifically the ones abundant in vitamin C. On their own, neither supplementation nor fortification can be successful. Promoting the intake of micronutrient-rich diets encourages greater public health for all members of society, creates lasting progress for high-risk communities by promoting business solutions and long-term lifestyle adjustments, and is also related to practices that produce profits.

In short, the sum of nutritional iron consumed is usually indomitable by the quantity of iron body reserves, and by the properties of the meal as determined by the quantity of heme and non-heme iron in the meal, cooking time and temperature food preparation methods, and the availability of heme & nonheme iron in the meal. The most recent WHO provisional estimation of the incidence of iron deficiency anemia by age cluster and area indicates the greatest occurrence in babies, children and teenagers' women of potential pregnancy age, specifically pregnant ladies, or women. The determinants of iron deficiency anaemia in children are age, sex, weight and height, and plasma retinol levels. The determinants of expecting women are age, gravida, and gestational period of women under 20 years of age, and those who are more vulnerable to deficiency in their second and third trimesters.

## CONCLUSION

Overall, knowing the hormones at play and their varying rates throughout the process can help women better understand how to nourish and manage their patterns of natural and cyclic energy. In reality, being naturally in contact with your body and being able to get your own

personal energy read during your process is the best way to handle what your body needs and is nervous about. A balanced diet containing lots of fresh fruits and vegetables should be taken. Like all, listen carefully to what your body is calling for; use daily stress reduction strategies, eat whole foods of high quality, ensure adequate nightly sleep, and improve the chances of maintaining optimal hormonal equilibrium. A balanced diet is essential for the proper growth, development and functioning of the body, and even in menstruation years this remains true. It is necessary to maximize comfort during menstruation, so opt for cooking methods that feel nourishing and soothing, such as warm soups, antioxidant rich smoothies, spinach and flaxseed that are wonderful for hormone balance and anti-inflammation.

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