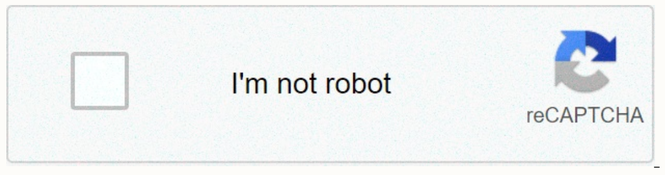

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Profemin pills reviews

Overview Side Effects Interactions Reviews More This information is not intended to support any specific medications. While these reviews may be useful, they are not a substitute for the expertise, knowledge and judgment of doctors in health care. Read more about pain symptoms and treatmentsDrugs.com Health Center essential information if you're on hormonal contraceptives right now–but plan to get pregnant in the future. Millions of women rely on hormonal contraceptives: clean up acne, relieve spasms, and, of course, provide peace of mind when it comes to preventing pregnancy. But while you might be happily popping a pill, inserting a ring, or sporting a contraceptive implant right now to delay being a mother, it's hard to wonder what the hormones in these methods are doing to keep your fertility long-term. If you want to have a baby and stop taking contraception, will you be able to? Answer: Being on hormonal contraceptives has no long-term effect on female fertility. However, this could complicate conception for other reasons. With most contraceptive [methods], once you stop them, you'll probably continue ovulation immediately or within a few weeks, says Nichole Mahnert, M.D., gynecologist and assistant professor of obstetrics and gynecology at the University of Arizona, Phoenix. Almost immediately, you return to normal hormone levels. What Dr. Mahnert says it's backed by science. A study published in Obstetrics & Gynecology found that previous use of birth control pills had no effect on conception, with 21% of women studying pregnancy after one normal cycle and 79% of pregnancy within a year of leaving the pill. RELATED: 3 Contraceptive methods you may not know about why it will only take a month of hormonal contraceptives for some women to conceive, while for others it takes up to a year or more? One explanation has to do with the age at which you decide it's time to throw a pill pack. The longer we have contraception and postpone childbirth, the older we get, and as a result our eggs age and it can be more difficult to get pregnant, says Dr Mahnert. Another potential complication concerns endometrial lining. One of the benefits of contraception is to have a lighter period, but less flow means thinner lining, says Debra Wickman, M.D., ob-gyn and director of women's sexual medicine, menopause, and vulva health at Banner University Medical Center in Arizona. When you are on the pill, a thin lining makes your uterus an unfavorable environment for the embryo. Go from contraception, however, and it may take some time for the lining to return to the thickness needed for the embryo to implant, he explains. Still, keep in mind that every woman is different, and some may have endometrial linings that return to normal immediately or within a few notes Mary Jane Minkin, MD, Clinical Professor of Obstetrics, Gynecology and Reproductive Sciences at the Yale School of Medicine. But for others, it can take longer. RELATED: 7 Health Benefits of Birth Control Some people get erratic cycling the first few cycles of the pill, says Dr. Minkin, which is why he tells patients to wait two to three months before trying to get pregnant. By waiting, you give your body time to adapt and start cycling regularly. So is there a time limit for being on birth control so you can avoid possible pregnancy setbacks? No. You can't say there's a fixed amount of months or years that's too long, but women just need to be tapped into their own experiences, says Dr. Wickman, which means that whether you're on the pill or not, you should always talk to your doctor if you notice any mysterious changes in your cycle. Once you give up birth control, your fertility should return to normal. If you are trying to get pregnant, but this does not happen, do not panic. You may have a post-pill disruption of your natural ovulation cycle; That's not uncommon. But for most women it will reverse, and once you're ovulating normally, the pill shouldn't have any long-term effect on fertility, says Jennifer Wider, MD, a women's health specialist. RELATED: How many times can you actually take plan B? Asking for a friend to coax their body into ovulation normally, Dr. Wider suggests avoiding stress. Fears of not being able to get pregnant immediately after stopping the pill can lead to a vicious stress cycle, he explains. If everything else seems normal, try to sit back and let your body do its job. Harvard Men's Health Watch Hypertension is one of the most common health problems in the United States; currently, one in three adults in our country has high blood pressure. It's a shame because many, if not most, cases could be prevented by simple lifestyle measures such as dietary salt restriction, weight control, and moderate exercise. Hypertension is also one of the most important health problems in America; sharply increases the risk of heart attack, stroke, heart failure and kidney failure. This is also a pity, because excellent drugs are available to lower blood pressure and prevent these deadly complications. Drugs have a dark side. Exercise, diet, and other changes may be alternatives, but they could feel like a lot of hard work. We used to take pills for what's bothering us, but nowadays the first aid kit looks like a gallery of villains. There was bad news about the painkiller rofecoxib (Vioxx), the diabetes drug rosiglitazone (Avandia), and, more recently, the cholesterol-lowering combination of ezetimibe and simvastatin (Vytorin). Problems with hormone therapy and antidepressants have also been bannered in the headlines. Drugs have a dark side. Diet, and other changes may be alternatives, but could feel like a lot of hard work. 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Inertia, reimbursement incentives, pharmaceutical companies – you can wag an accusatory finger at all of these. But let's be honest: there's also the wonderful convenience of taking the pill. It's just a lot easier than changing what we eat, gathering time and will to exercise, or fighting an uphill weight loss battle. Doctors see this and, of course, the figure of the medication is more reliable, and responsible, the method of treating the disease. And the health care system, as currently configured, doesn't do much to support the nondrug approach. But for those wary of taking medications who want to be on the road less traveled, here is a brief overview of seven common conditions and approaches to managing them without medications or supplements. Arthritis If you're heavy and the problem is arthritic knees, weight loss won't make arthritis go away, but there's a good chance it will make it less painful – and that's what most people care about. Research published a few years ago showed that combining some weight loss (5.7% of body weight) with moderate exercise will result in less pain and better mobility for heavy people with arthritic knees. The same research group reported results in 2006 showing that a more intense weight loss program (8.7% body weight) results in pain and function improvement in obese people (body mass index of 30 or more). Even for those who are not heavy, exercises that do not put a load on the joints - swimming and cycling are good examples - work to reduce pain. For walking, the right shoes can make a huge difference for people with arthritic knees. Researchers have shown that a padded heel can reduce to half the force with which your foot lands on the ground with each step. A knee brace is another thing you can try. It's Regroup the knee, with pressure from the joint space, which is the most arthritic. Knee braces can be bulky and uncomfortable, so getting people to wear them is a problem. Activity that targets certain muscle groups is proven pain; beleaguered knees, for example, respond well to stronger quadriceps. Some rain on the exercise parade: exercise can be more beneficial - and practical - for people with relatively mild cases of arthritis. Cholesterol You can adjust your diet in several ways to reduce levels of bad LDL cholesterol. Your LDL level may drop by 5% or so if you take foods high in satiated fats (namely, meat and plump dairy products) from the menu. Every additional gram of soluble fiber per day – a type of fiber in oatmeal, beans, nuts, and fruits – can reduce LDL levels by about 2 mg/dl. Diets that included steed-enriched margarines – compounds that block cholesterol absorption – resulted in a 10% to 20% decrease in LDL in some studies. And in other, low-fat, plant-based diets that are very heavy on vegetables (10 servings a day) and legumes and nuts (4 servings a day) have dialed down LDL levels by nearly 10%. The problem is that all of these approaches lag behind what statin drugs can achieve: a decrease of 25% to 35% in LDL. An exception may be a diet that includes a real dream team of LDL-reducing foods (plant stesers, soy protein, soluble fiber, and almonds). It has managed to match the effects of statins in several short, head-to-head studies. AND HDL? Exercise is probably the best way to raise the level of good cholesterol. Inactive people who start exercising regularly have seen hdl levels increase by up to 20%. Moderate alcohol consumption (one or two drinks a day) is another HDL booster. Being overweight, smoking, and dieting heavy in easy-to-digest carbohydrates depress HDL levels, so changes in these areas can give hdl a lift. Cognitive decline Memory training and other brain exercises seem to help healthy older people stay sharp, although there has been some question of how well gains translate into real, everyday activity. Dozens of studies have been conducted, and in general, results in people with early, and even full-fledged, Alzheimer's disease have been positive. Several studies have shown that structured cognitive stimulation programs administered by caregivers at home can help Alzheimer's patients. However, there are questions about the quality of many researches that show positive results. Moreover, the bar for success is set at a relatively low level: a positive finding is often to slow down the rate of cognitive decline, not reverse it. Evidence of the mental benefits of physical exercise may be stronger and more consistent than evidence for mental gymnastics. The study published in 2007 is typical. It turned out that even a simple, hourly the programme twice a week had a positive effect on the ability of Alzheimer's patients in nursing homes to perform daily activities. Depression Many studies have found that regular physical activity seems to have an antidepressant effect. Some research has shown that a fairly strenuous exercise program results in a 50% reduction in depressive symptoms, a decrease comparable to what to see when people take antidepressant medications or receive cognitive behavioral therapy. The details of the program seem less important than sticking to it. Physical activity can affect the brain directly by increasing neurogenesis: brain cells grow a little more and connect where it counts. It doesn't have to be just physical activity itself that improves mood. Consider everything that can come with it: camaraderie, if you exercise with others, psychological support from following a challenging routine, relief focusing on something other than your problems. The exercise-as-antidepressant formula has a big problem: one common feature of depression is that nothing seems pleasant or worth it. Finding motivation to perform can be a huge, even insurmountable obstacle for some. Diabetes Although the study casts some doubt on how low blood sugar should go, and by what means, it's still important to keep them under control. Regular physical activity is a strong drag on blood sugar levels because a well-trained muscle becomes more receptive to insulin, which helps pull sugar out of the bloodstream - sugar that muscle tissue needs as fuel to function properly. Eating fewer sweets and easily digestible carbohydrates, both of which are quickly turned into blood sugar levels, also helps keep a lid on blood sugar levels. Many studies have shown that people whose blood sugar levels have creeped up but have not yet reached diabetic levels can avoid full-fledged diabetes with a combination of exercise and diet - without medication. One of the largest of these studies randomly assigned people to take metformin (Glucophage) or to make lifestyle changes that included a weight loss goal (7% of body weight) and two and a half hours of exercise a week. Nearly twice as many people in the metformin group ended up with diabetes compared to those in the lifestyle group. The difference was even greater in people over the age of 60. When it comes to developing diabetes, it's not just that exercise is good for you. It's stronger than any drug that's been invented so far. Whether exercise and diet alone can control blood sugar levels once people are diabetic is harder to answer. The American Diabetes Association (ADA) uses it to recommend that people newly diagnosed with diabetes try exercise and diet first before switching to medication. Ada says people should start taking metformin right away. This is because few people have been able to maintain blood sugar in accordance with exercise and diet and that failure ends up making underlying diabetes harder to manage. Overall, this may be true, but the ADA also encourages physicians to tailor their treatment to an individual patient. People with diabetes who want to try to control the disease by exercising and dieting alone should consult their doctor. At the very least, it would be worth a short trial. High blood pressure If there is one condition that you can change without a pill, it is high blood pressure or, as doctors call it, hypertension. Choose: lose weight, get more exercise, eat less sodium, change your diet. They all work. If you're heavy, every two pounds of weight loss – easier said than done, we know – translates into a 1mm Hg drop in systolic (upper number) and diastolic (lower number) blood pressure. Regular exercise can even lower blood pressure if you don't lose weight. Removing about three-quarters of a teaspoon of salt (1.8 grams of sodium) from your diet every day can drop systolic reading by 5 points and diastolic by 3. Tests of a vegetarian diet have shown that they can reduce systolic blood pressure by 5 mm Hg. Dietary approaches to stopping hypertension (DASH) diet is even better, reducing systolic blood pressure as well as 12 points and diastolic pressure by 5. DASH diets involves eating a lot of fruits and vegetables (seven to nine servings a day) and low-fat dairy products (two to three servings a day), plus whole grains, nuts, poultry and fish, all while keeping fats, red meat and sweets to a minimum. If you have the discipline to monitor DASH and keep salt intake low, lowering blood pressure is comparable to seeing high blood pressure medications. Any of these lifestyle strategies will also make blood pressure-lowering drugs more effective. Whether they can replace the pills depends on how high your blood pressure is. Current guidelines recommend lifestyle changes to prevent and control high blood pressure, but are not terribly optimistic about the control part, predicting that most people with high blood pressure (defined as 140/90 and above) will need to take one or two medications. Even at lower levels, if someone else has health problems (for example, diabetes), most doctors prescribe blood pressure pills. But weight loss, exercise, and diet can reduce dosages possible and even eliminate the need for medications altogether. Osteoporosis Our bones begin to weaken at about the age of 40, and in women a sudden decrease in estrogen in menopause accelerates the decrease. Stress exercise, which involves walking, running and climbing stairs, as well as actual lifting weights, emphasizes bone and bone tissue by being stronger and denser. When we're young, exercise accumulates bones. But in the elderly, and maybe In older women, the effect of stress exercises on the bone can be quite small. Studies have shown quite consistently that intense exercise can increase the bone mineral density of the lumbar spine, although for most people taking a drug like alendroronate (Fosamax) would likely have a greater effect. Some experts believe that any reduction in the risk of fracture from exercise is probably the result of stronger muscles and perhaps better balance, not noticeably denser bones. Extra vitamin D (800 to 1,000 IU daily) and calcium (600 to 1,000 mg) top the list of dietary recommendations for osteoporosis. Pills can be the best and easiest way to get vitamin and mineral in these amounts. Please note: As a service to our readers, Harvard Health Publishing provides access to our library of archived content. Please note the date of the last review or update of all articles. No content on this page, regardless of date, should ever be used as a substitute for direct medical advice from your doctor or other qualified doctor. a clinician.