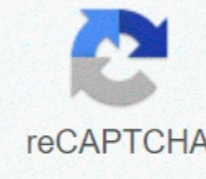




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Periodic puzzle answers

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Impress your friends and coworkers with its extensive general knowledge coverage. Be the star of your local pub trivia night. Finally, win a Trivial Pursuit game with your family. There's a lot you can do! The severe bleeding that plagues your life is something you should get treatment for, no matter how much you have been taught that periods suck are things you just have to deal with. Obviously your doctor will be the one you talk to about the best treatment for you, but just like FYI, here are some options that may appear. • Hormonal treatment is the same as birth control pills, hormonal IED, and hormonal injections. These treatments work well for young women because they are most often reversible and allow them to maintain their fertility if they are interested in having children, Basinski said. • Other drugs that control blood flow. Things like ibuprofen have been shown to adequately reduce blood flow, according to Basinski. Then there are medications like tranexamat acid (like Lysteda) that you take during your period that can help you clot better. • Surgery to get rid of fibroids and polyps if you have them. • Embolization of the uterine artery, which is used to treat fibroids by blocking blood vessels into the uterus so that the fibroids cannot grow. Because a doctor uses a catheter to inject an embolism agent into the uterine artery to cut off the blood supply, it is an alternative for those who do not want surgery to treat fibroids, according to Minkin. • Endometrial ablation, which is a procedure to destroy the lining of the uterus to stop or reduce bleeding. According to Basinski, there are several different endometrial ablation technologies on the market. Most of them take a few minutes to do and can be done in the doctor's office, although some doctors go to the operating room as well. Also, it also inhibits fertility, has no risk of hysterectomy surgery. You don't take the whole organ out, you just remove the internal services of the organ, says Basinski. • A hysterectomy, which is uterine removal surgery. According to Basinski, hysterectomy appeals to patients because of their 100 percent effectiveness rate - no uterus, no period! - and is usually discussed as an option for more serious cases of abnormal bleeding when other types of treatment have failed or are not options. Q1. Is it unusual to still have your period at the age of 62? Yes, it is very unusual to have a true menstrual period at the age of 62. The average age a woman goes through during menopause is 51 years. A small number of women pass it by the end of 58 to 60 years, but after this age a small number of women enter menopause. The question you need to ask is whether your bleeding is a true menstrual period or if you have postmenopausal bleeding due to medical conditions such as polyps, fibroids, endometrial hyperplasia, or even uterine cancer. Is your bleeding regular and cyclical or sporadic or persistent? Be sure to talk to your doctor and get an FSH test, which measures the level of follicle stimulating hormones in your blood to determine if you have reached menopause or not. If you are actually menopausal and you are still bleeding vaginally, you will probably need a biopsy of your uterus and endometrium and possibly a uterine imaging test to determine the cause of the bleeding. It is best to check it out now so you know exactly what you are dealing with. Q2. I'm sorry. I'm 50 years old. When I was 18, I had my left fallopian tube removed due to an ongoing illness that basically took a life out of it. The tube was gangrene and died when it was removed. What does menopause look like in these circumstances? I haven't had any symptoms and can only hope that they will be mild because of my scenario. The good news is you're almost 50 years old and it seems that so far it only has one fallopian tube (and probably just one ovary) that doesn't have much effect on your premenopausal years. I don't know if your ovaries are removed along with your fallopian tubes - it's not clear from your question. However, you can still get good estrogen production with just one ovary, so however your surgery shouldn't have a big impact on your menopause experience, and I don't expect anything unusual to happen. In fact, you can even go through a milder menopause experience than most women if you have removed the ovaries. Why? Since you may already be producing less estrogen, so the change may not be menopause, when estrogen levels drop. You may be lucky enough to avoid severe symptoms that some women experience, such as and night sweats. If you do not have symptoms and you have stopped having menstrual periods, you are unlikely to get severe symptoms. Bottom line: I wouldn't worry too much about it. Q3. I'm sorry. I am 52 years old and have not gone through menopause. The only symptom I've ever had is that my periods are closer together (24 days apart instead of 30) and they're lighter. I wonder when I'm really going through menopause, because some of my friends have been through it and they're younger than me. The average age of menopause is 51, although some women do not have their last menstrual period until they are almost 60. The best predictor for an individual woman is when her mother has her last period. Smoking makes menopause come early because it is toxic to the ovaries. The menstrual changes you describe are typical changes that precede menopause for many women, but no one can predict exactly what will happen to you next or when. About 90 percent of women experience changes in their menstrual cycle for four to eight years before actual menopause. Q4. I'm sorry. Is there an advantage to still having a period at the age of 56? Is there any benefit to late menopause, or is it better to go through it early? — Rosemary, Pennsylvania Having a late menopause (menopause after the age of about 55) is a double-edged sword. There is some evidence that menopause then carries a reduced risk of coronary heart disease, but there may also be a slightly higher risk of breast cancer. However, the relationship between this health condition and menopause is not very strong. Another good news is that there are ways to avoid many health problems - such as doing regular exercise, following a healthy diet, maintaining a healthy weight, and so on. There is a link between menopause and smoking - smokers often go through menopause before. You may be a nonsmoker, though, which is also good for your health. Keep in mind also that 56 is well within the normal age range for menopause, although it is towards the upper end of the spectrum. So you don't have to worry about now. Q5. I am four days a year short of finally being free of periods - just to get another one! Does this mean I'm not menopausal, that I have to count a whole year with no more periods? How do I know I'm menopausal otherwise? — Diana, a Canadian woman A considered menopausal when she went one year without a period. A year is a long time to go without a period and then start bleeding again - it's not a common occurrence. You are close enough to the one-year mark to be considered menopause, in which case your bleeding may be considered postmenopausal bleeding. There are many benign for postmenopausal bleeding, such as fibroids, benign polyps, endometriosis, hyperplasia, and benign uterine growth. However, the bigger concern is that or uterine cancer may be the cause. So tell your doctor about the bleeding, and find out if he wants to evaluate you for postmenopausal bleeding. Your doctor may want to check the conditions mentioned above and make sure that the lining of your uterus is normal. I doubt that your doctor will be such a stickler about whether or not you menopause that he will not evaluate you. Q6. I'm sorry. Am I going to hit menopause at roughly the same age as my mother did? Can I expect similar symptoms? In general, what is the age range of menopausal symptoms to begin with? The average age of menopause is 51. For an individual woman, her mother's age through menopause is sometimes a predictor of what will happen to her. On average, women who smoke go through menopause a year or two earlier than women who don't smoke. Other risk factors for cardiovascular disease, such as higher cholesterol and increased blood pressure, have also been linked to the onset of menopause before. Menopausal symptoms often begin in the mid-to-late 40s, but they can be earlier. Learn more about postmenopausal bleeding at the Daily Health Menopause Center. Credit: Getty Images Healthmagazine expert Dr. Roshini Raj answers all your embarrassing questions about that time of month. If you need to change your tampons or pads more than every one to two hours, or if your period lasts more than seven days, talk to your gyno about being tested for bleeding disorders. Research shows that 25% of women who have a super-heavy flow may have one and don't know it. Birth control pills can help regulate bleeding by diluting the lining of the uterus, and they can also help if hormonal imbalance is the cause of bleeding. It is also possible that fibroids or polyps cause periods of your weight. If that's the case, your doctor can recommend surgery to remove it. Ad Ad Credit: Getty Images Over the years, some yogis have said that inverted poses such as shoulder stands create a barrier to natural energetic menstrual flow, which is, of course, down. But there is no medical research that supports the advice to avoid inversions (or other yoga poses) when you menstruate. Best rule of thumb: Practice in a way that feels most comfortable to you at that time of the month. You may find that some common poses such as cats and cobras actually reduce PMS-induced cramps and moodiness. Ask your yoga teacher if you are unfamiliar with this movement. Credit: Getty Images Changes in your current gut habits are common, though irritating. This is why it happens: Your menstrual cycle, prostaglandins, hormone-like substances, cause your uterine muscles to contract, creating such cramps so often associated with that time of the month. Sometimes these prostaglandins also escape into your bloodstream and affect other delicate muscles, other, those who are in your colon, cause diarrhea. To help improve your stool, try eating foods richer in drinks—such as broccoli, cauliflower, and apples—as your period gets closer. Taking ibuprofen is also a good idea. In addition to relieving other menstrual symptoms, it is an effective prostaglandin inhibitor. If diarrhea is very severe, talk to your doctor about trying antidiarrheal drugs like Imodium to calm your intestines. Ad Credit: Getty Images It's normal to experience occasional severe cramping, even if you're one of the lucky women who doesn't usually suffer from period pain. Some months your body may only respond to different hormonal and chemical changes from your period. And stress, as well as weight gain or loss, can also affect your period. To help ward off cramps, try taking an over-the-counter NSAID pain reliever, such as naproxen, 24 to 48 hours before your period is due. If you've really never experienced cramps this bad before, or if you notice another change in your time, flow, or length of period, talk to your obstetrician. This can be a sign of endometriosis, uterine fibroids, or pelvic inflammatory disease (a potential consequence of STD), so your doctor may want to run a test to make sure that you are OKAY. Credit: Getty Images Honest? We don't have a clue. (We don't know why many pms symptoms occur!) Many theories exist, and it best points to hormones. The good news is we know how to keep this desire from ruling your life. Although your body may cry from biting (or three!) of chocolate bars, you better resist sweet things. Too many sugary foods cause your blood sugar to soar, then plummet. As soon as it falls, you will reach for another candle. This cycle can lead to increased energy and low weight. Instead, choose carbohydrates such as fruits, vegetables, legumes and whole grains to keep your blood sugar at a somewhat even level throughout the day. That will prevent you from feeling fussy, and want more candy. Credit: Getty Images If you have no previous history of stomach ulcers, it's okay to take three ibuprofen, like Advil, once in a while. Three Advil (600 milligrams of ibuprofen) is actually a prescription strength dose, so it won't hurt you in the short term. But if you take Advil or one of his brother's medications like Motrin every day for more than three or four days, even two at a time, it can cause abdominal inflammation or ulcers. To help prevent stomach damage, always take these pills with food. And if you find yourself regularly reaching ibuprofen pills to relieve your cramps, talk to your obstetrician about whether you should use prescription power medications. Ad Ads Advertising Ads

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