

Obesity is linked to Heavy Periods and Womb Repair Problems: A Study

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Perspective

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Introduction

According to a study published in the Journal of Endocrinology, obesity is associated to heavier periods and may be caused by delayed uterine lining repair.

The study reveals a link between higher body weight and greater monthly blood loss, which could be due to increased inflammation in the uterine lining, which delays its repair, using a mixed method that included both women and mice. Although the study did not look at whether weight loss or anti-inflammatory drugs could help women with obesity and heavy periods, it is a step toward establishing more effective and individualised treatments for those who suffer from painful and debilitating periods.

Heavy monthly bleeding affects up to one in every three women at some point during their reproductive lives, and its causes, while wellknown and debilitating, are little understood. Periods can be so heavy that women can't go out without bleeding through their menstrual protection, and in extreme circumstances, a blood transfusion may be required.

Heavy monthly flow can lead to missed work or school, a financial strain from purchasing more period products, and an inability to carry out everyday activities.

Problematic menstrual bleeding can have a significant negative influence on a woman's quality of life. Obesity among women of reproductive age is also on the rise, with rates in England reaching 33% in 2019.

Menstrual problems are widespread, yet they are understudied. Understanding how obesity affects menstrual blood loss is a crucial step toward improving heavy period prevention and treatment.

Researchers from the University of Edinburgh investigated how BMI affects womb function during menstruation in people and female mice in this study. The researchers looked at the BMI and menstrual blood loss of 121 women who had regular menstrual cycles and were not using any hormone medicines and went to gynaecological clinics.

There was a weak but statistically significant link between rising BMI and increased menstrual blood loss. Because many other factors in women can influence menstrual blood loss, the study was expanded to include a mouse study, where competing variables could be reduced.

Prior to menstruation stimulation, mice were fed a regular diet or a high-fat diet. Mice fed a high-fat diet gained much more weight than mice fed a low-fat diet. In comparison to mice on a regular diet, mice on a high-fat diet demonstrated delayed healing of the residual womb lining after losing their womb lining.

Inflammatory variables were also higher in mice with a higher body weight, according to further investigation of womb tissue from the mice.

Obese women may have larger periods as a result of increased local inflammation and delayed uterine lining repair, according to the findings. Investigating the causes for this would be very intriguing in order to improve our understanding of womb function in the presence of obesity and develop more effective evidence-based treatments.

Weight loss and anti-inflammatory drugs, according to these data, could be effective treatments for heavy periods in obese women. However, because this study was conducted on a small group of women with regular periods who visited gynaecological clinics, it is unlikely to be representative of the overall population. In addition, larger investigations are required to corroborate the findings.

Although it's difficult to make firm recommendations based solely on this study, a common-sense approach would be to provide weightloss assistance to women with a high BMI who have heavy periods. However, this should not take the place of looking into and treating other possible reasons of excessive bleeding (e.g. fibroids, bleeding disorders, cancer). This should be included in individualised therapy suggestions for both patients and doctors to consider.

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