MA-11 Women's health across life: menstruation, pelvic pain, fistula, prolapse and menopause

HEALING after the FALL, research library, MA-11

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Scope. This report covers the gynaecological life of a woman outside pregnancy and birth: bleeding and its materials, period pain, heavy bleeding and the anaemia it causes, pelvic pain that is not infection, mastitis, the common vaginal infections, the fistula that obstructed labour leaves behind, prolapse, menopause, screening by hand and eye, and what genital cutting does in later life. The cause and prevention of fistula sit in MA-03 and are cited, not repeated (THRIVING library, MA-03). Contraceptive methods and their failure rates sit in MA-08 (THRIVING library, MA-08). Sexually transmitted infections, urinary infection and pelvic inflammatory disease sit in IN-14 (THRIVING library, IN-14). Cancer beyond the red flags a women's health report must carry belongs to CH-06, and CH-11 keeps its own ground. Black cohosh pharmacology sits in PH-03 and the raspberry leaf, chamomile and yarrow grades in PH-01 (THRIVING library, PH-03) (THRIVING library, PH-01). Abortifacient herbs and pennyroyal sit in TR-06 and TR-15 (THRIVING library, TR-06) (THRIVING library, TR-15).

1. Menstruation

1.1 Materials: cloth, pads and cups

On their own terms. Women have managed bleeding with what the household had: folded cloth, rags, moss or grass. Reusable cloth is still the normal method in much of rural South Asia and Africa, and the one a village after the Fall will use first.

The record. The best evidence on hygiene comes from Odisha in India. In a case-control study of 486 women, those using reusable absorbent pads had higher odds of a urogenital infection than those using disposable pads (adjusted odds ratio 2.8, 95% CI 1.7 to 4.5) and of symptoms (aOR 2.3) (Das 2015). A follow-up study of 509 women who all used reusable cloth asked what made the difference among cloth users (Das 2021). In that group 71.7% had at least one lower reproductive tract infection. Changing the cloth more often protected against bacterial vaginosis (aOR 0.5). Drying the cloth inside the house raised the odds of candida (aOR 3.7), and storing it in the latrine raised them too (aOR 2.0). Washing the cloth outside the house protected (aOR 0.7). The lesson is not that cloth is dangerous but that cloth hidden from sun and air, out of shame, is. That is a taboo doing harm through laundry. These are observational studies, so the pattern is grade B, not the exact figures.

The menstrual cup is the other durable option. The systematic review by van Eijk and colleagues, read in full, pooled 43 studies with 3,319 participants (van Eijk 2019). In four studies with 293 participants, leakage with cups was similar to or lower than with disposable pads or tampons, and leakage across studies ranged from 2% to 31%. Once women were familiar with cups, about 70% wanted to continue, and the review notes that familiarity takes several cycles. No study found a harmful effect on vaginal flora (4 studies, 507 women), and in one Kenyan trial schoolgirls using cups had less bacterial vaginosis than those using pads. It gathered 5 reports of toxic shock syndrome, 13 IUD

displacements, 9 urinary complaints including 3 with hydronephrosis from a cup placed wrongly, and 3 possible allergies. A cup lasts up to 10 years. In 2019 the median price was US$23.30. The review did not give cleaning advice. A manufacturer advises rinsing in cold water and mild soap at each emptying and boiling the cup for up to 5 minutes before and after each period, held off the bottom of the pot, then air drying (Lunette, undated). That is a maker's instruction, not a trial result [VERIFY].

Inference. A cup cannot be made in a village, but each salvaged cup serves a decade. Cloth washed, sun dried and stored dry is the sustainable method. Where cloth is dried may matter more than what it is [VERIFY].

1.2 Taboos: what they mean and where they harm

On their own terms. Many peoples set the menstruating woman apart. Among the Yurok of north-western California, by the account of a Yurok woman taught by her aunts and grandmother and recorded in 1978, the ten days of seclusion during and after the flow were not a punishment (Buckley 1982, read in full from a scanned copy). The woman withdrew because her power was at its height. She ate her own food apart, avoided distraction and the opposite sex, and used the time for concentrated reflection on the purpose of her life, as men used the sweathouse. In older practice women bathed in a sacred pond in the mountains and brought back firewood. The older ethnography recorded only pollution. Buckley found in Kroeber's notes a parallel between women's seclusion and men's ten-day training for wealth and luck, and concluded that the positive meaning was old esoteric knowledge, not a modern reinvention.

In far western Nepal the practice called chhaupadi sends a menstruating woman, and often a woman after childbirth, out of the house to a hut or shed (chhau goth).

The record. Nepal's Supreme Court banned chhaupadi in 2005 and the practice was made a crime in 2017, punishable by up to 3 months in prison or a 3,000 rupee fine (Kathmandu Post 2019). The National Human Rights Commission counted 18 deaths of women and girls in huts since 2005, 13 of them in Achham district. A student paper using police records found 14 deaths in ten years, 9 of them from snakebite (Batson, undated). In January 2018 in Bajura a mother and her two children died of smoke in a windowless hut where she had lit a fire against the cold (Kathmandu Post 2019). After a campaign to demolish the huts in Achham, about 11% of women surveyed still used them (Jnawali 2026). The deaths come from cold, smoke and animals, that is, from an unheated, unventilated, unguarded shed, not from seclusion as such.

Inference for the village. The same practice can be a retreat or an exile. A rule that respects a woman's wish to withdraw while forbidding cold, smoke or being alone at night fits both the record and the tradition. Whether the village makes any rule about menstrual separation is a cultural choice [OWNER]. No one should sleep in a closed space with an open fire, menstruating or not [VERIFY].

1.3 Period pain

On their own terms. Every tradition has a warm compress for cramps, a hot stone or brick in cloth, and a warm drink of ginger, chamomile, fennel or raspberry leaf. Persian and Chinese household medicine use ginger for the womb [VERIFY].

The record, from strongest down.

NSAIDs. A Cochrane review of 80 trials with 5,820 women found NSAIDs far better than placebo for primary dysmenorrhoea (odds ratio for moderate or excellent relief 4.37, 95% CI 3.76 to 5.09). If 18% of women get good relief on placebo, 45% to 53% do on an NSAID (Marjoribanks 2015). Adverse effects were more common (OR 1.29). NSAIDs also beat paracetamol (OR 1.89). Grade A.

Heat. A 2025 meta-analysis of 57 trials with 5,359 women found heat therapy reduced pain against no treatment (weighted mean difference minus 1.85 cm on a 10 cm scale) and was comparable or slightly better than NSAIDs

(minus 1.10 cm), with fewer adverse effects (risk ratio 0.30) (Yuan 2025). Grade A for heat against no treatment, B for heat against NSAIDs.

Exercise. A Cochrane review of 12 trials with 854 women found regular exercise reduced pain by a standardised mean difference of minus 1.86, about 25 mm on a 100 mm scale, with low-quality evidence (Armour 2019). Grade B.

TENS. High-frequency transcutaneous electrical nerve stimulation was more effective than placebo, and low-frequency TENS was not (Proctor 2002). Grade B. A TENS unit is a salvage item.

Ginger (Zingiber officinale, the rhizome). Pooled trials gave 750 to 2,000 mg of dried rhizome powder a day in the first 3 to 4 days of bleeding (Daily 2015). Against placebo, pain fell by a weighted mean difference of 1.55 cm on a 10 cm scale, and ginger did not differ from mefenamic acid (Chen 2016). In one Iranian trial of 150 students, ginger 250 mg four times a day for 3 days worked as well as mefenamic acid 250 mg and ibuprofen 400 mg (Ozgoli 2009). The two sources agree on the dose range (1,000 mg a day in Ozgoli, 750 to 2,000 mg in Daily). Grade B. Ginger is a cultivated tropical root with no dangerous lookalike in trade, but it will not grow outdoors in a cold climate without a glasshouse [VERIFY].

Chaste tree (Vitex agnus-castus, the ripe dried fruit). Its evidence is for premenstrual syndrome, not cramps. A meta-analysis of 17 trials gave a large effect (Hedges g minus 1.21) but with extreme heterogeneity (I^2 91%) and signs of publication bias (Verkaik 2017). Seven of eight trials in another review were positive, with mild side effects (van Die 2013). One dose-finding trial found 20 mg of the extract Ze 440 the best dose (Schellenberg 2012). For period pain the evidence is only a case series (Erkert 2026). Grade B for PMS with the extract, D for cramps, and D for a home preparation of the berries, whose strength cannot be matched to a standardised extract. The berries look like peppercorns and could be confused with other small dark fruits [VERIFY].

Chamomile (Matricaria chamomilla, flower heads) and fennel (Foeniculum vulgare, seed) rate C in PH-01. Raspberry leaf (Rubus idaeus) rates D for period pain (THRIVING library, PH-01). Fennel has dangerous lookalikes in the carrot family, poison hemlock (Conium maculatum) and water hemlock (Cicuta species), and must come from the garden, not the hedge (THRIVING library, PH-01) [VERIFY].

Inference. Heat and movement are nearly as good as a drug and cost nothing. Ginger is the one plant with trial support. Salvaged ibuprofen should be kept for pain that does not yield to heat.

1.4 Heavy bleeding, fibroids and iron

Heavy menstrual bleeding is the commonest reason a woman of reproductive age is anaemic. Fibroids (benign muscle tumours of the womb) are a common cause. By ultrasound screening in Washington DC, the cumulative incidence of fibroids by age 50 was over 80% in Black women and nearly 70% in white women (Baird 2003).

Tranexamic acid, a drug that slows the breakdown of clots, reduced blood loss by about 53 mL a cycle compared with placebo, and the proportion of women who said they had improved rose from 11% to between 43% and 63% (Bryant-Smith 2018). The usual dose is 1 g three times a day for up to 4 days, from the start of heavy bleeding (NHS, undated). MSF's essential drugs guide gives 1 g three times a day until the bleeding stops, for at most 5 days (MSF 2021, read through a search summary only). The two sources differ by one day in the maximum. It must not be given to a woman with a past clot in the leg or lung. Grade A. NSAIDs also reduce loss, less than tranexamic acid (Lethaby 2007). Grade A.

Iron. Without supplements a menstruating population slides into deficiency. A Cochrane review of 25 trials with 10,996 women found that iron given once or twice a week reduced anaemia (RR 0.65) and raised haemoglobin by 5.19 g/L, about as well as daily iron (Fernández-Gaxiola 2019). The WHO guideline recommends 60 mg of elemental iron with 2.8 mg of folic acid once a week, for 3 months then 3 months off, where anaemia in non-pregnant women is 20% or more (WHO 2011, summary page read). Only one source for the dose was read, so it needs checking [VERIFY]. In Sweden, iron deficiency anaemia in women fell from 25 to 30% to 6 to 7% over a few decades, which Hallberg

attributed largely to iron fortification of flour and to the contraceptive pill reducing menstrual loss (Hallberg 1979, abstract only).

Inference. Without tablets, iron must come from meat, offal, blood and legumes [VERIFY]. Pallor of the inner eyelid is the only test at the hearth.

2. Pelvic pain beyond infection

Infective causes, chiefly pelvic inflammatory disease, are in IN-14 (THRIVING library, IN-14). The causes left here are endometriosis, fibroids, ovarian cysts and torsion, ectopic pregnancy, and pain after birth injury or cutting.

Endometriosis, in which tissue like the lining of the womb grows elsewhere in the pelvis, affects about 10% of women and girls of reproductive age, some 190 million people (WHO 2025). It causes painful periods, painful intercourse and infertility. Diagnosis takes 4 to 12 years in high-income systems and needs surgery or imaging to confirm. There is no cure. Treatment is NSAIDs, hormones that suppress bleeding (MA-08 holds these methods), and surgery. Inference: after the Fall, a woman with cyclical pain that grows worse each year and does not yield to heat and NSAIDs can be told what she probably has and given continuous hormonal suppression if the dispensary holds it [VERIFY].

Ectopic pregnancy, a pregnancy outside the womb, usually in a tube, is the leading cause of maternal death in early pregnancy (Chong 2024). Any woman of reproductive age with lower abdominal pain and a missed or odd period, with or without bleeding, has an ectopic pregnancy until shown otherwise. Shoulder-tip pain, fainting, a fast pulse and a rigid abdomen mean bleeding inside the abdomen and need surgery the same day. That is a red flag, not a matter for this report's remedies.

Sudden severe one-sided pain with vomiting can be twisting (torsion) of an ovary on a cyst, which kills the ovary within hours unless untwisted by surgery [VERIFY].

3. Mastitis and breast abscess

MA-06 mentions mastitis only in passing, so it is covered here. The WHO review, read in full, is the base (WHO 2000). Incidence ranges from a few per cent to 33% of breastfeeding women, usually under 10%. It peaks in weeks 2 and 3, and 74% to 95% of cases occur in the first 12 weeks. The cause is milk stasis first: a blocked duct or a breast not emptied, often from poor attachment, missed feeds or a tight garment. Infection, usually Staphylococcus aureus, follows when stasis is not relieved.

The record. In a randomised study cited by WHO, stasis cleared with continued feeding alone, non-infectious inflammation needed extra expression of milk, and infectious mastitis needed both milk removal and antibiotics. Without milk removal, infectious mastitis tended to progress to abscess (Thomsen 1984, cited in WHO 2000). WHO calls effective milk removal the most essential part of treatment. The woman should keep feeding from the affected breast. The infant is not harmed, even when S. aureus is present. The exception is a mother with HIV, where WHO advised expressing and discarding milk from the affected breast during mastitis (WHO 2000). Supportive care is rest, fluids, warm packs before feeds and an NSAID such as ibuprofen for pain. Cold cabbage leaves (Brassica oleracea) relieved engorgement pain as well as cold packs in the trials WHO reviewed. Grade B.

Antibiotics are indicated if symptoms are severe from the start, a nipple fissure is visible, or there is no improvement within 12 to 24 hours of better milk removal (WHO 2000). WHO lists, for 10 to 14 days: flucloxacillin 250 mg every 6 hours, erythromycin 250 to 500 mg every 6 hours, cephalexin 250 to 500 mg every 6 hours, or amoxicillin 250 to 500 mg every 8 hours (amoxicillin is weak against penicillinase-producing staphylococci). A Cochrane review found too little trial evidence to judge antibiotics, though one old study showed faster recovery with them (Jahanfar 2016, abstract only). Only one source was read for these doses [VERIFY].

An abscess is a fluctuant, tender lump that does not settle. The pus must come out, by needle aspiration, repeated if needed, or by incision, and antibiotics alone are unlikely to cure it (WHO 2000). A Cochrane review of 4 trials with

325 women found too little evidence to choose between aspiration and incision (Irusen 2015). Feeding continues from the other breast, and from the affected breast if the incision is away from the nipple. Grade B.

Inference. Mastitis is a disease of the first weeks that the hands can mostly cure: feed often, change positions, express by hand what the baby leaves, rest. The village midwife can aspirate an abscess with a sterile needle and syringe. A breast lump that is not tender, not in a feeding woman, or does not resolve is a red flag for cancer (CH-06).

4. Vaginal infections and douching

The infections transmitted by sex are in IN-14. The two common non-sexual causes of discharge are candida (thrush) and bacterial vaginosis (BV).

Candida. About 75% of women have at least one episode of vulvovaginal candidiasis and 40% to 45% have two or more (CDC 2021a). It causes itching, soreness and a thick white discharge without a strong smell. Treatment is a single 150 mg oral dose of fluconazole or an azole cream or pessary. Recurrent disease means 3 or more episodes in a year. For non-albicans species, boric acid 600 mg in a gelatin capsule placed in the vagina once a day for 3 weeks clears about 70% (CDC 2021a). A review of 14 studies of boric acid for recurrent candida found cure rates of 40% to 100% and judged it a safe, cheap option given vaginally (Iavazzo 2011, abstract only). Boric acid is poisonous if swallowed, especially by children. I could not find the fatal oral dose in a source I read [VERIFY]. The capsules must be stored away from children and never taken by mouth.

Bacterial vaginosis. BV is an overgrowth of mixed bacteria with loss of the normal lactobacilli. It gives a thin grey discharge with a fishy smell that is stronger after sex. Diagnosis needs 3 of the 4 Amsel criteria: thin homogeneous discharge, clue cells on microscopy, vaginal pH above 4.5, and a fishy odour when potassium hydroxide is added (CDC 2021b). Treatment is metronidazole 500 mg twice a day for 7 days. Treating the male partner does not help. BV in pregnancy is linked to preterm birth (CDC 2021b). IN-14 gives metronidazole for trichomonas and PID, which supports the drug, though at different durations (THRIVING library, IN-14).

Yoghurt and probiotics. Folk practice puts yoghurt in the vagina against thrush. A Cochrane review found that probiotics given alongside antifungals raised short-term cure (RR 1.14) and lowered relapse at one month (RR 0.34), with no difference at three months (Xie 2017). CDC found no substantial evidence for probiotics or Lactobacillus for either infection. Grade C for yoghurt as an adjunct, D alone.

Douching. Many women wash inside the vagina with water, vinegar, soap, herbs or antiseptics, and vaginal steaming over herbal water is common in parts of Africa and Asia. A meta-analysis found douching associated with a 73% rise in pelvic inflammatory disease and a 76% rise in ectopic pregnancy (Zhang 1997). A review concluded that women should be advised not to douche (Martino 2004). CDC notes that douching may raise the chance of BV relapse. A prospective cohort of 1,199 women at high risk, however, found no link between douching and PID (adjusted hazard ratio 0.76) (Ness 2005), which suggests the older case-control studies were partly confounded. Grade X for douching as hygiene, since no benefit is shown and harm is plausible. Inference: wash the vulva outside with water. The vagina cleans itself.

5. Obstetric fistula: the untreated life, care and repair

How it forms is in MA-03. A fistula forms when the baby's head presses the bladder or rectum against the pelvic bone for hours or days, the tissue dies, and a hole opens days later. Most fistulas in the record followed obstructed labour, and at least 3 million women are thought to live with one unrepaired (THRIVING library, MA-03). Prevention is timely relief of obstructed labour and a bladder catheter during it. This section begins where MA-03's Protocol 6 ends: a woman who leaks urine or stool after birth.

5.1 The untreated life

The woman leaks urine, stool or both, day and night. The skin of her thighs is scalded by urine. She smells, and is often divorced, kept apart from food and prayer, and unable to work among others. The UNFPA manual calls the wider damage the obstructed labour injury complex: the fistula itself, foot-drop from nerve injury in labour, scarring and narrowing of the vagina, loss of periods, infertility, and the social loss that follows (UNFPA 2020, read in full). Most of these women also lost the baby. It nearly vanished from wealthy countries once caesarean section became available (UNFPA 2020).

5.2 History: Sims, the Hamlins and Mamitu Gashe

J. Marion Sims, in Montgomery, Alabama, operated on enslaved women with fistulas from late 1845 to the summer of 1849. One of them, Anarcha, underwent about 30 operations before he reported success with silver wire sutures (Sims 1852, cited in Wall 2006). Two others are named in secondary sources as Lucy and Betsey. Ether was first demonstrated in public in October 1846. Sims did not use anaesthesia for these operations, and by his own later account did not use it for white women either. Wall, read in full, argued that the charges against Sims are largely without merit when judged against the standards of his time, and listed the critics he answered, among them Ojanuga (1993) and others writing on race and gender (Wall 2006). The debate is about consent, which enslaved women could not give freely. Inference: a surgeon who learns on the powerless must be watched [OWNER on any rule for training on patients].

Catherine and Reginald Hamlin, Australian gynaecologists, came to Ethiopia in 1959 and founded the Addis Ababa Fistula Hospital in 1974 (Hamlin Fistula Ethiopia, undated). By 2007 it had about 140 beds and treated about 1,500 women a year, claimed a closure rate of 93%, and had opened five regional centres and, from 2006, a midwifery college (Wikipedia, Addis Ababa Fistula Hospital, secondary). Mamitu Gashe, born about 1946, arrived as a patient with a fistula, stayed as an aide, began assisting Reginald Hamlin in theatre in 1974, and was repairing fistulas on her own by 1987. She received a gold medal from the Royal College of Surgeons of England in 1989 and went on to train visiting doctors. A surgical paper describes her as one of the world's most experienced fistula surgeons, and she said in 2018 that she had never learned to read or write (Wikipedia, Mamitu Gashe, citing Henry 2015 World J Surg 39:822, secondary).

5.3 What can be done for a fresh fistula without surgery

The catheter. UNFPA advises that a woman found with a fistula within 6 to 12 weeks of the labour should have an indwelling bladder catheter placed while she is referred to a repair centre. It reports spontaneous closure in the literature (Waaldijk 2004) but states that there has never been a controlled study, so small new fistulas might close without any treatment (UNFPA 2020). The International Continence Society algorithm says that early catheter drainage cures a significant minority, rates this as grade C, and advises weekly review, care of the skin and good nutrition (ICS, undated, read in full).

How often it works is disputed. A review in the FIGO journal cited closure with about 6 weeks of catheter in 11% (Tayler-Smith) and 15% (Waaldijk) of small early fistulas (Pope 2020, read in full). A Harvard Maternal Health Task Force report gives Waaldijk's figure as 1,579 of 2,031 women cured by catheter (78%) within 75 days (MHTF, undated, secondary). The two figures cannot both describe the same population. The 78% probably comes from a selected group with small fresh fistulas seen within days [VERIFY]. Midwives learn the technique easily (Ruminjo 2010, secondary).

Inference. A clean, unblocked catheter costs little and does little harm. Place one as soon as the leak is found and keep it while arranging transfer (Protocol 5). Grade C.

Skin and life. While she waits, barrier ointment on the thighs, sitz baths, clean cloth pads changed often, plenty of fluid so the urine is dilute, physiotherapy for foot-drop, and being kept in the household rather than sent out are what

the hands can give [VERIFY, no trial, drawn from ICS and UNFPA advice on skin care and nutrition].

5.4 Who can repair, and how well

Repair rates. Surgical closure of a vesicovaginal fistula at first attempt is generally 80% to 97%. Waaldijk reported 95.2% closure in 1,633 women repaired immediately on presentation, and Raassen 93% in 91 women (Pope 2020). Closure is not cure. Up to 40% of women remain incontinent after the hole is closed, because the urethra and its sphincter were also damaged. At discharge 15% to 33% are still incontinent, and 12% to 31% need more than one operation (UNFPA 2020). A prognosis score under 3 predicted 84% dry, and 3 or more only 40% dry. Possibly over a quarter of women who go home dry later relapse. Re-operation succeeds in 70% to 80%.

After repair the bladder is drained with a 16F catheter, held to the thigh by tape. A randomised trial found 7 days of catheter after a simple repair no worse than 14 (Barone 2015, cited in UNFPA 2020). The ICS gives 10 to 14 days for simple and 14 to 21 days for complex fistulas (ICS). The two sources differ, and the trial is the newer evidence. A blocked catheter must be cleared at once, because a full bladder bursts the repair. A dye test before removal checks the closure.

Training. The 2006 WHO standard asked for 300 repairs to reach competence and 150 a year to keep it. In Bangladesh about 70 trained surgeons averaged fewer than 8 repairs each a year (UNFPA 2020). Some general medical officers have done over 3,000 repairs, and in very rare cases former patients have become surgeons, but UNFPA does not generally recommend task-shifting fistula surgery to non-doctors. The ICS says repair should be done only by a properly trained surgeon (ICS). The first repair has the best chance (UNFPA 2020).

Inference. Mamitu Gashe shows that a person without formal education can become a master fistula surgeon. She learned over 13 years beside a master in a hospital doing thousands of repairs. A district infirmary of 3,000 people will see too few cases to train anyone. At 30,000 to 130,000 new cases a year across Africa before the Fall (THRIVING library, MA-03), a region might produce enough work for one centre. The defensible plan is one regional repair centre where a trained person teaches an apprentice, as the Hamlins did, and catheter care and transfer at every lower rung. A village that lets an untrained person attempt repair risks turning a closable hole into a scarred one [OWNER on who may repair].

6. Prolapse

6.1 How common and why

Pelvic organ prolapse is the descent of the womb, bladder or rectum into or out of the vagina. Across developing countries, mean prevalence in a review of studies was 19.7%, with a range of 3.4% to 56.4% depending on definition (Walker 2011, abstract only). A population study of 5,064 women in rural Pakistan found 10.3%, and 78.7% of affected women had never consulted a doctor (Jokhio 2020). In Nepal, community studies report 10% to 37%, about 600,000 women, with 30% in Siraha and 42% in Saptari (Radl 2012, read in full). The brief's figure of about 10% for Nepal is at the low end of that range. Lifetime risk in high-income countries is about 40% (Bugge 2020).

Women and health workers in Nepal blamed early return to heavy work after birth and carrying loads (Radl 2012). In that study about half of the women operated on went back to the same heavy work. A case-control study in the hills of west Nepal did not find a link with carrying loads, but found that women who never wore a patuka, the tight cloth wound round the waist, had much lower odds (OR 0.18), and that sitting work (OR 2.94) and bending work (OR 2.45) raised them (Devkota 2020, abstract only). Inference: the folk belief that the waist cloth supports the womb may be backwards, since a tight binder raises pressure on the pelvic floor [VERIFY].

6.2 Pelvic floor training

A Cochrane review of 6 trials found that pelvic floor muscle training improved the stage of prolapse in about 17% more women than no training (Hagen 2011). The POPPY trial randomised 447 women with prolapse to individual training with a physiotherapist or a leaflet. Symptom scores fell by 3.77 points with training against 2.09 without, an adjusted difference of 1.52 (95% CI 0.46 to 2.59) (Hagen 2014). Only 66% were followed up at 12 months. Grade A for mild to moderate prolapse. It needs no equipment, only a teacher who can feel a contraction.

6.3 Pessaries: from pomegranate to ring

On their own terms. Greek medicine pushed the womb back with things placed in the vagina. Polybus, Hippocrates' son-in-law, used a sponge soaked in vinegar or half a pomegranate. Soranus, in the second century, judged the pomegranate bruising and used wool wrapped in linen and dipped in vinegar. Paré made pessaries of brass and of waxed cork, and van Deventer of waxed cork, wood, silver and gold. In the seventeenth century Roonhuyse described ulceration and rotting from a cork and wax pessary left in place. Goodyear's vulcanised rubber of 1844 and Hodge's lever pessary of 1860 began the modern era, and by 1864 there were 123 designs (Downing 2012, read in full).

The record. A Cochrane review of 4 trials with 478 women could not say whether a pessary beats no treatment. A pessary with pelvic floor training gave more women perceived improvement at 12 months than training alone (RR 2.15). Adverse effects, mostly discharge and erosion of the vaginal wall, were much more common with a pessary than with training (Bugge 2020). Grade B. A ring pessary is cheap but must be taken out and checked often (Radl 2012). An NHS leaflet advises changing the pessary every 4 to 6 months, with a check for bleeding, ulcers and infection, and a visit for pain or offensive discharge (West Suffolk 2026).

The forgotten pessary. A systematic review collected 76 fistulas caused by pessaries, 34 into the bladder and 42 into the rectum, half of them linked to neglected care, and nearly half with the Gellhorn type that cannot be removed by the woman herself (Curtis 2025). Pessary fistula is rare, under 1%, up to 3% with risk factors. Case reports describe a ring embedded in the vaginal wall after 16 years (Chew 2025), a ring trapped within a year (Sinha 2026), and one cut out with bolt cutters (Payne 2025). The harm Roonhuyse described still happens.

What a pessary could be made of. Salvaged silicone or rubber rings will last years with care. After that, the history lists cork, wax, wood and metal. Inference only: any improvised pessary must be smooth, non-absorbent, boilable and removable by the woman or a carer. A wooden or cork device absorbs secretions and rots. A ring of smooth hardwood sealed with beeswax, or of metal, could be tried, and must come out weekly to be washed. None of this has been tested [VERIFY] [OWNER on whether the village dispensary should make pessaries].

6.4 Surgical repair

Vaginal hysterectomy and repair is the standard operation. In Nepal and Bangladesh, the DAK Foundation retrained camp surgeons. Before retraining, 76% of women had recurrent prolapse at stage 2 or worse and 56% had a shortened vagina. After retraining the figures were 45% and 4% (Hall 2021, abstract only). Women in Nepal reported better quality of life after surgery (Dhital 2013). Inference: camp surgery without enough training fails most women. It belongs at the hospital rung.

7. Menopause

Hot flushes last a median of 7.4 years in total and 4.5 years after the last period (Avis 2015, abstract only). They are not dangerous. The lasting harm of menopause is bone loss.

Plants, on their own terms and then the record. North American peoples used black cohosh root for women's complaints, and East Asian diets are rich in soy. Black cohosh (Actaea racemosa, root) is fully treated in PH-03: the Cochrane review of 16 trials found no meaningful reduction in flushes, the liver injury reports are contested, and the

household root is graded X for flushes, with standardised extracts a contested B. Its lookalikes are blue cohosh and the baneberries (THRIVING library, PH-03). Red clover (Trifolium pratense, flower heads) did not significantly reduce flushes in the Cochrane review of 43 trials of phytoestrogens, and placebo effects in those trials ranged from 1% to 59% (Lethaby 2013). Grade X for flushes. Its harmless lookalikes are other clovers, but mouldy sweet clover (Melilotus species) forms a blood-thinning poison and must not be used [VERIFY]. Soy isoflavones (Glycine max, seed), at a median 54 mg a day, reduced flush frequency by 20.6% across 19 trials (Taku 2012). Lethaby found that preparations with over 30 mg of genistein might help. Grade B for concentrated isoflavones, C for soy food. Sage (Salvia officinalis, fresh leaf) halved flushes in an open study without a control group (Bommer 2011). Grade D. Sage contains thujone and should not be taken in large amounts for long periods [VERIFY].

Hormones. In the Women's Health Initiative trial, combined oestrogen and progestin raised coronary heart disease (hazard ratio 1.29), breast cancer (1.26), stroke (1.41) and pulmonary embolism (2.13), and lowered colorectal cancer (0.63) and hip fracture (0.66) (Rossouw 2002). For every 10,000 women a year, that meant 7 more coronary events, 8 more strokes, 8 more emboli and 8 more breast cancers, against 6 fewer colorectal cancers and 5 fewer hip fractures. The trial was in older women, average 63, and later analyses changed the picture for younger women [VERIFY]. After the Fall, hormones will be scarce and are not worth the risk for flushes alone.

Bone. Exercise slows bone loss. A Cochrane review of 43 trials with 4,320 women found exercise raised bone density at the spine (mean difference 3.22%) and the femoral neck (1.03%), but there were too few fractures to show an effect on them (OR 0.61, 95% CI 0.23 to 1.64) (Howe 2011). Grade A for density, uncertain for fractures. Walking, carrying, digging and stair climbing are what the village already does. Inference: a working village woman may keep stronger bones than her pre-Fall counterpart if she eats enough [VERIFY].

8. Screening by hand and eye

Cancer itself belongs to CH-06. This section is only about what a trained village worker can see.

8.1 VIA: vinegar on the cervix

Visual inspection with acetic acid (VIA) means wiping the cervix with 5% acetic acid and looking after one minute. Precancerous areas turn white. The solution is 5 mL of glacial acetic acid in 95 mL of water, made fresh each day, and table vinegar can be used only if it is known to be 5% (IARC, undated). The equipment is a speculum, a good light, cotton swabs and 0.5% chlorine for instruments. A skilled examiner finds 8% to 15% of women positive, and 20% to 30% of those have precancer.

In Dindigul, Tamil Nadu, a cluster-randomised trial screened 31,343 of 49,311 eligible women once with VIA by nurses, and treated 72% of precancers found. Cervical cancer deaths fell by 35% (hazard ratio 0.65, 95% CI 0.47 to 0.89) and incidence by 25% (Sankaranarayanan 2007). In Mumbai, four rounds of VIA by primary health workers, in about 75,000 women per arm, cut cervical cancer deaths by 31% (RR 0.69) without changing incidence (Shastri 2014). In Osmanabad, however, a single round of VIA did not significantly cut deaths, while a single HPV test halved them (HR 0.52) (Sankaranarayanan 2009). VIA's sensitivity is low, about 0.54 in a recent meta-analysis (Dixit 2026), and many positives are false, so women are treated who did not need it. That is acceptable only because the treatment is mild. A trial in Zambia found clearance of 74.0% with thermal ablation, 71.1% with cryotherapy and 71.4% with excision (Basu 2024). ASCO guidance accepts VIA where nothing better exists, screening 1 to 3 times in a lifetime between ages 30 and 49 (Shastri 2022). Grade A that VIA by trained workers saves lives when screening is repeated and positives are treated. The cervical treatments themselves are in CH-06.

Inference. VIA fits the district infirmary: vinegar, a light, a speculum and a worker trained to see. It does not fit the village unless treatment follows at the same visit.

8.2 Breast examination

In Mumbai, clinical breast examination by trained workers every two years did not significantly reduce breast cancer deaths overall (RR 0.85), but did in women aged 50 and over (0.71), and reduced late-stage disease at diagnosis from 47% to 37% (Mittra 2021). In Shanghai, teaching women breast self-examination did not reduce deaths (RR 1.04) and led to more biopsies of benign lumps (Thomas 2002). Grade B for clinical examination in women over 50, X for taught self-examination as a death-reducing measure. Inference: teach every woman to come when she notices a lump, but do not run drills.

9. Consequences of genital cutting

TR-15 holds the practice and its types (THRIVING library, TR-15). Here are its consequences for later gynaecological life. A meta-analysis of 185 studies with 3.17 million women found cut women more likely to have urinary tract infections (RR 3.01), bacterial vaginosis (aOR 1.68) and pain during intercourse (RR 1.53), and more likely to have prolonged labour (aOR 1.49), caesarean section (aOR 1.60) and difficult delivery (aOR 1.88) (Berg 2014). Sexual dysfunction rises with the extent of the cut (Rouzi 2017). For type III, opening the infibulation (deinfibulation) was associated with fewer emergency caesareans (OR 0.16) and fewer tears (OR 0.48), on very low certainty evidence (Okusanya 2026). Inference: opening the scar in labour is the one surgical skill here the village midwife may need. Whether the village forbids cutting is for the owner, and TR-15 already marks it [OWNER].

Evidence grades

Intervention	Grade	Basis
Cloth washed outside, sun dried, changed often	B	Das 2021
Menstrual cup (salvaged)	A for leakage and safety	van Eijk 2019
Menstrual hut without heat, air or company	X	Kathmandu Post 2019
Heat for period pain	A	Yuan 2025
Exercise for period pain	B	Armour 2019
High-frequency TENS	B	Proctor 2002
Ginger rhizome, 750 to 2,000 mg a day	B	Daily 2015, Chen 2016
NSAIDs for period pain	A	Marjoribanks 2015
Vitex extract for PMS	B (heterogeneous)	Verkaik 2017
Vitex berries for cramps	D	case series only
Tranexamic acid for heavy bleeding	A	Bryant-Smith 2018
Weekly iron and folic acid	A	Fernández-Gaxiola 2019
Milk removal for mastitis	B	WHO 2000
Aspiration or incision of abscess	B	WHO 2000, Irusen 2015
Cabbage leaves for engorgement pain	B	WHO 2000
Boric acid for recurrent candida	B	Iavazzo 2011
Yoghurt or probiotics alone	D	CDC 2021a
Douching	X	Zhang 1997, Martino 2004
Catheter for a fresh fistula	C	ICS, Pope 2020
Fistula repair by trained surgeon	B	Pope 2020, UNFPA 2020
Pelvic floor training for prolapse	A	Hagen 2014
Pessary	B	Bugge 2020

Intervention	Grade	Basis
Improvised wooden or cork pessary	D	Downing 2012, history only
Camp prolapse surgery without training	X	Hall 2021
Soy isoflavones over 30 mg	B	Taku 2012
Red clover	X	Lethaby 2013
Black cohosh root (household)	X	PH-03
Sage leaf	D	Bommer 2011
Weight-bearing exercise for bone density	A	Howe 2011
VIA with treatment, repeated	A	Sankaranarayanan 2007, Shastri 2014
Clinical breast examination over 50	B	Mittra 2021
Taught breast self-examination	X	Thomas 2002
Deinfibulation for type III in labour	C	Okusanya 2026

Means ledger

Need	Hands	Hearth	Garden and still	Village dispensary (300)	District infirmary (3,000)	Hospital before the Fall
Bleeding	Cloth, sun drying	Boiling water, soap	Ginger, chamomile	Salvaged cups, ibuprofen, iron	Tranexamic acid, haemoglobin check	Surgery for fibroids
Period pain	Movement, massage	Hot stone or bottle	Ginger	NSAIDs	TENS (salvaged)	Hormones, laparoscopy
Mastitis	Feeding, hand expression	Warm packs, cabbage		Antibiotics, needle aspiration	Incision	Ultrasound
Discharge	Wash outside only		Yoghurt as adjunct	Fluconazole, metronidazole, boric acid capsules	Microscope, pH paper	Culture
Fistula	Keep her in the household	Sitz baths, barrier fat		Catheter and bag	Catheter care, transfer	Repair centre
Prolapse	Pelvic floor training			Ring pessaries	Pessary fitting and review	Vaginal repair
Menopause	Walking, carrying		Soy, sage			Hormones
Screening	Noticing a lump				VIA, ablation	HPV tests, mammography

Harm test

- Menstrual seclusion kills by cold, smoke and snakes. The harm is in the conditions, not the custom.
- Drying cloth indoors or in the latrine, out of shame, raises infection.
- A cup placed against the ureter can obstruct a kidney, and a cup can dislodge an IUD (van Eijk 2019).
- NSAIDs harm the stomach and kidneys and are dangerous in late pregnancy [VERIFY].
- Tranexamic acid can cause clots in women at risk.
- Boric acid kills if swallowed.
- Douching may spread infection upward.
- A pessary left in place erodes into bladder or rectum. This harm is slow and silent until it is not.
- An untrained fistula repair can turn a closable hole into an inoperable one.
- VIA overtreats. That matters little with ablation and much with excision.
- Black cohosh has contested liver reports. Abortifacient herbs given for late periods (TR-06, TR-15) poison.
- Vendor tonics and the wise-woman romance sell certainty where the record shows little. A remedy for every female complaint is the mark of one [VERIFY].

Red flags

Send on the same day, or call the skilled worker now: - Lower abdominal pain or fainting in a woman whose period is late or odd (ectopic pregnancy). - Sudden severe one-sided pelvic pain with vomiting (ovarian torsion). - Bleeding heavy enough to soak a pad or cloth every hour for several hours, or with fainting [VERIFY]. - Fever, a fast pulse and a hard red breast that does not improve within 24 hours of feeding. - Any leak of urine or stool after a long labour (catheter now, then transfer). - A woman with a pessary who has new bleeding, foul discharge or pain, or whose pessary has not been out for 6 months.

Send soon (within weeks) for possible cancer, to CH-06: - Bleeding after menopause, or between periods, or after sex. - A hard painless breast lump, skin dimpling or a bloody nipple discharge. - Foul watery discharge with weight loss, or a white area that stays white on VIA. - A pelvic mass or swelling of the abdomen with weight loss.

The case against

- The Odisha hygiene data are observational. Infections may follow poverty and water, not drying habits.
- Catheter cure of fistula has never been tested with a control group. Many small fistulas may close alone.
- The 78% catheter cure figure and the 11% to 15% figures cannot both be right for the same women.
- Mamitu Gashe is one person. The rarity of her case is evidence for UNFPA's caution as much as against it.
- POPPY lost a third of its women by 12 months.
- Ness's prospective cohort found no douching and PID link, so the X grade rests on plausibility as much as proof.
- VIA failed to cut deaths in Osmanabad, and its sensitivity is about half.
- Heat therapy trials are small, mostly Chinese, and unblinded. Ginger trials are small and mostly Iranian.
- The Yurok account is one woman's, read by one ethnographer.

10-line summary

1. Wash cloth outside, dry it in the sun, change it often. A salvaged cup lasts a decade.
2. Seclusion kills by cold, smoke and animals. Respect withdrawal, forbid exile.
3. Heat and exercise relieve period pain nearly as well as NSAIDs. Ginger works.
4. Tranexamic acid and weekly iron are the dispensary's tools for heavy bleeding.
5. Mastitis is cured mostly by emptying the breast. Keep feeding. Drain an abscess.
6. Do not douche. Boric acid capsules treat stubborn thrush and kill if swallowed.

7. Catheterise any woman leaking after labour. Repair belongs to a trained surgeon.
8. Pelvic floor training helps prolapse. A pessary helps and must come out to be checked.
9. Flushes pass. Soy helps a little, red clover and black cohosh root do not. Walk for bone.
10. VIA with same-day treatment saves lives at the district rung.

Open questions

- Does catheter drainage really close fresh fistulas, and in how many?
- What is the fatal oral dose of boric acid?
- Can an improvised pessary be made that does not rot or erode?
- Does the patuka raise prolapse, and does load carrying?
- How many repairs does a non-surgeon need under supervision to be safe?
- What does a population without iron tablets do to its girls?

Sources to read in full

- WHO 2006, Obstetric fistula: guiding principles for clinical management and programme development (PDF refused with 403).
- Waaldijk's primary papers on catheter treatment and immediate repair.
- Hamlin C 2001, The Hospital by the River.
- Hesperian, Where Women Have No Doctor (page returned 404).
- Buckley and Gottlieb 1988, Blood Magic.
- The full Cochrane reviews on fistula catheter care, pessaries and mastitis antibiotics.
- Toxicology data on oral boric acid.

At the bedside after the Fall

Listen first and ask what she thinks is wrong. Ask about periods, births, leaking, pain and discharge. Look at her inner eyelids. Examine only with consent and another woman present. For pain, start with heat and movement and ginger, then the dispensary's NSAID. For bleeding, count pads and check pallor. For a breast, watch a feed. For leaking urine after birth, place a catheter today and tell her that many are healed, some by the catheter alone. For prolapse, teach the squeeze and come back to check she can do it. For a woman past her periods, tell her that flushes end and her bones like work. Send any red flag the same day, and write down what you found.

Protocols

Protocol 1. Menstrual cloth and cup - Cloth: cotton, folded to several layers. Change at least every 4 to 6 hours and more often when heavy [VERIFY]. Rinse in cold water, wash with soap, dry outdoors in sun, store dry in a clean bag. Never dry indoors or keep in the latrine (Das 2021). - Cup: empty, rinse in cold water and wash with mild soap at each change. Boil for up to 5 minutes before and after each period, off the bottom of the pot, then air dry (Lunette, undated). Allow several cycles to learn. Do not use with an IUD without a check of the strings. Remove if flank pain or difficulty passing urine appears.

Protocol 2. Period pain ladder - Step 1: heat to the lower belly for 20 to 30 minutes at a time [VERIFY], walking or exercise between periods. - Step 2: ginger powder 250 mg four times a day (1,000 mg a day) for the first 3 days of bleeding (Ozgoli 2009, Daily 2015). - Step 3: ibuprofen 400 mg up to three times a day with food for 2 to 3 days (Ozgoli 2009 for the single dose, the frequency is [VERIFY]). Not for a woman with stomach ulcer or kidney disease. - If pain is worse each year, or there is pain with sex, or a mass: think of endometriosis or fibroids and refer.

Protocol 3. Heavy bleeding and anaemia - Count soaked pads or cloths per day. Check inner eyelid pallor. - Tranexamic acid 1 g three times a day, from the start of heavy bleeding, for up to 4 days (NHS, MSF allows 5). Not with a

past clot or with combined hormonal pills. - Iron 60 mg elemental with folic acid 2.8 mg once a week, 3 months on, 3 months off, for all menstruating women where anaemia is common (WHO 2011) [VERIFY]. - Refer if bleeding soaks a pad an hour for several hours, if she faints, or if bleeding comes after menopause.

Protocol 4. Mastitis and abscess - Feed from the affected breast first, every 2 to 3 hours, day and night [VERIFY]. Check attachment. Express by hand what remains. - Warm pack before feeds, cold cabbage leaves after, rest, fluids, ibuprofen for pain. - Antibiotic if severe at the start, a cracked nipple, or no better after 12 to 24 hours: flucloxacillin 250 mg every 6 hours for 10 to 14 days, or erythromycin 250 to 500 mg every 6 hours if allergic (WHO 2000) [VERIFY second source]. - Abscess: aspirate with a sterile wide needle, repeat every 2 to 3 days if pus reaccumulates [VERIFY], or incise away from the nipple. Continue feeding.

Protocol 5. Fresh fistula - Any woman leaking urine after a long labour: place a Foley catheter now (16F, balloon 5 to 10 mL [VERIFY]), with a closed drainage bag. - Drink enough to keep urine pale. Empty the bag before it is full. Check flow every few hours. Flush or replace a blocked catheter at once. - Review weekly (ICS). Keep for up to 6 weeks. If dry after the catheter is removed, she may be healed. If still leaking, transfer to a repair centre. - Skin: wash with water twice a day, dry, coat with fat or barrier ointment. Pads changed often. Exercises for foot-drop. Food with protein. - Do not attempt repair without training [OWNER].

Protocol 6. Prolapse - Pelvic floor training: teach her to squeeze as if stopping urine and wind, check by examination that she can. Hold up to 10 seconds, 10 times, three times a day, for at least 16 weeks [VERIFY, the hold regimen is inference]. - Ring pessary if symptoms persist: fit the smallest that stays in when she walks, coughs and passes urine. Remove, wash and inspect every 4 to 6 months at least (West Suffolk 2026), or weekly if she can do it herself. Record the date in a register [OWNER on a pessary register]. - Any bleeding, foul discharge or pain: remove and inspect the same week.

Protocol 7. VIA at the district rung - Women 30 to 49, once and ideally three times in a life (Shastri 2022). - 5% acetic acid (5 mL glacial in 95 mL water) made fresh daily, or vinegar known to be 5%. Speculum, good light. Apply, wait 1 minute, look (IARC). - Positive: a sharp white area touching the os. Treat at the same visit by ablation if equipment exists (CH-06). Instruments in 0.5% chlorine.

Protocol 8. Vaginal discharge - Itch, white curd, no smell: candida. Fluconazole 150 mg once (CDC 2021a) [VERIFY second source]. Recurrent non-albicans: boric acid 600 mg vaginal capsule daily for 3 weeks, locked away from children. - Grey, fishy, worse after sex: BV. Metronidazole 500 mg twice a day for 7 days (CDC 2021b, IN-14 for the drug). - Pus, pain, fever or a new partner: IN-14. - No douching.

Numbers to carry

- 5 minutes: boil a cup before and after each period. Cup lasts up to 10 years.
- 18 deaths in Nepal's huts since 2005, from cold, smoke and snakes.
- NSAIDs raise good relief from 18% to about 50%. Heat matches them.
- Ginger 750 to 2,000 mg a day for the first 3 to 4 days.
- Tranexamic acid 1 g three times a day for up to 4 days, about 53 mL less loss.
- Weekly iron 60 mg with 2.8 mg folic acid, 3 months on and 3 off.
- Mastitis: antibiotics after 12 to 24 hours without improvement, for 10 to 14 days.
- Boric acid 600 mg vaginal, 3 weeks, about 70% clearance, never by mouth.
- Fistula: catheter within 6 to 12 weeks. Catheter alone heals 11% to 15% in reviews.
- Repair closes 80% to 97%, but up to 40% stay wet.
- Prolapse: about 10% to 20% of women in poor rural areas, up to 42% in parts of Nepal.
- Pessary: out and checked every 4 to 6 months at most.
- Hot flushes last a median 7.4 years.
- VIA: 5% acetic acid, look at 1 minute. Cut deaths by 35% in Dindigul.

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E = Europe PMC record, abstract read unless stated. Full = full text read.

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