

# How Mira assists in clinical evaluation and treatment

## Case Report



Let's Normalize Women Being Well



For Healthcare Professionals



# Case report: Patient #2

# Patient background

38 Female

G3P2 (ages 3 and 5)

Past medical history is unremarkable except for s/p emergent hysterectomy after the birth of a second child due to postpartum hemorrhage

Medication: None

BMI 28

A regular diet focused on whole foods and cooks a lot at home

Exercise: Peloton bike / tread + weights 5–6 days per week



# Patient Situation

The patient came to see the provider to discuss hormonal status given the fact she had a hysterectomy and has no idea where she is in her cycle

She notices that she has a week or two every month where she is more irritable, has insomnia, and has a shorter temper with her children

She also experiences bloating, fatigue, low motivation, and poor concentration during this time which is starting to affect her professional work

Completed basic labs:  
CBC – within optimal range  
CMP – within optimal range  
Thyroid panel – within optimal range  
Folate – within optimal range  
Vitamin B12 – within optimal range  
Vitamin D3 – within optimal range  
Ferritin – within optimal range  
Cortisol – within optimal range



# Plan

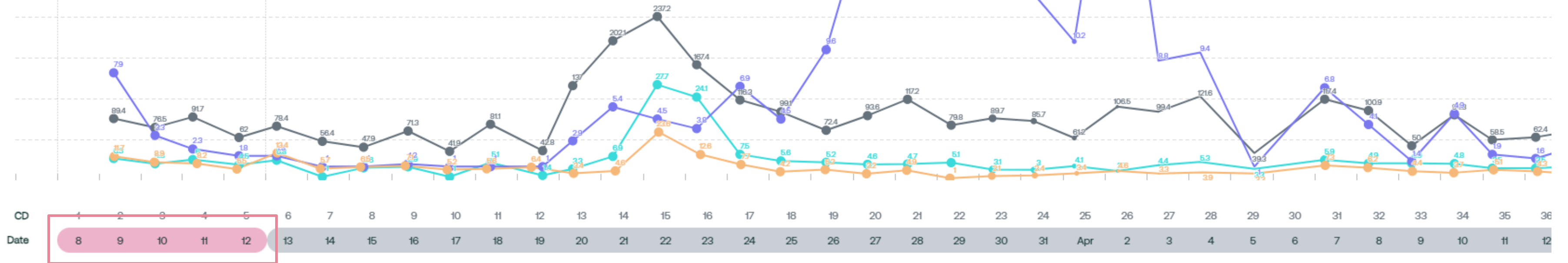
Start tracking hormones with Mira to understand what her ovarian hormones are doing and to determine if her symptoms correlate with a hormone pattern.



# Initial Mira Chart

## Mira data discovered:

- Rising E3G levels leading to LH surge
- LH surge on March 22nd and 23rd
- Elevated PdG levels after LH surge confirms ovulation



Patient marked her suspected period since she no longer has periods.



# Mira Data Discovered

The provider was able to determine that she still has a very expected ovarian hormone response with estrogen predominating the follicular phase and progesterone predominating the luteal phase.

The provider was able to confirm she is still ovulating based on her progesterone response.

The patient tracked her symptoms daily and found that during the luteal phase, she had headaches, bloating, fatigue, and irritability in the second half of the cycle when progesterone started dropping.



# Treatment / Interventions / Assistance

The provider suspected that this was premenstrual dysphoric disorder as her symptoms completely remitted once she was at the beginning of the next cycle, which was able to be determined by Mira since she does not have a period.

## Treatment:

- Cyclical progesterone 200mg QHS for 2 weeks on and then 2 weeks off
- Supplement with B6, calcium, zinc, and magnesium as these vitamins/minerals have been shown to be effective for PMDD and there is a natural decline of B6 and calcium during the luteal phase





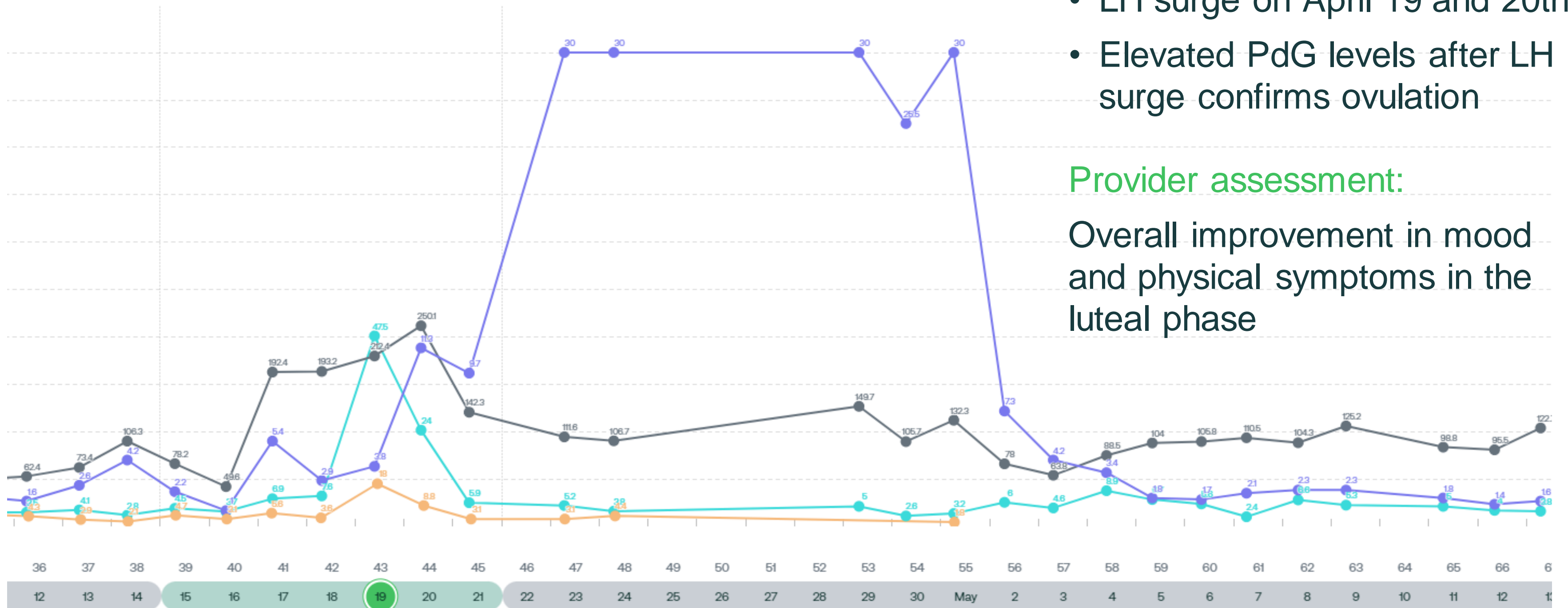
# Follow Up Mira Data

## Mira data discovered:

- Rising E3G levels leading to LH surge
- LH surge on April 19 and 20th
- Elevated PdG levels after LH surge confirms ovulation

## Provider assessment:

Overall improvement in mood and physical symptoms in the luteal phase



# Summary

38 yo s/p hysterectomy after birth of 2nd child with PMDD diagnosed based on Mira charting and symptom tracking

Intervened with cyclical progesterone, B6, magnesium, calcium, and zinc.

Testing hormones with Mira allowed your identification and confirmation of the phase of the menstrual cycle and cycle length

Mira helped to guide the timing of cyclical progesterone initiation

Overall improvement in mood and physical symptoms related to the luteal phase



# Outcome

The patient and the provider are able to identify the phase of the menstrual cycle and the patient's symptoms have greatly improved.



# Thank you!