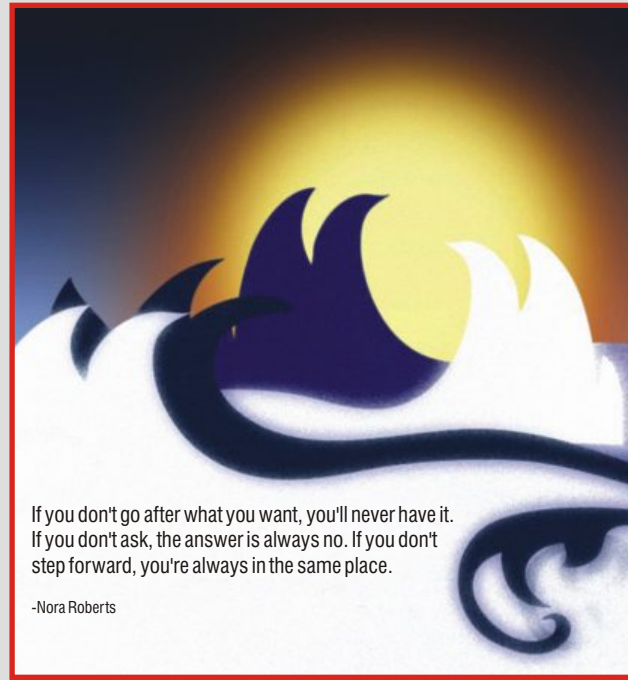


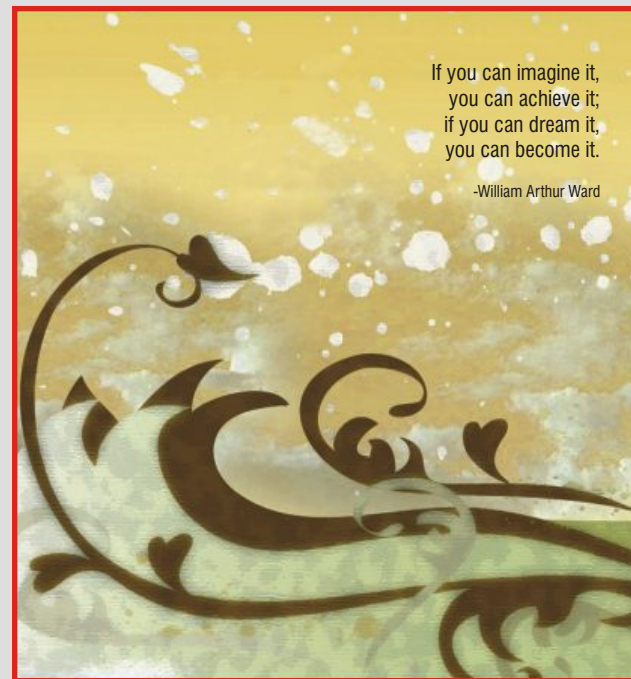
Blame is a condition of the mind where
love is a condition of the heart.
Choose to live your life from the heart...

-Dianne Adams, Wisdom Words



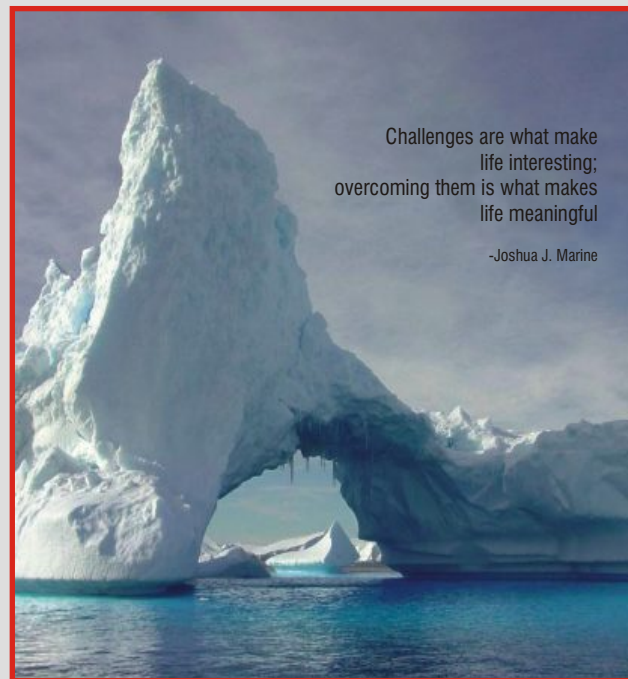
If you don't go after what you want, you'll never have it.
If you don't ask, the answer is always no. If you don't
step forward, you're always in the same place.

-Nora Roberts



If you can imagine it,
you can achieve it;
if you can dream it,
you can become it.

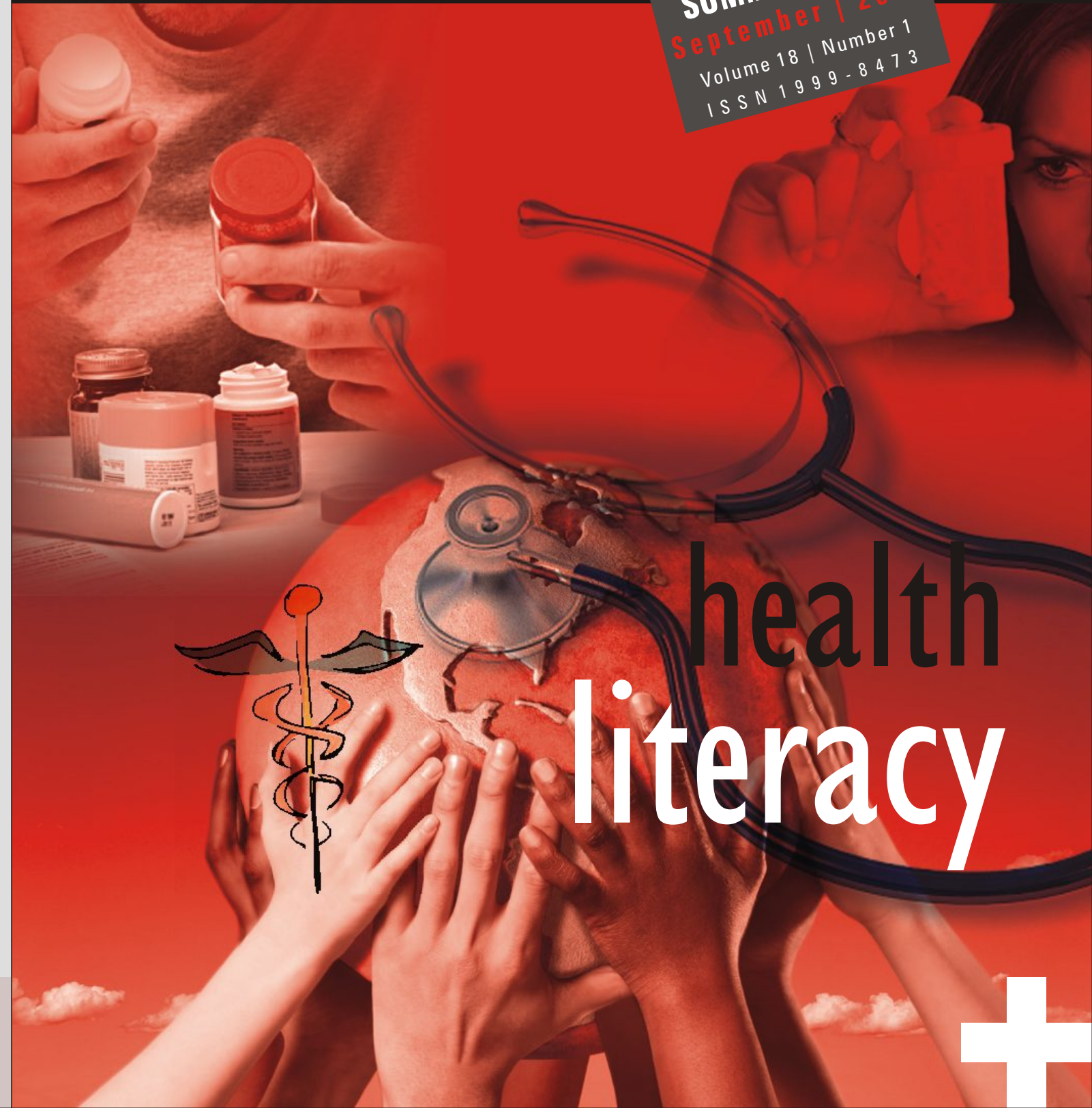
-William Arthur Ward



Challenges are what make
life interesting;
overcoming them is what makes
life meaningful

-Joshua J. Marine

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health
literacy

Editorial Board

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Dear Doctors,

Welcome to the "Mid Year Issue of Medical Forum". We are always in the sunshine of new science & technology. Surgical robot a self-powered, computer-controlled device that can be programmed to aid in the positioning and manipulation of surgical instruments, enabling the surgeon to carry out more complex tasks & hence our key topic is "Robotic Surgery".

Flu, the seasonal companion of us & it is inevitable for us. Please read the article named "3 Actions to Fight the Flu" as per CDC & prevent it.

Every human being has a self instinct to have fair complexion. For beautification, we usually use fairness cream, lotion etc. But these beautification packages can lead to serious skin lesion & even cancer. Reading "Hazards of Getting Fair" commentary will give you a quick look to be aware of fairness packages.

Now a days hair transplantation is a popular cosmetic procedure to prevent the undue shedding of hair, but before that please remember "Seven Side-effects of Hair Transplantation".

Mysterious & miraculous things are always interesting for reading. Have a read in "You may not Heard About" section & get some slices of mysteries & miracles.

Medicines have an important role in the treatment and prevention of disease in both humans and animals. But they may also have unintended effects on human, animals and microorganisms in the environment. Please read "Pollution: Pharma's Next Big Headache???" & be aware of our environment & make it heavenly for our next generation.

Be eco friendly & use eco friendly products. Wishing you a happy & healthier life.

Happy reading!

Sincerely,

Dr. Md. Murad Hossain
Manager, Medical Affairs
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Health literacy: A new concept for general practice

Background

Health literacy is the ability to understand and interpret the meaning of health information in written, spoken or digital form and how this motivates people to embrace or disregard actions relating to health.

Objective

This article aims to describe the concept of health literacy, its importance and its applications in the general practice setting.

Discussion

Australia trails behind other western countries in practical applications of health literacy. Health literacy underpins the efficiency of consultations, health promotion efforts, and self management programs. Recognition of the health literacy status of individuals allows use of appropriate communication tools. This can save time and effort and improve patient satisfaction and health outcomes.

Common medical language related to screening that patients with limited health literacy may not understand-

- Blood in the stool
- Rectum
- Bowel
- Screening (versus diagnosis)
- Colon
- Tumour
- Lesion



- Prognosis
- Growth
- Biopsy
- Polyp
- Metastasis

Health literacy (HL) is more than just the ability to read, write, and understand numbers in the health setting. Health literacy is the cognitive ability to understand and interpret the meaning of health information in written, spoken or digital form. It impacts on whether people are able to embrace or disregard actions relating to health, and make sound health decisions in the context of every day life.

A person with adequate reading ability may often have poor HL and this can interfere with the understanding of, and participation in, health related activities such as cancer screening. According to the recent Australian Literacy and Life Skills survey, up to 9 million Australians have inadequate HL. In practical terms, HL involves knowing about bodily functions and signs of dysfunction; knowing how to find, interpret and understand information, and how and where to seek further information when required. It impacts on the ability of the individual to communicate with relevant health professionals, discern what constitutes good quality advice, and translate this help into action.

Why is health literacy important?

People with adequate HL have better health status than those with limited

HL skills. People with limited HL have less knowledge about the importance of preventive health measures, are less able to participate in chronic disease self management, and often do not understand medication instructions and may take medications incorrectly. Limited HL has been shown to be associated with poor health in a range of settings and conditions, and is particularly prevalent among the elderly, people of non-English speaking backgrounds, those with limited education, those from low socioeconomic groups, and those with chronic disease. Recognising low HL in general practice is important as there is evidence to suggest that tailoring communication to those with poor HL can improve outcomes in chronic diseases.

Promoting health competency

Health competency (HC) is the application of HL to meet the complex demands of modern health. It encompasses skills and attitudes that help individuals take responsibility and control over their health, seek out health information and navigate complex systems. Health literacy and HC are crucial in promoting 'wellness' and in optimally managing chronic disease. One of the assumptions of the chronic disease self management model is that the reorganisation of health care will lead to more productive interactions between informed, involved patients and prepared, proactive health care teams; in turn leading to better outcomes. Yet policies promoting



more choice for consumers may run the risk of creating a two tiered system in terms of access, where health literate individuals are able to exercise greater choice while vulnerable groups, such as the elderly, disabled, less educated, or socially excluded, 'fall through the net'.

The health care system has a responsibility to proactively enable more accessible interactions and environments that promote health and wellbeing.² Health literacy is primarily the responsibility of health systems, and those working in them, as they determine the parameters of the health interaction, including the physical setting, available time, communication style, content and mode(s) of information provided, attitudes to the provision of information and definitions of concepts such as 'sound health decision making' and 'compliance'.

International efforts on health literacy

Dedicated national programs now exist in many countries including Canada, the United Kingdom, Ireland and the European Community. Despite the large number of people with limited HL, Australia lags behind the USA and other western nations. There has been some important work done in Australia on mental health literacy. However, this has been related to specific conditions and has not addressed broader health issues. Fledgling community organizations have formed to address this problem, but systematic effort aimed at assessing and improving HL has not been undertaken.

Health literacy in general practice

Self management practices and self management skills vary by patient and carer levels of HL. Attempts by clinicians and health systems to educate patients are often unsuccessful, which may be due to the failure of correctly tailoring communication to patients. It has been shown that much of the health education information available to patients both oral and written is too



complex for the average person to understand, particularly for elderly patients. Major investments in disease prevention and chronic disease self management depend on the level of HL of individuals, communities and health services. These investments are at risk without a clear understanding of HL and its effect on behaviour.

Identifying patients with limited health literacy

The first step in improving HL is to accurately measure HL in primary care. However, a major stumbling block is that clinicians are unable to correctly identify those with limited HL.¹⁸ Health literacy cannot be predicted from education level alone, therefore some form of assessment will be required.

In one Australian study of a relatively socially advantaged group, use of educational level alone as a measure of literacy would have misclassified more than 10% as health literate/illiterate. Screening tools for assessing HL include the Test of Functional Health Literacy in Adults (TOFHLA), which is the instrument most often used in health care

research but it is impractical for routine use in clinics. Rapid screening tools, such as the Rapid Estimate of Adult Literacy in Medicine (REALM) and the Newest Vital Sign (NVS) are more practical in the primary care setting. The NVS consists of a nutrition label that is accompanied by six questions that probe the participant's ability to read and apply information from the label. In comparison with the TOFHLA, the NVS has a very high sensitivity for detecting limited HL. The NVS has the advantage of being very quick to administer (~3 minutes), and is acceptable to patients, with more than 98% of patients agreeing to undergo assessment during a routine primary care visit.²⁴ The NVS is available at www.clearhealth-communication.org/physicians-providers/newest-vitalsign.html at no cost.

Measuring HL in every patient is impractical. It has been suggested however, that clinicians should perform HL assessments on a sample perhaps 50 consecutive patients to learn the prevalence of limited HL in their practice.²⁵ This could be performed as part of a continuing medical education activity and would arguably have as much value as a clinical audit. It could be easily administered by other practice staff after minimal training.

It is likely that as individual clinicians become aware of the frequency with which they see patients with low HL, they will begin to adjust communication styles to meet the

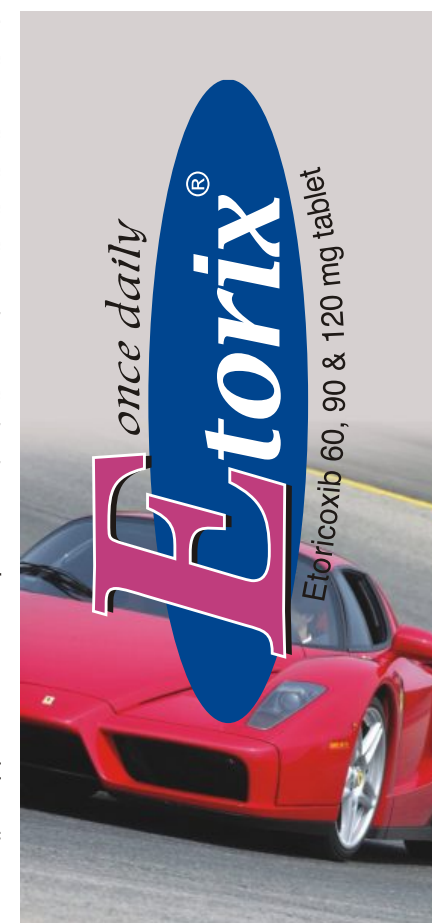
needs of patients and carers, producing better health outcomes and more satisfying encounters for both patients and doctors. Involving the entire clinical team is ideal, beginning at the front desk, with everyone involved able to restate directions and explanations and provide patient follow up as appropriate. Use of specific communication techniques can improve health outcomes among patients with low HL.²⁶ For example, using 'teach back' to verify understanding has been shown to improve diabetic control.¹⁰ Express use of other techniques such as 'ask me 3', or motivational interviewing²⁷ and goal setting are reported to be effective at improving communication. Certain commonsense approaches can be also be effective, including: use of plain language free of medical jargon, sitting face-to-face with the patient, use of simple diagrams or pictograms to illustrate explanations, and use of educational materials geared to low health literacy individuals. Repeating directions and recommendations, just to be sure they are being heard, and frankly asking patients whether they understand their treatment plan, purpose of any medications, and the dosing of those drugs, are other approaches that can be used.

Conclusion

Health literacy has important applications in the general practice setting. It underpins the efficiency of consultations, health promotion



efforts, and self management programs. Recognition of the HL status of individuals allows use of appropriate communication tools. Over time, realigning general practice to allow the time and structures to tailor communication appropriately will save time and effort, and improve patient satisfaction and health outcomes.



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How to lose weight in a Week...

It is amazing how many people are looking for ways how to lose weight in a week. We never thought we will write about how to lose weight in a week as this goes against everything that we deeply believe in. Healthy weight loss will require a good amount of time. Here goes our version of how to lose weight in a week, with minimum damage to your body.

How to lose weight in a week

According to most experts as well as the American College of Sports Medicine, the human body cannot lose more than 2 to 3 pounds of fat per week. An obese person may be able to lose up to 1% of bodyweight, in fat a week. Unless one is more than 300 pounds, this too will not amount to more than 3 pounds of fat loss per week. Most people do not even lose 3 pounds of fat per week. Many lose 2 pounds and that is in a good week. With that in mind, anything that you lose over and above the 3 pounds is very likely going to be muscle and water.

With unhealthy weight loss methods, you can lose a lot of muscles. In other words, you can add another 3 pounds of muscle loss to the weight reduction. With this also come considerable amounts of water loss. With starvation diets, you could lose another 2 to 4 pounds of water. In essence, you could lose up to 10 pounds of weight in a single week but only 3 pounds is useful weight loss. This is the weight loss that is attributed to fat loss. All else is temporary weight loss.

Muscle loss is detrimental to long term weight sustainability since it negatively affects your hormonal balance as well as metabolism. Water loss is often temporary as the body very quickly looks for means to regain all the water that has been lost. Here are some further materials that you may want to refer to about the effects of very quick weight loss.

1. What are the effects of fast weight loss.
2. 10 personal weight loss principles you must know.



With all this in mind, if you still are looking for ways of how to lose weight in a week, read on.

How to lose weight in a week Why the hurry

Before looking at the 10 steps, let us first look at the two possible reasons why people are looking for ways of how to lose weight in a week.

Need to lose weight for an occasion. It could be a social event where you need to look your best. Need to lose weight for a quick boost in self confidence. You may have been gaining weight and need to lose some weight quickly for emotional reasons. This quick weight loss will return some level of confidence to yourself

Step1-Remove all forms of carbohydrates:

Refined carbohydrates must be the first to go if you are looking for an effective way of how to lose weight in a week. You should also remove all types of grains. This should help you lose lots of water weight. The loss of water weight will come mainly from the loss of glycogen. Glycogen loss is the result of being on a low carbohydrate diet. Glycogen is the carbohydrate based fuel source for muscles.

When carbohydrate consumption is reduced, the muscles use up the glycogen stores. This is accelerated by exercising. When carbohydrate intake is reduced, it is not possible for your body to replenish its carbohydrate stores. The breakdown of glycogen for energy also results in the loss of water. Most of the water loss during this week will come from this source. Glycogen depletion will also move your body into fat burning mode. As we have mentioned earlier, water loss has little long-term significance but some people need it to attain that lighter feeling.

Step 2 Completely stop all alcohol, milk, fruits and root vegetables:

Alcohol and milk should not be a part of any weight loss diet. You need to remove fruits out of your diet if you want a way of how to lose weight in a week. You could benefit by avoiding the fructose in fruits. Root vegetables could possibly spike your insulin levels and these need to be avoided as well.

Step 3 Adopt a high protein diet:

A high protein diet will maximize fat loss while minimizing muscle loss. This should consist of mainly white meats and fish. Red meats should be avoided



since this adds unnecessary fat to your diet. Vegetarians who are looking for ways of how to lose weight in a week could turn to soya, although this may be tougher than just eating meat.

Step 4 Use coconut oil as your main fat source:

62 % of coconut oil is medium chain triglycerides which help boost metabolism as well as increase satiety. When you consume medium chain triglycerides, these fats are absorbed into the portal vein and directly sent to the liver for oxidation. Even though coconut oil will not result in much fat storage, you must still ensure that you do not over do it. Whatever MCTs consumed will be oxidized to give the body energy. This will displace energy that the body would have gotten from burning fat from its fat deposits. All other types of fat should be reduced to

a minimum. You want to make sure that you create a sufficient energy deficit in the body to reach your 3 pound quota of fat burn in a week.

Step 5 Consume lots of water

A lot of people will question the need to drink more water when one is trying to lose water weight. The body works in paradoxes. When you reduce water intake, the body will realize that it is dehydrated. It will look for all means to increase water intake. When this happens, the body may have a tendency to store more water than necessary. If your body is dehydrated, this water will be reabsorbed by the body. All this will be unnecessary if you are looking at long-term and healthy weight loss. As you are looking for how to lose weight in a week, water loss may be an important consideration.

Step 6 Get 6 to 8 hours of sleep

Lack of sleep causes stress levels in the body to increase. There is a "U" shaped relationship between weight loss and sleep. Too much sleep does not help weight loss either. Most of the time, you can expect to get good results by having 6 to 8 hours of sleep.

Step 7 Steady state cardio

Do up to 1 hour of steady state cardio every day. Unless your doctor does not allow it, you should exercise at a higher intensity. Exercising at higher intensity will give your metabolism a boost. You want to keep your metabolism elevated throughout this week. The last thing you want is to activate your starvation response and cause your metabolism to dip.

Step 8 Eat more metabolism boosting foods

Metabolism boosting foods such as



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Atorvastatin 10 mg, 20 mg & 40 mg Tablet

Binge eating disorder

- Eat until they are uncomfortably full.
- Eat large amounts of food even when they are not really hungry.
- Eat alone because they are embarrassed about the amount of food they eat.
- Feel disgusted, depressed, or guilty after overeating.

Binge eating also occurs in another eating disorder called bulimia nervosa. Persons with bulimia nervosa, however, usually purge, fast, or do strenuous exercise after they binge eat. Purging means vomiting or using a lot of diuretics (water pills) or laxatives to keep from gaining weight. Fasting is not eating for at least 24 hours. Strenuous exercise, in this case, means exercising for more than an hour just to keep from gaining weight after binge eating. Purging, fasting, and over exercising are dangerous ways to try to control your weight.

How common is binge eating disorder, and who is at risk?

Binge eating disorder is the most common eating disorder. It affects about 3 percent of all adults in the United States. People of any age can have binge eating disorder, but it is seen more often in adults age 46 to 55. Binge eating disorder is a little more common in women than in men; three women for every two men have it. The disorder affects Blacks as often as Whites, but it is not known how often it affects people in other ethnic groups. Although most obese people do not have binge eating disorder, people with this problem are usually overweight or obese.

Binge eating disorder is more common in people who are severely obese. Normal-weight people can also have the disorder. People who are obese



and have binge eating disorder often became overweight at a younger age than those without the disorder. They might also lose and gain weight more often, a process known as weight cycling or “yo-yo dieting.”

What causes binge eating disorder?

No one knows for sure what causes binge eating disorder. As many as half of all people with binge eating disorder are depressed or have been depressed in the past. Whether depression causes binge eating disorder, or whether binge eating disorder causes depression, is not known. It is also unclear if dieting and binge eating are related, although some people binge eat after dieting. In these cases, dieting means skipping meals, not eating enough food each day, or avoiding certain kinds of food. These are unhealthy ways to try to change your body shape and weight. Studies suggest that people with binge eating disorder may have trouble handling some of their emotions. Many people who are binge eaters say that being angry, sad, bored, worried, or stressed can cause them to binge eat. Certain behaviors and emotional problems are more common in people with binge eating disorder. These include abusing alcohol, acting quickly without thinking (impulsive behavior), not feeling in charge of themselves, not feeling apart of their communities, and not noticing and talking about their

feelings. Researchers are looking into howC brain chemicals and metabolism (the way the body uses calories) affect binge eating disorder. Other research suggests that genes may be involved in binge eating, since the disorder often occurs in several members of the same family. This research is still in the early stages.

What are the complications of binge eating disorder?

People with binge eating disorder are usually very upset by their binge eating and may become depressed. Research has shown that people with binge eating disorder report more health problems, stress, trouble sleeping, and suicidal thoughts than do people without an eating disorder. Other complications from binge eating disorder could include joint pain, digestive problems, headache, muscle pain, and menstrual problems. People with binge eating disorder often feel bad about themselves and may miss work, school, or social activities to binge eat. People with binge eating disorder may gain weight. Weight gain can lead to obesity, and obesity puts people at risk for many health problems, including: type 2 diabetes high blood pressure high blood cholesterol levels gall bladder disease heart disease certain types of cancer.

Most people who binge eat, whether they are obese or not, feel ashamed and try to hide their problem. Often they become so good at hiding it that even close friends and family members do not know that their loved one binge eats.

Should people with binge eating disorder try to lose weight?

Many people with binge eating disorder are obese and have health problems because of their weight.They should

try to lose weight and keep it off; however, research shows that long-term weight loss is more likely when a person has long-term control over his or her binge eating. People with binge eating disorder who are obese may benefit from a weight-loss program that also offers treatment for eating disorders. However, some people with binge eating disorder may do just as well in a standard weight-loss program as people who donot binge eat. People who are not overweight should avoid trying to lose weight because it may make their binge eating worse.

How can people with binge eating disorder be helped?

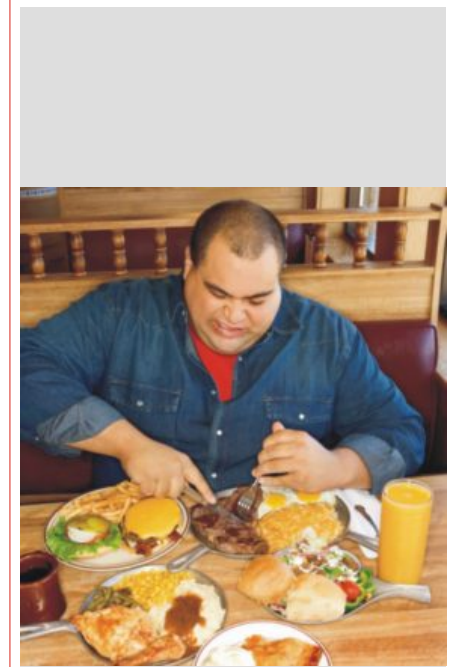
People with binge eating disorder should get help from a health care professional such as a psychiatrist, psychologist, or clinical social worker. There are several different ways to treat binge eating disorder. Cognitive behavioral therapy teaches people how to keep track of their eating and change their unhealthy eating habits. It teaches them how to change the way they act in tough situations. It also helps them feel better about their body shape and weight. Inter personal psychotherapy helps people look at their relationships with friends and family and make changes in problem areas. Drug therapy, such as antidepressants, may be helpful for some people.

The methods mentioned here seem to be equally helpful. Researchers are still trying to find the treatment that is the most helpful in controlling binge eating disorder. Combining drug and behavioral therapy has shown promising results for treating overweight and obese individuals with binge eating disorder. Drug therapy has been shown to benefit weight management and promote weight

loss, while behavioral therapy has been shown to improve the psychological components of binge eating. Other therapies being tried include dialectical behavior therapy, which helps people regulate their emotions; drug therapy with the anti-seizure medication topiramate; weight-loss surgery(bariatric surgery); exercise used alone or in combination with cognitive behavioral therapy; and self-help. Self-help books, videos, and groups have helped some people control their binge eating.

You are not alone

If you think you might have binge eating disorder, it is important to know that you are not alone. Most people who have the disorder have tried but failed to control it on their own. You may want to get professional help. Talk to your healthcare provider about the type of help that may be best for you. The good news is that most people do well in treatment and can overcome binge eating.



How do I know if I have binge eating disorder? Most of us overeat from time to time, and some of us often feel we have eaten more than we should have. Eating a lot of food does not necessarily mean that you have binge eating disorder.

Experts generally agree that most people with serious binge eating problems often eat an unusually large amount of food and feel their eating is out of control. People with binge eating disorder also may:

- Eat much more quickly than usual during binge episodes.



Babies with Pet Dogs or Cats Have Fewer Respiratory Tract Infections !!

Babies who are in close contact with dogs or cats during their first twelve months of life were found to enjoy better health and were less likely to suffer from respiratory infections, compared to those without any pets in the house or no close contact with these animals, researchers from the Kuopio University Hospital, Kuopio, Finland, reported in the journal. The team had set out to determine what effect contact with dogs and cats might have on respiratory symptoms among children during their first year

of life. They followed 397 children from pregnancy up to the age of 12 months, and monitored how much contact they had during this period with dogs and/or cats. The babies' parents were given a questionnaire which asked about their child's contact with pets. All the infants were born in middle or eastern Finland between September 2006 and May 2009.

The protective effect of having a dog around

Babies who live with a dog in the house tend to have fewer infections



early regular contact with dogs, the authors added. The protective effect on infants from having a pet cat was also detected, but it was not as strong as with dogs.

The investigators compared children with a dog which spent its time indoors temporarily or often, with those who had just a pet cat, and children with no pets. They found that those with a pet dog in the house had the lowest risk of infections generally, as well as respiratory tract infections. Those with no pets in the house had the highest rates of infections.

Weekly and yearly contacts with dogs were found to be closely linked to overall susceptibility to illness - the more contact there was, the lower the morbidity.

The scientists believe that early contact with animals impacts on the maturation of the immune system in infants, resulting in shorter-lasting infections and better resistance to respiratory infections.



They found that despite respiratory infections and infectious symptoms being common during a human's first year of life, children who had contacts with dogs early in life had fewer symptoms of respiratory infections, suffered less often from respiratory diseases, and required shorter courses of antibiotics when ill, compared to other children of the same age with no exposure to dogs. The frequency of ear infections was considerably lower among those with

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Child Obesity- The Facts

Most of us have seen headlines talking about the "obesity epidemic" now affecting more than half of the U.S. adult population. Unfortunately, the headlines are no longer limited to adults, as more and more children are overweight as well. According to the National Institute of Health (2002), the number of children who are overweight has doubled in the last two to three decades. Obesity in a young population is a serious issue, with many health and social consequences that often continue into adulthood.

Along with the rise in childhood obesity, there has been an increase in the incidence and prevalence of co-



occurring medical conditions in children and adolescents. Pediatricians and childhood obesity researchers are reporting more frequent cases of obesity-related diseases such as type 2 diabetes, asthma and hypertension, that once were considered adult conditions (American Obesity Association, {AOA}, 2002). Overweight children, ages 10 to 14, with at least one overweight or obese parent, were reported to have a 79 percent likelihood of overweight persisting into adulthood (American Obesity Association, 2002). Three out of four

children who are obese at age 12 will be obese as an adult. But perhaps even more devastating to an overweight child than the health problems, is the psychological distress that accompanies the stigma and social discrimination of obesity. Children who are teased for their appearance or lack of physical capabilities (due to weight constraints) can feel shame and isolation, and are likely candidates to develop a poor self-image and



struggle with depression. Many factors contribute to causing child and adolescent obesity. Some are modifiable and others are not.

Modifiable causes would include: low levels of physical activity, poor eating habits, (eating while watching TV, eating when not hungry), and a volume of sedentary behaviors such as watching television, playing video games or computer surfing.

Non-modifiable causes would include things such as a genetic tendency toward obesity, and a family history of obesity-related health risks such as early cardio vascular

disease, high cholesterol, high blood pressure levels, type 2 diabetes and orthopedic problems. While there is no doubt that genetic factors can play a role in obesity, they are thought to be less significant than environmental factors. The fact is that children learn from those around them, and families tend to share eating and activity habits.

Most children put on excess weight because their lifestyles include an unhealthy diet and a lack of physical activity. The good news is that evidence shows it is much easier to change a child's eating and exercise habits than it is to alter an adult's.

The good news is that evidence shows it is much easier to change a child's eating and exercise habits than it is to alter an adult's.

How to Help

In helping your children maintain a healthy body weight, remember that both emotional and physical factors need to be considered. Below are some strategies and suggestions to help when assisting families and children in making lifestyle changes around food, weight and general health.

Emotional Factors

- Be supportive. Children know if they are overweight. The negative

messages are likely reinforced by society and their peers regularly. Therefore, at home especially, they need acceptance, support, love and encouragement.

- Do not use food to comfort a child. Instead, give them attention. Listen to them and offer your hugs, love and time. Use lots of verbal rewards and praise with your children.
- Set limits. Making a lifestyle change is difficult, and changing eating habits is a huge lifestyle change. Your child will need you to be both firm and supportive. They will also need you to model healthy eating habits such as stopping eating when you are full versus cleaning your plate and choosing foods such as vegetables rather than fries as side dishes when eating out. Help your child do the same.
- Avoid using food as a reward, especially high calorie foods. Making them a reward often makes them more desirable. Instead of using food as a source of celebration, use a favorite outing, go to a movie or offer to host a friend overnight as the reward.



- Do not limit sweets and highfat food items so much that they become the child's ultimate craving or goal.

Making them difficult to obtain often makes them more desirable and might inadvertently promote "sneak eating." Rather, teach children to eat them in moderation.

- Focus more on a healthy lifestyle than on weight issues. Praise your child often for his or her strengths. This will help build confidence and a more positive self-image. Criticism and punishment are harmful and ineffective.
- Make sure your child understands that he or she can make a difference in his or her weight and that you be supportive them every step of the way.

Physical Factors

- Set guidelines the amount of time your children can spend watching television, playing video games or sitting at the computer.
- Get your entire family involved in eating healthier. It's better for everyone, and your child won't feel like he or she is being singled out when it comes to mealtimes and snacks.
- Do you have a family pet? Make it your child's job to take it out for exercise every day.
- Build activity into your family's daily lives: park farther away from buildings, take stairs instead of elevators, and include activity in

daily chores such as washing cars, vacuuming stairs, mowing the lawn, etc. Depending on their age and level of autonomy,

Consultation with a dietitian or nutritionist that specializes in children's needs can be a valuable part of obesity treatment. Some experts advise that children should not be encouraged to lose weight, but rather to "maintain" their weight, so as to "grow into it" as they get taller. Obviously, this will depend on each individual, so consultation with a medical professional is important.

encourage children to walk to places such as school and nearby shops, rather than always jumping in the car and driving them places.

- Plan family time that involves activity. Go for a bike-ride or a group walk. Wash the car, take the dog to the dog-park, go hiking or visit a lake or a beach. Plan a trip to a local amusement park. Allow your children to help make the list and then assist in choosing the activity.
- Be sensitive and aware of your child's limitations. Find activities your children will enjoy; activities that aren't too difficult and that won't cause embarrassment.
- Set short-term, realistic goals for changes in your child's diet and exercise program on a weekly basis. Weekly goals are short-term and can be seen as attainable by

children. Also, if they miss it, they know next week isn't too far away. This will avoid discouragement and allow for a normal growth process. Use rewards when your child meets these weekly goals. Remember the tips about "rewards".

- The U.S. Surgeon General recommends moderate physical activity for children every day for at least 60 minutes. However, exercising an hour every day may be unrealistic for a child unaccustomed to even minimal amounts of physical activity. In those situations, an individualized program designed by a medical professional should be designed according to your child's specific needs. Focus on small, gradual changes in eating and activity patterns. This helps form healthy habits that can last a lifetime.

Food Factors

- Plan structured mealtimes and snacks on a schedule. This prevents "grazing" throughout the day. Model and insist on good meal habits.
- Insist that your child eat meals and snacks at a table and away from distractions such as the television or computer, or while doing homework. Diversions such as these can easily lead to overeating.
- Teach your child about choosing a healthy variety of foods for his or her diet and about proper proportions. In a world of "super sizing," food

chains, restaurants and the media have distorted normal portion sizes.

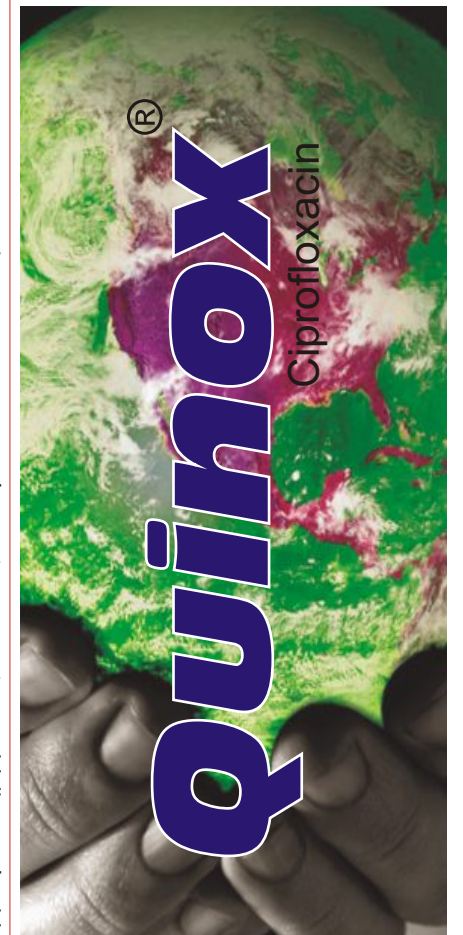
- Keep only healthy foods in your home, including the type of snacks you have on hand. Good options include fresh, frozen or canned fruits and vegetables; yogurts, low-fat ice-cream, frozen fruit bars and low-fat cheeses; and cookies such as fig bars, graham crackers, ginger snaps and vanilla wafers.
- Avoid having fast food part of any regular routine.
- Make mealtime a group family occasion as much as possible. Make this the specified 'time to eat' in your household.

- Attempt to get children involved in preparing food. This will increase their awareness of what they are eating, help them discern healthy versus less healthy foods and cooking options, and teach them valuable skills in the process!

Some aspects of healthy living are common sense: If you foster your child's natural inclination to run around and explore, limit sedentary behaviors, such as television and video games, and eat only when hungry not out of boredom, a healthy weight should take care of itself as the child grows. However, it is important to catch weight problems early, so if you are worried about your child's current weight or concerned that your child may be developing a weight



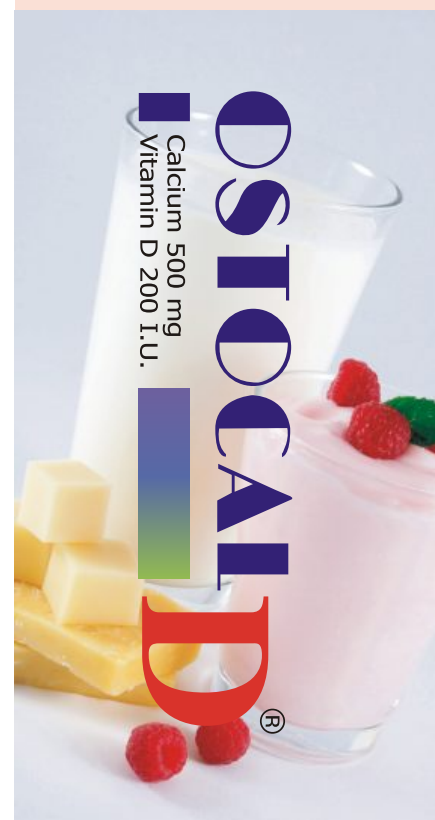
problem, make an appointment to speak with a doctor, nutritionist or other medical professional soon. Information in this document is taken from the resources cited and developed for use by the general public. It is not intended as medical/clinical advice or treatment. Only a health care provider can make a diagnosis or recommend a treatment plan.



Raising Vitamin D Concentrations May Reduce Hospital Acquired Infection Rates!!!

In the United States, hospital-acquired infections (HAIs) are the leading cause of death in the health care arena, with over 1.7 million cases per year and 100,000 deaths. Now, new research shows that the risk of hospital-acquired infections could be significantly reduced by increasing vitamin D concentrations among hospital patients.

According to the study, published by Dermato-Endocrinology, HAIs generate around \$28.4 billion to \$45 billion in excess health care costs each year in the US.



Low vitamin D concentrations are associated with diseases, such as respiratory infections, heart disease, and cancer.

Pneumonia, Septicemia, urinary tract infections and surgical site



infections are the most common hospital-acquired infections.

Vitamin D plays a significant antimicrobial role. For instance, it reduces local and systemic inflammatory responses as a result of modulating cytokine responses, reduces Toll-like receptor activation, and stimulates the expression of potent antimicrobial peptides, including β -defensin 2 and cathelicidin.

Cathelicidins are a family of peptides that are thought to protect against a



wide range of potential microbial pathogens, such as fungi, mycobacteria, gram-positive and gram-negative bacteria, at several different entry sites, including, mucosal linings of the respiratory and gastrointestinal systems, skin, and some viruses.

According to the researchers, vitamin D strengthens the innate immune response by overcoming the antibiotic resistance of many bacteria encountered in hospitals.

Optimal vitamin D concentrations are at least 30-40 ng/ml (75-100 nmol/l). The team highlights that the average African-American has a vitamin D concentration of only 16 ng/ml, while the average white American has a concentration of 26 ng/ml.

Over the past two decades, vitamin D concentrations have decreased; this is partially due to people spending less time outside.

Approximately 50% of patients who have been admitted to hospital have concentrations below 20 ng/ml, thus making them more vulnerable to hospital-acquired infections.

They note that the rate of diseases, such as cancer, hip fractures, respiratory infections, and heart disease could be significantly reduced by increasing vitamin D concentrations among patients.

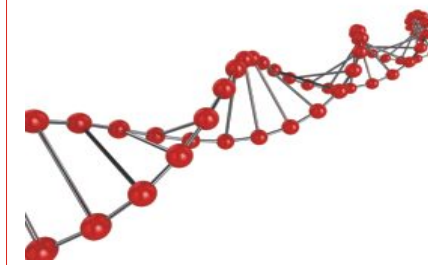
Can Blood Type Determine Your Personality?

The history of the theory that blood type determines personality is actually a dark one. In 1900, Austrian scientist Karl Landsteiner discovered the four blood types. Like 19th-century scientists who used brain size (the larger the brain, the more advanced) to propagate theories of racial and gender superiority, many (white) scientists used the blood type theory as a way to push forward their own ideas of racial supremacy. Scientists from the west suggested (falsely, obviously) that Asians were inferior and sub-human since the vast majority of them like animalshad type B blood. In 1927, Takeji Furukawa, a Japanese professor, introduced the theory to the Japanese public in a paper entitled, "The Study of Temperament through Blood Type." Even though he lacked the proper credentials and backed up nothing scientifically, the public embraced the idea of blood type as a determination of personality. The Japanese government even commissioned a study to determine if they could breed better soldiers. In the 1970s, a book by Masahiko Nomi revived the idea, which is still popular with the general Japanese public. In 2008, four books on the topic have hit Japan's top ten bestseller lists.

What Your Blood Type Says About Your Personality??

Type O

You are the social butterflies. Often popular and self-confident, you are very creative and always seem to be the center of attention. You make a good impression on people and you're often quite attractive. Organized and



determined, your stubbornness will help you reach your goals. You make good leaders. Love wise, "O" is most compatible with O and AB. Common career choices: banker, politician, gambler, minister, investment broker, and pro athlete.

Type A

Type As may seem calm on the outside, but inside, you're filled with anxiety and worry. You're perfectionists and often shy and sensitive. Usually introverted, you're stable and thoughtful. You make good listeners and are sensitive to color and your surroundings. You like to be fashionable and are up on the latest trends, but never flashy or gaudy. You like romantic settings and often shun reality for fantasy worlds. A is most compatible with A and AB in the love department. Common career choices: accountant, librarian, engineers, economist, writer, computer programmer, and gossip columnist.

Type B

You can be very goal-oriented and often complete the ambitious tasks set before you. Outgoing and very charming, you're good at reading people and providing support. Though critical of appearance (but not your own), you aren't picky and are unlikely to dwell over the little things. Type B's

are impulsive individualists who often create their own path in life. You are very strong and optimistic. B is most compatible with B and AB lovers. Common career choices: cook, hairdresser, military leader, doctors, talk show host, and journalist.

Type AB

Not surprisingly, ABs can be quite dualistic, possessing both A and B traits. You may be shy and outgoing, and hesitant and confident. You often stand out from others, don't like labels, and are nice and easy going. You are logical and determined to do things correctly. Usually trustworthy, you like to help others. You often speak in a serious manner. Your patience, concentration, and intelligence are admirable. AB can find a soul mate with any other blood type. Common career choices: bartender, lawyer, teacher, doctors, sales representative, and social worker.

We all love to know things about ourselves and blood type is just another fun way to learn new traits and understand why we do certain things. You don't have to believe in it to get something out of it just have fun with it and take it with a grain of salt. Some blood type is actually considered the worst in Japan; no one wants to work with AB s. Thank God we live in Bangladesh!

