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REVIEW AND HERALD L.

● A FAMILY MAGAZINE FOR VIBRANT LIVING

herald of

# HEALTH

APRIL 1986



The Skin You Love

Acne

Pectin



## Why Men Do It Better

**S**limming has become the craze of the day, and for very good reasons. Both men and women want to slim down. Most of the times you visit your doctor, be it with a problem of pain, diabetes, heart trouble, hypertension or even a simple stomach ache that seems to persist, he invariably asks you to "get that excess baggage off your frame." Even in a "poor" country such as ours, we have lots of overweight men and women. For instance, a plump woman usually feels pressured to lose weight in order to become more attractive to others. One 54-year-old woman once told someone, "In this society, if you're a woman you have to be attractive looking. When you are fat, you're a non-person." Even in their 70s women are worried about appearance. Who would like the situation where no one pays attention to them! Some sincerely feel that adding unnecessary weight through the additional adipose tissue may result in their losing their self-respect.

Men, however, may not be too much worried about their looks. They may be more concerned about their physical ability and athletic prowess. A man may say like this: "It's important for me to lose weight because of my image as a man. I want to be able to play volleyball. I want to be able to run. The way I look may not be so important as the fact that I must be able to wrestle with my sons."

It has been observed scientifically that women fail to lose weight easier than men. One reason could be that women **attempt to lose weight** more than men. The more often a woman attempts to lose weight, the more often she may fail, and the more she fails, the more negative she can become about her body and herself in general. Men, on the other hand may resign

with a simple remark, "This big belly—It's not practical." There is no frustration, there is no depression.

Another reason why women fail more frequently than men is that they are more likely to set unrealistic goals before them. To lose 10 pounds a week is as unrealistic as being able to catch the moon! Even if they reach near the goal through diets that are extremely hard to follow, the temptation to eat one slice of bread or one forbidden cookie spoils the whole game, and they declare themselves and the diet a failure. Men are less hard on themselves. Some extra bites do not destroy their self-image.

Then there are some physical reasons for this phenomenon. Men being generally heavier than women to begin with, can lose weight faster through exercise than women can. Even if they were the same weight, a man would still burn more calories than woman doing the same amount of exercise. This is because a man's body has higher ratio of muscle to fat than woman's and it takes more energy to push muscles around than fat. The more energy you use, the more calories you burn. So, a dieting, exercising man sees results a lot sooner than a woman. Results? He considers his weight-reduction programme more successful and is more likely to stick with it.

Lastly, men are also more likely to go for harder programmes of weight reduction than women. Thus weight conscious men can be found working hard in gymnasiums and swimming pools while women are likely to head for a more passive programme in a diet clinic or at home.

Weight reduction is good for all—men and women. There is no point in worrying. The big thing is to recognize your feelings and let them help you find the sensible eating and exercising plan you can stick with—through thick and thin. ●

# HERALD OF HEALTH

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*Swallowing angry words  
is much easier than hav-  
ing to eat them. —Grit*

APRIL 1986

Can you laugh your way back to health? Take a look at the evidence offered in this article and judge for yourself.

# Laughter

N A T U R E ' S M E D I C I N E

**W**hether you have a cold or a cancer, laughter can be an inexpensive, enjoyable ally on the road to recovery. If that is a new idea to you, it probably isn't to your doctor. More and more the medical world is recognizing the healing qualities of plain, old-fashioned laughter—nature's doctor.

Dr A. K. Shapiro, medical researcher at a New York hospital, writes in the *American Journal of Psychotherapy*, "Laughter can have profound effects on organic illness, including incurable malignancies." Placebos (indifferent substances given in the form of medicines for the suggestive effect on the patient), according to Dr Shapiro, work by activating "the doctor who resides within you"—nature's way of healing. Laughter, too, releases this inner healing quality to restore you naturally.

Dr Raymond A. Moody of Florida has encountered a surprising number of cases in which patients have apparently laughed themselves back to health. In his book, *Laugh After Laugh*, he tells of one severely depressed man who seemed unable to snap out of chronic depression and constant headaches caused by his worry over losing his job in a biscuit factory. During a counselling session, he told Dr Moody that as he worked on his machine, the biscuits came out so fast that they nearly

covered him up. The doctor laughingly pointed out what a comic picture that must be. The patient began to smile and was soon laughing heartily along with the doctor. A new relationship started between

them, with marked improvement in the patient's condition.

Dr Moody also remembers a 95-year-old man who refused to eat. Death seemed inevitable. Then a clown came to his room and re-

by Elizabeth Johansen



called the man's youthful days of seeing clowns at the circus. A pleasant expression relieved the grim face, a smile pushed at the corners of his drawn lips, and finally he laughed out at the clown's antics. Miraculously, a simple thing such as a clown broke the depression and enabled the old man to live several years longer.

But there's even more to laughter; it has distinct physiological benefits. "Laughter causes the muscles in the abdomen, chest and shoulders to contract, the heart rate and pulse to increase, and you have stationary jogging," says Dr William Fry of Stanford University.

Hospitals and doctors are increasingly incorporating the therapy of laughter into their treatment.

Norman Cousins's book *The Anatomy of an Illness* describes the author's experience with a serious degenerative disease of the connective collagen tissues holding his body together. Doctor gave him only one chance in five hundred of improvement because of damage to his spine. Hardly able to move and in constant pain, Cousins determined to fight back with laughter and ascorbic acid (Vitamin C).

His doctor, Dr Williams Hitzig, was willing to try the new procedure. They discontinued the 24 aspirins and 12 analgesic drugs, and sleeping pills Cousins was taking daily. In their place he relied on large doses of laughter and ascorbic acid, beginning with 10 grams daily and increasing to 25. The eighth day he could move his thumbs without pain.

Cousins found that 10 minutes of laughter enabled him to sleep for two hours. He viewed comedies and laughed so much that he disturbed other patients, so as soon as he was able, he moved to a hotel. Eventually he returned to his work. Ten years after his 1964 illness, Cousins

met one of his former doctors on the street. Grasping the doctor's hand, he shook it with such force that the man asked to be released, convinced of Cousins's recovery.

Inspired by this remarkable account, Jodale Brodnax of Dekalb Cancer Hospital, Georgia, learned everything she could about the 'humour treatment' from St Joseph's Hospital in Houston, Texas, and set about refurbishing, decorating, and reorganizing a solarium called the Lively Room, on the 47-bed oncology unit. There the patients and friends listen to lively music, solve puzzles together, and play games. A 54-inch screen TV offers hilarious scenes. Some will be found laughing at old catalogues containing funny articles. The room glows in yellows, whites, and light blues. Growing plants add to the sense of warmth and liveliness. No wonder patients love it and are drawn out of themselves by it. This hospital has become very famous now.

People sense more than ever before the medical value of humour. Cancer institutes and research centres are conducting investigations on the therapy of humour, in many places.

Mary Kay, of Mary Kay cosmetics, has written how humour helped her. At one desperate point, she had lost her husband, had two children to support, and doctors predicted she would soon be a hopeless cripple. To move back with her mother, who had financial problems, seemed intolerable. "What am I to do?" Mary Kay asked herself over and over. "Put on a happy face and believe you can make sales," she decided, answering her own question. It would. She increased her business, took on saleswomen, and taught them to "put on a happy face" too. You can now see Mary

Kay and many of her workers driving pink automobiles and wearing "happy faces."

I've even had my own experience with the healing nature of laughter. My son drove me and my husband 300 miles for an appointment with my doctor. That night, exhausted by the trip and apprehensive about the appointment next morning, I lay on the bed and turned on the TV at random. George Burns, the famous comedian, was being honoured on his eighty-seventh birthday. Bobe Hope, Billy Graham, and other celebrities had gathered for a huge banquet with hundreds of Burn's friends. They thanked him for 80 years of laughter. Tributes, though sincere, were humorous, and each brought roars of laughter from the listeners. Somehow Burns always managed a sharper come back. It was amazing. Such a gathering of sharp people with humour! Forty-five minutes later, I was renewed. No longer tense and apprehensive, I fell into a relaxed sleep. What a blessing laughter can be!

Man may be the only animal to laugh as Grenville says, but it has taken us a long time to really value humour—especially its effect on our health. Four hundred years ago, in his *Anatomy of Melancholy*, Robert Burton cited authorities who said "humour purges the blood, making the body lively and fit for any manner of employment." Immanuel Kant wrote he had never known a man who "possessed the gift of hearty laughter to be burdened with constipation . . . It is a good way to jog internally without going outdoors."

Stress has been called the most serious health problem of our time. Can we afford to continue overlooking nature's doctor? Let's laugh and live longer! ●



## ASK A *Friend*

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**Mrs Asha Khanna, a renowned cosmetician, answers your health and beauty queries.**

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**How is zinc related to anorexia nervosa?**

Anorexia nervosa is a condition marked by loss of appetite with loss of weight, accompanied by neurotic or psychotic symptoms. The realization that zinc can cause loss of taste, smell, and appetite has led to zinc supplements being used to good effect in the treatment of this condition.

Zinc is a very important mineral when it comes to health, but its low intake by most people is widespread. According to recent research, women aged between 12 and 25 are most at risk from a deficiency. It is this age group that is most concerned with slimming and reduced food intake that will suffer from zinc losses. The resultant loss of taste, smell and appetite, can be the start of the vicious circle that leads to the slimmer's disease and young anorexics.

**I am so miserable about my small breasts. Are there any exercises that can improve my bustline? I hate the way I am. Please help.**

**I have an enormous bust and am embarrassed to go out. I have read about surgery that can make breast smaller. I cannot stand looking the way I do. Please advise.**

**All my friends are taller than I and though they do not make fun of me, I feel tiny compared to them. I hate being so small. I am 16. Are there some exercises and a diet to make me taller and bigger?**

There are no standard measurements settled for too

big or too small bust sizes. For every person who complains of a large bust, there is at least one who finds her chest size too small. And so, you can go through a veritable catalogue of attributes that are too this or too that. Too tall, too short, too fat, too thin, too light, too dark, etc.

It seems as though there are quite a few people dissatisfied with the way they are. Don't forget that models are almost always small-breasted, and some of these are renowned for their voluptuousness.

It's not exactly what you have that counts, but how you take them. And how you feel about yourself is based on the fact that perhaps picking one attribute is just one excuse for the lack of self-confidence. For all I know, there are no real effective exercises which would alter the anatomy the way you want. Surgery will be too risky and costly an affair. Being too tall or small or large busted need not reduce your attractiveness and your confidence. Get a well balanced diet every day.

Remember, feelings of attractiveness come from within and not from external appearances. Be beautiful inside, the external will be all right!

**I stutter or stammer, and just can't get words out sometimes. It's worse when I am nervous. Can you help me?**

The problem of proper speech control is one that often takes a long time to solve. It is important that you speak slowly, that you practise speaking away from other people, where no one will hear you and where you can hesitate or pause until you can form properly the word you have in mind. Then when this has been accomplished, endeavour to attain greater speed in uttering the words. The nervousness you mention is something that must be controlled and against which you must educate yourself.

If there are words that cause you to stutter more than do others, choose some of these for practice and work on them alone, away from other people, until you have a fairly good mastery of them, and then start using them in the presence of others. Sometimes speaking with a weight on the tongue, such as a small stone, is helpful in enabling one to regulate the movement of the tongue in forming words.

Some conditions are brought about due to the under-development of the speech centre in the brain. The remedy is speech training with the help of trained speech therapists. Treatment will take much time, persistence and great patience. ●



COMMON

# Illnesses

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## RINGWORM

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**F**our common skin diseases caused by a fungus growth are: Ringworm of the feet, ringworm of the scalp, ringworm of the body, and ringworm of the nail. The most common of these is ringworm of the feet. It is called athlete's foot. The most stubborn one to cure is ringworm of the nail. These four diseases are more annoying than dangerous. They are serious only when they cause breaks in the skin where other infection can enter. They all need prompt medical treatment.

Athlete's foot is caused by a low form of plant life called a fungus. Some of it is almost always on everyone's feet. It causes no trouble unless it grows. This fungus, like mold on food, grows in warm, moist poorly ventilated places. The space between the toes make ideal places for a fungus growth, especially on feet that stay damp with perspiration. Two other things that help a fungus growth along are: Bits of soggy dead skin between the toes, and around the nails, and snug shoes that do not let air get to feet.

When this fungus on feet grows, it causes athlete's foot. The symptoms are: Increased soggy between the toes, scaling, itching (in most cases), small blisters on the feet. When the disease continues and becomes worse, there can be larger blisters and raw places, swelling and redness. Some severe cases look and feel like ivy poisoning.

There are several forms of athlete's foot. Each one needs its own treatment. Let your doctor decide and tell you what to do. Athlete's foot can clear up in a short time if the right treatment is begun early and followed faithfully. Self-treatment can make athlete's foot worse. Even with proper treatment re-infection is fairly common.

### Prevention

Keep your feet dry and free of soggy dead skin. When you bathe, don't forget to soap between your toes; use a nail brush or orangewood stick under and around your nails—these are the places where dead skin collects. Rinse and dry your feet thoroughly, rubbing off any dead skin. Be sure to dry between your toes. Dust your feet well with talcum powder. Wear stockings and shoes that are comfortably roomy. Change hose at least once each day.

### Ringworm of the scalp

Ringworm of the scalp is contagious. It is spread in many ways, and usually to children. When a child has ringworm of the scalp, his brush and comb carry the infection; his hat may spread disease to another child who tries it on; his barber could infect others if he failed to sterilize his shears or clippers. A dog or a cat with ringworm can transmit the disease to a person.

Ringworm of the scalp causes a patch of hair to break off the roots; this leaves a bald, mangy looking spot on the scalp. If your child gets this infection, take him to a doctor or hospital clinic at once; the condition is a stubborn one which require faithful following of your physician's instructions. It can be made worse by self-treatment. It can spread to others unless cared for.

Report your child's condition, and the fact that he is being treated, to the school nurse or teacher. If one of the other pupils is spreading the disease, the teacher should know about it. If the infection has come from a dog or a cat, see that the pet is cured by a veterinarian before allowing children to play with it.

### Ringworm of the body

Ringworm of the body is contagious. Children have it more frequently than adults. They get it by contact with a child who has it, or by handling cats or dogs that have ringworm. This type of ringworm occurs usually on the face or neck, but can appear on other parts of the body. The patches are generally ring-or-oval-shaped; they are slightly raised, pink and scaly with a clear space in the centre. Usually, one to four rings appear.

Although ringworm of the body is easier to treat than ringworm of the scalp, it needs the attention of a doctor. He will know the best treatment for each case.

To prevent another ringworm infection, be sure that any family pets with ringworm are cured by a veterinarian.

### Ringworm of the nail

Ringworm of the nail is the most difficult of all

to cure. The fungus growth can work entirely through the nail, causing it to become discoloured, pitted, grooved, and brittle. Do not delay a cure by trying to treat this infection yourself. Go to a skin specialist if there is one near you; if not go to a doctor or hospital clinic.

Ringworm of the nail is contagious.

What to do:

1. Apply calamine lotion to the affected area every three hours during the day to help control itching.

2. Every night for one week apply half-strength Whitfield's ointment or an undecylenic acid ointment such as Desenex. Avoid getting this ointment near the eyes. If the Whitfield's ointment is at all irritating, dilute it to quarter-strength or less with petrolatum, or use 10 per cent undecylenic acid ointment instead. Do not overeat.

3. Griseofulvin taken under a physician's supervision is an effective remedy for ringworm of the body.

## How To Manage Him

by Mrs Teresa M. Raja Singh

When you marry a man, love him,  
After you marry him, study him.  
If he is honest, honour him.  
If he is generous, appreciate him.  
When he is sad, cheer him.  
When he is quarrelsome put up with him.  
If he is slothful, spur him.  
If he is noble, praise him.  
If he is confidential, encourage him.  
If he is secretive, trust him.  
If he is jealous, cure him.  
If he favours society, accompany him.  
When he does you a favour, thank him.  
Let him think how well you understand him;  
But never let him know that you manage him!

*From Inspirational Quote.*



# Acne: An Embarrassment Of Youth

by Carol Potera

Scores of remedies for acne have been tried over the centuries. Virtually all have failed. But medical science is finding some answers.

**T**here it was, right on the chin! A glowing, very visible red bump! Why, oh, why did it have to come on the very day you had to see that handsome boy, or that beautiful girl?

Probably every adult can remember going through an embarrassment such as that during his or her teens. And teen-agers are still going through such experiences.

There are, we are told, more than 15 million adolescents in a developed country between the ages of 12 and 17, in addition to some adults in their 20s, 30s, and even 40s, who are plagued by acne. Some 350,000 have severe cases of the disease. And while significant progress has been made in the understanding and cure of acne, the malady is still an enigma. Even the origin of the word **acne** is uncertain. The ancient Greeks used the word **aknesis** to describe a rash that didn't heal, while the Egyptian word **akut** meant boils and pimples.

The word **acne** was first used in AD 542 by Aetius, the royal physician to Justinian I, but it didn't come into common use until the 1980s. Over the centuries a large body of folklore developed concerning acne, its causes and cures. Some of it is still held as fact today. For example, the view that



acne could be cured by marriage was recorded as early as 1783 and is still believed, even though it has been known since the 1940s that sexual intercourse does not improve acne. Others attributed acne to masturbation or gambling. Even shooting stars found their way into acne folklore. In AD 350 it was recommended that wiping ones pimples with a cloth while watching a falling star would cause the pimples to fall from the face as well. Other remedies included dandelions, arsenic, and whey.

While practically every teen-ager gets acne, the incidence of severe cases is greater for teen-age boys (60 to 80 per cent) than for girls (30 to 50 per cent).

### The Two Stages Of Acne

Acne is medically termed a polymorphic disease, meaning that a variety of skin lesions are classified under that term. Nevertheless, the development of acne comes down to a simple two-stage process.

The disease occurs predominantly on the face, back, chest, and scalp because these areas contain a large number of sebaceous glands that secrete an oily substance called sebum. On the face, sebaceous glands are as dense as eight hundred per square centimeter, while on the hands there are no more than fifty per square centimeter.

In birds and furred animals, the same sebaceous glands coat, feather, or fur and give them sleekness, lubrication, and water repellancy. Their purpose in man seems to be similar—to be a protective and waterproofing agent for skin and hair and to keep skin soft and supple.

The sebaceous gland is part of a system called the pilosebaceous unit; hair follicles form the other part. A hair follicle is a canal that encloses the hair at the base. The

sebaceous gland lies at the base of or alongside the hair follicle and empties its sebum into the canal, which is lined with a substance called keratin, a protein also found

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**Greasy products such as hair dressings or cosmetics can bring on acne...infants are also susceptible to acnes.**

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in fingernails. Under normal conditions there is a continual secretion of the sebum, and the oil is carried to the surface of the skin.

Although we may not know all the good sebum does for us, we know the evils, the chief of which is acne. Sebum is the fuel of the acne flame.

At puberty, the size of the sebaceous glands increases in both sexes in response to the androgenic hormones—testosterone and progesterone. As more and more sebum is produced, something goes awry, and the keratin sticks together and plugs up the follicle. The severity of acne depends on how much sebum is secreted and entrapped.

The medical term for this plug is comedo. Under the skin it may be either exposed or enclosed. Enclosed, it is the common whitehead that is covered by skin. When a closed comedo expands and punctures the skin, it becomes a black-

head. Both whiteheads and blackheads are non-inflammatory.

However, the closed comedo becomes inflamed when bacteria normally found in the follicle attack the oils with their enzymes. The chief troublemakers are Propionibacterium acnes. These bacteria, which grow only in the absence of air, break down the fats and oils in the canal to free fatty acids, irritants that cause the inflamed pimples known as papules. When the inflammation is severe the papule fills with pus and forms the common white centre pimple known as pustule. Open and closed comedoes, papules, and pustules, left alone, will disappear on their own. Unfortunately, they are often pricked for cosmetic reasons. This can lead to scarring.

### Acne Takes Many Forms

Acne takes many forms: one medical dictionary lists thirty-five different kinds. The most common is acne vulgaris, the prevalent form triggered by sex hormones during adolescence. Among the other common types is acne mechanica, caused by pressure and irritation on the skin. Shirt collars, headbands, glasses, belts, bras, supporting one's head with the hands, and hairstyling combs and brushes are the main culprits. This type of acne on the cheek and chin is an occupational hazard of violin players.

Another type, acne venenata, is brought on by greasy products such as hair dressings or cosmetics. Cosmetics containing sodium lauryl sulfate, isopropyl myristate, and lipids should be avoided. Occupational acnes are common in adult workers in oil refineries and the chlorinated hydrocarbon industries. Infants can even get acne, and boy babies are more susceptible than girls.

Many women have acne flare-ups about a week before their menstrual periods. Severe acne in women may reflect abnormally high testosterone levels and indicate hidden menstrual disorders, even when periods appear normal. As in many diseases, stress is blamed as a cause. There is no doubt that anxiety and depression are a consequence of the disease, but proving that stress causes acne is harder to do.

Genetics plays a role in an infection, but since many genes are probably involved, the genetic courses of acne is not as easy to follow or predict as a disease dependent on only one gene, such as colourblindness.

People with severe acne usually have a strong family history of the disease. Little is known about racial tendencies to acne, except that it is less common in Japanese than Americans and ten times more prevalent in whites than blacks.

#### Diet and Acne

What about diet and acne? In this area, the role of diet is still controversial. Even that most infamous culprit, chocolate, has still not been clearly indicated. The consensus is that prevention of acne by diet alone is impractical and the elimination of any special foods should be done on a practical and individual basis. A diet including fresh fruits and vegetables, whole grains and cereals, and restrained use of sweets and fried, fatty foods will likely afford protection against numerous ills, including acne.

Knowing the causes of acne obviously makes an understanding of its treatment easier. The logical aims are to decrease sebum production, correct the abnormal keratinization that induces sticking and plugging of the follicle, or attack the bacteria that cause inflammations.

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*Retinoic acid, a form of vitamin A is one of the most potent anti-acne treatments. It corrects defects of keratinization in the follicles and prevents plugging the canal.*

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Researchers have experimented with many medications over the years, trying to control acne. Some of the more well-known remedies are sulfur products, liquid nitrogen, benzoyl peroxide, tetracycline, zinc, vitamin A, carbon dioxide slush, and salicylic acid. Most are useless. Benzoyl peroxide, tetracycline, and vitamin A have some curative value.

Acne sufferers spent more than \$175 million in 1980 for over-the-counter treatments in the form of soaps, liquid cleansers, creams, or lotions. Acne soaps are falsely advertised as cleaning deep into the pores. And as we've seen, dirt doesn't cause acne, and the bacteria die anyway in the presence of air. Actually abrasive or vigorous scrubbing can even worsen the situation.

Claims that liquid cleansers eliminate surface oils are deceptive, since removing surface oil has nothing to do with decreasing acne. As a matter of fact, an oily skin shows that the sebaceous glands are working properly and the follicles are unplugged.

Acne creams and oils are useful if they contain **benzoyl peroxide**. Of the eighty-six chemicals found in acne remedies, only this one actually prevents acne lesions and is non-prescription. Benzoyl peroxide penetrates to the follicle and releases oxygen that kills the oxygen-sensitive bacteria. Unfortunately,

the non-prescription forms are lotions or creams that are less effective than gels, which penetrate deeper but are available only by prescription.

#### Vitamin A remedies

Retinoic acid, a form of vitamin A, is one of the most potent anti-acne treatments. It corrects defects of keratinization in the follicles and prevents sloughed-off cells from sticking together and plugging the canal. This prescription cream or lotion goes by the name of Retin-A.

But in this connection there's bad news, too: irritation and worsening of the acne occur the first few weeks. However, once a tolerance develops, the acne regresses within two months. Since sunlight increases the irritation and can lead to skin cancer, a sun screen is recommended for anyone using Retin-A.

Another chemical related to retinoic acid that is used for acne is 13-cisretinoic acid. This is taken by mouth and in three to four months totally cures severe cases of acne that don't respond to any other treatment. Moreover, after treatment is stopped, the problem doesn't reappear.

Another form of vitamin A, retinol given orally, controls acne if the dose is high enough. Daily doses one hundred times greater than normally recommended for a teen-ager, taken either alone or in

combination with high doses of vitamin E, bring acne under control in two months. Although it is well known that vitamin A is toxic in such high doses, the short time period needed to see effects is without any signs of poisoning. However, the use of this chemical as a treatment for acne is still experimental, and high doses of vitamin A as a self-remedy are not recommended just yet.

A new and promising treatment is an orally administered vitamin A derivative, isotretinoin. One doctor reports that of sixty-five patients treated, in time every case of facial acne cleared up completely.

#### Acne and antibiotics

There are times when acne requires antibiotics, alone or in combination with skin preparations. Antibiotics, which have been the mainstay of acne treatment for the past thirty years, act by concentrating in the follicles and destroying the acne bacteria. The two major antibiotics used are tetracycline and erythromycin.

When these antibiotics are used, it takes about six weeks for any visible improvement to appear. A common reason that tetracycline may be ineffective is that it is easily inactivated by calcium in food. For this reason, it should be taken on an empty stomach and never with milk.

Since the common dose of tetracycline used for acne (250-500 mg) is much less than that used in antibiotic therapy for infections, the side effects are minimal, even though antibiotics may be continued for years. The most common side effects are vaginal yeast infections in women and gastrointestinal upsets. Tetracycline shouldn't be used by pregnant women or anyone with kidney disorders.

The logical route for decreasing sebum production is estrogen therapy to counterattack the testosterone. But because of side effects, such as enlargement of breast in males, estrogen therapy is rarely used. For women who get acne from birth-control pills, estrogen-dominant pills (Demulen and Ovulen) are substituted for testosterone-dominant brands (Loestrin and Zorane). Although the estrogen pills might control acne, they are more likely to produce rare, but severe, side effects, such as blood clots and cancer.

#### Scarring in acne

An undesirable souvenir of acne is scarring. Any treatment of acne scars shouldn't be carried out until they have matured to their final state. For serious scarring, dermabrasion, in which the scarred skin is frozen with Freon and removed by a rotating diamond wheel, may help. This should be considered as a last resort, since the treatment sometimes makes the skin look worse, particularly if pigmentation changes occur.

It cannot be overemphasized that acne is a disease—a very treatable disease—and not an unavoidable consequence of adolescence. Even so, one-third of all sufferers never have adequate treatment.

Treatment controls acne; it doesn't cure it. Left alone, it will usually disappear sometime in the early 20s, but it may be helped before then if constructively treated.

There are many barriers to the treatment of acne. For such action to be successful, an understanding and participation on the part of both the patient and the doctor are required. Many doctors fail to make it clear to teen-agers that treatment can take months before it appears effective and that often it must be continued for years. ●



## HOUSEHOLD Hints

*To remove a label firmly stuck on to a jar, fill the jar with hot water, replace the lid if possible, and leave for ten minutes or so. The label will then peel off readily.*

*If a door hinge squeaks, and needs oiling, apply the oil at the top of the hinge, not all the way down the sides. Then the oil will work its way down the knuckle to the trouble spots, where the lubrication is needed.*

*An air freshener can be made with a small jar with a metal lid. Punch holes in the lid, and saturate cotton wool with oil of lavender, oil of rosemary or any perfumed oil, place in jar and secure lid.*

*When arranging furniture, mark out a scale plan using centimetres to metres and showing windows and doors. Cut pieces to size to represent furniture, moving them to the most desirable positions. This saves a lot of heavy work through using the trial and error method.*

*A slice of fresh bread kneaded into a ball is useful for picking up small pieces of broken glass.*

*Remove crayon marks from painted walls by rubbing gently with a soft cloth, dampened with turpentine or white spirit. Several applications may be necessary for best results.*

# Therapeutic Yoga—3

by Yogacharya K. Keshavamoorthy

Before starting the actual yogasanas, a few more instructions have to be given.

## 10. Diet:

**D**iet plays a dominant role in the yoga system. There is a proverb in Kannada which says that a man who knows how to eat will not get any disease. Really, you are what you eat. The quality of food that a person eats affects his physical and mental health vitally. Thus one who does not follow the principles of correct eating gradually begins to harm himself physically and mentally.

A person who is desirous of maintaining good health should avoid the following items of food:—

a) Fried, roasted, and highly seasoned dishes. (They interfere with digestion and cause cholesterol deposits in the blood vessels)

b) Sweets, pastries, chocolates and bottled drinks. (Obesity is the result of taking in food with empty calories)

c) Excess of spices, salt, chillies and pepper. (Stomach ulcers and hypertension may be caused by these)

d) Coffee and tea. (Constipation, insomnia, nervous tension etc., may be caused by using them)

e) Alcoholic drinks. (Alcohol poisons the brain, drains the vitamins from your food and may cause heart-trouble)

f) Meat. (Human body was designed for a non-vegetarian diet. For good health, there is nothing like a balanced vegetarian diet.)

**What to eat:** The most important principle is to eat a balanced diet. When the following four things are included in every day diet, the diet becomes balanced. These items are: salads, fresh vegetables, fresh fruits, and raw nuts. The recommended nuts are pistachio, almond, pecan, and walnuts. A handful mixture of these nuts will be sufficient for a day. Since these nuts have a warming effect on the body, they should be taken in moderation in summer. Nuts from hard shells are full of proteins, minerals and vitamins. Therefore, a proper intake of these nuts would be very energising.

**How much to eat?** Eat not more than about 85 per

cent of your capacity. In other words, keep always some space left in your stomach after your meal. Do not over-eat. If you have a fullness after a meal, you have eaten too much. Food taken in moderate quantities is best digested and assimilated. Do not over-load your stomach at any time.

**How to eat:** Always eat slowly. Thorough mastication of each mouthful is a requirement. Remember that your stomach has no teeth! Gulping down food and washing it down with water should be strictly avoided. Make full use of saliva, which is an important digestive juice.

**When to eat:** It is recommended that one should eat only two times a day. Have a good breakfast, a hearty lunch and a light supper. Do not retire at night immediately after supper. In between snacks are to be avoided. Have set time for each meal. Irregular eating causes more digestive disorders than people usually realise.

## 11. Avoid bad habits:

Smoking beedi, cigarettes and cigar; using tobacco for chewing; drinking alcohol and taking drugs—all these are taboo for those who want to practise yoga. All sexual perversities, and intemperate indulgence in sex by married people should be avoided. Temperance should be the key word.

## 12. Concentration:-

The definition of yoga itself is concentration. Therefore, at the time of practice, do not think of your problems. Dispel all negative thoughts, and let there be a constant flow of good, pure, and sublime thoughts in the mind. This can be achieved through practice.

## 13. Respiration:-

Breathe only through the nose, except in some asanas. The mouth should be kept closed. Breathing technique differs from asana to asana. This will be dealt with later.

## 14. What to wear:-

As mentioned in the previous article men may have under-wear and ladies Punjabi dress or stretch-pants. Spectacles, wrist watch, waist belt, shoes, sandals and tight dress should not be worn. Ornamental jewelry may be removed at the time of yoga practice. The idea is to increase blood circulation as efficiently as possible

# How Not to Get Sick

While even the healthiest among us may get sick occasionally, there are ways to live to a good old age with practically no health problems.

by Leo Van Dolson, Ph.D., M.P.H.

**H**arold Hardtummy has become disgustingly healthy. When his friends, who tend to be flabby and who smoke like an old-fashioned steam engine, see Harold striding purposely in their direction, they scatter like saloonkeepers used to at the approach of Carrie Nation. You see Harold is one who, has taken seriously the plethora of health warnings hurled at us from every side in recent years, whereas his friends have not

Sometimes warnings can be more frustrating than helpful. Perhaps the classic example comes from England. Zoo officials there discovered recently that they had paid more than £100 to visitors for articles stolen by monkeys. But what puzzled them was that the favourite item the monkeys snatched was eye-glasses. An investigation revealed the reason. The monkeys grabbed the glasses when the visitors leaned over to read the sign on the cage that was difficult to see. The sign said: "Warning! These monkeys snatch glasses."

When it comes to health warnings, our frustrations do not centre upon ability to hear or understand. The messages come through loud and clear from all sides. And that is where the problem stems from. We are so inundated with health warnings that we tend to become confused and cannot remember them all. It seems that everything we do, eat, smell, feel, or even listen to has the potential of damaging our health.

In spite of that, many have not given up reading or listening to health warnings. As a consequence, a sig-

nificant downtrend in deaths caused by heart disease and stroke has been noted in recent years. Dr James A Schoenberger, of Rush-Presbyterian-St Luke's Medical Center in Chicago, recently reported that reductions in heart attack deaths run about 3 per cent a year, and mortality caused by stroke has been decreasing at the rate of 5 per cent. He believes that trends in food consumption (people are eating less red meat, fewer eggs and dairy products, and more vegetables, as well as restricting their intake of sugar, salt, and animal fat) and the fall in mean cholesterol levels are contributing factors. He also cites hypertension control and stopping smoking as effective preventive measures.

## Incentives to Prevention

With the cost of medicine and hospitalization at all-time highs, people are beginning to realize that money spent on prevention can do more for them than money spent on cure. Along with that, add the growing realization that the most prevalent illnesses that are killing people today result from faulty lifestyle and certain environmental conditions, and you have powerful incentives to practise prevention.

Spurred by recent reports, people seem to be making greater efforts than ever to keep themselves from getting sick. My wife and I cannot drive to work anymore without passing ten or twelve joggers on the way. Bookstores are loaded with books on health, diet, and prevention.



Health education and prevention programmes are being sponsored by a variety of local agencies and health-minded groups in many places.

These activities give evidence that there is a dramatic shift away from the concept that health and wellness only involves not being sick. Increasingly, people are realizing that positive wellness not only helps overcome illness but includes physical, mental, social, and spiritual well-being.

But we come back to the problem pointed out in the introduction to this article. With the plethora of environmental and health concerns and warnings that bombard us daily, how can we keep up with them all? Many seem to be almost contradictory. Isn't there any easy-to-remember, simple programme that can be followed by those interested in prevention? One that is guaranteed to keep them as well as possible?

#### **An Easy, Simple-to-Remember Programme**

APRIL 1986

Not long ago I visited the Weimar Institute in California. Basically their programme is health conditioning, designed to improve the cardiovascular problems of people. I found people ready to graduate from the programme more than enthusiastic about what had been accomplished for them in just a few short weeks. One healthy-looking woman beamed as she told me that during the three weeks of the programme her blood pressure, which had been 210/116, had returned to normal (actually 110/78) without her having to take medication of any kind. Her cholesterol level, which had been quite a bit above normal, had come down dramatically.

Prominently displayed on one wall in the health education classroom at Weimar is the motto "I choose to live the better life." On the opposite wall hangs a large poster that gives the clue to the basic NEW-START programme.

It reads:

## God's Natural Remedies

### NEWSTART

<b>N</b>	—Nutrition
<b>E</b>	—Exercise
<b>W</b>	—Water
<b>S</b>	—Sunshine
<b>T</b>	—Temperance
<b>A</b>	—Air
<b>R</b>	—Rest
<b>T</b>	—Trust in God

Here is a simple and easy way of remembering the eight rules for prevention and good health being reviewed in this article.

### Eight Suggestion for Health

1. **Proper Nutrition.** Much attention is being given to the role that diet plays in causing and preventing disease. There is a general agreement that a prudent diet includes eating less saturated fat and high-cholesterol foods, less salt, less refined sugar, and more complex carbohydrates, including whole grains, cereals, fruits, and vegetables. A well-balanced, wholesome variety needs to be part of the daily food pattern. For years *Herald of Health* has recommended a vegetarian diet that includes all nutrient requirements. The benefits of such a diet are being recognized more and more.

2. **Adequate Exercise.** Because we have become increasingly sedentary in our daily work habits and even in our recreation, the resultant lack of physical activity has led to an alarming decline in physical fitness that has contributed to the increase of chronic disease. Most recently, however, there has been a resurgence of interest and participation in exercise that promote fitness and endurance. Because even exercise can be abused, we recommend brisk walking as the finest, easiest, cheapest, and safest exercise there is. An excellent health habit is getting fifteen to twenty minutes of walking after each meal.

Dr Kenneth Cooper has probably done more than anyone else to make aerobic exercise popular. In his *Aerobics* he explains why outdoor exercise helps reduce stress. The lungs of people who exercise process more oxygen with less effort; their hearts pump more blood (and thus oxygen) with less effort; the number and size of blood vessels in their bodies increase, which extends the oxygen delivery system; and exercise increases the total volume of blood, thus providing more oxygen carriers.

To get the maximum benefits from aerobic exercise, you must do it regularly and vigorously enough to bring your pulse rate above 120 beats a minute for at least sixteen minutes.

3. **Plenty of Water.** Because our bodies are mostly water, they need adequate amounts to maintain proper function. One of the best ways to get the six to eight glasses of water needed every day is to drink three glasses of water before breakfast. Doing so is not as difficult as it may sound, once you get used to it.

Water applied externally (as in bathing) is essential for hygiene. It can also be used effectively to treat minor ailments if the few simple rules involved are learned.

4. **Some Sunshine Each Day.** Good health demands exposure to an adequate amount of sunlight every day. We need it to synthesize vitamin D in our bodies. It is one of nature's most beneficial healing agents. About ten minutes' exposure daily of the body is enough. If we get too much, sunburn results. Wrinkled skin can also be caused by excess exposure, as can skin cancer.

5. **Temperance (Self-Control).** Temperance means that we do not use anything that is harmful and use moderately that which is good. If we have trouble controlling weight, we need to realize that we can get too much of the good things on the table. Besides watching our diet, we need to avoid use of things that are not good for us, such as narcotics, tobacco, alcohol, and caffeine.

6. **Breathing Pure Air.** We feel better immediately when we breathe in pure, fresh air. Deep breathing clears our minds, helps us combat depression, improves our digestion, and helps us sleep better. Deep breathing is essential for healthy lungs. We should consciously breathe deeply ten times at least twice a day as a part of our routine physical fitness programme.

7. **Rest and Relaxation.** That worn-out feeling doctors hear so many complaints about can be helped a great deal by simple, regular rest and sleep. While we sleep, our brain cells build up their supply of energy. If we get insufficient rest, our brains and bodies are left as sluggish as a run-down battery. Most of us need eight hours of sleep regularly. We also should have frequent periods of relaxation or change of activity because they are essential to physical and mental well-being. If we take a brisk walk before we retire, we will help induce sound sleep.

8. **Trust in God.** Fear and anxiety are extremely detrimental to physical and emotional health. Among other adverse effects these negative forces can have are: actually stopping digestive processes, causing irregular

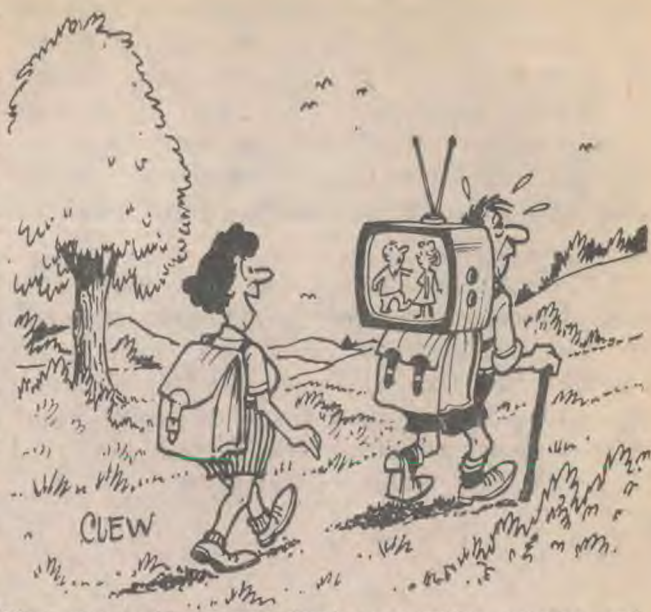


heartbeats, and making life seem unbearable.

On the other hand, faith and trust in divine power contribute remarkably to health. They provide a resource to give us the willpower and self-control we need to adopt a healthy, happy, lifestyle.

These eight successful health principles are of inestimable value if we want to help ourselves not only prevent disease but enjoy total health. Putting them to work in our lives will do much to keep us from spending a large amount of time and money treating unnecessary sickness.

There are those who prefer living as they are accustomed to doing without making the adjustments required by the programme for prevention of illness outlined here. They seem to be saying, as one patient did to his doctor, "I didn't come here, Doctor, to be told that I'm burning the candle at both ends. I came for more wax!" But the simple steps to good health listed above do more than merely provide a little more wax for burning. They turn your candle into gold. If you practise them, life will be much more enjoyable. You'll be happier as well as healthier. ●



"What more could one want. Fresh air—sunshine—exercise—and a completely interference-free picture!"

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## Nature Cure For Diabetes

by H K Bakhru

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**D**iabetes mellitus is a nutritional disorder characterised by an abnormally elevated level of blood glucose and by the excretion of the excess glucose in the urine. It is a disease known to the medical world since time immemorial. Its incidence is, however, much higher at present than ever in the past. This is especially true in more advanced countries of the world due to widespread affluence and more generous food supply.

Diabetes results from the reduced ability or complete inability of the tissues to utilize carbohydrates. When the body is unable to burn up all the glucose, the excess is thrown out by the kidneys. There are small specialised cells in the pancreas called the islets of Langerhans, which play an important role in the process of the assimilation of sugar. Inadequate secretions by these cells bring about the diabetic state.

These cells, although microscopic in appearance, have a powerful influence on the metabolism of the body. The normal "fasting" blood sugar content is 80 to 120 milligrams per cent and this can go up to a level of 180 milligrams per cent two hours after meals. Anything above these norms can be termed diabetic levels.

Diabetes occurs in all age groups, from young infants to the elderly. The greatest incidence occurs in middle or older aged persons. It is estimated that 80 to 85 per cent of all individuals with diabetes mellitus are 45 years of age or older.

### Symptoms

The word diabetes was derived from the Greek word meaning "to siphon; to pass through," and mellitus comes from the latin word "honey". Thus two

characteristic symptoms, namely, copious urination and glucose in the urine gave the name to the disease. The normal volume of urine passed daily is about 3 pints, but in the diabetic condition it can vary from 8 to 40 pints. The urine is of a pale colour, has an acidic reaction and sweatish odour. The quantity of sugar present in it varies from 2 to 40 grains per ounce, the total per day in many cases reaching as much as 2 lbs. in 30 pints of urine.

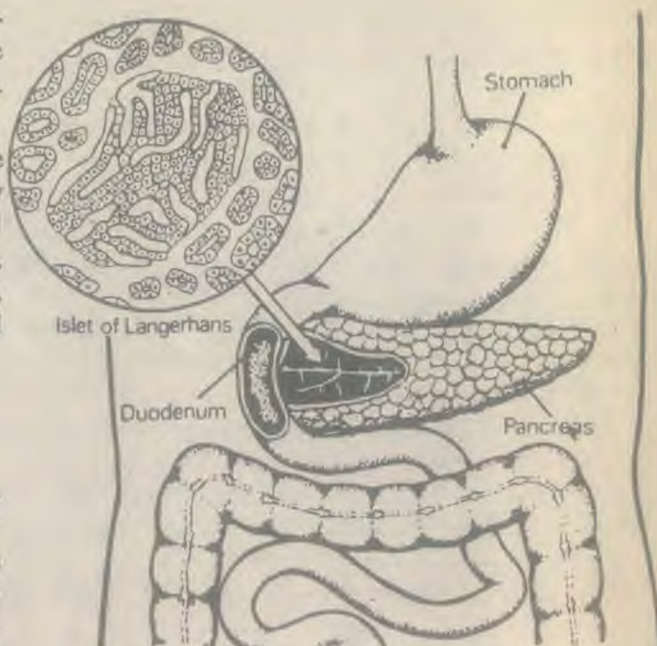
A diabetic feels hungry and thirsty most of the time, does not put on weight though he eats every now and then and gets tired easily, both physically and mentally. He looks pale, may suffer from anaemia, constipation, intense itching around the genital organs, palpitations and general weakness. He feels drowsy and has a lower sex urge than a normal person.

### Causes

Diabetes is not just a local disease of the pancreas, but is actually a sign of general physical degeneration, affecting the functioning of the liver and changes in the arteries caused by a toxic condition of the blood stream. The chief cause of this toxic condition is systematic overeating of sugar and carbohydrate as also of proteins and fats which are transferred into sugar if taken in excess. Grief, worry, and anxiety have a deep influence on the metabolism and may cause sugar to appear in the urine. Diabetes may be associated with some other grave organic disorder like cancer, tuberculosis and cerebral disease. Obesity is also often associated with diabetes. It has been estimated that the incidence of diabetes is four times higher in persons of moderate obesity and 30 times higher in persons of severe obesity. Heredity is also a major factor in the development of the disease. It has been rightly said, "Heredity is like a cannon, and obesity pulls the trigger."

### The Cure

The modern medical system believes that there is no positive cure for diabetes mellitus. The most it can offer is to hold off the symptoms through strict dietary controls and daily injection of artificially synthesised insulin. Insulin is obtained from the pancreas of animals and usually standardised by injection into a rabbit. Insulin injections do not really influence the disease. In fact every form of external medical treatment attempted so far increases the severity of the disease. More and more doctors are now recognising the harmful effects of insulin.



The nature cure system has a more successful method of treatment which aims at removal of the actual causes of the disease and building up of the whole health-level of the patient. The diet is of utmost importance in this system of treatment. The primary dietary consideration for a diabetic patient is that he should be a strict lacto-vegetarian and should take a low-caloric, alkaline diet of high quality natural foods. Fruits, nuts and vegetables, whole wheat grains and dairy products form a good diet for the diabetic. These foods are best eaten in as dry a condition as possible to ensure thorough ensalivation during the first part of the process of digestion. Cooked starchy foods should be avoided as in the process of cooking the cellulose envelopes of the starch granules burst and consequently the starch is far too easily absorbed in the system. The excess absorbed has to be got rid of by the kidneys and appears as sugar in the urine. With raw starchy foods, however, the saliva and digestive juices in the small intestine regulate the quantities required to be changed into sugar for the body's needs. The unused and un-

digested portion of raw starchy foods does not become injurious to the system, as it does not readily ferment.

The diabetic should not be afraid to eat fresh fruits and vegetables which contain sugar and starch. Fresh fruits contain sugar, fructose, which does not need insulin for its metabolism and is well tolerated by diabetics. Fats and oils should be taken sparingly, for they are apt to lower the tolerance for proteins and starches. Emphasis should be on raw foods as they stimulate and increase insulin production. For protein, home-made cottage cheese, various forms of soured milks and nuts are best.

The following diet should serve as guideline.

**Upon arising :**

A glass of pure water with freshly squeezed citrus juice.

**Breakfast :**

Any fresh fruit with the exception of bananas, soaked prunes, a small quantity of whole meal bread with butter and fresh milk.

**Lunch :**

Steamed or lightly cooked green vegetables such as cauliflower, tomatoes, asparagus and mushrooms one or two whole wheat chappatis and a glass of butter milk or curd.

**Mid-afternoon :**

A glass of fresh fruit or vegetable juice.

**Dinner :**

A large bowl of salad made up of all the raw vegetables in season. The salad may be followed by a hot course and fresh home-made cottage cheese.

**Bed time snack :**

A glass of fresh milk.

Flesh foods find no place in this regime, for they increase the toxæmic condition underlying the dia-

betic state and reduce the sugar tolerance. On the other hand, a non-stimulating vegetarian diet especially one made up of raw foods promotes and increases sugar tolerance. Celery, cucumbers, string beans, onion and garlic are especially beneficial. Garlic has proved beneficial in reducing blood sugar in diabetes. Tea, coffee and cocoa should not be taken because of their adverse influence on the digestive tract. Alcohol and tobacco must be avoided. Other foods which should be avoided are white bread, white-flour products, sugar, boiled potatoes, pastry, puddings and refined cereals.

In a diabetic patient more than one organ will be out of gear and not functioning properly. In most people suffering from diabetes, there is a sagging of the abdomen, which indicates that there must be pressure on the abdominal organs with consequent malfunction. The sagging of the abdomen can be corrected by massage and proper attention to posture. Lying on the hard floor without a pillow under the head, but with a small one under the lumbar-curve of the back is very beneficial. While in this position the patient should be encouraged to practice deep breathing. Thus with the increased intake of oxygen and with the abdominal organs relieved of the drag, the process of digestion is carried out under more favourable circumstances.

Massage plays an important part in giving the patient a higher standard of fitness and vitality and relieves itching of the skin. Patients should be urged to sit, lie and stand as erect as possible so that the organs of the body will be freed from the cramping effect of bad posture.

Exercise is also an important factor in the treatment of diabetes. Light games, jogging and swimming are recommended. Yogic asanas such as bhujangasana, shalabhasana, dhanurasana paschimothanasana, sarvangasana, halasana, ardh-matsyandrasana and shavasana, yogic kriyas like jalneti and kunjai and pranayams such as kapalbhati, anuloma-viloma and ujjai will be highly beneficial. Any book on yoga will have information on how to do these asanas.

Hydrotherapy and colonic irrigations form a very important part of treatment. The colon should be thoroughly cleaned every second day or so until bowel discharge assumes normal characteristics. Bathing in cold water greatly increases the circulation and enhances the capacity of the muscles to utilise sugar. The diabetic patient should eliminate minor worries from his daily life. He must endeavour to be more easy-going and should not get unduly worked up by the stress and strain of life.



**THE DOCTOR**

## *Advises*

**(A column open to our subscribers.  
Please quote your subscription number  
while sending in questions.)**

**My 5-year-old grand-daughter has been bothered off and on by swelling of her tonsils. Medication has provided only temporary relief, and the doctor has recommended that her tonsils be removed. Is any other treatment available?**

Your granddaughter may have a condition known medically as tonsillar hyperplasia. It usually begins early in life and may continue until age 10 or 12, when the tonsils begin to shrink in size.

Swollen tonsils may cause a number of symptoms, including difficulty in breathing (particularly at night) and swallowing, as well as problems caused by blockage of the eustachian tubes. Since repeated infections tend to aggravate the condition, it is important to prevent colds and sore throats as much as possible.

When the problem is sufficiently severe that more aggressive measures seem warranted, surgery is the recommended approach. Your granddaughter's personal physician is best equipped to discuss the advisability of surgery in this particular case.

**Please explain the difference between saturated and unsaturated fats and their effect on blood pressure.**

Saturated fats are so designated because their chemical composition is such that they cannot accept

additional hydrogen atoms—that is, they are "saturated" with hydrogen. Also known as hard fat, saturated fats are solid at room temperature and are found mainly in solid shortening, red meat, and other foods of animal origin.

In regard to fats, unsaturated and polyunsaturated have the same meaning—these fats are not completely saturated with hydrogen atoms. Being liquid at room temperature, they are sometimes referred to as soft fat, and have great nutritional importance. Unsaturated fats are found mainly in liquid shortening, soft margarine, and vegetable oil.

Some studies have shown an improvement in people with mild hypertension (high blood pressure) who have adopted a diet low in total fats, with a preference for unsaturated fat over saturated fat. Weight reduction, salt restriction, moderate exercise, and when necessary, appropriate medication may be valuable adjuncts to the control of high blood pressure.

**Is it true that Vitamin E is helpful for heart conditions?**

There is no convincing evidence that supplemental vitamin E is beneficial in heart disease or that a deficiency of vitamin E contributes to the development of heart disease.

**I had a cataract removed surgically two years ago. Now another one is forming. What is likely to be the cause?**

The lens is normally a clear, oval-shaped structure that focuses light rays on the back of the eyes, or retina. The lens is surrounded or enveloped by a very thin, clear membrane called the lens capsule. Cataract formation causes the lens to become cloudy, making it impossible for light to be clearly focused, and the vision becomes blurred.

Physicians are now able to remove a lens affected by cataract without removing the entire lens capsule. This is called extra-capsular lens removal, and it is quite likely the procedure that you experienced.

Unfortunately, the remaining tissue of the capsule sometimes develops a cloudy thickening, which results in blurred vision. However, there is very effective treatment for this problem. Lasers eliminate the cloudy tissue and restore clear vision. An ophthalmologist can advise you further after fully evaluating your problem. ●



## SNIPPETS

A study done as part of a larger TV violence in London, England, found that there was an association in adolescents between violent play and the watching of boxing and wrestling on television. In a Canadian study, it was found that college students who had been randomly assigned to watch a professional wrestling match had an overall increase in hostility when compared to students who had seen competitive swimming. There was also a decrease in kindness to one another.

—NCTV News

Ideal for the cast away at sea, a manual desalinator (gadget to remove salt from seawater) can desalinate seawater at the rate of a cup in less than three minutes and a quart in ten minutes. It uses reverse osmosis; the seawater is hand-pumped under pressure across a semipermeable membrane. Only a small part gets through, but that part is as fresh as springwater.

—Canada Today

Americans are in love with old cars. The average age of automobiles on the road according to the latest figures available, was 7.4 years, the highest since 1950. Twenty million cars registered in the United States were 10 years old or older. This is not so in Japan. The people there turn over their cars every three years and buy new ones; they don't like to buy anything used. Moreover, a national auto inspection fee in Japan escalated as cars age.

—Smithsonian

Ottawa's Museum of Natural Science has sections of an 26-foot Green land shark, the largest specimen of its kind that the museum is aware of. The shark was found washed ashore in Newfoundland. Because of its size, only the head, tail, and some fins could be shipped to Ottawa.

—Canada Weekly

A pregnant women's school was opened recently in Beijing, China. Sponsored by the Municipal Woman's Federation, the school (the first of its

kind in the Chinese capital) has 16 courses on health during pregnancy, mother and child care, and exercises for babies.

Most of the first 30 students, although well-educated, have qualms about discussing "delicate" subjects.

The courses are given by doctors, professors, gynaecologists, obstetricians, paediatricians, and nursery school teachers.

Schools for newly weds and parents are also being planned to form a complete network for the care and education of children.



## EVELYN'S Kitchen

### VEGETABLE KURKUSS

#### Ingredients:

- 200 g carrots
- 200 g french beans
- 200 g beetroot
- 400 g potatoes
- 500 g green peas
- 100 g firm tomatoes
- 50 g onions

- a bunch of coriander leaves
- a few mint leaves
- a few pods garlic
- 3 green chillies
- 2 sour limes
- bread crumbs
- salt to taste

#### Method:

Wash, peel and cut all the vegetables into small pieces. Grind the ginger and garlic. Boil the vegetables and mash them well. Add garlic, and the ginger paste to the mash, and finely cut chillies, mint and coriander leaves, then the juice of the limes and salt to taste, mix

well.

Take a little of the mixture and shape into a 3" long roll. Roll in bread crumbs and fry in oil till brown. Serve hot with tomato sauce or chutney.

### BREAD AND JAM PUDDING

#### Ingredients:

- 4 tablespoons bread crumbs
- 1 egg
- 1 teaspoon butter
- 2 tablespoons castor sugar
- 2 tablespoons jam
- $\frac{1}{2}$  litre milk

#### Method:

Heat the milk and pour it on the breadcrumbs, allow to soak. When cool, beat in the egg and sugar. Butter a pie dish, and cover the bottom with a thick layer of jam, pour over it the soaked breadcrumbs, scatter small pieces of butter on the surface, and bake in a slow oven for 45 minutes.



### ARTIFICIAL SPINAL JOINT ENDS PARALYSIS

Doctors at the Changzheng Hospital in Shanghai have chalked up another major contribution to orthopaedic surgery in the form of an artificial spinal joint.

Made from nickel-titanium alloy, the joint can be inserted into the spinal column to replace fractured or overgrown joints, enabling patients previously paralysed or in great pain to move again.

More than 40 patients have been given the new implants by Dr Zhao Dinglin. Unlike previous techniques used to transplant hip bones into spine, it allows free movement of the neck, is non-toxic, causes no tissue reactions, and is resistant to wear and tear.

The alloy, made by engineers from the Shanghai Steel Institute and the Shanghai No. 6 Surgical Instrument Factory, has special properties that have given it the name of "shape-memory alloy". At cold temperatures, it is pliable, and therefore, lends itself to manipulation at the hands of the surgeon, who can insert it into the spinal column more easily than a rigid bone transplant.

Once in place at body temperature, it resumes its original shape and locks into place.

Orthopaedic work at Changzheng Hospital a long tradition, and owes its reputation to the pioneering work of its former director, Professor Tu Kaiyan, now 80. Dr Tu returned to China from Vienna when the anti-Japanese war broke out, and served as a surgeon at the front.

Among his many contributions, he is perhaps best known for his animal

experiments in rejoining severed limbs, which guided the work of his pupil, Dr Chen Zhongwei, in this area in the 1960s. Dr Zhao also is one of his pupils.

The Shanghai team has worked on trying to find a treatment for hypertrophic cervical spondylitis—or the overgrowing of neck joints—and neck fractures for many years.

Initially they transplanted hip bones into the spine, and 300 patients have been treated this way with a 95 per cent success rate. They approach the delicate area of spinal column through a incision between the windpipe, oesophagus and neck artery—technique known as anterior decompression.

However, the transplant of hip bones still presents problems because they need to fuse with the adjacent joints on the spinal column. This limits neck movements and can also cause further degenerative changes.

The new alloy in combination with the anterior decompression technique is set to give a new lease of life to many people paralyzed after neck fractures or from overgrown neck joints. (UKS)

**A MEDICAL TELEVISION PROJECT**, the first of its kind in India and perhaps amongst the developing countries has been introduced, with the approval of the Government of India, by Dr J K Jain, a Delhi based Surgeon who is president of JAIN MEDICAL CENTRE and a former president of Delhi Medical Association. This Project aims at producing video films on Medicine, Health, and Family Planning for the National Television Network and for use by professional institutions for undergraduate, post-graduate and continuing medical and allied professional education.

### NEW ANTI-CANCER PREPARATION

Soviet specialists have developed a new anti-cancer preparation called "proteston". It suppresses the growth of tumours and stimulates the organism to combat that ailment. Patients need only one injection of "proteston" a fortnight.

The preparation has thoroughly been tested clinically and the Soviet Union has introduced it for patenting internationally.

### NEW TECHNIQUE IN EYE SURGERY

Soviet microsurgeon Ernst Muldashev from Ufa has put forward an idea to use a cellular tissue preserve taken from the sole of the foot as a transplant to correct eye defects (instead of the patient's own tissues) since it is very well compatible to the tissues of another organism.

The results of his microsurgical operations have surpassed all expectations. By the end of a one-year period, the transplanted part is replaced by the tissues that has the structure as the tissues around it. As a result, a patient actually blind (with the diagnosis of cornea opacity and eyesight 0.001) can have his eyesight restored up to 0.51 within just three months' time.

### SUBSCRIPTION RATES

#### INDIA

1 year Rs. 35.00  
2 years Rs. 67.00  
3 years Rs. 100.00

#### SRI LANKA

1 year Rs. 130.00  
2 years Rs. 256.00  
3 years Rs. 380.00

**BANGLA DESH:** Indian rates in Indian currency

# Care Of Paraplegics

Dr N S Sonawane



**P**ARAPLEGIA MEANS TOTAL LOSS OF POWER (EITHER TEMPORARY OR PERMANENT) in both lower extremities due either to local cause or manifestation of a generalized systemic disease.

Grossly speaking; paraplegia is divided into three groups. (A) Paraplegia of acute onset—Cause may be **traumatic or vascular**. (B) Paraplegia of subacute onset—Usually inflammatory in origin and at times due to secondaries in spine. (C) Paraplegia of insidious onset—Cord compression due to neoplasms and cervical spondylosis.

It is to be remembered that general care of **Paraplegic** constitutes major share in bringing up the ultimate results of surgical treatment, if required and done for the same. The general treatment is as important as the correct treatment of the cause of disability for his disorder renders him extremely susceptible to complications which may prove fatal or even when less serious, considerably retard the recovery. The complete treatment is discussed under the following headings.

(A) **Care of the skin:** In Paraplegia, the skin is extremely liable to injuries which are slow in healing and readily become infected. The factors which lead to pressure sores are (1) shock in the early stages after injury, (2) Vasomotor paralysis, (3) Small traumas, (4) Local anaemias caused by pressure.

Such sores are most likely to develop over the bony prominences especially the **heels, ischial tuberosities, sacrum, greater trochanters and the malleoli**.

The paraplegic patient must be nursed on an **air or rubber bed** and the most important single measure in prevention of pressure sores is that the posture should be changed every **two hours both by day and by night!** The lower limbs must be

kept extended and calves must rest on small pillows with heels projecting beyond them. When the patient is in lateral position care should be taken that one leg does not press upon the other. The weight of the bed clothes is taken by means of a cradle. In acute cases, the patient is propped up in bed after four weeks and should be able to sit out in a chair from eight to twelve weeks.

**(B) The treatment of pressure sores:** The best treatment is **Preventive**. The care of skin and change of posture must be well explained to the attending relative and also the signs of **impending sore** are demonstrated to them by means of collected photographs. The skin, because of constant pressure, undergoes pressure necrosis and reveals hyperaemia, parchment hue and slight thickening. The surrounding skin is of normal texture. This is a sign of **dumped volcano** i.e. formation of bed sore begins in a **conical** fashion and like an iceberg. Though superficial area is smaller the underlying extensive part is undergoing necrosis. This area must be well protected from further pressure.

If an ulcer has already developed, all necrotic tissue should first be cut away to allow free drainage and cultures should be made weekly. At first, some must be cleaned with H<sub>2</sub>O<sub>2</sub> solution and dressing of suitable antibiotic applied for a few days. After that Eusol dressing should be used. Adjuvant chemotherapy may be required. When discharge persists in spite of **treatment** the possibility of infection in deeper structures including bone should be kept in mind. In later stages after granulation is completely and healthy, skin grafting will be helpful. The donor drafts must be removed from

healthy areas and post-operative care of grafted area is very delicate. Repeat grafting is needed at times.

### (C) Care of bladder

**(1) Paraplegia of acute onset:** Retention of urine will occur and this must be treated in such a way as best to promote the development of an **'automatic bladder'** i.e. bladder which is **uninfected** and will empty itself **automatically** from time to time and so maintain a healthy urinary tract. The best way is to insert **Foley's catheter** under strict aseptic precautions and changed **every week**. During the period of atony, bladder must be washed once or twice a day with bladder wash syringe. At other times bladder is attached to a closed drainage system and urine allowed to flow freely into a bottle beneath the bed. Later, manual control of catheter drainage can be obtained by a screw clip applied to drainage tube and operated by patient. During the period change, patient is also observed for his ability to void urine.

**(2) Bladder in established paraplegia:** When a patient comes under observation with established paraplegia, it is necessary to investigate his bladder function. The first step is to determine the amount of residual urine if any, whether the urine is infected and the nature of infecting organisms. Crystometry provides useful information as to the state of reflex activity of the bladder wall, but the state of sphincter tone is equally important. In many cases, cystoscopy and in few cases cystography are necessary. Fear of urolithiasis is more and so excretion urography, if required, can be done.

The treatment of the bladder will depend upon the situation disclosed by these investigations. When there is active detrusor and spasm of int. sphincter, fractional division of sphincter may facilitate bladder emptying.

**(D) Care of rectum:** The patient with paraplegia is likely to be constipated but at the other extreme incontinence must be avoided. When constipation is troublesome oral laxative at night is of much help followed by a suppository or an enema. Rectal examination should always be carried out to remove the impacted faecoliths if any.

**(E) Physiotherapy and Compensatory training:** After acute and especially traumatic lesions of cord, most of the paraplegics will be able to get about in a wheel chair and many more can be taught to **walk**; physiotherapy therefore aims at the maximum development by means of exercises of all those muscles in which voluntary power remains and the prevention of flexor spasm-contractions of lower limbs by means of passive movements. With adequate physiotherapy and avoidance of infection, it is often possible to encourage extensor tone and reduce flexor spasms. If spasticity predominates Diazepam (Valium) may be given in slowly increasing dosage upto 30 mg/day. In a **PARAPLEGIA CENTRE** group effect and psychological strengthening will aid in improving the ultimate results by physiotherapy.

**(F) Surgical treatment:** Surgical treatment may be called for causative lesion. Orthopaedic surgery often has an important part to play in diminishing muscular spasm and reorganising the muscular control of lower limbs so that final ambulation with walking supports and spinal braces is facilitated.





## The Quaker's Corncrib

—a nineteenth - Century Parable

Sometimes the best way to deal with a difficult neighbour (as this century-old parable illustrates) is to treat him better than he expects or deserves.

A certain man had been in the habit of stealing corn from his Quaker neighbour. Every night he would tiptoe to the corncrib and fill his bag with the ears that the good Quaker's toil had placed there. Every morning the old gentleman observed the shrinking of his corn pile. This was annoying and must be stopped, he thought. But how? Many a person would have suggested, "Take a gun, conceal yourself, wait till he comes, and fire." Others would have said, "Catch the villain, and have him sent to jail."

But the Quaker was not prepared to resort to such severe measures.

He wanted to punish the offender, but to do it gently enough to bring about his reformation if possible. So the Quaker rigged a sort of trap inside the hole through which the man would thrust his arm in get-rival of morning.

At the hour of midnight the wicked neighbour made his unholy rounds, thrusting his hands into the crib to seize an ear. Suddenly he found himself unable to withdraw it. In vain he tugged, pulled, and alternately cried and cursed. Every effort to release himself only made his hand more secure in the trap. After a time he gave up his useless struggles and began to look around. All was silent. The rest of the world slept quietly while he was compelled to keep a dreary, humiliating watch through the remainder of that long night, his hands in constant pain from the pressure of the clamp that held it. He stood and watched the progress of the night and simultaneously desired and dreaded the arting the corn.

It came at last. The Quaker looked out his window and found that he had caught his man. What was to be done? Some would have said, "Go out give him a good whipping just as he stands, and then release him. That'll cure him." But that was not the Quaker's plan. Such a course would have sent the man embittered and muttering curses of revenge. The kindly old Quaker hurriedly dressed, then went to relieve and to punish his prisoner.

"Good morning, friend," said he as he came within speaking distance. "How does thee do?"

The poor culprit made no answer, but burst into tears.

"I'm sorry that thee has gotten thy hand caught," said the Quaker as he proceeded to release the man. "Thee put it in the wrong place, or it would not have been so."

The culprit looked crestfallen and, begging forgiveness, hastily turned to make his retreat. "Stay," said his persecutor—for he was now becoming such to the thief, who could have received a blow easier than the gracious words that were falling from the Quaker's lips. "Stay friend; thy bag is not filled. Thee needs corn, or thee would not have taken so much pain to get it. Come, let us fill the bag." The poor fellow was obliged to stand and hold the bag while the old man filled it, interspersing the exercise with the pleasantest conversation imaginable. When the bag was full, the embarrassed thief once more muttered his apologies and thanks and tried to leave, but once more the Quaker stopped him.

"Stay, friend," said the Quaker again. "Ruth has breakfast ready. Thee must not think of going without breakfast. Come, Ruth is calling!"

Without success, the mortified neighbour begged to be excused from what to him would be a punishment ten times worse than a beating and imprisonment. But the Quaker insisted.

After breakfast was over, the old farmer said to his dishonest neighbour, "Now if thee needs any more corn, come in the daytime, and thee shall have it." With what shame and remorse did that guilty man turn from the dwelling of the forgiving Quaker!

Everybody is ready to say that the thief never again troubled the Quaker's corncrib. But I have something still better to tell you. The thief experienced conversion that day and, according to one who heard him relate the substance of the preceding story in a church meeting, attributed his change of living to the actions of his neighbour, to arrest him on his downward course. ●



# COMPETITION *Corner* February Competition Results

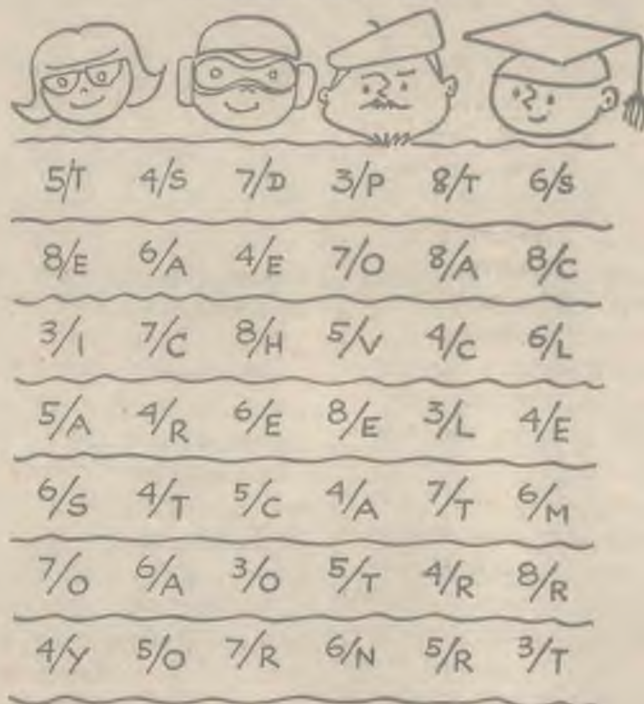
## CORRECT ANSWERS TO THE PUZZLE:-

A—Florence Nightingale, B—Napoleon Bonaparte, C—Lo uis Pasteur, D—Sir Walter Raleigh, E—Hans Christian Anderson, F—Abraham Lincoln, G—William Shakespeare.

Congratulations to Akhilandeshwari, Arvind Corera, Devdatta Kar, Faizu Begum, Katyayani T, Sameer Bora, Sushma P, Smitha G, for sending the correct names (spelt correctly too).

This is a clever game to suggest what you might be in the future. Count the number of letters in your first name. If there are 6, use that—if more than 6, then subtract 4, if less than 6, add 3. Now read the chart from left to right starting at the top line, and write down all the letters corresponding with your number, and you will have your game answer. Then write a paragraph telling me what a person with that job does. Don't miss out on this clever and perhaps prophetic puzzle!

### COMPETITION NO. 4



Your entry must be in our office on or before April 23. Address to  
The Editor, Herald of Health, Box35, Pune 411 001.



# BE Alert

by Joseph Pursch MD

If you're a drinker and your feet are growing numb, tender or painful, you may have peripheral neuritis (peripheral neuropathy). It means nerve damage in your legs and arms. Untreated it ends with muscle wasting and paralysis.

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## Marijuana and Memory

Marijuana use may have a greater effect on memory and thinking ability than has previously been thought. According to Jeff Fortuna, a drug-abuse prevention counsellor in Orange, California, THC (the most plentiful psychoactive substance in marijuana) appears to interfere with the manufacture of essential protein substances in the nuclei of brain cells.

Fortuna discusses this and other problems associated with marijuana use in an article to be published in the issue of **LISTEN** magazine. He concentrates on the chemical changes in the brain caused by marijuana use, some of them apparently irreversible.

The most noticeable effects of marijuana use are decreases in both memory and thinking ability. "Occasional use mainly affects short-term memory," notes Fortuna. "Regular use, however, damages long-term and abstract memory." Other problems, such as difficulty with number-symbol substitution (replacing a series of numbers with symbols representing each number), serial subtraction (repeatedly subtracting a number from a larger number), and reading comprehension, are also common.

THC also has a way of sticking with a person, sometimes as long as 30 days after using marijuana. "THC remains active in the blood for at least seven to ten days," says Fortuna. "Because it stays in the body for such a long time, its effects on memory and thinking ability are prolonged. Neither the weekend smoker nor the daily smoker is ever free from marijuana's effects."

\*\*\*

## Caffeine raises blood pressure

A recent study evaluated the cardiovascular effects



of caffeine. Results showed that after two cups of coffee or the equivalent in caffeine there was a 9 mm HG increase in systolic blood pressure (during the hearts pumping phase). In addition the heart rates of the test subjects decreased after caffeine ingestion. The physiological responses were approximately the same in all subjects—coffee drinkers, those who did not normally drink coffee, and smokers.

This would indicate that the body does not develop a significant tolerance to coffee drinking and that the twenty-four abstinence period prior to the study was sufficient to eliminate any slight tolerance which may have developed. The study also showed that smokers tend to excrete caffeine from their systems more rapidly than nonsmokers.

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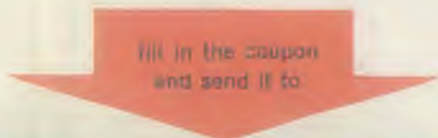
## Alcohol, Tobacco and caffeine increase anaesthesia requirements

Several reports have supported the theory that the use of alcohol, caffeine and tobacco increases requirements for anaesthetic drugs during surgery. One of the most recent studies examining this relationship was carried out by the University of Utah School of Medicine. During bypass surgery the researchers compared a group of patients not using tobacco, alcohol or caffeine, with a group that used all of these substances. Results clearly indicate that the use of any substance increases the requirement of anaesthetic and muscle relaxants, and also prongs the recovery time from anaesthesia. The amount of anaesthetic drugs necessary to induce unconsciousness was nearly 50 per cent higher for users of these substances than for nonusers, and it took longer to maintain unconsciousness throughout the procedure.

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