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Cold remedies: What works, what doesn't, what can't hurt

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Cold remedies are almost as common as the common cold, and many are nearly as ancient. The use of chicken soup as a congestion cure dates back centuries. But is longevity any guarantee that a cold remedy works? Does an effective cold remedy even exist? Here is a look at some common cold remedies, as well as the best ways to ward off illness in the first place.

Cold remedies: What works

If you catch a cold, you can expect to be sick for about a week. But that does not mean you have to be miserable. These remedies may help:

Water and other fluids: You cannot flush a cold out of your system, but drinking plenty of liquids can help. Water, juice, clear broth or warm lemon water with honey helps loosen congestion and prevents dehydration. Avoid alcohol, coffee and caffeinated sodas, which make dehydration worse.

Salt water: A saltwater gargle — 1/2 teaspoon salt in an 8-ounce glass of warm water — can temporarily relieve a sore or scratchy throat.

Saline nasal sprays: Over-the-counter saline nasal sprays combat stuffiness and congestion. Unlike nasal decongestants, saline sprays don't lead to a rebound effect — a worsening of symptoms when the medication is discontinued — and most are safe and nonirritating, even for children.

Chicken soup: Generations of parents have spooned chicken soup into their sick children. Now scientists have put chicken soup to the test, discovering that it does seem to help relieve cold and flu symptoms in two ways. First, it acts as an anti-inflammatory by inhibiting the movement of neutrophils — immune system cells that participate in the body's inflammatory response. Second, it temporarily speeds up the movement of mucus through the nose, helping relieve congestion and limiting the amount of time viruses are in contact with the nose lining.

Over-the-counter cold medications: Nonprescription decongestants and pain relievers offer some symptom relief, but they will not prevent a cold or shorten its duration, and most have some side effects. If used for more than a few days, they can actually

make symptoms worse. So it is not wise to use them randomly without consulting a physician.

Humidity: Cold viruses thrive in dry conditions — another reason why colds are more common in winter. Parched air also dries the mucous membranes, causing a stuffy nose and scratchy throat. A humidifier can add moisture to your home, but it can also add mold, fungi and bacteria if not cleaned properly. Change the water in your humidifier daily, and clean the unit at least once every three days.

Cold remedies: What doesn't work

The list of ineffective cold remedies is long. A few of the more common ones that don't work include:

Antibiotics: These destroy bacteria, but they are no help against cold viruses. Avoid asking a doctor for antibiotics for a cold or using old antibiotics you have on hand. You will not get well any faster, and inappropriate use of antibiotics contributes to the serious and growing problem of antibiotic-resistant bacteria.

Antihistamines: Although antihistamines can help the runny nose, watery eyes and sneezing that occur with allergies, they have the opposite effect on cold symptoms, further drying nasal membranes and impeding the flow of mucus.

Over-the-counter (OTC) cough syrups: In winter, nonprescription cough syrups practically fly off the drugstore shelves. But the American College of Chest Physicians strongly discourages the use of these medications because they are not effective at treating the underlying cause of cough due to colds. Some contain ingredients that may alleviate coughing, but the amounts are too small to do much good and may actually be harmful for children.

Coughs associated with a cold usually last less than three weeks; if a cough lingers longer than that, see a doctor.

In the meantime, try soothing your throat with warm lemon water and honey and humidifying the air in your house. Avoid giving honey to infants.

Not eating: There is no evidence that avoiding food shortens a cold's duration or reduces symptoms.

Cold remedies: What probably can't hurt

In spite of ongoing studies, the scientific jury is still out on popular cold remedies such as vitamin C, zinc etc.

How colds happen and what you can do about it

Most colds are caused by rhinoviruses, which spread through the air when someone with an infection coughs or sneezes. You can inhale the viruses, but you are more likely to get sick if you touch your eyes, nose or mouth after handling a contaminated object. Telephones, computer keyboards and doorknobs are especially notorious for harboring germs.

Generally, the more you are exposed to cold viruses, the greater your chance of infection; prevailing wisdom has it that colds are prevalent in winter not because it is cold outside — but because it is so crowded inside. People tend to spend more time indoors during winter and therefore are more likely to share their germs.

But colds are not inevitable. Scrubbing your hands for at least 15 seconds with ordinary soap and water or using an alcohol-based sanitiser destroys most viruses, which can linger on surfaces for up to 48 hours. And although hand washing remains your best defense against illness.

MASTER CHEF TOMMY MIAH AND ICDDR,B

Promoting the use of vitamin A

Internationally renowned master chef Mr Tommy Miah organised a lunch'n'learn event on 'Preparing Vitamin A-enriched Foods' at ICDDR,B in the capital on Thursday last. The celebrity chef, who is also the Goodwill Ambassador of ICDDR,B, demonstrated recipes for health and wellbeing.

A number of distinguished guests, scientists and researchers, senior government officials, representatives of the development partners group, members of the print and electronic media, and a host of friends of ICDDR,B were present on the occasion.

Vitamin A deficiency is a major public health problem in our country. Research studies at ICDDR,B indicate that there are many good sources of locally available low-cost foods such as vegetables, fruits, and small fish that can improve the vitamin A status of children living in slum areas. ICDDR,B has worked with the Institute of Public Health and Nutrition (IPHN) and the National Institute of Population Research and Training (NIPORT) to complete the baseline survey for Bangladesh's National Nutrition Programme (NNP). The report produced by the baseline survey makes many important recommendations. Specifically, it states that efforts to monitor and promote children's growth should be widened.

Tommy Miah has joined hands with ICDDR,B to demonstrate how a nutritionally correct vitamin A enriched food can be produced for children at a very affordable price. Tommy used green leafy vegetables like spinach and shak, and also carrot, pumpkin, and small fishes to prepare a mouth-watering dish for the audience. The patients of the Centre's Cholera Hospital were treated to these delicacies prepared by this master chef.

Tommy Miah launched a new recipe book designed to show his compatriots that a healthy balanced diet can also be attractive and taste good. Tommy will work as ICDDR,B's Goodwill Ambassador at a big charity dinner in London on November 28 to promote ICDDR,B's humanitarian work in the UK.

Dr David A Sack, Executive Director of ICDDR,B, spoke on the occasion and thanked everyone for their kind presence.

Apollo introduces lithotripsy shockwave treatment

Recently lithotripsy shockwave treatment has been introduced in the Apollo Hospitals Dhaka, says a press release.

It was formally inaugurated by Dr Praful B Pawar, Director of Medical Services of the hospital.

Lithotripsy shockwave is a non-surgical treatment for urinary stone diseases (both kidney and ureter). Stones are crushed into smaller passable fragments with this latest modern equipment and patients passes these fragments spontaneously with their urine.

No admission is required and patients can resume their work from the very next day.

The procedure is done by the latest German Siemens machine which has both ultrasound and x-ray facilities for accurate localisation of the stone. This helps in easy, faster breakage and clearance of stones.

Dr Waheed Zaman and Dr Rajeev Chaudhuri are the two consultants in charge of the department along with other doctors, technicians and nurses for this sophisticated treatment.

Prevent food poisoning at home

STAR HEALTH DESK

It is impossible to keep the entire food supply completely free of potentially dangerous bacteria. For this reason, you need to take precautions at home to prevent food poisoning.

Food poisoning, also referred to as food-borne illness, is a gastrointestinal disorder caused by eating contaminated food. Most often, food poisoning occurs because the food has been incorrectly handled, improperly cooked or inadequately stored. The following steps can help reduce the chances of getting food poisoning.

Wash your hands, utensils and food surfaces often

You have heard it before, but keeping your hands, utensils and food preparation surfaces clean can prevent cross-contamination — the transfer of harmful bacteria from one surface to another.

Wash your hands thoroughly with warm, soapy water before and after handling or preparing food, especially raw meat, poultry, fish, shellfish and eggs. Then use hot, soapy water to wash the utensils, cutting board and other surfaces you used.

Keep raw foods separate from ready-to-eat foods

When shopping, preparing food or storing food, keep raw meat, poultry, fish and shellfish away from other foods. This prevents cross-contamination from one food to another. Here are ideas for keeping foods separated:

Separate your meat and poultry products from the rest of your groceries. Tightly wrap raw meat packages in plastic bags so that leaking juices will not contaminate other food. Use separate cutting boards for raw meats and other ready-to-eat foods such as breads and vegetables. Use one plate for raw meats and use another plate after the meat is cooked.

Cook foods to a safe temperature

Cook your food thoroughly. Remember, contaminated food often looks and smells normal. The best way to tell if meat, poultry or egg dishes are cooked to a safe temperature is to use a food thermometer. Using a food thermometer is the only sure way to know if your food has reached a high enough temperature to destroy bacteria. You can kill harmful organisms in most foods by cooking them to temperatures between 140 F and 180 F.

Refrigerate or freeze perishable foods promptly

Harmful bacteria can reproduce rapidly if foods are not properly cooled. Refrigerate or freeze perishable foods within two hours of purchasing or preparing them. If the room temperature is above 90 F, refrigerate perishable foods within one hour. Freeze ground meat, poultry, fish and shellfish unless you expect to eat it within two days. Freeze other beef, veal, lamb or pork within three to five days.

Defrost food safely

Bacteria can reproduce rapidly on meat, poultry and fish at room temperature. So, to defrost food safely, use one of these methods:

In the refrigerator: Tightly wrap meat, poultry and fish so the juices don't drip on other food as they thaw in the refrigerator. Once defrosted, use ground meat, poultry and fish within one or two days, other meat within three to five days.

In the microwave: Use the "defrost" or "50 percent power" setting to help avoid cooking the edges of the food while the rest remains frozen. If the meat, poultry or fish is in pieces, separate them during the thawing process to ensure that no areas remain frozen. Cook food immediately after thawing in the microwave.

In cold water: Put food in a sealed package or plastic bag and immerse in cold water; change the water every 30 minutes. Or place the sealed food package under cold, running water. Cook food immediately after defrosting.

Use caution when serving food

Harmful bacteria can grow rapidly when prepared food sits without proper heating or cooling — especially during buffets or outdoor parties. Here are tips for serving foods safely:

Throw out any leftovers that have been at room temperature for more than two hours or in hot weather for more than an hour. If cold food needs to sit out for longer than two hours, use a tray of ice (ice bath) under the food to keep it cold. Replace the ice as it melts. When using an ice bath, try to keep the cold food in a shallow container, as this makes it easier to keep all of the food — including the center — properly chilled. If hot food must sit out for longer than two hours, use warming trays, slow cookers or chafing dishes to keep the food hot.

Throw it out when in doubt

If you are not sure if a food has been prepared, served or stored safely, discard it. Food left at room temperature too long may contain bacteria or toxins that cannot be destroyed by cooking. Don't taste food that you are unsure about — just throw it out. Even if it looks and smells fine, it may not be safe to eat.

Know when to avoid certain foods altogether

Food poisoning is especially serious and potentially life-threatening for young children, pregnant women and their fetuses, older adults, and people with weakened immune systems. These individuals are at greatest risk of severe health problems from food poisoning and should take extra precautions by avoiding the foods like raw or rare meat and poultry, raw or undercooked fish or shellfish, including oysters, clams, mussels and scallops, raw or undercooked eggs or foods that may contain them, such as cookie dough and homemade ice cream, raw sprouts, such as alfalfa, bean, clover or radish sprouts, unpasteurized juices and ciders, unpasteurised milk and milk products, soft cheeses (such as feta, brie and Camembert), blue-veined cheese and unpasteurized cheese, refrigerated pates and meat spreads, uncooked hotdogs, luncheon meats and deli meats.

Preventing food poisoning: The bottom line

Keep hot food hot and cold food cold. And keep everything — especially your hands — clean. If you follow these basic rules, you will be less likely to become ill from food poisoning.

Unusual urine odour: What does it mean?

MD RAJIB HOSSAIN

Urine mostly has the odour of ammonia, due to the nitrogenous wastes present in the urine. Many foods and medications — such as high protein diet or certain vitamins also can affect the odour of urine. Urine may smell like sweet or fruit in case of diabetes and large amount of ketone bodies excretion. Usually, adult urine is smellier than children's since adults take a higher protein diet. The bacteria present in the urine usually reduce nitrate to nitrite with the presence of ammonia in the urine. This gives it the smell. Normally, this bacterial action needs 4-5 hours to occur. So morning urine or concentrated and stagnated urine is smellier than normal, frequently passed, diluted urine.

Urine odour	Potential medical causes
Strong ammonia salt	Not enough fluids, dehydration
Foul smelling	Cause is infection of the kidneys, bladder, urethra, ureter etc.
Sweet smelling	Uncontrolled diabetes mellitus
Musty smelling	Liver disease, phenylketonuria (a rare, inherited metabolic condition)
Maple syrup smell	Maple sugar urine disease (a rare, inherited metabolic disorder)

Urine odour is related to the volume and concentration of a variety of chemicals excreted by the kidney. Normally, diluted urine does not have much odour. If you are dehydrated and your urine becomes highly concentrated, it can have a strong ammonia smell. Most changes in urine odour are temporary and don't indicate serious illness. But sometimes an unusual urine odor can be associated with an underlying medical condition, such as a urinary tract infection. If you are concerned about the odor of your urine, consult with a physician.

Most of the diseases in the initial or final period reflect their nature in odour, colour, volume, specific gravity and contents of the urine. Most of the diseases of the bladder or urinary tract are often faced by women than men. So any infection can easily enter into the bladder and ascend to the kidney to disturb the urine and its constituents. Also the urethra of women is very close to the vagina, so any infection of one can spread to the other. Nuisiant odour not only reflect diseases, but also it causes serious public problem.

High sugar intake and pancreatic cancer

People who drink large quantities of fizzy drinks or add sugar to coffee or tea run a higher risk of developing cancer of the pancreas, Swedish research showed.

Researchers at the Karolinska Institute studied the diets of almost 80,000 men and women between 1997 and 2005. A total of 131 developed pancreatic cancer, a deadly form of the disease that is difficult to treat.

"The researchers have now been able to show that the risk of developing pancreatic cancer is related to the amount of sugar in the diet," the institute said.

The group of people who said they drank fizzy or syrup-based drinks twice a day or more ran a 90 percent higher risk of getting cancer of the pancreas than those who never drank them.

The risk was 70 percent higher for those who added sugar to their drinks about five times a day, and 50 percent for those eating creamed fruit, a sugary, fruit-based Swedish dessert, at least once a day.

"Despite the fact that the chances of developing pancreatic cancer are relatively small, it's important to learn more about the risk factors behind the disease," Susanna Larsson, one of the researchers involved in the study, said.

Pancreatic cancer is difficult to treat because it is often not diagnosed until it has spread beyond the pancreas and the diagnosis is very poor. Since it is difficult to treat and is often discovered too late, it is particularly important that we learn to prevent it.

Source: American Journal of Clinical Nutrition

Sugar linked with mental problems

Oslo teens who drank the most sugary soft drinks also had more mental health problems such as hyperactivity and distress, Norwegian researchers reported.

Their study of more than 5,000 Norwegian 15- and 16-year-olds showed a clear and direct association between soft drink intake and hyperactivity, and a more complex link with other mental and behavioral disorders. They surveyed the students, asking them how many fizzy soft drinks with sugar they had a day, and then questions from a standard questionnaire used to assess mental health. The teens who reported skipping breakfast and lunch were among the heaviest soft drink consumers, Dr Lars Lien and colleagues at the University of Oslo found.

"There was a strong association between soft drink consumption and mental health problems among Oslo 10th graders," they wrote in their report. "This association remained significant after adjustment for social, behavioral and food-related disorders." Most of the students said they drank anywhere between one and six servings of soft drinks per week. Those who drank no soft drinks at all were more likely than moderate drinkers to have mental health symptoms, the researchers said. But those who drank the most – more than six servings a week - had the highest scores.

For hyperactivity, there was a direct linear relationship – the more sodas a teen drank, the most symptoms of hyperactivity he or she had. The worst problems were seen in boys and girls who drank four or more soft drinks a day. Ten percent of the boys and 2 percent of the girls drank this much. The researchers said it was possible that other substances in the soft drinks, such as caffeine, were to blame for the symptoms, and they did not check other possible sources of refined sugar in the children's diets. But they said many of the teens were clearly drinking too many sugary drinks.

Norway's recommended intake is 10 percent of the day's total calories from sugar and the researchers said at least a quarter of the boys were getting this much from soft drinks alone.

Source: American Journal of Public Health

Children born preterm need follow-up eye tests

A new study confirms that children born prematurely (before 35 weeks gestation) run a higher risk of developing vision problems than children born at term. This is true regardless of the degree to which blood vessels in the retina have developed abnormally because of preterm birth – a condition known as "retinopathy of prematurity."

The new study also suggests that eye tests performed at 2.5 years of age in preterm children can predict vision problems at age 10 – namely, astigmatism, which is an unequal curve in of the eye's refractive surfaces, and anisometropia, a difference in refractive power between the two eyes that can lead to partial vision loss.

In a previous study, the investigators showed that refractive errors are about four times more common in preterm children compared to full-term children, at the age of 10 years.

In the current study, Dr Eva K Larsson of Uppsala University Hospital, Sweden and colleagues analysed the development of astigmatism and anisometropia in the preterm group (198 children) at 6 months, 2.5 years and 10 years of age.

The prevalence and degree of astigmatism declined between 6 months and 2.5 years of age and then remained stable, the team reports. A total of 108 children had astigmatism at 6 months, 54 at 2.5 years and 41 at 10 years.

The degree of anisometropia did not change between 6 months and 2.5 years but increased between 2.5 and 10 years of age. The prevalence of anisometropia, however, remained fairly stable, affecting 15 children at 6 months, 17 at age 2.5 years, and 16 at age 10.

The presence of astigmatism and anisometropia at 2.5 years of age were the strongest risk factors for having astigmatism and anisometropia at 10 years of age.

All preterm children need follow up eye examinations, Larsson and colleagues conclude, irrespective of the degree of retinopathy of prematurity at birth.

Source: Archives of Ophthalmology