

# LIVING



Courtesy: Observer Magazine

## When Blues Bog You Down

by Fayza Haq

**D**EPRESSION is a state that attacks people when they are low and feeling blue. Rehana has been a widow for ten years. Her marriage had been of love and romance. However, she separated from her husband quite early in their married life when she discovered that he drank and gambled heavily. They were apart for years and she brought up the children herself by working at several firms as a personal secretary. Although Rehana had a difficult time bringing up her three children she was completely devastated when her husband died of a heart attack. She got proposals of marriage but she waived them aside thinking her children's future might be clouded if she got married

again. Now that her children have finished their education you would think she would be relaxed. Yet many mornings she gets up feeling she cannot face the day. Often she does not get a good night's sleep although she takes sedatives.

"I don't feel any interest in my work. I feel like running away far from the family. I take anti-depressants which the doctor has prescribed but I feel they are not enough. I even feel suicidal but my faith in religion prevents me from doing anything drastic. There is so little entertainment in town that I don't know what to do with my free evenings. I have put on weight since my husband died and although I have visited a health club I have not been able to arrest my growing obesity. I try to keep

busy with one thing or another — by reading, gardening, watching TV, and visiting friends — but I often feel hopeless, lonely and depressed," Rehana says about herself.

Nasreen suffered from a somewhat similar depression due to bereavement when her father died. She flew home from Europe where she was studying and got an attack of typhoid when she came to Dhaka. When she returned to Europe, Nasreen needed her brother to accompany her while she completed her thesis. "I just could not get my mind on my work. My enthusiasm for my studies declined rapidly. I lost my appetite and often felt restless and dizzy. I knew I had to somehow finish my work as my scholarship ran out. So I pressed on, one way or another, with my duties. I had to be sedated at night and even in the day time I had to be medicated," she says.

Dr Akbar, who lost his son in an accident, soon realised he had no interest in his office work. He packed up his things and now lives with a married daughter in USA, spending most of his time as a potato couch, when most of his colleagues are in active service. One would think he would carry on his work as a practising physician but his qualifications were not enough for USA. He says he has no desire or motivation for work and spends his time watching the soaps, sipping sherry and chain smoking.

Divorce is another common factor for people to change personality and face blues. Naheed, who has had a divorce through no fault of her own and is separated from her husband who drank, womanised and made her life miserable, is not able to pick up the threads of life again. She has a child to look after and her career to follow as a teacher, but she says her days are dull and long, and often she feels she cannot cope with life. Naheed lives alone with her child in Chittagong and is trying hard to get a secure job in Dhaka where her parents and family live. She is, at the same time, trying to get a scholarship to go abroad. "I try to fill my time with painting and aerobics, apart from doing the corrections of my students' work and looking after my child. Yet I find myself moping, repenting my marriage, and thinking of the ways I could have saved it," Naheed laments.

Post-natal blues are another cause for depression. Suchitra, who lives in Patna faced this when she had her second son. You would think living in a conservative joint family she would be overjoyed with another male heir. Instead, a week after she returned with her baby from the hospital she felt she could not cope with life. She got crying bouts and did not want to have anything to do with her family, not even her husband. Suchitra had to be eventually flown to Calcutta for treatment and only after months was she able to get back to normal life.

Depression can hit the younger generation too. Arif, who had participated in three seminars overseas, hoped to get admission and scholarship in UK. He got the admission but not the scholarship and this depressed him intensely. He became taciturn and rude with his family and would have little to do with his friends. His family was very understanding, kept out of his way and tried every possible means to cheer him up. "Give him some time and he will snap out of it. I am sure he can try for some other scholarship and he need not be unlucky all the time," comments his patient mother.

Depression includes the doldrums and downs in daily life, and covers sorrow that follows after loss or disappointment, and sums up a disruption of thought and emotion severe enough to be seen as an illness.

Often hard to recognise this depression can be dangerous. At any one time seven per cent of women and four per cent of men are sufferers. Yet depression can be and is successfully treated. The feeling goes beyond sadness. There is more than feeling miserable. Pessimistic worries preoccupy one and destroy concentration. One feels on the verge of tears and experiences tension. There is also social tension and one is ready to snap. The gloom will not be lifted by friends, family or hobbies. This must be seriously considered and treated medically, if necessary. Support counselling and psychotherapy helps one release pent up distress and enables one gain an objective view of the problems. Counselling should be from the doctor and not just family and friends. Psychotherapy examines personal conflicts and self-doubts that cause the unhappiness.

## Fighting the Battle of Bulge

by Gillian Meakin



Binging at a local party

**I**T is well-known in the expatriate community that Dhaka is a Twenty Pound Posting. That is to say, stay here for a couple of years and you go home 20 lbs heavier. The first time I heard this I was a little dismayed but also somewhat sceptical. Foreigners, when they get to Bangladesh, must really let themselves go. I thought, There is no way I would allow that happen to me. Well, it's six months since I first heard that warning, and now I too have joined the ranks of those fighting the Battle of the Bulge.

Now this is very hard for me to admit. In my younger days I was downright skinny and I used to think I could forever go on being able to eat as much as I wanted without gaining an ounce. I used to take a certain pride in being able to polish off huge platefuls, especially at parties, when people would ask how I managed to stay so slim when I ate so much. I am a worrier by nature and a moderate amount of worry seemed to be enough to keep the fat off. My father, whom I take after in that regard, still eats like a horse — all the wrong things too — and is still going strong at 92. He certainly never counts calories or bothers about cholesterol. What he has done all his life, my mother too, is get plenty of exercise. They walk for plea-

sure — the daily "constitutional" has always been a way of life for them. For me too, growing up in England at a time when not everyone had a car, walking is something I took for granted. In Canada it is something I do to keep healthy, and just as important to me, to be able to eat what I want and in quantities I like.

I had no idea that getting enough exercise was going to be such a problem for me here in Dhaka. At home I can count on housework to burn off a few calories, but here in Dhaka I am not even doing that. I can't even find anything worth worrying about either. I am living in a guest house where I don't have to lift a finger for myself. Someone cooks all my meals, cleans my room, and washes and irons my clothes. I doubt there are many foreigners here who do their own cooking, cleaning, and so on. Most of them belong to clubs and have access to swimming pools, tennis courts and exercise rooms — but most of them will also readily admit it is still a problem keeping the pounds off, especially once you've reached middle age. From what I have seen in the expat community, there are quite a few of us who could charitably be described as "well-nourished."

It's not as easy as it is at home to just go out for a walk

here. Rickshaw pullers don't believe we should walk anywhere when they are around, and look on us with a mixture of pity and contempt when we refuse to ride with them. There aren't too many places to go walking for pleasure where I live now, unless it's for shopping, and that can be too much of a temptation. You soon get bored with a going over the same ground all the time. Then, around Eid, I got pestered so much by beggar children demanding baksheesh, I had another excuse for not going out alone. What with the hot weather and now the rainy season, it isn't so easy to get motivated to go out walking for exercise. At home I had a dog that needed walking every day, rain or shine. Too bad I don't have a dog here, I think. Not only would owning a dog get me out walking regularly it would also keep me safe from beggars or whatever. I came close to acquiring one a few weeks ago but fortunately (my husband's sentiments) or unfortunately (mine) it found a permanent home at a children's orphanage in Old Dhaka.

Walking on its own isn't enough exercise to keep the pounds off I soon found. While I don't belong to a club, there is no reason why I can't exercise in my room. I have a Walkman and some tapes with a good beat, good for doing aerobic exercises to, but turn on the fan and the air conditioner and you can barely hear the music! After a while and not much variety this gets boring too. I wish I had the nerve to join in one of these exercise programmes I see advertised on TV, but since I don't have a TV in my room, I would have to do this in "public" in the living room with male staff coming and going. I'm not motivated enough for that — I'm sure they would all line up to watch!

Most foreigners living in the tropics, especially on this

subcontinent, can expect to experience the odd stomach upset now and again. Unpleasant though this is, it can usually be good for the loss of a pound or two. Well, it seems I have a cast iron stomach because I have yet to experience anything worthwhile in this department. I eat street food without incident. Even when I went to Nepal, where I was warned that "everyone gets sick," I came back to Dhaka several pounds heavier in spite of 11 days trekking!

What I want to know is, where do all you Bangladeshi ladies get your exercise? I never see you walking when you can ride, and certainly I have never seen even one lady running for exercise. I don't even see you so much as hurrying anywhere. What do you do to burn off the calories and keep fit? Nobody talks about being on a diet, and from the way I see you enjoying your food I would have a hard time believing it anyway. If you tell me it's the type of food you eat, I have trouble with that too, because I also eat Bangladeshi food and in nowhere near the quantities I see you put away.

Of course I know that the solution is to find the right balance of diet and exercise. It seems that foreigners living in Bangladesh can't get away with eating as much as Bangladeshis — in spite of the fact that we are bigger and should need more calories to keep us going. At the guest house I soon found out that Bangladeshi sized portions were beyond me anyway, especially the mountains of rice, and I ended up leaving half of my dinner most of the time. Now, instead of ordering two portions at dinner, my husband and I sometimes order one dinner between us, along with a salad. If we want to indulge in a dessert, we get by with a soup instead of a main course. I wonder if the staff think we are trying to save money this way. It's ironic isn't it, that when we have reached the age where financially we can afford to indulge our appetites a bit more — eating out more often, we have to be concerned about rich foods upsetting our stomachs, or being bad for our weight or our cholesterol. Now instead of counting the calories we must count the calories.

An invitation to a party or a wedding here is an event to look forward to. But what culinary temptations they offer. Tables loaded with all sorts of different and exciting dishes to be sampled, not to mention the sweets. And a good hostess will see to it that her guests, especially foreign ones, do justice to it all — justice Bangladeshi style meaning several heaping platefuls. Where do you put it all? Do you all have hollow legs, as they say? Do let us in on the secret. In the meantime please take pity on us and believe us when we tell you we couldn't eat another bite. We don't have the energy or the inclination for a 10 kilometre run to work it off!

## Stocking Your Medicine Chest

by Farhana Ahmad

**Make your own medicine chest where you store your medicines in a sensible orderly fashion so you are equipped to cope with any domestic emergency. Store medicines like analgesic, antacid, antiseptic and laxative.**

**M**OST of the homes have a collection of medication. It can be a few paracetamols, antihistamines, maybe some antacids to drugs like glyceryl trinitrate and insulins. It usually depends on the need of that particular family usually these arrangements are haphazard. Important items are omitted or not replaced space is taken up by useless rubbish accumulated over the years. As a result most people have to run to the pharmacy every time they need something.

Why not make your own medicine cabinet where you'll store your medicine in a sensible, orderly fashion so you are equipped to cope with any domestic emergency?

First of all the medicine should be stored in a chest or cabinet. A corner of a cupboard housing linen or crockery is just not good enough. Neither is the idea of keeping the medicine in a drawer or box or bag. For one thing it will be too easily available to curious children, for another bits and pieces will stray from their allotted corner and get lost in the darkest recesses of cupboards and drawers.

Purchase a cabinet or have the carpenter make you one. It should be a cabinet which can be locked in some fashion which makes it child proof. If your cabinet a key opening lock system, make sure you keep the key in one place only, otherwise you'll probably lose the key when you most need it. Having some sort of locking system is important because even if the cabinet is placed high, children are curious enough to climb up.

The next step is to look through the existing stock of bits and pieces. You're bound to find half-filled bottles and jars with labels missing. Throw them all out if you cannot positively identify the contents. Unidentified medicines can be

very dangerous, as can outdated prescription medicines. In future ensure that all containers are clearly labelled with an accurate description of contents. Accurate is stressed because too often an empty bottle is filled with a new substance and the label not changed.

All labels should bear the name of the drug, its strength and the amount, as well as the expiry date. If you cannot establish the expiry date, note the date of purchase and use common sense from there.

Any medication of which you are even vaguely suspicious should be disposed off. Check the colour and smell and if you have doubts, throw it out. And remember to wrap it up carefully before you put it in the garbage.

You will find it useful to have a mini version of your medicine cabinet in your car, office, hostel and specially when you are travelling, to be on hand at a moments notice. For such kits, select the items from the lists, which are appropriate to the type to emergencies you might encounter.

There are basically eight types of medicines which you need to stock your cabinet.

**Analgesic/Antipyretic** (pain reliever/fever reducer). In an average home, paracetamol used for headaches, menstrual cramps, mild aches and pains usually associated with colds. Aspirin is kept for stronger ailments. If you'll averse to taking Aspirin you can keep a strip of Sclufen handy.

Only if your family is very large, might you need something more than 100 tablets of Paracetamol.

ated with sweets in the child's mind with obvious result. A significant percentage of poisoning fatalities among very young children result from aspirin overdose.

**Antacid** — (for relief of indigestion), many preparations are available varying in neutralising capacity, side effects, palatability and cost. Sodium bicarbonate is the quickest acting and is widely used for self medication provided you are not on a low sodium diet. Indiscriminate use of antacids can mask symptoms of more serious complaints. They are to be used on mild, occasional cases, not as a regular thing unless prescribed. When you buy and antacid read through the list of ingredients and choose the brand with the fewest additives.

**Antidiarrhoeal** — For a mild case from food poisoning or viral infection, you could keep on hand a kaolin/pectin mixture available commercially. Most people prefer to live through the mild attack so medicine is not really necessary. But for fluid and electrolyte balance your medicine cabinet must have some packets of ORS (oral rehydration saline).

For more powerful attacks you have to consult your physician.

A strip of low dose Metronidazole should be kept in case of giardiasis or amoebiasis.

**Antipruritic** — (for relief of skin itching) The best remedy to have on hand is calamine lotion although, of course, it is only effective in mild cases.

**Antiseptic** — For minor cuts, washing with soap and water is adequate. The use of an antiseptic has more psychological value than anything else. Nowadays antiseptic can be bought in a family pack which makes it more economical.

treatment of wounds are the thorough cleansing of the wound, the cleansing of the skin around the wound and the protection of the wound from further contamination.

**Decongestant** — The more effective remedies are those taken topically (eg. nosedrops) rather than orally. Decongestants clear the stuffiness of a cold but if used too often will cause uncomfortable drying of the mouth, nose and throat.

**Antihistamines** — Every household should stock antihistamines. They are useful to treat the symptoms of allergies, including seasonal hayfever, allergic rhinitis and conjunctivitis. Phenothiazine hydrochloride is used to prevent or treat motion sickness and relieve nausea.

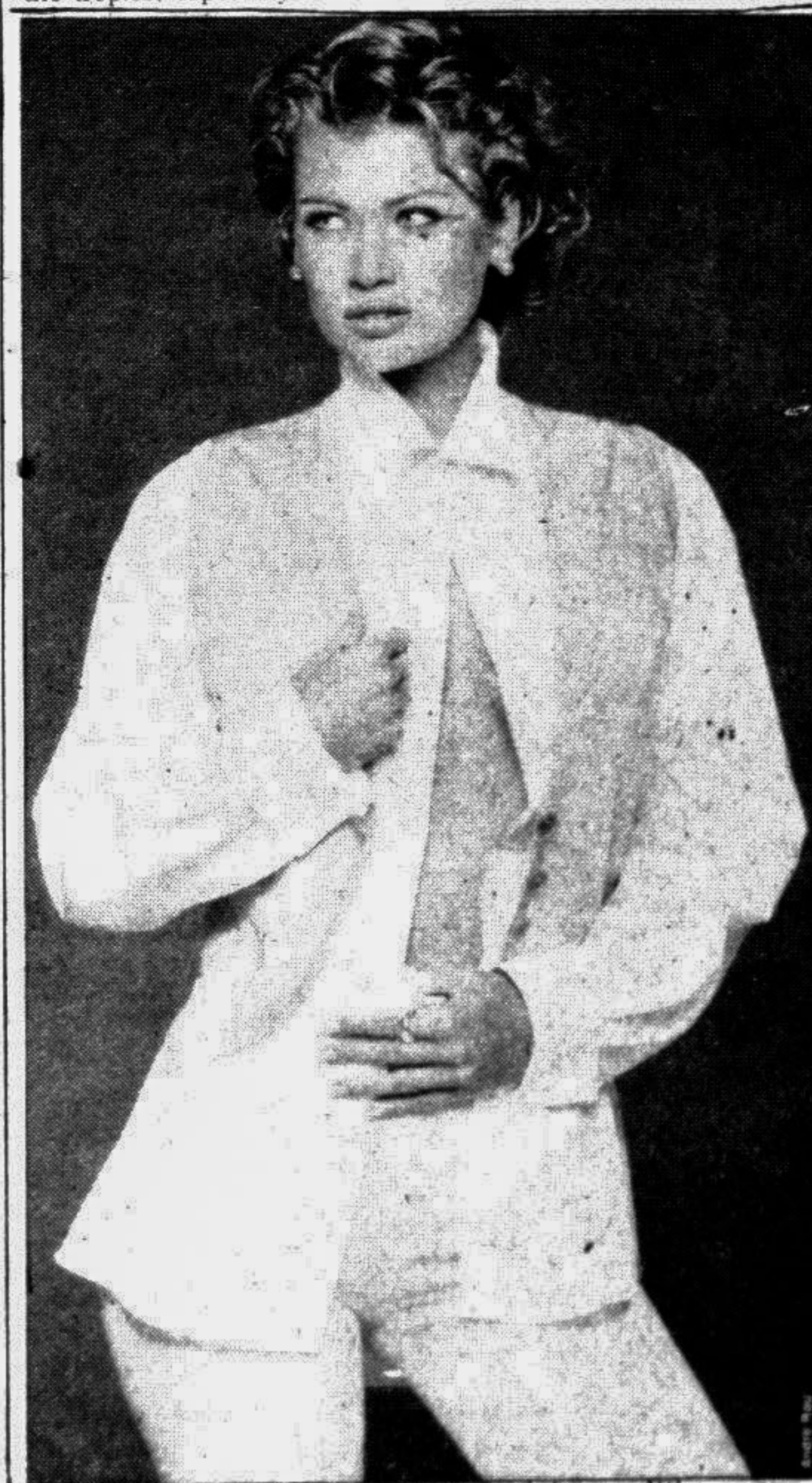
**Laxatives** — Most cases of constipation are best left to care themselves. One useful remedy is bran (Esuh Gul Bhushil) so it is useful to keep a supply of it.

As well as medication you will need other equipment. Add the following to your medicine cabinet.

- Adhesive bandages
  - Roll bandage 2" wide
  - Sterile gauze pads
  - Cotton wool
  - Boric powder
  - Scissors
  - Elastic bandages (for sprain)
  - Band aid strip
  - Tweezers
  - Ice bag — This will minimise bleeding and relieve acute pain.
  - Hot water bottle — to be used for mild muscular aches.
  - Clinical thermometer
  - First aid manual
- It is good idea to invest in a stethoscope and sphygmomanometer to check the blood pressure so your don't have to run to the physician every time you want it checked. Keep a list of important phone numbers pasted to the inside of the cabinet door.



Picket Fenites from "Star Plus" (above) and Rewind from "Channel V" (below)



A masculine attire that enhances feminine qualities — courtesy "Elle"