■ ODERN medicine was

established during the 19th century. Both the

biomedical model of health and

disease and Darwinian theory

of evolution conceptualised

Man as part of nature and

having a biological identity in

common with all other

been extremely useful. Enor-

mous achievements have been

made using it as a model. Infec-

tious diseases like polio and

measles have been conquered

through the development of

vaccines; bacterial infection

can be cured because of the de-

velopment of antibiotics. De-

spite these great advances that

this model led to it needed im-

provement as many researchers

recognised that aspects of a per-

son - his history, social rela-

tionships, life-styles, personal-

ity, mental processes and bio-

logical processes - must be in-

cluded in a full conceptualisa-

tion of health and illness. As a

result the biopsychosocial

model has emerged as the lead-

ing theoretical alternative to

the biomedical approach; a

biopsychosocial unit.

and the body.

human being is after all a

chosomatic medicine, be-

havioural health, behavioural

medicine, and most recently

health psychology have

emerged. These different areas

of study illustrate an increasing

role for psychology in health

and a changing model of the re-

lationship between the mind

constant interplay of biologi-

cal, psychological, and social

systems - each interrelated

with and producing changes in

the others. The life span per-

spective adds an important di-

mension to this model by con-

sidering the role of the person's

development in health and dis-

Role of Psychology in

Health and Illness

psychology became more for-

malised early in the 20th cen-

tury in response to Sigmund

Freud's analysis of the rela-

tionship between the mind and

ticed that some patients showed

symptoms of physical illness

without any organic disorder.

Consistent with his psychoana-

lytic theory. Freud believed that

these symptoms were converted

from unconscious emotional

conflicts. He called this condi-

tion 'conversion hysteria' the

symptoms of which can include

paralysis, deafness, blindness,

and the loss of sensation in

parts of the body, such as a

sion hysteria reflected the indi-

vidual's state of the mind, and

that repressed experiences and

feelings were expressed in terms of a physical problem. This ex-

planation, though not quite

correct. (Freud believed that

psycho-sexual conflict was

converted into bodily symp-

toms) indicated an interaction

between the mind and the body.

and suggested that psychologi

cal factors may not only be con-

sequences of illness but may

faction with many aspects of

the current medical system, a

development which, in an indi-

rect way, helps to promote the

rise of alternate models of care.

For example, there is a tremen-

dous concern outside of as well

as within the medical commu-

community to come up with ef-

fective treatments for many

types of major health problems.

such as cancers, AIDS and

Alzheimer's disease, has also

contributed a disenchantment

with the disease model as the

faction with the disease model

is its lack of focus on quality of

life. Infectious diseases are usu-

ally acute in onset and last for

relatively short, predictable pe-

riods of time. Even highly aver-

sive medical interventions can

usually be tolerated for this

brief period. In contrast,

chronic diseases often have a

slow, insidious onset and may

endure for a long, indefinite pe-

Another source of dissatis-

only model of health care.

The failure of the medical

nity about rising health costs.

There is a growing dissatis-

contribute to its cause.

Freud argued that conver-

hand etc.

physical maladies. Freud no-

The idea that medicine and

This new model proposes a

Therefore, the fields of psy-

The biomedical model has

biological beings.

Rehabilitating Drug Dependants

A Social or a Medical Approach?

by Dr M Zakir Husain

How to rebuild a new meaningful and satisfying social life? That is not easy. It requires strong and sustained community support; it demands a tolerant approach and not an excluding or punitive approach.

RUG addiction is a worldwide phenomenon; it is affecting significant number of people in affluent and poor countries alike. It is suspected that in Bangladesh, drug dependence is more prevalent than is commonly believed. It affects many including young adults and adolescents. In the absence of well conducted survey, the real magnitude of the problem still remains a matter of guess.

There is mood of denial and many don't want to admit it to be a particular concern. A recent television report on BTV drew attention to this though in a superficial manner and focusing upon how addicts get "high" and not on how they got into the habit and what can be done to rehabilitate them.

Drug Dependence: A **Product of Socialisation**

Studies confirm that a strong socialisation process is at work in the introduction to, and dependence on, regular use of drugs. This is true for most types of drugs such as heroin, cocaine and other better known ones like alcohol and tobacco. Usually, a strong group or peer pressure induces the first encounter with drugs particularly among the young and adolescents.

The initial encounter with addictive substance is usually an unpleasant episode. But in course of time and as a result of socialisation process, dependence is reinforced and fully established. The dependent person adopts dependence related behaviour and withdraws from "normal" social contacts.

Alternative Approach: **Open Community-based** Support Group

First, a preventive approach. The potential user has to be approached early before being induced into use and becoming regular. This is mainly the function of the family, neighbours, and friends, particularly organised peer groups who

formation.

called Shanvac-B.

strongly support a "post modern" norm of drug-free behaviour and life-style. This provides an alternative role or ideal model for the youth who are seeking for a liberal expres-

sion and way of life. In this approach, fear, reprimand, and threats play no useful part. The subject of drugs and drug induced behaviour has to be brought out in the open and discussed freely. The tyranny and darkness of secrecy, dogma and taboos are to be lifted. Self-righteous preaching will likely turn away attention from the real issue and drive the affected persons underground, heap shame and fear on them, and destroy their hope and confidence to return to the normal fold.

Second, we need to support withdrawal from drug dependency and eventual rehabilitation in the society. Drug taking is the outcome of socialisation process. Thus, reversal of this will also have to be a socialisation process. Since drug dependence is a group activity, withdrawal and return to society is most likely be effective as a group process.

Logically, therefore, in this new approach, the dependent person, his/her family members, and friends should take primary charge with the support of the peer group in the community rather than leave things to segregated institutions and only professional care givers.

The work of World Health Organisation in South East Asia region supported an open community-based approach as an alternative to the conventional practice of institutional detoxification of individual drug addicts and then attempts at their rehabilitation in society. The process starts with regaining social acceptance and unlearning of dependent behaviour through a socialisation process. There may be need for medical detoxification but it is neither the main activity nor

the starting point. Rather than exclusive use of

Beet Those Stones

C CIENTISTS at the Bhabha Atomic Research Centre and doc-

Itors of KEM hospital. Mumbai, India, have successfully

demonstrated a process to deplete stone-forming chemicals

from the foodstuffs using oxalate oxidase, an enzyme obtained

from beet stem and banana peels. Even a small dietary oxalate

load in enteric hyperoxaluria patients can lead to a more

pronounced excretion of oxalate and consequent stone

oxalate decarboxylase could soon be combined as a package for

deoxilation purposes. A purified preparation of oxalate oxidase

obtained from banana fruit peel or beet stem when added to 100

ml of a 10 per cent homogenous plant material effectively elim-

Life-saving Vaccine

NDIA'S first genetically engineered hepatitis-B vaccine is now

Lcommercially available. Hyderabad-based company, Shantha

Biotecnics has developed the vaccine. Council for Scientific and

Industrial Research has also assisted for developing the product

nics, says that India would not only save foreign exchange

worth \$14 million, but also earn a forex through exports of the

মোকামঃ সাবজজ ও অর্থঋণ ২ নং

আদালত, গাজীপুর

মানি ডিক্রি জারী মোঃ নং ১/৯৫ইং

মেসার্স বাংলাদেশ গ্লাস এভ পটারী ইভাস্টিজ (প্রোঃ) লিঃ অফিস

১৬৩, ফকিরাপুল, ঢাকা। কারখানা-বি-২৬, বিসিক শিল্প এলাকা,

মোঃ ওয়াছিউজ্জামান (পরিচালক), পিতা-এস জামান, আশ্রাফ ভিলা

জনাবা রাবিয়া খাতুন (পরিচালক), স্বামী-মোঃ ওয়াছিউজ্জামান, আশ্রাফ

ভিলা (নীচ তলা) ১৭০/এ, কলাবাগান ২য় লেইন, থানা- ধানমভি,

জনাব শহীদৃল আরেফীন চৌধুরী (পরিচালক), পিতামৃত–মাহতাব উদ্দিন

চৌধুরী, ডাকবাংলা রোড, নীলফামারী, ডাকঘর ও জেলা- নীলফামারী।

৫। জনাবা মর্জিনা বেগম (পরিচালক), স্বামী-ডঃ এম মজিবুর রহমান,

৬ মোঃ খনকার হোসেন আলী (পরিচালক), পিতাম্ত-খনকার নুর

যেহেতু নিলাম ইশতেহারের বর্ণনা মতে ডিক্রিদারের দাবীর পরিমাণ-

এতদ্বারা সর্বসাধারণের জ্ঞাতার্থে জানানো যাইতেছে যে, গাজীপুর জেলার

আলী, গ্রাম-ছোট মির্জাপুর, উপজেলা- পীরগঞ্জ, জেলা-রংপুর।

২৬,৩৫,৬৮২.৪৮ টাকা (ছাবিশে লক্ষ প্রত্রেশ হাজার ছয়শত বিরাশি টাকা

সাবজ্জ ও অর্থঝণ ২ নং আদালত, গাজীপুর-এ উপরোক্ত নং ডিক্রিজারী

মোকাদ্দমার উল্লিখিত ডিক্রিদারের অনুকূলে ২৬,৩৫,৬৮২.৪৮ ছাবিশ লক্ষ

প্রত্রিশ হাজার ছয়শত বিরাশি টাকা আটচল্লিশ পয়সা। মাত্র উক্ত মোকদ্দমা

দায়ের হইতে আদায় পর্যন্ত ব্যাংকের প্রচলিত সুদের হার মোতাবেক এবং

মোকদ্মার যাবতীয় খরচা আদায়ের নিমিত্তে দায়ীকের নিম্নতফসিল বর্ণিত

স্থাবর, অস্থাবর সম্পণ্ডি গাজাপুর জেলা জজ আদালতের নেজারত প্রাঙ্গণে

আগামী ৩০-৭-৯৮ইং তারিখে বেলা ১২ ঘটিকার সময় প্রকাশ্যে নিলাম

হইবে। উক্ত তারিখে ও সময়ে ইচ্ছাকৃত নিলাম ক্রেতাগণকে উক্ত নিলামে

অংশগ্রহণ করিতে অনুরোধ করা যাইতেছে। নিলাম ডাককারীকে

জিলা-ঢাকা, হাল-গাজীপুর, থানা-টঙ্গী, মৌজা-পাগার, পুট নং-বি-

২৬, বিসিক শিল্প এলাকা, টঙ্গীস্থ বাংলাদেশ গ্লাস এন্ড পটারী ইন্ডাপ্তিজ

লিঃ-এর কারখানাসহ মোট জমির পরিমাণ-১৩৪৭৫ বর্গফুট-৩০ সং,

তাৎক্ষণিকভাবে ২৫% টাকা জমা দিতে হইবে।

কারখানার সমস্ত সম্পত্তি।

বাড়ি নং ৩০ডি, সড়ক নং ১০, গুলশান, ঢাকা।

নীচ তলা। ১৭০/এ, কলাবাগান ২য় লেইন, থানা-ধানমভি, ঢাকা।

..... ডিক্রিদার

..... দায়ীকগ্ৰ

vaccine to countries like Bangladesh and Sri Lanka.

Varaprasad Reddy, managing director of Shantha Biotec-

inated 70-80 per cent oxalate content.

DSE/Down To Earth Features

অগ্রণী ব্যাংক, রমনা শাখা, ঢাকা

আটচল্লিশ পয়সা) মাত্র

According to the scientists, the enzymes oxalate oxidase and

professional doctors, it relies upon community workers (including some ex-addicts) who identify and work with groups of addicts and their families in homes and communities. This raises hope and confidence; restores socialisation with change from dependence-related types of behaviour. Treatment in detoxification centres within the community follows. A community based approach using group socialising and an open door policy would seem to make more

sense. Having restored confidence and regained acceptance, the second stage is to rebuild the almost totally lost previous social contact of the addicted person. How to rebuild a new meaningful and satisfying social life? That is not easy. It requires strong and sustained community support: it demands a tolerant approach and not an excluding or punitive approach. Actually, the key is the restructuring of the social life through enormous psychological sup port strong enough to move the addicted person from a dependent life-style to a new depen-

dence free life-style. There may be back and forth movement when the addicted persons may go back to previous forms of addictive life-style, but over time, with communitybased open approach, most if not all addicted persons will settle into a restored life-style regaining normal positions and relationships within the family

and the society. In short, our approach to drug dependent addicts should be the reverse of traditional approach which starts with medical detoxification. In the new approach, detoxification might follow the process of social restoration and not precede that. Like in many other forms of behaviour akin to dependence, regaining confidence and hope and strong incentive for return to normal social fold with sympathetic social support are essential elements of a new strategy.

Cheers to

That

C ERGE Renaud, the French Scientist who had earlier proved that drinking wine is a heart-friendly activity. recently came up with some more heartening news for wine lovers. According to him, two to three glasses of wine per day keeps no, not the doctor, but death away. Yes, if Renaud's claims are correct, then a daily intake of the intoxicant can reduce death rates from all causes by as much as a whopping 30 per cent.

Well-oiled Swedes

Rolf Annerberg, directorgeneral of the Swedish Environmental Protection Agency. argues that cleaner fuel will reduce air pollution and encourage the design of more efficient automobile engines. "It paves the way for lower fuel consumption, thereby automatically reducing carbon dioxide

DSE/Down To Earth Fea-

DETROL in Sweden will Contain less sulphur than any in Europe by the year 2000. Swedish oil companies recently agreed to switch to petrol containing fewer than 50 parts sulphur per million (ppm). Planned European legislation will set a higher limit of 150

emissions," he says.

Psychology and Health

by Anisur Rahman

The fields of psychosomatic medicine, behavioural health, behavioural medicine, and most recently health psychology have emerged. These different areas of stud illustrate an increasing role for psychology in health and a changing model of the relationship between the mind and the body.

Painful and prolonged medical treatments that disregard the quality of life are becoming increasingly unacceptable. Behavioural and other interventions that can improve the quality of life thus have become highly sought after as the incidence of chronic disease has in-

creased. The earliest challenge to biomedical model was psychosomatic medicine. It is generally considered a special area within medicine, composed primarily of psychiatrists, that focuses on the role of psychological factors in somatic or physical disease. In general, it still gives little attention to disease prevention and health promotion.

In contrast, behavioural health — which also challenged the biomedical assumptions of a separation of mind and body — gives almost total attention to disease prevention and health promotion in pratising health persons through the use of educational inputs to change behaviour and lifestyle. The role of behaviour in determining the individual's health status indicates an integration of the mind and body.

A third discipline that challenged the biomedical model was behavioural medicine.

Behavioural medicine has two roots - the early work in psychosomatic medicine, done primarily by psychiatrists and physicians, and later work in behaviour therapy, done primarily by psychologists. The contribution of psychiatrists and physicians sensitised mental health workers to the role of psychological factors in both the etiology and the treatment of medical disorders. The contribution of the psychologists was primarily in the techniques of change, the tools by which psychological factors can be analysed and manipulated to enhance our understanding of illness as well as how to prevent and treat it.

Behavioural medicine employs a wide variety of procedures all of which have the common goal of altering bad living habits, distressed psychological states, aberrant physiological processes, in order to have a beneficial impact on a person's physical condition. It treats psychophysiological disorders, such as essential hypertension (high blood pressure without an evident organic cause), coronary heart disease, bronchitis, asthma, overweight, problems of seriously ill children, addictive disorders that threaten health, such as cigarette smoking and alcoholism, chronic pain etc - the physical disorders thought to have psychological factors as a major aspect of their causal pattern. Thus behavioural medicine challenged the traditional separation of the mind and the body.

These findings are exceedingly important because they revealed that link between the mind and the body is more direct and pervasive than was previously thought. Although an illness may be primarily physical or primarily psychological, it is always a disorder of the person in whole - not just of the lungs or the psyche.

The body and the mind are two ways of talking about the same organism. Soon they led to an important therapeutic technique called biofeedback, whereby a person's physiological processes such as blood pressure are monitored. The feedback serves as a consequence of operant conditioning (a psychological principle of learning). Biofeedback has proven to be useful in treating a variety of health problems, such as headaches.

Health psychology is probably the most recent development in this process of including psychology in an under-standing of health. Health psychology is the aggregate of specific educational, scientific,

and professional contributions of the discipline of psychology to the promotion and maintenance of health, the prevention and treatment of illness, the identification of etiologic and diagnostic correlates of health, illness, and related dysfunction, and to the analysis and improvement of health care system and health policy for-

Health psychology again challenges the mind-body split suggesting a role for the mind in both the cause and treatment of illness, but differs from psychosomatic medicine, behavioural health, and behavioural medicine in that research within health psychology is more specific to the discipline of psychology.

Aims of Health Psychology

Health psychology emphasises the role of psychological factors in the cause, progression and consequences of health and illness. The aims of health psychology can be divided into: a) understanding, explaining, developing and testing theory; and b) putting this theory into practice.

Health psychology aims to understand, explain, develop and test theory by: Evaluating the role of be-

haviour in the aetiology of illness. In general, the processes by which behaviour can influence health and illness can be grouped into three major cate-

First, behaviours can lead directly to alterations of tissue and bodily function by their effects on neuroendocrine and other physiological processes. Central to this category of effects is the concept of stress. Psychological stress results when a person appraises a certain situation or event as causing, or having the potential to cause, some type of harm. Stress can exert a number of effects, including direct physiological changes. For example, severe, frequent, or prolonged stress can result in potentially harmful changes in cardiovascular functioning (e.g. blood pressure), gastrointestinal secretions, endocrine functioning, and other changes that are directly related to one's physical well-being. Behaviours that lead to an increase in severe. frequent, or prolonged stress will thus increase the probability of disease; behaviours that prevent such levels of stress from occurring or quickly re1 duce them if they do occur will lead to a decrease in the likeli-

hood of disease. Perhaps the most well-doc umented major disorder in which stress plays an important role is cardiovascular disease. Research on variables that can increase the likelihood of invocardial infractions (heart attacks), for example, has identified a host of physical factors, such as hypertension, elevated levels of blood cholesterol, diabetes, and so on.

However, these physical factors alone are not maximally predictive of heart attacks. The best set of predictors includes a number of behavioural factors including a behaviour pattern known as the Type a or coronary-prone behaviour pattern. Type A behaviour is characterrised by three major behaviours:

1) A high level of aggressiveness and easily aroused hostility in pursuing one's goals; 2) a sense of time urgency about almost everything; and 3) being competitive and highly achievement-oriented.

Researchers now believe that only people who are high on the hostility and anger component are at increased risk of coronary heart disease. Such a pinpointing of maladaptive health behaviours helps us not only to develop specific behavioural interventions for preventing or ameliorating the behaviours. but also to understand better the processes through which behaviours can influence health by directly affecting the function of the body.

The writer is the Chairman of the Department of Clinical Psychology, University of Dhaka.

Garfield ®

by Jim Davis















কাচ ও সিরামিক গবেষণা ও পরীক্ষণ ইনস্টিটিউট Institute of Glass and Ceramics Research and Testing

(Bangladesh Council of Scientific and Industrial Research)

Short International Re-Tender Notice

Sealed tenders are hereby invited from the bonafide foreign supplier(s)/ manufacturer(s) or their local representative(s) for supply of the following goods to the Institute of Glass and Ceramic Research and Testing.

Cost of tender Short description of Source of Tender No documents fund goods Cash Foreign 750/- (non-refundable) Scientific Equipments, IGCRT/PUR/INT/1/97-98 Exchange Spares etc.

Intending bidders may collect tender documents with details of terms, conditions and specification of goods from the office of the Institute of Glass and Ceramic Research and Testing, BCSIR campus, Dr Qudrat-e-Khuda Road, Dhaka-1205 on payment of the price mentioned above during office hours up to 23rd June, 1998. Copy of Agency/Distributor/Dealership certificate

must be submitted at the time of collection of tender documents. Tenders may be dropped into the tender box kept in the office of the Institute up to 12-00 hrs. of 24th June, 1998 or may be sent to the Project Director of the Institute by post or by courier service so as to reach him before the time and date mentioned above. Tenders received after the time mentioned above shall not be entertained.

Tenders will be opened on 24th June, 1998 at 12-15 hrs. in presence of the bidders (if any). Bids for instruments which conform with the specification stated in the schedule and submitted by bidders as per advertisement in The Daily Star and Ajker Kagoj of 24th April, 1998 remain valid and the concerned bidders need not submit new tenders for the same instruments.

The Institute authority reserves the right to accept or reject any or all tenders without assigning any reason.

GD-453

DFP-11829-26/5

G-1354

Project Director Institute of Glass and Ceramic Research and Testing

Directorate of Housing

Segunbagicha, Dhaka

Phone: 9562762

Government of the People's Republic of Bangladesh Office of the Executive Engineer

PWD Divn No II, Rajshahi

PWD Tender Notice No-38 of 1997-98

Tenders in sealed cover are hereby invited in Bangladesh Form No 2911 from undermentioned approved contractors of PWD for the undermentioned works. The tender will be received by the undersigned and as well as by the Executive Engineer, PWD Divn I, Rajshahi/Natore/ Naogaon/Pabna and Sub-Divisional Engineer, PWD Sub-Division, Nawabganj up to 12-00 Noon on 24-06-98 Eng in the tender box kept for the purpose in the room of their respective offices and will be opened on the same day at 12-15 PM in presence of the tenderers who may like to remain present

Earnest money must accompany with each tender in BD/SDR/PO or CD in favour of the

S1 No	Name of work	Estimated cost	Earnest money	Class of contractor
1	2	3	4	5
1.	Sinking and installation of 75 mm dia deep tubewell providing distribution GI Pipe Line and construction of a Pump House to Police Station Compound at Puthia, Rajshahi during 1997-98.	Tk 3,13,148/-	Tk 6,263/-	Class I & II approved enlisted sanitary and plumbing contractor of PWD.

Government of the People's Republic of Bangladesh

Office of the Chief Engineer, Directorate of Housing Segunbagicha, Dhaka

NOTICE

It is hereby notified for information of all special first class/first class (general/sanitary)/second class (general/sanitary) & third class (general) contractors under the Directorate of Housing that decision has been taken to enhance the enlistment fee & annual renewal fee for contractors under the Ministry of Housing & Public Works vide Memo No. SA-4/1E-2/93/686 dt. 26.08.1404 BS/10.12.1997.

Accordingly, all class contractors under Directorate of Housing who have already deposited enlistment fee/annual renewal fee for 1997-98, are requested to deposit renewal fee at additional rate for 1997-98 financial year to the divisional office concerned by 30.06.98. Otherwise, it will not be feasible to permit renewal of the contractors' licence for 1998-99 financial year.

S1 No	Class	Earlier rate	Existing rate	Additional rate to be deposited
1.	Special class registration/Annual	Tk 4,000/-	Tk 6,000/-	Tk 2,000/-
2.	Renewal fee First class (collective) -dodo-	Tk 1,500/-	Tk 3,000/-	Tk 1,500/-
3.	Second class -dodo-	Tk 1,000/-	Tk 1,500/-	
4.	Third class -dodo-	Tk 500/-	Tk 1,000/-	Tk 500/-
		AM Fakhruddin Chief Engineer		

undersigned from any scheduled bank of Bangladesh. Contract tender documents can be seen and obtained from the office of the Executive Engineer, PWD Divn No I/II, Rajshahi/Natore/ Naogaon/Pabna and Sub-Divisional Engineer, PWD Sub-Divn II, Rajshahi and Nawabganj on

সেরেস্তাদার

66-800

সাবজ্জ ও অর্থঝণ ২ নং আদালত, গাজীপুর

আদেশক্রমে

G-1347

DFP-12871-7/6

Executive Engineer PWD Divn No II, Rajshahi.