

Don't be the fall guy

To reduce the risk of falls, people over 65 should wear athletic shoes, according to a new study from the University of Washington. People wearing other kinds of shoes were 30 per cent more likely to fall than those in athletic shoes. Those going barefoot, however, had the greatest risk of falling, probably because it's easier to slip without shoes. Another recent study, from Harvard, found that older people should be especially careful about falling when taking prescription tranquilisers called benzodiazepines for anxiety or insomnia. The risk of falling and breaking a hip is greatest during the first two weeks of taking the drug.

BELCHING, BLOATING, FLATULENCE

Keep the abdominal discomforts away

All of us at one time or another have complained about indigestion. Indigestion is a term that is used regularly, yet the symptoms it describes differ from person to person. Most people use the word to describe some type of upper gastrointestinal discomfort that is related to eating. Others experience stomach pain and gas. Still others report intolerance to certain foods and a need to belch. All of these complaints are involved in indigestion and quite often they can be the cause of social embarrassment. Here is how to put a plug on the uh, emissions.

Belching

Some people complain of chronic, repetitive belching. In most instances, each belch is preceded by a large gulp of air which passes only part of the way down the esophagus before it is expelled. Air swallowing is what generally causes excessive belching, not the production of gas in the stomach or intestine. Everyone swallows a bit of air, but some people gulp air excessively causing repeated belching.

Typical culprits

- λ Anything that makes you swallow too much air, like
 - eating or drinking too fast
 - carbonated beverages (or drinking any beverage through a straw)
 - dentures that don't fit properly
 - chewing gum
 - sucking on hard candy
 - getting anxious and hyperventilating
 - cigarette smoking
- λ Chocolate, fats, and mints are belch enablers. They allow stomach gas to escape by relaxing the lower esophageal sphincter, a ring of muscle that acts as a gateway between the esophagus and stomach.

What can help

Not being able to belch can be

painful, but over the counter medication rarely works for problems of excessive intestinal gas, including belching. However the age-old remedy of drinking some banking soda diluted in water can often help solve the problem.

Other strategies --

- λ Remind yourself to eat and drink more slowly
- λ Avoid "triggers" like chewing

About 20-60 per cent of intestinal gas is swallowed air. When swallowed air is not expelled, it passes into the stomach and intestine, giving a feeling of fullness and pressure. X-rays of people complaining of bloating have detected large amount of air in the "gastric fundus." This symptom complex is known as the gastric bubble syndrome, and

λ Sluggish bowel contractions
λ Gas trapped in folds of the intestines
λ Gas-filled cysts in the large intestine

λ Poor absorption of carbohydrates (fructose, lactose)
λ Diarrhea
λ Irritable bowel syndrome (IBS)

What can help

- λ Remedies for constipation: fibre, fluids, laxatives, stool softeners
- λ Medications for IBS if it is the problem
- λ Getting tested for celiac disease, a sensitivity to gluten, a protein in wheat and barley
- λ Getting tested for lactose intolerance, lack of the enzyme that breaks down the sugar in milk

Flatulence

The average individual normally has 150 to 300 ml of gas or less in the stomach and colon at any one time.

On average, people pass 500-1,500 ml of gas in 10-20 episodes daily. Men produce more gas than women do, but the flatulence of women contains more of the most offensive gas, hydrogen sulfide. Clues to the causes of excessive flatulence can come from analysis of the gases. Gas originates from swallowed atmospheric air, bicarbonate neutralisation of stomach acids, diffusion of gases into the intestine from the blood, and bacterial fermentation. The main gases produced are hydrogen and carbon dioxide. There are minute quantities of other gases and, of course, sulfur-containing compounds especially hydrogen sulfide that raise the stink. About one-third of the population produces methane.

Typical culprits

Some foods such as legumes and certain grains, increase the production of gas. These foods contain significant quantities of

nonabsorbable complex carbohydrates that pass into the colon, providing an excellent place for gas producing bacteria to grow. The most commonly studied of these foods is beans, which contain oligosaccharides that cannot be broken down in the small intestine, but pass into the colon and are metabolised by colonic bacteria. Fructose, a natural or added sweetener in fruit, fruit juices and soft drinks, and also present in oligosaccharides in, among others, cauliflower, onions, wheat etc, may also be incompletely absorbed in the small intestine, and add to abdominal distention, bloating and flatulence.

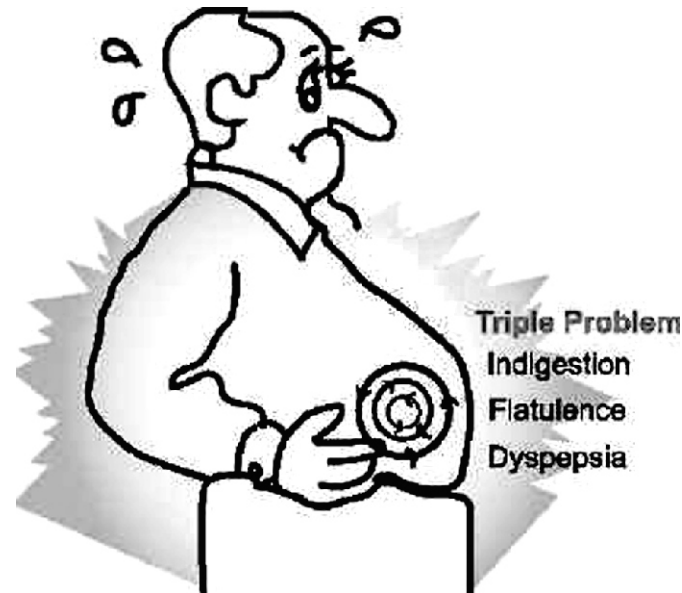
Intestinal malabsorption of sorbitol, a product used in many "sugar free" gums and candies and also used as an inert ingredient in some medications, may also cause abdominal distention, gaseousness, and bloating. Another possibility is abnormal bacterial colonisation of the small intestine, inadequate digestive enzymes or infection with *Giardia lamblia*.

Antibiotics, fibre-rich diet, carbonated beverages, lactose intolerance, irritable bowel syndrome are other likely causes.

What can help

- λ Changing diet. Some foods, like prok, can make flatulence smell especially bad
- λ Beano pills (alpha-galactosidase)
- λ Activated charcoal pills (although some studies show no benefit)
- λ Antibiotics (if bacterial overgrowth is suspected)
- λ Bismuth subsalicylate for odour
- λ Charcoal-lined cushions (for odour)

Source: Health and Nutrition



Palpitation, a common medical symptom

DR MD HABIBE MILLAT

An arrhythmia is any irregularity in the heart's rhythm. An unpleasant sensation in the heart, whether rapid or slow, regular or irregular, and of which one is consciously aware, is called a palpitation.

Three complaints are common among patients seeking a doctor's advice about their heart: "My heart feels like it's pounding violently in my chest," "My heart is racing," and "My heart feels like it skips a beat".

Palpitation of the heart may occur due to a variety of factors, which may or may not be related to the heart itself. Anything which increases the work load of the heart may bring on this condition. There are many causes which can cause palpitation including aging, anxiety, exercise, exertion, intense emotion, infection.



In fact, the great majority of complaints about the heart presented to physicians indicate a psychological rather than a physical problem.

In general, the majority of the people have some kind of rhythm disturbance such as skipped beats, palpitations, or pounding in the chest. These premature contractions of the heart are usually of no serious significance and occur in many healthy individuals. It is possible that night time palpitation are related to emotional factors or dreams, rather than serious heart conditions.

Although most complaints of palpitation reflect a minor cardiac problem or a sign of anxiety, it is possible that they involve some kind of coronary artery disease. A narrowing of the arteries to the heart causes such diseases. Complaints of a "racing" heart can signal certain kinds of organic heart disease and heart failure.

Often, however, palpitation may be an important symptom indicating an underlying disturbance in the heart's electrical conduction system or another condition which may be having a direct effect on the heart's rhythm and rate such as an overactive thyroid gland, adrenaline secreting tumour, low blood sugar, and many others.

Your symptoms of palpitations should be investigated by a physician to determine their potential significance. A detailed history and physical exam is very important and may yield valuable clues as to the underlying problem.

Specific medical tests are often utilised in the evaluation of palpitations. These include the standard ECG, 24-hour ambulatory ECG monitor, cardiac event recorder, and, depending on the clinical circumstances, echocardiography and cardiac stress testing. In addition, blood tests are usually obtained to evaluate thyroid status and exclude other hormonal or metabolic problems. All of these tests can be accomplished in the outpatient setting.

At times, the evaluation of palpitations may uncover a potentially serious cardiac arrhythmia requiring specific medication to control the abnormal heartbeats. Examples include atrial fibrillation, supraventricular tachycardia, and the more serious ventricular tachycardia. Surgical interventions such as laser ablation, implantable cardiac defibrillator, or permanent pacemaker are occasionally required for life-threatening arrhythmias.

Premature beats are not dangerous and are very common. There are some situations however when these extra beats require further investigation.

If these beats are associated with other symptoms, particularly fainting, then they may actually represent a run of early beats. These early beats can interfere with the pumping of blood to the rest of the body, particularly the brain, and hence cause fainting. This can be life-threatening.

Children with certain types of congenital heart disease are at higher risk for having fast heart rhythms that can be dangerous.

Grapes juice, guava, leaves of snake gourd, honey, Indian spikenard, coriander may help to prevent and treat palpitation. The patient suffering from palpitation of the heart should take a simple diet of natural foods, with emphasis on fresh fruits, and raw or lightly cooked vegetables. He should avoid tea, coffee, alcohol, chocolate, soft drinks, all white flour products, sugar, food colourings, chemical additives, white rice etc. Meditation and relaxation may help. The patient should also undertake some form of active exercise such as brisk walks, swimming, skipping, and cycling. However, you should seek a thorough medical evaluation to exclude a variety of potentially serious conditions.

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Strict diet programme may help prostate cancer

A strict vegetarian diet combined with relaxation therapy and exercise may be able to control slow-growing prostate cancer, researchers said.

Diet guru Dr Dean Ornish said his vegan diet programme, which some studies have suggested can reverse heart disease, also seemed to halt the progression of prostate cancer.

Tests on middle-aged and elderly men who had opted to watch indolent prostate tumors

65 to 67. It can sometimes be a slow-growing cancer and men often opt for "watchful waiting" when they have been diagnosed. They get regular tests of prostate specific antigen, or PSA -- a compound in the blood that can help indicate prostate health -- digital rectal exams and sometimes ultrasounds of the prostate.

Ornish, along with urologist Dr. Peter Carroll at UCSF and other experts divided their 93

"It was mostly walking," Ornish said. "We asked them to do yoga and meditation."

There were also group sessions once a week during which they did an hour of yoga, ate a group meal and had a group session. After a year, on average, PSA levels rose in the group that made no changes but fell in the group that followed the Ornish plan.

PSA is not always directly linked with cancer, but Ornish said it is the best measure available. In addition, six of the men who made no changes decided in the year to have their prostates removed or to have radiation therapy, compared to no men in who did the Ornish program.

Their decisions were based either on a rise in PSA or on exams that suggested the tumors were growing, Ornish said.

Ornish said he does not know which component of his program is more important.

"There is no way to factor it out," he said. "Everything we were doing was to harness the mind-body interactions for the better." Ornish said diet alone has not been shown to affect cancer progression. "I think it is difficult for people to change their diet if they don't change other habits," he said, noting that people often overeat when stressed, for example.

Diets low in fat and rich in fruits and vegetables, as well as exercise, have been shown to reduce the risk of a range of cancers including breast and prostate cancer.

"About half their meals were prepared," Ornish said. They were also told to exercise daily.



rather than treat them suggested the program slowed the growth of their cancers, Ornish said.

Writing in the Journal of Urology, Ornish and colleagues at the University of California San Francisco and the Memorial Sloan-Kettering Cancer Center in New York said they tested 93 men with prostate cancer.

They had an average age of

volunteers into two groups. One group was not told anything and the other was put on Ornish's program.

This includes an ultra low-fat vegan diet with fewer than 10 percent of calories from fat, plenty of fruits and vegetables, as well as whole grains and legumes.

Source: Journal of Urology

Caffeine cuts nighttime diabetes problem



People with type 1 diabetes may have a new reason to appreciate a cup of coffee. Caffeine intake, in normal amounts, is associated with a significant reduction in nighttime episodes of excessively low blood sugar levels -- or hypoglycemia -- according to UK researchers.

"The fear of nocturnal (night-time) hypoglycemia is consistently the greatest fear that patients bring up in clinic," lead

investigator Dr Tristan Richardson told. "The influence of a common everyday drug such as caffeine on reducing the amount of time with hypoglycemia, especially at night, is interesting, and has never been suggested before."

People with type 1 diabetes have to take insulin to keep their blood glucose levels within the normal range. When levels drop too low, patients can become weak and disoriented, and even suffer brain damage and go into a coma.

In the medical journal Diabetes Care, Richardson of Royal Bournemouth Hospital and colleagues note that in previous studies they showed that moderate caffeine intake can boost the normal body responses that occur to correct mild hypoglycemia.

To investigate further, the researchers conducted a study involving 19 patients with long-standing type 1 diabetes.

They were all put on a low-caffeine diet, containing less than 50 mg of caffeine per day. This was supplemented for 2 weeks with either two 250 mg caffeine capsules given twice daily or placebo capsules, and then the participants were switched to the opposite capsules for another 2 weeks.

Continuous glucose sensing was used to measure the subjects' blood sugar levels for the last 48 hours of each 2-week period. With the caffeine supplement, the average duration of nighttime hypoglycemia was 49 minutes. With the placebo supplement, it was 132 minutes, the team found.

"The underlying physiological cause remains unclear," Dr Richardson commented. "It may be related to an alteration in non-REM sleep, another well known side-effect of coffee, and this warrants further study."

However it works, he concluded, "The use of caffeine may be one option worth trying in an attempt to reduce the frequency and length of hypoglycemia."

Source: Diabetes Care, June 2005

Adult lifestyle predicts bone health

A person's lifestyle as an adult, including their diet and exercise habits, and reproductive history, plays a more integral role in bone health than does his or her birth weight or other factors associated with early life, results of a UK study suggest.

Data collected from hundreds of middle-aged individuals revealed that their adult lifestyle had more of an impact on their bone mineral density than did factors related to their early life, such as birth weight. Early lifestyle factors, on the other hand, appeared to influence bone size.

Previous research suggested that a person's health during their middle age years is strongly influenced by their fetal development. Researchers have associated poor growth during this stage, as well as in infancy, with less skeletal growth and bone mass and a greater risk of osteoporosis and bone fracture.

"Previous studies have suggested a link between birth weight and bone health," study author Dr. Mark S. Pearce of the University of Newcastle upon Tyne told. "In our study, we confirmed the association between smaller birth weight (adjusted for gestational age) and bone size, but not for bone mineral density."

Instead, "the study suggests that adult factors are more important than early life events in determining bone density in middle age," co-author Roger M. Francis, of Freeman Hospital, in Newcastle upon Tyne, told.

Among 389 adults who were followed from birth, larger birth weights predicted greater bone sizes for men, even after their adult height and weight was taken into consideration, researchers report in the Journal of Epidemiology and Community Health.

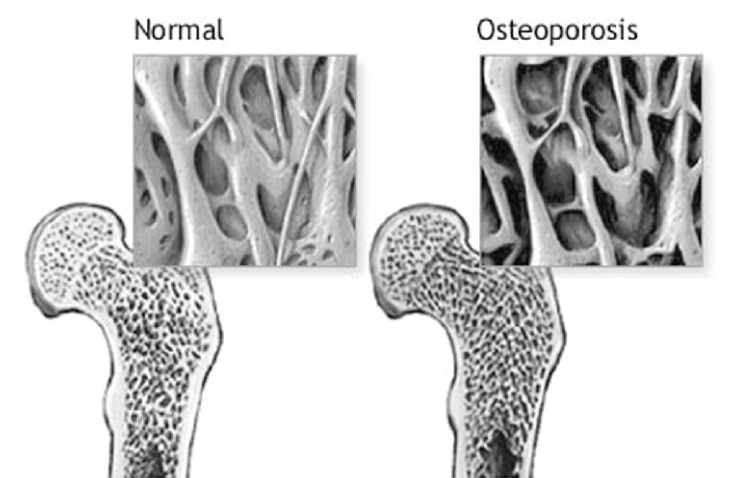
"Smaller babies are likely to

have smaller skeletal size as adults," Francis explained. "As small skeletal size is also a risk factor for fracture, these individuals may be at increased risk of fracture in later life."

Early life, including birth weight, and other factors related to development as a fetus, infant or child, explained some of the variation in bone mineral density among men. Yet among women, early life factors accounted for much less of the variation in bone density. More significant among

decreased hip bone mineral density in men. In women, more pregnancies was associated with less dense bones in the hip area.

This study, Francis told, shows that "promotion of a healthier adult lifestyle is the public health intervention most likely to improve bone health in middle age." In light of the findings, Francis advises that parents ensure that children get enough calcium and vitamin D "to optimise skeletal growth." Adults, on the other hand, should be aware that "lifestyle factors



women, study findings show, was their adult weight.

In fact, for both men and women, adult weight accounted for nearly 25 percent of the variation in hip bone mineral density, the report indicates.

Further, other adult lifestyle factors also contributed to bone health among both sexes. For example, alcohol drinking was found to be associated with men's bone size, and decreased intake of vitamin C was linked to

such as avoiding smoking and excess alcohol consumption, (engaging in) regular physical activity and eating a balanced diet rich in calcium should help to maintain bone health, but are not guaranteed to prevent osteoporosis or fractures later in life."

Source: Journal of Epidemiology and Community Health