

25 biggest weight-loss mistakes

STAR HEALTH DESK

Maybe you are anxiously looking for tips "to do" and a diet to "go on," which are essential to successful weight loss, but those are not the only things that you need to know.

Why? Many women have spent an average of 20 years "dieting," so a safe assumption is that we know a lot about what to do right. However, little attention is usually given on what not to do. Apply this list of things NOT to do to your healthful regimen, and spare yourself many of the pitfalls that derail most dieters.

1. Having a negative defeatist attitude. If you think there is no way that you are going to succeed this time, lose the weight and keep it off, then you will be right!

2. Going on any diet that is NOT a manner of eating that you can adhere to for the rest of your life. Be careful when deciding what nutritional plan you want to follow, as it should be a manner of eating that matches your tastes, budget and lifestyle.

3. Believing that you will eat cabbage soup — or any other low-cal, monotonous fare every-day for the rest of your life. It is not realistic to think you will eat that way for the entire time it takes to lose all the weight. It certainly will not teach you much about how to live healthfully for the long-term.

4. Weighing in too frequently, letting the scale rule your mood and actions. Pack the scale up, put a big red bow around it, and unwrap it after six months of



consistent healthful living. It might actually show you something you want to see!

5. Not drinking enough water. Water is all that you need to drink, and you MUST drink at least 64 ounces of it a day!

6. Drinking sugar-laden drinks — including "fruit" drinks. Fruitopia is neither a fruit nor a Utopia! Try putting your favorite non-water beverage in your pet's bowl, and see if they will drink it.

7. Consuming processed foods more often than fresh foods. Eating as close to natural is the best way to ensure that your body is as healthy as possible.

8. Not having a plan. "We never plan to fail, we fail to plan." Get a plan and stick with it, but make sure each step is realistic and change is gradual!

9. Not being aware of the nutritional benefits or detriments of what you consume. Lettuce is a great choice to eat,

but spinach and other darker leaves have more nutritional benefit than the iceberg variety.

10. Finishing every last bite of a meal, even after you are full. Mother was wrong! Don't clean your plate, let the dishwasher do that!

11. Going back for seconds at meals. If you like it that much, have it as a leftover the next day! Too much of even a good thing is no longer a good thing!

12. Skipping breakfast. Mother

was right on this one. It is the most important meal of the day!

13. Starving all day. When you finally get around to eating, it is usually something unhealthy, and it gets stored as energy later, rather than burned as energy now! You totally mess up your metabolism if you do this!

14. Bingeing after "falling off the wagon," and waiting until tomorrow to get back on track. Admit now that you will stumble on this journey. Make it your goal to lengthen the amount of time between stumbles, and shorten the time it takes to get back on track.

15. Thinking you are genetically destined to be fat. The only fat gene is the one left hanging in your closet after you lose your weight! You may be predisposed to a condition, but HOW you live determines how great its effect on your life will be!

16. Treating "fat" as a personality trait. Fat is NOT a personality trait; it is a physical condition. Blond is not a trait, either; it is a hair color! Do not allow yourself to be branded by ANY physical attribute or deterrent!

17. Not living each day to the fullest... thinking that it will come when you are thinner. BE, DO and then you will HAVE! BE a healthier person, DO the things a healthier person DOES and soon, you will HAVE a healthier life!

18. Thinking pills, powders or potions are more powerful than they really are for achieving weight loss. If those things really worked, no one would be overweight!

19. Thinking of exercise as a

chore instead of a way to improve your health and life. If today, you were in an accident, paralysed and could never walk again, do you think you would long to be able to go for a walk? Exercise is a "GET TO", not a "HAVE TO." Push yourself; you will be amazed at how it feels!

20. Indulging excessively in alcohol. Bottom line: When you drink, you suck down excess calories, alter your mind and let down your guard.

21. Watching sports rather than participating in sports. Would it be more fun to watch the Super Bowl or be the MVP of the game? Watching football is a tradition, but playing a game of it in your own front yard will provide memories that will last long after the season is over!

22. Watching too much television. New rule: NO TV viewing unless you have walked for 30 minutes!

23. Thinking that "dieting" spree — and not a total lifestyle change — will garner lasting weight loss results. If you are not changing your life, you are not making lasting changes!

24. Consuming fast foods on a regular basis. The fried, greasy and high-calorie fast food that dominates our society's eating habits today is the leading cause of the obesity epidemic that we now face.

25. Waiting for tomorrow to "get started," rather than RIGHT NOW! There is hope, and there is a light at the end of the tunnel. So start it now or plan to do something immediately.

Cashiers vulnerable to flu from banknotes!

REUTERS, Geneva

Bank cashiers and others working with large quantities of paper currency are vulnerable to catching various types of flu from the germs living on notes, a Swiss researcher said recently.

Yves Thomas, head of the National Influenza Research Centre at Geneva University Hospital, said that flu viruses could survive on banknotes from 24 hours up to 17 days.

"Our studies have convinced us that it is possible to catch flu from banknotes, but the chances are very, very slim and there is no cause for concern among the general population," he told.

"All the same, bank employees and others who have to handle large quantities of notes daily could be at risk," Thomas said. "This could be reduced if they wear gloves, or even a mask for those who have to examine currency closely."

Scientists have long known that various types of germs and bacteria can survive on paper currency, but until now medical experts have thought that flu only spread through small droplets in airborne transmission.

But Thomas said his team found that some types of flu virus could also survive and spread on everyday objects, like doorhandles as well as banknotes.

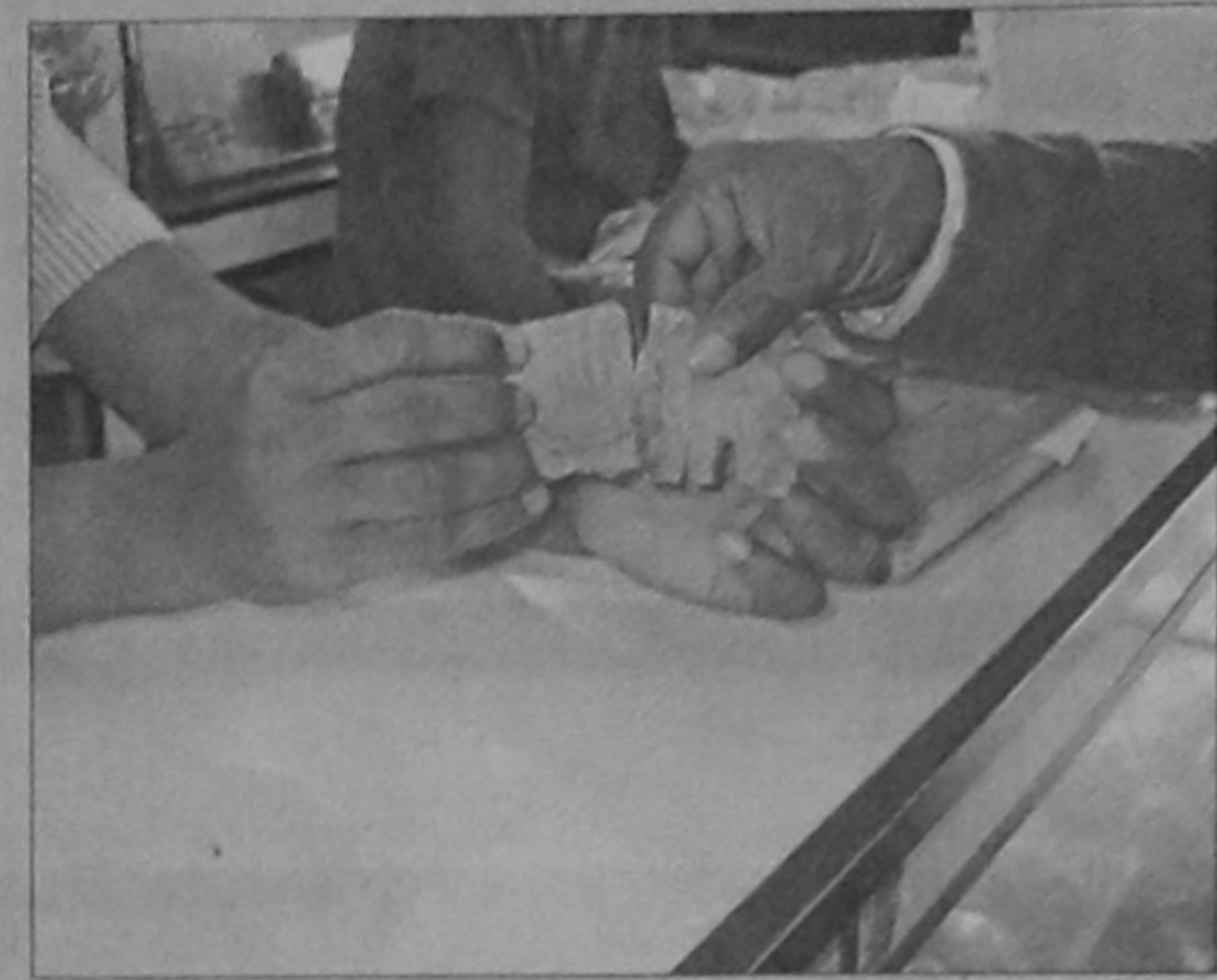
When the researchers put different amounts of virus on notes in laboratory conditions, the common H1N1 variety of "influenza A" survived for only a few hours.

However, the H3N2 variety stayed active for up to three days. When mixed with nose mucus from children already suffering from flu, it survived for up to two and a half weeks.

No attempt was made to infect anyone with the samples, he said. "But it is clear that in theory, the virus could infect people handling infected banknotes and then touching their noses or mouths."

The team used only common flu viruses known to be passed easily between humans, and did not seek samples of the deadly bird flu H5N1 virus, which has devastated bird populations but is not known to be responsible for human-to-human infections.

"H5N1 is notoriously difficult to work with and it is not easy to obtain samples," Thomas said.



MO RAJIB HOSSAIN

First aid to handle stroke



A stroke occurs when there is bleeding into our brain, or normal blood flow to our brain is hampered. Within minutes of being deprived of essential nutrients, brain cells start dying — a process that may continue over the next several hours.

A stroke is a true emergency. Seek immediate medical assistance. The sooner treatment is given, the more likely it is that damage can be minimised. Every moment counts. If you notice a sudden onset of one or more of the following signs or symptoms, seek for local emergency medical assistance immediately:

- Sudden weakness or numbness in your face, arm or leg on one side of your body
- Sudden dimness, blurring or loss of vision, particularly in one eye
- Loss of speech or trouble talking or understanding speech
- Deviation of mouth to a direction
- Sudden, severe headache — a bolt out of the blue — with no apparent cause
- Unexplained dizziness, unsteadiness or a sudden fall, especially if accompanied by any of the other symptoms
- Vertigo or unconsciousness for a while that is the sign of TIA (transient ischemic attack in the brain)

Risk factors for stroke include having high blood pressure, having had a previous stroke, smoking, having diabetes and having heart disease. Your risk of stroke increases as you age.

Modern treatment to overcome addiction

DR SATPARKASH

For the last few decades, most countries including Bangladesh have been in the grip of the epidemic of addiction. Increasing illicit drug-trade, lack of awareness, improper treatment and rehabilitation — all are responsible for the spate.

Till date, very little medical support is available to the addicts to get out of the clutches of this vicious habit. The course of the treatment typically includes detoxification in rehabilitation centres followed by relapse over and over again. In most cases it is not treated properly. As a result recurrence occurs frequently. Rehabilitation for the addicted people is still far behind from the standard and urgent modification is needed to make it effective.

Chemical dependency to Drugs such as Opiates (including Heroin, Smack or Brown Sugar, Opium, Cough Syrups, Proxyvon, Spasmodoxyvon, Fortwin, Morphine and Buprenorphine injections), Cocaine, Ecstasy, Amphetamines and other stimulants and Alcohol intoxication are dreaded problems. It is virtually impossible to overcome an addiction merely by locking the addict in a rehab centre for weeks to months against one's will.

The biggest fear that would

prevent an addict from giving up a drug or alcohol is that of the intense discomfort experienced during withdrawal. The conventional procedures of detoxification have only reinforced these fears further. This is a major reason for people drop out treatment midway. Earlier, the failure rate of treatment was about 90 to 95 percent. It means, a relapse was almost inevitable within a few days to a few weeks after detoxification.

Naltrexone implant

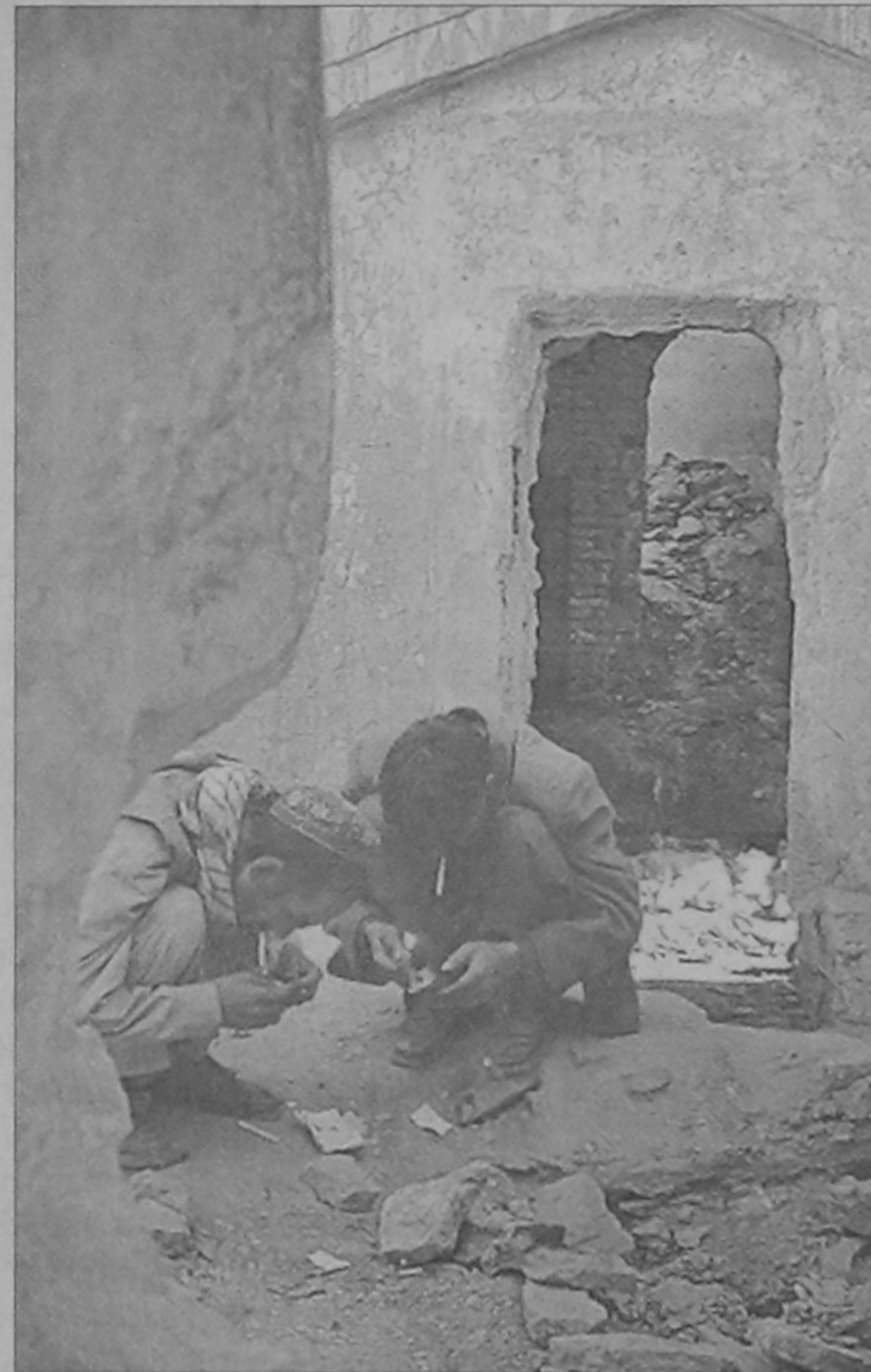
At every specialised centers in the world, opiate addiction is being treated very successfully by the use of ultra rapid opiate detoxification along with implantable Naltrexone pellets.

Naltrexone is a chemical that blocks the effect of heroin and others opioid taken in any form. It does not directly stop a person wanting to use heroin, although it may reduce or prevent cravings in some people. The implant is usually inserted under local anaesthesia at lower abdomen or at back of the upper arm after detoxification is over.

Disulfiram implant

Disulfiram is a drug that produces sensitivity to alcohol. It results in a highly unpleasant reaction when the patient under treatment ingests even small amounts of alcohol.

Disulfiram blocks the oxida-



tion of alcohol to acetaldehyde during metabolism and produces highly unpleasant symptoms called disulfiram-alcohol reaction. Now a days, specialists prefer Disulfiram implant rather than ingestion, which appears to give effective blood levels for twelve weeks on an average.

Advantages of using modern implants

- Makes relapse almost impossible while the implants are effective
- Avoids the need to supervise and the arguments they can cause
- Implants probably reduce craving even more than oral preparation because there is no points in craving for what you can have

Disadvantages

- Involves (minor) surgery and a small scar with temporary tenderness and bruising
- Occasional local infection or inflammation of implant site, usually responding to antibiotics
- Initially more expensive than oral preparation
- Disulfiram implant has the risk of turning to other drugs as a substitute.

Although there are some drawbacks, these can be safely performed by adhering to current medical standards. The detoxification process is almost 100

percent effective in case of every one who undergoes this procedure.

The ultra rapid opioid detoxification, implantation of the Naltrexone and Disulfiram are modern modalities of treatment for getting rid of addiction.

There is now a need for after-care counseling to allow thorough social integration and psychotherapeutic techniques become much more effective.

It is essential to ensure that healthy and appropriate coping behaviours should be learned, rather than substituting other drugs for heroin and methadone.

Ascertaining whether or not an individual is abusing or dependent on a drug was virtually impossible unless the person was caught using the drug.

Now, various drug testing kits are available that give instant results to diagnose abuse of drugs such as Opiates, Cannabis, Cocaine, Ecstasy, Sleeping Pills or Benzodiazepines, Barbiturates, Phencyclidine, Oxycontin and the stimulants such as Amphetamines and Methamphetamines. These are recommended if there is any doubt that a family member or student could be on drugs.

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Poor sanitation kills 5,000 children a day

REUTERS, London

Five thousand children die every day globally because they do not have access to clean toilets, health experts said.

Wealthy governments and donors could make a huge impact on global health by making sanitation a priority, representatives from a coalition of 60 health groups said.

They estimated that 40 percent of the world's people do not have access to clean and safe toilets.

"It is about generating political will, and we also want to see a real mobilisation around sanitation in the aid system," said Henry Northover of WaterAid, which founded the coalition End Water Poverty.

This would also go a long way toward meeting global targets aimed at sharply reducing world poverty by 2015, the experts said.

WaterAid says 1.8 million children are dying each year before their fifth birthday from diarrhoea.



Undernutrition behind third of child deaths: studies

Undernutrition causes more than a third of child deaths worldwide, but simple programmes like promoting breastfeeding and providing supplements could keep some of those children alive, experts said.

The new figures, which were taken from surveys of some 139 countries and a re-analysis of existing data, are lower than previous estimates attributing 50 percent of childhood deaths to undernutrition — a severe form of malnutrition, the international team of researchers said.

The researchers estimated that problems relating to a severe lack of food resulted in 2.2 million deaths of children under the age of five in 2005.

Too many children still die needlessly due to a lack of coordination among governments, private donor groups and non-

governmental organisations, they wrote in a special series of reports in the journal Lancet.

"This latest Lancet series concludes, not surprisingly perhaps, that the international nutrition system is broken," Richard Horton, the journal's editor, wrote in a commentary. "Leadership is absent, resources are too few, capacity is fragile and emergency responses systems are urgently needed."

Undernourished children who survive face a lifetime of poor health and developmental problems that will hinder them both socially and economically as they grow older, the researchers said.

"We conclude that damage suffered in early life leads to permanent impairment, and might also affect future generations," said Caroline Fall, an epidemiologist at the University of Southampton in Britain, who worked on one of the studies.

"Populations who have been affected by this are not going to be able to climb out of poverty."

Other researchers said early intervention was key. Things like promoting breastfeeding and providing Vitamin A supplements were examples of programs that, if made available early, could prevent 25 percent of all child deaths in the 36 countries with the biggest problem with undernutrition, they said.

Medecins Sans Frontieres welcomed the papers for putting a spotlight on the often neglected issue of childhood undernutrition but criticised the findings for underestimating child deaths and failing to endorse home-based care.

"Because of weaknesses in analysis and outmoded recommendations, the series is undermining efforts to promote urgently needed change," the group said in a statement.



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