Lifestyle & home remedies

for dry skin

DR TAREQ SALAHUDDIN

Ordinarily, dry skin (xerosis) is not serious, but it can be uncomfortable and unsightly, turning plump cells into shriveled ones and creating fine lines and wrinkles.

Serious dry skin conditions - an inherited group of disorders called ichthyosis - can sometimes be disfiguring, causing psychological distress. Fortunately, most dry skin results from environmental factors that can be wholly or partially controlled.

These include exposure to hot or cold weather with low humidity levels and excessive bathing. Chronic or severe dry skin problems may require a dermatologist's evaluation. But first you can do a lot on your own to efforts improve your skin, including using moisturisers, bathing less and avoiding harsh, drying soaps.

Symptoms

Dry skin is often just a temporary problem - one you experience only in winter, for example - but it may be a lifelong concern. And although skin is often driest on your arms, lower legs and the sides of your abdomen, this pattern can vary considerably from person to person.

Signs and symptoms of dry skin depend on your age, your health status, your locale, the amount of time you spend outdoors, and the cause of the problem.

If you have dry skin, you are likely to experience one or more of the following:

·A feeling of skin tightness, especially after showering, bathing or swimming

·Skin that appears shrunken or dehydrated

•Skin that feels and looks rough rather than smooth

·Itching (pruritus) that sometimes may be intense ·Slight to severe flaking,

scalingorpeeling •Fine lines or cracks

•Redness •Deep fissures that may

bleed in severe cases

When to see a doctor Most cases of dry skin respond well to lifestyle and home remedies. See your doctor if:

·Your skin does not improve in spite of your best

·Dry skin is accompanied byredness

•Dryness and itching interfere with sleeping

·You have open sores or infections from scratching ·You have large areas of

scalingorpeelingskin

Causes Though most cases of dry skin are caused by environmental exposures, certain diseases also can significantly alter the function and appearance of your skin. Potential causes of dry skin include weather, central heating and air conditioning, hot baths and showers, harsh soaps and detergents, sun exposure, Psoriasis, thyroid disorders etc.



Complications

Dry skin that is not cared for can lead to diseases like Atopic dermatitis (eczema), Folliculitis and Cellulitis.

Treatments and drugs

In most cases, dry skin problems respond well to home and lifestyle measures, such as using moisturisers and avoiding long, hot showers and baths.

used for non-HIV patients, and

by putting health care workers

nostic laboratories, clinics

and medical training facili-

ties has and will continue to

have broader, positive effects

on public health in

underserved communities,

screening and care for preg-

nant women living with HIV.

access has also had a major

effect on global health advo-

cacy by galvanising patients

to demand their right to

health care and combating

stigma and discrimination

against vulnerable popula-

tions. For the first time in

decades, global health issues

are front and centre on the

international agendas of

such bodies as the United

as will more aggressive

The push for universal

The creation of new diag-

living with HIV back to work.

If home lifestyle and remedies do not work well or your condition is serious, you may consult a dermatologist to get the appropriate

treatment. Lifestyle and home remedies

Although it may not be possible to achieve flawless skin, the following measures can help keep your skin moist

and healthy:

·Moisturise your skin. Moisturisers provide a seal over your skin to keep water from escaping. Thicker dry with a towel so that some moisturisers work best. You may also want to use cosmetics that contain moisturisers.

If your skin is extremely dry, you may want to apply an oil, such as baby oil, while your skin is still moist. Oil moisturisers do and prevents the evaporation of water from the surface of your skin.

limit bath time. Hot water remove oils from your skin. Limit your bath or shower time to about 15 minutes or than hot, water.

soaps. If you have dry skin, it But wool, although it ceris best to use cleansing tainly qualifies as natural, creams or gentle skin cleansers and bath or shower gels When you wash your clothes, with added moisturisers. try to use detergents without Choose mild soaps that have dyes or perfumes, both of added oils and fats.

Avoid deodorant and antibacterial detergents, apply cool compresses to the which are especially area. To reduce inflammaharsh. You might want to tion, use a nonprescription experiment with several hydrocortisone cream or brands until you find one ointment, containing at least that works particularly 1 percent hydrocortisone. well for you. A good rule of thumb is that your skin relieve your symptoms or if should feel soft and smooth after cleansing, your doctor or consult a never tight or dry.

·Apply moisturisers immediately after bathing. After washing or bathing, gently pat or blot your skin moisture remains on the skin. Immediately moisturise your skin with an oil or cream to help trap water in the surface cells.

•Use a humidifier. Hot, dry indoor air can parch sensitive skin and worsen itching and has more staying power than flaking. A portable home humidifier or one attached to your furnace adds moisture to the air inside your home. Portable humidifiers come in •Use warm water and many varieties. Choose one that meets your budget and and long showers or baths any special needs. And be sure to keep your humidifier clean to ward off bacteria and fungi.

·Choose fabrics that are less, and use warm, rather kind to your skin. Natural fibers such as cotton and silk •Avoid harsh, drying allow your skin to breathe. can irritate even normal skin. which can irritate your skin.

If dry skin causes itching,

If these measures do not your symptoms worsen, see dermatologist.

DR RUBAIUL MURSHED



All health information to keep you up to date

Chinese restaurant syndrome

ingredient in Chinese 'samucha'. restaurants. This is the essential amino acid.

this commonly used unhealthy ingredients flavour enhancer is sold under the brand name ingoil as well. 'Ajinomoto'. It is also foods, other than Chinese dishes.

ing sensation on the back such as MSG. of the neck, chest, shoul-

more of an intolerance to obesity in humans. or side effect of MSG. The mechanism of the reac- should avoid foods condirectly related to the seasonings instead. amount of MSG ingested.

foods containing MSG MSG. The only way to on an empty stomach prevent a reaction is to increases the amount avoid foods containing absorbed into the blood- MSG. However, it is posstream. Symptoms of sible to manufacture avoided by eating food snack foods without the prior to eating MSG.

MSG is a common ingre-

Have you heard the term' dient these days. This is Chinese Restaurant easily available and a Syndrome' or CRS? This short secret to make occurs in some people something palatable. after they eat foods con- Even sometimes local taining the food additive street restaurants are Monosodium Glutamate using it during making (MSG) - a common snacks like 'shingara' and

We should eat out, but salt version of glutamic we need something acid, which is a non- healthy. All we have to do is look at the presence of In many countries, MSG and other which includes the cook-

Doctors at a meeting found in a variety of of the Society of Neuroscience in 1990 had a split opinion on the Symptoms of CRS may issues related to include nausea, vomiting neurotoxic effects from and headache. Some- excitotoxic amino acids times there may be burn- found in some additives

Recently in 2008, ders, abdomen, thighs, researchers at the Uniand forearms. In some versity of North Carolina cases, there may be at Chapel Hill, working sweating, palpitations, with Chinese researchwheezing and chest pain. ers, published a study Although similar to an that found a positive link allergic reaction, CRS is between MSG intake and

People with CRS tion is exactly not taining high amounts of known. True life- MSG. Socially responsithreatening symptoms ble restaurants no longer are extremely rare. The use MSG as a flavour intensity and the dura- enhancer and have tion of symptoms are switched to natural

Unfortunately, some restaurants and food A person who eats manufacturers still use CRS can sometimes be very tasty and flavorful use of MSG as demon-To make food tasty strated by the food manufacturers already.

Improving global health outcomes demands a unified effort

of how global health priorities are established.

Tragically, these arguments risk pitting natural allies against one another, and obscure the very real synergies that exist between the global response to HIV and the push to strengthen health systems in poor countries. Those living with and vulnerable to lifethreatening diseases in these countries stand to gain far more by unified efforts to expand overall funding for

Recently published argu- as the result of the tireless, ments that increased funding frontline efforts of researchfor HIV is to blame for the ers, health care workers, chronic underfunding of advocates, volunteers, and broader health systems are people living with HIV rooted in a simplistic analysis (PLHIV) over nearly three decades.

The success of the global



global health than they do by response to HIV, including efforts to reapportion the treatment and prevention inadequate resources now scale up, is not in competidevoted to such issues.

In the context of today's ening health systems, but global financial crisis, it is rather depends on it. No one extremely short-sighted for health advocates to suggest frontline AIDS professionals that the urgent and very real who regularly struggle to do non-HIV health care needs of their jobs, often with insuffithe world's poor could be solved simply by reallocating resources. AIDS funding to other health issues. Such an approach let's for a shortcoming that was our political leaders off the many decades in the making is hook, and in the midst of the political process used to recognise how the roll out of allocate funding, all too often HIV treatment has in many results in less, not more, cases eased the pressure on

funding overall. The hard-won progress demand for hospital beds, against HIV/AIDS has come thereby allowing them to be

While we are seeing the

fruit of those efforts in many places, the greatest challenges and the most significant costs are still ahead. An estimated 70% of PLHIV in need of treatment still do not have access to it. Many people at risk for infection have no access to proven prevention programmes, and stigma and discrimination still stymie both treatment and prevention initiatives.

Nations, the G8 and the African Development Forum. Many advocates for primary care, pre- and post-natal care, maternal health and sexual and reproductive health recognise the opportunities presented by this momentum and are finding ways, at the country and international levels, to join forces with those working on HIV to develop an even stronger movement for global health.

tion with the goal of strength-

understands this better than

cient physical and human

unwarranted. It also fails to

Blaming the AIDS response

As the AIDS movement gains traction and recent investments begin to demonstrate tangible progress, it is unfortunate that criticisms from those outside the field are appearing.

Demands for a bigger slice of the global health funding pie, which was never big enough in the first place, is short-sighted, at best. The global response to AIDS provides an opening and a mandate to address the chronic under-financing of health systems in developing countries. We must act as a unified global community to seize this opportunity - it is an opportunity we cannot afford to squander.

The article is a Media Statement from Julio such systems by reducing Montaner, President, International AIDS Society: Director, BC Centre for Excellence in HIV/AIDS.

Nuitrition in a crunch

Why eat wheat germ? Wheat germ is the center of the wheat seed that is responsible for the development and growth of the new plant sprout. Though only a small part of the wheat seed, the germ is a highly concentrated source of nutrients, including niacin, thiamin, riboflavin, vitamin E, folate, magnesium, phosphorus, potassium, iron and zinc. The germ also contains protein, fiber and some fat. Wheat germ adds a healthy crunch to virtually any recipe, from breakfast pancakes to fruit smoothies.

Taming menstrual cramps in teens

DR MD RAJIB HOSSAIN

Every month it is the same old story. You feel like someone is stabbing in your lower abdomen and back. There is nausea, vomiting, diarrhoea, headache, irritability while nervousness are also associated. It compels you to spend most of the day curled up in the bed from the first day of your menstrual period. Cramps in your lower abdomen get worse with time and it happens again in next month.

If you are experiencing the condition, you are not alone. Millions of adolescents and teens are living with this painful condition called menstrual cramping or dysmenorrhoea (painful menstruation).

Dysmenorrhoea — a menstrual disorder that is characterised by painful cramps in the lower abdomen, sometimes accompanied by vomiting, diarrhea, dizziness or fainting affects 20 to 90 percent of adolescent girls in some way and severely impacts another 14 to 42 percent. Many teenagers with severe cramps suffer for years before they seek treatment because they think painful periods are just part of growing up.

But simply nonsteroidal anti-inflammatory drugs and low-dose oral contraceptives can help alleviate debilitating cramps. Despite an era of sophisti-

cated drugs and diagnostic

tests, dysmenorrhoea

remains the leading cause of

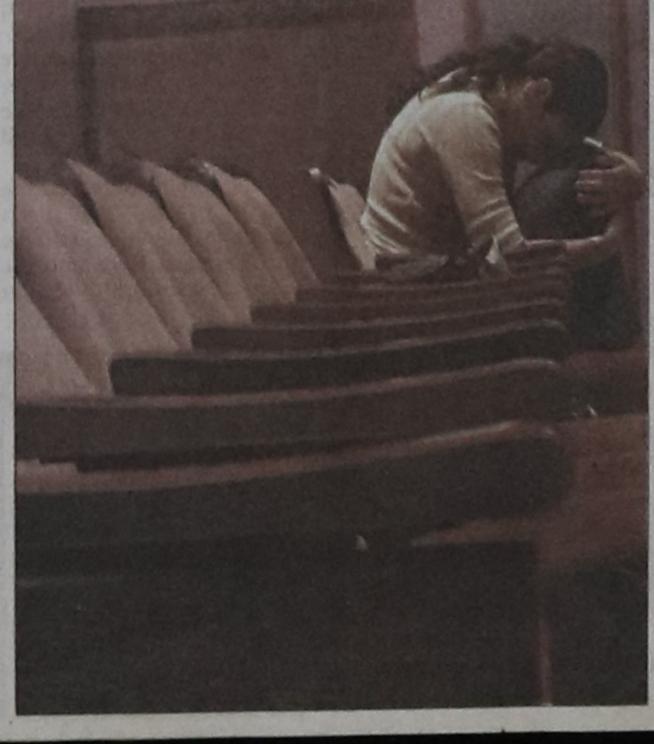
school absences among teenage girls, beating out even the common cold. Only a small percentage of those affected actually seek medical treatment.

Today experts say that the problem is simply a lack of awareness among teenagers, parents, school nurses and even some physicians that dysmenorrhoea is a condition that needs medication attention, rather than just a natural part of growing up.

An estimated 5 to 10 percent of women with severe pain who suffer from what doctors refer to as secondary dysmenorrhea - painful periods that are caused by an experts say is medically safe, underlying medical condi- can also work wonders.

tion like uterine fibroids, pelvic inflammatory disease (PID) or most commonly endometriosis.

Nonsteroidal anti inflammatory drugs (NSAID) like ibuprofen and naproxen are more effective. When over-the-counter medications fail, most physicians recommend a low-dose oral contraceptive, which can prevent the production of prostaglandins altogether. But many parents are concerned about putting their daughters on the pill at such a young age and some consider it as a license to have sex. But the pill, which



Obesity fuels fears of faster diabetes rise

TAN EE LYN, Reuters, Chennai

The prevalence of diabetes worldwide will far outstrip even the sharp increase currently projected unless rising trends of obesity are controlled, health experts said.

Adult-onset diabetes has been linked to risk factors like aging, an inactive lifestyle, unhealthy diets, smoking, alcohol and obesity. The silent, chronic disease damages the heart, blood vessels, eyes, kidneys and nerves and was responsible for 3.8 million deaths worldwide in 2007.

The International Diabetes Foundation estimates a current prevalence of 246 million diabetes cases worldwide and projects it will hit 380 million by 2025, but experts say these figures may well be an underestimate.

"The projections are conservative because they take into account only aging and urbanisation but not obesity, which if unarrested, will lead to more cases," Gojka Roglic of the World Health Organisation's diabetes programme told a regional diabetes conference in Chennai, southern India.

Roglic said not a single country in the world had shown any signs of a plateau for obesity.

"It's the responsibility of governments to enable populations to create the conditions where (healthy) lifestyle is an easy choice rather than something that's very difficult to achieve," Roglic told.

"If you don't have a park to walk in, if the traffic is too dangerous, then people won't be encouraged to walk or ride bicycles. Or if there is crime and someone will kill you for your bike, then you won't be encouraged to cycle."

Doublejeopardy

Anthony Harries, senior adviser with the Londonbased International Union Against Tuberculosis (TB) and Lung Diseases, warned of the increased risks of developing active tuberculosis that come with diabetes.

"It was recognised even in

ancient Roman times that people with urine that was sweet had increased risk of tuberculosis," he told the conference, adding that a diabetic was three times more likely to develop active TB than a non-diabetic.

One in every three people in the world is infected with TB bacilli. But not everyone who is infected with TB gets sick. Chances of developing active TB rise when one's immune system is weak, for example when compromised by a chronic illness.

India carries the highest diabetes burden in the world, with 41 million cases in 2007, projected to hit 70 million by 2025. The problem is worsening

in rural India, which now has a prevalence of 9.2 percent among people aged 20 years and older, up from 2.2 percent in 1983. The rate in urban areas is 18.6 percent, compared with 11.2 percent in 1998.

Apart from a more sedentary lifestyle, experts say the propensity for diabetes among Indians may also be due to a switch, linked to rising affluence, to eating polished rice which has much more sugar than crude, unpolished rice.

Genetics may also play apart

"Years ago, people had famines and then they had plenty. During times of plenty, food will be stored, so when there is little food in the next three months, they burn off all that," said Viswanathan Mohan, a diabetes specialist who runs a programme to reduce diabetes and its harms in the countryside.

Now the famines are gone, it is feasting all the time but the genes have not changed because this has just happened over 30 years. So when you overeat and reduce physical activity and when you have 'thrifty genes' (geared toward storing energy), you are heading toward diabetes," Mohan said.