



Red meat: How bad it is!

Although, red meat is an important support of our diet, people have suspected for some time that high levels of red and processed meat increase the risk of lot of complicated diseases. But how far it is true? Are all types of red meats bad? Is there any open secret?

Recent studies indicate that red meat could pose a noteworthy increase in cancer risk (from stomach, bowel and lymphoma to prostate, bladder cancer). A University of Leeds research suggests that eating red meat significantly increases a post-menopausal woman's chance of breast cancer.

Some scientists believe that eating cooked red meat may increase the likelihood of cancer because carcinogenic compounds called heterocyclic amines are created during the cooking process.

Red meat consumption is also associated with cardiovascular diseases, because of its high content of saturated fat. Regular consumption of red meat has also been linked to bone loss, type 2 diabetes, hypertension and arthritis.

A major study carried out by The European Prospective Investigation into Cancer and Nutrition (EPIC) has found fresh evidence linking eating red and processed meat and bowel cancer.

In gastronomy, "red meat" means darker-colored meat. According to standard definition, they are, beef, mutton, duck, goose etc. And the meat of young mammals such as milk-fed veal and chicken are traditionally

considered white.

According to the US Department of Agriculture all meats obtained from "livestock" are "red meats" because they contain more myoglobin than chicken or fish.

On the other hand, this protein meat is one of the richest sources of iron and it contains minerals such as zinc and phosphorus, and vitamins such as niacin, vitamin B12, thiamine and riboflavin. It is also rich source of Alpha Lipoic Acid, a powerful antioxidant.

Some nutritionists think that red meat whether good or bad — depends on the type of meat — if it is lean red meat and trimmed of visible fat — it is not going to raise cholesterol levels. Lean trimmed red meat is low in saturated fat. One study suggests that lean red meat may play a role in a low-fat diet for persons with high cholesterol.

So, avoid fried meats, fatty meats and meat which has fat marbled through it. But remember, while, (approximately) cholesterol content of beef meat is 50 (mg per 100g) — the amount of cholesterol in Beef heart would be (103), liver would be (271), kidney would be (313) and brain would be (1352) certainly very high. But the amount of cholesterol in Veal meat is not that bad.

So not mix up different parts of beef. Just make sure the cuts are lean and trimmed of fat and the serving sizes are moderate. In fine, eat lean red meat and limit consumption as early as possible to reduce chances of developing cancer and other diseases.

Lifestyle and home remedies from claudication

DR TAREQ SALAHUDDIN

It strikes when you walk — a distinct pain or cramping in your calf. You stop for a few minutes, and the pain goes away. You continue on, and the pain comes back.

This leg pain may be claudication. It is most often a symptom of peripheral arterial disease, a potentially serious but treatable circulation problem. Fortunately, with treatment, you may be able to maintain an active lifestyle without pain.

Symptoms
One of the classic symptoms of peripheral arterial disease is pain in the muscles of the legs, especially the calves. This pain is called claudication, also known as intermittent claudication. Claudication can also occur in the arteries of your arms.

Claudication is sometimes considered a disease, but technically, it is a symptom of a disease. Some of the signs and symptoms of claudication include:

- Pain in your legs when exercising. The pain could be in your feet, calves, thighs, hips or buttocks depending on where you might have artery narrowing or damage.
- Intermittent pain. Your pain may come and go as you do less-strenuous activities.
- Pain when at rest. If your condition is serious, you may feel pain in your legs even when you are sitting or lying down.

•Discolored skin or ulcerations. If your claudication is severe, your toes may look bluish or feel cold to the touch. You may also develop ulcerations on your lower legs, feet or toes.

Causes
Claudication is a symptom of peripheral arterial disease where the arteries that supply blood to your limbs are damaged. This damage is often the result of atherosclerosis.

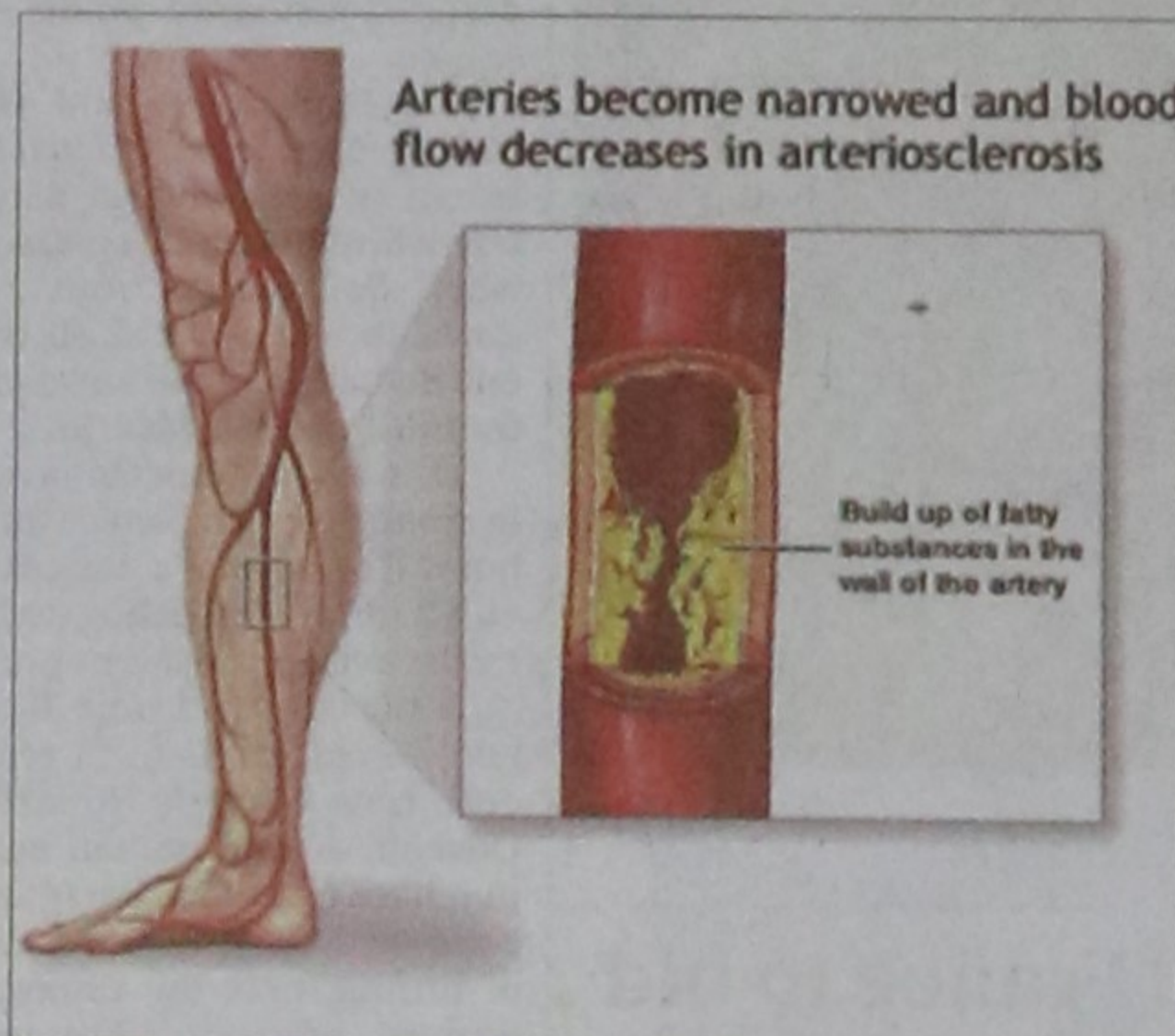
Atherosclerosis can develop in any of your arteries, especially those in your heart. When atherosclerosis affects your arms and legs, it is called peripheral arterial disease.

Atherosclerosis makes arteries hard and narrow. That is because the arteries get clogged with clumps of fat, cholesterol and other material, called atherosclerotic plaques. These plaques can make arteries so narrow that less blood can flow through them.

You feel pain because your leg muscles are not getting enough oxygenated blood.

Risk factors
The risk factors for claudication are the same as those for developing atherosclerosis. They include:

- Smoking
- Total blood cholesterol over 240 mg/dL (6.45 mmol/L)
- High blood pressure (a



systolic pressure of 140 mm Hg or higher and a diastolic pressure of 90 to 99 mm Hg or higher)

- Obesity (a body mass index over 30)
- Diabetes
- Age over 50 years
- A family history of atherosclerosis, peripheral artery disease or claudication

When to seek medical advice

Talk to your doctor if you have pain in your legs when you exercise. If left untreated, claudication and peripheral arterial disease can reduce the quality of your life.

Claudication may limit your ability to participate in social and leisure activities, interfere with work, and

make exercise intolerable.

Tests and diagnosis

Claudication often goes undiagnosed because many people consider the pain an unwelcome but inevitable consequence of aging. But the tests your doctor may use to diagnose your condition are often noninvasive and can get you on your way to resuming an active life.

Some common tests used to diagnose claudication include:

- Checking the pulses in your feet.
- Ankle-brachial index. This test compares the blood pressure in your ankle arteries to the blood pressure in your arms.
- Doppler ultrasound. This test monitors blood flow in the area affected.

•Magnetic resonance imaging (MRI) or angiography to show damage to blood vessels.

The pain in your legs could be another condition, such as spine, joint or muscle problems. Your doctor can make a diagnosis based on your symptoms and a medical history, physical exam and appropriate tests.

Treatments and drugs

Treatment of claudication and peripheral arterial disease is designed prevent your disease from getting worse and reduce your symptoms.

If your claudication symptoms don't ease after adopting a healthier lifestyle, your doctor may suggest other treatment options, including:

•Medications. Certain medications can improve your circulation. Your doctor may prescribe a blood thinner to decrease blood clotting or a cholesterol-lowering drug to lower your cholesterol. Your doctor might also recommend you take aspirin to reduce the narrowing of your arteries.

There are also some other ways to manage the problem line angioplasty, vascular surgery, thrombolytic therapy, hyperbaric chamber etc.

Lifestyle and home remedies

The plaques that have damaged your arteries are often the result of unhealthy lifestyle habits. So a key component of treatment is stopping any unhealthy habits

and adopting healthy ones.

If you have claudication or peripheral arterial disease, make sure you:

•Don't smoke. Smoking is the most significant risk factor for the development and worsening of peripheral arterial disease. Smoking increases the chance that you will eventually require an amputation or even die of the disease. Also avoid secondhand smoke.

•Exercise. You may wonder how exercise can be helpful if that is what brings on the claudication pain. Actually, exercise helps condition your muscles so that they use oxygen more efficiently. So even if your muscles are getting less oxygen, they can use what they do get more effectively. That can mean less pain during exertion. In addition, exercise promotes the growth of new, healthy blood vessels. These new blood vessels provide an alternative path for blood to reach your extremities.

•Know and control your cholesterol levels. If your cholesterol levels are not optimal, your doctor may recommend medications. Also, follow a meal plan that includes a variety of low-fat foods, emphasizing fruits, vegetables, grains and legumes. Combined with exercise, a healthy diet can help control your blood pressure and cholesterol levels, both of which can contribute to atherosclerosis.



Skip the serving bowls

Discourage overeating by placing the appropriate servings of food on dinner plates, rather than plunking serving bowls on the table. For a festive presentation, garnish the plates with a lemon wedge, chopped fresh herbs or an ingredient that is in the dish.

Lack of joy in life ups early death risk

People who don't think life is worth living are more likely to die within the next few years, research from Japan shows.

The increased death risk was mainly due to cardiovascular disease and external causes — most commonly, suicide.

The research is the largest to date to investigate how "joy and a sense of well-being from being alive" affects mortality risk, and only the second to examine death from specific causes, according to Dr. Toshimasa Sone and colleagues from the Tohoku University Graduate School of Medicine in

Sendai.

Overall, people with no sense of joy and well-being from being alive were 50 percent more likely to die from any cause during follow-up compared to those who did have a sense that life was worth living.

They had a 60 percent greater risk of death from cardiovascular disease, most commonly stroke, and were 90 percent more likely to die of "external" causes.

Of the 186 deaths due to external causes among study participants, 90 were suicides.

Source: Psychosomatic Medicine

Tobacco and cancer situation in Bangladesh

DR M MOSTAFA ZAMAN

Cancer is a generic term for a group of more than 100 diseases that can affect any part of the body. Other terms used are malignant tumours and neoplasms. One defining feature of cancer is the rapid creation of abnormal cells which grow beyond their usual boundaries and which can invade adjoining parts of the body and spread to other organs, a process referred to as metastasis. Metastases are the major cause of death from cancer.

Cancer situation in Bangladesh

Cancer has been appearing as an important public health problem in Bangladesh. Due to the lack of reporting system and under-diagnosis of cancer, the real situation is unknown yet.

Population-based data on cancer are sparse. A recent WHO study estimated that there are 49,000 oral cancer, 71,000 laryngeal cancer and 196,000 lung cancer cases in Bangladesh among those aged 30 years or above in Bangladesh (as of 2004).

The same study observed that 3.6% of the admissions in medical college hospitals for the same age group are due to these three cancers. A WHO supported hospital-based registry in the National Institute of Cancer Research and Hospital indicates that lung cancer in men (30%), cervical (26%) and breast cancer (23%) in women are the leading cancers in Bangladesh. These three cancers constitute 37% of all cancers irrespective sexes.

The GLOBOCAN study (1998) reported that rates of deaths from respiratory tract (trachea, lung and bronchus) cancers are highest in Bangladesh compared to Sri Lanka, India, Afghanistan, Bhutan, Nepal, Pakistan.

In response, the national cancer control plan has been developed in collaboration with WHO Bangladesh. Population-based cancer registry has also been estab-

lished with technical assistance from WHO to facilitate evidence-based policies and programmes to combat cancers.

Tobacco as a cause of major cancers

There are many external factors either cause or facilitate the development of cancers. Tobacco use is the single most important cause of large variety of cancers such as lung, larynx, oesophagus (food pipe), stomach, bladder, oral cavity and others.

Dietary factors such as inadequate fruit and vegeta-

cancer deaths.

If present usage patterns continue, the overall number of tobacco-related deaths is projected to rise to about 6.4 million in 2015, including 2.1 million cancer deaths. In 2030, the projected overall death toll will amount to 8.3 million.

Tobacco poses a double burden to Bangladesh because of high production and high consumption. According to 2005 estimate 30.9 million people aged 15 years and above consume tobacco in any form. Unlike developed countries, smokeless tobacco in vari-

ation with WHO and other partners.

Strategies include task-force committees for law enforcement; price and tax policies; protection from exposure to second hand smoke; bans on advertisement, promotion and sponsorship; public awareness; promotion of tobacco cessation; product regulations; packaging and labeling; surveillance; control of illicit trade and partnership building for tobacco control. All these are aligned with the WHO Framework Convention on Tobacco Control.

Recently WHO has release a historic Report on the Global Tobacco Epidemic 2008. It estimated that in the 20th Century, the tobacco epidemic killed 100 million people worldwide and projected that during the 21 century, it could kill one billion unless urgent action is taken.

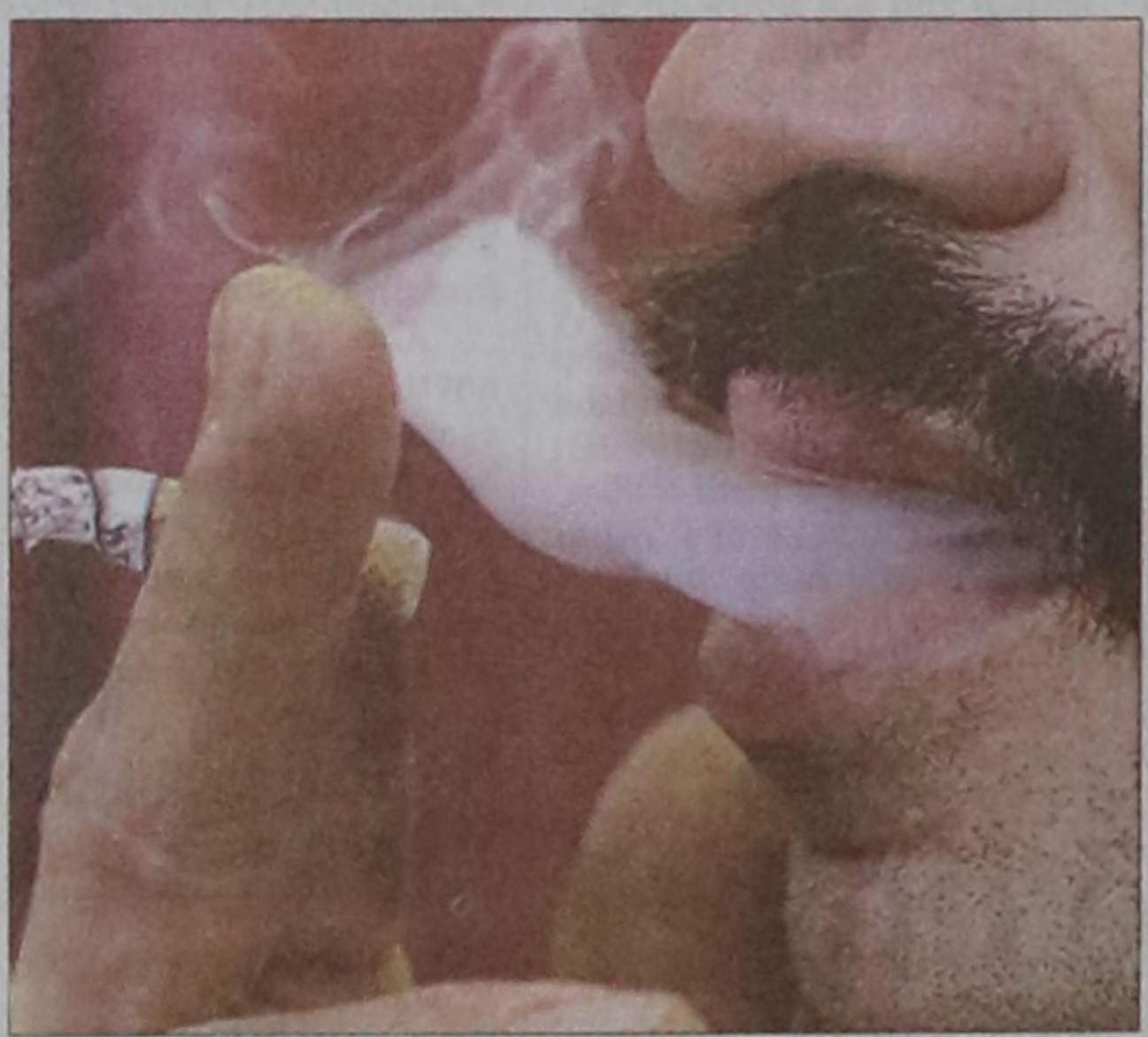
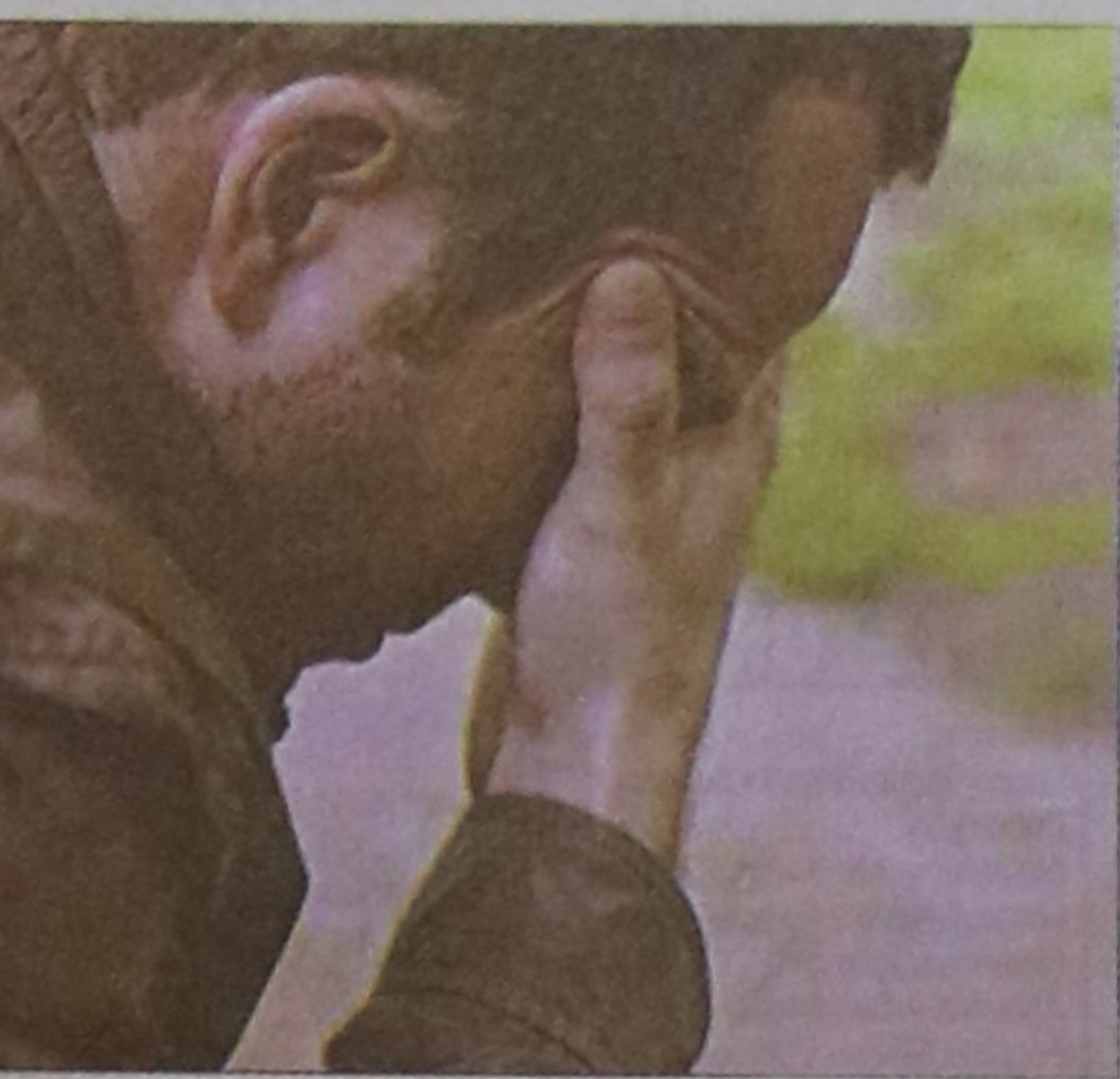
Dr Margaret Chan, WHO Director General in her message urged Member States for reversing this entirely preventable epidemic as a top priority public health problem adopting six policies of WHO's MPOWER package:

- Monitor tobacco use and prevention policies
- Protect people from tobacco smoke
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco

As mentioned above, Bangladesh strategic plan of action that was developed with technical assistance from WHO country office has already addressed these MPOWER points.

Bangladesh once again has proved its pioneering role in tobacco control. However it is essential to deploy all of its armours against this DEADLY epidemic. We all must act now.

The writer is a Non-Communicable Disease Epidemiologist.



bles intake play important role in causing cancer.

Excessive alcohol causes several types of cancer such as oesophagus, pharynx, larynx, liver, breast, and others.

Tobacco, through its various forms of exposure, constitutes the main cause of cancer-related deaths worldwide among men, and increasingly among women. Forms of exposure include active smoking, breathing secondhand tobacco smoke (passive or involuntary smoking) and smokeless tobacco (e.g., zarda, sada pata, gul, etc.).

The total death toll in 2005 from tobacco use was estimated at 5.4 million people, including about 1.5 million

ous forms adds an extra dimension to tobacco control. Bangladesh is among the world's 20 largest producers of tobacco and tobacco products.

Tobacco control is the key to cancer control

At least 40% cancers can be prevented. Tobacco is the main culprit that should be targeted for cancer prevention. You can help yourself. Just say "NO TO TOBACCO". If you are a non-user "NEVER TRY IT". If you are a tobacco user "QUIT IT NOW". You definitely can do it.

The Ministry of Health and Family Welfare has been implementing its Strategic plan of action for tobacco control 2007-2010 in collab-



Severe pre-pregnancy stress tied to preterm birth

Women who suffer the stress of a death or serious illness of a loved one shortly before becoming pregnant may have an increased risk of premature delivery, a large study suggests.

The findings, published in the journal Human Reproduction, add to evidence that severe stress can contribute to pregnancy complications, including low birthweight and stillbirth.

Researchers found that among more than 1 million Danish women who gave birth over 24 years, those who had dealt with a death or serious illness in the family shortly before pregnancy were more likely to deliver prematurely.

Overall, women who had experienced such stress in the six months before pregnancy were 16 percent more likely to have a preterm birth. When it was one of their children who had died or become ill, the odds of premature delivery increased by 23 percent, while the risk of a very early delivery went up by 59 percent.

It is possible that highly stressful experiences like these have hormonal effects that contribute to preterm birth in some women, according to lead researcher Dr. Ali

Khshan of the University of Manchester in the UK.

Severe stress before or around the time of conception, Khshan told, may alter a woman's levels of the stress hormone cortisol and corticotropin-releasing hormone (CRH), which is involved in embryo implantation and the formation of the placenta.

CRH levels normally rise before a woman gives birth, and "precocious elevations" in the hormone have been found in women who deliver prematurely, Khshan noted. Still, most women who go through severe stress before pregnancy will not deliver prematurely. In this study, only 4.5 percent of these women had a preterm delivery (before the 37th week of pregnancy).

"Our work shows that very severe stress has a subtle effect on preterm birth," co-researcher Dr. Louise Kenny, a senior lecturer at University College Cork, in Ireland, told.

As always, the researcher noted, all women who are pregnant or planning a pregnancy should strive for a healthy lifestyle and follow their doctors' advice.

Source: Human Reproduction