

HOROSCOPE



ARIES (MAR. 21-APRIL 20)

Concentrate on work. Give yourself a makeover. Use your head and do things to your liking. Your lucky day this week is Saturday.



TAURUS (APR. 21-MAY 21)

Take care of your health. Look closely at motives in your personal encounters. Overindulgence could result in health problems. Your lucky day this week is Sunday.



GEMINI (MAY 22-JUNE 21)

Avoid getting into other people's problems. Sudden romantic infatuations won't be lasting. It is time to clear your decks. Your lucky day this week is Tuesday.



CANCER (JUNE 22-JULY 22)

Your outgoing charm will be admired. Unexpected visitors will be a welcome surprise. Use good judgement to avoid financial loss. Your lucky day this week is Wednesday.



LEO (JULY 23-AUG. 22)

Travel will lead to romantic opportunities. You don't owe anyone an explanation. Take time for yourself. Your lucky day this week is Saturday.



VIRGO (AUG. 23-SEPT. 23)

Don't twist your own words. You can make money through creative efforts. Communication is key to a healthy relationship. Your lucky day this week is Wednesday.



LIBRA (SEPT. 24-OCT. 23)

Socialise with people who stimulate you mentally. Social events at home will be successful. You need to look into new philosophies. Your lucky day this week is Thursday.



SCORPIO (OCT. 24-NOV. 21)

Do not push your opinions on others. Try to spend time with relatives. Refrain from arguing with your partner. Your lucky day this week is Monday.



SAGITTARIUS (NOV. 22-DEC. 21)

Emotional deception is evident. Travel opportunities should be your first choice. Don't dwell on past regrets. Your lucky day this week is Tuesday.



CAPRICORN (DEC. 22-JAN. 20)

Don't give your heart too readily. Unrealistic promises will only get you in trouble. Apply for a better job. Your lucky day this week is Saturday.



AQUARIUS (JAN. 21-FEB. 19)

Spend time with children. Focus on work to impress your supervisors. Romantic troubles will cause problems at home. Your lucky day this week is Saturday.

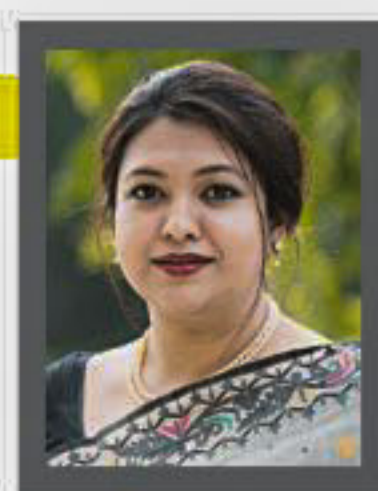


PISCES (FEB. 20-MARCH 20)

Travel will be in your best interest. Your unique approach to life will interest others. Go out with friends. Your lucky day this week is Tuesday.

A NOTE ON NUTRITION

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Dietary dos and don'ts for kidney patients



14 March is observed as World Kidney Day all over the globe. Around 850 million people worldwide are now estimated to have kidney diseases brought on by various causes. Chronic Kidney Disease (CKD) causes at least 2.4 million deaths per year, and is now the sixth fastest growing cause of death. Hence, our 2019 theme is "Kidney Health for Everyone Everywhere," aiming to highlight the growing burden of kidney disease and kidney health disparity and inequity worldwide.

With World Kidney Day (WKD) just around the corner, let's discuss the dos and don'ts of food for kidney patients. Dietary treatment can sometimes be extremely complicated in coexisting diseases like diabetes, and may change over time, depending on the functional status of the kidney. However, a proper diet plan, recommended by a dietician or kidney specialist, can help the patient manage the condition better and lead a better life.

Diet for kidney/renal disease is intended to reduce the amount of excretory workload by the kidneys, and help them maintain fluid, acid-base, and electrolyte bal-

ance. It is essential that these patients receive sufficient calorie unless they are overweight. Energy requirements should be fulfilled by carbohydrate and fat. The fats should be unsaturated (good fat) to prevent hyperlipidemia (high level of lipid/fat). Most frequently, protein is restricted as the protein increases the amount of nitrogen waste, which the kidney must handle.

Restriction of sodium or salt intake is ordered if there is edema (swelling in the leg) and hypertension (high blood pressure). Food like potato, tomato, dates, mango, beet, carrot, spinach, pumpkin, citrus fruits, banana and dry fruits contain potassium, and hence, these may be restricted to some patients because there is high level of potassium in end stage renal disease (ESRD).

Excess potassium can cause cardiac arrest. One precaution here is — patients with ESRD should not use salt substitute to avoid sodium because the sodium in these products are replaced with potassium.

High phosphorus found in protein rich food such as dairy products, meat, legumes, nut and seeds as well as whole

grain, is another mineral which needs to be limited.

Patients with kidney disease often have an increased need for calcium, vitamins B, C and D, and supplements are often given. Iron is commonly prescribed because anemia frequently develops in patients with kidney disease.

Fluid intake is regulated after monitoring the fluid status by regularly checking weight and comparing it to the weight immediately following a dialysis session. Diet during dialysis: Dialysis patients may need additional protein, but the amount must be carefully controlled to prevent the accumulation of protein waste between treatments. Potassium is usually restricted for dialysis patients. A typical renal diet could be written as "80-3-3" which means 80gm protein, 3gm sodium and 3gm potassium a day. Usually, a diet contains 3 gm of sodium, which is the equivalent of a no added salt diet. Sodium and salt requirement could increase with perspiration, vomiting, fever and diarrhoea.

Photo: Collected

EVENT

A care for tummy; a hope for cancer

An evening ripe with knowledge and debated points on the latest medical advancements, 2 March, 2019, saw a health seminar organised by the Dhaka office of Parkway Hospitals, Singapore Pte Ltd, at the exclusive Lakeshore Hotel Gulshan. With the orators for the seminar being two specialists flown in from Singapore's Parkway Cancer Centre and Mount Elizabeth Hospital respectively, the limelight of the session was stolen by the speeches themselves, elaborating on gastroenterology and immunotherapy.

The agendas for the evening were set: to raise awareness about hot issues in the relevant medical fields and preach Parkway Hospitals' holistic approach to multi-disciplinary specialist care.

With the seminar being on 'A Care for Tummy; A Hope for Cancer,' senior consultant of medical oncology, Dr Foo Kian Fong and senior consultant on

gastroenterology, Dr Ling Khoon Lin shared riveting developments when it comes to abdominal pain and treating cancer with immunotherapy.

"Originally, we would treat cancer with chemotherapy, but unfortunately, chemotherapy has a lot of side effects, such as losing hair and vomiting. Then, we eventually took to immunotherapy. This is where we aim to stimulate the patient's own immune system so it recognises the foreign antigens and attacks the cancerous cells," explains Dr Foo.

With real case studies of patients and relevant scans, the presentation further shed light on the various conundrums of immunotherapy. In a nutshell, while an exciting discovery, immunotherapy also comes with its host of side effects, but still proves hopeful for cancer treatment.

On another frontier, Dr Ling presented

on his specialty and revealed, "Cancer is not the most common cause of abdominal pain. Pain in the stomach may be caused by a number of reasons, such as peptic/gastric ulcers, gallstones, inflammatory bowel diseases, and even acid reflux and food poisoning."

In more severe cases where the pain lasts for more than 24-48 hours, and is coupled with persistent nausea and vomiting, or worse, vomiting blood, medical attention is absolutely necessary.

Followed by an enlightening Q/A session where attendees sought solutions to burning questions and with closing statements from Zahid Khan, Director of the Dhaka Office of Parkway Hospitals, Singapore Pte Ltd, the session was concluded, proving nothing short of a successful endeavour.

By Ramisa Haque