



Global summit on traditional medicine to explore evidence base, opportunities to accelerate health for all

The World Health Organisation (WHO) convened the Traditional Medicine Global Summit on 17 and 18 August 2023 in Gandhinagar, Gujarat, India. Co-hosted by the Government of India, the Summit explored the role of traditional, complementary, and integrative medicine in addressing pressing health challenges and driving progress in global health and sustainable development.

High-level participants included the WHO Director-General and Regional Directors, G20 health ministers and high-level invitees from countries across WHO's six regions. Scientists, practitioners of traditional medicine, health workers and members of the civil society organisations also took part.

The Summit explored ways to scale up scientific advances and realise the potential of evidence-based knowledge in the use of traditional medicine for people's health and well-being around the world. Scientists and other experts will lead technical discussions on research, evidence and learning; policy, data and regulation; innovation and digital health; and biodiversity, equity and Indigenous knowledge.

Amid an expansion in the use of traditional medicine worldwide, safety, efficacy and quality control of traditional products and procedure-based therapies remain important priorities for health authorities and the public. Natural does not always mean safe, and centuries of use are not a guarantee of efficacy; therefore, scientific method and process must be applied to provide the rigorous evidence required for the recommendation of traditional medicines in WHO guidelines.

A stronger evidence base will enable countries to develop appropriate mechanisms and policy guidance for regulating, ensuring quality control and monitoring traditional medicine practices, practitioners and products, according to national contexts and needs.

122 million more people pushed into hunger since 2019 due to multiple crises

Latest research shows around 735 million people currently facing hunger, compared to 613 million in 2019

STAR HEALTH REPORT

Over 122 million more people are facing hunger in the world since 2019 due to the pandemic and repeated weather shocks and conflicts, including the ongoing war, according to the latest State of Food Security and Nutrition in the World (SOFI) report published jointly by five United Nations specialised agencies.

If trends remain as they are, the Sustainable Development Goal (SDG) of ending hunger by 2030 will not be reached, the Food and Agriculture Organisation of the United Nations (FAO), the International Fund for Agricultural Development (IFAD), the United Nations Children's Fund (UNICEF), the World Health Organisation (WHO) and the World Food Programme (WFP) warn.

A wake-up call for the fight against hunger

The 2023 edition of the report reveals that between 691 and 783 million people faced hunger in 2022, with a mid-range of 735 million. This represents an increase of 122 million people compared to 2019, before the COVID-19 pandemic.

While global hunger numbers have stalled between 2021 and 2022, there are many places in the world facing deepening food crises.

Beyond hunger

The food security and nutrition situation remained grim in 2022. The report finds that approximately 29.6 percent of the global population, equivalent to 2.4 billion people, did not have constant access to food, as measured by the prevalence of moderate or severe food insecurity. Among them, around 900 million individuals faced severe food insecurity.

Meanwhile, the capacity of people to access healthy diets has deteriorated across the world: more than 3.1 billion people in the world – or 42 percent – were unable to afford

a healthy diet in 2021. This represents an overall increase of 134 million people compared to 2019.

Millions of children under five continue to suffer from malnutrition: in 2022, 148 million children under five years of age (22.3 percent) were stunted, 45 million (6.8 percent) were wasted, and 37 million (5.6 percent) were overweight.

Progress has been seen in exclusive breastfeeding with 48 percent of infants under 6-months of age benefiting from this practice, close to the 2025 target. However, more concerted efforts will be required to meet the 2030 malnutrition targets.

and types of connections that exist between urban and rural areas.

For the first time, this evolution is documented systematically across eleven countries. The report illustrates that food purchases are significant not only among urban households but also across the rural-urban continuum, including those residing far from urban centers. The new findings also show how consumption of highly processed foods is also increasing in peri-urban and rural areas of some countries.

Unfortunately, spatial inequalities remain. Food insecurity affects more people living in rural areas. Moderate



New evidence: Urbanisation is driving changes in agrifood systems

The report also looks at increased urbanisation as a 'megatrend' affecting how and what people eat. With almost seven in ten people projected to live in cities by 2050, governments and others working to tackle hunger, food insecurity and malnutrition must seek to understand these urbanisation trends and account for them in their policymaking.

In particular, the simple rural and urban divide concept is no longer sufficient to understand the ways in which urbanisation is shaping agrifood systems. A more complex rural-urban continuum perspective is needed considering both the degree of connectivity that people have

or severe food insecurity affected 33 percent of adults living in rural areas and 26 pe in urban areas.

Children's malnutrition also displays urban and rural specificities: the prevalence of child stunting is higher in rural areas (35.8 percent) than in urban areas (22.4 percent). Wasting is higher in rural areas (10.5 percent) than in urban areas (7.7 percent), while overweight is slightly more prevalent in urban areas (5.4 percent) compared to rural areas (3.5 percent).

The report recommends that to effectively promote food security and nutrition, policy interventions, actions and investments must be guided by a comprehensive understanding of the complex and changing relationship between the rural-urban continuum and agrifood systems.

HAVE A NICE DAY The 'C C Mindset'

DR RUBAIUL MURSHED



'You're only as old as you feel' - a pearl of folk wisdom. Counterclockwise (CC) is an excellent concept that reverses everything from hearing, paralysis, cardiac problems, memory loss and more. It is a proven way to think of someone as younger.

The counterclockwise concept implies positiveness. It is strongly related to mindful health and the power of possibility. Possibility thinking takes one beyond dead-ends by reminding that anything is possible. Even though elderly people's ageing is supposed to be a biologically determined process, studies increasingly emphasise the importance of psychological issues in age-related stereotypes and cognitive mindsets.

This theory was first established by Ellen Langer's 'counterclockwise study', which looked at what effects turning back the clock psychologically would have on an older adult's physiological state. Langer shows that the magic of rejuvenation and ongoing good health lies in being aware of the ways we mindlessly react to social and cultural cues.

Her research shows a new way to practice mindfulness-not through meditation but by simply noticing new things. She demonstrated the benefits of mind/body unity theory and has spent years after years exploring the interplay between mindfulness, health, well-being, and ageing. Her research provided improved methods in nursing, old homes, and assisted living facilities.

She also proposes that we experience better health, lead more optimally, and learn more effectively when we make more mindful choices. Mindfulness helps people cultivate happiness by stepping away from habitual, often unconscious, emotions and reactions to everyday events and responding, instead, with thoughtfulness. Mindfulness supports many 'Happiness Habits' like building strong relationships and maintaining a positive mindset and optimism.

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APHTHOUS ULCERS: how do lesions grow?

DR ADILY ADIB KHAN

Apthous ulcer is the most frequent type of oral mucosal ulcer. This is also called canker sores. Aphthous ulcers are small, shallow ulcers that develop in the mouth lining. This ulcer can appear on the tongue, gums, roof of the mouth, inside of the lip, or beneath the tongue.

They can hurt, and frequently make talking and eating uncomfortable.

Who has aphthous ulcers?

Canker sores can occur in anyone. However, they are most common in adolescents and persons in their twenties. It is more common in women than in men. Experts believe this is linked to hormonal changes.

Signs and symptoms

- You may have one or more painful sores inside your mouth. Ulcers can form on your tongue, within your lips, inside your cheeks, or on the roof of your mouth.
- Sensations of burning or tingling.
- Small, spherical ulcers with a red border that are white, grey, or yellow.

- In extreme circumstances, you may also experience fever, sluggishness of the body, and lymph nodes that are swollen.

Why some people are more prone to developing canker sores is a mystery to experts. However, a variety of factors, such as the following, have been found to be ulcer-causing, including - emotional stress among young age groups like relationship affair;



poorly fitting dentures, abrasions, and injuries to the oral mucosa; meals that are acidic, like citrus fruits; Ibuprofen is one example of a nonsteroidal anti-inflammatory medication (NSAID); frequent oral sex damaging the epithelial lining of the mucosa; immune system disorders, such as celiac illness, inflammatory colitis, and Crohn's illness; nutritional deficits in

vitamin B-12, zinc, folic acid, or iron may also be associated with aphthous ulcer; using mouthwashes and toothpaste containing sodium lauryl sulfate; pregnancy and associated hormonal changes.

Precautionary measures

- Stop smoking since it raises the risk of aphthous ulcers in vulnerable persons.
- Hot beverages and snacks should be avoided.
- Make use of correctly fitted dentures.
- Avoid oral intercourse since it can harm the mucous membrane epithelium. It can lead to severe illnesses such as syphilis and gonorrhoea.
- Stay away from tension and worry.
- If you develop an ulcer after using toothpaste or mouthwash, discontinue use.
- Because they are vulnerable, pregnant women and breastfeeding mothers should eat a well-balanced diet.

Remember to schedule an appointment with your dentist to have your oral health checked out.

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Does menopausal hormone therapy raise dementia risk?

In an observational study, a modestly higher risk for dementia was noted among menopausal hormone users.

Some studies have shown excess risk for dementia in older women (age, >65) who use menopausal hormone therapy. Whether use of hormone therapy by younger women, around the time of natural menopause, is associated with dementia risk is uncertain.

In this case-control study using Denmark's national registries, researchers identified 5600 incident cases of dementia in the years 2000 to 2018 among women who were middle-aged (age range, 50-60) in 2000. Cases were compared with 56,000 age-matched controls, with combined estrogen-progestin treatment as the primary exposure of interest. In analyses adjusted for potentially confounding factors, the following outcomes were noted:

Compared with never-users, users of hormone therapy had significantly higher incidence of all-cause dementia (hazard ratio, 1.24), late-onset dementia, and Alzheimer disease.

Longer duration of menopausal



hormone therapy was associated with higher risk; HRs ranged from ~1.2 (for 8 years) to 1.7 (for 12 years).

Both cyclical and continuous hormone therapy prescriptions were associated with similar excess

dementia risk.


Almost 97% of hormone therapy users received oral hormone therapy, precluding evaluation of transdermal hormone therapy.

Causality cannot be proven in this observational study, given potential residual confounding.

Nevertheless, some clinicians will find it reasonable to discuss the possibility of a small excess risk for dementia when counseling women who are considering hormone therapy. One reason to do so is that, during initial discussions, we can't predict whether some patients will choose to continue treatment into older age — where an association between hormone therapy and dementia risk was shown in randomised trials (NEJM JW Gen Med Jul 1 2003 and JAMA 2003; 289:2651; NEJM JW Gen Med Aug 1 2004 and JAMA 2004; 291:2947).

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