

New guidance backed GLP-1 therapies in fight against global obesity

STAR HEALTH REPORT

The World Health Organisation (WHO) released its first guideline on the use of Glucagon-Like Peptide-1 (GLP-1) therapies to address obesity, a growing global health challenge affecting more than 1 billion people worldwide. Obesity affected every country and was associated with 3.7 million deaths globally in 2024. Without decisive action, the number of people living with obesity was projected to double by 2030.

GLP-1 therapy is usually given as a small injection under the skin, taken once daily or once weekly, depending on the medicine, and some newer forms are available as a daily tablet. The new guideline issued conditional recommendations for using these therapies to treat obesity as a chronic, relapsing disease as part of a comprehensive approach that included healthy diets, regular physical activity and professional health support.



The guideline made two key conditional recommendations. GLP-1 therapies could be used for the long-term treatment of obesity in adults, excluding pregnant women, although the recommendation was conditional due to limited long-term data, high costs, health-system readiness and equity concerns. Intensive behavioural interventions, including structured diet and physical activity programmes, could also be offered alongside medication to improve outcomes.

WHO emphasised that obesity was a complex disease driving noncommunicable conditions such as cardiovascular disease, type 2 diabetes and certain cancers, and contributing to poorer outcomes from infectious diseases.

Obesity is not only an individual concern but also a societal challenge that requires multisectoral action. Addressing obesity requires a fundamental reorientation of current approaches to a comprehensive strategy.

Source: World Health Organisation



BANGLADESH'S UNTAPPED GOLDMINE

Why Bangladesh is missing the ayurvedic market boom

DR TAREQ SALAHUDDIN

Bangladesh has a long tradition of using alternative medicine – mainly Ayurvedic and Unani – alongside modern allopathic care. From village kavirajs to branded herbal tonics in urban pharmacies, plant-based remedies remain a first line of treatment for many people. Today more than 550 manufacturers (around 201 Ayurvedic, 275 Unani and 40 herbal companies) are formally producing traditional medicines in the country.

Despite this scale, the sector is still treated as a peripheral cousin of mainstream pharmaceuticals. A World Bank-supported study estimated the formal herbal medicine market (Ayurvedic, Unani and homoeopathy) at about Tk 3,300 million – roughly US\$60 million – already over a decade ago, with growth outpacing that of allopathic drugs. Yet this sizeable domestic demand has not been translated into a strong export presence.

Official trade data show that the total export value of medicinal plants from Bangladesh – the raw materials that feed Ayurvedic and other herbal industries – was only about US\$0.59 million in FY2013-14, falling to US\$0.39 million in FY2014-15. More recent disaggregated figures are scarce, but available evidence

suggests export earnings from herbal and Ayurvedic products remain in the range of a few hundred thousand dollars annually. This is minuscule when contrasted with more than US\$205 million in pharmaceutical exports in FY2023-24 and around US\$213 million in FY2024-25.

Weak legislation and administrative fragmentation are major reasons for this underperformance. Regulatory responsibilities are spread across the Directorate General of Drug Administration, the Bangladesh Unani & Ayurvedic Board and the Herbal Product Development Council under the Ministry of Commerce, often without clear coordination or enforcement capacity.

But there is a huge potential for the local companies to expand their product lines and build trust-driven brands. One example is Antique Pharmaceuticals, a rising Bangladeshi manufacturer that has blended traditional formulations with modern delivery systems and digital sales channels. The company has already gained traction in international marketplaces, selling Ayurvedic products through Amazon and eBay across Europe, North America and the Middle East, with plans now underway to expand into Alibaba to tap into Asian and global wholesale buyers. These

platforms have opened direct pathways for Bangladeshi herbal products to reach diverse global consumers seeking natural health solutions.

“Ayurvedic medicine is no longer only a practice of the past. It is a growing component of the future of health – sustainable, preventive, and deeply human-centric” says Saniat Hossain, the CEO of Antique Pharmaceuticals. “For Bangladesh, the path forward is clear: preserve the heritage, strengthen the science, modernise the delivery, and embrace the global market. If these steps are taken, Ayurveda could emerge not only as a cultural asset but also as a major contributor to the country's health sector and economic growth” he believes.

With international consumers seeking sustainable, natural, and culturally rooted health solutions, Bangladesh's Ayurveda industry has a chance to position itself as a credible global supplier. Locally, the approach must focus on education – helping patients understand proper use, benefits, and limitations of herbal medicine. Bridging the gap between tradition and modern scientific understanding will be key to building lasting trust.

E-mail: tareq.salahuddin@thedailystar.net

Single-dose drug shows promise against drug-resistant gonorrhoea

A new oral medicine called zoliflodacin is showing strong potential as a treatment for antibiotic-resistant gonorrhoea, according to a phase 3 clinical trial published in *The Lancet*. The study found that a single dose of the drug worked just as well as the current standard treatment, which involves an injection of ceftriaxone followed by oral azithromycin.

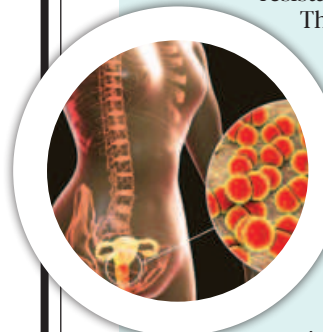
Gonorrhoea is one of the most common sexually transmitted infections in the world, affecting more than 82 million people every year. Treating it is becoming increasingly difficult because the bacteria that cause the infection are developing resistance to existing antibiotics.

This makes new treatment options urgently needed. Zoliflodacin could help slow the spread of drug-resistant gonorrhoea and make treatment easier and more accessible, especially in settings where injections are difficult to provide.

The international trial involved over 900 participants from five countries: the United States, South Africa, Thailand, Belgium and the Netherlands. Participants were given either a single dose of zoliflodacin or the standard two-drug treatment. Results showed that more than 90% of genital gonorrhoea infections were cured in those who received the new medication.

The drug was well tolerated, with side effects similar to those seen with current treatments, such as mild stomach discomfort. Importantly, no serious safety concerns were reported during the trial.

Zoliflodacin is now awaiting approval from the U.S. Food and Drug Administration (FDA). If approved, experts say it could significantly strengthen global efforts to control antibiotic-resistant gonorrhoea, support community-based care, and help protect the sexual and reproductive health of millions of people worldwide.



Empowering youth for a healthier future

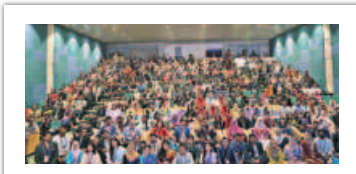
STAR HEALTH REPORT

The 10th National Youth Family Planning Conference of Bangladesh (BNYCFP) was successfully held on 11 December 2025, bringing together over 500 youth representatives, policymakers, health experts, and stakeholders from across the country, says a press release. The primary objectives of the conference were to strengthen family planning initiatives, accelerate adolescent health development, ensure gender equality, and integrate climate action into health and development policies.

The theme of this year's conference was “*Advocate, Accelerate, Amplify – Together we transform the future.*” The event was inaugurated by S M Shaikat, Executive Director of SERAC-Bangladesh and Secretary General of the conference, in the presence of representatives from national and international development organisations, as well as adolescents and youth, accompanied by the national anthem and cultural performances.

The Chief Guest at the opening ceremony was Dr Ashrafi Ahmad, NDC, Director General (Grade-I), Directorate General of Family Planning, Ministry of Health and Family Welfare.

In his welcome address, S M Shaikat emphasised that youth are the centrepiece and driving force of the global development agenda. Their active participation and leadership form the foundation of an integrated, rights-based health system.



Dr Ashrafi Ahmad, NDC, highlighted that sexual and reproductive health, family planning, climate change, and youth engagement are deeply linked to the country's sustainable development. With one-third of the population being youth, effectively engaging and empowering them will accelerate national development.

During sessions, discussions focused on adolescent and youth health services and access to reproductive health, nutrition, prevention of child marriage, youth leadership, and evidence-based policy formulation. Experts emphasised health awareness, data-driven decision-making, and integrated service delivery.

The conference was supported by Sida, BYHAN, CYOB, Marie Stopes Bangladesh, Plan International, Share-Net Bangladesh, SMC, UNFPA, and other national and international partners. Through active youth participation and leadership, the event established itself as a strong platform for advancing inclusive, effective, and sustainable health and family planning initiatives in the country.

The closing ceremony featured Md Saidur Rahman Khan, Director General of the Department of Social Services, as Chief Guest. Md Saidur Rahman Khan stressed the need to create “corridors” for youth participation in decision-making across all sectors, noting that active youth involvement in social initiatives contributes significantly to national development.

THE GLOBAL BURDEN OF DISEASE

Fewer infections, more chronic illness: The world's changing health crisis

The world has achieved impressive success in reducing deaths from infectious diseases. Since the 1990s, illnesses such as tuberculosis, malaria and HIV/AIDS have caused far fewer deaths and disabilities, while survival among newborns has improved dramatically. These gains reflect decades of investment in vaccines, treatment and maternal care.

However, the Global Burden of Disease survey by the Institute for Health Metrics and Evaluation (IHME) at the University of Washington School of Medicine warns that a different set of threats is rapidly taking centre stage.

Non-communicable diseases now account for half of the ten leading causes of early death and disability worldwide. Heart disease remains the top cause, but diabetes has risen sharply and is now among the leading contributors to poor health. Mental health conditions, particularly anxiety and depression, are also increasing at an alarming pace.

From 2013 to 2023, healthy years of life lost due to diabetes and common mental disorders rose steadily across the globe. Unlike infectious diseases, these conditions often affect people for decades, limiting their ability to work, care for families and live independently.

The report points to familiar but stubborn risk factors. High blood pressure continues to be the single biggest cause of early death and disability, followed by air pollution and smoking. While progress has been made in reducing harm from tobacco use and polluted air, health loss linked to high blood sugar and excess body weight is growing. Rising obesity and poor diet are fuelling this trend.

The findings underline a clear shift in global health priorities. Winning the fight against infections is not enough. To protect future generations, governments and communities must focus on prevention – promoting healthier lifestyles, tackling environmental risks and expanding support for mental health.



Retrogradation: When starch takes a step backward and why it matters

RAISA MEHZABEEN

Retrogradation sounds like a nostalgic move from a retro fashion show, but in the quiet chemistry of our everyday foods, it is a small rebellion of starch molecules. This phenomenon occurs when gelatinised starch swollen and softened by heat cools down and begins to reorganise into a firmer, more crystalline structure. In simple terms, it is starch pressing the rewind button.

Fresh rice that turns dry and hard the next morning, bread that loses its softness, or pudding that suddenly “weeps” water are all everyday examples of retrogradation. At the molecular level, amylose, one of the two main components of starch, realigns quickly when cooled, forming strong hydrogen bonds. Amylopectin, the bulkier sibling, follows more slowly. Together, they squeeze out water, creating a firm, sometimes unappetising texture.

Yet this sleepy rearrangement of molecules carries consequences beyond texture. Retrograded starch is less digestible, making it a type of resistant starch: a starch that behaves like fibre. This offers metabolic benefits, including improved gut health and reduced post-meal blood glucose spikes. Nutrition science



finds a quiet ally here: leftovers, when reheated, may actually be healthier than their freshly cooked counterparts.

Food industries and culinary practices constantly wrestle with retrogradation. Bakers work hard to slow bread staling, while nutritionists appreciate the metabolic advantages of resistant starch formation. It is a tug-of-war between texture and health; between culinary expectation

and biochemical reality. Retrogradation reminds us that food is not static. Even after leaving the stove, it continues to evolve. Understanding this molecular choreography opens doors to better cooking, longer shelf life, and healthier dietary strategies. In the world of starch, stepping backward is not always a bad thing.

The writer is the founder & CEO of Nutrition For Change. E-mail: raisameh20@gmail.com

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