

New Therapy

#Loveswetha@Rediffmail.Com

This may be true.

Friends,

This is a new theory which has come to my knowledge very recently and I thought that I should also share with you all.

A few days back a my Father-in-law was admitted in a nursing home due to severe chest pain. He had an attack in 1997 and was undergoing normal treatment.

Due to the sudden pain just 15 days back we once again got him admitted in a private nursing home at Kandivli. The doctors later suggested for Angiography. We conducted the Angiography at Hinduja Hospital and knew from the reports that he has multiple blockages. The doctor told that he cannot undergo Angioplasty due to several blockages but suggested By-Pass Surgery.

The same day evening we bought him home since the doctor suggested that his heart is very weak and we can perform the by-pass only after 15-20 days.

In

the mean time we were discussing this issue with our relatives and friends, we got this new information from one of our family friends.

There is a new therapy in the market which is known as:- Chelation Therapy Or Calation Therapy.

According to this therapy any patient who has to undergo by-pass need not undergo the same. The patient is given approx. 18 bottles of blood wherein some medicines are injected alongwith it. The blood cleans the system and removes all the blockages from the heart. The no. of bottles may increase depending upon the age factor and health of the patient. The cost of the blood per bottle would be approx. Rs. 2,500/-. The treatment takes

approx.1

month of time. There are only 4 doctors in India and one of them is Dr.Dhananjay Shah at Malad (Mumbai) another at Karnataka.

He has a list of patients who had to undergo by-pass from Lilavati,Hinduja and other major hospitals but after undergoing the above treatment they are absolutely fine and leading a normal life.

I give below the Doctors details for your info:-Dr.Dhananjay Shah.

(Disp):

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I hope the above information would be of any help to you. Kindly pass on the message to the people you know and one can save huge amount of money,time and risk of undergoing the operation.

Cheers

Anu

From India, Madras

Executive Development Program IN HUMAN RESOURCE MANAGEMENT



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#Bala1

Hi Anu, Thanks for the info. Never heard about this before. Could become useful to anybody someday. With your permission, I am passing on this info to all my colleagues. thanks bala

From India, Madras

#Sherine

Hi Anu,

My father in law went through the same process of angioplasty, multiple blockages etc etc and finally we took the Dr.'s advise and did the Bypass surgery and sad to say he has not stabilised still (after 3.5 months) Been in and out of hospital/ ICU/Ventillator We feel that it was a wrong decision to do the bypass. Wish we had this info sometime back. I hope we are able to spread the word about this treatment fast so that people benefit from this

Thank you for passing on the information. I hope your father in law gets well soon.

Sincerely

From India, Bangalore

#Dr. Jogeshwar Mahanta

Namaskar.

Science is developing very fast in multi directions. Only it is a question whether it comes to rescue at the time of need and whether it is within the reach. Thank God science helped your father at the time of need and within his reach.

Cardiac problem is associated with Type-A personality and prevention is always better than cure. The Type-A personality is discovered by cardiologists.

regards

From India, Delhi

#Dr. Jogeshwar Mahanta

Please go to stress disorder chapter in any recent book on abnormal psychology.

2. Please go through the following article.

Psychiatric Morbidity Among Patients Attending Cardiac OPD

Ashok Goyal, MM Bhojak, KK Verma, Ashok Singhal, OP Jhirwal & Maneesh Bhojak

Department of Psychiatry

Bikaner

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Material And Method

Results

Discussion

References

One hundred patients were selected from the cardiology outpatient department by non-probability purposive method. Each patient was evaluated by a psychiatrist and a consultant cardiologist. The informations were recorded in a self designed proforma. The Hindi version of Goldberg's General Health Questionnaire and modified adjective check list for type A and type B personality characteristics were administered. Seventy five percent of the patients were having psychiatric problems. The cardiac patients were having psychiatric problems. The cardiac patients were having predominantly type A personality characteristics. Panic disorder was the predominant diagnosis in the psychiatric patients and depression was the main diagnosis in cardiac patients. These patients presented with complaints of chest pain, palpitation, ghabarahat, weakness, increased sweating, hot and cold flushes, choking, breathlessness, decreased appetite, etc. in cardiac OPD.

Although the links between psychological and cardiac functions remain a matter of ongoing investigations, many of the gaps in scientific knowledge are beginning to be filled. William Harvey's declaration of over 300 years ago continues to be valid clinical wisdom for physician of this day. " Every affection of the mind that is attended with either pain or pleasure, hope or fear is the cause of an agitation, whose influence extends to the heart" (Kaplan and Sadock, 1998).

Cardiovascular symptoms and anxiety have always been closely related. In fact, this relationship has had a long interesting history under the different names of "irritable heart", 'effort syndrome' and 'neurocirculatory asthenia' (Chignon et al., 1993). Chest pain is reported commonly in all surveys of general population and of patients in ambulatory care (Shepherd et al., 1956). Despite this, it is

common for physicians, to investigate patients with chest pain and not able to detect relevant organic pathology.

Keeping this in view a study was carried out in cardiac OPD, PBM Hospital Bikaner, by Department of Psychiatry, S.P. Medical College Bikaner with following aims and objectives.

To find out psychiatric morbidity in patients attending cardiac OPD.

To study the phenomenology of patients having psychomorbidity

To assess the personality characteristics of these patients.

To find out the linkage or association between sociodemographic variables and psychiatric morbidity.

Material And Method

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For this study 100 patients were selected by non-probability purposive method from cardiology OPD. Every patient included in the study was examined and investigated by cardiologist, after physical examination, each patient was evaluated by administering following:

A self designed semi structured proforma containing sociodemographic details, details of present illness, past history and family history of psychiatric illness etc.

Modified adjective check list for type A and type B personality characteristics (Herman et al., 1981).

Hindi version of Goldberg's general health questionnaire (Gautam et al., 1987).

Table 1

Table showing Sociodemographic Variables

(n=100)

All the patients who scored more than 12 on GHQ were subjected to mental status examination and the diagnosis was made according to ICD-10 (WHO,1992) and was confirmed independently by two psychiatrists separately.

Exclusion Criteria: Patients less than 16 years, severely ill patients whose psychiatric evaluation was difficult and patients referred from other departments for expert cardiac opinion were excluded from the study.

Results

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On the basis of presence or absence of psychiatric morbidity, patients were divided in 3 groups.

Group I: Purely cardiac patients (no psychiatric illness)

Group II: Exclusively psychiatric patients (No cardiac illness)

Group III: Comorbid: Both cardiac and psychiatric illnesses were coexisting.

There were 25, 21 and 54 patients in Gr1, Gr2, and Gr 3, respectively.

The majority of the patients were elderly in group I (pure cardiac) and group III (comorbid group) rather than group II (pure psychiatric). There was no significant difference was observed in three groups in relation to sex, marital status, domicile

,education,income and occupation (Table 1).

Out of 100 patients of cardiac OPD,29 patients were suffering from depression followed by 18 patients of panic disorder. Among pure psychiatric patients panic disorder was most frequent diagnosis (38.10 percent),followed by depression (19.05 percent),generalized anxiety disorder,dysthymia and mixed anxiety depressive disorder etc.

(Table 2).

Table 2

Distribution of patients according to ICD-10 Diagnosis

(n=100)

Table 3 shows the frequency and distribution of various symptom which were reported by the patients,chest pain was the most common (67%) symptom.Ghabrahat, palpitation, decreased sleep,decreased libido, weakness,lack of interest,easy fatiguability,sadness of mood, choking ,breathlessness,hot and cold flushes,decreased appetite were common complaints of the patients.

Table 3

Distribution of patients according to symptoms presentation

(n=100)

It was clearly evident that type A behaviour pattern was significantly more in cardiac patients in comparison to psychiatric patients ($\chi^2=$

4.54, $p < 0.0331$). Similarly type A behaviour pattern was significantly more common in comorbid group than psychiatric patients ($\chi^2 = 3.83$, $p < 0.05$). No such statistical difference in type A behaviour pattern among pure cardiac patients and comorbid psychiatric patients was noticed. ($\chi^2 = 0.2745$, $p = 6.600$) (Table 4).

Table - 4

Distribution Of Patients according to ACL Type A And

Another Behaviour Pattern

ACL type behaviour score Group I

(n=5) Group II

(n=21) Group III

(n=54)

Type A

(39 and more) 15 (60%) 06 (28.57%) 29 (53.70%)

Type X (32-38) 04 (16%) 04 (19.04%) 15 (27.78%)

Type B (<32) 06 (24%) 11 (52.39%) 10 (18.52%)

Discussion

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The results of present study indicated very high prevalence (75%) of diagnosable psychiatric morbidity. Depression was most common (38.67%) diagnosis but panic disorder was the main

diagnosis(38.10%) among pure psychiatric patients.21 percent of the patients were not having any organic pathology and presented to cardiology because of their visceral (cardiac) symptoms eg.chest pain,palpitation,increased sweating, hot and cold flushes,weakness,choking, breathlessness,easy fatiguability and decreased libido.Various authors have also reported in their studies(Katon et al., 1988, Katon et al.,1990, Bas, 1991, Roll et. al., 1991,Chignon, 1993) that patients consult to medical or cardiac departments because of their various physical symptoms.Though it is well established that the anxiety and related disorders presents with physical symptoms but careful evaluation can differentiate between organic and psychiatric symptoms, it means careful examination and knowledge of psychiatry among cardiologists and physicians can reduce the burden of unnecessary investigations as well as can improve the quality of the life of the patients.

A relationship between type A behaviour pattern and incidence of coronary artery disease has been well established in prospective cohort studies (Freidman et al., 1959,Rosenman et al., 1975, Haynes et al., 1980). William et al., (1980) have observed that type A subjects have more tendency to exhibit cardiovascular and neuroendocrinal response to mental work. On the other hand Trivedi & Vipul (1999) have clearly mentioned that role of type A behaviour pattern is still controversial concept, which has generated a debate but the results of our study suggest that type A behaviour patterns were significantly more in cardiac patients, indicating that time urgency, excessive competitiveness and hostility increase the vulnerability to get cardiac illness.

Study shows sociodemographic variables have no significant role except the panic disorder or other pure psychiatric illnesses were more common among younger age group. Similarly Cohen and White (1951),Wood(1968),Mayou (1973) reported that psychiatric symptom or non cardiac chest pain is more common in younger age group. It suggests that the proper diagnosis and treatment in time of these non cardiac psychiatric disorders can improve the productivity and reduce the suffering of young vulnerable persons.

In conclusion, after reviewing the literature and the result of the present study the authors are of the opinion that though the study has its limitation like small sample size, non probable sample selection of the patients etc., but still we can not ignore the high prevalence of psychiatric morbidity, there is a need to improve the knowledge of psychiatry among cardiologists and other physicians by regular refresher courses in the institutes and also to start public awareness programs on large scale in regular basis all over the country.

Acknowledgement: Indian Journal of Psychiatry, October 2001, Vol 43(4): 335 - 339.

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Email this Article to a Colleague Search Participate in Discussions

3. So life as a challenge cross it and life as a bed of roses explore it.

regards

From India, Delhi

#Bala1

Dr,

Something i read on "Water Cure". Made lot of sense to me.

Ofcourse the article says it costs nothing. But now a days it costs me hell a lot of money to get potable water!

Quote

The single most effective prescription for well-being, improved health, disease prevention, potentially reversible stages of degenerative diseases-and finally the best pain medicine in the world needs no doctor's prescription. It is freely available. It costs nothing . It has no dangerous side effects. It is the medication your body cries for when it is stressed. It is good old plain, natural water-ready cash for the industrial systems of the body.

Every twenty-four hours the body recycles the equivalent of forty thousand glasses of water to maintain its normal physiological functions. It does this every day of its life. Within this pattern of water metabolism and its recycling process, and depending on environmental conditions, the body becomes short of about six to ten glasses of water each day. This deficit has to be supplied to the body every day.

If you think you are different and your body does not need this amount of water, you are making a major mistake. The body uses up the equivalent of between six to eight glasses of its total body water for essential functions. It needs on average upwards of half its weight in ounces of water per day-a minimum of eight to ten glasses. Water should be taken in eight- or sixteen-ounce portions spaced throughout the day. In the same way you don't let your car run out of gas before you fill the tank, the body must not be allowed to become dehydrated before you drink water.

- Water should be drunk before meals. The optimum time is thirty minutes before eating. This prepares the digestive tract, particularly in people with gastritis, duodenitis, heartburn, peptic ulcer, colitis, or gas-producing indigestion.

- Water should be taken anytime you are thirsty-even during meals.

- Water should be taken two and a half hours after a meal to complete the process of digestion and correct the dehydration

caused by food breakdown.

- Water should be taken first thing in the morning to correct dehydration produced during long sleep.
- Water should be taken before exercising to have it available for creating sweat.
- Water should be taken by people who are constipated and don't eat sufficient fruits and vegetables. Two to three glasses of water first thing in the morning act as a most effective laxative.

WATER OR FLUIDS?

Naturally, we wonder why we should drink water and not the pleasing and taste-enhancing beverages that are now the staples of our modern society. After all, they are made from water and do the job of quenching our thirst-or at least we feel they do. In fact, much of the problem of bad health is founded on this misconception. As far as the chemistry of the body is concerned, water and fluids are two different things. As it happens, popular manufactured beverages contain some chemicals that alter the body's chemistry at its central nervous system's control centers. Even milk is not the same as water. Milk is a food and must be treated as food.

The body needs water-nothing substitutes for water. Coffee, tea, soda, alcohol, and even milk and juices are not the same as water.

CAFFEINE IN BEVERAGES

- A cup of coffee contains about 80 milligrams of caffeine, and a cup of tea or one soda has about 50 milligrams.
- Chocolate also contains caffeine and theobromine, which acts like caffeine.
- Caffeine further dehydrates the body-you urinate more than the

volume of water contained in the beverage.

- Caffeine blocks the production of melatonin in the brain. Dr. Kenneth Wright Jr. discovered the melatonin-inhibiting effect of caffeine in 1994. This inhibitory effect of caffeine on melatonin production by the pineal gland of the brain seems to last six to nine hours. Melatonin regulates the functions of the body during sleep; it induces sleep. Thus, melatonin inhibition is one reason why coffee induces wakefulness.
- Caffeine intake on a regular basis by pregnant women can increase the risk of producing lowbirth-weight infants. It can even cause spontaneous abortion or damage to the fetus.
- Caffeine inhibits the enzymes used in memory making, eventually causing loss of memory. It has been shown to inhibit the enzyme phosphodiesterase (phospho-di-esterase), which is involved in the process of learning and memory development.
- Caffeine can be toxic to brain cells. Some plants use caffeine as a defense against their predators. Caffeine toxicity in predators decreases their natural wit and ability for survival against their own predators. They forget how to camouflage themselves and become prey to their own predators. This is how the coffee plant gets rid of its pests.
- Seniors and children should not take caffeine. It can affect their normal brain functions, and their wit to survive may become less sharp.
- People taking five to six cups of coffee a day are twice as likely to suffer heart attacks.
- Caffeine can damage DNA and cause abnormal DNA by inhibiting the DNA-repair mechanism.
- Caffeine has been shown to cause genetic abnormalities in animals

and plants.

- Caffeine attacks the brain cells' reserves of energy and lowers their threshold of control, so that the cells overspend from their energy pool. It indiscriminately turns on many energy-consuming functions to the point of causing exhaustion. When brain cells that have been influenced by caffeine confront a new situation that demands their full cooperation, they have a shortfall of energy. This creates a delay in brain response-hence exhaustion and irritability after excess caffeine consumption. Caffeine may cause attention deficit disorder in young people who consume too much soda.

- Water by itself generates hydroelectric energy. Caffeine in the same water stimulates the kidneys and causes more water to exit the body than is in the drink. This exhausts the brain cells' reserves of energy.

Caffeine-containing sodas with artificial sweeteners are more dangerous than those containing regular sugar. Artificial sweeteners are potent chemical agents that fool the brain cells by masking as sugar. Sweetness normally translates to the entry of energy into the body. The sweeteners, through the taste buds, program the brain to behave as if ample sugar for its consumption has reached the body and will imminently reach it through the circulation. Since there is strict control on the level of sugar in the blood, the brain calculates the outcome of the sweetness and instructs and programs the liver not to manufacture sugar from other raw materials, but to begin storing sugar. When the sugar that was promised through the taste buds is nowhere to be found, the brain and the liver prompt a hunger sensation to find food and make good on the promise of energy. The result is a state of anxiety about food. It has been shown that people who consume artificial sweeteners seek food, and eat more than normal, up to ninety minutes after the intake of the sweetener. This is part of the reason why more than 37 percent of the population is obese.

Caffeine-containing diet sodas, therefore, constitute a sort of double jeopardy to the body in that caffeine causes many complications,

while artificial sweeteners have their own detrimental chemical effects. Decaffeinated diet sodas may be particularly harmful in diet programs, especially if the sweetener is aspartame. Aspartame has been implicated in the increased incidence of brain tumors and seizures.

ALCOHOL IN BEVERAGES

- Alcohol in beverages causes dehydration-the kidneys flush water out.
- Alcohol prevents the emergency water supply system to the brain. It inhibits the action of vasopressin and causes brain-cell dehydration. It is brain dehydration that signals as a hangover after you have taken a few drinks.
- Alcohol can be addictive and functionally depressive.
- Alcohol can cause impotence.
- Alcohol can cause liver damage.
- Alcohol can suppress the immune system.
- Alcohol consumption may increase the chances of developing cancers.
- Alcohol produces free radicals (acidlike substances) that normally attack and damage some sensitive tissues if allowed to circulate freely. Among other things, melatonin is used up to scavenge these free radicals. This results in low melatonin content in the body.
- Alcohol addiction may be caused in part by dehydration of cell membranes, particularly brain cells.
- Dehydration promotes the secretion of the natural endorphins in the body-the addictive factor.

Now that I have mentioned alcohol, let me also tell you that most alcoholics are actually searching for water. Water has a natural satiety impact through the hormones motilin, serotonin, and adrenaline, which culminates in the enhanced action of the body's endorphins. Alcoholics learn that alcohol, through its stressful dehydrating action on the brain, will also cause the release of endorphins. This is how they become addicted to alcohol. If alcoholics begin to increase their water intake, or reach for a glass of water in place of a beer or a shot of their favorite hard stuff, their cravings for alcohol will tend to decrease and they will be more likely to kick the habit with surprising ease.

The natural action of alcohol on the brain is an across-the-board inhibition of all its functions, including its pain-sensing centers. The inhibitory centers of the brain are depressed first. This is how some people get an emotional release in the presence of others from taking alcohol. If these people are by themselves, alcohol will probably put them to sleep. In short, alcohol is a depressant. Depressed people should not take it. Water, on the other hand, does not depress the brain, and it provides a more satisfying and enduring high, with lots of energy to perform whatever is desired.

JUICES AND MILK IN PLACE OF WATER

Replacing the water requirement of the body with juices or milk causes different problems. Too much orange juice increases histamine production and can cause asthma in children and adults. Even the natural sugar in juices will program the liver into fat-storing mode—a prescription for getting fat.

Milk should be considered a food. Infants who receive formulated milk other than mother's milk need it in a much more diluted form than is manufactured at present. Non-breast-fed babies should receive more water in their diet. It has been shown in some autopsies that infants who were not on mother's milk had developed heart arteries that showed signs of cholesterol. It is true that milk is a

good watery source of calcium and proteins for health maintenance, yet milk should not be taken as a total replacement of the water that the body needs. It should be remembered that cow's milk is naturally designed for the calf that begins to walk within hours of its birth. To give undiluted milk to babies or children who are not moving much may be inviting trouble.

It is clear that the human body has many distinct ways of showing its general or local water needs, including its production of many localized complications such as asthma and allergies. Other drastic signs of the body's water needs are localized chronic pains such as heartburn, dyspepsia, rheumatoid joint pain, back pain, migraine headaches, leg pain when walking, colitis pain, and a most advanced sign, anginal pain. Complications such as hypertension, Alzheimer's disease, multiple sclerosis, muscular dystrophy, cholesterol blockage of the arteries (leading to heart attack and strokes), and diabetes may also be connected to dehydration. Ultimately, cancers, I believe, may also be a major health problem connected to persistent water shortage of the human body.

Chronic dehydration produces many symptoms, signs, and, eventually, the degenerative diseases. The physiological outcome of the sort of dehydration that produces any of the problems mentioned earlier in the book is almost the same. Different bodies manifest their early symptoms of drought differently, but in persistent dehydration that has been camouflaged by prescription medications, one by one the other symptoms and signs will kick in, and eventually the person will suffer from multiple "diseases."

We in medicine have labeled these conditions as outright "diseases" or have grouped them as different "syndromes." In recent years, we have grouped some of the syndromes-with some typical blood tests-and called them autoimmune diseases, such as lupus, multiple sclerosis, muscular dystrophy, insulinindependent diabetes, and so on.

Medical research has until now been conducted on the assumption

that many conditions-which I consider to be states of dehydration or its complications are diseases of unknown etiology. From the presently held perspectives of human health problems, we are not allowed to use the word cure. We can at best "treat" a problem and hope it goes "into remission."

From my perspective, most painful degenerative diseases are states of local or regional drought-with varying patterns. It naturally follows that, once the drought is corrected, the problem will be cured if the dehydration damage is not extensive. I also believe that to evaluate deficiency disorders-water deficiency being one of them-we do not need to observe the same research protocols that are applied to the research of chemical products. Identifying the shortage and correcting the deficiency is all we have to do.

It is now clear that the treatment for all dehydration produced conditions is the same-a single treatment protocol for umpteen number of conditions. Isn't that great? One program solves so many problems and avoids costly and unnecessary interferences with the body.

The first step in this treatment program involves a clear and determined upward adjustment of daily water intake. Persistent dehydration also causes a disproportionate loss of certain elements that should be adequately available in the stored reserves in the body.

Naturally, the ideal treatment protocol will also involve an appropriate correction of the associated metabolic disturbance. In short, treatment of dehydration produced diseases also involves correction of the secondary deficiencies that water deficiency imposes on some tissues of the body. This multiple-deficiency phenomenon, caused by dehydration, is at the root of many degenerative diseases.

A change of lifestyle becomes vital for the correction of any dehydration-produced disorder. The backbone of The Water Cure

program is, simply, sufficient water and salt intake; regular exercise; a balanced, mineral-rich diet that includes lots of fruits and vegetables and the essential fats needed to create cell membranes, hormones, and nerve insulation; exclusion of caffeine and alcohol; and meditation to solve and detoxify stressful thoughts. Exclusion of artificial sweeteners from the diet is an absolute must for better health.

It should also be remembered that the sort of dehydration that manifests itself as asthma leaves other scars within the interior parts of the human body. This is why asthma in childhood is such a devastating condition that leaves its mark on children and may expose them to many different health problems in later life. My understanding of the serious damaging effects of dehydration during childhood is the reason I have been concentrating much of my efforts on the eradication of asthma among children.

The first nutrient the body needs is water. Water is a nutrient. It generates energy. Water dissolves all the minerals, proteins, starch, and other water-soluble components and, as blood, carries them around the body for distribution. Think of blood as seawater that has a few species of fish in it—red cells, white cells, platelets, proteins, and enzymes that swim to a destination. The blood serum has almost the same mineral consistency and proportions as seawater. The human body is in constant need of water. It loses water through the lungs when we breathe out. It loses water in perspiration, in urine production, and in daily bowel movements. A good gauge for the water needs of the body is the color of urine. A well-hydrated person produces colorless urine—not counting the color of vitamins or color additives in food. A comparatively dehydrated person produces yellow urine. A truly dehydrated person produces urine that is orange in color. An exception is those who are on diuretics and flush water out of their already dehydrated bodies and yet produce colorless urine.

The body needs no less than two quarts of water and a half teaspoon of salt every day to compensate for its natural losses in urine,

respiration, and perspiration. Less than this amount will place a burden on the kidneys. They will have to work harder to concentrate the urine and excrete as much chemical toxic waste in as little water as possible. This process is highly taxing to the kidney cells. A rough rule of thumb for those who are heavysset is to drink a half ounce of water for every pound of body weight. A two-hundred-pound person will need to take one hundred ounces of water. Water should be taken anytime you are thirsty, even in the middle of a meal. Water intake in the middle of a meal does not drastically affect the process of digestion, but dehydration during food intake does. You should also take at least two glasses of water first thing in the morning to correct for water loss during eight hours of sleep.

Unquote

Thanks

bala

From India, Madras

#Dr. Jogeshwar Mahanta

Balaji,

I have gone through your above article but I will go through it more attentively. But if you are intrested complementary/alternatve medicine please visit the following web site. If you find interst I shall give you many more:

alternative-medicine-message-boards.info

regards

From India, Delhi

#Dr. Jogeshwar Mahanta

Balaji,

I have gone through your article on water treatment. What it says is

that LET US BE APPROPRIATE WITH NATURE. Naturopathy is based on appropriateness of 5 things- kshiti(mud),apa(water),teja(illumination/heat), marut(air) and byoma(sky/emptiness).
regards

From India, Delhi

#Bala1

Hai Dr,

Some beauty tips:

TO AVOID WRINKLES

Try the wonderful cream of “Smile”. It tones and lifts up the facial muscles, and reduces wrinkles. Avoid getting angry or annoyed as frowning will add wrinkles to your face.

FOR CLEAR SKIN

“Sadhana” is the best all-round Tonic for clearing out impurities and speeding up renewal.

LIPS

Use the contouring lipstick "Silence". This is particularly good for the lips that have been damaged by unnecessary talk and uncharitable gossip.

CLEANSER

The most effective deep cleanser is “Meditation”. Best used daily in the early morning time.

SKIN PURIFIER

“Bhajan” is an excellent purifier and revitaliser. Use at least once

daily.

SOFT HANDS

Get a large tub of “Service” and use it as often as possible each day.

MOUThWASH

“Sweet words” works wonders! Use regularly with soft and loving speech.

BLUSHER

The early morning air, between 4.30am – 5.30am, on the way to ‘Nagarsankirtan’ will bring a wonderful glow to your face.

EXFOLIATOR

“Namasmarana” wards off illnesses and improves well being.

Thanks

Bala

From India, Madras

#Dr. Jogeshwar Mahanta

Balaji,

I am only saying that the basis of treatment in naturopathy are mud, water, illumination/heat, air and emptiness. At least some of Your illustrations are coming under naturopathy. Right?

regards

From India, Delhi

#Dr. Jogeshwar Mahanta

Namskar.

PART I-SMARTEN YOUR HEART.

Today on September 15, 2005 at page 15 of the Tribune you will find an article "The 'Broken Heart' Syndrome authored by Dr. Harinder Singh Bedi, the former senior consultant of Escorts Heart Institute.

" The connection between psycho-social factors and heart disease is so strong that today's cardiologists must ask their patients about moods, stress and social support, and how to deal with adverse events. All the findings underscore the importance of learning to cope with stress as a way of protecting one's heart. Traditional ways like yoga and meditation and non-traditional ways like laughter clubs go a long way in reducing stress and the threat to the heart. A number of detailed scientific studies have proved beyond doubt that these methods work by documenting better control of blood pressure, lesser stress hormone release and halting of atherosclerosis (blockage of arteries). The happy person is more likely to be "heart healthy" and "heart smart".

Friends! I have already requested you to go through the stress disorder chapter of any recent abnormal psychology text.

Also I have given the remedy-life as a challenge across it and life as a bed of roses explore it. The sole culprit is the challenge, the mother of competitiveness, rivalry, jealousy, revenge and what not which if prolonged may permanently incapacitate the parasympathetic division of your autonomic nervous system which is responsible for body homeostasis, that is, the balance of your body chemistry.

regards

From India, Delhi

#Bala1

Yes, I agree with most of what you said. The only question I have to ask you is:

When the whole world is going that way - the way of competition, challenge and above all jealousy, rivalry, revenge, manipulation,

corporate politics etc etc, what do we do and how do we stay out of it? May be we can try and stay out of all other things, but how to avoid challenge, competition - dog eat dog ?

Dharmasankat!

Bala

From India, Madras

#Dr. Jogeshwar Mahanta

Namaskar, Compare self to self- on the whole where I was 5 years back, where I am today and where I shall be next year. Cause and effect are inseparable. regards

From India, Delhi

#Bala1

Namaskar Dr, You have put it back to me!! All i asked was can we remain seperated if the whole world is going that way? bala

From India, Madras

#Dr. Jogeshwar Mahanta

Balaji,

So I have started Zero Pathology Ganga. It does not involve just overnight thought. You will be surprised how hurdlesome it was to start with. If God wants me to carry it through, I shall succeed. You can start your own. The whole world is not malevolent. Every one has some degree of benevolence. Focus and capitalize on that. You alone can not forge ahead. You need vicarious effect.

regards

regards

From India, Delhi

#Dr. Jogeshwar Mahanta

]Hope springs eternal in the human breast.

If I have any punya in life then that backs your hope not to back track under any circumstances.

Sarbe bhabantu sukhinah,
sarbe santu niramayah,
Sarbe bhadrani pashyanttu,
Ma kaschit dukkhabhag bhabet.
regards

From India, Delhi

#Dr. Jogeshwar Mahanta

Dear friends,

The 25th September was the heart attack prevention day. Every news paper I came across had supplements on this subject.

Two points appeared me very striking.

1. India is more prone to heart attack than rest of the world.

2. The Hindu writes "prevention is the best treatment".

regards

From India, Delhi

#Dsftytdjdjtj

Here's a link to a website with more info hope it's useful

From United Kingdom, London

#Dr. Jogeshwar Mahanta

namaskar shwnm.

you have rightly posted the website. reference had already come about chelation therapy in this thread. will you please post more on alternative therapies particularly the effect of thought on body chemistry?

regards

From India, Delhi

#Dr. Jogeshwar Mahanta

Namskar.

Here is an excerpt from an article in Hindi, translated into English,

may be interest of the viewers.

regards

GETTING HEART DISEASES GIFTS FROM STRESS

“The desire to remain ahead of all in modern rat race giving the gifts of grievous ailments. Due to the stress generated due to the eating habits, changes in life style and challenges not only aged and old but also young and children are also coming under the grip of grievous heart related ailments.”

XXX XXX XXX

“Dr. Sanjay Tyagi, Head of the department of cardiology of G.B. Pant Hospital says that one of the reasons behind increase of the problem of heart diseases is mental stress. He says that any type of pressure on the cells of the brain directly affects the other organs of the body also. Due to stress certain body processes become activated as a result of which blood pipes start shrinking. Suddenly blood pressure and diabetes goes up and heart beat increases.

This state is called psychosomatic shock. Under such circumstances, sometimes along with heart diseases the patient becomes the victim of strokes as well as paralysis also. He says that if remained alert one can easily escape these life style linked diseases.”

(The Dainik Jagran(Hindi) dated 30/9/05, pp7)

From India, Delhi

#Dr. Jogeshwar Mahanta

namaskar.

Heading- Shape up or perish, warns WHO.

Sub heading-India stares at a chronic disease epidemic.

Opening and next paragraph-The World Health

Organisation(WHO)'s predictions for India are scary and sound a timely alert: kill chronic ailments before they kill you.

Heart disease, stroke, cancer and diabetes will account for 53 percent of all deaths this year alone. The death count is going to rise rapidly in the next decade, projects a new WHO report.

(The Hindustan Times, 6/10/2005, page3)

From India, Delhi

#Sibia

I am Dr Sibia and am practicing Chelation Therapy in Ludhiana since 1994 with good results. I was trained in the therapy at Arterial Disease Clinic, UK and was impressed by their results. There are over 2000 doctors practicing the therapy in USA and many more in several other countries. I will say that Chelation therapy is a patient proven treatment but there are yet not adequate controlled trials for it to find place in text books. It should be given a trial after properly informing the patients and with proper follow up. Dr.Sibia

drsibia@sssibia.com

From India, Chandigarh

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