



Medical

Echo

SEPTEMBER 2011
VOL. 1 | ISSUE 3

**Expand
your mind,
Change
your world**



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Editorial



September 2011

Dear Doctor,

Wish you all **"Eid Mubarak"**, just few days back we have celebrated the gorgeous **'Eid-ul-Fitre'** after a month of Holy Ramadan. It's one of the biggest yearly celebration and the precious occasion among all Bangladeshi people.

This is our great pleasure to inform bi-monthly you that **Apex Pharma** launches the third issue of its periodical medical publication. Our main stimulating topic of this issue is based on 'Day Awareness', globally a day is dedicated for the awareness of specific disease among doctors, patients and the public. In this issue, we have focused on **'World Heart Day'**, **'World Mental Health Day'**, **'World Arthritis Day'** & **'World Osteoporosis Day'** during September & October of 2011.

'Medical Tit-bits' will again provide some jaw-dropping medical mystery related incidents.

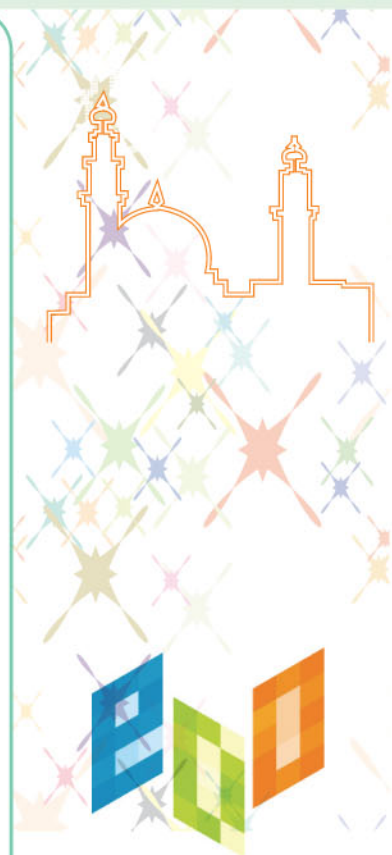
'Clinical Echo' contain the original articles on the latest clinical updates.

Finally through our vibrant section of **'Corporate Echo'**, we would like to share our corporate magnificent information with you. Very recently, an agreement has been signed between **Apex Pharma & Sanofi-aventis**, a leading global pharmaceutical giant based in France and the number one multinational pharmaceutical company in Bangladesh. **Sandom, Fiprox, Inflam D, Frisium** and **Lasilactone** are the brands from Sanofi-aventis that will be marketed, promoted and distributed by Apex Pharma. We are very keen to build a strong bi-lateral relationship with global leaders to give the best medicinal services to our nation.

Wish you all very pleasant reading ...

Sincerely yours

(Dr. Mohammed Arman Ullah)
Head of Marketing
Apex Pharma Limited



Chief Patron

Mr. A. M. Faruque

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World Heart Day

29 September, 2011

Introduction: World Heart Day was created in 2000 to inform people around the globe that heart disease and stroke are the world's leading cause of death, claiming 17.1 million lives each year. Together with its members, the World Heart Federation spreads the news that at least 80% of premature deaths from heart disease and stroke could be prevented if the main risk factors, tobacco, unhealthy diet and physical inactivity are controlled.

History: The World Congress of Cardiology is a biannual scientific conference of cardiologists from around the world, where the latest research is presented. The Congresses were held every four years from 1950 to 2006, and every two years since then.

World Heart Day, which takes place every year on 29 September, is a joint effort organized by the World Heart Federation, the World Health Organization (WHO), UNESCO, and the United Nations Sport for Development and Peace initiative.

Theme

2011 : One World, One Home, One Heart

2010 : Workplace Wellness

2009 : Work with Heart

2008 : Know your risk

2007 : Team up for Healthy Hearts



29 September 2011

World Heart Day



One World

With the UN High-Level Meeting on Non-Communicable Diseases (NCDs) taking place in September, World Heart Day presents a great opportunity to communicate messages about the meeting outcomes, and the importance of elevating NCDs up the global health agenda.

One Home

After two years of focusing on heart health in the workplace, this year we call on individuals to reduce their own and their family's risk of heart disease and stroke. We ask people to take charge of their home's heart health by taking steps such as choosing healthy food options, increasing physical activity, and saying no to tobacco.

One Heart

As always, our emphasis will be on improving heart health across all nations.





Management of Heart Failure

Symptoms: Heart failure (HF) is a clinical syndrome that occurs in patients who, because of an inherited or acquired abnormality of cardiac structure and/or function, develop a constellation of clinical symptoms (dyspnea and fatigue) and signs (edema and rales) that lead to frequent hospitalizations, a poor quality of life, and a shortened life expectancy. **Uncontrolled hypertension** is one the important reason for heart failure.

The cardinal symptoms of HF are fatigue and shortness of breath. Although fatigue has been traditionally ascribed to the low cardiac output in HF, it is likely that skeletal-muscle abnormalities and other noncardiac comorbidities (e.g. anemia) also contribute to this symptom. In the early stages of HF, dyspnea is observed only during exertion; however, as the disease progresses, dyspnea occurs with less strenuous activity, and ultimately may occur even at rest.

Diagnosis:

Routine Laboratory Testing

Patients with new-onset HF and those with chronic HF and acute decompensation should have a complete blood count, a panel of electrolytes, blood urea nitrogen, serum creatinine, hepatic enzymes, and a urinalysis. Selected patients should have assessment for diabetes mellitus (fasting serum glucose or oral glucose tolerance test), dyslipidemia (fasting lipid panel), and thyroid abnormalities (thyroid-stimulating hormone level).

Electrocardiogram (ECG)

A routine 12-lead ECG is recommended. The major importance of the ECG is to assess cardiac rhythm, determine the presence of LV hypertrophy or a prior MI (presence or absence of Q waves), as well as to determine QRS width to ascertain whether the patient may benefit from resynchronization therapy.

Chest X-Ray

This provides useful information about cardiac size and shape, as well as the state of the pulmonary vasculature, and may identify noncardiac causes of the patient's symptoms.

Treatment

Drugs for the Treatment of Chronic Heart Failure

Diuretics		Initial recommended dose
Furosemide		20-40 mg od or bid
Hydrochlorothiazide		25 mg od
Angiotensin-Converting Enzyme Inhibitors		
Captopril		6.25 mg tid
Ramipril		1.25-2.5 mg bid
Angiotensin Receptor Blockers		
Valsartan		40 mg bid
Losartan		25 mg od
β Blockers		
Carvedilol		3.125 mg bid
Bisoprolol		1.25 mg od
Additional Therapies		
Spironolactone		12.5-25 mg od
Eplerenone		25 mg od





Myths & Facts of Heart Disease

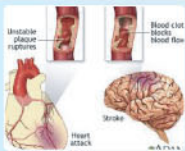


Myth: High cholesterol levels are not dangerous because they do not cause symptoms

Fact: Although asymptomatic, high cholesterol levels are dangerous because they alter the blood vessel wall and trigger coronary heart disease.

Myth : Heart failure means your heart has stopped beating

Fact : Heart failure does not mean your heart has stopped beating. Heart failure occurs when your heart muscle or valves have been damaged and so your heart is not able to pump adequate amount of to meet body requirement.

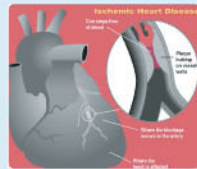


Myth : Stroke is another name for heart attack

Fact : Heart attacks are caused by decreased blood flow to the heart muscle, often from blood clots. Strokes are caused by decreased blood flow to the brain, also often from blood clots. The two conditions are clinically different.

Myth: Diabetes, high cholesterol levels and hypertension only are aggravating factors and minimally affect the overall condition of ischemic heart disease patients.

Fact : These three medical conditions sadly increase both the risk and effects of this terrible disease. Diabetes, high cholesterol levels and hypertension are considered predisposing factors for individuals who are at high risk of developing this type of heart disease.





Myth : I won't have to worry about heart disease until I'm much older

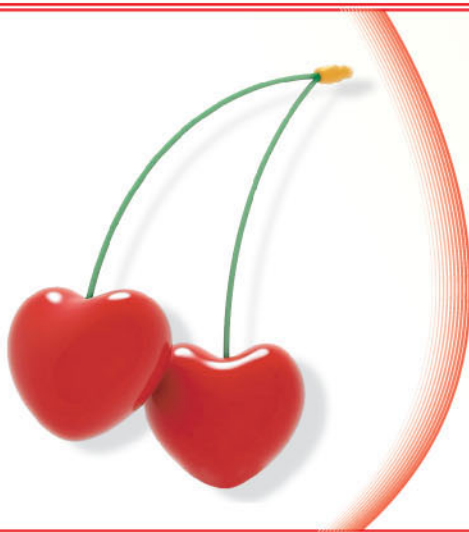
Fact : Coronary artery disease can start to develop in our teenage years, and many of the bad habits we develop as young adults persist as we get older. Children, who are obese, have high blood pressure and a family history of heart disease is can be a factor.

Angical-50

Amlodipine BP 5 mg & Atenolol BP 50 mg

**Control hypertension
to prevent heart attack, heart failure & stroke**

-  Effective in patients with moderate hypertension or hypertension not controlled by either Amlodipine or Atenolol alone
-  Highly tolerable in maximum number of patients





World Mental Health Day

10 October 2011

Introduction:

World Federation of Mental Health is an international membership organization founded in 1948 to advance, among all peoples and nations, the prevention of mental and emotional disorders, the proper treatment and care of those with such disorders, and the promotion of mental health. According to the World Health Organization 1 in every 4 people, or 25% per cent of individuals, develops one or more mental disorders at some stage in life. Today, 450 million people globally suffer from mental disorders in both developed and developing countries. Of these, 154 million suffer from depression, 25 million from schizophrenia, 91 million from alcohol use disorder and 15 million drug use disorder. Mental illness is a serious public health challenge that is under-recognized as a public burden.

History:

World Mental Health Day (October 10), is a day for global mental health education, awareness and advocacy. It was first celebrated in 1992 at the initiative of the World Federation for Mental Health, a global mental health organization with members and contacts in more than 150 countries. In some countries this day is part of the larger Mental Illness Awareness Week.

Theme:

- 2011 : The great push investing in mental health**
- 2010 : The Need for Continued and Integrated Care**
- 2009 : Enhancing treatment and Promoting mental health**
- 2008 : Making Mental Health a Global Priority**
- 2007 : The impact of culture & diversity**





Management of Psychiatric Disorder

Generalized Anxiety Disorder:

This is the most common of the clinically significant anxiety disorders. Initial manifestations appear at age 20-35 years, and there is a slight predominance in women. The anxiety symptoms of apprehension, worry, irritability, difficulty in concentrating, insomnia, and manifestations can include cardiac (eg, tachycardia, increased blood pressure), gastrointestinal (eg, increased acidity, nausea, epigastric pain), and neurologic (eg, headache, near-syncope) systems.

Panic Disorder:

This is characterized by short-lived, recurrent, unpredictable episodes of intense anxiety accompanied by marked physiologic manifestations. Agoraphobia, fear of being in places where escape is difficult, such as open spaces or public places, may be present. Distressing symptoms and signs such as dyspnea, tachycardia, palpitations, headaches, dizziness, paresthesias, choking, smothering feelings, nausea, and bloating. Recurrent sleep panic attacks (not nightmares) occur in about 30% of panic disorders. About 25% of panic disorder patients also have obsessive-compulsive disorder (OCD).

Obsessive-Compulsive Disorder:

In the obsessive-compulsive reaction, the irrational idea or the impulse persistently intrudes into awareness. Obsessions (constantly recurring thoughts such as fears of exposure to germs) and compulsions (repetitive actions such as washing the hands many times) are recognized by the individual as absurd and are resisted. Under extreme stress, these patients sometimes exhibit paranoid and delusional behaviors, often associated with depression, and can mimic schizophrenia.

Bipolar Disorder:

Bipolar disorder is characterized by unpredictable swings in mood from mania (or hypomania) to depression. Some patients suffer only from recurrent attacks of mania, which in its pure form is associated with increased psychomotor activity; excessive social extroversion; decreased need for sleep; impulsivity and impairment in judgment; and expansive, grandiose, and sometimes irritable mood. In severe mania, patients may experience delusions and paranoid thinking indistinguishable from schizophrenia. Half of patients with bipolar disorder present with a mixture of psychomotor agitation and activation with dysphoria, anxiety and irritability.

Treatment

Disease	Drug	Usual recommended Dose
Generalized anxiety disorder	➤ Alprazolam	0.5 – 4 mg/ day
	➤ Clonazepam	1-2 mg/ day
	➤ Clobazam	20-30 mg/ day
	➤ Doxepin	75 mg/day
Panic Disorder	➤ Lorazepam	0.5–2 mg/ sublingual for urgent treatment
	➤ Sertraline	25 mg/day and increased after 1 week to 50 mg/day
	➤ Clonazepam	1–6 mg/day orally
	➤ Escitalopram	10- 30 mg / day
Bi Polar Disorder	➤ Valproic acid	250 mg tid
	➤ Carbamazepine	200 mg bid/150 bid
	➤ Oxcarbazepine	25 mg/day
	➤ Flupentixole + Melitracen	0.5 + 10 mg bid
Obsessive-Compulsive Disorder	➤ Fluoxetine	10–80 mg/ day
	➤ Buspirone	15–60 mg/day

Ref: CMDT 2010 & Harrison's principal of Internal Medicine 17 th Edition





Myths & Facts of Psychiatric Disorder



Myth: There is no hope for people with mental illnesses.

Fact: There are more treatments, strategies, and community supports than ever before, and even more are on the horizon. People with mental illnesses lead active, productive lives

Myth: People with mental illnesses cannot tolerate the stress of holding down a job.

Fact: In essence, all jobs are stressful to some extent. Productivity is maximized when there is a good match between the employee's needs and working conditions, whether or not the individual has mental health needs



Myth: Once people develop mental illnesses, they will never recover.

Fact: Studies show that most people with mental illnesses get better, and many recover completely. Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual's recovery.

Myth: People with mental illnesses are violent and unpredictable.

Fact: In reality, the vast majority of people who have mental health needs are no more violent than anyone else. You probably know someone with a mental illness and don't even realize it.



Myth: Schizophrenia is multiple personality disorder.

Fact : Schizophrenia is a serious mental illness, often confused with multiple personality disorder. In fact, it is a Condition that blurs the distinction between what is real and what is imagined. People with schizophrenia have symptoms ranging from social withdrawal to delusions and hallucinations but are often helped by modern medicine.



ADNOR
Doxepin Hydrochloride 75 mg Capsule

for

- Chronic and Severe Anxiety & Depression
- Chronic Insomnia
- Chronic Urticaria





World arthritis day

12 October 2011

Introduction:

World Arthritis Day was marked here to raise awareness about arthritis in all its forms among the medical community, people with arthritis and the general public. The condition with symptoms of pain, swelling or stiffness with limitation of joint movement is called arthritis. In certain serious types of arthritis, e.g. rheumatoid arthritis, the stiffness and limitation of joint movement is especially worse for prolonged periods in the mornings. Several population studies around the world have shown that approximately 20-30 per cent of the visits to any healthcare setting are due to problems related to locomotor system.

History:

World Arthritis Day was established in 1996 by Arthritis and Rheumatism International (ARI) and is celebrated each year on 12 October. Now, people with rheumatic and musculoskeletal diseases (RMDs) from around the world can join together to make their voices heard on this day. World Arthritis Day is an ideal focus for organizations to raise awareness of issues affecting people with RMDs and for individuals to support campaigns. Although 12 October is the official World Arthritis Day, this is a year round campaign. The aims of World Arthritis Day are:

- To raise awareness of RMDs amongst the medical community, people with RMDs and the general public
- To influence public policy by making decision-makers aware of the burden of RMDs and the steps which can be taken to ease it
- To ensure all people with RMDs and their caregivers are aware of the vast support network available to them

Theme

2011 : 'MOVE TO IMPROVE'

2010 : 'Let's Work Together'

2009 : 'Let's Work Together'

2008 : 'Think Positive'

2007 : 'Small Things Matter'





Management of Osteoarthritis

Symptoms and Signs:

Degenerative joint disease is divided into two types: (1) primary, which most commonly affects some or all of the following: the DIP and the proximal interphalangeal (PIP) joints of the fingers, the carpometacarpal joint of the thumb, the hip, the knee, the metatarsophalangeal (MTP) joint of the big toe, and the cervical and lumbar spine; and (2) secondary, which may occur in any joint as a sequela to articular injury resulting from either intra-articular (including rheumatoid arthritis) or extra-articular causes.

The onset is insidious. Initially, there is articular stiffness, seldom lasting more than 15 minutes; this develops later into pain on motion of the affected joint and is made worse by activity or weight bearing and relieved by rest. Bony enlargement of the DIP (Heberden nodes) and PIP (Bouchard nodes) joints are occasionally prominent, and flexion contracture or varus deformity of the knee is not unusual. There is no ankylosis, but limitation of motion of the affected joint or joints is common.

Laboratory Findings:

Osteoarthritis does not cause elevation of the erythrocyte sedimentation rate (ESR) or other laboratory signs of inflammation.

Imaging

Radiographs may reveal narrowing of the joint space; sharpened articular margins; osteophyte formation and lipping of marginal bone; and thickened, dense subchondral bone. Bone cysts may also be present.

Prevention:

Weight reduction reduces the risk of developing symptomatic knee osteoarthritis. Maintaining normal vitamin D levels may reduce the occurrence and progression of osteoarthritis, in addition to being important for bone health.

Treatment:

1. General Measures

For patients with mild to moderate osteoarthritis of weight-bearing joints, moderate physical activity (eg, a supervised walking program, hydrotherapy classes, or Tai Chi classes) may result in clinical improvement of functional status without aggravating the joint pain. Weight loss can also improve the symptoms.

2. Analgesic and Anti-inflammatory Drugs

Nonsteroidal anti-inflammatory drugs (NSAIDs) are more effective than acetaminophen for osteoarthritis of the knee or hip. Their superiority is most convincing in persons with severe disease. Patients with mild disease should start with acetaminophen (2.6-4 g/d). NSAIDs should be considered for patients who do not respond to acetaminophen. High doses of NSAIDs, as used in more inflammatory arthritides, are unnecessary. Chondroitin sulfate and glucosamine, alone or in combination, are no better than placebo in reducing pain in patients with knee or hip osteoarthritis.

For many patients, it is possible eventually to reduce the dosage or limit use of drugs to periods of exacerbation. For patients with knee osteoarthritis and effusion, intra-articular injection of triamcinolone (20-40 mg) may obviate the need for analgesics or NSAIDs. Corticosteroid injections up to four times a year appear to be safe. Intra-articular injections of sodium hyaluronate reduce symptoms moderately in some patients. Capsaicin cream 0.025-0.075% applied three or four times a day can also reduce knee pain without NSAIDs.

3. Surgical Measures

Total hip and knee replacements provide excellent symptomatic and functional improvement when involvement of that joint severely restricts walking or causes pain at rest, particularly at night. Arthroscopic surgery for knee osteoarthritis is ineffective. Experimental techniques to repair focal cartilage loss in the knee by autologous chondrocyte transplantation are promising.



Myths & Facts of Arthritis

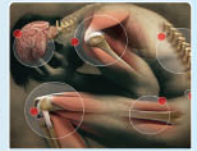


Myth: This is the most common myth about arthritis. That arthritis is an older person's disease. Only the elderly people affected it.

Fact: Older people are normally affected, it is a fact that about half of people affected by one form of arthritis or the other are under the age of 65. One form of arthritis that can affect even young people is the Rheumatoid arthritis.

Myth: Another myth is that arthritis only means stiff joints.

Fact: It is true that stiff joints are one of the most common effect of arthritis. However, this does not necessarily mean the joints are just stiff. The stiffness is mostly as a result of inflammation of the joints. Moreover, stiff joints may not automatically indicate arthritis. They can also be the result of injury or the existence of illness.



Myth: Having some form of arthritis means physical activity is no more allowed. So that you don't sprain or hurt yourself.

Fact: Actually, contrary is the case. Exercise is one of the best therapies for those with arthritis. Exercise has been shown to slow the loss of muscle and bone density. Exercise strengthens the muscles, improves flexibility, and helps patients increase their overall range of motion.

Myth: Arthritis caused by bathing the night, cold weather, and air-conditioning are very often heard.

Fact: Actually, there is no relationship between rheumatism and frequent bathing the night. However, when it is exposed to rheumatism is not recommended bath night. Because every time the body exposed to cold water or cold temperatures, the joint capsule will shrink. This of course can increase pain in the joints that have been stricken with arthritis.



Myth: Most people tend to ignore the symptoms of arthritis in the form of joint pain in the knee, elbow, wrist, and feet. They think this is just normal soreness, which is easily lost when a massage.

Fact: In fact, these symptoms should get serious attention. If not handled properly, arthritis can reduce life expectancy and can cause serious disability in about two years from rheumatism attacked.

Apeclo
Aceclofenac 100 mg Tablet

Control **Pain** with repair of cartilage

-  **Osteoarthritis**
-  **Lumbago**
-  **Dental Pain**
-  **Post-operative Pain**
-  **Back Pain**





World Osteoporosis day

20 October, 2011

Introduction:

World osteoporosis day provides an all-important focal point for informing and educating the general public and policy makers about the prevention of a disease which still suffers from poor general awareness. With the number of participating countries and scheduled events increasing steadily year by year, the impact of World osteoporosis day has grown significantly. Osteoporosis is estimated to affect 200 million women worldwide approximately one-tenth of women aged 60, one-fifth of women aged 70, two-fifths of women aged 80 and two thirds of women aged 90. Worldwide, an osteoporotic fracture is estimated to occur every 3 seconds, a vertebral fracture every 22 seconds.

History:

The International osteoporosis Foundation World Congress on Osteoporosis is organized by the International osteoporosis Foundation secretariat and held every two years, in even numbered years. The first was held in 2000 at Chicago, Illinois. The 2008 congress was cancelled because of political unrest in Bangkok, Thailand. It is the world's largest conference devoted solely to the topic of osteoporosis. International Osteoporosis Foundation organizes the annual World Osteoporosis Day, observed internationally on 20 October. The day is dedicated to raising global awareness of the prevention, diagnosis and treatment of osteoporosis.

Theme

2011 : 3 Steps to Prevention: Calcium, Vitamin D and Exercise

2010 : Signs and Symptoms of Spinal Fractures

2009 : Advocate for Policy Change

2008 : Advocate for Policy Change

2007 : Risk Factors





Management of Osteoporosis


Osteoporosis, a condition characterized by decreased bone strength, is prevalent among postmenopausal women but also occurs in men and women with underlying conditions or major risk factors associated with bone demineralization. Its chief clinical manifestations are vertebral and hip fractures, although fractures can occur at any skeletal site. Osteoporosis affects >10 million individuals in the United States, but only a small proportion are diagnosed and treated.


Clinical features: The clinical presentation of osteoporosis is with fragility fractures, back pain, height loss and kyphosis, although many patients are asymptomatic. A common presentation is with radiological osteopenia in otherwise asymptomatic patients who are undergoing X-ray examination for trauma or another condition. Osteoporotic fractures can affect virtually any bone, but the most common sites are the forearm (Colles fracture), spine (vertebral fracture) and femur (hip fracture).


Investigations and diagnosis


- Bone Densitometry (T-score < -2.5)
- Clinical features of osteoporosis (height loss, kyphosis)
- Osteopenia on plain X-ray
- Family history of osteoporotic fracture
- Early menopause (< 45 years)


Treatment:

 **Bisphosphonates** : The bisphosphonate etidronate is given cyclically in a daily dose of 400 mg for 2 weeks, every 3 months, with administration of calcium supplements during the intervening period. Nitrogen-containing (amino) bisphosphonates such as alendronate (10 mg daily, or 70 mg once weekly) and Risedronate (5 mg daily, or 35 mg once weekly) are considerably more potent than etidronate and are generally considered to be more effective.

 **Hormone replacement therapy** : HRT with oestrogen and progestagens prevents post-menopausal bone loss and reduces the risk of osteoporotic fractures.

 **Calcium and vitamin D supplements** : Calcium is typically given in doses of 500-1000 mg daily, and vitamin D supplements in doses of 400-800 U daily. When given as monotherapy, calcium and vitamin D supplements have been shown to prevent fragility fractures in elderly institutionalised patients with vitamin D deficiency, but they do not seem to be effective at preventing fractures in other patient groups.

 **Calcitonin** : Calcitonin is an osteoclast inhibitor which is effective in preventing post-menopausal bone loss and in the secondary prevention of vertebral fractures in patients with established osteoporosis.

 **Raloxifene** : Raloxifene binds to the oestrogen receptor and inhibits osteoclastic bone resorption in patients with post-menopausal osteoporosis.

 **Parathyroid hormone** : PTH is an effective treatment for osteoporosis and works by stimulating bone formation.





Myths & Facts of Osteoporosis



Myth: Only women get osteoporosis.

Fact: There are many misconceptions about osteoporosis, for example that it is "a woman's disease". Though osteoporosis is common in women as women naturally have smaller, thinner bones than men, but men get osteoporosis, too. One in every four men and one in every two women over the age of 50 will experience an osteoporosis-related fracture in their lifetime.

Myth: I drink lot of milk and eat dairy products, so I don't have to worry about osteoporosis

Fact: Drinking milk is important but that alone is not enough to prevent osteoporosis. According to The American Journal of Clinical Nutrition, calcium absorption rate is higher from vegetables such as Brussels sprouts, mustard greens, broccoli, turnip greens, and kale than from milk.



Myth: I do not realize if I am suffering with Osteoporosis, until or unless I fall and break bone.

Fact: Osteoporosis has no prior symptoms, most people are not aware that they have osteoporosis until they suffer with bone fracture. However, this is not the only indicator of the disease. Many people may not have a broken bone, but develop a change in their posture or a loss in height. To help determine whether bone loss has begun, it is important to get a bone density test every few years, especially for women who have entered menopause.

Myth : Exercise is dangerous for older people.

Fact : Exercise not only minimizes bone loss but may also prevent the risk of fracture. Exercise improves posture and increases muscle development and balance. Everyone should consult a physician or health care professional before beginning any exercise program.



Myth: Osteoporosis cannot be prevented or treated.

Fact: Osteoporosis is 100% preventable. There are several things you can do early on to reduce your chances of getting osteoporosis, such as eating a diet high in calcium and vitamin D, doing weight-bearing exercises and avoiding excessive alcohol.

Apocal-D

Calcium + Vitamin D₃

for **Healthy Bone**

- Prevents osteoporosis
- Improves bone density
- Reduces hip fracture risk



Medical

Tit-Bits

Medical Mysteries & Miracles

Medical history - recent and otherwise - is filled with jaw-dropping peculiarities, **miraculous recoveries** and unsolved mysteries. There is more to these cases than shock value, however. What headlines call "miracles" are a testament to human spirit and so-called medical mysteries remind us just how much we have to learn about the body and mind. Some of these stories may sound like the stuff of science fiction, but every one is true.

5 Miraculous Recoveries

1

Internal decapitation-when the skull separates from the spine without rupturing the skin or severing the spinal cord is fatal 98% of the time. Jordan Taylor walked away from it. In 2008, after a dump truck slammed into the car in which he and his mother were traveling, Taylor's head was reconnected to his spine with metal plates and titanium rods. Most people who survive this injury are paralyzed for life, but Taylor walked out of the hospital with minimal spinal cord damage just 3 months after the accident.

Internal decapitation



The man who fell from the sky



In December 2007, Alcides Moreno and his brother, Edgar, fell from 47-storied building. Edgar died on impact whereas Alcides survived. After a total of 16 surgeries, he awoke and was talking. At a press conference, physicians described Moreno's recovery from the traumatic fall as "miraculous" and "unprecedented." Shortly there after, he was discharged from the hospital to a rehabilitation center and his doctors think he may one day walk again.

2





Medical

Tit-Bits

3

In 1995, China's Peng Shulin was cut in half by a truck. Left with only half of his trunk, Peng stood 2'-6" tall. Not only did he survive the accident, but he also began walking again with the help of a specially designed cup-shaped prosthetic with bionic legs. Thus Peng is now out of bed.

Cut in half by a truck



Awake after a 19-year coma



Polish railroad worker Jan Grzebski woke up from a coma after 19 years. Grzebski slipped into coma in 1988 after being hit by a train. Doctors expected him to live for 2 or 3 years. His wife stayed by his side, moving him to prevent bedsores and praying for his recovery. When he awoke in 2007, he was surprised to find that the Communist party had fallen and that people were talking on cell phones. For the first time, doctors say they have proof the brain can grow its own repairs. The longest coma on record lasted 37 years, but the patient never regained consciousness.

4

Stabbed with a Key in the Eye & Brain

5

In September 2008, Nicholas Holderman was only 17 months old when he fell in his home and landed face down on a set of keys. One of the keys punctured his eyelid, flattened his eye and forced its way into his brain. After an agonizing 4 hours in the emergency room, an experienced surgeon removed the key in less than 30 minutes. Amazingly, the toddler suffered no serious damage to his eye or brain. During a today show appearance, his mother, Staci, said that people who look at Nicholas can't even tell which eye was injured.





Music and Art

Good for Your Soul and Your Lifespan



On 05.07.11

Friedrich Nietzsche once claimed that without music, life would be a mistake. Researchers in Norway claim that without music, art, or other cultural events, life may also be shorter and less satisfying. A new study, published by the Journal of Epidemiology and Community Health, reports that visiting museums, attending concerts, playing an instrument, and creating art are associated with happier lives. The investigators surveyed more than 51,000 adults to assess their leisure habits and cultural participation and their self-perceived health status and levels of depression and anxiety. Overall, there was a strong correlation between engaging in cultural activities and happiness. The association was not affected by socioeconomic status or educational level.

A gender difference was observed in the types of activities that men and women preferred. Men reported more happiness and life satisfaction when they passively participated in cultural activities, such as attending a concert or visiting a museum. Women, on the other hand, reported more satisfaction when they actively engaged in an activity, such as playing an instrument or creating art.

A previous study reported a similar association, extending the findings not just to happiness, but to overall lifespan. People who regularly participated in cultural events exhibited lower mortality than those who rarely did. Similarly, cultural participation has been shown to have quantifiable benefits on health measurements, including overall physical health, social functioning, and vitality.

A similar study in the United States, attempting to replicate the Scandinavian findings, surveyed 1200 American adults. The study showed that the more cultural events a person attended, the happier he was. The unanswered question from all these studies relates to cause and effect. Are people happier because they participate in cultural activities, or do they seek out certain activities because they are already happy?

Cultural participation has been used as medical therapy and health promotion, but it will likely be some time before patients receive a prescription for symphony tickets or an art lesson. But, it is one more reminder of the mind-body connection, and healthcare providers, as well as patients, should be aware of the connection between emotional and intellectual stimulation and overall well-being. So, buy those concert tickets or attend the new gallery opening. Better yet, ladies, take up that instrument you've always wanted to learn to play. You may just add life to your years and years to your life at the same time.

Ref: Journal of Epidemiology & Community Health

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Sanofi-aventis reaches distribution agreement with Apex Pharma



Sanofi-aventis, a leading global pharmaceutical company has signed a agreement with **Apex Pharma**, to market, promote and distribute selected Sanofi-aventis' Brands. Sanofi-aventis is a global pharmaceutical giant based in France and the number one multinational pharmaceutical in Bangladesh. Patient need is at the core of all activities of Sanofi-aventis. It strives to ensure the availability of quality drugs to maximum number of patients.

The selected brands will be from various therapeutic areas like gastrointestinal, anti-infective, pain management, central nervous system and cardiovascular. Sandom, Fiprox, Inflam D, Frisium and Lasilactone are the brands from Sanofi-aventis that will be promoted by Apex Pharma.

"I am very delighted with this ground breaking agreement, which will take advantage of both companies' strengths to deliver high quality medicines to the maximum number of doctors, chemists & patients" quoted A. M. Faruque, Managing Director & CEO of Apex Pharma.

Iftekharul Islam, Managing Director of Sanofi-aventis Bangladesh Limited said, "Through this agreement we are appointing Apex Pharma as the distributor for our five selected products and we believe their broad coverage will be a useful addition for the purpose of offering quality medicines to a maximum number of doctors, pharmacies and patients".

The agreement furthers Sanofi-aventis commitment to ensure the reach of their quality drugs to maximum number of patients. Apex Pharma's broad coverage of doctors and chemists will strengthen the promotion and distribution of the products. More doctors and chemist coverage means that more patients will now have access to Sanofi-aventis' quality products.

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