

MARQUEE HEALTH MAGAZINE



EVER EVOLVING

APRIL 2021 EDITION VOL-5





April Edition

Editor -Iffat Ara

Marquee Health Clinic

Table of Contents

INTRODUCTION	2
MARQUEE HEALTH INTRO APRIL 2	
 Smokin Joe Frazier.....	0
.....	0
Awareness Month of April.....	2
 Adenomyosis Awareness Month	
.....	2
 Go Blue for Autism	3
 World Health DAY (7th APRIL	
2021)	4
 WORLD PARKINSON'S DAY	
APRIL 11	5
 UNDIAGNOSED CHILDREN'S	
AWARENESS DAY (APRIL 13).....	6
 World Malaria day	7
 World Day for Safety and Health	
at WORK (28 APRIL)	8
CHOTPOTI BENGALI STREET FOOD	9
 INGREDIENTS	9
ROSOGOLLA, BENGALI SWEET	11
 Ingredients.....	11
MARQUEE HEALTH REMEMBERS.....	12



JOHN FRANCIS JACKSON:

Distinguished Flying Cross12



"A Lot to Fight For" Quotes from Squadron Leader John JACKSON's Diary...13



Quotes from John's Diary and Letters14

Leaving Sydney14



History.....24

"Notes on Air Fighting" Compiled by John Jackson in the Middle East.....27

SCALP ACUPUNCTURE FOR PARKINSON'S DISEASE.....28

MUSCLE OF THE MONTH INFRASPINATUS30

TEMPERATURE31

MELDING WITH EQUUS-VERMINOUS ARTERIOSUS AND LAMENESS IN HORSES36

OSTEOPOROSIS.....38

EXERCISE PRINCIPLES AND TRAINING OFF ROAD ALL TERRAIN RUNNING.....40



INTRODUCTION

MARQUEE HEALTH INTRO APRIL

Welcome to the month of April 2021 special edition!

The month of April observes, celebrates, and maintains awareness regarding several important dates.

The most notable is Easter on the Christian calendar and ANZAC day, both will be paid respects throughout this edition with notable mentions in the remembrance section for those that served. The month of April will also have special mentions in the awareness section regarding those World Health conditions that continue some form of prevalence and affliction throughout the broader content of society.

While we acknowledge and pay our respects to what is customary and take note of what is mentioned it is important to maintain a fluid adaption for what the sacrifice and hard yards were meant for in progress. The ability to pull away from fixation and sufficiently grasp what is engendered with what we are confronted will prize open the path providing thoroughfare for go forward bringing the ability to accumulate the necessary.

The dates and events in the month of April arrive at a time of the year they provide a period to overcome and reflect to take on the next stage. The time provides for thought and assessment in how you issue yourself to what you consider to be the best effect.

I hope you not only enjoy the read from this special edition but find something that helps or reminds you of how good you can be in a time where we commemorate and pay attention to what has been and what is to come.

Best Wishes

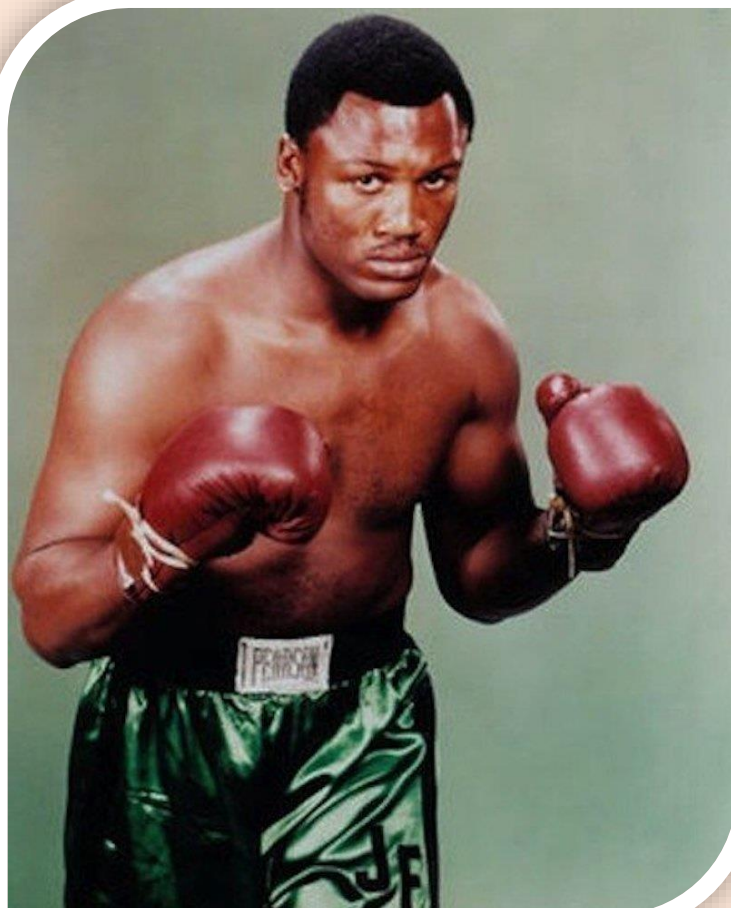
James Phillips



“You can map out a fight plan or a life plan, but when the action starts, it may not go the way you planned, and you are down to your reflexes – that means your preparation. That is where your roadwork shows. If you cheated on that in the dark of the morning, well you are going to be found out now, under the bright lights.”



Smokin Joe Frazier



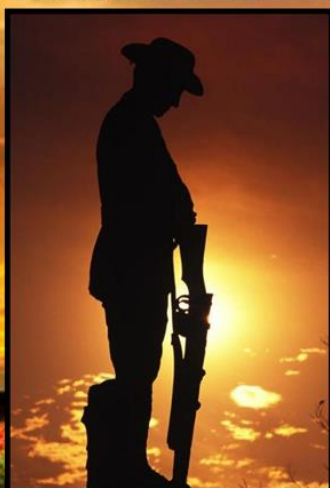
**Make This Time Special by Offering a Prayer
with Your Easter Eggs!**





For Those That Served

DVA CARD HOLDERS



Marquee Health

Offers

Allied Ancillary Health Services

THE ODE

They shall grow not old,
as we that are left grow old;

Age shall not weary them,
nor the years condemn.

At the going down of the
sun and in the morning,

We will remember them.

Lest We Forget.

Awareness Month of April

ADENOMYOSIS AWARENESS MONTH

While endometriosis is characterized by tissue like the endometrium that lines the uterus, adenomyosis occurs when endometrial tissue grows into the muscle wall of the uterus. Many people have both conditions, but they do exist independently.

Once only thought to be a condition found in women over 40 who have given birth more than once, adenomyosis is being found more and more in younger women with distressing symptoms like severe pain and abnormal or heavy bleeding.

Symptoms

Much like some people with endo, many people with adenomyosis do not show symptoms, but the disease can cause:

- Severe menstrual cramps often described as 'knifelike'
- Abdominal pressure and bloating
- Heavy, prolonged bleeding - including large clots or flooding.

People may also notice painful sex or issues with fertility, and these along with pain and bleeding are often the main reasons people seek medical attention.



<https://endometriosisnetwork.com/blog/april-is-adenomyosi>



GO BLUE FOR AUTISM

April is Autism Awareness Month globally and Autism Queensland has officially launched their “Go Blue for Autism” campaign in order to raise

funds and awareness of Autism Spectrum Disorder (ASD), a lifelong developmental disability that affects one in 100 Australians.

Autism is a lifelong condition, which becomes noticeable in early childhood, affecting the brain’s growth and development. Every person with ASD is different to another and has their own way of seeing the world, which makes them interesting and unique. Some of the challenges people with ASD may experience include:

Challenges with communication and interacting with others.



Repetitive and different behaviours, moving their bodies in different ways.

Strong interests in one topic or subject.

Unusual reactions to what they see, hear, smell, touch, or taste Preference for routines and dislike change. Many people with ASD have wonderful strengths and offer unique ways of seeing the world which is hugely beneficial to our society. However, many individuals are also adversely affected and may experience social isolation, bullying, other mental health conditions (such as anxiety and depression), unemployment, and increased risk for homelessness.

Community support and funding is essential to increase awareness and provide individuals with ASD access to important services. Which is why Autism Queensland campaigns heavily for us to “Go Blue for Autism”.

<https://psychprofessionals.com.au/why-so-blue-autism-awareness-month/>



WORLD HEALTH DAY (7TH APRIL 2021)

World Health Day is a global awareness day initiated by the World Health Organization (WHO) to highlight current major public health challenges. WHO works with governments and other partners to ensure the highest possible level of health for all people, striving to combat disease and ensure the safety of the air we breathe, the food we eat, the water we drink and the medicines we need?

World Health Day is just one of eight global health events that WHO supports, along with World TB Day, World Immunization Week, World Malaria Day, World No Tobacco Day, World Blood Donor Day, World Hepatitis Day, and World AIDS Day.



What is World Health Day?

Global public health days provide the opportunity to raise awareness about important health issues and to mobilise support for action. Each year World Health Day focuses on a specific health topic of concern, providing facts and figures, background information, and multimedia materials to bring attention to the issue and to encourage action and support from governments and local communities.

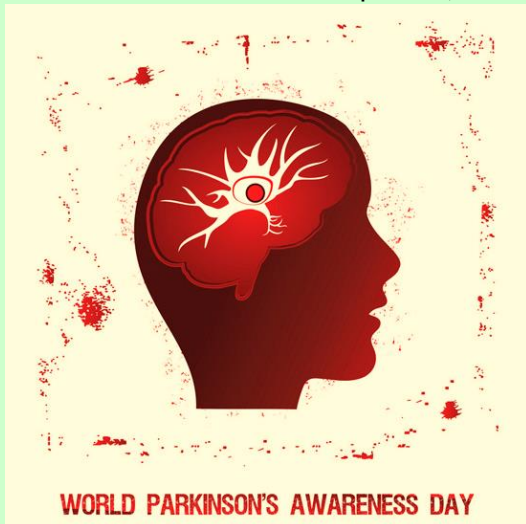
<https://www.finder.com.au/world-health-day>.





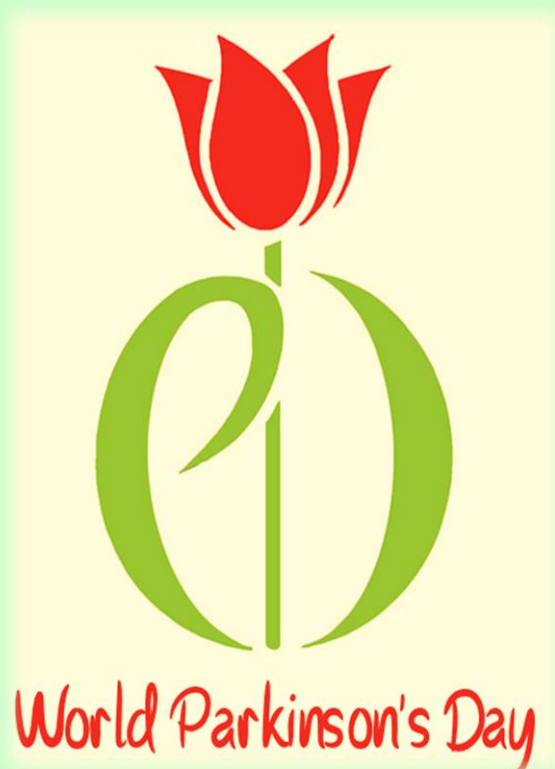
WORLD PARKINSON'S DAY APRIL 11

April 11 is World Parkinson's Day, and April is Parkinson's Awareness Month. Happy birthday to James Parkinson! He was a neurologist, geologist, scientist, and activist. He was born April 11, 1755



and died December 21, 1824. We celebrate World Parkinson's Day each year on his birthday, April 11, and we focus our attention on Parkinson's awareness in April in honor of him and his discoveries.

World Parkinson's Day raises funds and awareness to help look for a cure. Parkinson's disease is a chronic, progressive neurological condition that has a serious impact on an ageing population, with 25 Australians diagnosed every day. Around 80,000 Australians currently live with the condition. Red tulip as the symbol of Parkinson's disease



When you see a pink ribbon, you likely think of a breast cancer survivor or breast cancer awareness. Likewise, for Alzheimer's disease awareness, a purple ribbon is the chosen color. Interestingly, for Parkinson's disease awareness, it is a red tulip. This red tulip was developed by J.W.S. Van der Wereld, a Dutch horticulturist who had Parkinson's disease. He dedicated and named this tulip for James Parkinson. This tulip was described as follows, "exterior being a glowing cardinal red, small feathered white edge, the outer base whitish; the inside, a currant-red to a turkey-red, broad feathered white edge, anthers pale yellow."





UNDIAGNOSED CHILDREN'S AWARENESS DAY (APRIL 13)

Undiagnosed Children's Awareness Day aims to increase awareness and understanding of the impact and prevalence of undiagnosed genetic conditions. The day is not only about our SWAN children, but also about creating awareness in the wider community, and therefore gaining more recognition and funding for our support group. This will then enable us to continue to provide information and support to families caring for a child with an undiagnosed or rare genetic condition.

According to current estimates, 1 in 20 children are born with a genetic disorder, yet we only hear about the most common syndromes, or the ones that receive the most funding or have the biggest lobby groups. Of those children who present to geneticists with syndromic features, 60% may not ever receive a diagnosis, and it is the families of those very children that we aim to support.



https://swanaus.org.au/undiagnosed_childerens_awareness_day/



WORLD MALARIA DAY

Malaria is a life-threatening disease that is transmitted to humans through the bites of infected mosquitoes. Over 500 million people are infected every year, with more than one million people dying from the disease, particularly in regions such as Africa, Latin America, and the Middle East.



One of the initiatives of the World Health Assembly to raise awareness and vital funding for the fight against malaria is World Malaria Day and this guide looks at what World Malaria Day is, what it aims to achieve and how you can participate on the day to help eradicate this terrible disease once and for all.

What does World Malaria Day do to help?

World Malaria Day is an international day commemorated every year on 25 April. Its

purpose is to give countries in affected regions of the world the opportunity to learn from each other's experiences and to support one another's efforts to combat malaria.

In Australia and around the world, World Malaria Day is an opportunity for:

- New donors to join in global partnerships against malaria
- Research institutions to reveal any scientific advances they have made
- Companies and foundations to showcase their efforts
- Companies and individuals to donate funds towards the cause
- Individuals and organisations to hold fundraising events
- Electronic, digital, and print media to showcase awareness campaigns about malaria

<https://www.finder.com.au/world-malaria-day>





WORLD DAY FOR SAFETY AND HEALTH AT WORK (28 APRIL)

every year some two million people die worldwide from work-related accidents and diseases. Not only is this a shocking and unnecessary loss of life, it's also a huge



financial burden on industry and government, costing around US\$2.8 trillion in lost working time, medical treatment, compensation and rehabilitation.

Accidents and illness at work are completely preventable if the right occupational health and safety culture is in place. This is one in which every worker has the right to a safe and healthy working environment and where the



highest priority is given to the principle of prevention.

While Australia's work-related fatality rates have been steadily reducing in recent years, many hundreds of workers are still dying and being injured at work. This article looks at the World Day for Safety and Health at Work and its role in raising awareness of work health and safety, both here and across the globe.

What is World Day for Safety and Health at Work?

Initiated by the International Labour Organisation (ILO), the World Day for Safety and Health at Work is an annual day held on 28 April aimed at promoting safe, healthy, and decent work environments and practices.

It is an awareness-raising campaign to focus international attention on the extent of work-related injuries, diseases, and fatalities around the world and to highlight ways in which our workplaces can be made safer for everyone.

<https://www.finder.com.au/world-day-for-safety-and-health-at-work>

CHOTPOTI BENGALI STREET FOOD



INGREDIENTS

White pea/ Dabli Boot-1 and 1/2 cup
(soaked overnight)

Potato-2 medium (grated
after boil)

Tomato-1 large (finely
chopped)

Egg-2 (hard boiled and
thinly sliced)

Cucumber-2 (chopped)

Onion-2 medium (chopped)

Cumin seed-3 tsp.

Whole red chili - 2-3
pieces

Whole black pepper- 6-7
pieces

Green chili-5-6 pieces
(chopped)

Coriander leaves 1/2 cup
(chopped)

Tasting salt 1/2 tsp. (optional)

Tamarind-100 gm

Turmeric powder 1/2 tsp.

Sugar-1 tsp.

Salt- 1 and 1/2 tsp. or according
to your taste

Oil-2 Tbs





PROCEDURE

Roast cumin seed, whole red chili, and whole black pepper in a hot pan. Remove from the pan and allow it to cool. Grind all together and set aside.

Heat oil in a pan. Add onion and fry until little golden color comes out. Set aside.

Take a cup of water. Add tamarind and boil a little. Then add sugar and 1/4 tsp. of dry roast masala powder. Boil another 5 minutes. Cool and strain. Keep the water portion for juice.

Boil-soaked white peas with salt and turmeric powder until tender. It should not be too meshed. Do not make it full dry. There should be little water. Add fried onion, potato, tomato, green chili, rest of roast masala powder, tasting salt, 2 Tbs tamarind juice and 1/3 portion boiled egg. Mix them thoroughly. Cook around 2-3 minutes.

Remove from the pan to a serving bowl. Garnish with cucumber, sliced egg, and coriander leaves. According to your taste you can add little tamarind



ROSOGOLLA, BENGALI SWEET



Ingredients

Milk
Sugar
Green Cardamom
Lemon



METHOD OF PREPARATION

At first boil the milk. After boiling the milk add 3 tablespoons of squeezed lemon juice to the milk to separate the cheese from it.

After that keep the cheese in a fresh cloth and wash it with clear water.

After washing the cheese make a bun of the cloth with the cheese and press it gently to remove the extra water.

Now hand it somewhere for an hour so that the excess water will remove.

After an hour put the cheese into a plate and smash it properly for at least 10 minutes to make a smooth dough of it.



Now make round balls according to your choice of size and keep it aside.

To make a sugar syrup, take a pan and add 3 cups of sugar and water accordingly.

Boil the sugar and water in a high flame. Also, add 4-5 green cardamom into it for the flavor. When you will notice that the sugar is fully dissolved in the water understand that your sugar syrup is ready.

Boil it for 5 more minutes and then add the cheese balls into the sugar syrup keeping the flame high.

Now cover the pan with the lid and leave it for 10 minutes.

After 10 minutes stir it with a light hand and again cover it for 20 minutes.

After 20 minutes turn off the flame and keep the Rosogollas aside for 7-8 hours before serving it.

After 7-8 hours your Rosogollas are ready to Eat.



Uffat Ara

Admin Receptionist
Marquee Health Clinic

MARQUEE HEALTH REMEMBERS



JOHN FRANCIS JACKSON: Distinguished Flying Cross

23/02/1908 – 28/04/1942

John Jackson was an Australian fighter ace and squadron commander of World War II. He was credited with eight aerial victories and led No. 75 Squadron during the Battle of Port Moresby in 1942.

Jackson was born at New Farm, Brisbane to William James Jackson and Edith Annie, nee Grayson, the eldest of four sons. John attended Brisbane Grammar School, completing his Education at Scots College, Warwick, later touring Europe with the young Australia League.

By 1927 he was working his property, Macwood, 60 Miles from St George. In 1933 he became the proprietor and manager of western Queensland Motor Engineering works, St George. He learned to fly, bought a Klemm Swallow Monoplane and in 1936 competed in the South Australian Centenary air-race from Brisbane to Adelaide. That year he joined the Air Force Reserve. At Christ Church, North Adelaide, on 17 February 1938 he married with Anglican rites Elizabeth Helen Thompson.

Appointed pilot officer, R.A.A.F, on 2 October 1939, Jackson embarked for the Middle East in October 1940. He served with No. 3 Squadron in Libya, Syria and Cyprus, flew 129 sorties and spent 206 hours in the air in Gladiators, Hurricanes and Tomahawks. Jackson was credited among his victories with destroying,

three Junkers, 87 dive-bombers on 18 February 1941 and another on 5 April. He was awarded the Distinguished Flying Cross and mentioned in dispatches. Flight Lieutenant Jackson returned to Australia in November and joined No. 75 squadron at Townsville, Queensland, in March 1942.

On the 19th Jackson assumed command as acting squadron leader and began moving the unit's Kittyhawks to Port Moresby which had been without fighter protection against Japanese air-Attacks. Jackson's leadership and aggression inspired his men. Confronting superior forces, they Intercepted enemy raiders and counter-attacked Japanese bases. During a solo reconnaissance on 10 April he was shot down into the sea off Lae and swam ashore. Two New Guineans helped him to avoid the Japanese and guided him on a gruelling, eight-day trek through the jungle to Bulolo. He was then carried to Wau Whence he was flown to Port Moresby on 23 April. Affectionately known as "Old John" Jackson earned the trust of all who served with him. His Philosophy, like him, was rugged, simple, not subject to debate, determined and true as steel. On 28 April 1942 he led five aircraft to intercept a Japanese strike. He was killed in the ensuing Combat. Survived by wife, daughter, and son, he was buried in Bomana War Cemetery. Jackson International Airport, Port Moresby, commemorates him.

A Lot to Fight For" ***Quotes from Squadron Leader John*** ***JACKSON's Diary***

Compiled by Patricia
& Arthur Jackson *[John's
children]*



John Jackson, a Queensland grazier, amateur aviator, and businessman, joined the RAAF as a pilot when war broke out in 1939 and served through a dramatic year with 3 Squadron in the Middle East.



QUOTES FROM JOHN'S DIARY AND LETTERS LEAVING SYDNEY

20/10/40 Sailed at last, and about time too. We are fed up with all the waiting and delays. Thousands lined the rooftops, the shore, and all the vantage points and the harbour were thronged with craft of every size and description. Cheers, yells and shouts, whistles and sirens blowing. the Queen Mary, berthed out in the middle of the harbour, slowly turned towards the Heads.

India

15/11/40 We went down through the Street of Cages [Bombay], where women sit in little rooms... fronting the sidewalk with two barred doors where they tout and offer themselves for sale... but how on earth any European could be enticed or tempted under such filthy conditions, God only knows.

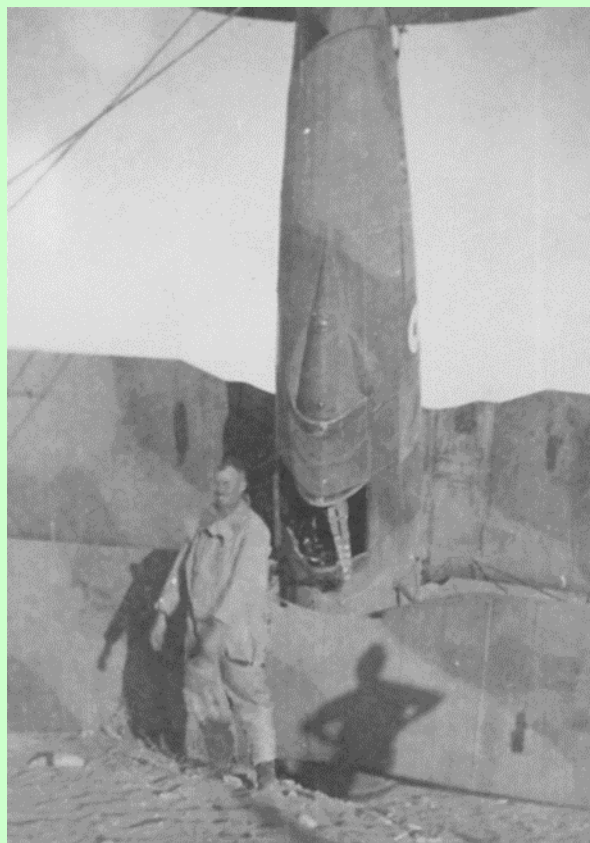
21/11/40 I saw some filthy coolies carrying carcasses of goats or sheep aboard at Bombay, and they looked as if they had parked them on the wharf, as they were all-over grit and coal dust. Another morning, early, on the ship, I saw a carcass lying on the galley floor and natives stepping over it. I have cut meat off my diet this trip!

Egypt

24/11/40 Sent a signal to RAF Eastern Command Cairo and later rang up; they know nothing about us whatsoever at HQ - funny. Of course, it was Sunday and apparently there is no war on Sundays... I am also told HQ Cairo still observe the siesta period from 1pm to 5pm every day and that the place is a seething mass of Administration officers doing nothing - it is a great war. I am beginning to think the bloke who takes all the risks and does the actual fighting is a melon.

1/12/40 (Letter) You should see how we live... reminds me of my droving trips when we really used to rough it... All my ideas of the Air Force living miles behind in comfortable quarters have been shattered.

3/12/40 This afternoon I took the law into my own hands and authorized myself a flight in a Lysander. They are bloody awful. I have never flown worse. They





are as heavy as lead on the controls and remind me of a bullock wagon with wings.

8/12/40 Well, I am a full-blown operational pilot. Had a 20-minute flight this morning and fired the front guns on a bush in the desert - great training - all the air gunnery I have done is practically nil.

28/12/40 (Letter) Well darling, had my first stoush on Boxing Day... We ran into about forty-odd fighters - there were eight of us. I got into a lot on my own, about 12, and had them round me like bees, and one bloke very quickly got on my tail. I did a few antics to get away. He must have been awfully close to me and had a great sight on me as he hit my plane all over the place - only providence saved me.

31/12/40 My engine cut out on the take-off... I know I could not avoid the wadi, so uttered some earnest prayers and providence again took charge. I was heading straight for the big fire tender, managed just to tip it with the starboard

wing. next in line was a bell-tent placed over a dugout - just went clean through that lot, down the wadi bank, nosed over the vertical gracefully and stayed there, hanging head-down in the straps.

Advance into Libya

7/1/41 I heard about a dago Brigadier in charge of a sector in Badia going over late one afternoon to surrender his troops, about 5,000-odd, to an Aussie Brigadier. The Aussie Brig. sent him home, saying to come back in the morning, and not too bloody early either.



24/1/41 Took delivery of six Hurricanes and are not they beauties! The new type of mottled blue, grey and purple camouflage - on the nose, leading edges of wings and front surfaces - looks most peculiar.

26/1/41 (Letter) We have a chap in our squadron, an airman, who has his wife over here - she is an AIF nurse... could not you come over as a nurse darling? And I could always be ill. It sounds just too easy.



16/2/41 I have lost my car. It appears the bloke I got it off pinched it from outside HQ in Benghazi... the owner happened to be visiting the drome and made a point of investigating every car that he saw like his. He spotted and positively identified it, even though I had painted it three different colours.

21/2/41 (Letter) I have an Italian POW for a batman, he looks after Prim and me very well... By means of signs and sketches on the wall, and pidgin Italian and English mixed

with Arabic and a few well-chosen Aussie swear words, we manage to get him to understand quite well.

23/3/41 Had a devil of a row with the CO, about pilots not getting enough rest - was deeply sorry afterwards... I am afraid I am too critical... - have been running my own business for too long and forget I'm only a very junior officer in this show.

Squadron's First Retreat

6/4/41 Up at dawn, cold, tired, dirty, and fed up. Why don't we face the issue and stop and do some fighting? The yarns we hear about other sections panicking and destroying their equipment are amazing - an incredible state of chaos seems to exist in some units and some of their leaders are mainly responsible. We found a dog biscuit and about one third of a cup of crook tea each and breakfasted and flew off to El Gazala - Tmimi has been washed out and Gazala is further on. Arrived at Gazala early and threw ourselves down on the ground and tried to get some sleep - no shade, just blazing sun. Our convoy started to roll in and the cooks combined lunch and breakfast for us at about 11 a.m. I was too tired to attend and as Giorgio [Italian batman] had turned up, got him to open some of the tinned fruit from home.

A couple more lorries were smashed up last night - our transport drivers are just about done in. They have been driving all night and every night for days. We got a sitrep [situation report] from the army and they advised that Mort Edwards had been picked up uninjured, but his plane had been destroyed, good news.

The CO decided to try and reorganise a bit today, no patrols thank goodness. We are all done in and dog-tired - have reached the stage of being nearly too tired to sleep. Communications are in a state of chaos - we can get no definite information re our army's movements and fights.

Three brigades, Scottish, English, and Australian, faced the Huns on the escarpment near Benina, the English being in the middle, and they just packed up and fled, leaving the

Scots and Australians, who fought bitterly. But the Huns punched through where the English had retreated and surrounded them. There is an Aussie battalion somewhere right out in front and cut off, who will not give in and are fighting to the finish. I am sure if we had all stood firm and faced the issue with the Huns, we would have held him, despite his superior numbers. The Aussie psychology is to do or die and we are no good at retreats. This is another Dunkirk, only on a smaller scale.

Joy of joys, we are all to have a swim this afternoon. We are only about three miles from Musso's Lake [Mediterranean Sea]. Last night our road convoy passed, between Derna and Tmimi, a string of burning transports that had been ground-strafed by the eight ME110s that attacked Derna yesterday. It appears that there were nine ME110s when they passed over Tmimi heading for Derna and they encountered three of our night bombers, Wimpeys [Wellingtons], who had a smack at them. I do not know what happened, but only eight ME110s got to Derna.

The whole Squadron had a marvellous swim, and did not we revel in it, we all feel new men and fit for anything but still very tired. We may have to shift again tomorrow, further back, so goodness knows what would have happened to us if we had gone back to Maraua as instructed by HQ, and goodness knows what has happened to 6 Squadron RAF who went back.

Heard tonight I am to go back for a rest with two others and to take crocks [Hurricanes unserviceable for operations] back to Aboukir for repair. I am now feeling as fit as a fiddle and did not want to go and do not want to miss the next few days, which may turn out to be mighty interesting. The CO insists I go back for three days' clear rest. Tried to get my pay book or some cash but everything is so disorganised that I could not get either.

Got word that the Huns were nearly at Tmimi a few miles from here [Gazala], and we had to move all the transport immediately to the other side of Tobruk near Gambut, one of our old ALGs [Advanced Landing Grounds], so the poor troops packed up and moved off. We slept under the stars again. I heard tonight that a small German patrol had been captured near Acroma, between here and Tobruk, and one of Germans was in a British uniform. They found out he had spent the night in Tobruk picking up information. I hope they shot him and not just kissed him and interned him, as they now seem to do. Heard also that a German recce kite flew over El Adem today and a few minutes later they saw a huge cloud of black smoke ~ up in the west and went out and found a crew of six (including a German count) standing by the aircraft, but they would not say what had happened. They are always arrogant and insolent and will not talk. They are exceedingly well-drilled in security and we do not get much information out of them.

I heard today that an Indian battalion has brought in the news that the Huns are approaching Mechili in great force. They have done the same sort of flanking tactics across from Agedabia to Mechili that we did from Tobruk and Mechili to Ghemines and Soluch, to cut off Benghazi. Looks as if they will get into Tobruk now and cut off a lot of our army, which appears to be scattered hell west and crooked. The Huns have moved with lightning rapidity. The Indians have already had a few clashes with their leading scout parties and a few Hun patrols are near El Adem today. Some terrific blundering has permitted our army forces to become so isolated and scattered - somebody will pay heavily for this blundering. It is rumoured that General O'Connor is missing - cut off somewhere. Also, the army unit that picked up Mort Edwards has been captured by the Huns - poor old Mort. I am sure Duncan has

shared the same fate [he was killed in action on 5 April.

7/4/41 Our aircraft are to operate from Gazala this morning, up to 10 am. A big battle is expected at Mechili and we are to do an open patrol over the area all day, landing after 10 am back on the other side of Tobruk to refuel. Prim is remaining with the ground party as usual - he will end up being captured, most likely.

I pushed off for Aboukir and got as far as Matruh and landed there (with a flat tyre) in a raging dust storm to refuel. No equipment available at Matruh so stayed the night in an English transit camp. The English are queer birds: when we first came into the desert, we used Egyptian stamps and when we crossed into Libya we were issued with English stamps, and then when we got to Benina we could only get Aussie stamps, so I put those on a parcel to send to you, Betty, but the English army post office would not take it unless I put on English stamps - marvellous cooperation! You would almost think they were fighting us. Again, at Matruh, when I asked for accommodation at an English transit camp, the Major in charge said, "Oh, there is an Australian unit somewhere about, see them. We can't break a rule and accommodate Australians." Anyway, it turned out the Aussies had left, so I went back and eventually, with not particularly good grace, they put me up. Queer birds, one would almost think we are fighting different wars.

It appears that this morning our chaps went off on a patrol and, as arranged, the second patrol off had to land the other side of Tobruk at a ground we were to share with 73 Squadron. Lindsay Knowles could not make it for fuel and landed back at Gazala to find everybody had left, and he struck some army chaps who said the Huns were hot on their



tracks and he had better burn his Hurricane and go with them, which he did. Meanwhile, our blokes had sent a truck back with a volunteer crew to refuel Lindsay at Gazala. They struck some army chaps who tried to stop them going any further. Anyway, they refused to be stopped and pushed on only to find a burnt-out Hurricane and Knowles gone and, what is more, no Huns.



15/4/41 ...It is funny, but after a spell the first patrol is rotten - I was on tenterhooks. When I left the Squadron at Gazala I was just at my

prime, feeling as fit as a fiddle and enjoying every patrol. Strange how one's courage wanes.

18/4/41 ... 21 [German] dive-bombers arrived and gave the Tobruk Harbour a pasting - it was pretty to watch, seeing the dive-bombers taking advantage of two big cumulus clouds, diving out of one to attack in a vertical dive and then climbing to take cover in the other.

Leave

25/4/41 We then hopped in a gharry, which I drove, and ended up with a hostile crowd of gyppo policemen, pedestrians and the gharry-driver screaming and shouting in a traffic jam in a main square, all very picturesque in the blackout.

To Palestine / Battle of Syria against the Vichy French

15/5/41 (Letter) I notice, packing these things, that some of them are stained! ...When I brought them I never had much of a look - you know how quick I am at buying things - but when looking at another in the shop I remember now pointing out to the shopkeeper that there was a stain on the garment, and he said, "Oh, that's off the girl who sews it," (or the machine, I forget which) and being a believing sort of bloke, I thought it sounded OK, and only now notice the stains on the ones I've bought. I suppose the girl wore them while making them or, more likely, they are second-hand. What a great shopper I am!



24/6/41 "C" Flight went out and did an offensive patrol over Rayak but the blighters would not accept the challenge and no combat occurred. It is very annoying sitting over a main enemy drome for an hour without being challenged!

25/6/41 Shortly afterwards, we intercepted three Potez 63 bombers and made short work of them. I brought the first down with the assistance of P/O Lane and saw the crew all bale out. The bomber crashed with a hell of an explosion and burst to pieces in flames. The crew all appeared to land safely though one at least appeared wounded. I flew down and gave them a wave, but they did not respond - evidently did not see much humour in the situation.

27/6/41 We have now pranged 19 Tomahawks and the CO is furious as it is certainly a bad reflection on the Squadron's ability. There is nothing vicious or unusual

about landing the Tomahawk, though I really think the Undercarriages are a bit weak and

27/6/41 We are not allowed to refer to the French aircraft as French or Enemy but must call them Vichy or Hostile - diplomatic kidstrokes.

13/7/41 We got some [fishing] bait from the Army - a case of Mills Bombs [hand grenades]. Alan Binnie, who has only one arm, threw the first and we reckoned he only dropped it over the side and there was a scatter to get down flat on the bottom of the boat.

Egypt Again

9/9/41 Young X in my Flight, only a lad, got very full last night and played up in public, hitting our Wing Commander and another officer. Had a deuce of a time getting him to his room - had to knock him out to quieten him. I think he is losing his nerve and wants to be sent home. It is sticking out a mile that he does not want to face operations again.

18/9/41 Every few days, we manage to get down to the beach, about ten miles away, for

this means that a bit more care is needed with landings.

a swim. ...A lot of the army are camped in the same area and crowds of chaps are swimming and sunbaking all day, almost like an Aussie seaside resort except there are no bright colours or feminine attractions, and most of the chaps do not use togs.

5/10/41 Hooray, hooray, hooray - I am going home. It almost seems too wonderful to be true. I will spend the time between now and the boat sailing just jumping with joy - it is wonderful.

16/10/41 Results lately have not been so good. The Hun has been getting more of our fighters than we are getting of his. ...He will not fight, just dives in at high speed, opens fire at 1000 yards and climbs away out of range.

...We cannot get near him in a climb or dive.

[This refers to the superior German Bf109F fighter.]

Service number	493
Ranks Held	Flight Lieutenant, Squadron Leader
Birth Date	23 February 1908
Birthplace	Australia: Queensland, Brisbane
Death Date	28 April 1942





Honours and Awards

Unit-No. 3 Squadron

Conflict-Second World War, 1939-1945

Rank-Flight Lieutenant

London Gazette-07 April 1942 on page 1556 at position 1

Honours and Awards (Recommendation)

Conflict-Second World War, 1939-1945

Honours and Awards

Unit-No. 3 Squadron

Conflict-Second World War, 1939-1945

Rank-Flight Lieutenant

London Gazette-01 January 1942 on page 48 at position 2

Roll of Honour

Unit-No. 75 Squadron

Conflict-Second World War, 1939-1945

Rank-Squadron Leader

Honours and Awards (Recommendation)

Conflict-Second World War, 1939-1945

Timeline

Date of birth 23 February 1908

Date of death 28 April 1942





On the way Home

20/2/42 (Letter) Am pleased to hear that the Home Guard is progressing - they will need to put a bit more energy into it when they are fighting the Japs, which I am afraid will not be exceptionally long now. I think I will probably bring

you all back [from Queensland] ...and get you established in Victoria. ...Just heard there is another raid on Darwin... this will wake a few more up.

28/2/42 (Letter) I have written to John today to see if it is possible to arrange passage ... to America [for John's wife and children]. It may only be an old sailing ship, but I honestly think the risk of getting there a much less risk than remaining and being subjected to a fate worse than death at the hands of the rotten yellow Japanese swine. How do you like the idea? Anyway, like it or not, if it can be arranged, I am packing you all off.

15/3/42 (Letter) I am looking forward to fighting again, especially Japanese swine, and we will lick them too. I reckon I can fight ten times as hard now that our shores are threatened.

On the Way to New Guinea

20/3/42 (Letter) Have been given 75 Squadron and acting rank of Squadron Leader, so am big stuff



2/11/41 There is a Jap ship leaving [Bombay] tomorrow carrying all the Jap nationals from India. Believe 500 are also leaving from Singapore. Looks as if they are nearly ready to declare war.

After the Fall of Singapore and the Bombing of Darwin

now, but by crikey have some worries. It is no joke starting a squadron off from scratch.

Port Moresby (Leading No.75 Squadron RAAF)

29/3/42 (Letter) Just a line darling. Never seem to have time to write these days, am flat out. Have seen a good lot of action since we arrived, practically every day. The boys have about five scalps [aerial victories] and about 12 aircraft destroyed on the ground and some damaged.

After being Shot Down, Evading Capture and Walking Back across the Mountains

12/4/42 (Letter) Providence alone has saved me. My aircraft was shot to ribbons, the croc [a large crocodile in the water when he was swimming to shore] turned away and I have two wonderful boys [native guides]. Staggered on all day yesterday; towards the end climbing a mountain. I could only just stagger, and the boys took turns pushing me.

Fuzzy Wuzzy Angels was the name given by Australian soldiers to Papua New Guinean war carriers who, during World War II, were recruited to bring supplies up to the front and carry injured Australian troops down the Kokoda trail during the Kokoda Campaign. "Fuzzy-Wuzzy" was originally used by British soldiers in the 19th century as a name for Hadendoa warriors on the Red Sea coast of the Sudan and referred to their elaborate butter-matted hairstyles.



Fuzzy Wuzzy Angels



In 1942, during the Pacific invasion, the Japanese had built up a force of 13,500 in the Gona region of Papua with the intention of invading Port Moresby. The key to the

offensive was an overland trail across the Owen Stanley Ranges. The trail ranged from the small village of Buna on the north coast of Papua and went up the slopes through Gorari and Oivi to Kokoda. The trail was approximately 160 kilometres (99 mi) long, folded into a series of ridges, rising higher and to 2,100 metres (6,900 ft) and then declining again to 900 metres (3,000 ft). It was covered in thick jungle, short trees and tall trees tangled with vines.

In June 1942, Australian Major General Basil



Morris issued an "Employment of Natives Order", which allowed native Papuans to be recruited as carriers for three years. Between August and December that year, around 16,000 Papuans were recruited, often with false promises such as a shorter period of service or a less difficult working condition.[1] On some occasions, the

Papuans were forced into service.[2]

On 29 August 1942, the Japanese task force broke through the Australian line forcing the Australians to retreat further back to Templeton's Crossing.

Eventually, the Australians were forced to retreat to Myola. Six hundred and fifty Australian lives were lost in the campaign. It is speculated that this number would have been much larger without the Papuans' service.[3] As one Australian digger has noted:

They carried stretchers over seemingly impassable barriers, with the patient reasonably comfortable. The care they give to the patient is magnificent. If night finds the stretcher still on the track, they will find a level spot and build a shelter over the patient. They will make him as comfortable as possible fetch him water and feed him if food is available, regardless of their own needs. They sleep four each side of the stretcher and if the patient moves or requires any attention during the night, this is given instantly. These were the deeds of the "Fuzzy Wuzzy Angels" – for us!

No known injured soldier that was still alive was ever abandoned by the Fuzzy Wuzzy Angels, even during heavy combat. In July 2007, grandsons of Australian World War II soldiers and grandsons of the Fuzzy Wuzzy Angels took part in the "Kokoda Challenge".[4] The last Fuzzy Wuzzy Angel from the Kokoda Track area, Faole Bokoi, died aged 91 in 2016. He was appointed the Village Constable of his village, Manari, in the 1950s and had visited Australia as a guest of the Returned Services League in his later years.[5] The last Fuzzy Wuzzy Angel was Havala Laula[6] who died on 24 December 2017.



Sixteen days later, on 28 April 1942, John was killed in action above Port Moresby, leading his squadron's five remaining airworthy Kittyhawk's in the interception of a force of Japanese bombers and escorting Zero fighters.

Historians believe he may have been trying to obey impossible orders, deliberately staying high to dogfight the superior Japanese fighters.

The International Airport at Port Moresby is named "Jackson's" in his honor.

"Notes on Air Fighting"

*Compiled by John Jackson in the
Middle East*

1. See the other fellow first, it is 80% of the battle, and maintain a ceaseless watch, especially above, behind, and into the sun.
2. Keep compact formation, do not straggle. A compact formation is strong and decisive, a straggling formation is weak and vulnerable and impossible to manoeuvre quickly.
3. Whenever there are two or more aircraft on patrol, one aircraft should act as swinger, or lookout, swinging to and fro, close over and under the formation. The swinger can obtain unlimited vision in all directions and reduces the chances of the formation being surprised. Note: Even when only two aircraft are on patrol, one swings behind the other.
4. Attack in close formation, but if the formation becomes split up in the ensuing combat as soon as the combat is over reform immediately into compact formation. If the leader is not apparent or available, form up on anybody but form up quickly, with one aircraft as swinger.
5. Patrol in as large numbers as possible. Patrols of two, three, and four aircraft are hopeless and are constantly striking trouble. The enemy always patrols

in force - try to match his numbers. It's just throwing aircraft and pilots away sending them up in small numbers. Six aircraft is an absolute minimum.

6. The latest type of fighter formation is six units of two aircraft. It's essential that the rear pairs keep well forward so that the patrol leader can see them easily all the time - sections must not straggle behind. The best type of formation to fly in modern low-wing monoplane fighters is with the outside men stepped down, not in the usually accepted manner of flying stepped up. This obviates the outside man temporarily losing sight of the leader under his wing in quick turns. It's also advisable for outside men to fly nearly, but not quite, line abreast with the leader, rather than behind.

Taking-Off: Considerable difficulty is experienced in mustering aircraft into their formation in the air unless a definite plan is arranged, owing to starting troubles and motors overheating quickly if kept idling in tropical climates. It is impossible to have any order of take-off, nor are formation take-offs advisable or practicable.

- Engine to be started up at the time given by the flight leader or by signal, such as his starting first or by Very gun, the aircraft then to take off whenever ready and not to stay on the ground with motors idling.

SCALP ACUPUNCTURE FOR PARKINSON'S DISEASE

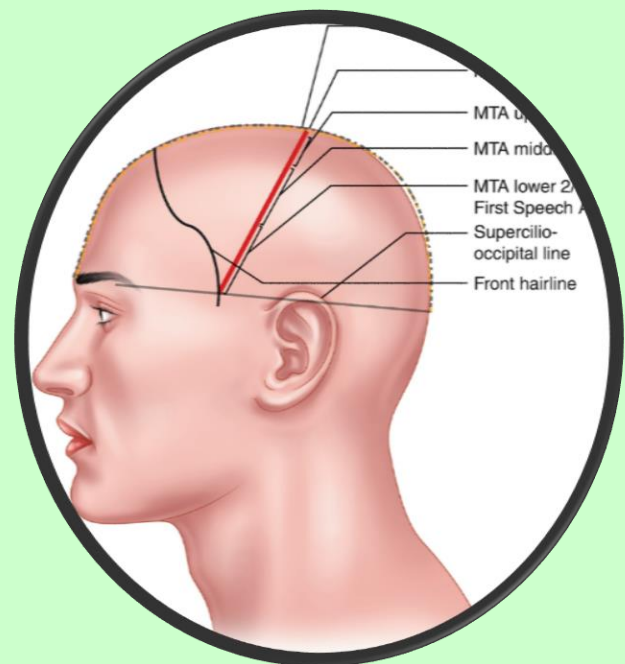
According to the National Council on Aging, Parkinson's disease (PD) is the second most common neuro degenerative disease affecting the elderly population. While both sexes can potentially be affected, men have 50% more risks of contracting the disease than their female partner. Parkinson's disease occurs when nerve cells, called neurons, in the brain become damaged, or die. Therefore, less chemical agent called dopamine gets produced, and the signal transmission of information from the brain to the limbs gets interrupted, which leads to shaking, walking difficulties, poor balance, and coordination. As the disease progresses, the function of other parts of the body gradually becomes impaired, leading to digestive problems, blood pressure dysfunction, general fatigue, depression and memory impairment. While the disease originally only affects one side of the body, once it becomes more advanced, the deterioration soon spreads to the other side as well.

The Western medical approach to treatment is using medication called Levodopa which increases the level of dopamine in the brain and helps control non motor symptoms in combination with a drug called Carbidopa which eliminates the serious side effects of Levodopa which include nausea and vomiting, low blood pressure and restlessness.

These drugs are so powerful that patients with Parkinson's Disease are warned that stopping taking their medications could

make them unable to move or having serious breathing difficulties.

As always with chemical drugs, some patients react better than others. When there are no marked improvements, a surgical procedure called Deep Brain stimulation, or DBS is often the chosen option. Now electrodes are surgically implanted into the brain and connected into a small electrical device implanted in the chest to stimulate the brain and alleviate movement-related symptoms of Parkinson's, such as tremor, slowness of movement, and rigidity.

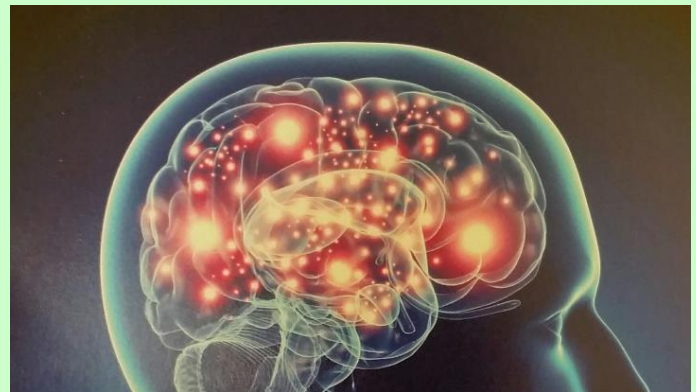


A different approach which originated in China over 2000 years ago is now being considered. Scalp acupuncture is a form of acupuncture in which exceptionally fine needles are inserted in a thin layer of tissue beneath the skin, on specific areas of the scalp, which are associated with body functions.

There are several schools of scalp acupuncture in both China and Japan. In the case of Japanese Yamamoto New Scalp Acupuncture (JYNSA), needles are inserted very shallowly into regions connected with the different brain zones. While the needles never penetrate the skull, through the nerve conduction occurring on the scalp, they can target specific areas of the brain such as the Cerebrum, Cerebellum, and the Basal Ganglia. Diagnosis is conducted through the palpation of reactive points on the abdomen, arm and neck of the patients. Cranial acupuncture gives the practitioner immediate feedback since once the accurate point has been found the pain on the diagnostic area disappears almost immediately. In addition, to its very quick results, Cranial acupuncture can be practised almost anywhere without the need to remove any clothing, if the patient can be seated. While more research is still needed on its effects, so far, the medical trials



results have been very promising, showing great potential for treating neurological conditions such as Stroke, Parkinson's Disease (PD), Muscular Sclerosis (MS) as well as, for muscular, and neurological pain control.



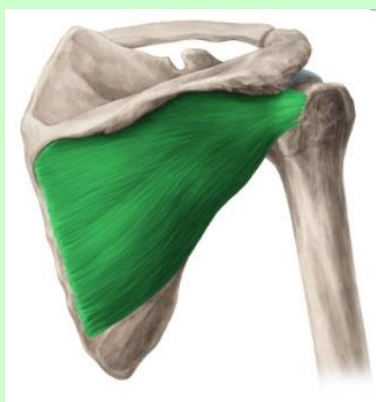
Olivier Lejus

**Registered Acupuncturist &
Chinese Herbalist**

MUSCLE OF THE MONTH INFRASPINATUS

The Infraspinatus muscle is a thick triangular muscle that takes up most of the dorsal surface of the scapula. It arises mostly from the infraspinous fossa of scapula (back of your shoulder) and connects it to the proximal humerus (the top bone in your arm). Infraspinatus is one of the four rotator cuff muscles, alongside subscapularis, teres minor and supraspinatus.

As a part of the rotator cuff muscles, the main function of the infraspinatus muscle is external rotation of the humerus, as well as stabilisation of the glenohumeral/shoulder joint.



Pain in the infraspinatus is most likely caused by repetitive motion involving the shoulder. Swimmers, tennis

players, painters, and carpenters get it more frequently. It also becomes more likely as you get older. Sometimes, infraspinatus pain is due to minor strains or wear and tear. In these cases, rest will likely relieve the pain. Your pain may also be caused by an injury or more serious conditions.

There are several potential causes of infraspinatus pain such as:

- Infraspinatus tear
- Infraspinatus tendinopathy
- Infraspinatus impingement
- Bursitis
- Pinched nerve

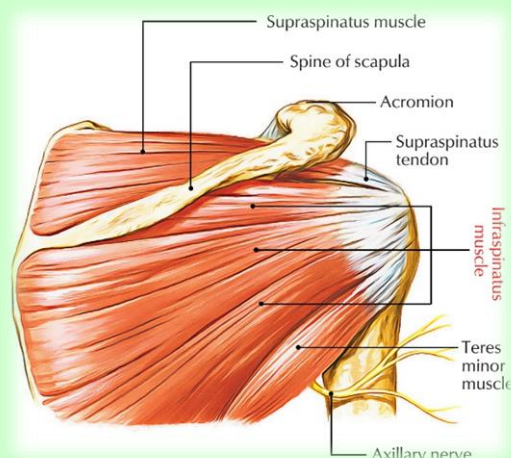
Most of these potential causes usually stem from overuse of the muscle. That is why it's always important to put your self-care first. Steps to improving your self-care involves taking the time to implement remedial massage and a fitness/wellness plan to keep from injuring yourself. Massage will help to release the built-up tension by loosening the muscle and increase your circulation and blood flow.

Key facts about the infraspinatus muscle

Origin - Infraspinous fossa of scapula

Insertion - Greater tubercle of humerus

Action - Shoulder joint: Arm external rotation;



Stabilizes humeral head in glenoid cavity.

Innervation - Suprascapular nerve (C5, C6)

Blood supply - Suprascapular artery, circumflex scapular arteries

Ramon Jupac Perez

Remedial Massage Therapist

TEMPERATURE

Normal human body-temperature is the typical temperature range found in humans. The normal human body temperature range is stated as 36.5–37.5 °C (97.7–99.5 °F).

Human body temperature varies. It depends on gender, age, time of day, exertion level, health status (such as illness and menstruation), what part of the body the measurement is taken at, state of consciousness (waking, sleeping, sedated), and emotions. Body temperature is kept in normal range by thermoregulation, in which adjustment of temperature is triggered by the central nervous system.

Methods of measurement

The **body temperature** can be measured in many places on our **body**. Thermometers show **body temperature** in either degrees Fahrenheit (°F) or degrees Celsius (°C)

The **most common** temperature sites are the mouth, the ear, the armpit, and the rectum.

Rectal **temperatures** provide the **most-accurate** readings for infants, especially those 3 months or younger, as well as children up to age 3 and also the adults. **Temperatures** taken from the armpit are usually the least **accurate**.

Temperature Variation Concept

Fever

A temperature *setpoint* is the level at which the body attempts to maintain its

temperature. When the setpoint is raised, the result is a fever. Most fevers are caused by infectious disease and can be lowered, if desired, with antipyretic medications.

An early morning temperature higher than 37.2 °C (99.0 °F) or a late afternoon temperature higher than 37.7 °C (99.9 °F) is normally considered a fever, assuming that the temperature is elevated due to a change in the hypothalamus's setpoint.

Hyperthermia



Hyperthermia occurs when the body produces or absorbs more heat than it can dissipate. It is usually caused by prolonged exposure to high temperatures. The heat-regulating mechanisms of the body eventually become overwhelmed and unable to deal effectively with the heat, causing the body temperature to climb uncontrollably. Hyperthermia at or above about 40 °C (104 °F) is a life-threatening medical emergency that requires immediate treatment. Common symptoms include headache, confusion, and fatigue. If sweating has resulted in dehydration, then the affected person may have dry, red skin.

Hypothermia

In hypothermia, body temperature drops below that required for normal metabolism and bodily functions. In humans, this is usually due to excessive exposure to cold air or water, but it can be deliberately induced as a medical treatment. Symptoms usually appear when the body's core temperature drops by 1–2 °C (1.8–3.6 °F) below normal temperature.

What causes body temperature to change?

An area of the brain called the hypothalamus regulates body temperature. If body temperature rises above or dips below the 98.6°F (37°C) mark, the hypothalamus kicks in to regulate the temperature.

If the body is too cold, the hypothalamus sends signals to make the body shiver, which warms the body up. If the body is too hot, it sends messages to begin sweating, which lets heat leave the body.

Infections cause most fevers. A fever develops as the body's natural way of reacting to and fighting infection.

Symptoms of a fever

Doctors consider a fever to be a body temperature that reaches or exceeds 100.4°F. Other symptoms include:

- appetite loss
- chills
- a headache
- irritability
- muscle aches
- shivering
- sweating
- weakness

Normal Body Temperature Chart



Body temperature readings vary depending on where on the body a person takes the measurements. Rectal readings are higher than oral readings, while armpit readings tend to be lower.

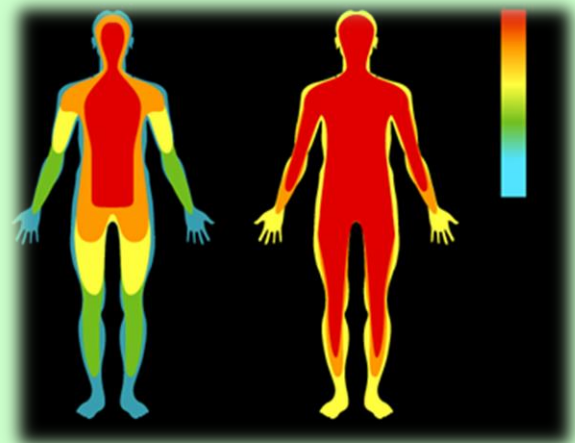


The table below gives the normal ranges of body temperature for adults and children:

Type of reading	0–2 year s	3–10 year s	11– 65 year s	Over 65 year s
Oral	95.9–99.5° F (35.5 –	95.9–99.5° F (35.5 –	97.6–99.6° F (36.4 –	96.4 – 98.5° F (35.8 –

	37.5° C)	37.5° C)	37.6° C)	36.9° C)
Rectal	97.9– 100.4 °F (36.6 – 38°C)	97.9– 100.4 °F (36.6 – 38°C)	98.6– 100.6 °F (37.0 – 38.1° C)	97.1 – 99.2° F (36.2 – 37.3° C)
Armpit	94.5– 99.1° F (34.7 – 37.3° C)	96.6– 98.0° F (35.9 – 36.7° C)	95.3– 98.4° F (35.2 – 36.9° C)	96.0 – 97.4° F (35.6 – 36.3° C)
Ear	97.5– 100.4 °F (36.4 – 38°C)	97.0– 100.0 °F (36.1 – 37.8° C)	96.6– 99.7° F (35.9 – 37.6° C)	96.4 – 99.5° F (35.8 – 37.5° C)

If a person has an unusually high or low temperature, they should seek medical attention immediately.



Summary

The ideal body temperature in adults is around 98.6°F, but this varies based on age, sex, physical activity, and health. Body temperature changes throughout the day. A temperature of above 100.4°F signals a fever.

Babies may have higher body temperatures than adults, but even a slight fever in babies can signal a severe infection.

Temperature readings taken from different body parts give a range of body temperatures that doctors consider normal. Rectal readings are higher than oral readings, and armpit readings tend to be lower.

Akriti Kafle
Nursing Student &
Receptionist of Marquee Health Clinic

A lightweight, mildly foaming exfoliator with Arjuna, Symplocos bark and jojoba meal to remove dead-skin cells and with Honey to keep skin hydrated.



Apply on wet skin scrubbing gently with fingertips in circular movements for 3-4 minutes. Rinse with water and pat dry. Use twice a week. (avoid use on active acne)



Sherry Gupta
Beauty Therapist

MELDING WITH EQUUS-VERMINOUS ARTERIOSUS AND LAMENESS IN HORSES

Equine worm aneurysm, or verminous arteriosus can be one of the most common afflictions in the lameness in horses.

An infection attributed to the migrating



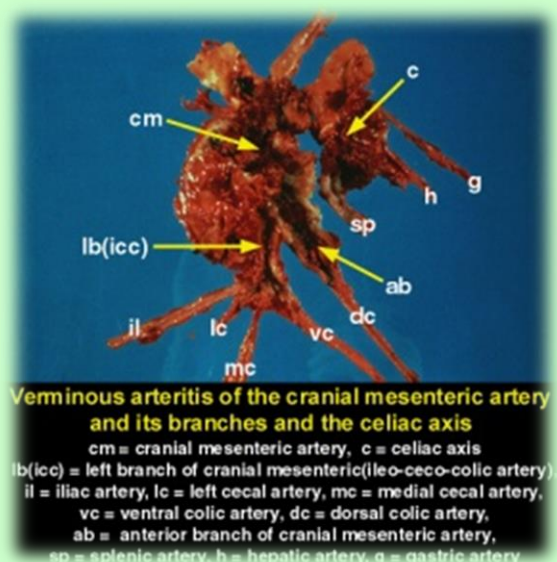
Larvae strongyles *Vulgaris* causes lesions in the wall and endothelial lining of the cranial mesentery artery. The Larvae infect the arteries of the large intestine, and usually inhabit the distal small arterioles. The larval stage is several months to a year – where they feed, grow, and then re-enter the large intestine and molt into adults.

The focal point is the cranial mesentery artery which branches right, from the aorta at L2/3 just before the bifurcation. The larvae migrate up from the distal large intestines predominantly the Cecal arterioles and into the larger cranial mesentery artery being the main source for the colon. Here they nest, feed, and infect creating severe arterial inflammation causing major colon issues, diaphragmatic. The leading issues are conditions, diet and environment and the lack of immune function, resilience, and recovery. Worm aneurysm is significant in diaphragm torsion and the duration of dysfunction with the

spasm complicating the kidney, ureter, ovary in the mare, cecum, vena cava in the region of T18-L4 in stage 1 and 2 of the infestation processes.

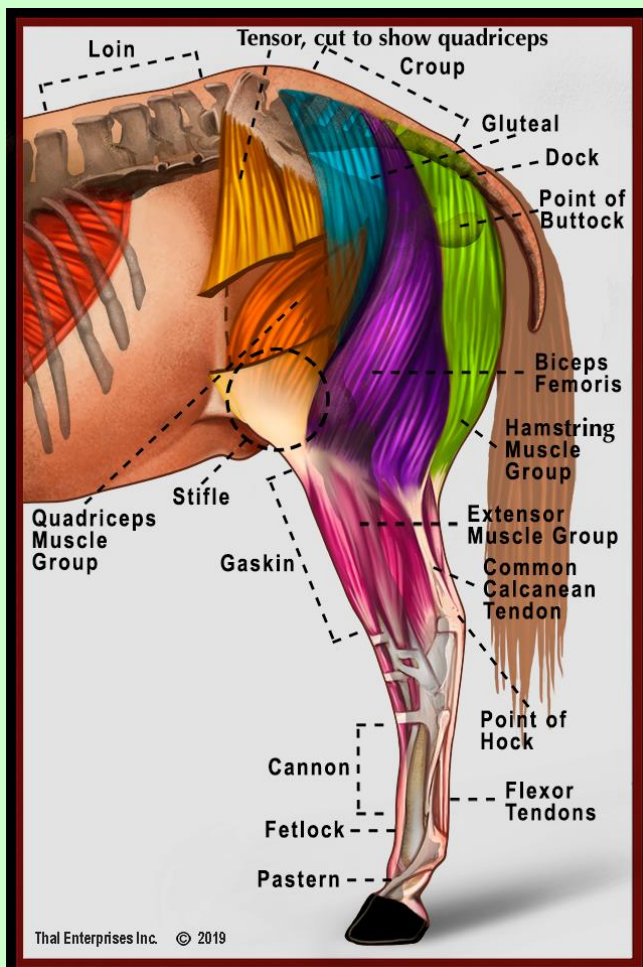
At stage three strongyles migrate further into the vertebral arteries compromising the spinal nerve roots from T1-L5. This creates a dorsal push or uplift inferiorly causing hyperflexion through the vertebrae which is known as “roached back”. As the effect of the inflammation pushes from the right, it causes the vertebrae to lift and rotate to the left.

Worm aneurysms are common and often not



diagnosed, yet are the leading cause of sacral, ilium, stifle and hock complications in horses leading to a vascular – visceral – somatic dominance in dysfunction.

If you have a substantial drag or spasm of the mesentery artery worm aneurysm and infection becomes highly prevalent along with the other symptomatology associated with it.



The leading issues are conditions, diet and environment and the lack of immune function, resilience, and recovery. Worm aneurysm is significant in diaphragm torsion and the duration of dysfunction with the Chronicity from the heat and inflammation attracting parasites. This will further afflict and set the stage for spasm of the aorta, acidosis of the large intestine and involve the kidney and ureter affecting fluid dynamics and Ph base. The neural toxicity, stress, dilation, and leaky gut along with the basic malnutrition increases vulnerability.

Osteopathic intervention through the rebalancing of the structure, unwinding of

the diaphragms and facilitation of the contractile tissue enables flow space through the reduction of vascular and visceral spasm. This can allow allopathic chemical treatment improved efficacy in resolving the infestation as larvae are effectively neutralized through renewed blood flow, neural innervation, and improved immune function. The process of rebalancing unblocks the stasis or static circulation the infestation has created and thrives from allowing immunomodulation to regulate a better ground for recovery.

The combination of osteopathic treatment preceding allopathic treatment can reduce the amount of chemical used and therefore the dosage or repetition required. If larvae afflictions are diagnosed early, stage one worm aneurysm, osteopathic soft tissue and visceral application alone may resolve the problem.

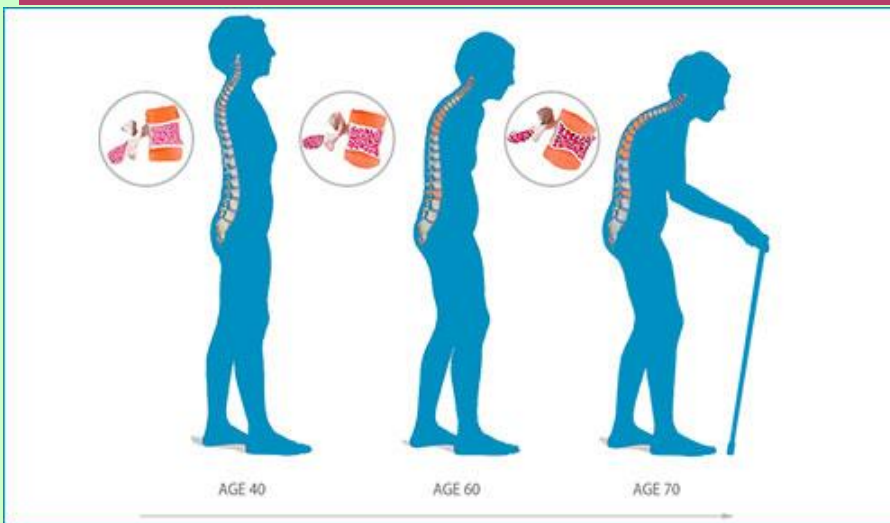
Following a general 4–5-day treatment of fenbendazole (power Pak) or similar, recovery should start to be apparent. The continuation of osteopathic treatment, herbal oils along with some homeopathic application can expediate the recovery of condition and constitutional resilience and regulation.

The recognition of the beneficial integrative approach of specific allopathic treatment and the broad-based osteopathic interventions comprising soft tissue, vascular, visceral, neural, and mechanical connective tissue components not only comprise a more rounded approach to recovery and healing through enabling the system but defines an improved understanding of man.

James E. Phillips

Equine Osteopath

OSTEOPOROSIS



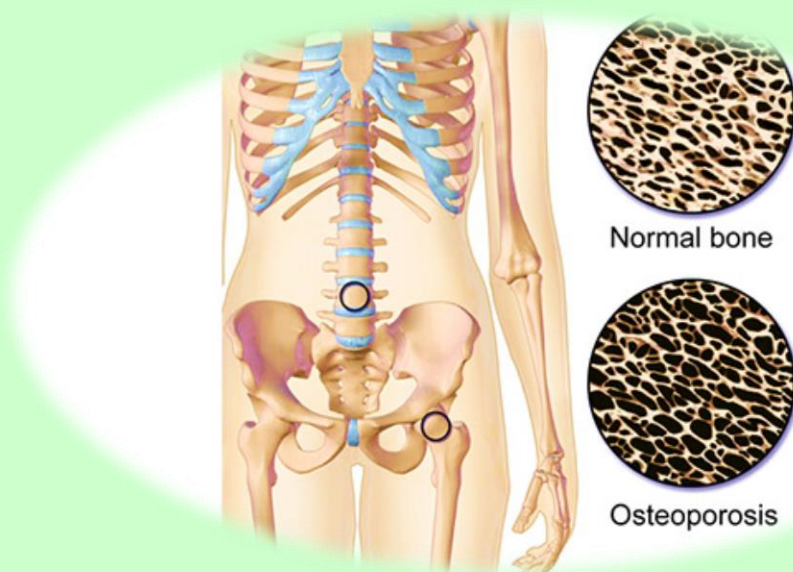
Risk Factors

Risk factors associated with the development of osteoporosis include:

increasing age, sex, family history of the condition, low vitamin D levels, low intake of calcium, low body weight, smoking, excess alcohol consumption, physical inactivity, long-term corticosteroid use and reduced estrogen level.

Osteoporosis is a condition that affects the bones, causing bones to become thin, weak, and fragile, such that even a minor bump or accident can cause a broken bone (minimal trauma fracture). Such events might include falling out of a bed or chair or tripping and falling while walking. Ribs, hips and the bones in wrists and spine are the most affected bones by osteoporosis. Its name comes from Latin for “porous bones.” Fractures due to osteoporosis can result in chronic pain, disability, loss of independence and premature death.

Decreased bone density results when bones lose minerals such as calcium faster than the body can replace them. The decrease in bone mineral density (BMD) and changes in bone quality make bones more fragile and more easily broken than bones of 'normal' density.



Osteoporosis symptoms



There are not any symptoms or warning signs in early stages of osteoporosis. Osteoporosis has no overt symptoms; it is

often not diagnosed until a fracture occurs. In most cases, people with osteoporosis do not know they have the condition until they have a fracture.

If symptoms do appear, some of the earlier ones may include:

- receding gums
- weakened grip strength
- weak and brittle nails

If one has family history of osteoporosis but no symptoms experienced, the risk can be assessed by consulting with a doctor.

Osteoporosis Diet

With the treatment plan, an appropriate diet can help strengthen your bones. Daily diet should include certain nutrients to keep the bones healthy with vitamin D being the most important one. Vitamin D absorbs calcium which is needed to maintain strong bones. Protein, magnesium, vitamin

k and zinc are the other nutrients good for strengthening bones.

To learn more about an eating plan that is right for you, talk to your doctor. They can advise you on your diet or refer you to a registered dietitian who can create a diet or meal plan for you.



Sumita Gurung
Font Office Receptionist &
Social Support Work

EXERCISE PRINCIPLES AND TRAINING OFF ROAD ALL TERRAIN RUNNING



Running has always been a primary factor in assessing mechanical capability, cardiovascular capacity, functional facilitation, and psychological intent amid the multiple categories that exist within its exercise structure.

One of these categories and disciplines is off road and all terrain navigation. The principles and engagement invoke more demand physically and mentally in multidimensional movement and lateral thinking depending on the depth of challenge chosen which could assume an indefinite set.

The approach will consider both aerobic and anaerobic pathways as incline, descent,

lateral deviations, and various type of surface relative to footing to warrant a deeper perception and immediate understanding regarding negotiation.

The exposure to elements depending on location will also bring a challenge to aspects of constitution handing fortification upon recovery. The challenging combination of the weather and environment will bring a demand for the system to work more vigorously and therefore effectively to succeed and overcome.



The challenge to balance and equilibrium arouses the proprioception response within the biophysical and neural system/s

increasing spatial awareness. The strategy and intent will therefore broaden growing greater depth in condition upon recovery with greater exposure simultaneously to lactic acidosis (anaerobic / fast twitch) and oxidative stress (aerobic / slow twitch) stress and metabolic behaviour.

Therefore, the process of preparation, the approach to the challenge, widens the anticipation of expectation and the drive to exceed. As the expansion of skill and confidence to a challenge grow so too will the limitations of biomechanical effort and prevalence to injury decrease as the system is put to multifaceted behaviour.



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41

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