MARQUEE HEALTH CLINIC

EVER EVOLVING

July 2021

Mid-winter Edition

Vol-8

MARQUEE HEALTH MAGAZINE

EVER EVOLVING

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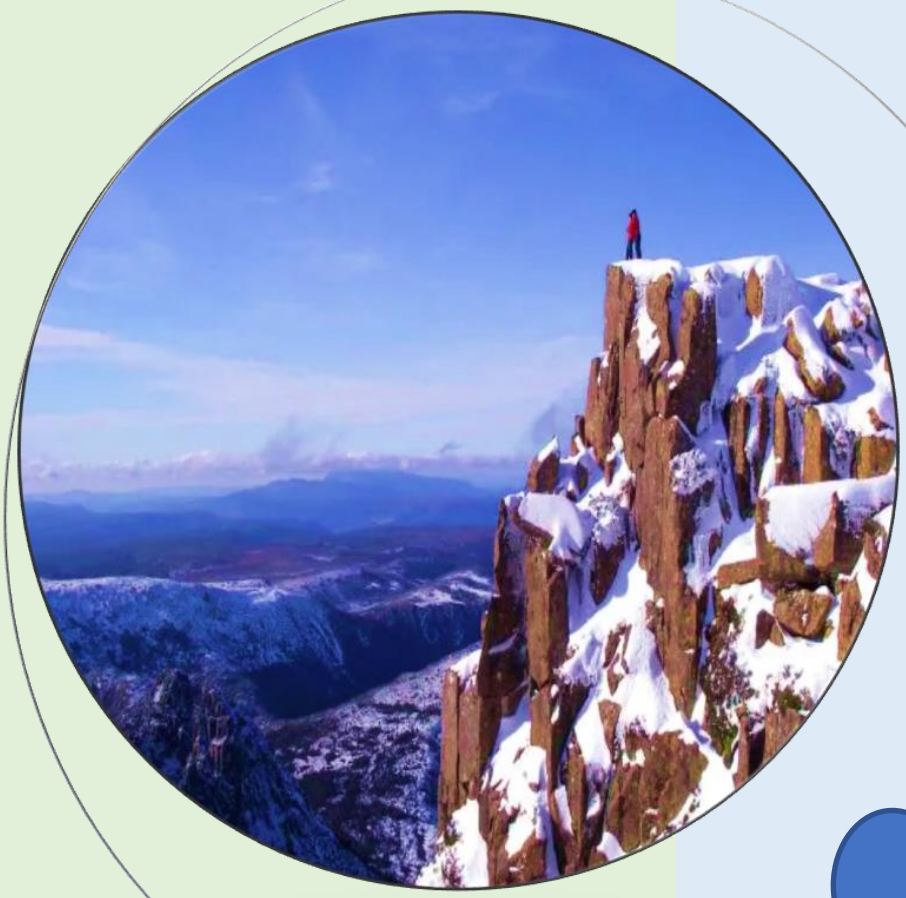

Edited By

Iffat Ara- Marquee Health Clinic

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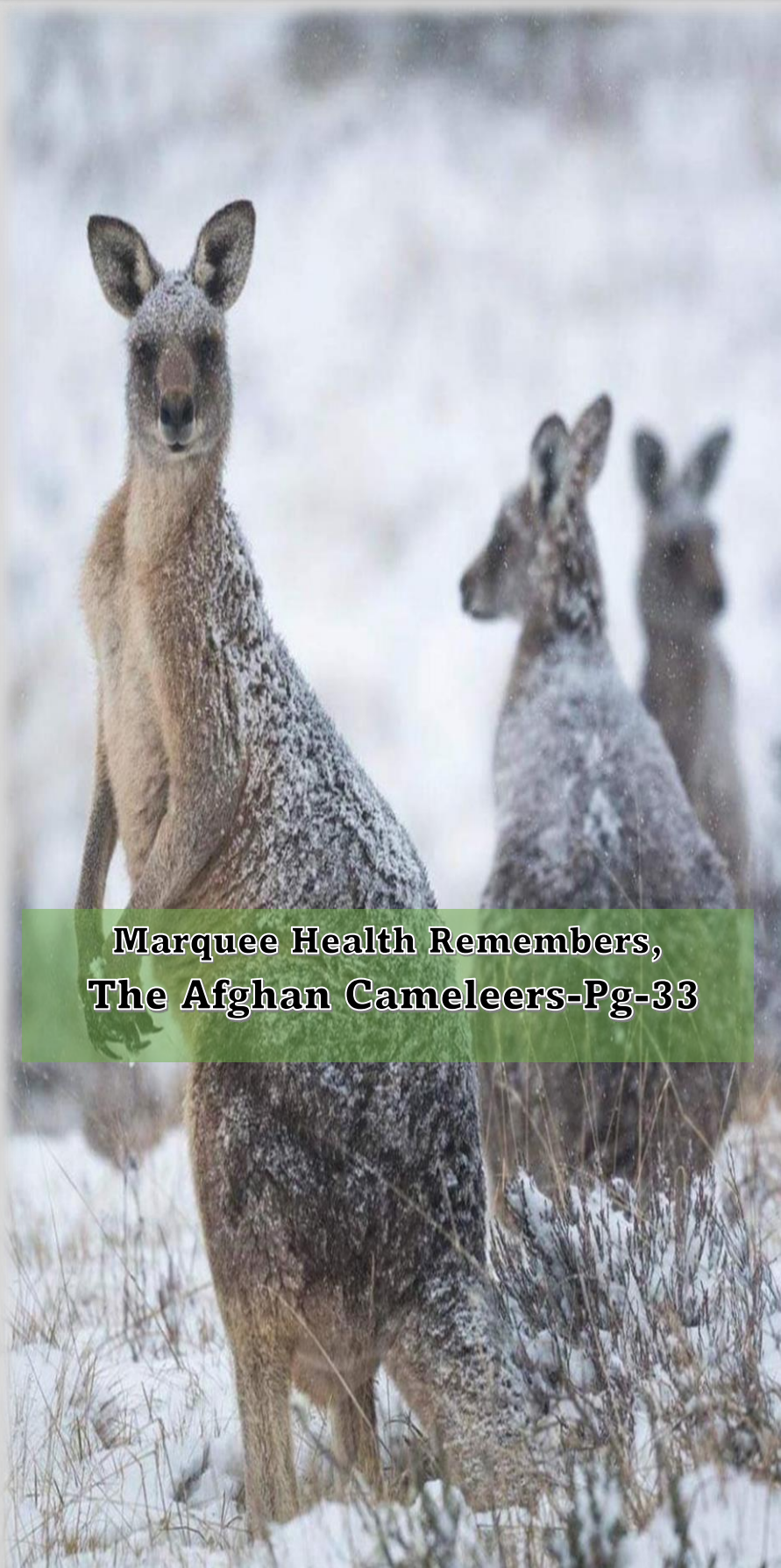

Marquee Health Remembers,
The Afghan Cameleers-Pg-33

MARQUEE HEALTH WELCOMES TO THE JULY WINTER EDITION

Along with the beginning of the second half of the year July brings many things.

July has its own set of awareness to health that will be identified as per course with every edition of the Marquee health magazine. The month consolidates the Winter month and identifies potential important weather patterns for the Spring season and therefore what changes and challenges may be presented for those working on the "collar and cusp" of environmental contingency For those that have a birthday in July Marquee Health has a complimentary gift towards your greatest asset, your health.

The month of July can identify your direction, nobody needs to be lost, there only needs to be direction, a course. The winter brings a new beginning, and the second month of winter can bring good decision through good thought consolidating this direction and change.

The thought that the tempered winter months can bring with the solace type time it allows may enable certain contemplation to bring forward, overcome through attrition an attribute realised that only the short cold days can bring.

The chill serves as a reminder that you need to be able to feel to function. The sensation you feel through movement in a cold environment is exhilaration, as your senses come into being.

The team at Marquee Health hopes and will always help you work towards good health through these cooler months. The important recognition with the change that begins and follows in winter demonstrates your priority and enduring perseverance throughout your journey.

With respect

James C Phillips

"Time has no diameter,
Just an audience to draw upon."

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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.

MARQUEE HEALTH CARE

MARQUEE HEALTH CLINIC

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Enhanced Primary care Plans

For

Chronic Pain Management

5 osteopathy Treatments

From

GP Referral

Valid on Calendar Year

(1st January-31st Dec)

Rebate –

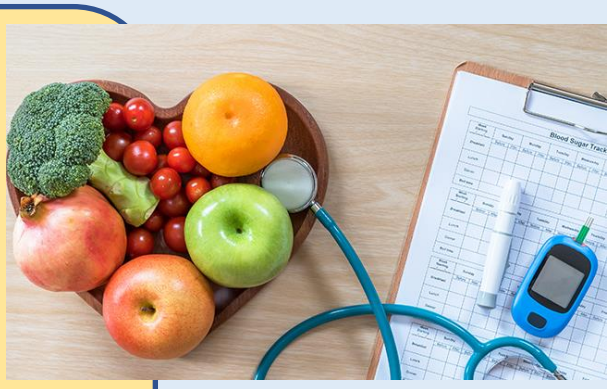
- ✓ Medicare Card
- ✓ HICAPS

Marquee Health Awareness Month

July 14-20 National Diabetes Week

Life is busy. Work, family, friends, chores, a social life. The days fill up quickly. Sometimes we are so busy running around after everyone else, we do not take the time to think about our health.

For many Australians, putting themselves at the bottom of their 'to do list' puts their health at risk. This could include being diagnosed with diabetes too late. This is true for both type 1 and type 2 diabetes. Not making time for yourself, or time to learn the early warning signs, can put you at risk of major life-threatening health problems. Both types of diabetes are more common than you think.



Type 2 Diabetes

Many Australians will live with type 2 diabetes for up to seven years before being diagnosed. More than 500,000 Australians are living with silent, undiagnosed type 2 diabetes.

If not diagnosed in time, it can cause blindness, kidney damage, amputation, and heart attack.

Although you can develop type 2 diabetes at any age, your risk increases if you are over 40, especially if you are overweight or have a family history of type 2 diabetes.

It is about time you took the time to get checked. A type 2 diabetes risk check only takes a minute.

The earlier people are diagnosed, the more time they must live well and reduce their risk of complications.

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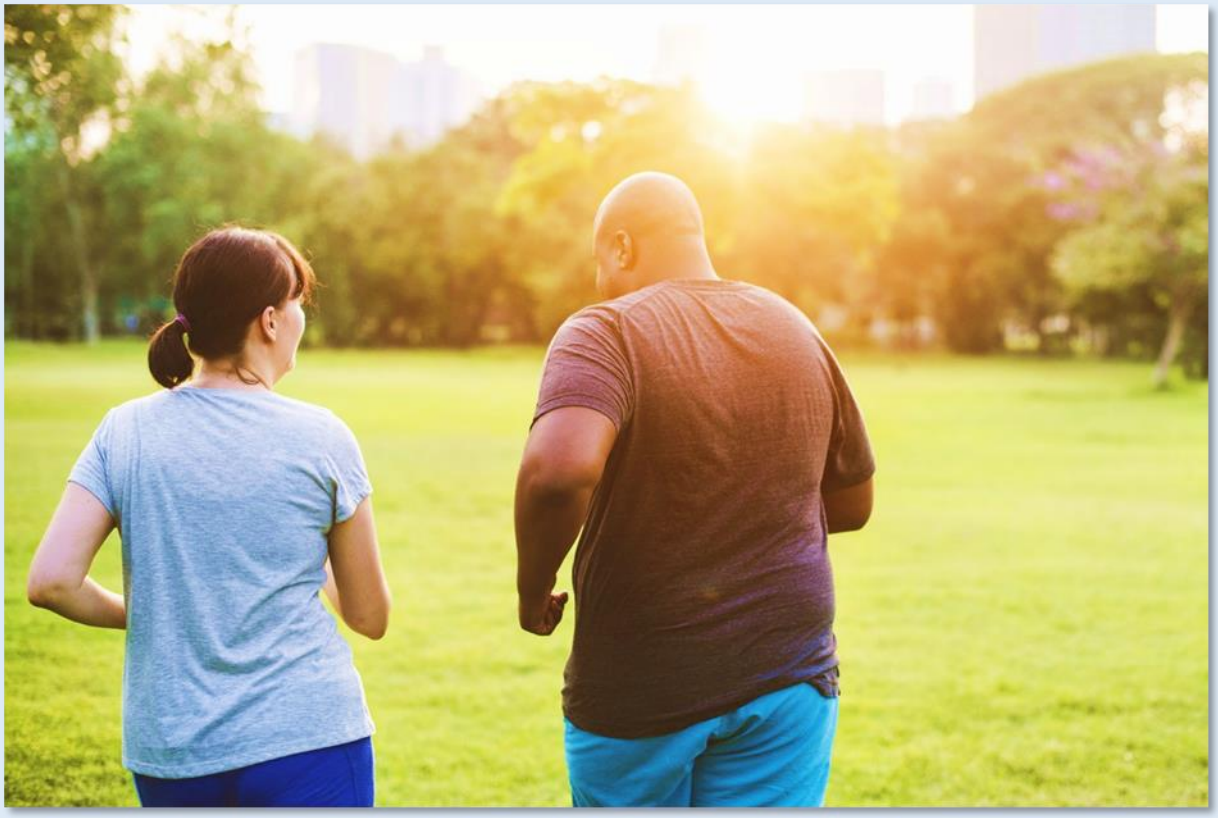
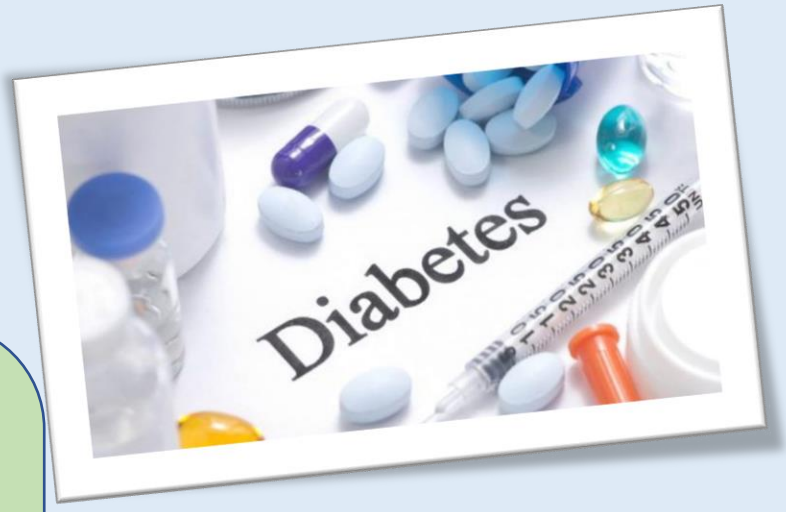


During this time, type 2 diabetes can do serious harm and lead to:

- Blindness
- Kidney damage
- Amputation
- Heart attack and stroke



Type 1 Diabetes

Every year 640 children and adults are admitted to hospital because the early signs of type 1 diabetes are missed.

If not diagnosed in time, type 1 diabetes can be fatal.

It is about time you took the time to learn the 4 T's – the early warning signs of type 1 diabetes. It takes just a minute to learn. If you see the signs, do not waste time, and see you doctor immediately. If not diagnosed in time it can be fatal.

Learning the 4T's could just save a life.

Toilet – going to the toilet a lot

Tired – unexplained or excessive fatigue

Thirsty – a thirst that cannot be quenched

Thinner – sudden or unexplained weight loss

https://www.itsabouttime.org.au/

National Wound Awareness Week (July15-21)

July 15-21	National Wound Awareness Week

Nearly half-a-million Australians suffer from chronic wounds each year, with most of those caused by pressure injuries. Minor wounds, such as cuts and scrapes, will usually heal on their own with good wound hygiene and attention. It is the chronic wounds that resist treatment and are slow to heal that pose the greatest risk.

Anyone working in health care will come access wounds. Whether you are a doctor, nurse, pharmacist, allied health professional, or a personal care attendant, in hospitals, community settings, or residential care. They may be surgical incisions, wounds that occur as the result of accidents through to the wounds that are complications of diseases and conditions, and result in chronic wounds. These include diabetic wounds and venous ulcers or wounds of frailty and decreased mobility: pressure injuries.

As the population ages, there will be more people at most risk of chronic wounds if they have one or more chronic diseases. Health care practitioners will see more and more wounds in the patients they care for regardless of the setting. While not all HCPs will pursue specialist knowledge and skills in wound management, it is important that you can assist your patients with slow healing or chronic wounds to get the best treatment for their wounds.

Chronic wounds impact people's lives in many ways.

Physical and health complications Sufferers are often in constant pain, have their mobility reduced and are predisposed to several potential complications. These may include wound infection, both at the site and throughout the whole body, which can result in cellulitis, constant pain, amputation or even death.

Social and emotional issues

People with a chronic wound are predisposed to mental health concerns such as depression and anxiety that has resulted from social isolation, changes to body image, and decreased quality of life.

Financial costs of chronic wounds. Chronic wounds cost Australia almost $3 billion a year in hospital and residential care alone.

However, with the right treatment, a chronic wound can be healed. Therefore, it is important to increase awareness about chronic wounds and encourage people to seek help for a chronic wound.

OUTSIDE THE BOX

Wound Care • Infectious Diseases • Vascular

People with a chronic wound also face considerable out of pocket costs for treatment, wound dressing products and medications. For the individual, research has shown that the cost of wound products can be between $86 and $340 per month, with some chronic wounds taking months to heal. Unfortunately, these costs are often borne by people receiving the aged or disability pension, or those with a reduced income due to an inability to return to work.

http://www.woundaware.com.au/about-wound-awareness-week/

Donate Life Week

July 28 - August 4	**Donate Life Week**

In 2019, 1,444 Australians received a life-saving transplant due to the generosity of 548 deceased organ donors and their families. Another 12,000 Australian lives were improved by eye and tissue transplants.

The importance of more Australians registering to be organ and tissue donors on the Australian Organ Donor Register (AODR) and dispelling the myths around donation is also critically important.

In Australia, the family of a potential organ or tissue donor is asked to agree before donation proceeds. We know that 9 out of 10 families agreed to donation in 2019 when their family member was registered.

With 1,700 Australians on the waitlist for a life-saving transplant, help us spread the word about organ and tissue donation and the importance of registering and telling your family you want to be a donor.

Organ donation is a unique gift. Only around 1% of all hospital's deaths are in the specific circumstances where organ donation is possible (around 1,000 deaths in 2015). Many more can become eye and tissue donors as tissues can be donated up to 24 hours after death, regardless of where death occurred.

Even if you have previously decided about organ and tissue donation, Donate Life Week is a great opportunity to remind your family about your donation decision, and to ask and know their decision.

In 2020, 1,2703Australian lives were transformed through the generosity of 463 deceased organ donors and their families, 182 living donors and more than 6,600 Australians benefited from eye and tissue donation.

https://www.donatelife.gov.au/news-events/news/donatelife-week-2020-we-say-yes-and-thanks

World Hepatitis Day

July 28	World Hepatitis Day

World Hepatitis Day - Held annually on 28 July World

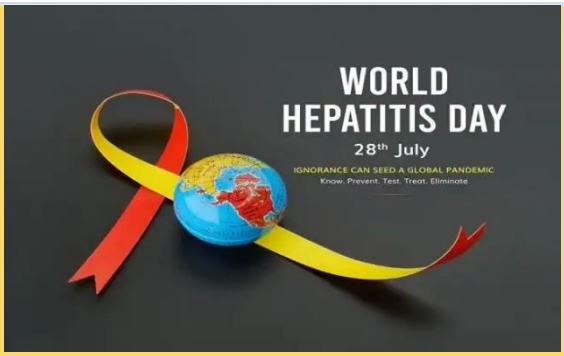
On the 28 July each year, World Hepatitis Day brings the world together to raise awareness of the global burden of viral hepatitis and to influence real change.

In Australia, the national World Hepatitis Day campaign is coordinated by Hepatitis Australia.

The aim of World Hepatitis Day in Australia is to mobilise national action on the elimination of viral hepatitis in Australia through a coordinated response.

The objectives of World Hepatitis Day 2021 in Australia are to:

Mobilise the community, organisations, research institutes, media, and governments to act in support of the



elimination of viral hepatitis as a public health threat by 2030

Challenge stigma, discrimination and systemic barriers faced by people impacted by viral hepatitis

Amplify the diverse voices of people impacted by viral hepatitis to influence public dialogue, decision making and health policy development

Inform and educate the community, priority populations and health service providers on viral hepatitis

Celebrate and reinforce achievements towards hepatitis elimination

Coordinate a national agenda of activity and events

Encourage national use of the World Hepatitis Day theme and national assets

https://www.hepatitisaustralia.com/world-hepatitis-day

Gastroschisis Awareness Day

July 30	Gastroschisis Awareness Day

Gastroschisis is a birth defect that causes the intestines to protrude from a hole in the abdomen. There is still a 10% mortality rate due to complications or related defects and infections. The condition affects 1 out of every 2,229 babies according to the CDC. Gastroschisis Awareness Day aims to raise awareness of the issue and find solutions.

Gastroschisis (pronounced gas-troh-skee-sis) is a birth defect of the abdominal wall. The baby's intestines are found outside of the baby's body, exiting through a hole beside the belly button.

What is Gastroschisis?

Gastroschisis is a birth defect of the abdominal (belly) wall. The baby's intestines are found outside of the baby's body, exiting through a hole beside the belly button. The hole can be small or large and sometimes other organs, such as the stomach and liver, can also be found outside of the baby's body.

Gastroschisis occurs early during pregnancy when the muscles that make up the baby's abdominal wall do not form correctly. A hole occurs which allows the intestines and other organs to extend outside of the body, usually to the right side of belly button. Because the intestines are not covered in a protective sac and are exposed to the amniotic fluid, the intestines can become irritated, causing them to shorten, twist, or swell.

Other Problems

Soon after the baby is born, surgery will be needed to place the abdominal organs inside the baby's body and repair the hole in the abdominal wall. Even after the repair, infants with gastroschisis can have problems with nursing and eating, digestion of food, and absorption of nutrients.

causes and Risk Factors

The causes of gastroschisis among most infants are unknown. Some babies have gastroschisis because of a change in their genes or chromosomes. Gastroschisis might also be caused by a combination of genes and other factors, such as the things the mother comes in contact within the environment or what the mother eats or drinks, or certain medicines she uses during pregnancy.

Diagnosis

Gastroschisis can be diagnosed during pregnancy or after the baby is born.

During Pregnancy

During pregnancy, there are screening tests (prenatal tests) to check for birth defects and other conditions. Gastroschisis might result in an abnormal result on a blood or serum screening test, or it might be seen during an ultrasound (which creates pictures of the baby's body while inside the womb).

After the Baby is Born

Gastroschisis is immediately seen at birth.

Treatments

Soon after the baby is born, surgery will be needed to place the abdominal organs inside the baby's body and repair the defect.

If the gastroschisis defect is small (only some of the intestine is outside of the belly), it is usually treated with surgery soon after birth to put the organs back into the belly and close the opening. If the gastroschisis defect is large (many organs outside of the belly), the repair might do slowly, in stages. The exposed organs might be covered with a special material and slowly moved back into the belly. After all the organs have been put back in the belly, the opening is closed.

Babies with gastroschisis often need other treatments as well, including receiving nutrients through an IV line, antibiotics to prevent infection, and careful attention to control their body temperature.

Like many families affected by birth defects, CDC wants to find out what causes them. Understanding factors that are more common among babies with birth defects will help us learn more about the causes. CDC funds the Centers for Birth Defects Research and Prevention, which collaborate on large studies such as the National Birth Defects Prevention Study (NBDPS; births 1997-2011) and the Birth Defects Study to Evaluate Pregnancy exposureS (BD-STEPS, which began with births in 2014), to understand the causes of and risks for birth defects, like gastroschisis.

Recently, CDC researchers have reported important findings about some factors that affect the risk of having a baby with gastroschisis:

Younger age: teenage mothers were more likely to have a baby with gastroschisis than older mothers.

Alcohol and tobacco: women who consumed alcohol or were a smoker were more likely to have a baby with gastroschisis.

CDC continues to study birth defects like gastroschisis to learn how to prevent them. If you are pregnant or thinking about getting pregnant, talk with your doctor about ways to increase your chance of having a healthy baby.

Diagnosis

Gastroschisis can be diagnosed during pregnancy or after the baby is born.

https://www.cdc.gov/ncbddd/birthdefects/gastroschisis.html

National Pain Week

July 22-28	National Pain Week

This week is National Pain Week in Australia

Each year in the last week of July, Chronic Pain Australia, the national voice of people living with chronic pain organises National Pain Week to champion the needs of the many Australians living with chronic pain.
The theme for this year is 'Faces of Pain' a video series from several different Australians living with various chronic pain conditions sharing their personal insights and challenges.

What is pain and how do you treat it?
Pain is an unpleasant sensation and emotional experience linked to tissue damage. Its purpose is to allow the body to react and prevent further tissue damage.

We feel pain when a signal is sent through nerve fibres to the brain for interpretation.
The experience of pain is different for everyone, and there are different ways of feeling and describing pain. This can make it difficult to define and treat.
Pain can be short-term or long-term, it can stay in one place, or it can spread around the body.

A range of non-drug therapies can help relieve pain.

These include Nerve blocks: These injections can numb a group of nerves acting as a source of pain for a specific limb or body part.

Psychotherapy: This can help with the emotional side of ongoing pain. Chronic pain can often affect the enjoyment of everyday activities and can lead to not being able to work. A psychotherapist can help to enhance understanding and put in place lifestyle changes to enable these parts of life.

Low level laser therapy

Transcutaneous electrical nerves stimulation (TENS): TENS aims to stimulate the brain's opioid and pain gate systems to provide relief.

Surgery: Various surgeries of the nerves, brain, and spine are possible to relieve chronic pain. These include rhizotomy, decompression, and electrical deep brain and spinal cord stimulation procedures.

Biofeedback: This is a mind-body technique. Through biofeedback, people can learn to better control their organs and automatic processes, such as their heart rate, with their thoughts.

Relaxation therapies: This covers a wide range of controlled relaxation techniques and exercises, mostly in the realm of alternative and complementary medicine. This can include hypnosis, yoga, meditation, massage therapy, distraction techniques, and tai chi.

Physical manipulation: a physiotherapist or chiropractor can sometimes help relieve pain by manipulating the tension from a person's back.

Heat and cold: Using hot and cold packs can help. These can be alternated or selected according to the type of injury or pain. Some medications have a warming effect when applied topically to the affected part.

Rest: If the pain is due to an injury or a repetitive action, rest may be the best option.

Muscle of The Month

QUADRICEPS GROUP

The quadriceps femoris muscle is commonly known as the quad muscle and is considered one of the strongest muscles in the body. It is in the anterior compartment of the thigh, together with the sartorius muscle which is known as the longest muscle in the human body, an exceptional length of this muscle often exceeds 50cm.

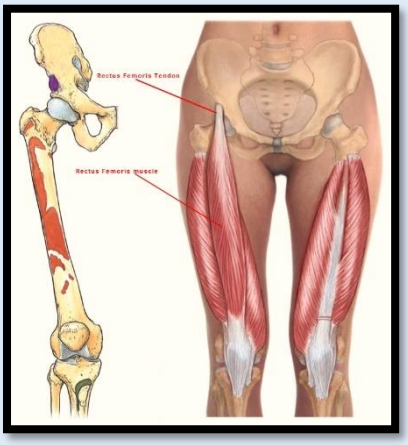
The quadriceps femoris muscle translates to "four-headed" from Latin. It bears this name because it consists of four individual muscles: rectus femoris, vastus medialis, vastus lateralis, and vastus intermedius. Out of all four muscles, only the rectus femoris crosses both the hip and knee joints. The others cross only the knee joint. These muscles differ in their origin but share a common quadriceps femoris tendon which inserts into the patella (kneecap). The function of the quadriceps femoris muscle is to extend the leg at the knee joint and to flex the thigh at the hip joint. The quadriceps are primarily active in kicking, jumping, cycling, and running, e.g., sports like basketball that requires jumps. In everyday life, they help you get up from a chair, walk, climb stairs and squat. They are used in walking and running at the onset of a stride and get used significantly when going downhill.

Because you rely on your quads to do a lot of physical activities, they can be prone to injury. There is a reason you often hear about athletes sidelined with a quad strain, tear, or even rupture. From a sporting point of view, it is an extraordinarily important muscle, but due to the stress it receives, it is often subject to trauma. Injury to the quadriceps muscle group can be painful and debilitating. Strains, tears, and contusions of the quadriceps are common in various sports, such as athletics, rugby, football, etc and result in lost time from training and competition. Having a good recovery plan with proper warmups and cool downs followed up by regular massage is crucial in optimal performance of the muscle. You can also strengthen your quads by doing squats, lunges, and sprints.

The lateral femoral circumflex artery and its branches supply the quadriceps with oxygenated blood, and the femoral nerve (and its subsequent branches) innervates the muscle group.

Each muscle that makes up the quadriceps group has a different location and a different function.

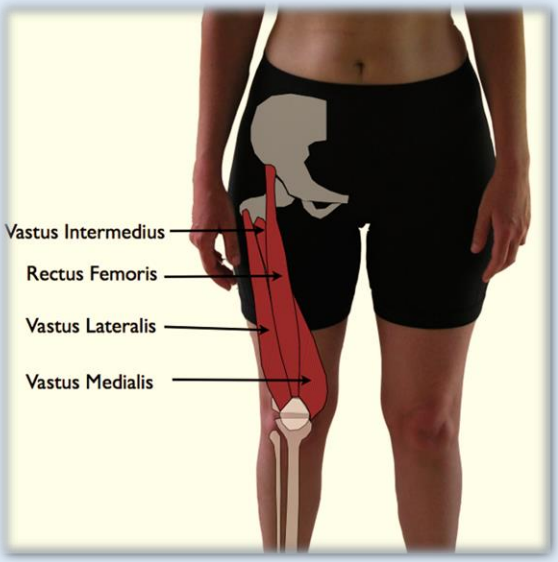
Rectus Femoris



On many people, the rectus femoris is the most noticeable muscle in the quadriceps group as it runs down the middle of the front of the thigh. The rectus femoris is responsible for stabilising and creating flexion at the hip joint. This occurs when you tip the torso forward or when you bring your thighs closer to your torso. Activities that involve hip flexion include walking, running, stepping up onto a bench or staircase, and standing up. The rectus femoris is also involved in extension (straightening) at the knee joint. The rectus femoris muscle is supplied by the artery of the quadriceps, which can stem from three sources: femoral, deep femoral, or lateral circumflex femoral arteries. The lateral circumflex femoral and superficial circumflex iliac arteries also contribute to the blood supply of rectus femoris, but to a lesser extent.

Vastus Lateralis

The vastus lateralis is another prominent muscle on the front of the thigh. In fact, it is the largest of the quadricep muscles. In well-developed athletes, you will notice it prominently on the outside (lateral side) of the



thigh. This quadriceps muscle is also responsible for extending the knee. It originates via a broad aponeurosis from various sites on the femur, such as the proximal half of the intertrochanteric line, anterior and inferior borders of the greater trochanter, lateral lip of the gluteal tuberosity and proximal half of the lateral lip of Linea aspera. The aponeurosis overlies the upper three-quarters of the muscle, with many muscle fibers originating from its deep surface. Vastus lateralis receives its blood supply from three sources:

- The superior medial artery, which is a branch of the lateral circumflex femoral artery.
- The inferior medial artery, a branch of the artery of the quadriceps.
- The lateral artery, which is the first perforator of the deep femoral artery.

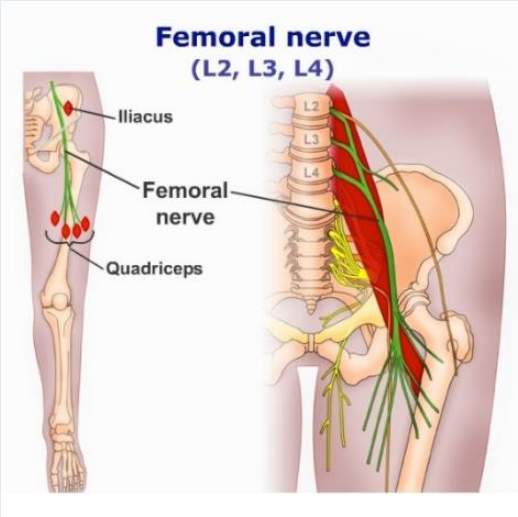
Vastus Medialis

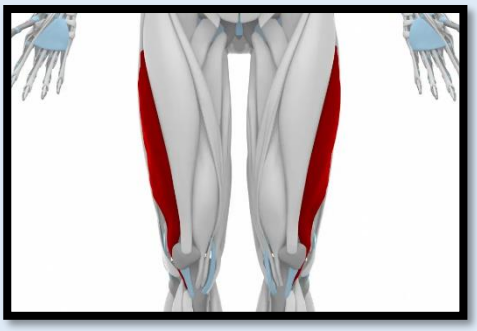
The vastus medialis is like the vastus lateralis but it runs along the inside (medial side) of the front of the thigh instead of the outside. It works together with the other muscles to create extension at the knee joint. The vastus medialis also adducts the thigh (moves the thigh towards the midline of the body) and stabilises the kneecap. The lowermost fibers lie in an almost horizontal plane, forming a noticeable bulge superior to the medial side of the patella. This part of vastus medialis is often referred to as the vastus obliquus by some authors. Finally, the muscle inserts into the base of patella via the quadriceps femoris tendon. Some of its tendinous fibers continue downwards and insert into the medial condyle of tibia.

Vastus medialis is supplied by three muscular branches of the femoral artery. It also receives some minor contributions from the deep femoral and descending genicular arteries.

Vastus Intermedius

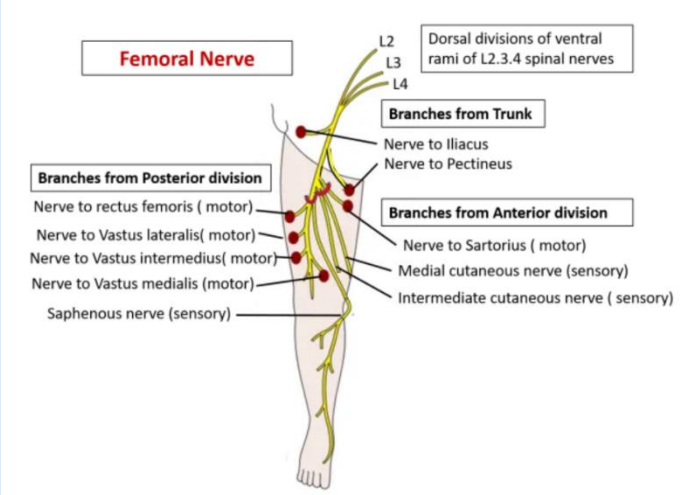
The vastus intermedius lies under the rectus femoris and between the vastus lateralis and vastus medialis. It runs down the middle of the thigh and attaches at the top part of the kneecap. It also forms the deep portion of the quadriceps tendon. Like the other quadriceps muscles, it helps extend the knee. It originates from the anterior surface of the femur, more specifically from the proximal two-thirds of its shaft. The blood supply to the vastus intermedius comes from the artery of the quadriceps and deep femoral artery.





Key Facts about the quadriceps femoris muscle

- Parts: Rectus femoris, vastus lateralis, vastus medialis, vastus intermedius.
- Origins:
  - Rectus femoris: Anterior inferior iliac spine, supraacetabular groove.
  - Vastus medialis: Intertrochanteric line, pectineal line of femur, linea aspera, medial supracondylar line of femur.
  - Vastus lateralis: Intertrochanteric line, greater trochanter, gluteal tuberosity, linea aspera of femur.
  - Vastus intermedius: Anterior surface of femoral shaft.
- Insertions:
  - Rectus femoris and vastus intermedius: Tibial tuberosity (via patellar ligament), patella.
  - Vastus lateralis: Tibial tuberosity (via patellar ligament), patella, (lateral condyle of tibia).
  - Vastus medialis: Tibial tuberosity (via patellar ligament), patella, (medial condyle of tibia).
- Innervation: Femoral nerve (L2-L4)
- Function:
  - Hip joint: Thigh flexion (rectus femoris only);
  - Knee joint: Leg extension



RAMON Tupac Perez
Remedial Massage Therapist

6 step mini kit - combination skin

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CLEANSE YOUR FACE DAILY WITH SILK-SPLASH NEEM-ORANGE REHYDRANT AYURVEDIC FACE WASH
APRICOT SPARKLE INVIGORATING SKIN RADIANCE SCRUB (TWICE A WEEK)
HERBAL NOURISHING MASSAGE CREAM (USE DAILY)
FAIR-EVER PROTEIN FAIRNESS PACK (TWICE A WEEK)
SUN' NIL JOJOBA GRAPESEED SUN PROTECTION LOTION (USE DAILY)
AF'FAIR FUMITTORY-LIQUORICE SKIN BRIGHTENING CREAM (DAILY AT BEDTIME)

Sherry Gupta
Ayurvedic Beauty Therapist

The treatment of Infertility with Chinese Medicine

Western society has seen many positive changes in last few decades. In most countries, women have now more professional opportunities than ever before. Although, having young children while maintaining a successful career remains a difficult path to negotiate. One can understand why so.

FERTILITY

Many couples wait until their professional life is well established before deciding to start a family.

Unfortunately, as the body gets older, the chances of conception for both sexes gradually decline.

Many surveys have shown that women who choose to conceive after the age of 35 have a greater chance of having medical difficulties that may result in infertility issues.

Whatever the cause of the problem, for the couples who have always contemplated having children, the efforts to become pregnant while the biological clock is winding down can be both physically exhausting and highly distressing. Ultimately, when all the best efforts fail, Assisted Reproductive Therapies (ART) which includes manipulation of the egg, sperm, or both to increase the chances of conception is often seen as the only remaining alternative, although it is an expensive option which is not always successful.

If IVF fails these patients have exhausted their options of having their own biological child, which can be devastating for many couples.

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In many cases, Acupuncture alone, or in combination with Chinese herbal medicine can treat the root cause of infertility and prepare men and women for pregnancy. In addition, when used in conjunction with IVF, Oriental medicine has been shown to significantly enhance a woman's chances of conception. It is now being used, in combination with Western medicine, in many fertility clinics in the United States. A study published in 2002 shows that acupuncture treatment administered 25 minutes before, and after IVF treatment increased success of pregnancy by 15 percent. The improvement was even significantly greater when the women had been receiving regular acupuncture treatment for weeks prior to the procedure.

The best outcome may be achieved by combining Oriental and western medicine together. We have seen recently in reputable medical journals, the results of clinical trials conducted to investigate the effects of acupuncture at the time of embryo transfer. It appears that the acupuncture rates of success were significantly better when the overall expectancy of pregnancy was lower due to the women's age.

Therefore, many fertility clinics now recommend acupuncture to women who have had previous failed cycles, or who are 35 or older.

Olivier Lejus

MH SC, BH Sc. Lecturer.

Sydney based registered acupuncturist and herbalist with a special interest in Infertility

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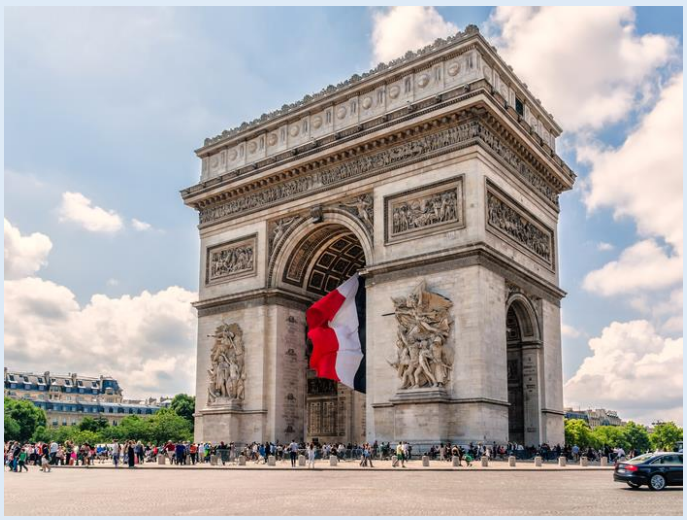
Bastille Day is the common name given in English-speaking countries to the national day of France, which is celebrated on 14 July each year. In French, it is formally called Fête nationale (pronounced [fɛt nɑsjɔnal]; "National Celebration") and commonly and legally le 14 juillet (French pronunciation: [lə katɔʁz(ə) ʒɥijɛ]; "the 14th of July").

The French National Day is the anniversary of the Storming of the Bastille on 14 July 1789, a major event of the French Revolution,as well as the Fête de la Fédération that celebrated the unity of the French people on 14 July 1790. Celebrations are held throughout France. One that has been reported as "the oldest and largest military parade in Europe"is held on 14 July on the Champs-Élysées in Paris in front of the President of the Republic, along with other French officials and foreign guests.



History

In 1789, tensions rose in France between reformist and conservative factions as the country struggled to resolve an economic crisis. In May, the Estates General legislative assembly was revived, but members of the Third Estate broke ranks, declaring themselves to be the National Assembly of the country, and on 20 June, vowed to write a constitution for the kingdom.

Bastille Day

On 11 July Jacques Necker, the Finance Minister of Louis XVI, who was sympathetic to the Third Estate, was dismissed by the king, provoking an angry reaction among Parisians. Crowds formed, fearful of an attack by the royal army or by foreign regiments of mercenaries in the king's service and seeking to arm the general populace. Early on 14 July one crowd besieged the Hôtel des Invalides for firearms, muskets, and canons, stored in its cellars.

The origins of Bastille Day

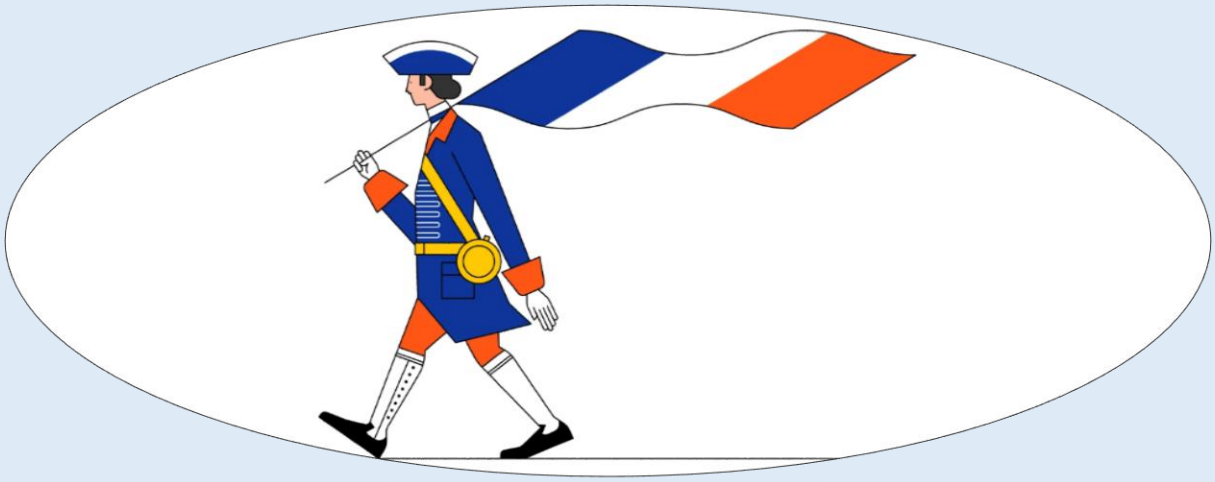
That same day, another crowd stormed the Bastille, a fortress-prison in Paris that had historically held people jailed on the basis of letters de cachet (literally "signet letters"), arbitrary royal indictments that could not be appealed and did not indicate the reason for the imprisonment and was believed to hold a cache of ammunition and gunpowder. As it happened, at the time of the attack, the Bastille held only

Battle of Valencia 1880

seven inmates, none of great political significance.

The crowd was eventually reinforced by mutinous Gardes Françaises ("French Guards"), whose usual role was to protect public buildings. They proved a fair match for the fort's defenders, and Governor de Launay, the commander of the Bastille, capitulated and opened the gates to avoid a mutual massacre. According to the official documents, about 200 attackers and just one defender died in before the capitulation. However, possibly because of a misunderstanding, fighting resumed. In this second round of fighting, de Launay and seven other defenders were killed, as was Jacques de Flesselles, the prévôt des marchands ("provost of the merchants"), the elected head of the city's guilds, who under the feudal monarchy also had the competences of a present-day mayor.

Shortly after the storming of the Bastille, late in the evening of 4 August, after a very stormy session of the Assemblée constituante, feudalism was abolished. On 26 August, the Declaration of the Rights of Man and of the Citizen (Déclaration des Droits de l'Homme et du Citoyen) was proclaimed.



Lau Chingri (Bottle Gourd) with Prawns

BANGLA RECEIPE

Lau Chingri or Bottle Ground Curry with Prawns is an incredibly famous and delicious traditional Bengali dish. This recipe is the combination of sweet bottle ground and flavour full Chingri or shrimps. When these two ingredients combine, it is enjoyable any way you eat. It is a semi gravy dish and mostly served with steamed rice or with (Phena Vhat-Bnagali language) or best we can describe it as rice, which is overcooked, mushy rice. You can add kalonji or nigella seeds.

Benefits for your health Bottle gourd

Bottle gourd is rich in dietary fibre, both, soluble and insoluble. Hence, it helps in curing constipation, flatulence and even piles. It is also easy to digest.

It promotes weight loss. The vitamins, minerals, and dietary fibre in bottle gourd keep the body well-nourished and curb unnecessary appetite, especially if you drink its juice in the morning on an empty stomach.

Its fat and cholesterol content are extremely low.

It consists of approximately 96% of water and is therefore a great thirst quencher. It also prevents fatigue and keeps the body cool and refreshed during summers.

Apart from the iron content it is also rich in vitamin B and C and helps in anti-oxidative actions.

It also contains sodium, potassium, essential minerals, and trace elements, which regulate blood pressure and prevent the risk of heart ailments.

High in sodium and potassium, bottle gourd is also an excellent vegetable for people with hypertension.

It is a suitable vegetable for light, low-calorie diets as well as for children, people with digestive problems, diabetics and those recovering from an illness or injury.

Bottle gourd is recommended by Ayurveda physicians for balancing the liver function when the liver is inflamed and unable to process food efficiently for nutrition and assimilation.

Important:

Preparation Time: 10 minutes

Cooking Time: 30 minutes

Total Time: 40 minutes

Serve For: 3-4

Ingredients:

Bottle Ground or Lau (1 small size) /finely chopped
Shrimps or Chingri (150 gm)
Celery Seeds or Radhuni (1/8 tsp) /for tempering
Salt (to taste)
Cumin Powder (1/2 tsp)
Red Chilli Powder (1/2 tsp)
Turmeric Powder (1/2 tsp)
Whole Green Chilli (1)
Sugar (1/4 tsp)
Vegetable Oil (3 tbsp)

Direction:

1.To make the curry, first scrap and cut the bottle ground into exceedingly small pieces and wash them with cold water, let them to dry.

2.Then peel the skin of the shrimps and clean them with cold water. Marinate them with salt and turmeric powder.

3.Now heat oil in a heavy bottom pan. When the oil is heated, put the marinated shrimps into the oil and saute them for a while. When done, take them off from the pan and set aside.

4.In the same oil, add celery seeds. It gives a nice aroma and a different flavour to the dish.

5.Add the chopped bottle ground into the pan and stir them well.

6.After 2-3 minutes, add salt. Mix well and cover the pan with a lead. Cook for 5-10 minutes on a low flame.

7.Now put off the lead from the pan and stir the mixture. You can see the bottle grounds are leaving water. Set the heat on medium to high and add the spices, such as, cumin powder, red chilli powder, turmeric powder, and green chilli, mix all the spices well and cook for another 5 minutes by stirring occasionally on medium to low heat.

8.Now add the fried shrimps into the gravy and stir well.

9.Cook until the gravy becomes concentrated, and the bottle grounds becomes tender and soft.

10.Lastly add sugar. Give a stir and put off the flame.

Your dish is ready to serve with rice.

Rice

The only important thing to consider while cooking phena bhaat is the rice. The variety must be short grained, non-parboiled, slightly starchy, and extremely aromatic variety.
Wash the rice 3 times; discarding the water used each time.
In a pot add water and rice and bring to high flame.
Once the water starts to boil, lower the flame.
Heat another 500 ml of water and set aside.
Stir every 3 minutes. After 12 minutes, check whether the grains have split. If at any point the quantity of water seems insufficient, add half a cup of the hot water.
There should be little to no starch water when strained.

Iffat Ara

Admin, Editor & Receptionist Marquee Health Clinic

Marquee Health Remembers

Those that made a difference

THE AFGHAN CAMELEERS

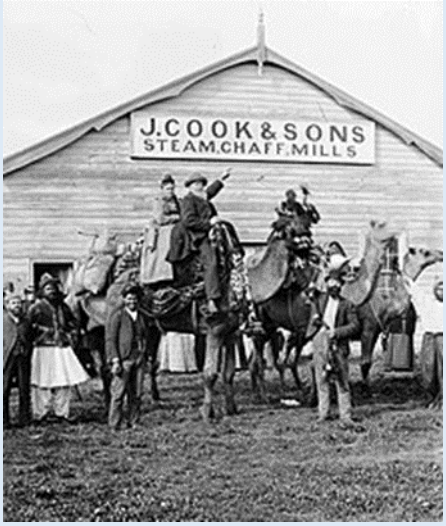
Afghan' Cameleers

The Afghan cameleers were camel drivers who worked in outback Australia from the 1860s through to the 1930s. The Afghan camel trains and teams provided unique ability in opening country and providing access throughout the semi-arid and arid regions of central Australia.

Before the building of railways and the widespread adoption of motor vehicles, camels were the primary means of transporting goods through the outback country where the climate was too harsh for horses and other beasts of burden.

For more than 50 years until the 1920s camel trains radiated throughout the outback from railways that gradually extended towards the interior, or from ports or points around isolated otherwise inaccessible parts of the country. In long strings often up to 70 camels in length they sustained life and new development and endeavours in the emerging outback communities.

They carried building and railway materials, food, furniture, water, mail and medicine to the pastoralists and mining ventures, returning with the products of the inland enterprises such as wool, oil and other merchandise of trade. Camel cartage bases were formed at railheads or near ports, with what was referred to as "Ghantowns" developed on the outskirts.



From 1850 to 1900, the cameleers played an important part in opening central Australia, helping to build the Australian Overland Telegraph Line between Adelaide and Darwin and the extensive railway lines. The camels hauled the supplies and their handlers erected fences, acted as guides for several major expeditions, and supplied the inland mines and stations with the necessary goods and services.

Most cameleers arrived in Australia alone, leaving wives and families behind to work on three-year contracts. Although referred to as Afghans or "Ghans" many ventured from various parts of India, Pakistan, Egypt, Iraq, Syria, and Turkey.

Camels were singularly superior to horses and bullocks in the dry centre, while the Afghan cameleers were better suited physically than Europeans to the harsh conditions of inland Australia.

They provided vital support to exploration, communications, and settlement in the arid interior of the

Mosque at Marree in South Australia in 1861

Marree Mosque in Australia

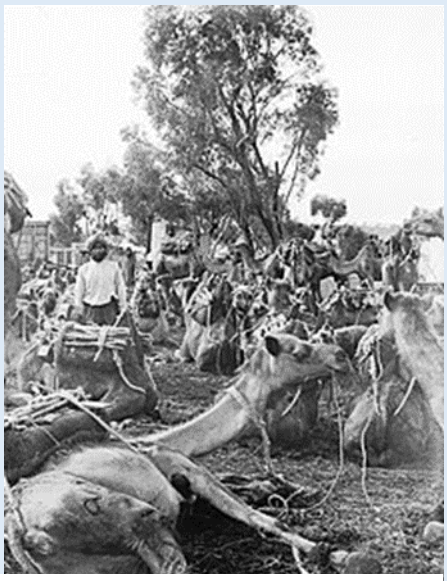
country where the climate was harsh. They also played a major role in establishing Islam in Australia, building the country's first Mosque at Marree in South Australia in 1861.

In the 1880s, camels were used for the collection of statistics and census forms and data mostly by police throughout central Australia with the final police patrol through the Northern Territory in 1953.

The cameleers also extensively serviced the Western Australian Goldfields transporting water, food, machinery, and other supplies throughout the 1890s.

The camels and their drivers were indispensable during the Federation Drought which devastated Eastern Australia between 1895 and 1902.

John Edwards one Attorney General wrote "It is no exaggeration to say that if it was not for the Afghan and his camels, Wilcannia, White Cliffs, Tibooburra, Milparinka and other towns would have ceased to exist"



Afghans with resting camels, c.1891e 1

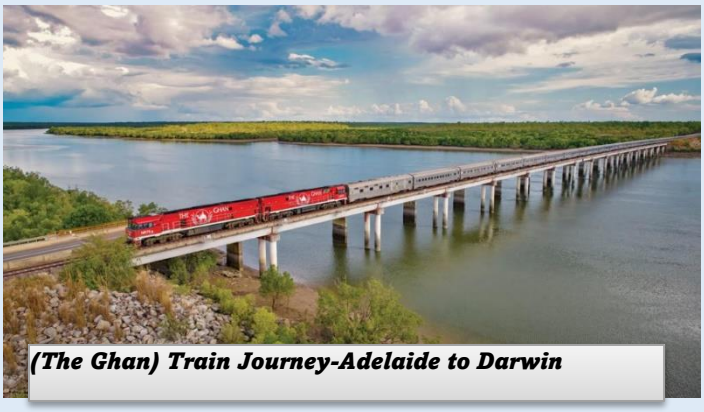
The camel trains and traders were instrumental in not only servicing but providing a permanent link between the outback sheep and cattle grazing stations to the coastal cities. The camels would haul wool and other pastoral produce across country otherwise inaccessible. They set up camel - breeding stations and rest house outposts, known as caravanserai throughout the inland, maintained as the primary source of transport until the 1930s when replaced by the automobile.

Throughout this period approximately 3000 cameleers and 100 camels came to Australia used widely through exploration expeditions including Burke and Wills. The cameleers maintained their cultural code of honour and adhered to their religious faith. The camels thrived in the harsh conditions a unique attribute to an incredible robust regal animal.

Afghans in Western Australia

Even though the Afghans' help, and pioneering introduction of skills was greatly appreciated, they were also subject to discrimination because of their religion and appearance, and the competition they provided to European bullock teamsters. They nevertheless integrated with their surroundings while mastering the harshest of journeys while developing a deep attachment and understanding of the camel.

The passenger train which now travels between Adelaide and Darwin is known as "The Ghan" (formerly the Afghan Express) as a reference to the service the Afghans provided to the areas through which the train travels.



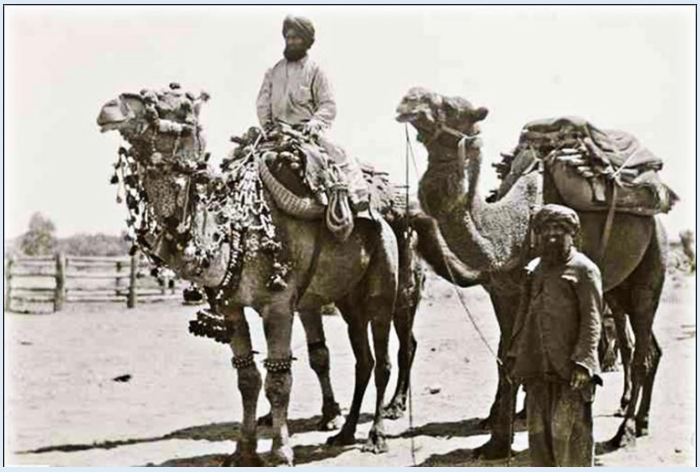
(The Ghan) Train Journey-Adelaide to Darwin

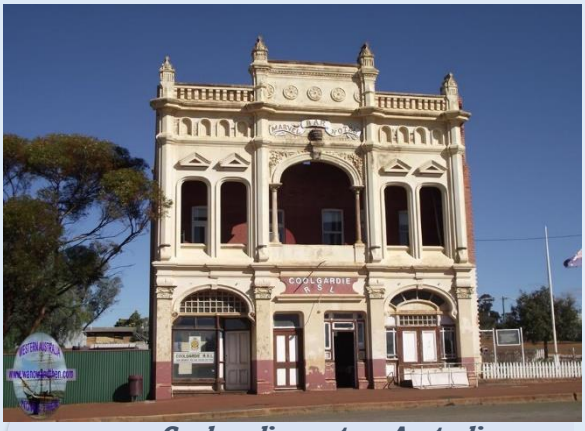
After the use of the camel was superseded by modern transport, most cameleers released their camels into the wild rather than have them shot. A large population of feral camels remains thriving throughout central Australia today from this time.

Date palms and melon paddies planted wherever the Afghans went are another legacy of the cameleers and their subtle objective practice of survival. There are also many understudied traces of Sufism introduced across Australia, evident in the many remaining artifacts, particularly prayer beads, some books and letters that once belonged to the cameleers.

The cameleers that did not return to their home countries settled on land, sheep and cattle stations married mostly Aboriginal women and lived prosperous, positive descent lives.

Marree in South Australia still has the longest surviving "Ghantown" with many descendants of the original cameleers still living there. The thousands of Afghanis and Pakistani cameleers played an enormous important role in shaping the Australian outback. Afghan influence has stretched from Perth to Townsville, from Melbourne to Port Headland, from Adelaide to Darwin – criss-crossing inland Australia. They played an extraordinarily important unacknowledged part in the history of a young, underdeveloped country.





Coolgardie western Australia

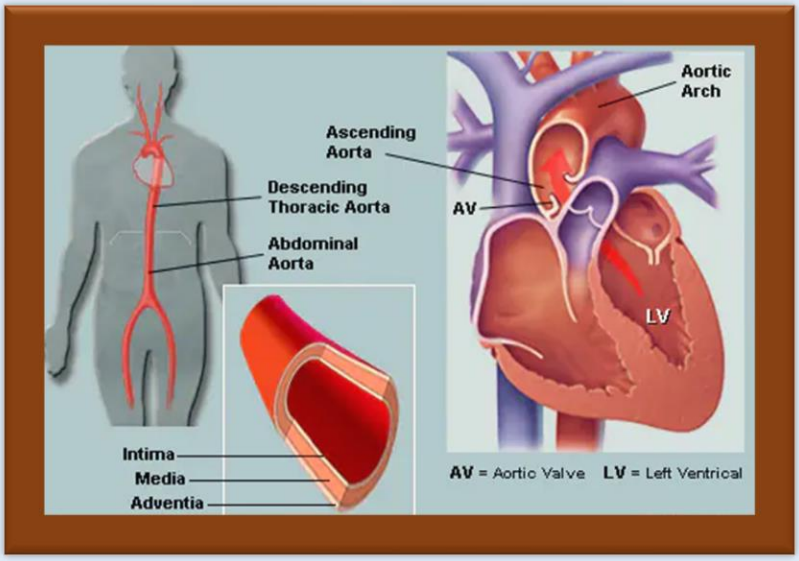
Coolgardie one of Australia's most famous mining ghost town, once lined with grand hotels and a main street wide enough for a camel train of up to 70 camels to turn unhindered still maintain numerous traditional festivals and carnivals today in regions of Alice Springs and across to Birdsville. Where once upon a time the Afghans would live on the districts periphery where they could maintain their cultural and religious beliefs unhindered while not imposing on mainstream society. The district relied on them not only for their arduous and grueling chores and treks but also for entertainment. The districts from where "Ghan-towns" were settled often drew excited crowds for camel races and other exploits or exhibitions that the crowd would enjoy regarding the camel and its endearing nature.

Around many of the original homesteads and the old campsites worked, travelled, and inhabited by the "Ghans" you can still see many of the original date palms planted as part of their dedication to their religion as the fruit of the prophet. There also remain remnants of beautifully preserved stone and slate camel troughs and the occasional "camel whip" this latter piece of Afghan ingenuity allowed water to be drawn from a deep well using two wheels, rope, and a bucket with two camels, one attached to each wheel. Today windmills pump the water. The crumbling stone walls of the cameleers' living quarters, where broken China and glass, forks and various metal fragments are what remain of their material possessions.

MARQUEE HEALTH

VESSEL OF VERIFICATION

THE AORTA- "**Lift, Raise**"



The Aorta is the main and the largest artery in the human body. The vascular structure has its origins from the left ventricle, the muscular pumping chamber of the heart and extends to the abdominal cavity, via the thoracic diaphragm where it bifurcates (splits) into the smaller common iliac arteries.

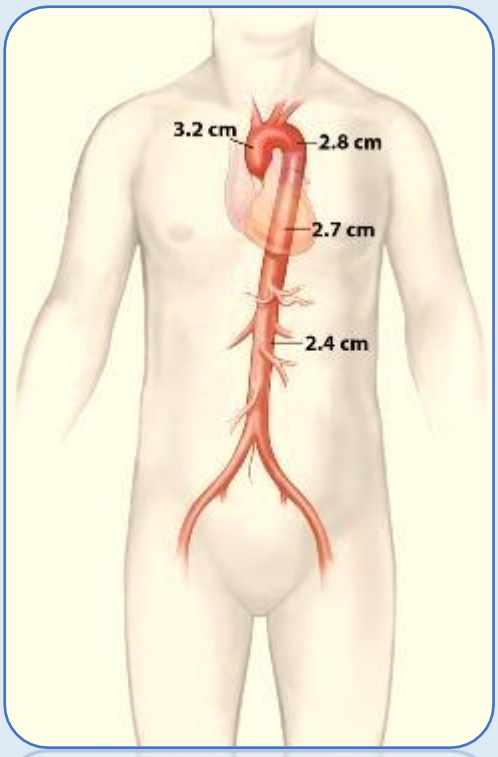
The aorta distributes oxygenated blood through the systemic circulation to all parts of the body via the various smaller branches.

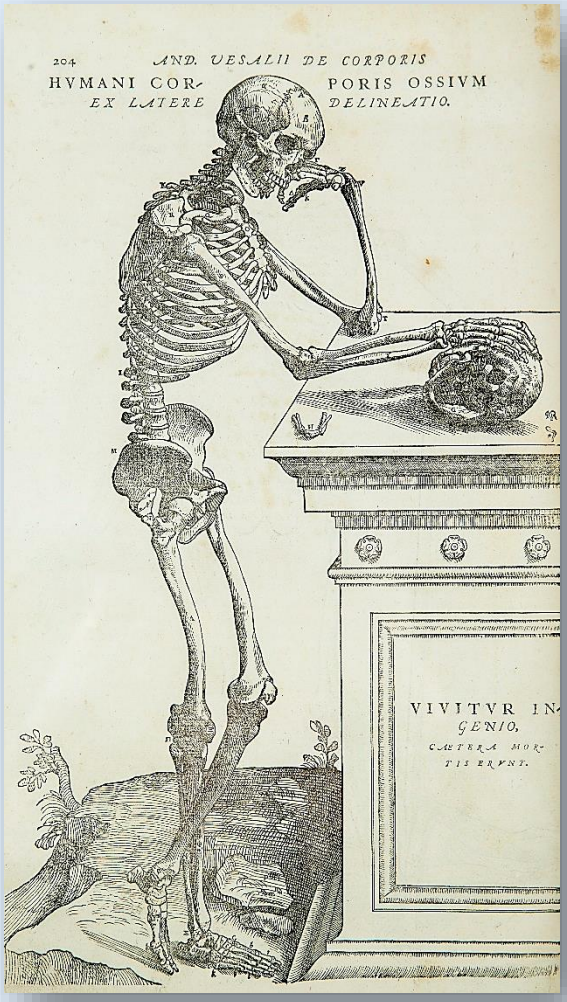
The heart pumps blood from the left ventricle into the aorta through the aortic valve. The three leaflets on the aortic valve open and close with each heartbeat to allow one-way flow of blood.

CLASSIFICATION

The anatomical compartments of the aorta consist of the thoracic portion, which runs from the heart to the diaphragm. The aorta then continues downward as the abdominal aorta where it then bifurcates into the smaller iliac branches around L4/5.

The other system divides the aorta in respect to the direction of blood flow. The aorta starts as the ascending aorta, travels superiorly from the makes an acute hairpin turn described as the aortic arch. The aorta then travels inferiorly as the descending aorta which has a thoracic compartment and an abdominal compartment as it passes through the diaphragm.





DEVELOPMENT

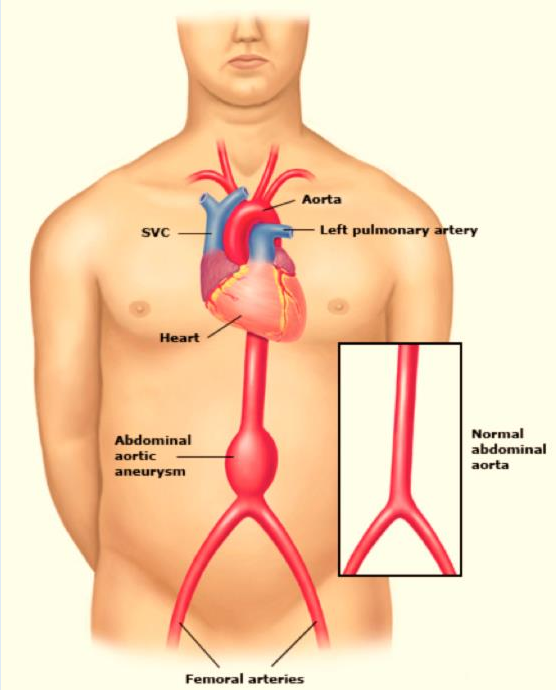
The ascending aorta develops from the outflow tract, which initially starts as a single tube connecting the heart with the aortic arches which go on to form the great arteries, in early development then separate into the aorta and the pulmonary trunk.

The aortic arches begin as five pairs of symmetrical arteries connecting the heart with the dorsal aorta, then undergo a significant remodelling to form the asymmetrical structure of the great arteries, with the 3rd pair or arteries contributing to the common carotids, the 4th forming the base and middle part of the subclavian artery and the 4th being the central part of the aortic arch.

The smooth muscle of the great arteries and the population of the cells that form the aorticopulmonary septum that separates the aorta and pulmonary artery are derived from the neural crest. This contribution of the neural crest to the great artery smooth muscle is derived from mesoderm. A failure of the aorticopulmonary septum to divide the great vessels results in persistent truncus arteriosus.

MICROANATOMY

The aorta is an elastic and distensible artery. It consists of a heterogeneous mixture of smooth muscle, nerves, intimal cells, endothelial cells, fibroblast-like cells, and a complex



extracellular matrix. The vascular wall consists of several layers known as the tunica externa, tunica media and intima. The thickness of the aorta requires an extensive network of tiny blood vessels called vasa vasorum, which feed the tunic externa and media.

The aortic arch contains baroreceptors and chemoreceptors that relay information concerning blood pressure and blood pH and carbon dioxide levels to the medulla oblongata of the brain. This information is processed by the bran and the autonomic nervous system mediates the homeostatic responses.

Within the tunica media, smooth muscle and the extracellular matrix are quantitatively the largest components of the aortic vascular wall. The fundamental unit of the aorta is the elastic lamella, which consists of smooth muscle and elastic matrix.

The medial layer of the aorta consists of concentric musculoelastic layers. The smooth muscle component does not dramatically alter the diameter of the aorta but rather serves to increase the stiffness and viscoelasticity of the aortic wall when activated. The elastic matrix dominates the biomechanical properties of the aorta. The elastic matrix forms lamellae, consisting of elastic fibers, collagens, proteoglycans and glycoaminoglycans.

STRUCTURE

The aorta originally is about an inch wide and can be divided into four sections. The ascending aorta, which begins at the opening of the aortic

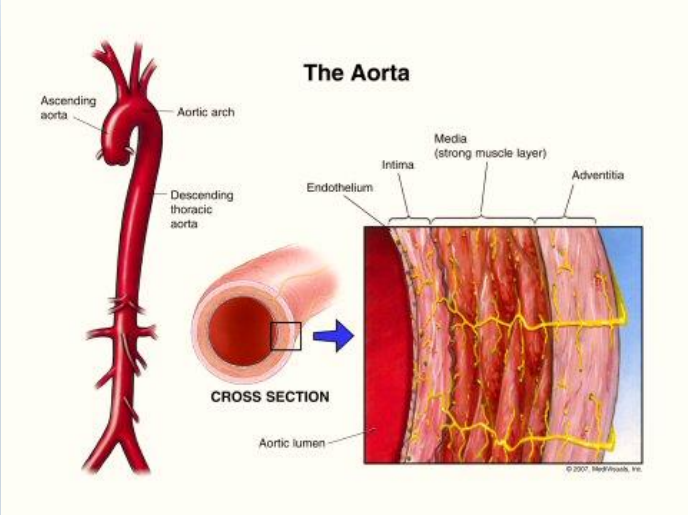
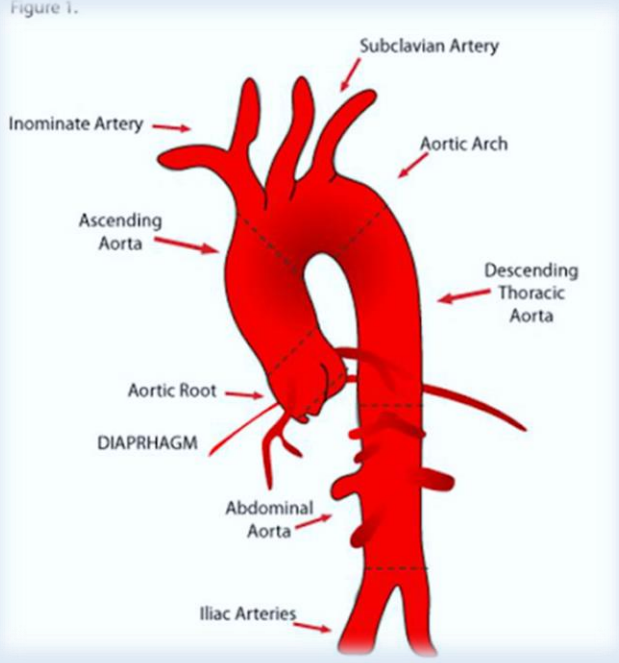


Figure 1.



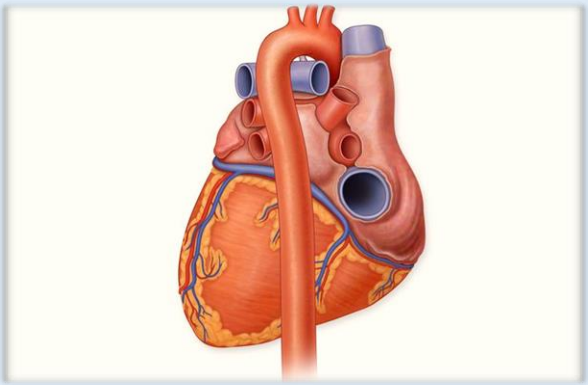
valve in the left ventricle of the heart, runs through a common pericardial sheath with the pulmonary trunk. These two blood vessels twist on each other. The transition from ascending aorta to aortic arch is at the pericardial reflection on the aorta. At the root of the ascending aorta, the lumen has three small pockets between the cusps of the aortic valve and the wall of the aorta, which are called the aortic "Valsalva" sinuses. The left aortic sinus contains the origin of the left coronary artery, while the right sinus gives rise to the right coronary artery. Together these two arteries supply the heart. The posterior aortic sinus does not give rise to an artery.

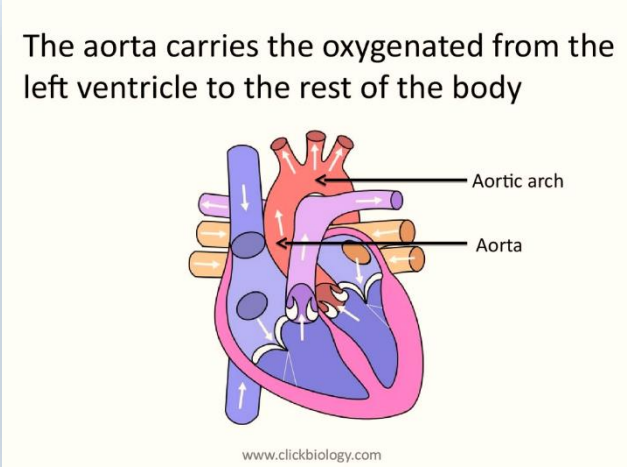
The aortic arch has three major branches from proximal to distal. The brachiocephalic trunk which supplies the right side of the head and neck, the right arm and chest wall, the left common carotid artery and the left subclavian artery which supply the left side of the same regions. The aortic arch loops over the left pulmonary artery and the bifurcation of the pulmonary trunk, to which it remains connected by the ligamentum arteriosum, a remnant of the foetal circulation that is obliterated a few days after birth. The aortic arch also crosses the left main bronchus. Between the aortic arch and the pulmonary trunk lies a network of autonomic fibers, the cardiac plexus or aortic plexus. The left vagus nerve, which passes anterior to the aortic arch just lateral to the ligamentum arteriosum, then runs back to the neck.

The thoracic descending aorta gives rise to the intercostal and subcostal arteries, as well as the superior and inferior left bronchial arteries and variable branches to the oesophagus, mediastinum, and pericardium. The lower pair of branches includes the superior phrenic arteries, which supply the diaphragm and the subcostal arteries for the twelfth rib.

The abdominal aorta begins at the aortic hiatus of the diaphragm at the level of T12. It gives rise to the lumbar and musculophrenic arteries, renal arteries, and visceral arteries including the celiac trunk, the superior and inferior mesenteric artery. It terminates in a bifurcation into the common iliac arteries with a smaller branch created for the median sacral artery.

FUNCTION





The aorta supplies all the systemic circulation, the entire body except the respiratory zone of the lung. Branches from the ascending aorta supply the heart, branches from the aortic arch supply the head, neck, and arms, with the descending aorta supplying the chest and branches from the abdominal aorta supplying the abdominal cavity. The pelvis and the legs get their blood supply from the common iliac arteries.

BLOOD FLOW AND VELOCITY

The pulsatile nature of blood flow creates a wave that is propagated down the arterial tree, and at bifurcations reflected waves rebound to return to semilunar valves and the origin of the aorta. These return waves create the dicrotic notch displayed in the aortic pressure curve during the cardiac cycle as these reflected waves push on the aortic semilunar valve.

With age the aorta stiffens such that the pulse wave is propagated faster and reflected waves return to the heart faster before the semilunar doses, which raises the blood pressure. The stiffness of the aorta is associated with several diseases and pathologies, and non-invasive measures of the pulse wave velocity are an indicator of hypertension. Measuring the pulse wave velocity is a means of determining arterial stiffness, maximum noted as Vmax.

Mean arterial pressure is the highest in the aorta and decreases across the circulation from aorta to arteries to arterioles to capillaries to veins back to atrium. The difference between aortic and right atrial pressure accounts for blood flow in the circulation. When the left ventricle contracts to force blood into the aorta, the aorta expands. This stretching gives the potential energy that will help maintain blood pressure during diastole, as during this time aorta contracts passively. The elastic recoil helps conserve energy from the pumping heart and smooth out the pulsatile nature created by the heart. Aortic pressure is highest at the aorta and becomes less pulsatile and lower pressure as blood vessels divide into arteries, arterioles, and capillaries such that flow is slow and smooth for gasses and nutrient exchange.

CLINICAL SIGNIFICANCE

AORTIC ANEURYSM - enlargement or bulging of the wall of the aorta, an aneurysm can occur anywhere in the vascular tree.

AORTIC COARCTATION – Narrowing of the aorta between the branches to the legs, resulting in a weakened delayed femoral artery pulse.

AORTIC DISSECTION - the aorta has many layers. Dissection is a tear that develops in the inner layer of the aorta, causing blood to flow between the layers. The layers then separate, interrupting the blood flow potentially causing the arterial wall to burst.

AORTIC STENOSIS – narrowing of the aortic valve, creating resistance and strain to pump blood through. Rheumatic fever is one of the most common causes, symptoms of chest pain and shortness of breath.

AORTITIS – inflammation of the aorta commonly caused by infections or autoimmune disorders.

ATHEROSCLEROSIS – cholesterol plaques build up in the wall of the aorta, posing a risk for stroke and other vascular episodes. High blood pressure and abnormal cholesterol levels are some of the causes.

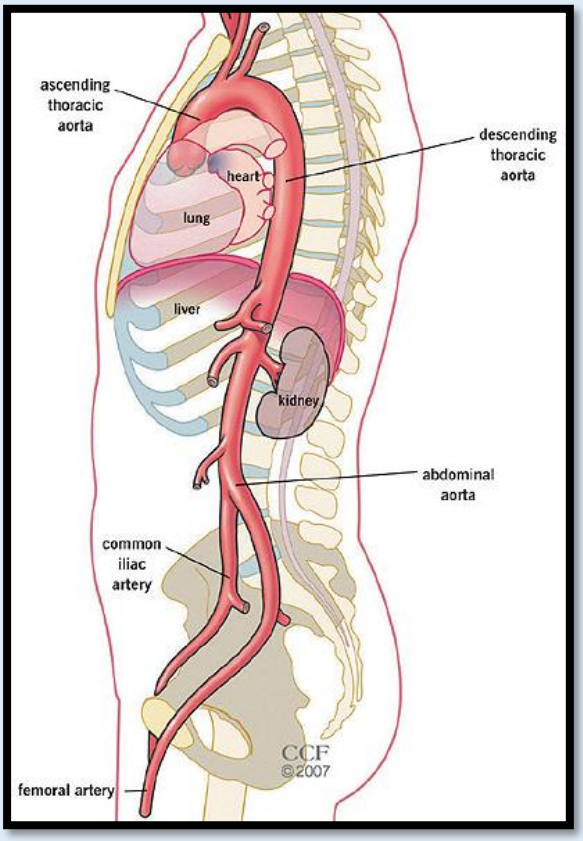
EHLERS-DANLOS SYNDROME - is a group of inherited disorders that affect your connective tissues — primarily your skin, joints and blood vessel walls.

MARFAN SYNDROME - is a genetic disorder that affects the body's connective tissue. Connective tissue holds all the body's cells, organs and tissue together.

AORTIC INSUFFICIENCY – the aortic valve does not close completely, allowing some blood to flow back into the heart with each beat. Conditions such as Marfan's syndrome, endocarditis and autoimmune diseases can cause aortic insufficiency.

BICUSPID AORTIC VALVE – approximately 1-2 % of the population has an aortic valve with two leaflets instead of three. This can eventually lead to insufficiency and stenosis.

AORTA TESTS



AORTOGRAM – a catheter is inserted into an artery in the groin and advanced into the aorta. Injected contrast material allows imaging of the aorta.

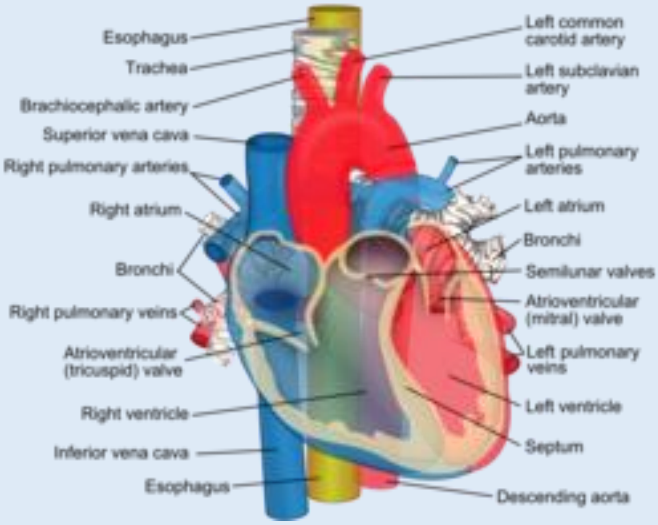
ABDOMINAL ULTRASOUND – a probe placed on the abdomen uses sound waves to make an image.

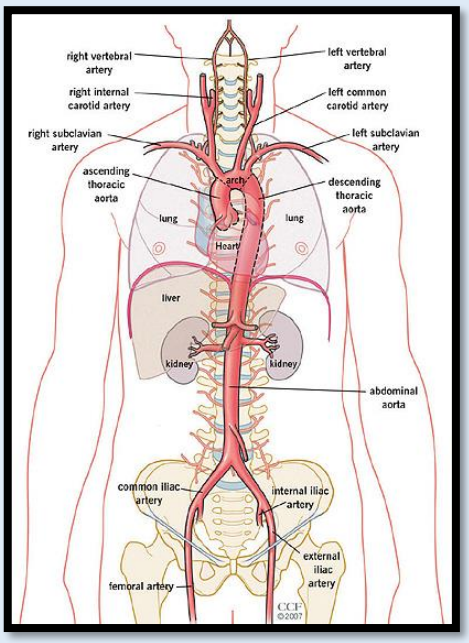
COMPUTED TOMOGRAPHY (CT) – a scanner uses a computer to create images.

MAGNETIC IMAGING RESONANCE (MRI) – radio waves inside a magnetic field to generate images.

TRANSTHORACIC ECHOCARDIOGRAM – probe placed on the chest projects ultrasound waves off the aorta and the heart.

TRANSESOPHAGEAL ECHOCARDIOGRAM – flexible tube advanced through the mouth down the oesophagus.





James C Phillips
Osteopath-Director of Marquee Health Clinic

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MARQUEE HEALTH CLINIC

ANIMAL OF DISTINCTION

THE WOLVERINE

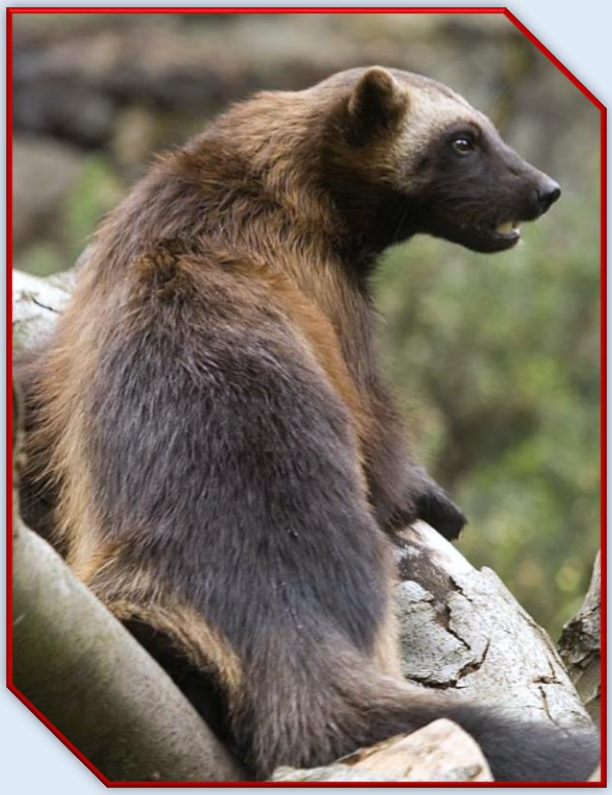
Overview

The wolverine is an aggressive carnivore that punches well above its weight and often credited with being pound for pound the toughest animal on earth. With a reputation for ferocity and strength out of proportion to its size, it has a documented ability to kill prey many times larger than itself. It is muscular and a solitary, rare and poorly understood animal. Also referred to as glutton, carajou or quickhatch it is the largest land –dwelling species of the family Mustelide which comprises 50-60 species across eight subfamilies including weasels, badgers, otters, ferrets, martens, and minks.

The wolverine is found primarily in remote reaches of the Boreal forests, subarctic and alpine Tundra of the Northern Hemisphere, with the greatest numbers in Northern Canada, Alaska, mainland Nordic countries of Europe and throughout western Russia and Siberia. They appear to be dependent on areas of deep snowpack.

Climatic shift and increase in earth temperatures have seen a reduction in the permafrost and heavy snowpack, their preferred environment, and therefore a decline in wolverine populations in these areas. It is no longer endemic to the United States except for Alaska and some sporadic sections of the Rocky Mountains and the sierras of California, because of range reduction and habitat fragmentation the wolverine is essentially absent from the southern end of its European range.

The harsh winters with deep snow provide more food resource. Carcasses



of deer, elk and other Ungulates are more plentiful in these conditions. The Wolverine has a keen sense of smell able to detect food buried 20 feet under snow and able to dig and retrieve it. They have extremely strong jaws and bite that enable them to crush bone.

The wolverine requires a vast area to roam around 500 square miles. The male wolverine will not tolerate other male wolverines or any other animal species in its territory, which it marks with an unpleasant –smelling fluid, with 2-3 female wolverines allowed to enter usually in the mating season which is the summer month. Despite its small size, the wolverine is an animal that has earned a ferocious reputation as an apex predator in the wild. The wolverine has been tracked travelling through some of the harshest most inhospitable country in the alpine regions. In one feat a wolverine was covered climbing mountain peaks no other animal of vertical inclination would attempt, a tribute to the animals' endurance, agility, and navigational expertise.

The wolverine is a highly independent species that prefers a life of solitude. They almost never get along with members of the same sex, and the breading season is the only time they tolerate members of the same species. The den, which is the central nexus of the wolverine's life, usually consists of a small cave, rock crevice, fallen tree, or pre-existing burrow in which it can create a rough bed of grass and leaves.

In culture

The wolverine is prevalent in stories, oral history and certain customs from the various Algonquian tribes and figures prominently in the mythology of the Innu people of eastern Quebec and Labrador. The wolverine is known as Kuekuatsheu, a conniving trickster who created the world. The story of the formation of the Innu world begins long ago when Kuekuastsheu built a big boat like Noah's ark and put all the various animal species in it. Many tales Kuekuatsheu are often humorous and irreverent and include crude references to bodily functions; the wolverine leaves an extremely unpleasant scent to mark its territory. The wolverine is generally conceived as a trickster and cultural transformer. He can often be seen playing with various objects and toys and fellow offspring in a carefree manner.

PHYSICAL CHARACTERISITICS

The wolverine has a thick coat of oily fur highly hydrophobic making it resistant to frost and large toes, well suited to the ice and snow experienced in the harsh northern climates, less suited to the bare ground. He can travel up to 15miles a day without rest at speeds of up to 30mph. the wolverine is also a capable swimmer and climber.

Anatomically, the wolverine is a stocky and muscular animal. With short legs, broad rounded head, small eyes, and short rounded ears. Though the legs are short, its five-toed paws with crampon type claws and plantigrade posture enable it to climb up and over steep cliffs, trees, and snow-covered peaks with relative ease.

The average adult wolverine has a length ranging from 65-107 cm, a tail of 17-26 cm and a weight of 26-32 kgs.

Like most mustelids it has potent anal scent glands used for marking territory and sexual signalling. They possess an upper molar in the back of the mouth that is rotated 90 degrees towards the inside of the mouth which allows it to tear the meat from prey or carrion that has been frozen solid.

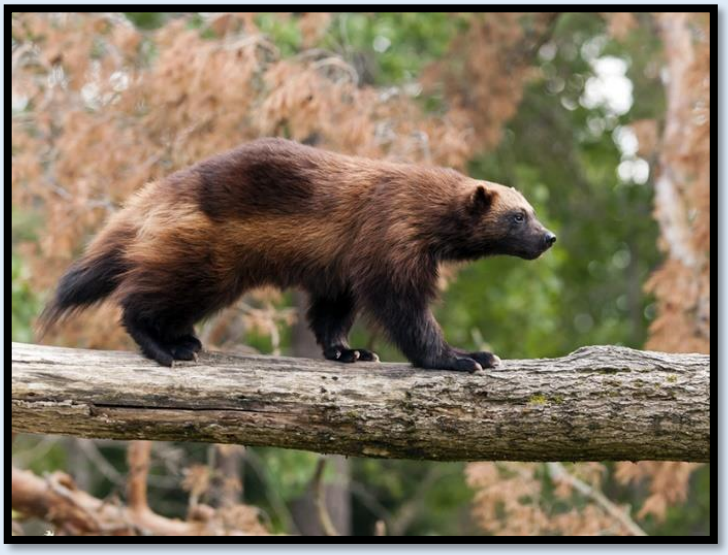
back away, leaving their meal to the wolverine. Anything they cannot eat in one sitting is either buried or stored for another day. Although predominantly a scavenger, the wolverine can take down animals of much greater size such as full-grown caribou and elk.

REPRODUCTION AND LIFESPAN

During the breeding season, the wolverine is a polygamous species, pairing up with any member of the opposite sex living inside or overlapping with its territory. Successful males will form lifetime relationships with two or three females, which they will visit occasionally.

Wolverine Predators and Prey

Despite the wolverines size it has few natural predators. The sharp claws and ferocious attitude will deter most animals threatening. The wolf is probably the closest thing to a regular predator as the entire pack has the possibility of overcoming the wolverine and preventing it from escaping. Bears and mountain lions may also target the wolverine when young but one on one with an adult they will retreat often leaving their kill or food supply behind for the wolverine to take. In North America, the cougar has also been identified in encounters with the wolverine.



What does the wolverine eat?

The wolverine is best described as an omnivorous species that can opportunistically change its diet based on season and location. Berries and plants are the main diet in the summer season, while carrion often buried deep in the snow and other animals will constitute the bulk of the diet particularly in the sparse winter months.

The wolverine will often scavenge on the prey of other animals like the grizzly bear. They will bravely approach a bear with its hackles raised and teeth bared, growling fiercely. Often the bear will

The female is the first to initiate the mating session, with the breeding period between May and August. Once they come to a mutual understanding, the pair will spend several days together to copulate, and then go their separate ways.

The female can delay the implantation of the eggs until a more fortuitous moment in the late winter or early spring. The actual gestation period lasts some 30-50 days.

The mother will have an average litter of three kits. She will raise them entirely on her own. The kits are fully weaned off the mother's milk around five to seven months.

It takes a year to reach full size, but two to three years to achieve sexual maturity. Because of the longer development times, the female only mates every other year.

The wolverine has an average life expectancy of some seven to twelve years in the wild, however living if seventeen years in captivity.

Conservation

The world's wolverine population is not known, largely through the difficulty the environment it inhabits and therefore presents for tracking and statistics. The wolverine is listed as least concern regarding threat and decline due to its wide distribution, remaining large populations, instincts, and adaptive ability to survive. The major threat exists with the fragmentation of its environment through global warming and human hunting.

Wolverine Scientific Classification

Kingdom
- Animalia

Phylum
- Chordata

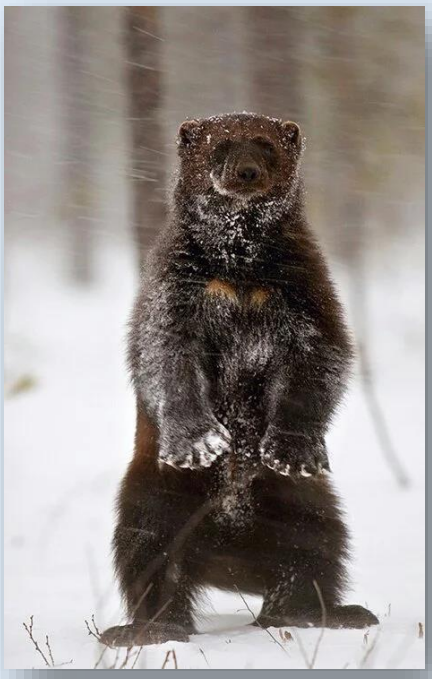
Class
- Mammalia

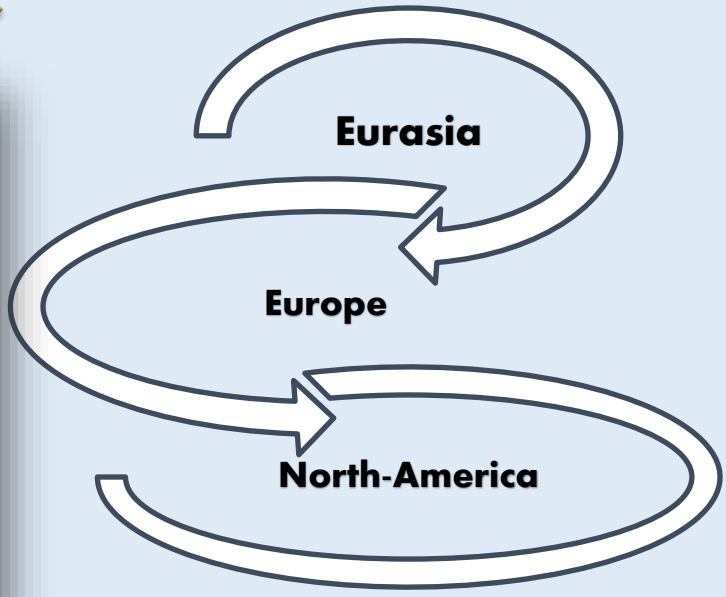
Order
- Carnivora

Family
- Mustelidae

Genus
- Gulo

Wolverine Locations





Country Population in surveyed area Surveyed area Year State of population

Sweden 265+[5]
Norrbotten[5]
1995–97[5]
Stable [5]

Norway 150+ [5]
Snøhetta plateau and North [5]
1995–97[5]
Decline [5]

Norway and Sweden – overall [62]
1065[62]
Overall [62]
2012[62]
Increase [62]

Finland 155–170[5]
Karelia and North [5]
2008[5]
Stable [5]

Finland – overall [62]
165–175[62]
Overall [62]
2012[62]
Increase [62]

Russia 1500[5]
European Russia [5]
1970, 1990,[5]
Decline [5]

Russia – Komi
885[5]
Unclear [68]
Red Lake – Sioux Lookout to Fort Severn – Peawanuck
[68]2004[68]
Stable to expanding [68]
Canada – overall
[69]15,000–19,000[69
Stable[69]

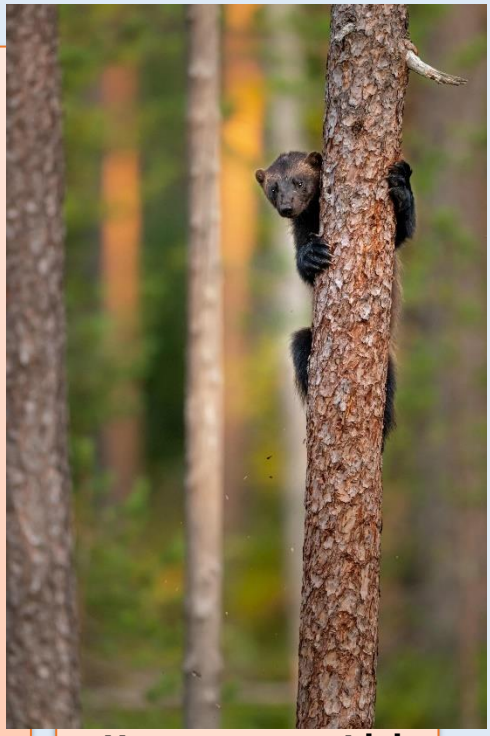
– 1990[5]
–
Russia – Archangelsk Oblast
410[5]
Nenetsky Autonomous Area [5]
1990[5]
Limited [5]

Russia – Kola Peninsula
160[5]
Hunting Districts [5]
1990[5]
Decline [5]

United States – Alaska [63]
Unknown [63]
Kobuk Valley National Park,[63]
Selawik National Wildlife Refuge [63]
1998[63]
Decline [63]

United States – Alaska
[64]
3.0 (± 0.4 SE) **wolverines**/1,000 km2[64]
Turnagain Arm and the Kenai Mountains
[64]
2004[64]
–[64]

United States – Rocky Mountains [65]
28–52[65]



Montana, Idaho, Wyoming [65]
1989–2020[65][66]
Unknown [65]

United States – California [67]
3[67]
Tahoe National Forest
[67]
2008[67]
Unknown [67]

Canada – Yukon
9.7 (± 0.6 SE) **wolverines**/1,000 km2[64]
Old Crow Flats [64]
2004[64]
–[64]

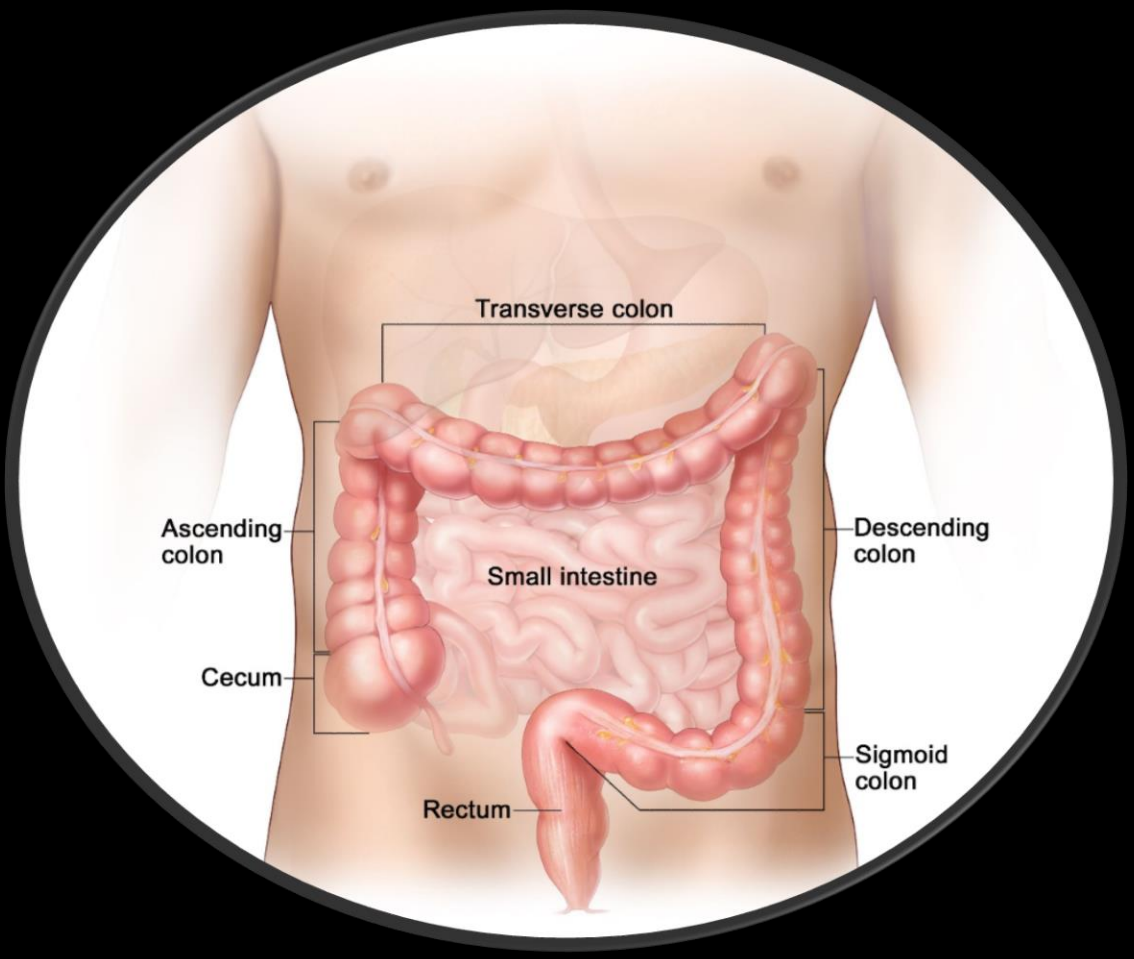
Canada – Ontario [68]

James C Phillips-Osteopath
Director of Marquee Health Clinic

MARQUEE HEALTH

ORGAN OF IMPORTANCE

THE CAECUM



INTRODUCTION

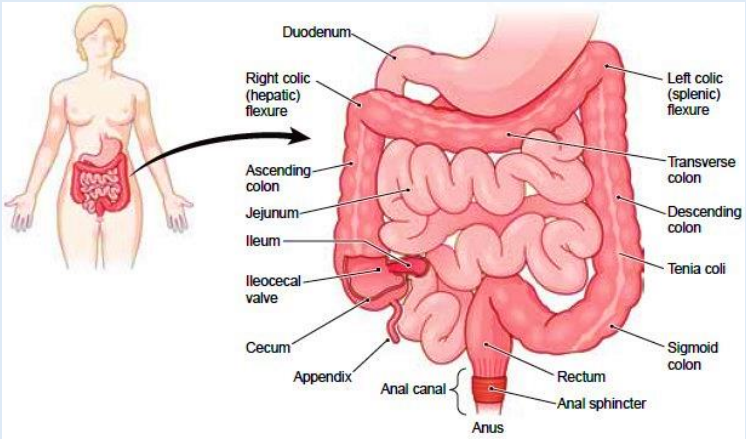
The caecum is a tube or pouch like structure that is located on the right side of the lower abdominal cavity above the iliac fossa pelvic region. It lies intraperitoneal between the terminal ileum and the ascending colon. The Caecum is approximately 7.5 cm in length and breadth.

The term Caecum / Cecum is derived from the Latin terminology meaning blind intestine / gut.

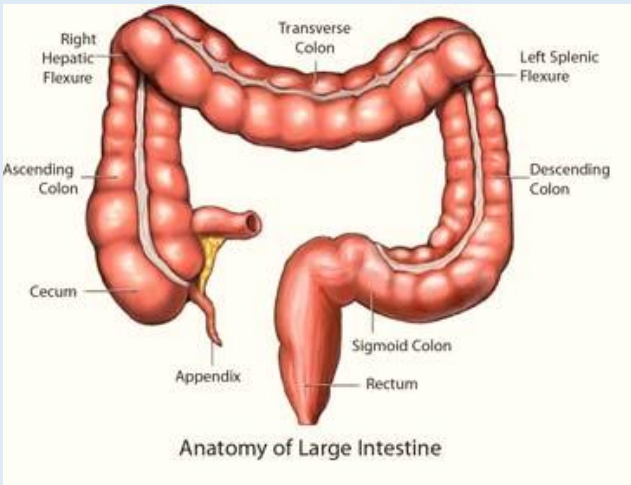
ANATOMICAL

The caecum is covered by the peritoneum, a continuous membrane that supports the visceral (organ) structures and generally attaches to the abdominal wall often with direct or indirect attachments to the sacroiliac joints, the weight bearing pillars of the pelvic girdle.

The peritoneum also provides the pathways for the blood vessels and lymph to travel to and from the organ.



The terminal ilium is connected to the caecum through the ileocecal valve and into the orifice via partial invagination. This structure prevents reflux of large bowel contents into the ileum through peristalsis and is thought to function



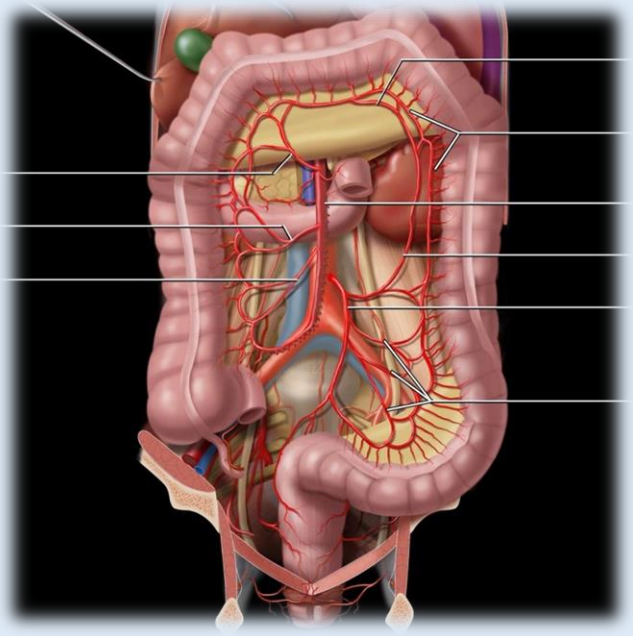
passively as opposed to a defined muscular sphincter. The connection between the caecum and the proximal part of the ascending colon is through the cecocolic orifice. The vermiform appendix formulates with the caecum from the mid gut and arises from the posteromedial aspect of the caecum inferior to the ileocecal valve.

THE MAIN FUNCTIONS

The Caecum receives chyme (gastric juices and partly undigested food) from the terminal ilium (small bowel). The main functions occur in the absorption of salts and electrolytes and other gastric fluids that remain after intestinal digestion, which is then mixed with a lubricating substance, mucus. The internal wall of the caecum is composed of a thick mucus membrane, through which fluid and salts are absorbed. Beneath that lining is a deep layer of muscle tissue that produces churning and kneading motions which allows the solid waste to pass into the large ascending colon.

CLINICAL

Common clinical features include colicky abdominal pain, abdominal distention, and absolute constipation.



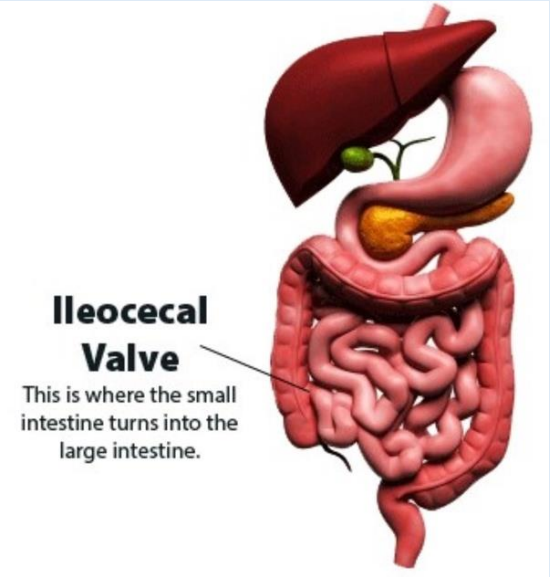
A caecal volvulus may exist when a part of the intestine twists on itself causing obstruction of the lumen. These represent approximately 10% of the intestinal twists. Decompression of the obstructed region is one approach otherwise resection.

The distended or swollen caecum may also raise prevalence of inguinal hernia especially in males due to lower abdominal quadrant pressure and the approximation to the inguinal canal 2.5 cm.

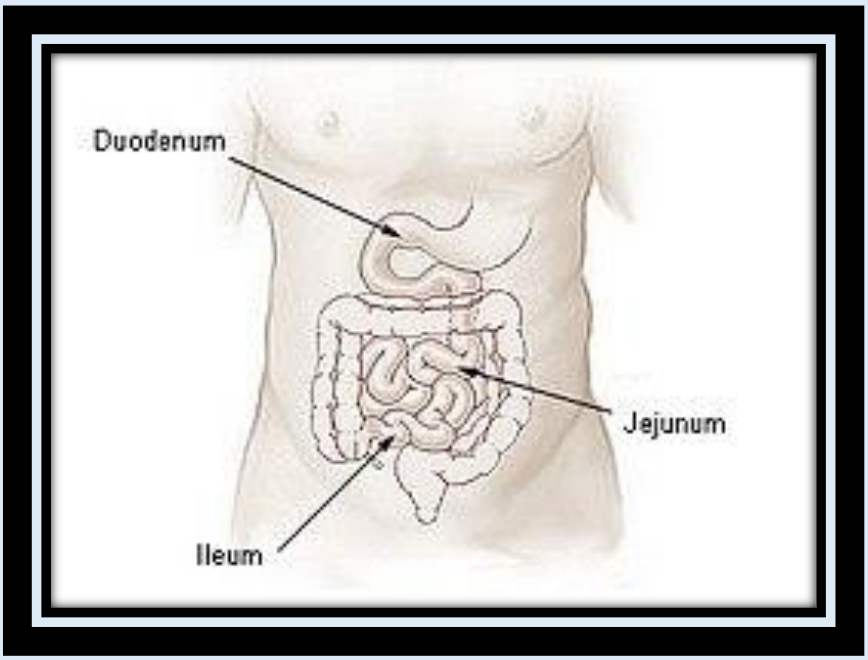
OSTEOPATHIC OBSERVATIONS

The Caecum and its position can create various structural and functional dysfunction with any degree of constitutional fault or interruption. The caecum acts as a fermentation tank, more so in animals than humans, nevertheless it has the potential to become compacted and distended therefore creating a potential immune response and therefore swelling. The swelling will occupy potential space creating static pressure obstructing dynamic flow of abdominal contents. As the end of the ileum and the beginning of the large bowel or colon it plays a significant often overlooked maybe misunderstood role in the bio physical potential of the system. Compaction or blockage can create torsion of the pelvic housing through the connection of the right weight bearing sacroiliac joint disabling mechanical ability and therefore limiting functional muscle capacity of both the central format and the peripheral extremities.

The transitional margin that the caecum occupies is integral in how effectively the abdominal organs will operate and what motility they can maintain. A distended caecum may create, often incrementally a distorted abdominal cavity, over time considerably interrupting or obliterating microcirculation and channels that potentially provide the continuous flow of fluid dynamics and pressure to maintain homeostasis.



Osteopathic intervention can assist directly and indirectly in the removal of compaction through decompression. This may involve the balance and expansion of the pelvic housing central formatting of the abdominal cavity, a broadening and opening the thoracic cage with a view to maintain equilibrium of what enters and departs the cranial vault. This comes with the essential diaphragmatic concertation between all regions of the system. This can then provide for pressure differentiation through the pelvis, abdominal, thoracic, and cranial regions providing quality vascular supply for innervation enabling metabolism and immunoregulation.



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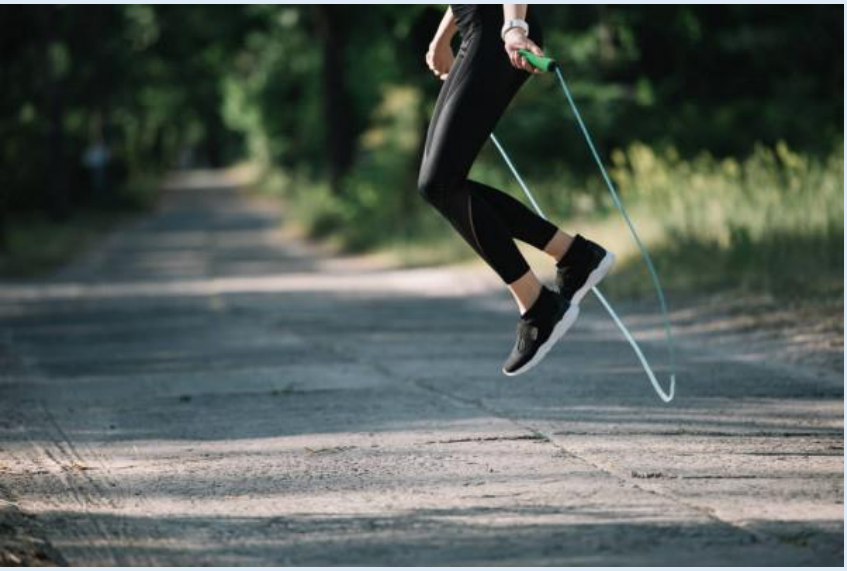
"SKIPPING"

Marquee Health

Exercise Principal-Skipping

Through the subtle variation of movement utilising the skill combined between the hand and foot co-ordination the skipping rope aids the system in proprioception and spatial awareness within the confines of exertion that will determine your expertise and level of skill applied to the exercise.

The value of skipping comes from a variable approach in technique. When performed correctly skipping can improve aspects of breathing while conducting the multi-faceted exercise which may assist in the circulatory system developing a dynamic state through uniformed participation alleviating and enabling flow arrangements through improved channelling from the central system to the peripheral system and then back again.



The simplistic nature of skipping offers the ability to improve levels of fitness through improved neural tone proving better muscle action with the consistent circulation developed in this requirement.

The mode of skipping can transfer from aerobic to anaerobic instantly providing good cross training developing conditioning under the desired stress levels of tolerance within any one system. This places the exercise with appropriate training at the hands of most individuals with minimal space required combining with most other regimes and sports to benefit in a multitude of ways from assisting to creating to broadening in most levels of health and condition.

Skipping is also a highly rhythmical exercise and skill which can generate better performance from constitutional factors within the body as it can not only aid in the preparation of activities but also the recovery or winding down from many training sessions that would otherwise bring the system to a sudden halt.

Skipping is an exercise with abundant variation utilised from a simple piece of equipment that can challenge the system's ability through recognition of condition of the main components and systems of the body including the cardiopulmonary system, neural innervation, circulation, with joint and muscle co-ordination distinctly assessed and challenged to improve

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MARQUEE HEALTH
MELDING WITH EQUUS
PROGRESSION IN OSTEOPATHIC PRACTICE
ELEMENTS OF LAMENESS WITH PALMAR OSTEOCHONDROSIS

DESCRIPTION

Palmar Osteochondrosis and dyschondroplasia are terms concerned with equine lameness specifically to the fetlock joint and the skeletal structures and elements of connective tissue that make up the compartment.

Osteochondrosis is one of the most prevalent orthopaedic conditions in horses with an increase for the racehorse and those trained for athletic and endurance events. Although the location is specific there remains debate regarding the aetiology with consideration given to focal disturbance to endochondral ossification with subsequent trauma or physiologic loading resulting in lesion formation amid a chronic inflammatory process.

Dyschondroplasia refers to early lesions, where osteochondrosis is indicative of the clinical manifestation. There appears to be a multifactorial component comprising the manifestation with rapid growth, mineral imbalance or deficiency, excessive carbohydrate diet, along with biomechanical and functional development for proportional loading, and capacity in range of movement through trauma and stress. Genetics has been implicated with warmbloods being predisposed.

The condition predominantly affects the articular growth cartilage, although the metaphysis can also be involved. When the physical metaphyseal cartilage is affected, bone contours and longitudinal growth are disturbed. The dyschondroplasia at articular surfaces can then progress to formation of cartilage flaps or osteochondral fragments and loose bodies (osteochondrosis). Subchondral cysts may also develop because of poor bone formation concurrent with Meta inflammation and interruption of consistent circulation throughout the region.

CLINICAL FINDINGS

The signs of equine osteochondrosis can be difficult to identify and therefore characterise due to the variable range of the lesions. Due to the incremental development and the change in bone development with age and training, early detection, particularly in juvenile horses may only be picked up on pre-sale radiographs.

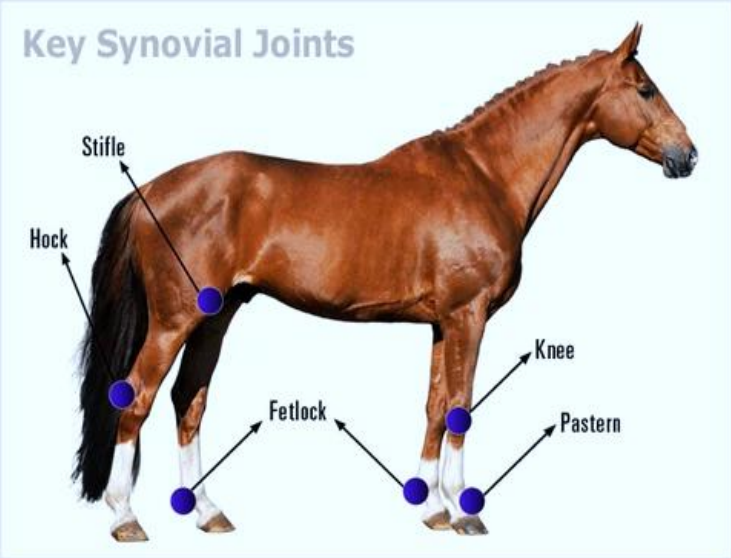
The most common presenting sign of osteochondrosis can be distension of the joint which is often non painful demonstrated in conditions such as gonitis (arthritic) and bog spavin (accumulation of fluid).

Bio physical signs can include a stiff upright posture, development of rigid vertebral elements, visceral somatic dominance, vascular spasm and inconsistent flow, neural block and fluctuant innervation, poorly conformed and dysfunctional. There may also be difficulty in keeping up with the rest of the group or persistence in lying down.

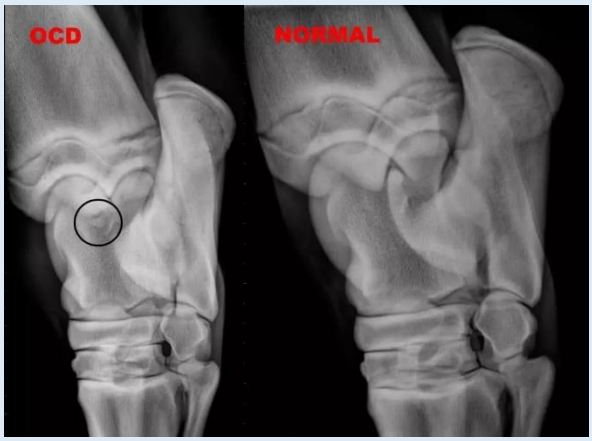
DIAGNOSIS

Radiographic diagnosis has been the traditional way to identify osteochondrosis and general biomechanical joint problems. However, as there may not be any significant early signalling a clinical manual examination comprising assessment of the axial skeleton including the pelvis and cranial vault, the visceral systems, the vascular tissue and structures and the pathways, the neural elements and sheaths, hypersensitivity, fluid dynamics and elements of constitution and metabolism will fold a comprehensive, holistic analysis and attitude towards the primary and secondary, central to peripheral manifestations and development.

The primary sight of symptom/s often is not the primary creation of fault, i.e., central blood / neural supply must flow peripherally to engage, develop, and therefore condition the needs of constitution, and metabolic recovery. The weight bearing structures and extremities are dependent on the central conformation.



TREATMENT AND MANAGEMENT



Depending on the site and severity of signs osteochondrosis may be a recoverable, manageable, or divertible condition. Early detection is often the key minimising any eventual damage to the bone, joint surfaces, and the composition of the structure.

Appropriate dietary and mineral intake will always be an important measure. The early development programs and assessment in juvenile horses, especially racehorses and those bred for athletic pursuit as early stress and impact may define the development, condition, ability, and desire to participate in the necessary training. The level of stress can determine outcomes regarding benefit or adverse effect, thriving or deterioration, and psychological assurance the horse is being handled well.

There remain various veterinary surgical and medical interventions such as arthroscopy and steroid application which has various degree of efficacy depending on the relative necessity and point of progression in the condition.

The osteopathic approach to osteochondrosis and other peripheral joint afflictions and dysfunction may often be generated from the central format and those tissues and structures the fetlock and other marginal structures are dependent on.

The pelvic region, abdominal cavity, thoracic cage, and cranial vault may need to be attended to in some degree to provide the necessary neural innervation, vascular flow, visceral effect, structural support and functional capability that will then lead to optimal potential in regard to a uniform constitution.

The manual assessment and interventions will often identify areas of tension and dysfunction using grams of

pressure to unblock, creating flow space enabling neural engagement stimulating circulation, visceral motility, and effect. The structural composition or alignment can be met through adjustment once the blockages and static pressure are resolved, generally joints and fascial bind will readily let go as dynamic pressure stimulates what would have otherwise been a dormant or redundant dysfunctional region imposed by the variable factors that often combine to create symptoms and

The circumvention of Meta inflammatory impetus is paramount in reversing, restoring, rehabilitating any chronic cycle. The preference is always through early detection and intervention with the prevention of compounding factors.

The unique osteopathic vascular work through fascial connective tissue unwinding is a major factor in enabling dynamic circulation to central and peripheral joint tissues associated with its facilitation.

Visceral somatic dominance (joint / muscle dysfunction created by organ tissue / blockages) will often have a huge factor in musculoskeletal areas of deterioration. The alignment of the axial skeletal system will encourage the peripheral bones to meet and connect providing better angle of articulation across maximum joint surface enforced through an increased functional line of action.

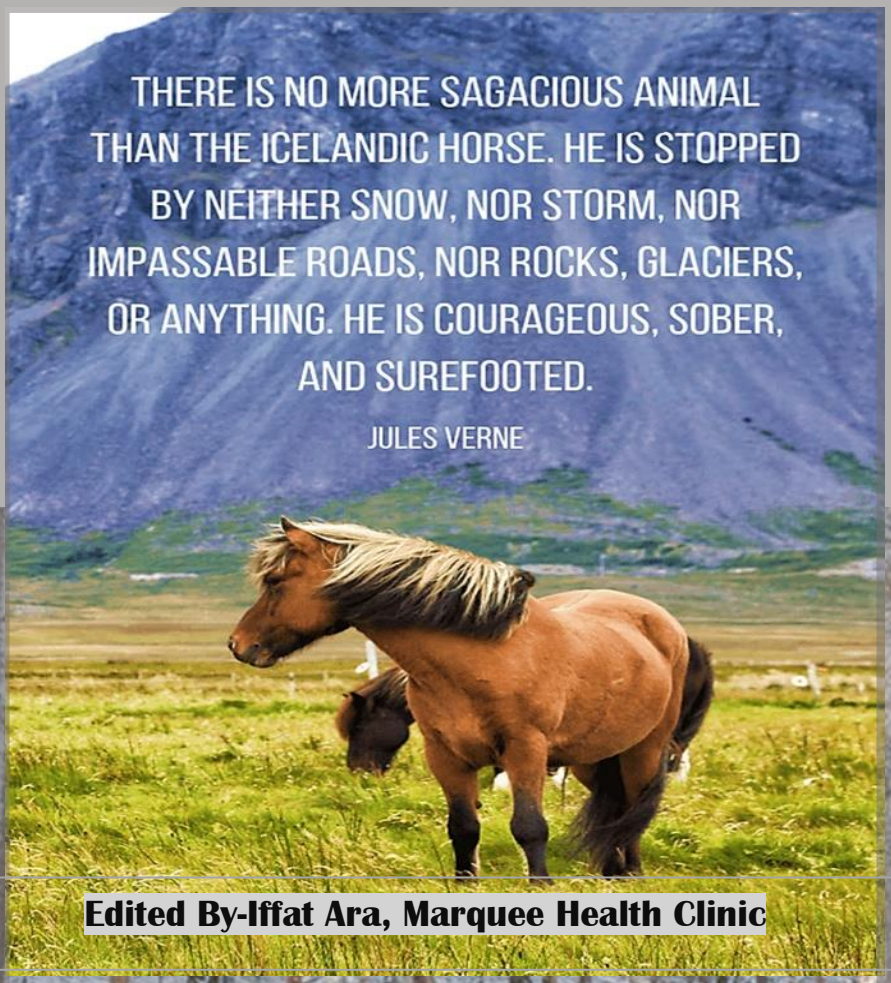
dysfunction. This assessment and identification through clinical approach and intervention is paramount in any equine treatment. The unlocking of the renal system, gastric spasm, caecum fluctuation, and heart and lung function will account distinctly when enabling and attending to restoring the health in a horse.

When the horse is balanced, unblocked, and loading pressure and stress through the extremities proportionally the required stimulation and excitation will enable the ability to thrive, survive and therefore demonstrate the prowess and capability definitively.

James C. Phillips
Equine Osteopathy

MARQUEE HEALTH

Mid-Winter Magazine



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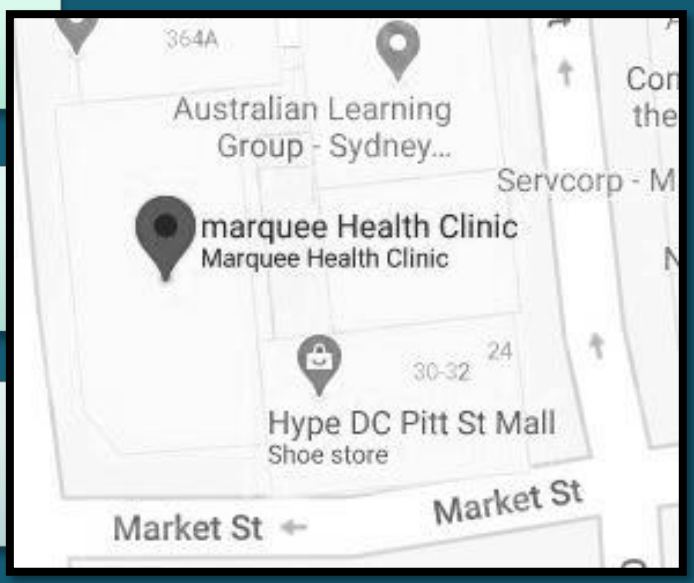
MARQUEE HEALTH CLINIC DIRECTION & SERVICES

Acupuncture

Ayurvedic Beauty Therapy/Skin Care

Remedial Massage Therapy

Osteopathy



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