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by



FULL MOON DOES IT REALLY DISTURB OUR SLEEP?

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Does the full moon really disturb our sleep? What sleep researchers say

Many people who regularly cannot get to sleep at night blame the moon. We clarify whether it is really responsible for the sleep problems

Problems falling asleep, restless nights or even sleepwalking: thousands of people in Namibia suffer from problems falling asleep and staying asleep that require treatment. In ancient times, people believed that such sleep disorders were caused by the moon. This belief persists to this day. What does science say about the influence of the moon?



Does the moon affect sleep?

The effect of the moon on our body and especially on our sleep is much less than people assumed centuries ago and some still assume today. This was the conclusion of a large-scale study by the Max Planck Institute for Psychiatry in 2014. The researchers analyzed data from 1,265 people from almost 2,100 nights - and could not find any connection between the quality of sleep

and the phases of the moon. This was not changed by further analyses of over 20,000 nights, which were also examined as part of the study.

This clear result refutes the long-quoted observation of the Basel chronobiologist Professor Christian Cajochen. In a study from 2003, he recorded the sleep phases of 33 subjects and re-evaluated them ten years later in relation to the lunar phases that were prevalent at the time. The result: When the moon was full, the study participants needed five minutes longer to fall asleep and their night's sleep was reduced by 20 minutes. However, the study only had a small number of participants, so it cannot be ruled out that these are coincidental findings.

Sleeping during a full moon - is it really more difficult?

"Even though various studies indicate that a full moon influences sleep, there is no scientific certainty about this," explains Prof. Kneginja Richter. She heads the sleep clinic at the Nuremberg University Clinic for Psychiatry and Psychotherapy. It is conceivable that the mere expectation of sleeping badly on a night with a full moon can become a self-fulfilling prophecy.

"If you expect to lie wide awake in bed during a full moon, you will probably do so. It's like self-hypnosis," says Richter. "The full moon also emits bright light - but we need darkness to sleep well. I



therefore assume that our ancestors, when they did not yet live in houses with blinds and curtains, actually slept worse on full moon nights. But because of the brightness and not because the moon had any mystical powers." Experts from the sleep laboratory at the Charité University Hospital in Berlin also share this assessment. In recent studies, they were unable to prove that the full moon influences sleep. However, they believe it is possible that an internal lunar rhythm is inherent in us humans due to evolution. Similar to the circadian rhythm, also known as the internal clock, which controls sleep-wake behavior, for example. Does it take longer to fall asleep during a full moon? Despite the lack of



studies, many people feel that they have more difficulty falling asleep during a full moon. "I have some patients in my consultation who feel this way," says Knevinja Richter. "However, as soon as I ask more specifically about the personal sleeping environment and sleep hygiene, the real cause of problems falling asleep usually becomes apparent - and that is not the moon, but bad habits."

Experts generally recommend sleeping at an average temperature of 16 to 18 degrees and not using devices such as televisions, cell phones and tablets immediately before going to bed. It should also be dark at night, while light is good in the morning: "I recommend starting the day with a light alarm clock or a daylight lamp. Sit sideways in front of a suitable device with your eyes open 30 to 45 minutes after waking up. This helps to keep the internal clock in sync all year round," says Richter.

Important: The light intensity should be between 3,000 and 10,000 lux (without blue light components). "If you have retinal damage, acute eye inflammation or epilepsy, a daylight lamp or a light

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alarm clock should not be used," says the doctor.

Can a full moon lead to sleep disorders?

Sleep disorders usually have psychological rather than biological causes. "How our soul is doing has a significant impact on the quality of our sleep," explains Prof. Kneginja Richter.

Stress can be a trigger, especially for people with parasomnia, a sleep disorder that is often accompanied by sleepwalking. "The position of the moon plays no role. Sleepwalking usually seems to be a hereditary predisposition or a side effect of epilepsy," explains the expert.

If you want to reduce stress, you should try not to think about anything negative for two hours before going to bed. "Write down your worries or fears in a notebook or exercise book and put it away in a drawer. This will help you to stop the carousel of thoughts from starting at night," advises Richter.

If you still wake up and can't get back to sleep, you should avoid looking at the clock. Because calculating how many - or how few - hours of sleep you have left will make it even worse if you have trouble falling asleep. "It's better to stay in bed in the dark and try to relax," recommends the doctor. "If you can't sleep anymore, you can get up and do something as monotonous and calm as possible with the lights dimmed, such as

reading a boring book or listening to a relaxing audio book or podcast."

Is there a connection between the full moon and the female cycle?

The moon takes about a month to orbit the earth. Since many women's menstrual cycles are roughly the same length, the belief that the moon has an effect on periods has developed over the centuries. But is that true? In 2021, an international research team came to the conclusion that the moon appears to influence the onset of menstruation in women, at least at certain times in their lives, with moonlight being the strongest pacemaker, but its gravitational forces also contributing.

A recent study from France with many more subjects came to a similar conclusion. In total, the records of more than 3,000 women from Europe and North America were evaluated over their total of almost 32,000 cycles. Despite some discrepancies in the evaluation, a small but statistically significant connection to the lunar cycle was again found. However, the researchers link the mechanism that controls the monthly ovarian cycle primarily to the body's internal clock, the circadian rhythm.



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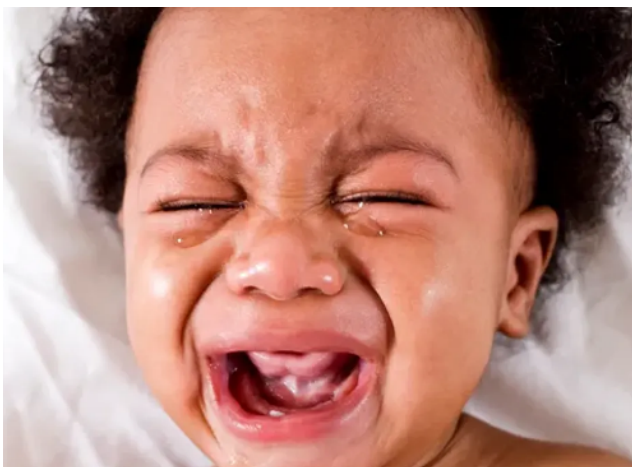
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Health Series - Regulatory disorder: When babies cry constantly

If a baby cries excessively in the first few months of life for no apparent reason, it may be due to a regulatory disorder (three-month colic). What helps?

Definition: What is three-month colic or a regulation disorder?

The baby cries and cries and nothing can calm it down? Three-month colic is more of a condition than a real illness - especially during the first three months of life. It describes excessive crying or fits of crying in an otherwise well-growing and healthy infant, often after meals or in the early evening hours. The baby often curls up in pain, pulls up its legs, and may stretch its head backwards. It often has a red face and a bloated stomach. Parents can be close to despair because nothing can calm the baby down.



Cry babies are those who cry for more than three hours a day on at least three days a week for more than three weeks.

These symptoms usually begin after the first two weeks of life and are often over after around three months - the crying phases reduce to a normal level of about one hour a day. Only about two to four percent of children have the problem until the sixth month or even a little longer.

Causes and symptoms: How much crying is normal?

Of course, every baby is unique. However, behavioral researchers have determined average values for normal crying intensity: In the first six weeks, this can be about an hour a day. From the sixth to twelfth week of life, the crying duration increases by another hour, and after the twelfth week slowly decreases to an hour a day.

Why does the baby cry?

Sounds are the only language that a baby can use to make itself understood at the beginning of its life. Nature has designed the baby to cry in order to draw attention to itself in important matters. Even a "model baby" may cry between one and three hours a day in the first few months of life. Depending on the situation, crying can have different meanings:

- Is the baby hungry?
- Does the baby have full diapers and is it perhaps lying in wet clothes?
- Is it too warm or too cold?
- Has the baby slept enough, or is it simply "overexcited"?
- Is there an illness (e.g. fever, vomiting, cough, diarrhea)?





What is a regulatory disorder then?

Crying babies are found all over the world and no clear cause of the inconsolable crying has been found anywhere. Today it is assumed that these babies have simply not yet mastered the developmental step of self-regulation.

Psychosocial factors probably also play a significant role. The parent-child relationship has to get by without language and is very much shaped by instinct. This can lead to misunderstandings. Parents who believe they cannot calm their crying child develop feelings of guilt. Children, in turn, sense this desperation and react uncertainly; they cry. Unfortunately, sometimes a vicious circle develops in which frequent changes in calming strategies, feeding every hour and frustration on all sides build up.

Since the crying often starts during or after feeding and it seems that the baby

has a stomach ache, it is of course obvious to look for a cause in the intestines. There are various theories about this, with X-rays, for example, showing no difference in the amount of gas in the intestines between healthy babies and those who cry, and there are crying babies among both breastfed and bottle-fed children.

Diagnosis

Initially, babies make themselves understood by crying, among other things - so to a certain extent, this is normal. If your child cries a lot or you have the feeling that he or she is not well, it is best to see your pediatrician.

The pediatrician must rule out organic diseases that can cause the baby pain: These include inflammation of the middle ear or urinary tract; intestinal inflammation, invaginations, constipation, reflux disease (stomach acid flows from the stomach back into the





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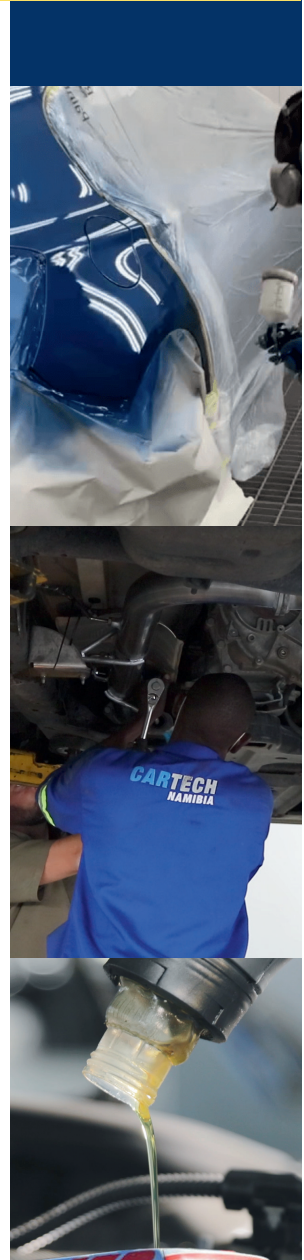
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esophagus), brain diseases or bone fractures. In addition to a normal examination by the doctor, ultrasound images, X-rays, blood or stool tests may also be necessary. An allergy to cow's milk protein (traces of cow's milk can also be transmitted through breast milk) is only very rarely the cause.

If you feel overwhelmed by the screaming child or are even afraid that you might harm your child in a knee-jerk reaction, you should definitely discuss this with your doctor!

Therapy: What helps?

There is no therapy that is sure to be effective for inconsolable crying, and the child itself doesn't seem to know what it wants either. However, you can use many tried and tested tips to create your own individual plan that will make the difficult months easier for the whole family. The most important thing, however, is that

even if you can't imagine it now, after three to four months the stress is usually over overnight. Talk to other parents. You are not alone! One in three families knows what you are talking about. If necessary, get help from a professional: In every major city there are so-called crying clinics (usually in children's hospitals) where you can describe your problem and receive advice from specialists. Ask your midwife or pediatrician for local addresses.

Newborns have to process many new impressions. Give your child a quiet daily routine and make sure they get enough sleep. Routine gives babies security.

If there are other possible causes for the crying attacks (for example, forced positions of the spine and head), manual therapy or osteopathy may be helpful. Talk to your pediatrician about this too.



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Nutrition: Make sure that your child can drink enough in peace and let him or her burp carefully. Your midwife or pediatrician will advise you on the correct feeding technique.

Avoid foods that cause gas and strong spices while breastfeeding: beans, lentils, cabbage, leeks, onions, garlic, pepper and paprika, for example, sometimes cause problems. If your child seems to react to a particular food, simply leave it out. If you don't notice any difference, just go back to eating as usual.

If the pediatrician diagnoses a cow's milk allergy, the child must be fed a special cow's milk-free diet. However, this is rarely the case. Ask your doctor for advice.

There is more than one remedy for flatulence - which does occur, of course: caraway and fennel tea relieve flatulence in both adults and children. You can also prepare the bottle with tea. A breastfed child does not need an additional tea meal, however.

After consulting your pediatrician, you may be able to give your child simethicone or dimethicone drops from the pharmacy for flatulence, following the dosage instructions or doctor's prescription. These are intended to dissolve the gas bubbles. It is also possible to give lactobacilli, which are intended to help restore normal intestinal flora (colonization with

bacteria). Ask your pediatrician for advice on this too.

Further tips

Various methods can help to calm your baby: carrying it around, holding it close to your body, crossing the child's arms in front of your chest, dancing, singing, humming, going for a walk, listening to the rhythm of the washing machine (only place the child next to the washing machine, not on top of it), downloading a white noise app (the sounds remind the baby of the sounds in the womb), clockwise tummy massages, gently pressing your baby's knees against the tummy a few times with both hands, warm, moist tummy wraps, a warm bath, carrying it around leaning over your shoulder, carrying it for a walk in the "flying position" (to do this, lay the child on its stomach on your horizontal forearm, hold the bottom with one hand

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and support it from above with the other), putting it in a sling, even, careful rocking on a large exercise ball... Just try it out, but don't get discouraged too quickly and don't panic and change the method if you don't achieve the desired results straight away.

If your child should actually be sleeping but seems restless and whiny, it could also mean that your baby no longer needs direct contact, but wants to be left alone and sleep - put it in its crib. If your child cries in bed, you should not pick it up straight away. First of all, rock it in its crib or stroller in a calm rhythm or push it back and forth, stroke it or just put your hand on it, murmur to it quietly or sing it a goodnight song - preferably the same thing over and over again. A warm cherry stone pillow on the stomach is also good. But be careful: test the temperature on the inside of your wrist first. Don't make the pillow too hot! While you are there, your baby can also lie on its stomach or left side so that it can burp and the gas can pass. Many midwives swear by

homeopathy. As part of a bundle of measures, this may be worth a try.

If you used to just shake your head at the stories of other young mothers, saying "They just can't organize themselves" - now you know better. Take it easy in your daily routine, your newborn comes first. It's half past nine in the morning in Germany and you're still in your pajamas? Yes, so what... Always remember that crying can be a sign, but it doesn't directly harm the baby. If your nerves are frayed, think about yourself: ask someone to take over, call a friend or at least just leave the room for a short while. Plan some time out for yourself: if grandma or grandpa is babysitting, go jogging, to the cinema or just take a walk. In short: do what feels good to you.

Important note: This article only contains general information and must not be used for self-diagnosis or treatment. It cannot replace a visit to the doctor. Unfortunately, our experts are unable to answer individual questions.



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Warmest greetings of this festive season and best wishes for Happiness in the New Year!

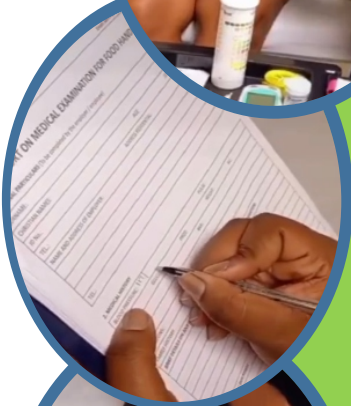


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Health & Safety - Heat Resistance in PPE: How New Materials Are Improving Firefighter Safety

Advancements in heat-resistant materials and regulatory updates are enhancing the safety and health of firefighters by improving their gear's performance and reducing harmful chemicals.



From the outside, firefighter response gear doesn't look terribly high-tech. The coats, pants, gloves and boots don't differ much from regular versions of the same items. But the makeup of this clothing is highly sophisticated, representing intense manufacturing and testing processes that have been painstakingly researched and improved upon over decades.

The base materials are not new: Kevlar and Nomex, two common fibers in flame-

resistant clothing, were first developed in the 1960s. But these clothes' fiber blends and construction are always in flux. Veld Fire gear in particular needs continuous upgrades as forest fires burn hotter and more frequently.

Let's review the basic materials common in firefighter personal protective equipment (PPE) and how those materials are changing. Then let's also note new regulations that are aimed at removing cancer-causing chemicals from firefighter gear.

Structure and Veld fires Fire Gear: Flame-Resistant Fibers

Firefighter gear is made of various blends of flame-resistant (FR) fabrics, meaning they do not melt or drip when exposed even to intense thermal environments.

The PPE for structure firefighters – also called “turnout gear” – is made of three fabric layers:

- A thermal liner, allowing the wearer to feel less heat
- A moisture barrier, to wick sweat away from the wearer while protecting them from outside moisture, including chemicals like battery acid, antifreeze and other hazards
- An outer shell to protect the wearer from direct flame

Veld fire gear is typically different. Fighting forest or bush fires is an arduous process that can stretch out over many hours. So the heavy, multi-layered gear of a structure firefighter is too exhausting to



wear. Veld Firefighters need lighter, more comfortable clothes. These are often a single layer of FR fabric that provides thermal protection without too much weight.

Typically, veld Fire gear is made up of specially made pants, shirt and overclothes. Or the firefighter may use a full-body jumpsuit called an extrication suit.

These clothes are constructed to provide as complete coverage as possible, with features like stand-up collars to protect the neck and closures to seal up the cuffs. But the real heat resistance is in the fibers themselves. Most veld Fire gear is made of several common types of FR blends, such as Sigma, TecaSafe or Synergy. These proprietary fabrics usually

blend fibers for different levels of flame resistance, breathability and durability.

Although manufacturers are always upgrading the specific blends of FR fabric, the best-known fibers that form the basis of these uniforms date back decades, when scientists first developed Nomex and Kevlar.

Both are inherently flame-resistant, meaning these FR properties cannot decrease with time, use or repeated washing. The key difference is that Kevlar has increased strength. The material is famously used in bullet-proof vests.

New Construction for Better Protection
Manufacturers are always seeking to lower the heat stress on firefighters. That means examining every aspect of the

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clothing, down to the microscopic fibers.

With new fabric blends emerging for structure turnout gear, the latest designs provide more stretch in the fabrics for increased comfort, and different layers are emphasizing new blends. Outer layers of turnout gear incorporate more Kevlar in the outer shells for increased strength and Nomex in the inner lining for better durability.

As for Veld fire gear, contributors to the Centers for Disease Control and Prevention noted that PPE construction is at the core of new improvements.

PPE is constructed to allow for an air gap to keep FR fabrics off the skin. That helps the wearer stay comfortable without compromising radiant heat protection. “Unfortunately, this same design requirement is causing serious sizing issues for smaller and larger individuals,” the CDC noted. That’s why there are

health disparities among wildland firefighters who don’t fit the “typical” sizing.

Regulatory agencies such as the National Fire Protection Association (NFPA) are working on standards that will encourage better fabric performance for all wildland firefighters.

Updates to FR Material: Safer for the Long Term

The flame resistance of these materials is truly impressive and has no doubt contributed to firefighter safety. Now, there's a new frontier in firefighter health: lowering the chemical composition of PPE to remove cancer-causing chemicals. This step is urgently required to ensure that firefighters stay safe long after they’ve hung up their helmets.

The past several years have brought new attention on the role of per- and



polyfluoroalkyl substances (PFAS) in turnout gear. Studies raised the alarm on the cancer-causing potential of these chemicals, which have been found in all three layers of turnout gear. This was especially worrisome because it connected to another longtime concern about firefighter health. Firefighters have a 14 percent higher chance of dying from cancer compared to the overall population.

New regulations from the NFPA and other organizations raised the standards for PPE in the US. New requirements mean manufacturers must:

- Measure PFAS levels.
- Apply more stringent criteria for meeting acceptable PFAS quantities.
- Limit other restricted substances, such as lead.

Heat resistance in PPE is important but only part of the battle for firefighter

safety. For the future, firefighters need turnout and wildland fire gear that will protect them from heat and flames as well as keep them healthy for decades to come.

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Gather all patient's medication, ID and relevant history

At night, turn on outside lights and unlock door

Send someone outside to direct responders

Stay calm, we are on the way!

Drive safe
during the festive season

BE CAREFUL

DO NOT TAILGATE
Keep a safe following distance
from fellow road users

SIGNAL EARLY
Do not overtake unless the road is clear,
and never do so at bends and corners

**ALWAYS CHECK
YOUR BLIND SPOT**
Avoid changing lanes at bends



Fun Time - Joke of the week



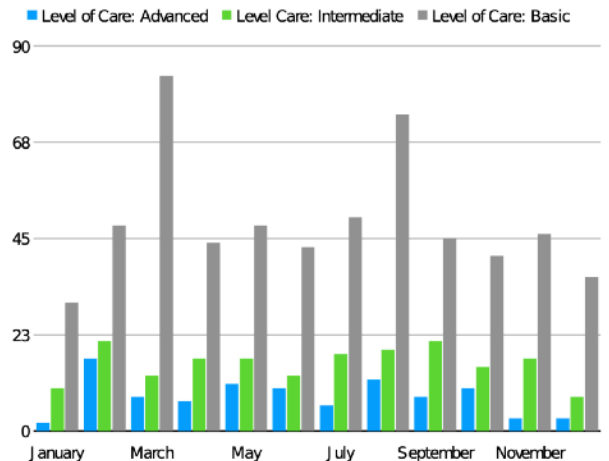
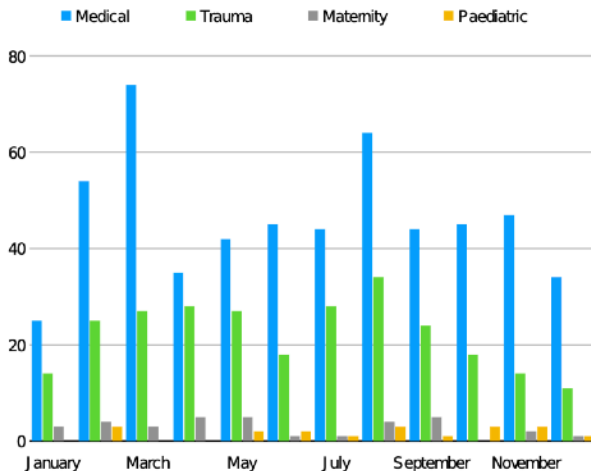
What is a computer's favorite snack?

Computer chips.

You can help E.M.A. to help others by becoming a supporting member
 more information on www.ema-organisation.pro

E.M.A. Emergency Statistics, updated 11.12.2024

	Medical	Trauma	Maternity	Paediatric	Level of Care: Advanced	Level Care: Intermediate	Level of Care: Basic
January	25	14	3	0	2	10	30
February	54	25	4	3	17	21	48
March	74	27	3	0	8	13	83
April	35	28	5	0	7	17	44
May	42	27	5	2	11	17	48
June	45	18	1	2	10	13	43
July	44	28	1	1	6	18	50
August	64	34	4	3	12	19	74
September	44	24	5	1	8	21	45
October	45	18	0	3	10	15	41
November	47	14	2	3	3	17	46
December	34	11	1	1	3	8	36
Total per annum	553	268	34	19	97	189	588
Total	874				874		



Emergency Call: 9 1 1 2

E.M.A. nonprofit organisation say THANK YOU to our supporters:

Platinum Supporter



www.osh-med.pro



www.westcarenam.com



www.metjeziegler.org



Gold Supporter

Silver Supporter



Bronze Supporter



Become a supporter

It is easy to become a supporter as private person or as company.

Apply with us to become a supporting member that we can fulfil our objectives.

Contact us:

Email: ema-organisation@osh-med.pro

Website: www.ema-organisation.pro

Telephone: +264 (0) 61 302 931



Emergency Call: 9 1 1 2



Emergency Call



Important information to give:

- **Where** is the emergency?
- **What** happened?
- **What** kind of injuries?
- **How many** injured person
- **Waiting** for further question

Emergency Numbers:

Ambulance services:

E.M.A. Rescue Service

9112

Fire Brigade:

Windhoek

061-21 1111

Police:

NamPol

10 111

City Police (Whk)

061-302 302

MVA Fund

9682

(all numbers are from GRN or non-profit organisations)



d.o.c.
Service Hotline
085 - 9112

OSH-Med International and Emergency & Medical Assistance Service Hotline: 061 – 302 931



Emergency Call: 9 1 1 2