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by



## SLEEPMAXXING WHICH TIPS REALLY HELP YOU SLEEP BETTER?

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## Sleepmaxxing – which tips really help you sleep better?

*Mouth taping, white noise or sleepy girl mocktail – on social media, influencers are outdoing each other with strategies on how to optimize their sleep. What the advice brings and where they exaggerate.*

"You have to sleep on your back, that makes your face more symmetrical and you look better," says the young TikTokker. He sits in front of his bunk bed in a tank top. He is a sleep maximizer. In other words, someone who asks himself every day how he can get the most out of his sleep. As wide as the eyes are open in the video, they should be closed just as tightly at night. And that in a bunk bed? Yes, of course. The ninety-centimeter-wide mattress optimizes sleep, he says. This means he can't turn over and remains on his back.



Videos with pseudo sleep tips on sleepmaxxing reach an audience of millions. Sleep is attractive. Everyone has

to sleep. And everyone can tell something about their sleep. What helps them when they can't sleep at all. For the influencers, their sleep routine is the ultimate. If it were up to them, what they experience could be transferred to everyone else.

The catch with sleepmaxxing: The self-proclaimed experts are sleepy about the facts. They don't quote any scientists. And they don't include any studies. All they refer to is their bed.

So which sleep advice really helps? Which is pure self-promotion and marketing? We'll rank the most important tips.

### **"Sleepy Girl Mocktail": magnesium drink before going to sleep?**

Sour cherry juice, magnesium powder with lemonade or mineral water - the so-called Sleepy Girl Mocktail for Sleepmaxxing is ready. Its promise: better sleep. The data: very poor. The body does need magnesium to produce the sleep hormone melatonin. But if you eat a balanced diet, you don't need to supplement magnesium. Not even in the form of a highly praised mocktail. On the contrary: high doses of magnesium powder or tablets can lead to diarrhea, for example, warns the Federal Institute for Risk Assessment.

### **Eat two kiwis in the evening for Sleepmaxxing?**

Two kiwis an hour before going to sleep -





that's what 24 participants with sleep problems ate for four weeks. The result of the study: The test subjects actually slept better and longer. However, there are no studies with many test subjects to clarify whether kiwis really contribute to sleepmaxxing. If you want to try it out, you can try it yourself - kiwis are healthy. They contain antioxidants and the neurotransmitter serotonin.

### Mouth taping: Tape your mouth shut while you sleep?

Football star Erling Haaland and actress Gwyneth Paltrow swear by this sleepmaxxing trend - celebrities and some influencers tape their mouths shut at night. The goal: only breathe through your nose while you sleep. Because that improves sleep - say the proponents. They would have been better off taping the sleep researchers' mouths shut too. Their scientific assessment is that there is hardly any evidence that mouth taping helps with sleepmaxxing. Yes, breathing through your nose is healthy, but there are no studies with many participants.

At least: you can't suffocate with mouth taping. You wake up before that. It can be dangerous for people with a deviated nasal septum, allergies or a blocked nose. They then do not get enough air and this puts a strain on the cardiovascular system. The adhesive strips can irritate the skin or trigger allergic reactions. Therefore, it is important: Anyone who wants to try taping their mouth should speak to a doctor beforehand.

### No more snoring with nose clips?

A young man lies on his back and snores. His girlfriend films him and looks annoyed. Then she attaches a magnetic clip to the outside of his nose. The nostrils widen a few millimeters. The man no longer snores. The TikTok crowd goes wild. The video has 34 million views. Nobody notices that the man in the video is breathing through his mouth. Nor does anyone notice that the video was probably staged by the manufacturer of these clips. 34 million views, hardly any evidence. Sure, some people with a blocked nose breathe better with a nasal expander like this and snore less. But: snoring can have many causes that

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cannot be treated with a nose clip, but must be discussed in an ENT practice. Conclusion: Lots of money-making, little Sleepmaxxing behind it.

### **What is the point of white noise in the bedroom?**

The television cannot find the station. Countless small white and black dots are fighting each other on the screen, and there is a noise. This is roughly what so-called white noise sounds like. With white noise, you hear lots of frequencies at the same time. That's why it sounds like an ant war on the television or like a heavy downpour. And that's supposed to be beneficial for Sleepmaxxing? The idea: if you constantly hear the whole frequency spectrum, the noise covers up other noises like street noise or airplanes. But is there any truth to it? Researchers have analyzed over thirty studies. The result: Overall, there is too little evidence that white noise improves sleep. In contrast, researchers fear that the artificial bedroom noise could even damage your hearing if it is louder than 70 decibels, for example.

### **Do you sleep better in a cool room?**

They exist - sleep tips that are more than marketing and self-promotion. This includes the temperature in the bedroom. It really shouldn't be too high. Studies show that the perfect room temperature is between 16 and 20 degrees. If the room heats up to more than 25 degrees, especially in summer, it reduces the quality of sleep. So good news for anyone who shares a bed with a cold person and has to beg to turn down the heating at night or tilt the window. The arguments are on your side: Sleepmaxxing through the cool bedroom.

### **Don't drink anything two hours before going to sleep?**

Whether it's coffee, energy drinks or cola - caffeine worsens sleep. The German Society for Sleep Research and Sleep Medicine therefore recommends no more caffeine from the afternoon onwards and no alcohol in the evening. Only logical. An espresso half an hour before going to bed - that doesn't relax you, it gives you a boost. But there is no evidence that it helps to not drink





anything two hours before going to sleep. A rooibos tea as a bedtime ritual can help with Sleepmaxxing, for example. You can also drink still water before going to sleep without worrying. However, you should avoid drinks with sugar or carbonation. They are diuretic and pave the way to the toilet.

### Sleepmaxxing – can you overdo it?

Pressure and relaxation don't go together. If you rack your brains about how to fall asleep and sleep through the night, you often don't succeed. Sleep is important, yes. And it's great that young people in particular are thinking about how to sleep better. But sleep maximizers put sleep on a bunk bed-high pedestal, drive themselves crazy and, in doubt, sleep worse as a result. In addition, there are many tips circulating, such as mouth



taping or white noise, that are not scientifically proven. And products such as the magnetic nose clip promise a lot but hardly deliver. Ultimately, the influencers talk about Sleepmaxxing and what helps them personally. This is not universally true.

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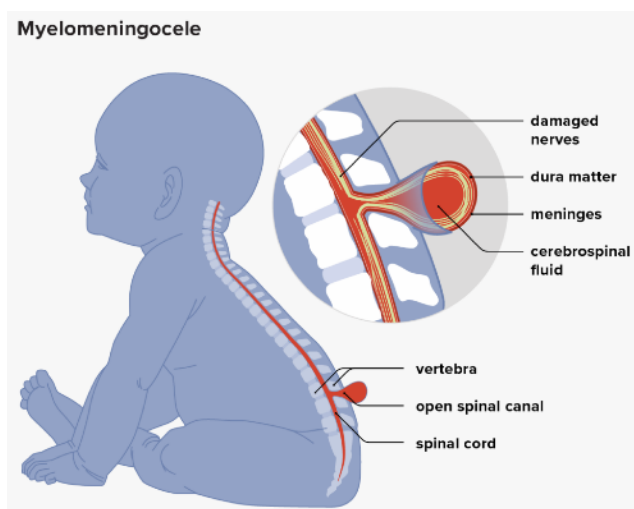


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## Health Series - Spina bifida (split vertebrae, open back)

*Spina bifida is a congenital malformation of the bony spine and the spinal cord with its spinal cord membranes.*

In the third to fourth week of embryonic development, the so-called neural tube forms from the precursor tissue of skin and nerve tissue. The bony spine and the spinal cord with its spinal membranes then develop from the neural tube.



Various disorders in this phase lead to an incomplete closure of the neural tube. The spinous processes of the vertebral arches, which normally enclose the spinal cord from behind, are later missing in this area. In addition, there are various malformations of the spinal cord and its sheaths.

Spina bifida means "split vertebrae" in German. In colloquial terms, split formations are often referred to as "open back". Closure disorders of the neural

tube are most often found in the lower part of the spine.

### How does spina bifida occur?

It is not known exactly why the disorder occurs. Experts suspect that predisposition and environmental factors work together as causes.

A possible risk factor is treatment of the mother with valproate (a drug for epilepsy). Patients with epilepsy should discuss with their doctor what the best individual treatment during pregnancy looks like - ideally before a planned pregnancy.

A folic acid deficiency also increases the risk of spina bifida. Doctors now recommend that women who want to have children take folic acid four weeks before a planned pregnancy, ideally from the time they no longer use contraception. In the fourth month of pregnancy, they can usually stop taking folic acid. With this recommendation, spinal column clefts have become much less common in recent decades. The doctor will advise on the selection of suitable preparations and the dosage.

### How often does spina bifida occur?

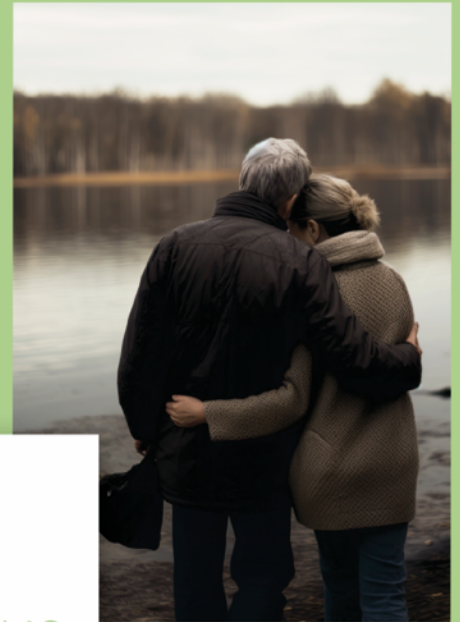
Spina bifida occurs in around one in 2000 newborns. Siblings of children with this malformation are also affected with a probability of five to eight percent.

### What types of spina bifida are there?

A dermal sinus is the mildest form of







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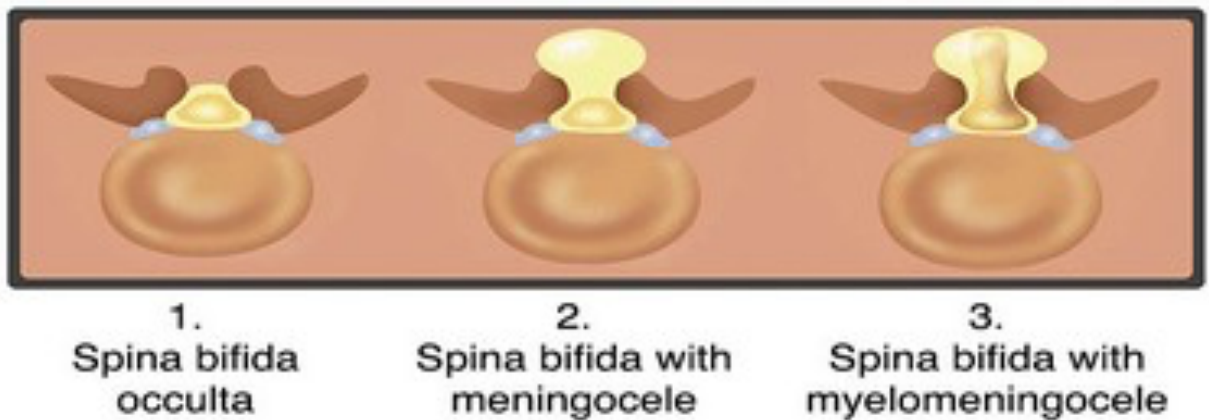
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cleft. This is a canal-like connection between the surface of the skin and the spinal canal. It can serve as an entry point for germs and cause recurrent infections of the meninges. In these cases, neurosurgical closure is recommended.

Doctors speak of spina bifida occulta (German: "hidden split vertebrae") when the vertebral arches are split without the spinal cord and meninges being affected. In many cases, this form only shows up as a secondary finding in X-ray examinations and often causes no symptoms. In rare cases, however, spina bifida occulta can also cause significant problems, for example in the form of rapid fatigue of the legs or problems emptying the bladder.

Spina bifida aperta (English: "open split vertebrae") means that the malformation also affects the meninges (the meninges) or the meninges and spinal cord (the myelon). Spinal cord tissue and meninges are often not located in the spinal canal, but are bulging out like a sack. If the spinal cord is healthy, it is called a meningocele. Meningoceles are often

covered by completely normal skin. Most of the time, no symptoms occur. Treatment consists of closing the open spinal canal during the first few days of life. If the spinal cord is also affected, it is called myelomeningocele. Myelomeningoceles are usually only covered by very thin and vulnerable skin. Rarely, the spinal cord is completely exposed (myelocele).

The most common form of spina bifida is myelomeningocele.

### **What symptoms does a myelomeningocele cause?**

Malformations of the spinal cord are usually accompanied by varying degrees of paraplegia. The level of the cleft formation determines the nerve failure. Paralysis of the legs with muscle atrophy, sensory disturbances and signs of inadequate tissue supply, so-called trophic disorders, are common in the affected areas. Nerve-related (neurogenic) disorders of bladder and rectum function are almost always present. The consequences are retention of urine and stool or incontinence.





Open cleft vertebrae often occur together with disorders of the cerebrospinal fluid circulation. The drainage of cerebrospinal fluid at the transition from the brain to the spinal canal is obstructed. This leads to a build-up of cerebrospinal fluid and an expansion of the cerebrospinal fluid chambers (ventricles). The technical term for this is hydrocephalus occlusus.



Parts of the cerebellum can also protrude into the spinal canal (Arnold-Chiari malformation). Under certain circumstances, parts of the brain can become trapped in the bony foramen occipitalis. This affects vital functions of the brain, such as the control of breathing. Doctors then refer to this as Arnold-Chiari symptoms.

### **How does the doctor diagnose spina bifida?**

There are various tests that can raise suspicion of spina bifida during pregnancy. These include measuring  $\alpha$ -fetoprotein in the mother's blood (part of the triple test) or in the amniotic fluid.

Spina bifida can also be visible in ultrasound scans from the 12th to 14th week of pregnancy. The doctor assesses the size of the cerebrospinal fluid chambers and measures the diameter of the head. If this increases excessively, this can indicate hydrocephalus.

After birth, imaging procedures (ultrasound, MRI) are used that allow a precise assessment of the cleft formation and also make accompanying changes in the area of the brain stem and cerebellum visible.

### **What does the treatment of a myelomeningocele involve?**

The treatment of those affected by spina bifida depends on the individual case. In the case of a myelomeningocele, it is usually complex. It usually begins with a cesarean section. It also includes operations to close the clefts and the treatment of the after-effects. In some

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centers, specialists now perform operations on clefts in the womb.

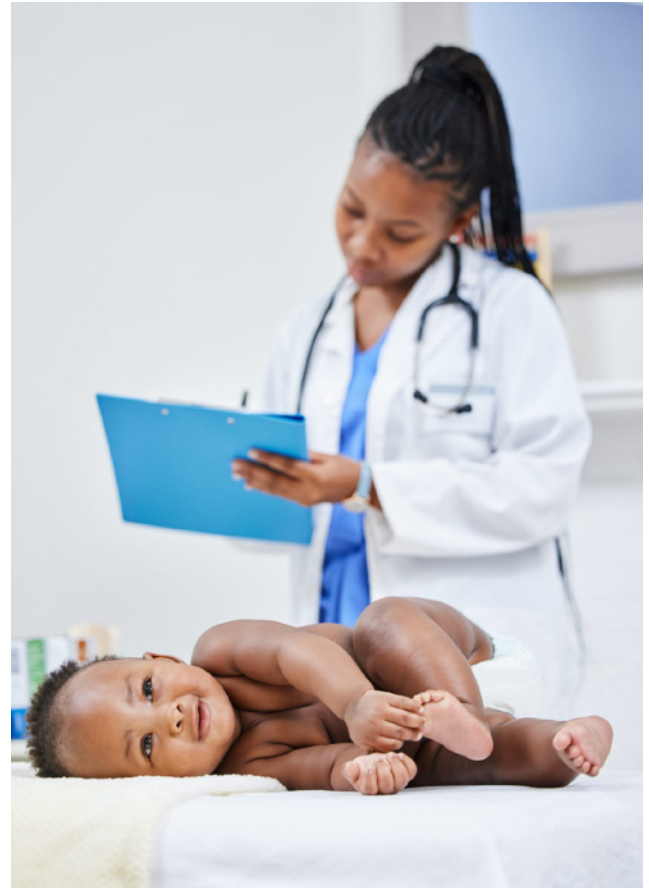
### **Treatment of clefts and cerebrospinal fluid drainage disorders**

An open spina bifida with myelomeningocele carries a high risk of life-threatening infections of the meninges and spinal cord. Therefore, these malformations must be covered neurosurgically immediately after birth. Unfortunately, the doctor cannot correct the existing neurological limitations through surgery.

The treatment of hydrocephalus is also important. For most affected people, a drainage system for cerebrospinal fluid (a cerebrospinal fluid drainage system) is necessary within the first week of life. To do this, a neurosurgeon usually creates a connection between the cerebrospinal fluid chambers and the abdominal cavity.

Doctors in the United States and in some European treatment centers now perform operations on clefts before birth. Specialists can perform these procedures openly, i.e. via an abdominal incision, or endoscopically, i.e. as part of a laparoscopy. The results are promising because they can often reduce further damage to the spinal cord during pregnancy. These interventions also seem to have a positive effect on the extent of the development of hydrocephalus and Arnold-Chiari symptoms (see the Symptoms section). Whether such treatment is appropriate

and what possible advantages and disadvantages it may have should be discussed with the treating doctor on a case-by-case basis.



### **Treatment of the after-effects**

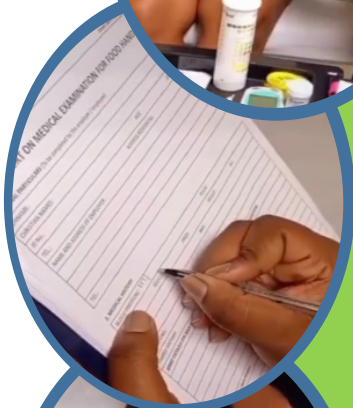
Bladder emptying disorders can sometimes be treated with medication. In most cases, however, the bladder must be emptied at regular intervals using sterile disposable catheters (a type of "plastic tube"). The parents of the children and later the affected person themselves can usually learn the technique well. In some situations, it is sensible to prevent frequent urinary tract infections by taking preventive treatment with antibiotics.



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Paralysis can lead to misalignment of the joints in the legs and a curvature of the spine (scoliosis). Consistent orthopedic treatment can prevent or at least mitigate after-effects. In addition to physiotherapy, bandages and special splints (orthoses) are also used. If pronounced misalignments occur, corrective operations are often necessary.

During longitudinal growth, the spinal canal becomes longer than the spinal cord. Normally, the lower end of the spinal cord therefore moves upwards in the vertebral canal. However, operations on the spine and spinal canal in cases of spina bifida that require treatment often lead to scars in the area of the spinal cord and meninges. These adhesions - known as "tethered cords" - prevent the spinal cord from moving upwards in the vertebral canal during longitudinal

growth. This creates a tensile load on the spinal cord, which can further damage the nerve tissue and lead to a worsening of the neurological symptoms. In some cases, further neurosurgical interventions may then be necessary.

### **What is the prognosis for a myelomeningocele?**

Children with spinal cord malformations and their parents need intensive, lifelong treatment and support. This requires close cooperation between doctors from different disciplines, especially pediatricians and later family doctors, with neurosurgeons, orthopedists and urologists. Ideally, the same team of specialists always examines those affected regularly. This enables doctors to identify complications early and prevent permanent damage through appropriate therapeutic measures.

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# Health & Safety - Steps to Developing Effective Workplace Safety Protocols

*Safety professionals must understand specific risks, set clear objectives and more to create a safer and more productive work environment.*

Creating a safe workplace is a positive commitment to your team and business. With effective protocols in place, it's possible for organizations to avoid accidents, deflect cyber security threats, boost morale and enhance productivity.



Developing these protocols takes understanding, integration, and continuous evaluation. Let's look at how to go about this and why you should bother.

## Understanding Workplace Safety Needs

Effective workplace safety starts with recognizing the specific needs of your environment. Every organization is

different. So it's crucial to tailor protocols accordingly.

Start by identifying potential hazards in the workplace. Consider physical risks like machinery or chemicals as well as less obvious ones such as ergonomic challenges and mental health stressors.

You must also:

- Assess current policies to identify gaps.
- Gather feedback from employees about their concerns.
- Analyze past incident reports for patterns.
- Evaluate regulatory requirements relevant to your industry.

Listening actively helps shape comprehensive safety measures. It also ensures that you address both immediate threats and long-term challenges effectively.

Once you've gathered this information, use it as a foundation for building robust protocols that reflect the unique demands of your workspace. This groundwork sets the stage for successful integration into daily operations.

## Setting Clear Objectives for Safety Procedures

Defining clear objectives for your safety protocols provides direction and focus. These goals guide the development process and ensure alignment with organizational values.



Consider setting objectives that:

- Promote zero accident goals.
- Encourage proactive hazard reporting by employees.
- Enhance compliance with industry regulations.
- Build a culture of continuous improvement in safety practices.

Concrete targets help you measure success effectively. They also provide a benchmark to evaluate performance over time.

Objectives should be realistic but also challenging enough to inspire meaningful change. Involve stakeholders across

various levels when crafting these aims to ensure widespread commitment.

For example, let's say you need an incident response (IR) plan to deal with the fallout of a data breach. The blueprints for effective IR are far simpler to outline if you know the threats you're facing, and what the likely knock-on effect of a successful attack will be.

### **Conducting Risk Assessments Effectively**

So that vulnerabilities and potential hazards can be identified, you need to perform a rigorous risk assessment. This process informs the development of targeted safety protocols.

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To conduct effective assessments:

- Involve a cross-functional team to provide diverse perspectives.
- Use structured methods like checklists or software tools.
- Prioritize risks based on severity and likelihood of occurrence.
- Document findings comprehensively for future reference.

Once again, engaging employees in this process encourages transparency and gives them a sense of ownership over safety initiatives. And, of course, regularly scheduled assessments help you stay ahead of emerging threats.

In this context, it's essential to both identify risks and also to develop strategies for mitigation. Plan interventions that reduce exposure, implement controls effectively and allocate resources wisely.

This is an economically advantageous step as much as anything else. Injuries of adults costs \$2.4 trillion each year, and businesses bear the brunt of this, so conquering risks rather than being ruled by them is a must.

### **Integrating Technology into Safety Measures**

Embracing technology is a way of amplifying workplace safety by streamlining processes and increasing efficiency. Modern tools offer innovative ways to monitor, manage and mitigate risks.

Consider implementing technologies that:

- Utilize wearable devices for real-time health monitoring.
- Employ IoT sensors to detect environmental hazards promptly.
- Integrate AI-driven software for predictive analytics in risk management.
- Use virtual reality simulations for





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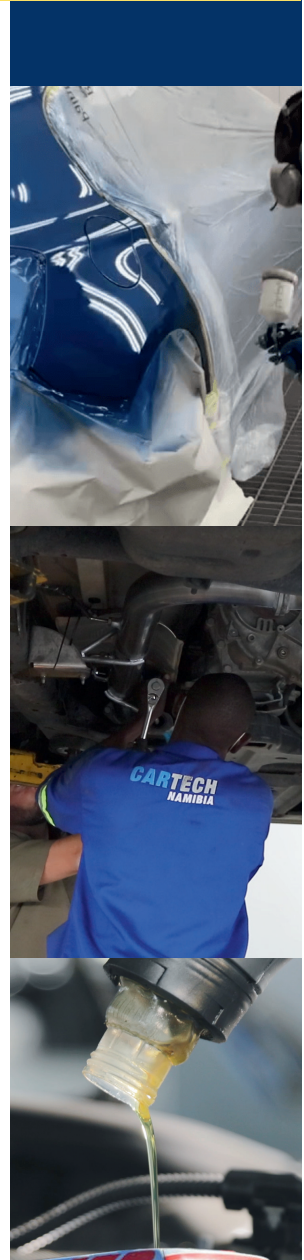
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Technology provides better insights while also allowing you to adopt a proactive approach to addressing potential issues before they escalate. For instance, automation of routine tasks reduces human error and frees up resources for critical interventions.

Staying updated with technological advancements allows your organization to adapt quickly. With this in mind, it's wise to collaborate with IT specialists when introducing new systems to ensure seamless integration within existing workflows.

### Wrapping Up

In summary, implementing effective workplace safety protocols requires understanding, clear objectives, thorough assessments and the savvy integration of tech. Committing to these

practices lets organizations build a safer environment that protects employees.

This is a good move because prioritizing safety enhances productivity and morale while reducing the likelihood of incidents. Of course, it's only with continuous evaluation that protocols are kept relevant and robust. Through these consistent efforts, your organization will maintain high standards of safety excellence. Our platinum supporter OSH-Med international can assist you with this challenge. With the implementation of OSH safety standards

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COMMERCIAL SECURITY  
CONSTRUCTION SECURITY  
EVENT MANAGEMENT & SECURITY  
VEHICLE TRACKING & RECOVERY  
SECURITY & SAFETY AUDITS  
NEIGHBOURHOOD WATCH  
STREET PATROLS

**TRUSTED SECURITY GUARDS**

**Emergency Number: 0855454545**      Office: 085 544 4444  
Email: [info@sec-med.com.na](mailto:info@sec-med.com.na)

**In Windhoek West for Windhoek West**

**SEC-MED SECURITY**

**EMERGENCY NUMBERS**

Sec-Med Security Emergency	085 545 4545
CERT (First Responder Medical & Rescue)	085 544 4444
EMA Rescue Services (Ambulance Service)	9112
MVA Fund Emergency Services	9682
Fire Brigade	211 111
City Police	302 302
Windhoek Police Station (NAMPOL)	209 4204
Water Leaks	290 3777
Electricity Power Failures	290 3777
SPCA Emergency	081 124 4520
WHK Animal Hospital:	081 124 9052

[info@sec-med.com.na](mailto:info@sec-med.com.na) | 085 544 4444



**Emergency Call: 9 1 1 2**



VITALITY  
WELLNESS CENTRE

# November Special

## Our massages

Couple's massage

N\$ 500



Full body massage +  
foot scrub

N\$ 260

Back & neck massage

N\$ 150



## Our beauty bar

Mini facial

N\$180

Underarm wax

N\$100

Foot treatment

N\$120

Hollywood wax

N\$200

Brow shape & Tint

N\$100

Contact us:

+264 85 7923 793

40 Beethoven Street

Windhoek West Namibia



# Fun Time - *Joke of the week*



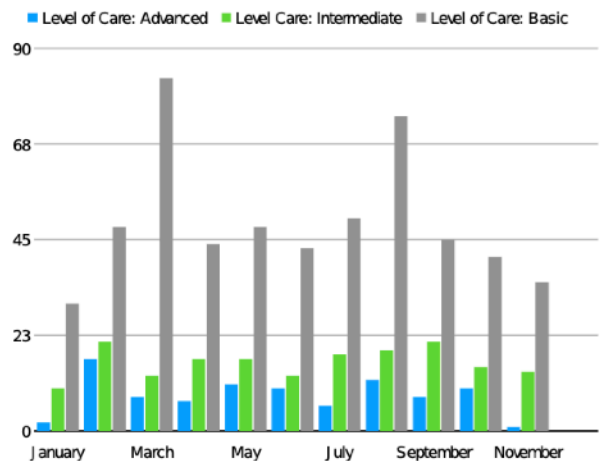
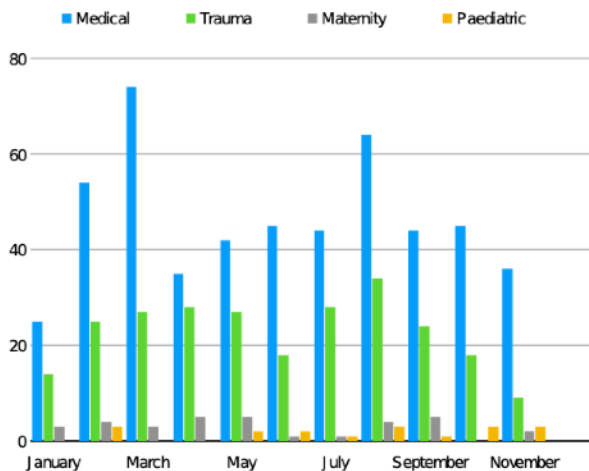
## How did the trash collector do on his first day at work?

He just picked it up as he went.

You can help E.M.A. to help others by becoming a supporting member  
 more information on [www.ema-organisation.pro](http://www.ema-organisation.pro)

### E.M.A. Emergency Statistics, updated 27.11.2024

	Medical	Trauma	Maternity	Paediatric	Level of Care: Advanced	Level Care: Intermediate	Level of Care: Basic
<b>January</b>	25	14	3	0	2	10	30
<b>February</b>	54	25	4	3	17	21	48
<b>March</b>	74	27	3	0	8	13	83
<b>April</b>	35	28	5	0	7	17	44
<b>May</b>	42	27	5	2	11	17	48
<b>June</b>	45	18	1	2	10	13	43
<b>July</b>	44	28	1	1	6	18	50
<b>August</b>	64	34	4	3	12	19	74
<b>September</b>	44	24	5	1	8	21	45
<b>October</b>	45	18	0	3	10	15	41
<b>November</b>	36	9	2	3	1	14	35
<b>December</b>							
<b>Total per annum</b>	508	252	33	18	92	178	541
<b>Total</b>	811				811		



Emergency Call: 9 1 1 2



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

### Platinum Supporter



[www.osh-med.pro](http://www.osh-med.pro)



[www.westcarenam.com](http://www.westcarenam.com)



[www.metjeziegler.org](http://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](mailto:ema-organisation@osh-med.pro)

Website: [www.ema-organisation.pro](http://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**