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OSHMed Health Magazine

by

LIP BALM

CAN LIP BALM BE ADDICTIVE?

Your Magazine for the Health of your Family and Employees, Occupational Safety & Health, Emergency & Medical Care and much more

Can lip balm be addictive?

Heat or cold outside: Both make lips particularly dry. Balm makes them soft again. Some people constantly rub it on their lips - too often?

Are you part of the "Never leave the house without lip balm" team? It is a helpful companion for many people, especially in the colder times of the year, as this is when lips become even more tight. Dermatologist Uta Schlossberger explains in an interview why this is and when reaching for lip balm becomes a problem.

They are dry, chapped and uncomfortable - why are our lips feeling like this?

Uta Schlossberger: Our sebaceous glands produce fats, a kind of lubricant on the skin. If there is less of it, the skin dries out. Now it is like this: the colder it gets, the more the sebaceous glands in the lip area stop working, and this starts at temperatures of 8 degrees and below. In addition, there are not as many sebaceous glands in the lip area as there are in other parts of the body.

Temperature changes are also a challenge for the sebaceous glands: we go from outside, where it is cold and damp, to inside, where we have dry heating air, or when it is hot outside and the humidity is low. The sebaceous glands cannot keep up - the skin on the lips dries out.

What can you do about it? And what should you avoid?

Schlossberger: If the skin is dry, the general rule is: apply cream or grease. But please use the right ingredients. So what you should not do: apply normal lipstick to dry lips, it will dry everything out even more. Because lipstick contains ingredients such as silicone oils, parabens, paraffin and additional dyes. We notice this ourselves: if we apply a very long-lasting lipstick, it feels dry.

So products should be without these ingredients. I am generally a fan of Vaseline. Shea butter and jojoba oil are also good home remedies. And honey also has a slightly antiseptic effect, which is good if you also have inflammation or

chapped corners of the mouth - just apply it when needed.

And of course there is lip balm for dry lips: you should take a good look at the packaging. The fewer ingredients it contains, the better - preferably natural cosmetics.

Can we become addicted to lip balm?

Schlossberger: Yes, addiction can certainly occur, but it is psychological in nature. It is not the case that balm per se makes lips drier and keeps crying out for more. It is more a psychological habituation effect: you carry the sticks with you everywhere and keep applying the lip balm.

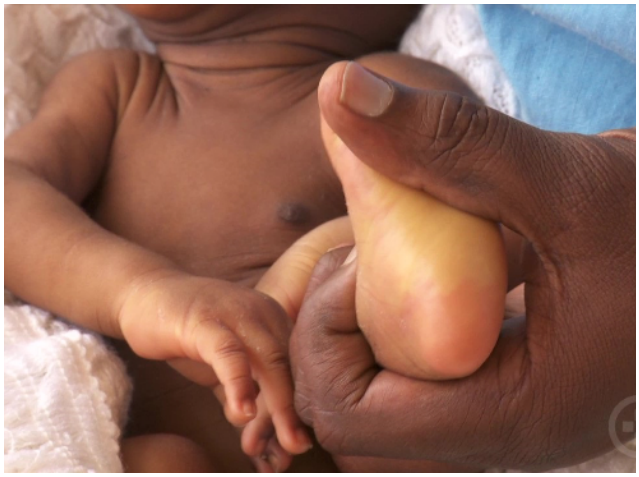
Once a day should normally be enough, twice a day at most. Applying it every hour is nonsense, it over-cares for the skin. This can even have disadvantages if you have actually used a product with drying ingredients such as silicone oil or paraffin. This removes even more moisture from the lips. Then you really have the effect of having to constantly reapply because your lips look dry.

Health Series - Childhood illnesses: Newborn jaundice

Newborn jaundice (neonatal jaundice) is recognizable by a yellowing of the skin. If this jaundice is mild, no treatment is necessary

What is neonatal jaundice?

Neonatal jaundice (neonatal icterus) is common - it occurs in about three out of five newborns. In neonatal jaundice, the yellow bile pigment bilirubin accumulates in the body. If a certain amount of bilirubin is present in the blood, this manifests itself in a yellowing of the skin and mucous membranes.



Bilirubin is produced when red blood cells are broken down in the spleen and bone marrow. Since bilirubin itself is not water-soluble, it is first bound to a blood protein (albumin) and transported to the liver via the blood. A certain enzyme (glucuronyltransferase) attaches a sugar (glucuronic acid) to the bilirubin. This improves its solubility in water. From the liver, the now water-soluble so-called conjugated bilirubin is secreted into the intestine with the bile. Some of the bilirubin is reabsorbed from the intestine into the blood and liver (enterohepatic circulation), the rest is excreted in the stool.

Neonatal jaundice is caused by either large amounts of bilirubin accumulating in the body or by disruptions in the absorption of bilirubin in the liver or its further processing into conjugated bilirubin or its excretion via the bile. Neonatal jaundice does not have to be pathological. It is often a sign of a completely normal process: after birth, a large number of red blood cells are broken down in the child's body. This is because red blood pigment that was important during pregnancy (HbF) is replaced by another type of blood pigment that the infant now needs (HbA). Bilirubin levels in newborns usually reach their peak between the third and fifth day of life. If the bilirubin levels do not rise above certain limits and have returned to normal after a period of ten days to two weeks, this is normal neonatal jaundice (physiological neonatal jaundice), which does not require treatment.

However, if the bilirubin levels in the blood exceed certain limits, it can be dangerous: bilirubin in large quantities can damage nerve tissue. For example, neonatal jaundice with very high bilirubin levels can damage certain areas of the brain (the basal ganglia). Doctors refer to

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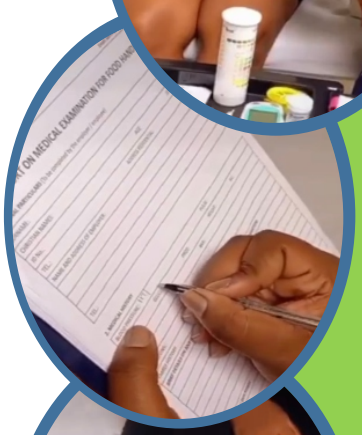

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this as kernicterus or bilirubin encephalopathy. Severe neonatal jaundice (icterus gravis) must therefore be treated. It is also important to find out the cause of the sharp increase in bilirubin levels. This is also necessary for bilirubin levels that are still elevated after the fourteenth day of life (icterus prolongatus): In this case, for example, a disorder of the bile ducts could be the cause. If the newborn's bilirubin levels rise very high on the first day of life (icterus praecox), the cause should also be investigated: the most likely cause is an increased breakdown of red blood cells, either due to a blood group incompatibility between mother and child or due to a certain type of congenital anemia (hereditary hemolytic anemia).

Causes

There are several causes for neonatal jaundice. In most cases, jaundice in infants is normal (physiological). The child's body adjusts to the new situation outside the womb. Red blood pigment (hemoglobin), which was important during pregnancy (HbF), is replaced by another type of blood pigment that the infant now needs (HbA). When the hemoglobin is broken down, the yellow bile pigment bilirubin is produced. If large amounts of this are produced, the still immature liver of the newborn or even premature baby cannot convert it into a water-soluble and thus excretable form quickly enough. The increased amount of yellow bile pigment in the body leads to a yellowing of the skin and mucous membranes. Jaundice in newborns can occur when an increased number of red blood cells (erythrocytes) are destroyed. One reason for an increased breakdown of blood cells after birth can be a blood group incompatibility between mother and child. In certain cases, this occurs when the child has a different blood group to the mother (blood group incompatibility or Rhesus incompatibility). Certain types of congenital anemia (hereditary hemolytic anemia) can also lead to an increased breakdown of blood cells. Large bruises after birth can also promote the development of jaundice in newborns, as the hemoglobin they contain must be

metabolized. A premature birth, certain medications, metabolic disorders (such as an underactive thyroid) or disorders of the bile ducts can also cause the liver to fail to perform its task of Bilirubin cannot be adequately converted into its water-soluble conjugated form and excreted. Jaundice then also occurs. In Crigler-Naijar syndrome, the body lacks the enzyme that converts bilirubin into its water-soluble form. Some cases of neonatal jaundice are caused by breastfeeding. It is suspected that breast milk somehow hinders the conversion of the water-insoluble into the water-soluble form of bilirubin. So-called breast milk jaundice only needs to be treated if the bilirubin levels exceed certain limits.

Symptoms

If the bilirubin level exceeds a certain level, neonatal jaundice can be seen with the naked eye. The yellowing is particularly noticeable on the white of the eye, the sclera, but the skin - for example on the face - is also yellow. If the bilirubin levels do not exceed certain limits, neonatal jaundice is harmless. However, if there are too many yellow bile pigments in the blood, bilirubin can be deposited in certain areas of the brain (kernicterus). Reduced activity and weakness in the infant can be the first signs of kernicterus. The child is sleepy, yawns frequently and drinks little. Later, increased muscle tension with a back arched in the form of a hollow back (opisthotonus), shrill screaming, shortness of breath and seizures can occur. Long-term consequences of kernicterus can include hearing and vision problems, movement abnormalities and mental development disorders. Kernicterus is very rare in

healthy, full-term infants with neonatal jaundice.

Diagnosis

Normal neonatal jaundice begins between the third and sixth day of life and lasts until around the tenth to fourteenth day of life. It is considered harmless as long as the bilirubin levels in the blood do not rise above a certain level. A check of the bilirubin levels by a doctor is therefore highly recommended. If your baby's skin or mucous membranes appear yellower than normal, it is best to see a pediatrician - he or she may be able to check the blood values. A multispectral device can be used to determine the proportion of colored light that can penetrate the skin. This allows conclusions to be drawn about the bilirubin concentration in the blood. If elevated values are found here or if such a measuring method is not available, blood is taken from the child and then examined in the laboratory. This allows the exact bilirubin value to be determined. A distinction can also be made between soluble (conjugated, direct) and insoluble (indirect) bilirubin. If the direct bilirubin values are greatly increased, this is usually an indication that the excretion of bilirubin via the bile ducts is not working properly for some reason. This should always give rise to further examinations of the liver and bile ducts, for example with ultrasound. If the values are significantly elevated, the cause must also be clarified. This requires further blood tests. For example, a blood group analysis of the mother and child is carried out. If the blood groups differ, an immune reaction can occur with certain

combinations. If the mother's defense system (immune system) recognized the child's blood as "foreign" during pregnancy, corresponding antibodies can be detected on the child's red blood cells (direct Coombs test). Certain blood values can also be used to show, for example, whether an infection, liver inflammation, hypothyroidism or gestational diabetes in the mother led to the jaundice.

Therapy

If the bilirubin levels do not exceed certain limits and it is normal neonatal jaundice, no therapy is usually necessary. Complications are very unlikely in healthy children. However, the bilirubin levels are checked to be on the safe side. If the bilirubin levels exceed a certain limit, treatment is necessary to avoid impending kernicterus and brain damage (see the Symptoms section). Light therapy (phototherapy) stimulates the excretion of bilirubin. To do this, the skin is irradiated with blue light. The infant lies under a special lamp and/or on a light mat. He is given protective goggles to protect his sensitive eyes. The short-wave light has a certain energy that stimulates the bilirubin molecule. It folds into a water-soluble form and can then be excreted from the body. Phototherapy is therefore only useful if the indirect, i.e. poorly water-soluble, bilirubin in the blood is increased. A harmless, non-itchy skin rash can occur as a side effect of phototherapy (Exanthema). Newborns should also be given plenty to drink during phototherapy, as they lose more fluids through sweating under the lamp. In severe cases of neonatal jaundice with very high bilirubin levels, a blood exchange (exchange transfusion) is necessary. This can be the case, for example, if there is a Rhesus factor incompatibility between mother and child. During the exchange transfusion, the child's blood is gradually taken and replaced with a suitable donor blood. Particularly early neonatal jaundice (icterus preacox) occurs primarily in cases of blood group incompatibility. As this usually leads to the breakdown of a relatively large number of red blood cells and thus to a sharp increase in bilirubin levels, treatment is practically always necessary. Long-lasting neonatal jaundice (icterus prolongatus) is more likely to indicate a disorder of bile excretion. If premature babies are affected by neonatal jaundice, the risk of complications is greater. In these cases, bilirubin reaches the brain more easily because it is easier for the blood vessels to pass into the brain tissue and the body

is less able to break down bilirubin. In order to avoid brain damage (kernicterus), phototherapy is recommended for premature babies earlier than for "mature" and healthy newborns.

Useful information

Mother and child are often discharged from the hospital early, even if mild jaundice is evident. Parents usually do not need to worry: neonatal jaundice usually goes away on its own. However, if the yellowing of the skin persists for longer than the tenth to fourteenth day of life or if it appears to be getting more intense, the treating doctor, a pediatrician or midwife should be informed immediately. If necessary, an emergency room should be visited at the weekend. If the child appears apathetic, vomits, convulses or shows other abnormalities, immediate medical attention is required in any case.

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

Health & Safety - Advanced Lighting Features Assist with Workplace Safety and Employee Well-Being

New technology continues to raise the bar on behalf of safety.

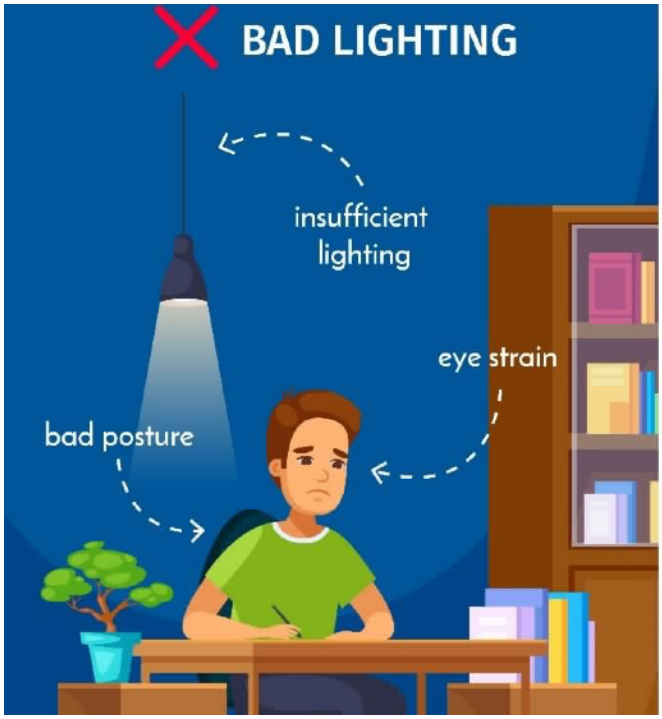
There are many factors that contribute to workplace safety today, including proper facility maintenance, reduction of tripping hazards, cleanliness, everyday floor upkeep, proper use of hazardous materials and so much more. However, a very important measure—which is sometimes overlooked—is proper lighting, both overhead and direct, to not only prevent slips, trips, and falls but to protect eye strain, headaches, and employee fatigue.

Various studies suggest that appropriate lighting in the workplace reduces eye tension, improves productivity, and eliminates the numbers of accidents and falls. A CDC study found that LED lighting reduced glare discomfort by 45 percent and floor trip hazard detection improved by 23.7 percent.

Improvements in overhead and stationary lighting have made great strides in enhancing workplace safety, but new technological advancements are also yielding an unprecedented number of features and applications in flashlights, lanterns and headlamps, which are becoming indispensable safety tools on the job. From USB rechargeable lights that can be charged on the go to safety-rated lights that protect workers in all types of hazardous environments, today's professional-grade flashlight products have come a long way.

Delivering Multi-Function Lighting

Workers in many industrial settings depend on high-quality flashlights, headlamps and lanterns to fill a work area with either soft flood light that won't tire eyes or a bright focused beam



for concentrating on the task at hand. High lumen (1,000 lumens or more) flashlights provide full situational awareness by delivering extraordinary brightness in a wide beam pattern. These lights are ideal for smaller areas where workers require a lot of light, including hard-to-see peripheral areas and corners where dangers might lurk, but not an exceptionally long reach. Other categories of lights feature high levels of candela (the distance over which a light beam is "thrown"), designed for down-range applications requiring optimal beam distance. Some lighting products can provide both functions in the same light, enabling workers to either light up entire work scenes—thus illuminating potential fall hazards—or provide spot lighting for jobs closer to hand. Products also are available that allow technicians to use both a forward-facing spot beam and side-facing flood light individually or simultaneously for optimizing navigation and eliminating blind spots.

A New Generation of Work Lights

A new category of hands-free work lights that clamp virtually anywhere, stand on their own and easily pivot is also allowing workers to illuminate hard-to-reach spaces for the task at hand. Using lights that can be clamped to many surfaces, hung from a hook, or positioned in small spaces with magnets enables workers to concentrate less on the light and focus more on the job and any hazards that could threaten their personal safety. New portable work lights today can be positioned for overhead flood lighting or for direct spot lighting in tight spaces. Moreover, the lights can be easily adjusted by rotating in both a vertical or horizontal direction allowing technicians to more easily troubleshoot a problem and protect them from potential bodily harm.

These lights typically allow users to see the color spectrum as they would in natural light. The light provides a softer, warmer beam to assist with identifying subtle details and colors in various work applications, which prevents glare and eye fatigue. Glare reduction and the ability to more accurately identify colors also prevent mistakes or accidents in low light environments when working with colored electrical wires, replacing parts in an emergency, or even identifying warning signage within a facility.

Dependable Lighting Provides Peace of Mind

Perhaps the biggest trend in flashlight technology is lights that use rechargeable battery technology to ensure that light is always available when needed, offering dependable, always-on illumination that leads to less worker downtime and a safer working environment. Additionally, rechargeable batteries promote environmental sustainability by eliminating downstream waste due to the reduction of disposable batteries, leading to a cleaner working environment by reducing the number of spent batteries in landfills.

Regardless of the type of light used, when it comes to the safety of all within a work location, managers and employees should review how new lights operate to better understand any new features and safety enhancements. Every new feature in today's lights has been carefully designed and engineered to safely support workers and their specific profession. Managers should pay close attention to the rapidly changing technology and enhancements to prevent accidents and to ensure a safe, healthy, productive work environment.

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Fun Time - *Joke of the week*

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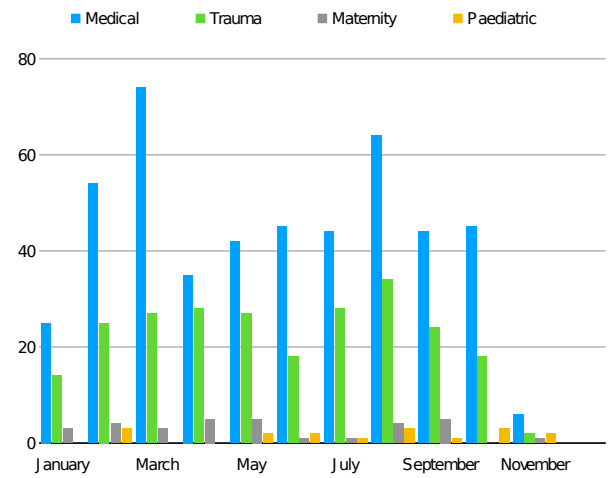
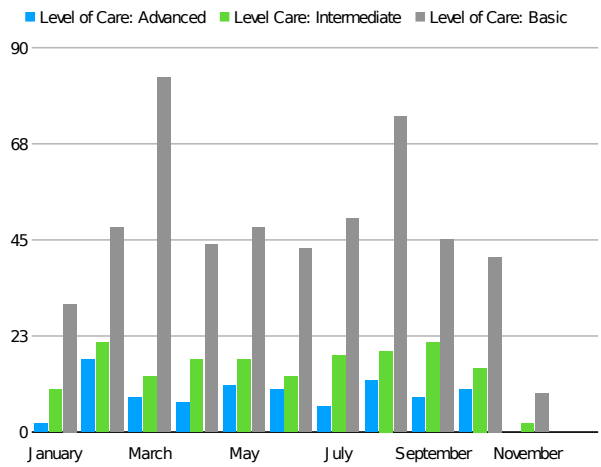
January	25	14	3	0	2	10	30
February	54	25	4	3	17	21	48
March	74	27	3	0	8	13	83
April	35	28	5	0	7	17	44
May	42	27	5	2	11	17	48
June	45	18	1	2	10	13	43
July	44	28	1	1	6	18	50
August	64	34	4	3	12	19	74
September	44	24	5	1	8	21	45
October	45	18	0	3	10	15	41
November	6	2	1	2	0	2	9
December							
Total per annum	478	245	32	17	91	166	515
Total	772				772		





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