

O Sun God, Savitr!
 Thou dazzling fount of life-persuasive light!
 Sublimest mystery speeding from afar!
 Swift became that burst too potent on the sight!
 This radiant type of strength and youth!
 Glowing eternally!



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 Seeing, far-shining, the shining wanderer!
 - Rig Veda, iii, 65

He alone shines!
 All luminaries get illuminated by His Illumination!
 The whole Universe is enlightened by His light!
 - Kathapanisad

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SITTING DISEASE

Approximately 80% of US adults and adolescents are insufficiently active. Physical activity fosters normal growth and development and can make people feel, function, and sleep better and reduce risk of many chronic diseases. The 2018 Physical Activity Guidelines (PAG) Advisory Committee conducted a systematic review of the science supporting physical activity and health. The Department of Health and Human Services (HHS) based the PAG on the 2018 Physical Activity Guidelines Advisory Committee Scientific Report. The PAG provides information and guidance on the types and amounts of physical activity to improve a variety of health outcomes for multiple population groups. Preschool-aged children (3 through 5 years) should be physically active throughout the day to enhance growth and development. Children and adolescents aged 6 through 17 years should do 60 minutes or more of moderate-to-vigorous physical activity daily. Adults should do at least 150 minutes to 300 minutes a week of moderate-intensity, or 75 minutes to 150 minutes a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity. They should also do muscle-strengthening activities on 2 or more days a week. Older adults should do multicomponent physical activity that includes balance training as well as aerobic and muscle-strengthening activities. Pregnant and postpartum women should do at least 150 minutes of moderate-intensity aerobic activity a week. Adults with chronic conditions or disabilities, who are able, should follow the key guidelines for adults and do both aerobic and muscle-strengthening activities. Individuals performing the least physical activity benefit most by even modest increases in moderate-to-vigorous physical activity. Additional benefits occur with more physical activity. Both aerobic and muscle-strengthening physical activity are beneficial. The 2018 PAG Recommendations emphasize that moving more and sitting less will benefit nearly everyone¹.

Also, research shows that a few quick bursts of high-intensity exercise such as a 30-second sprint or intense pullup set may be more effective in reducing belly fat. A diet of leafy greens, whole grains, nuts, and beans, with unsaturated fats from plant foods that are rich in omega-3s, and avoiding saturated and animal fats is good for keeping away the most dangerous kind of fat called visceral fat that stays deep in the belly and wraps around major organs, including your liver, pancreas, and kidneys. The results of a meta-analysis of 10 trials with supplementation with fish-oil-derived omega-3 fatty acids provide **no support for current recommendations** to use marine-derived supplements for the prevention of fatal coronary heart disease or any cardiovascular disease in people who have or at high risk of developing cardiovascular disease².

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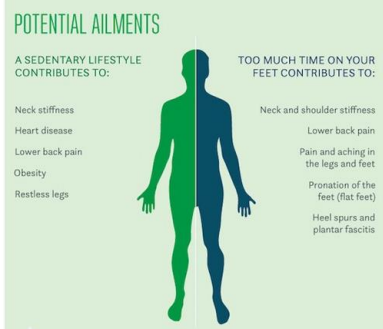
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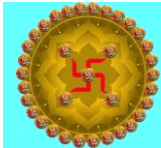
Sleep for around 6-8 hours is optimum for health and anything less or more increases visceral fat. Stress, smoking, and alcohol boost belly fat. Meditation, work out, listening to music, etc., may help to unwind and relax reducing the stress and thereby reducing the visceral fat³.

The medical community says that sitting is the new smoking. Scientists reported⁴ that among transit drivers who sit most of the day, and conductors and guards who don't, though the diets and lifestyles were a lot alike, those who sat for long stretches were about twice as likely to get heart disease as those that stood. Sitting raises the risk of heart disease, diabetes, stroke, high blood pressure, and high cholesterol, and the



brain of such a person looks like that of a someone with dementia. Deep Vein Thrombosis (DVT) is a clot that forms in legs, often because of sitting still for too long. It can be serious if the clot breaks free and lodges in lungs. There may be swelling and pain, but some people have no symptoms. In addition, varicose veins, spider veins, bundles of broken blood vessels nearby are also possible. Older adults who aren't active may be more likely to get osteoporosis and could become unable to perform basic tasks of everyday life, like taking a bath or using the toilet. Also, colon, endometrial, breast cancer, and lung cancer. The effects of too much sitting

are hard to counter with exercise. Moving throughout the day can help even more than exercise to lower your risk of all these health problems - the effects of sitting 7 hours at a time. Scientists are still trying to understand the exact cause, but think that sitting may change the way the body reacts to insulin, the hormone that helps it burn sugar and carbs for energy. The seated position puts stress on the back muscles, neck, and spine, and the stress is further exacerbated with slouching. To reduce the stress on the back muscles, neck, and spine, to keep the spine in line, and to avoid the sitting disease; one should break up long sitting sessions, with standing, stretching, touching toes, taking a stroll around the office, etc., every half hour, and standing at the desk for part of the day, and adding a treadmill desk⁵ in the office to stop the negative effects of uninterrupted sitting⁶.



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OPIOIDS FOR PAIN

A meta-analysis of chronic back pain trials concluded that benefits were too small to be clinically important even at high doses⁷. Another meta-analysis of opioid trials for musculoskeletal pain in older adults found no association of dosage with pain or function⁸. Recent opioid prescribing guidelines recommend keeping daily dosages low⁹. However, results of a new study designed to identify the medication regimen with the best balance of benefits and tolerability for each patient and allowed treatment with a range of low to moderately high opioid dosages do not support initiation of opioid therapy for moderate to severe chronic back pain or hip or knee osteoarthritis pain¹⁰.

Support for the Republican candidate in the 2016 election is a marker for physical conditions, economic circumstances, and cultural forces associated with opioid use - convergence of the worsening opiate epidemic enabled Trump to be elected. Experts have struggled to explain both the root causes of the opioid epidemic and the results of the 2016 election. A cross-sectional analysis of a national sample of Medicare claims data found that chronic use of prescription opioid drugs was correlated with support for the Republican candidate in the 2016 US presidential election. The association of the presidential vote with chronic opioid use underscores the importance of cultural, economic, and environmental factors associated with the opioid epidemic. In the 693 counties with adjusted rates of opioid prescription significantly higher than the mean county rate, the mean (SE) Republican presidential vote was 59.96%, providing a clear interrelationship between public mental health and political realms¹¹. At President Trump's request, the Department of Health and Human Services (HHS) declared the opioid crisis a public health emergency in October 2017 and renewed the declaration the following January, April, and July. The declaration was spurred by increasing rates of opioid-related deaths and opioid use disorder¹².

Drug overdoses resulted in 70,237 deaths during 2017. Among these, 47,600 (67.8%) involved opioids (14.9 per 100,000 population), representing a 12.0% rate increase from 2016¹³. The 63,632 drug overdose deaths in US in 2016 represented a 21.4% increase from 2015; two thirds of these deaths involved an opioid¹⁴. From 2015 to 2016, drug overdose deaths increased in all drug categories examined; the largest increase occurred among deaths involving synthetic opioids other than methadone (synthetic opioids), which includes illicitly manufactured fentanyl (IMF). In 2016, synthetic opioids (primarily IMF) were involved in 23.7% of deaths involving prescription opioids, 37.4% involving heroin, and 40.3% involving cocaine¹⁵. Since 2013, driven largely by IMF, including fentanyl analogs, the current wave of the opioid overdose epidemic has been marked by increases in deaths involving synthetic opioids. IMF has contributed to increases in overdose deaths, with geographic differences reported. CDC examined state-level changes

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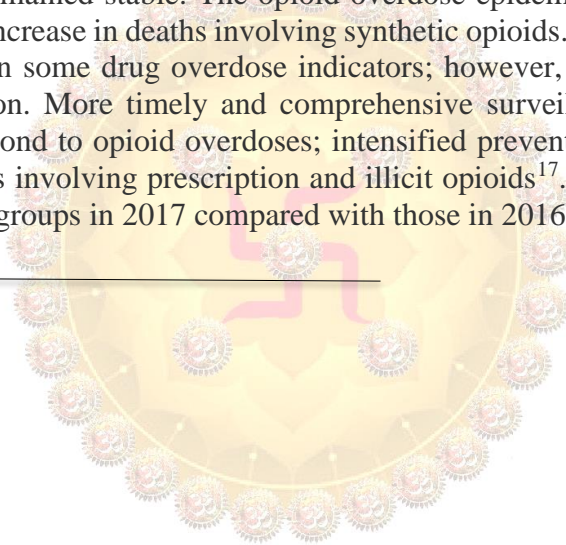
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in death rates involving all drug overdoses in 50 states and the District of Columbia (DC) and those involving synthetic opioids in 20 states, during 2013–2017. In addition, changes in death rates from 2016 to 2017 involving all opioids and opioid subcategories, were examined by demographics, county urbanization levels, and by 34 states and DC. Among 70,237 drug overdose deaths in 2017, 47,600 (67.8%) involved an opioid. From 2013 to 2017, drug overdose death rates increased in 35 of 50 states and DC, and significant increases in death rates involving synthetic opioids occurred in 15 of 20 states¹⁶. From 2016 to 2017, overdose deaths involving all opioids and synthetic opioids increased, but deaths involving prescription opioids and heroin remained stable. The opioid overdose epidemic continues to worsen and evolve because of the continuing increase in deaths involving synthetic opioids. Provisional data from 2018 indicate potential improvements in some drug overdose indicators; however, analysis of final data from 2018 is necessary for confirmation. More timely and comprehensive surveillance data are essential to inform efforts to prevent and respond to opioid overdoses; intensified prevention and response measures are urgently needed to curb deaths involving prescription and illicit opioids¹⁷. Heroin-involved overdose death rates declined among many groups in 2017 compared with those in 2016¹⁸.



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PRESCRIPTIONS FOR DEPRESSION

Suicide attempts are important clinical events. They are a major source of distress, morbidity, and economic burden. Most adults who make suicide attempts have anxiety or mood disorders and many have substance use disorders. Despite policy and clinical initiatives aimed at reducing suicide, from 2006 to 2014, the rate of suicide in the United States increased by approximately 2% per year, which has disproportionately affected younger adults with less formal education and those with antisocial personality disorder, anxiety disorders, depressive disorders, and a history of violence¹⁹. The national cost of suicides and suicide attempts in the United States was estimated to be about \$94 billion or \$298 per capita in 2013²⁰.

As a result, prescription medications are widely and increasingly used in the United States, with approximately 15% of adults estimated to have been using 5 or more concurrent prescription²¹ medications in 2011 and 2012²². Alongside evidence that adverse drug events from prescription medications are often implicated in emergency department visits and hospitalizations²³, there is gaining recognition that many commonly used prescription medications, including hormonal contraceptives and β -blockers, are associated with an increased risk of depression²⁴. In the years 2009 through 2012, depression was estimated to affect more than 5% of US adults²⁵ and in 2011 and 2012, an estimated 28.7% of adults with depressive symptoms were undiagnosed or untreated²⁶. Despite progress in understanding risk factors for depression, including among adults with comorbid medical disorders, there is only limited information about the use of medications that have the potential for depression as an adverse effect²⁷. Several studies have investigated associations between medication classes and depression. The strength of evidence for depression as an adverse effect varies across medication classes, for example, depression has been consistently associated with interferon α treatment of hepatitis C with mild to moderate depression developing in 45% to 60% of treated patients and moderate to severe depression developing in 15% to 40%.¹⁰⁻¹² By contrast, evidence linking β -blockers to depression and suicide is less consistent²⁸. In a cross-sectional survey study, reported use of prescription medications that have depression as a potential adverse effect was common and use of multiple medications was associated with greater likelihood of concurrent depression²⁹.

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 - Rig Veda, iii, 65

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Issue 252

Chief Editor: డాక్టర్ శ్రీనివాసరావు వేపచేదు | डॉक्टर श्रीनिवासाबु वेपचेदु | Dr. Sreenivasarao Vepachedu¹

NEW SNAKE DISCOVERED

A new colubroid snake found in the isolated highlands of western Chiapas is called *Cenaspis aenigma*, which translates to mysterious dinner snake, from the Latin *cena* (dinner), *aspis* (a snake variety), and *enigma*. *Cenaspis* is a burrowing snake that likely feeds on insects and spiders. This enigmatic little snake possesses a unique suite of characters that defies placing it in any known genus and clearly distinguishes it from all known genera. Several of the most unusual features include subcaudals undivided throughout the length of the tail and a simple hemipenis completely adorned with calyces and having a sulcus



spermaticus that remains unbifurcated until the apical portion of the organ. Neither of these characteristics is known for any other colubroid of the Western Hemisphere. The underside of the creature is adorned with three series of triangular blotches that make irregular stripes; very few New World snakes have similar striping. It also has 14 short, stout teeth in its upper jaw; most members of its family have more or less than that. Considering the morphology, scientists have placed the new snake in the Dipsadidae and suggested that *Adelphicos*, *Atractus*, *Geophis*, and *Chapinophis* are among its closest relatives³⁰. In 1976, in the southern Mexican state of Chiapas, palm-harvesters working deep in one of the region's forests found a Central American coral snake—a vibrantly colored species with neurotoxic venom. When researchers obtained it, they found that its last meal was smaller serpent³¹.



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 Sublimest mystery speeding from afar!
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 The radiant type of strength and youth!
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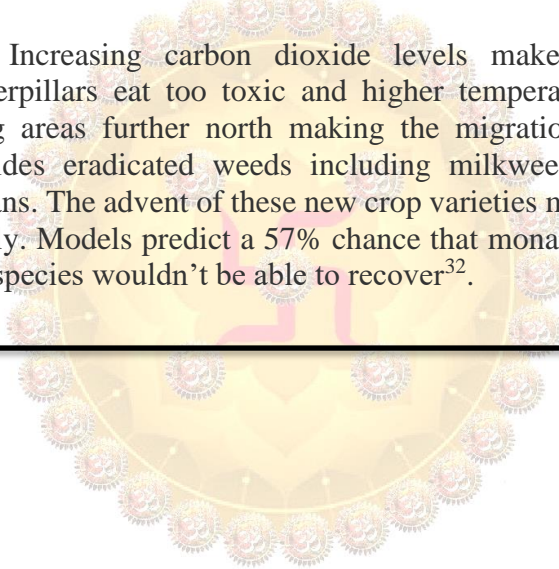
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MONARCH BUTTERFLY

Each fall, monarchs travel 3,000 miles from their summer homes in the northern US and Canada to winter habitats in California and Mexico. In the 2018 Western Monarch Thanksgiving Count, the number of west-coast monarchs spending the winter in California had plunged to only 20,456 butterflies, a drop of 86% from 2017 count. Eastern monarchs overwintering in Mexico in 2018 has dropped 15% since last year, more than 80% over the past 20 years, according to the National Wildlife Federation.



Increasing carbon dioxide levels make milkweed that monarch caterpillars eat too toxic and higher temperatures have driven summer breeding areas further north making the migration routes longer and more difficult. The herbicides eradicated weeds including milkweed that competed with the herbicide-resistant corn and soybeans. The advent of these new crop varieties meant the death of milkweed and its dependent monarch butterfly. Models predict a 57% chance that monarch numbers would drop so much in the next 20 years that the species wouldn't be able to recover³².



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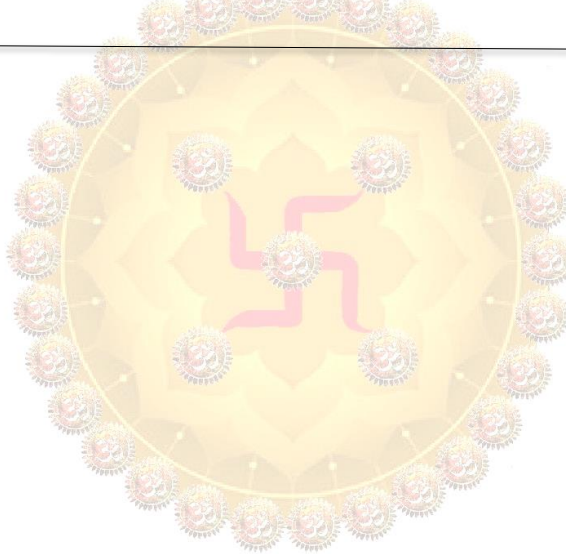
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EAGLE ON THE RIVER AT MCKINLEY WOODS IN CHANNAHON: DO NOT DISTURB: EAGLE WATCHING TIPS AND GUIDELINES



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³ Your Best Ways to Beat Belly Fat https://www.webmd.com/diet/ss/slideshow-belly-fat?ecd=wnl_day_123118&ctr=wnl-day-123118_nsl-LeadModule_cta&mb=sl0u26bW4bX4A6f2oTmCQ%40HnVev1imbCifxQ3xyXZ4k%3d; Great Food Combos for Losing Weight <https://www.webmd.com/diet/ss/slideshow-food-combos-weight-loss>

⁴ Physical Activity Guidelines for Health and Prosperity in the United States, JAMA, 320(19):1971-1972 (2018) <https://jamanetwork.com/journals/jama/article-abstract/2712936>; In this cross-sectional survey study, use of prescription medications that have depression as a potential adverse effect was common. Use of multiple medications was associated with greater likelihood of concurrent depression.

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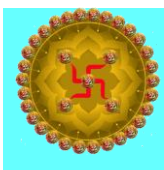
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☀️ (స్వస్తి) శ్రీ విఠంబి నామ సంవత్సరము/☀️ (स्वस्ति) श्री विलम्बी नाम संवत्सर/Swasti Sri Vilambi Year

పుష్య మాసము / पुष्य महीन/ PUSHYA Month

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ॐ असतो मा सद्गमय । तमसो मा ज्योतिर्गमय । मृत्योर्मा अमृतं गमय । ॐ शान्तिः शान्तिः शान्तिः ॥

O Sun God, Savitr!
 Thou dazzling fount of life-persuasive light!
 Sublimest mystery speeding from afar!
 Swift became that burst too potent on the sight!
 This radiant type of strength and youth!
 Glowing eternally!



శ్రీ వేపచేదు విద్యా పీఠము

VEPACHEDU EDUCATIONAL FOUNDATION

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May the golden-eyed Savitar, come hither!
 Shining forth he rises from the lap of the dawn!
 Praised by singers, my God Savitar!
 Stepped forth and never missed his place!
 He steps forth the splendor of the sky the wide!
 Seeing, far-shining, the shining wanderer!
 - Rig Veda, vi. 65

He alone shines!
 All luminaries get illuminated by His Illumination!
 The whole Universe is enlightened by His light!
 - Kathopanisad

ॐ भूर्भुवः स्वः तत्सवितुर्वरेण्यं भर्गो देवस्य धीमहि धियो यो नः प्रचोदयात् ॥

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How to prescribe psychotropics in the medically ill? https://psychopharmacologyinstitute.com/podcast/prescribing-psychotropics-in-the-medically-ill/?utm_source=email&utm_medium=emailCkit&utm_campaign=OPC010&convertkit_id=svepachedu@yahoo.com&ck_subscriber_id=292180556
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