Metformin (Biguanide) is one of the drugs to treat diabetes mellitus (DM) for many years. New preparations have been developed like extended release preparation of metformin that act in the lower gastrointestinal tract that produces glucose-lowering effects even lower plasma metformin concentrations. Nowadays, it is not only effective for treatment of DM but also has non-glycemic effects. Recently, metformin has shown beneficial effects on lifespan extension. My previous research also proved that it can prolong lifespan of Caenorhabditis elegans (C. elegans). Researchers identified a pathway through which metformin increases lifespan and inhibits growth by using C. elegans and human cell culture for experiments. Metformin inhibits growth by inhibiting mitochondrial respiratory capacity through nuclear pore complex and through transcriptional induction of acyl-CoA dehydrogenase family member 10 (ACAD10) via induction of mammalian target of rapamycin complex 1 (mTORC1) inactivation. This pathway is conserved from worms to humans. By this pathway, Metformin can kill cancer cell and extend lifespan and illuminate potential cancer target.

Genetic, dietary manipulation and drugs are targets of aging to increase lifespan and health span in numerous models. One of the drugs like Metformin may have protective effects against several age-related diseases in humans and will be tested in the TAME (Targeting Aging with Metformin) trial. The first clinical trial aimed at targeting fundamental processes of aging will be launched in near future (TAME).

Metformin not only affects aging but also has an effect on cancer. Many clinical trials are on-going to explore the anticancer effects of metformin. Furthermore, it can improve in cardiovascular outcome and reduce total mortality independent of glycemic control in prospective diabetes study of UK.

In conclusion, it is suggested that the non-glycemic effects of Metformin will be useful as anti-aging and anti-cancer drug as well as for cardiovascular diseases.

References.
An estimated five million Malaysians, or 22.8 per cent of the population, are smokers, according to the National Health and Morbidity Survey (NHMS). The prevalence of smoking was highest among those with lower income population mostly people who discontinued studies after primary education and more in certain stress related occupations. Many studies also state that smoking is very prevalent in younger school going population as early as 16 years.

The most alarming thing is the drastic increase in the number of Cigarettes smoked by a person over a period of time and another factor that needs attention is the prevalence of quit attempts made by Malaysians was below 20.0% to over 50.0% across countries like Australia, Canada, China, New Zealand, South Korea, Thailand. Tobacco not only affects the individuals but also impacts the family, society and environment.

Avoiding second-hand smoking is a main preventive measure which need to be properly need to educated to the population where many school going children and house wives are exposed and are at increased risk for developing cough, nasal and throat problems at night, wheezing and asthma of lung. The risk is increased with the increasing number of smokers at home and many cases have been reported of lung cancers due to his negligence.

Shisha smoking also called hookah, narghile, waterpipe, or bubble bubble smoking is not adequately addressed in the current anti-tobacco policies. Shisha bars are commonly seen around educational institutions. The general public is unaware of the harmful effects of shisha smoking as it is generally assumed that shisha does not contain tobacco. Smoking usually leads to illicit drug use and alcohol consumption. Over a million pounds of toxic chemicals was released by tobacco product manufacturing facilities in to environment. Cigarette contains more than 3,900 chemicals, 33 of these toxins are classified as hazardous air pollutants and 67 are known human or animal carcinogens that are toxic to humans, birds, fish and insects, particularly honey bees.

An estimated 200,000 hectares of forest succumbs yearly to tobacco interests mainly in developing countries. Scientists discovered that tobacco causes the highest soil erosion rate of any crop planted in arid regions. Discarded butts carry with them many of the toxins involved in tobacco production, including pesticide chemicals. These leach into rivers, streams and lakes, thus harming marine life and entering the water supply and food chain.

In Malaysia, more than 19,100 citizens are killed by tobacco-related diseases every year while more than 126,000 children and 4.7 million adults continued to use tobacco every day. A study by the Health Ministry had shown that tobacco use accounted for 35 percent of in-hospital deaths in Malaysia, mainly from cancer, heart disease and stroke.

Keeping in view of the present situation there is an urgent need to redraft the current national tobacco control programme and implement it at university levels. Strategies should be undertaken to equip students with skills of dealing with stressful situations and initiate healthy lifestyle ideals. Knowledge of smoking hazards should be included in the education programme to reduce initiation of smoking among adolescents. Awareness on smoking and prevention programme’s should begin early in primary schools. Existing anti-smoking programmes need to take into account the factors that promote smoking to reduce the prevalence of intention to initiate smoking and increase the intention to cease smoking among adolescents. Continuous and more comprehensive antismoking policy measures are needed in order to further prevent the increasing prevalence of smoking among Malaysians, particularly those who are younger, less educated, and those residing in rural residential areas and with lower socio-economic status there is also need to implement more comprehensive smoke free legislation nationally across Malaysia. A national policy on tobacco control which enables an integrated, inter-ministerial approach is vital.

"Believe you can and you’re halfway there.” - Theodore Roosevelt
OCCLUSAL SPLINTS: A BOON FOR PATIENTS WITH MAXILLOFACIAL MUSCULOSKELETAL DISORDERS

Dr Ajay Jain, Dr Ugrappa Sridevi. FoD

Introduction:
Occlusal splint or occlusal device is defined as any removable artificial occlusal surface affecting the relationship of the mandible to the maxillae used for diagnosis or therapy; uses of this device may include, but are not limited to, occlusal stabilization for treatment of temporomandibular disorders, diagnostic overlay prior to extensive intervention, radiation therapy, occlusal positioning, and prevention of wear of the dentition or damage to brittle restorative materials such as dental porcelain. The purpose of an occlusal treatment is to make the teeth confirm to a correct skeleton related position of the condylar axis. The most common cause of masticatory muscle pain is displacement of the mandible to a position dictated by maxillar muscle pain. Displacement of the mandible always results in displacement of condyle-disk assemblies, which in turn can lead to progressive changes in condyle disk alignment. The misalignment along with connective tissue changes that can occur within the articular components may make it difficult to determine the correct position for condylar axis.

Uses of occlusal splints:
1. To provide a more orthopaedically stable joint position temporarily.
2. To introduce an optimum functional occlusion that reorganizes the neuromuscular reflex activity which in turn reduces abnormal muscle activity while encouraging more normal muscle function.
3. To protect the teeth and supportive structures from abnormal forces that may create breakdown or tooth wear.
4. To provide an acceptable surface for reversible occlusal treatment, that can be altered as needed.
5. To help determine what is wrong or to help treat a specific mal-relationship that has been diagnosed.

Types of occlusal splints:
Regardless of various different designs of occlusal splints, every occlusal splint is classified as, either Permissive splint or Directive splint.

1. Permissive splints (Figure 1) are designed to unlock the occlusion to remove deviating tooth inclines from contact. When this is accomplished, the neuromuscular reflex that controls closure into maximum intercuspation is lost. The condyles are then allowed to return to their correct seated position in centric relation if the condyle of the articular components permits. Because all corrective tooth inclines are either separated or covered with smooth plastic, permissive splints allow the muscles to function according to their own coordinated interactions; thus eliminating the cause and the effect of muscle incoordination. For this reason permissive splints are often referred as muscle deprogrammers.

2. Directive splints (Figure 2) are designed to position the mandible in a specific relationship to the maxilla. Any splint with occlusal force that intercuspate is a directive splint because the mandible is directed into the specific jaw to jaw relationship at which the intercuspation of the teeth occurs. The positioning of the mandible may also be accomplished by contacting inclines against anterior teeth that direct the mandible in a particular position of closure. The sole purpose of directive splint is to position or align the condyle-disk assemblies. Thus directive splints should be used only when a specifically directed position of condyles is required.

References.
2. Okeson J. Management of temporomandibular disorders and occlusion. 7th ed. Mosby: St Louis, USA.
In today’s world, we seem to overlook some really simple but great inventions that make our life healthier and happier. One such invention is our toothbrush which is a beacon of human creativity that we take for granted. Toothbrush is an oral hygiene tool designed to clean your teeth, gums, and tongue to help maintain a healthy mouth.

We stand over the sink every day for few minutes caring for our teeth, yet, how often do we care for our toothbrush? If we are not taking care of our toothbrush, we are merely putting a dirty tool inside our mouth while still expecting it to clean our mouth. Hence, here are few recommendations to maintain a clean toothbrush:

1. Sharing is caring, but not for toothbrushes.
   One toothbrush should have only one owner. Do not share toothbrushes. Sharing a toothbrush can mean you are sharing germs which increases the risk of infection. This could be a concern for persons with compromised immune status or existing infectious diseases.

2. Showering is good for your toothbrush. Give it a bath.
   Toothbrushes are designed to remove the plaque from teeth. As you brush, plaque may get trapped in the bristles of the toothbrush. By thoroughly rinsing your toothbrush you will also rinse away plaque hence you do not reintroduce it into your mouth. Before and after each use, thoroughly rinse your toothbrushes under running water to remove any remaining toothpaste and other residue. Rub your fingers along the bristles. When you’re finished, shake out the brush to accelerate drying.

3. Do not substitute one set of germs for another.
   It seems rather obvious that often people reach straight for the toothbrush and toothpaste before washing their hands. Always wash your hands both before and after handling your toothbrush to avoid transferring bacteria from your hand to toothbrush.

4. Toothbrushes like to be left out standing dry in the open.
   Always store the toothbrush in an upright and uncovered, you are eliminating the ideal environment and gravity can help the moisture drain out of the bristles.

5. Toothbrushes need privacy, too. Give them some space.
   Yes its true, your toothbrush needs privacy. They lack intimacy with their partners and like to stay separated. So while storing toothbrushes, try to store each brush in separate container. If you are storing multiple toothbrushes in one container, try to keep them as separate as possible to prevent cross-contamination. When the brushes touch each other they will allow the transfer of bacteria from one brush to another. A standard toothbrush holder with slots for several brushes to hang upright is a better option.

6. Like you, your toothbrush too needs a clean and tidy home.
   It is particularly important to clean your toothbrush holder regularly. Bacteria that accumulates on the toothbrush holder can be transmitted to the brush, and then to your mouth. Which means cleaning your toothbrush holder will require more diligence. Wash your toothbrush holder or cup with soap and water at least once a week.

7. Toothbrush says “I am not a toilet accessory”.
   Store your toothbrush away from the toilet. When you flush your toilet, tiny water particles containing urine and faecal matter escape the toilet and overspray in the air. You do not want this landing on your toothbrush. So it is important that you store your toothbrush at least 2 feet from the toilet.

8. Don’t get too attached to your toothbrush.
   Know when enough is enough. Toothbrushes have a very short life span so don’t hang on to your toothbrush for a long time. It’s important to periodically take a look at your toothbrush bristles. When the bristles become frayed and worn-out, they loose their effectiveness and hence it’s time to change the brush. Even if you don’t notice obvious wear and tear, you should still replace your old toothbrush once every 3 months. Children’s toothbrushes often need replacing more frequently than adult brushes.

9. Care away from home.
   Most people probably put their toothbrush in some sort of plastic tube holder when packing for a travel. But you should consider the fact that these tubes can hold a lot of bacteria and they also flatten the bristles. Hence, a plastic tooth-
brush case with good ventilation should be preferred in your travelling kit. Another simpler way is to get a travel toothbrush.

10. Your toothbrush can make you sick again

Replace your toothbrush after illness. Microbes can loiter for a week or longer on almost any surface. In order to prevent re-infection, it is important to replace your toothbrush after a cold, flu, sore throat, or any other illness.

11. Recycle your Old Toothbrushes

If you want to “be green,” you can actually recycle your old toothbrush with TerraCycle® and Colgate®. TerraCycle and Colgate have partnered to create a free recycling program for oral care product packaging. This program is a great way to recycle and support fundraising opportunities for program participants.

Conclusion:

This article is a little reminder to us that the actual things that advance our health, prolong our lives, and make us happier are often the little things that we take for granted each and every day. Toothbrushes are one such little thing. Your relationship with your toothbrush is very important. Our toothbrush deserves much care and love. What’s good for the toothbrush is good for the teeth and what’s good for the teeth is good for our overall health!

References.


“ar are
er fully
dressed Without
a smile.....”

Andy Paine
Corporate dividend policy is the process of a firm management decisions regarding the distribution of a firm’s net income to the dividends or retained earnings. A firm would distribute a part or all of its net income to the shareholders for their investments in a firm as dividends or would retain a part or all of its net income in the balance sheet of a firm as retained earnings for reinvestment purposes.\(^1\) The pattern of corporate dividend policy varies from country to country, particularly between developed and developing countries emerging markets. Glen, Karmokolias, Miller, and Shah\(^2\) report that dividends pay out are more volatile in developing countries emerging markets than in developed countries. However, Issa\(^3\) claims that most investors intuitively relate profitability of the firms to a better corporate dividend policy in many countries including Malaysia.

Malaysia is a developing country, yet its capital markets, which contains conventional and Islamic capital markets, is more developed than many other emerging markets.\(^2\) To establish a better economic environment, the government of Malaysia has implemented some strategies i.e., Capital Market Master Plan from 2000 to 2010 (Security Malaysia, 2013) and government strategy to increase the capital market from RM1.81 trillion to RM4.5 trillion by 2020 to achieve the target to become a developed country.\(^5\) Therefore, corporate dividend policy makers should come up with policies to attract different types of shareholders and investors to increase the market capitalization.

The objective of this research is to investigate the relationship between different types of shareholders ownership and corporate dividend policy in Malaysia using a sample of 43 plantation companies listed on Bursa Malaysia from 2013 to 2015. The findings of Ordinary Least Square (OLS) show that foreign ownership has a positive and significant effect on corporate dividend policy while state ownership has a negative and significant effect on corporate dividend policy. However, Government Linked Investment Companies (GLICs) ownership has insignificant effect on corporate dividend policy.

The implication of this research is to policymakers of government through their GLICs and state in selecting and deciding their corporate dividend policies. Furthermore, it also gives evidence to shareholders and investors in making their investment decisions. Finally, this research is the first in its kind that contributes to the finance and corporate governance literature at investigating the relationship between different types of shareholders ownership and corporate dividend policy in Malaysia.

References.


Malaysia is a developing country, yet its capital markets, which contains conventional and Islamic capital markets, is more developed than many other emerging markets.
We the normal humans would take an unexpected turn when we come across diagnosis of Bone tumour. 0.2% of the overall human cancer affects bone. Sometime the bone tumours are cancerous. They are malignant bone tumour. Malignant bone tumours can metastasize, meaning cancer cells could spread from one part to distant part within the body.

Bone tumours can affect any bone in the body and grow in any part of the bone from the cortex of bone to the bone marrow. When a bone tumour is metastatic, it is either a primary or a secondary bone cancer. A primary bone cancer starts within bone, but secondary bone cancer originates somewhere else in the body and spreads to bone. Secondary bone cancer is also called metastatic bone disease.  

**Categories of Bone Tumours**

![Bone Tumor Diagram]

The management of bone tumour is either with amputation or limb salvage surgery. 85% of the cases are treated with Limb salvage surgery that includes partial removal of tumorous tissue between variety of connective tissue structure including articular and periarticular structures. This is done by process called endoprosthesis. The positive side of this process is that it allows the client to go for early intensive care mobilization, increased functional recovery and enhanced survival rate.

**When to Consult Orthopaedicians?**

When the patient develops pain over the prosthesis, infection or loosening of fixation. The Principles of rehabilitation in most of the endoprosthetic fixation remains similar. As a Physiotherapist we are more concerned on alignment of body segments, Due to the nature of the limb salvage surgery many of the connective tissue structures that would have provided the feedback loop is missing, moreover sensory receptors from the tendons and ligament around the joints that is responsible for the motor march is altered in this instance. Hence the stability, mobility, strength and functional outcome is major area of concern.  

**Stability**: During the initial post-operative days knee is stabilized by immobilizer and in the later days Quadriceps are strengthened by isometric exercises and open chain exercises.  

**Mobility**: During the first few days range was established passively by mobilizer, this is followed actively by the muscles in the vicinity.  

**Strength**: The muscles are given small challenges in the open and closed kinematic chain based on the requirement of line of gravity to fall on base of support. It is very crucial for physiotherapist to consider rather than simply following the strengthening process. At times it becomes difficult to balance the agonist and antagonist due to the disruption of tissues during the disease or surgical process itself.  

**Ambulation**: Clients are mobilized through their activities of daily living and functional activities with or without orthosis, so that by their own efforts they reach the near normal life in the community.

The following is an illustration of Physiotherapy for distal femur bone tumor limb salvage surgery.

1. **PostOp Day 1-3**  
   - Keep lower limb elevated  
   - Use rigid knee immobilizer.  
   - Start isometric exercises.  
   - Knee flexion NOT allowed.  
   - Bed to chair transfer is allowed.

2. **PostOp Day 3 to Week 2**  
   - Start weight bearing as tolerated for cemented prostheses (always with knee immobilizer).  
   - For cement less prostheses partial weight bearing (always with knee immobilizer).  
   - Isometric strengthening of knee extensors.  
   - Knee flexion NOT allowed

3. **PostOp Week 2 to 6**  
   - Begin Active Assisted Range of Motion knee if
skin healed.

- Discontinue knee brace if patient has enough muscle control to do a straight leg raise against gravity.
- If unable to SLR, then immobilize using the knee immobilizer when ambulating.

4. PostOp Week 6 Onwards
- Start aggressive knee flexion exercises and increase the extensor strength.
- Consider Continuous Passive Motion/dynamisplt if flexion <60° Movement Under Anaesthesia is contraindicated. Examination under anesthesia can be done to assess the cause of limited knee flexion.
- Surgical release is indicated if knee flexion is < 60 degrees at six months after surgery.

To sum up, endoprosthetic rehabilitation is fruitful if the disease severity is limited by limb salvage surgery and patient must be in safe hand in the rehab team. Thus role of physiotherapist is crucial in achieving prosthetic shelf life, survival rate and decreasing functional limitation.

References.
Rationale For The Study.
Since 2013, AIMST University is receiving students from KANAGAWA University in accordance with the international articulation between the two universities. This study is undertaken to evaluate the feedback from the Japanese students in certain areas and help to take appropriate measures so that their tenure in AIMST University fulfills the original objectives of the articulation between both universities.

Methodology.
The students will be given survey forms that they have to tick. The survey form contains seven main areas.
During their one year period in AIMST University, the same survey will be conducted three times using the same form for the same student.

Schedule of surveys:

a) Within the 1st week in semester 1 when classes have begun.

b) Within the 2nd week in semester 2.
Based on the surveys from semester 1 and 2 the First Report will be prepared.

c) Within the last two weeks in semester 3 before the students leave campus. Based on the surveys from all the 3 semesters then Final Report will be prepared.

Areas of Survey.

1. Academics
   a. The lectures are boring.
   b. The topics are same as in Japan.
   c. Cannot understand the lectures well.
2. English Language
   a. Very good writing skills.
   b. Very good listening skills.
   c. Very good reading skills.
   d. Cannot talk in English.
   e. Listen to English songs often.
   f. Watch English movies.
   g. Read English materials.
3. Interactions Within the Group
   a. All of them are my friends.
   b. Sometimes we go to lectures together.
   c. We take our meals together.
   d. Sometimes we discuss our problems together.
4. Interactions With Other Students
   a. Don’t like some students.
   b. How many good friends you have?
   c. Go for lectures with some of them
   d. We discuss our academic problems
   e. We don’t discuss our personal problems.
   f. Sometimes we eat together.
   g. Sometimes we visit their homes.
5. Interactions With Lecturers
   a. Lecturing style very different from Japan.
   b. Lecturers are very friendly.
   c. Cannot understand the lecturers.
   d. The lecturers are boring.
6. Living Conditions
   a. Hostel rooms are well maintained.
   b. Rooms are comfortable.
   c. No water problem.
   d. Food is very satisfactory.
   e. Good recreational facilities.
7. Facilities For Learning
   a. Lecture rooms are comfortable.
   b. Lecture rooms are clean.
   c. IT equipment in working conditions.


Findings.

Details of the April 2016/17 Intake

Programme and number of students:
1. Foundation in Business – 21
2. Bachelor of Business and Marketing - 1
Twenty one Foundation in Business students took part in this survey

Dates of surveys:
Semester 1 – 11 April 2016
Semester 2 – 29 August 2016
Semester 3 – 9 March 2017

Survey Results (based on average score as a group)
A. Academic matters
During both the 1st and 2nd semesters the students agreed the lectures were difficult but after
3rd Semester, they disagreed the lectures are tough.

B. English Language Proficiency
In 1st semester, the students disagreed their reading, writing and listening skills were very good. In Semester 2, they agreed they were good but in Semester 3, they disagreed they were very good.

C. Interaction within the Group
For all the semesters, the responses showed the interaction within the Group was good.

D. Interaction with other Students
In Semester 1, some of them did not like some of the local students and did not discuss personal problems with them. In Semester 2 and 3, the interaction with the local students was good.

E. Interaction with the Lecturers
In all the Semesters, the students mentioned the lecturing style was very different from that in Japan. All of them found our lecturers very friendly. In Semester 1, they said they cannot understand the lectures but the lecturers were not boring. In Semester 2, they said they could understand the lectures but the lecturers were boring. In Semester 3, they said they could understand the lectures and the lecturers were not boring.

F. Living Conditions
The students agreed the hostel rooms were well maintained and comfortable, no water problem and the recreational facilities were good. In Semester 1 and 3, they disagreed with the statement that the food was satisfactory. In Semester 2, they enjoyed their meals.

G. Facilities for Learning
The students agreed the lecture rooms were comfortable and clean. The IT equipment was in working conditions.

Conclusions.
This study helps to keep track of the Japanese students in many aspects during their stay in AIMST University. The students feel wanted when the survey forms were administered. They do not feel neglected. The results can be used to improve our delivery system for the students.

If there is clearance from AIMST Administration, we can forward a copy of the report to Kanagawa University for their perusal.

A child’s life is like a piece of paper on which every person leaves a mark.

- Chinese Proverb

“Because true belonging only happens when we present our authentic, imperfect selves to the world, our sense of belonging can never be greater than our level of self-acceptance.”

Brené Brown
PCOS is the most common cause of infertility in women. The first description of enlarged, polycystic ovaries surrounded by a smooth capsule was reported in 1844.\(^1\) Subsequently, in 1935, the classic description of polycystic ovaries was reported by Stein and Leventhal, which codified the association with hyperandrogenism, amenorrhea, and infertility and was known by syndrome on their name. More work on pathogenesis finally led to what has now become known as polycystic ovary syndrome (PCOS).

The principal clinical manifestations are hyperandrogenism and irregular menstruation/ovulatory dysfunction leading to infertility. The ovaries of women with these symptoms are polycystic and that may be detected on ultrasound imaging. The associated metabolic dysfunction includes insulin resistance, dyslipidemia, and obesity. There are indications that likelihood of PCOS in siblings of affected women is considerably higher. However, polycystic ovaries can be found in normal ovulatory women without a history of hyperandrogenism. Thus, 58% of women with poly-cystic ovaries were essentially normal without menstrual abnormalities or evidence of hyperandrogenism.

Problem of PCOS presents mainly by hirsutism (excessive hair growth), menstrual irregularity, and enlarged ovaries with numerous peripheral small antral follicles. In addition, these women tend to have obesity, mainly android obesity (increase in upper body and central distribution of fat), more visceral fat compared to peripheral fat and insulin resistance resulting in hyperinsulinaemia (more insulin in blood). They may also have more incidences of acne and acanthosis nigricans, a type of hyper-pigmentation (darkened, velvety plaque) along the nape of the neck. Lastly, but not the least is the problem of infertility. The ovaries of women with these symptoms are polycystic and that may be detected on ultrasound imaging. The first description of enlarged, polycystic ovaries surrounding a smooth capsule was reported in 1844.

In PCOS, the reproductive-metabolic alterations, which lead to chronic anovulation, insulin resistance, and obesity, may also pose significant long-term risks to a woman’s general health and well-being in the form of endometrial hyperplasia/endometrial carcinoma, diabetes mellitus, dyslipidemia, cardiovascular diseases and hypertension and these factors need to be considered when determining long-term treatment.\(^5\)

Treatment of PCOS is mostly symptomatic, based on clinical profile of patient. Weight loss via lifestyle modifications combined with dietary change is generally recommended by most authorities, despite the relative lack of evidence, as a first-line therapy for obese women with PCOS.\(^7\) Improving insulin sensitivity with insulin-sensitizing agents is associated with a decrease in circulating androgen levels, improved ovulation rate, and improved glucose tolerance. Administration of an oral contraceptive containing combination estrogen-progestin has proven to be an effective treatment for hirsutism and acne. This modality of treatment also has the advantage of instituting regular cyclic withdrawal bleeding and providing sufficient progestin to prevent excessive endome-trial proliferation and hyperplasia. Anti-androgenic agents like spironolactone with oral contraceptives have been used to maximize clinical benefit. Cosmetic dermatologic intervention in the form of laser therapy is also recommended for hirsutism. For ovulation induction, first line treatment remains the antiestrogen clomiphene citrate, followed by gonadotrophin administration. In 1935, wedge resection of ovary was described as surgical approach to treat anovulatory infertility until the discovery of medical agents.\(^4\) In 1994 it was reported that penetration of the ovarian capsule by diathermy or laparoscopic ovarian drilling (LOD) resulted in a high rate of ovulation and pregnancy.\(^4\) The mechanism by which LOD induces ovulation is unknown. The application of LOD appears to be best suited for anovulatory women that are resistant or fail to respond to clomiphene citrate treatment.

In PCOS, the reproductive-metabolic alterations, which lead to chronic anovulation, insulin resistance, and obesity, may also pose significant long-term risks to a woman’s general health and well-being in the form of endometrial hyperplasia/endometrial carcinoma, diabetes mellitus, dyslipidemia, cardiovascular diseases and hypertension and these factors need to be considered when determining long-term treatment.\(^5\)

References.

People have the habit of holding the forehead and temples when they have headache. We cross our fingers and hold them tight whenever we are tensed with some problem. In those days the teacher used to pinch the students’ ears whenever they forget the answers. In many countries people do ear piercing for all children irrespective of the sex. Many people in villages walk barefooted....

People often do this blindly without knowing the scientific background behind this.

**History:**

Acupuncture and Acupressure are studies that belong to an alternative medicine, a key component of Traditional Chinese medicine (TCM). Chinese discovered this more than 5000 years ago proving that pressing certain points on the body, relieved pain. The soldiers who got wounds in the war, reported that, many of their long term disorders have disappeared. This made them think of acupuncture and acupressure. This enabled them to develop this art by trial and error.

**How acupuncture works:**

Both acupuncture and acupressure stimulate certain points in the body which trigger the release of certain materials called endorphins that helps to relieve pain. The endorphins block the pain root and thereby increase the flow of blood and thereby oxygen, to the affected area. This makes the muscle relax and promotes healing. The practitioners aim to restore the flow of qi and the balance of Yin and Yang to improve spiritual, emotional, mental and physical health.

**Acupoints and Meridians:**

When a person suffers from headache, the actual cause for the headache could be pain or stress in the shoulder or neck, the acupressurist not only aims at relieving the pain and stress, but also aims to remove the source of the pain and discomfort in the shoulder and neck. For example, for any power point like light or fan, the trigger point or switch would be in some other place. Once switched on, light burns. Similarly for any organ, the trigger point, called the ‘Acupoint’ would be placed somewhere else and both would be connected through some meridians. There are nearly 14 meridians in the body like Liver meridian, spleen meridian, kidney meridian etc.. By stimulating the acupoints by acupuncture or acupressure, the organ or organ action can be controlled/stimulated.

**Where it is useful?**

Acupuncture is more preferred in long term disorders. Unlike allopathy, long term treatment is given in Acupuncture because it always aims to remove the root cause of any problem. It is used wisely in migraines, cancer, osteoarthritis, fibromyalgia, carpal tunnel syndrome, asthma, depression, insomnia, infertility and muscular conditions. These techniques are useful for reduction in Labor pain, labor augmentation and other intrapartum indications.

**Acupoints in the Sole of the foot:**

The acupoints of all the parts of the body are present on the soul. To give acupressure to all the organs, people walk bareFEET on ground. The World Health Organisation (WHO) has accepted - “real” acupuncture can be done only by properly trained people.

**Reference.**


**The World Health Organization has recognized acupuncture as effective in treating mild to moderate depression.**

Andrew Weil
INVITING CONTRIBUTIONS TO AIMST EBULLETIN

AIMST e-Bulletin
Instruction to Authors:

AIMST E-Bulletin is an online magazine published by AIMST University dedicated to the field of Healthcare, Medical, Dental, Pharmaceutical and other Paramedical sciences, Business and Engineering. AIMST e-Bulletin will cover the recent healthcare related issues/products/findings, new drug discovery, updated treatment guidelines, novel drug delivery/release, drug recalls, common medical terminology, riddles/jokes/puzzles/quotes, University/faculty events/achievements/awards, faculty/student recognitions, upcoming events, health tips, alumni column, upcoming conferences/workshops and what do they say.

The Editorial Process:

The submitted manuscript will be screened by the editorial board of the bulletin and reviewed by subject experts and will be published online in any of the upcoming issues.

Authorship criteria:

Authorship credit should be based only on substantial contributions to each of the components mentioned below:

- Concept and design of study or acquisition of data or analysis and interpretation of data.
- Drafting the article or revising it critically for important intellectual content.
- Conflicts of Interest/Competing Interests: All authors must disclose any and/or all conflicts of interest they may have with publication of the manuscript.

- Type of article: Abstract of research work, short communications, letters to the editor, drug safety and new drug updates etc.
- Preparation of Manuscript: Manuscript should be typed, double-spaced on standard-size paper (8.5” x 11”) with 1” margins on all sides. Times New Roman font 12 is to be used. Authors should take care over the fonts which are used in the document, including fonts within graphics. Fonts should be restricted to Times New Roman, Symbol and Zapf Dingbats.
- Title page: Title should be in Times New Roman font 12, title case and provide full name of the author, complete affiliation and corresponding email address.
- Abstract of research work: A summary of the research works. The abstract should include a brief introduction, description of the hypothesis tested, the approach used to test the hypothesis, results and conclusions of the work. The word limit for submission will be around 300 words.
- Short communications: The news related to the field of Pharmaceutical Sciences and biomedical research. The word limit for submission will be around 500-600 words with maximum of 5 references.
- Letters to the editor, drug safety and new drug updates: The news related to the field of Pharmaceutical Sciences updates and new drug information. The word limit for submission will be around 200 words with maximum of 3 references.

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CONTACT

AIMST University
Jalan Bedong—Semeling,
08100, Bedong, Kedah, Malaysia.
Tel: +604-429 8000 (8am - 5pm)
Fax: +604-429 8009
Email: choose@aimst.edu.my

AIMST EBULLETIN

AIMST University
Jalan Bedong—Semeling,
08100, Bedong, Kedah, Malaysia.
Tel: +604-429 8000 (8am - 5pm)
Ext 1331
Email: ebulletin@aimst.edu.my