

FAMILY Health

You're in
safe hands
AMH Launches
new clinics!



Featured This Month :

Facial Rejuvenation

Silicone Implants are SAFE for
Breast Augmentation in Ladies

Rehabilitation Medicine



The **one** and only



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EDITORIAL

I would like to welcome all readers to our newly designed Family Health Magazine. The new look reflects the rebranding of not just the magazine, but all our services and how we provide it to our clients at the American Mission Hospital. With over 110 years of experience in the healthcare field in Bahrain, we continue in strength not just on our legacy, but innovating on the delivery of care in a not-for profit setting that is suited to today's needs and to meet the expectations of the future.

Evolving innovations in healthcare have advanced the possibilities of what would have been impossible just a couple of decades ago. However, the challenge is to make these innovations that can radically transform outcomes and improve safety of care at a cost that is affordable to all. Newer technologies and therapies still remain out of bounds to those who cannot afford to pay for it and our goal is to make this available to all in the community.

'You are safe in our hands' is the theme on how the rebranding has been carefully based, You will see this in our newly designed website, our publications, our appointments systems and the care you will experience at AMH. Access to our medical facilities will be significantly enhanced with the opening up of our branches at Juffair and Amwaj. Both these clinics are scheduled to open in the beginning of 2014. We are partnering with the Healthier Hospitals Initiative (HHI) to reduce waste in energy, consumables and water consumption. As you enjoy going through the pages of this edition, I would take the opportunity to thank all our supporters, sponsors and customers for their continued support in enabling us to fulfill our mission of providing high quality of healthcare at an affordable price for all.

Dr George Cheriyan, MD, FRCPCH, FRCPI, DCH (Lon)
CEO/Chief Medical Officer
American Mission Hospital
Bahrain



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Bureau Veritas Integrated Management System (IMS)

Certificates



American Mission Hospital; Bahrain's only not-for-profit hospital, and the first accredited hospital in the Kingdom of Bahrain that was awarded the Bureau Veritas Integrated Management System (IMS) certificates based on the ISO 9001:2008 & OHSAS 18001:2007 standard requirements. The certificates were presented to AMH Chief Medical Officer/CEO Dr. George Cheriyan by Bureau Veritas CEO Mr. Zulfiqar Haider at a special ceremony attended by AMH Board of Directors and staff.

ISO 9001 is an international standard related to quality management, applicable to any organization from all types of business sectors and activities and is based on eight quality management principles (all fundamental to good business practices):



Customer focus
Leadership
Involvement of people
Process approach
System approach to management
Continual improvement
Fact based decision-making
Mutually beneficial supplier relationships

OHSAS 18001 is the internationally recognized standard for occupational health and safety management systems which enables an organization to have control and knowledge of all relevant hazards resulting from normal operations and abnormal situations, and improve its performance.

AMH Chief Medical Officer/CEO Dr. George Cheriyan said "American Mission Hospital is increasingly committed to employee development, safety and quality of their working environment and to enhance a culture of safety in all that we do as a healthcare organization. This has to be accompanied by creating a sustainable model to both support the community and the environment in which we operate. External Certification is the most credible way to demonstrate excellence and drive continuous improvement in our processes and systems."

American Mission Hospital is the first hospital in the region to be certified with both the ISO 9001:2008 & OHSAS 18001:2007 standards in an integrated manner.

AMH would personally like to thank Tamkeen for supporting this initiative.



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American Mission Hospital

BREAST CANCER SCREENING CAMPAIGN

Since the beginning of 2012, the focus for American Mission Hospital's Community Outreach project was on cancer screening. We started the year 2012 with colon cancer screenings and moved on to breast cancer screenings towards the end of the year. This project has continued even into 2013.

According to experts, breast cancer is one of the leading causes of cancer related deaths around the world. Through educational awareness and screening support, women in Bahrain are becoming more conscious of the need for regular breast examination and how timely diagnosis can mean the difference between life and death.

The breast cancer screening project was launched with a walkathon in aid of breast cancer at the Dohat Arad Walkway on the 30th of March 2013. The signature pink color associated with breast cancer was prominent at the walkway attracting the curiosity and attention of several of the people and families who were out there enjoying some family time. We used this opportunity to introduce them and educate them to the perils of breast cancer and preventative measures that need to be taken. The extraordinary thing during this walk was the tremendous support from the schools who came out there in droves. The walk was a huge success and even many of those just visiting the walkway appreciated the sentiments behind the walk and happily joined in.

"You're in safe hands"

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Bahnaz Abbas, Julia Tovey and Dr. Khalid Ishaq, Asst. Undersecretary of Ministry of Social Development representing H.E Dr. Fatima Al Beloushi

Part of the campaign involved our medical team conducting breast cancer screenings. Anyone who is found with some abnormalities is given an appointment to meet with our surgeon who then facilitates another check and assesses if the patient requires an ultrasound/ mammogram. As all these services are provided free of charge, it is imperative for us to hold fundraisers for this aim. It was with this aim that the International Costume Parade was held at the Diplomat Radisson Blu Hotel on the 18th of October 2013. Volunteers gave selflessly from their time to present costumes and dances from several countries around the world. The event was a grand success not only in terms of the guests' enjoyment but also in terms of fundraising, as the event was a sell out and we managed to raise generous funds for our mission.

The screenings have been ongoing, and we have covered all the social centers and several schools with the coordination of the Ministry of Social Development. During these screenings several women were identified with lumps/ abnormalities that required further investigations, and were offered the chance to come in free of charge, for a surgeon consultation to be followed by ultrasound/ mammogram as considered appropriate by the consultant surgeon. Some of these women were in fact diagnosed with cancer in the early stages. Diagnosis in the early stages leads to preventative treatment helping the woman achieve full recovery in the long run.



Volunteers and students of little Gems school tremendously supported the walk



Volunteers represent Balisain at the event



Group photo of some of the volunteers



HSBC Supports AMH Community Outreach Program

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HSBC Bank Middle East; the largest and most widely represented bank in the Middle East is supporting the AMH community Outreach Program

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American Mission Hospital defines itself by our service to the community. As the oldest hospital in the Gulf, we recognize that we are a vital part of the Kingdom of Bahrain and thus have a responsibility to help improve the lives and health of the people of Bahrain.

Our responsibilities - and our commitment - take many forms. From conducting free health checks to holding presentations and lectures to spread medical awareness, thus improving the general lives of people. Over the years several community conscious organizations have extended their hands and partnered with us in our efforts to give to the community.

HSBC Bank Middle East; the largest and most widely represented bank in the Middle East is supported the AMH Community Outreach Program with a donation of BD 16,000/-. This cheque was presented to AMH CEO Dr. George Cheriyan, by the CEO of HSBC Bank Patrick Gallagher.

Patrick Gallagher, CEO HSBC Bahrain, said: “At HSBC we believe in taking our social commitments very seriously, therefore it is with great pride that we contribute to such a worthy cause as the AMH Breast Cancer screening drive. AMH is to be applauded for their continuing charitable works, which benefit the community of Bahrain. Medical awareness is the key to a better and healthier future.”

This generous donation will fund our Breast Cancer Awareness Campaign. This is an effort by American Mission Hospital to raise awareness and reduce the stigma of breast cancer through education on symptoms and treatment. We hope that greater knowledge will lead to earlier detection of breast cancer, which is associated with higher long-term survival rates. We have also taken the campaign a step further by providing free services associated with breast cancer including free breast screenings, surgeon consultations and free radiology procedures where required.

Bahnaz Abbas, Senior Manager for Fundraising, Community & Marketing commented, “This project is very close to my heart. When we were researching cancer screenings, I was astounded at the figures for breast cancer and was determined that something will need to be done to ensure that we can control the alarming rate of growth of this disease. The project was not at all an easy undertaking due to the stigma and taboo associated with this disease especially in the Gulf. I can proudly say that our campaign has made believers out of several women and especially since during our screenings we were able to make some early detections and probably helped to save a few lives. Much appreciation to HSBC, whose tremendous donation was just the boost we needed to get this campaign off the ground. ♦

His Majesty the King receives...

His Majesty King Hamad received at Shakhir Palace American Mission Hospital Chief Medical Officer/CEO Dr. George Cheriyan and AMH executives. Dr. Cheriyan presented a book outlining the hospital's history and services provided since its establishment in 1902. ♦



His Majesty King Hamad received at Shakhir Palace American Mission Hospital Chief Medical Officer/CEO Dr. George Cheriyan and AMH executives. Dr. Cheriyan presented a book outlining the hospital's history and services provided since its establishment in 1902.



Dr. Abdul Majeed Habib, Councillor to the Minister for Technical and Engineering Affairs, Julia Tovey, AMH Chief Operating Officer, Dr. George Cheriyan AMH CEO, Dr. Abdul Hussain Mirza, Yousif Haider AMH Administrative Consultant, Bahnaz Abbas AMH Senior Manager Fundraising, Marketing and Community.

Minister of State for Electricity and Water Affairs, received AMH CMO/CEO Dr. George Cheriyan.

Minister of State for Electricity and Water Affairs, Dr. Abdul Hussain Mirza, received American Mission Hospital Chief Medical Officer/CEO Dr. George Cheriyan. Dr. Mirza praised the efforts taken by the hospital officials to provide the best medical services to the community.

In the photo from left, Dr. Abdul Majeed Habib, Councillor to the Minister for Technical and Engineering Affairs, Julia Tovey, AMH Chief Operating Officer, Dr. George Cheriyan AMH CEO, Dr. Abdul Hussain Mirza, Yousif Haider AMH Administrative Consultant, Bahnaz Abbas AMH Senior Manager Fundraising, Marketing and Community. ♦

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Dr. Mirza praised the efforts taken by the hospital officials to provide the best medical services to the community.

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Winner with Third

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**16th AMH
Island classic
will be held
under the
Patronage of
His Majesty
the King**

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THE 16TH AMH ISLAND CLASSIC CHARITY GOLF TOURNAMENT

The AMH Island Classic Charity Golf Tournament is the major fundraiser of the hospital and since its inception in 1997, it has become a much awaited and coveted event in the sporting calendar of Bahrain. The funds raised in the first five years of the tournament were utilized for the construction of the AMH 2000 building which connects the original hospital building via a bridge over one of the busiest roads in Manama. Since the 6th Island Classic, the funds raised have been channeled into the launching of new specialist clinics and for the purchase of technologically advanced equipment. This allows us to continue to provide high quality medical care at reasonable and consistent rates without having to burden our patients with higher costs.

Several Sponsors held cheque presentations to conform their support for the event. Credimax presented American Mission Hospital with a cheque of BD 10,000. Being the first Credit card issuer in the Kingdom of Bahrain, Credimax has evolved to be a pioneering market leader in credit issuing. Mohammed Malik Chief Executive of CrediMax during the presentation said, "We are proud to be sponsors of the American Mission Hospital help to purchase equipment which will help AMH to offer the latest

technology to their patients. It is part of our Corporate Social Responsibility to ensure the health and wellbeing of our staff and through this, the people of Bahrain. We are very grateful for AMH's continuing service and commitment to providing quality, affordable healthcare to the people of Bahrain"

Meanwhile, Mr Fuad Kanoo, Vice Chairman of E.K. Kanoo presented a cheque of BD 5000 towards the Island Classic. E.K. Kanoo who are the pioneers of the automotive industry in Bahrain and the exclusive distributors of the most popular brands such as Toyota & Lexus have been a keen and reliable sponsor of the Island Classic over the years. E.K. Kanoo take their social commitment very seriously and are involved in a variety of social and charitable causes. Their sponsorship will be used to host the much acclaimed Gala Dinner. Mr. Kanoo said: "It is always our pleasure to support the American Mission Hospital whose main function is to keep the people of Bahrain healthy. We support their endeavors to continue their 110 year commitment to the community by providing affordable healthcare."

Bahnaz Abbas, Senior Manager and organizer of the Island Classic said, "First and foremost we would like to take this opportunity to thank His Majesty the King Hamad bin Isa Al Khalifa without whose kind support and patronage this event would not have been possible. One of the special factors of the Island Classic is the opportunity to play on His Majesty's own golf course which our kind sponsors appreciate. Thanks to all the sponsors as well who have once again confirmed their sponsorship and backing.

For sponsorship information and tournament details, please contact the Island Classic office on Tel: 17248136 Fax. 17262982.



C enjoying themselves during the 15th AMH Island classic



Healthy eating activity program to support the children of BBK Rehabilitation Center

Healthy Eating Activity Program



Healthy eating is not about strict nutrition philosophies, staying unrealistically thin, or depriving yourself of the foods you love. Rather, it's about feeling great, having more energy, stabilizing your mood, and keeping yourself as healthy as possible – all of which can be achieved by learning some nutrition basics and using them in a way that works for you. You can expand your range of healthy food choices and learn how to plan ahead to create and maintain a tasty, healthy diet.

With the rate of increase in obesity especially amongst the younger generation, it is absolutely necessary for us to educate everyone about the importance of healthy eating and spreading awareness of the diseases we fall victim to, due to being overweight. But not all people have the means to get the necessary information and help that can guide them towards a healthier lifestyle.

BMI Bank and American Mission Hospital have teamed up together to provide guidance and support to the children of the BBK rehabilitation Center. The project was undertaken with the support of the ministry of Social Development. BMI Bank; one of the leading banks in Bahrain believe in their commitment to give back to the community revised their CSR (corporate social responsibility) program in 2009 to reflect a stronger relationship with some of the local charities. American Mission Hospital is fortunate to be one among them. It is very common for children with medical problems to be less active, and this causes them to gain weight leading to even less physical activity. This vicious cycle continues with the person being unable to break out of the habit without medical support.

Commenting on the donation – Mr. Eyad Sater, General Manager- Support Services at BMI Bank said: "We began our partnership with AMH, one of the oldest hospitals in Bahrain, in 2006, and are extremely proud of the support we have

received from them over the years to help us in strengthening our Corporate Social Responsibility (CSR) program and enabling us to reach to the community in an effective and efficient way. As a responsible Bahraini bank, our commitment to CSR is at the heart of our operations. We actively support, sponsor and encourage community initiatives in education, arts, sports, culture and other activities that encourage people to succeed and realize their ambitions. I would like to take this opportunity to thank the teams at AMH for their continued support."

Bahnaz Abbas, Senior Manager for Fundraising, Community & Marketing, while thanking BMI Bank commented: "Our society has an underlying value that treats children with special needs as a tragedy. It is very important to change this negative attitude. Our Healthy Eating Campaign aims to achieve exactly this. They are just as special as other children, and even more as they depend on us for things, which other kids normally do not. It is our humanitarian duty to ensure that no one is left out in our quest to service, love and care for all. The children of the center are full of life but limited physical activity has led to weight gain. This project aims to give them as much chance to a normal life as everyone else."

Under this project, all the overweight children of the center were given complete physical checks and blood investigations were done to determine their feasibility to participate in the program. The AMH dietician then conducted a series of lectures and presentation to outline the importance of healthy eating and losing weight. Simple step classes are also conducted for them twice a month to increase their level of physical activity.

Al Rashid Group is also supporting this campaign as an in kind sponsor by holding special cooking sessions monthly at their malls where the children are taught to make simple but healthy food. ♦



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WELCOME

to our executive health clinic

The American Mission Hospital's Executive Health Clinic aims to provide the busy executives of today with a comprehensive set of services designed for the early detection of risk factors and giving you the lifestyle management guidance to keep you feeling your best.



- *Luxurious suite with business amenities including wireless internet, phone and newspapers.*
- *Personal coordinator to accompany you throughout your visit*
- *Breakfast served after blood tests are completed.*
- *Valet Parking*



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OPENING SOON

WELLNESS CENTER

in Amwaj



American Mission Hospital
Manama Call Center
T: 17177711
Amwaj
T: 17248100
Juffair
T: 17248101
Saar
T: 17248102



amh Executive Health Program

While early disease detection and treatment are central components of good health, proactive evaluation, early intervention, prevention and education are just as important and are your keys to living life to the fullest. Our Executive Health Program (EHP) at AMH is a comprehensive health program, set in a relaxed and comfortable environment, that helps executives and professionals take charge of their health efficiently.

The EHP eliminates the delays and stresses associated with a typical physician visits by providing you with personal service:

Designated parking

EHP conducted in a luxurious suite, with business amenities including wireless internet, phone, newspapers

Personal coordinator to accompany you throughout your visit

Breakfast served after blood tests are completed

Before the examination:

You will receive a packet by mail with a detailed health questionnaire, as well as directions for parking and arrival to AMH. In addition, we will include instructions on fasting after midnight.

You start at 08:30 a.m. and are finished by early afternoon. During this time, you will undergo a head-to-toe assessment of your overall physical health based on lifestyle, gender and age.

All ages, both genders:

A detailed medical history and physical examination: A thorough medical history is the cornerstone for effective evaluation and diagnosis; your health habits will be reviewed, as well as past problems, while looking for susceptibilities based on your personal and family background. Here, you will have the opportunity to raise any medical concerns you may have.

Full laboratory studies: necessary to obtain a complete profile of major organ systems. Diagnostic tests include: CBC with differentials (to detect anemia, blood diseases and infection), a comprehensive metabolic chemistry panel (to detect kidney disease, diabetes, and liver disease), lipid panel (LDL, HDL and Triglycerides), TSH (to detect thyroid disease), C-reactive protein (to detect an inflammatory marker associated with coronary artery disease) and screening for Hepatitis B and C.

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A Urinalysis: to detect kidney disease, prostate problems and infection.

ECG (electrocardiogram) at rest: The ECG detects changes in the heart's electrical activity, which could indicate where tissue may have been damaged, enlargement of the heart's chambers, blockage of one or more coronary arteries, or irregularities in the heart rhythm.

Chest X-ray: to screen for lung cancer, infection, and other lung diseases.

Pulmonary function tests: these will help diagnose bronchitis, asthma, emphysema, or other pulmonary problems.

Eye examination: It includes the evaluation of the internal pressure, the visual fields and the visual acuity.

Audiogram High frequency loss: the most common form of hearing loss, can impair speech comprehension and is rather common. An audiogram is obtained at your first visit, and subsequent visits will be determined based on your needs.

Nutrition counseling: This includes an analysis of the nutrition recommendations tailored to your individual needs, and a review of supplements and alcohol intake history. The dietitian will help you identify ways to improve your dietary patterns to achieve optimal health.

Body Fat Analysis: Higher levels of body fat have been associated with numerous health risks, and measurements are taken to estimate your current overall body fat. BMI (Body Mass Index) is calculated to further define a suggested healthy weight.

Stress management evaluation: Excessive stress may lead to increased physical health risks. Our mental therapist is available to screen those at risk if evidence of stress, anger, hostility, depression and anxiety. A personal recommendation based on your psychological profile, history and goals will be provided.

Stool tear: To detect blood in the stools (an early indication of possible colon cancer).

Dental check up: You will be given an appointment for a detailed dental check up to be conducted at our Dental Department. Panoramic teeth X-rays may be taken if necessary and you will be advised about any relevant dental work.

Travel Medicine consultation: If you are a frequent traveler, we can arrange a consultation to update travel immunizations.

Gender and age specific:

Males: Prostate Specific Antigen (PSA) screening is obtained for all men starting age 40 if there is a family history of prostate disease

or other risk factors, and at age 45 for all other men.

Females: A Pap smear is obtained annually. A mammogram is requested, with a baseline starting at age 40. In postmenopausal women, CA-125 level is obtained. This is a tumor marker which is elevated in certain types of ovarian cancer.

Exercise tolerance test: Heart disease is the number one cause of death in the U.S. and is preventable through early detection and lifestyle management. The treadmill test provides information about how your heart responds to physical activity. A baseline is recommended at age 50 (sooner if significant risk factors exist).

Abdominal aortic ultrasound: This test is utilized to screen for enlargement of the abdominal aorta (aneurysm). Early detection can potentially prevent the catastrophic consequences of aneurysm rupture; this test is currently recommended for patients over age 65, especially for smokers.

Peripheral arterial disease (PAD) screening: PAD is quite common, affecting 20% of adults over 70 years of age, putting them at a dramatic increased risk for stroke and heart attack. The American Heart Association recommends screening for patients over age 70 (between age 50 and 70 for smokers and patients with diabetes).

Colonoscopy: The American Cancer Society recommends screening for colorectal cancer in all individuals 50 years of age every 8-10 years. This procedure requires thorough cleansing of the bowel and intravenous sedation. If requested by your EHP physician, it is scheduled at another day.

After the examination:

At the end of your visit, you will have a summary consultation to review your tests results, and you will be given recommendations for any further testing or follow-up. A personalized, written summary will be sent to you by mail. The EHP physician will remain available for additional advice and counseling.



Frequently asked questions about Orthodontics



Dr. Shahla Abdul Bari
Orthodontist

“You’re in safe hands”

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On finishing my studies and returning back as an orthodontist to my lovely country Bahrain, I noticed that I always get asked by my patients, family and friends certain questions that get repeated all the time. Here I thought it could be a good idea to answer them as some of the readers might have the same questions on their minds.

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Q1: What is an orthodontist? And how is that different than a dentist?

An Orthodontist is a specialized dentist who has taken few more years of specialized training further to his basic dental degree.

It takes many years to become an orthodontist as in medicine, the educational requirements are demanding. After becoming a dentist further three years training under an Orthodontist consultant is required to learn complex skills in both managing tooth movement (orthodontics) and guiding the facial development (dentofacial orthopaedics). Only after successfully completing the advanced specialty education may a dentist call himself an Orthodontist.

Q2: Should I get my braces done by a dentist or by an Orthodontist?

I personally think by an orthodontist, although some dentists carry out some orthodontic treatment in their general practice. However, those have probably completed some extra coursework in tooth movement management and facial development, as some dentists who practice orthodontics have completed more coursework than others. It is a good idea to ask your dentist about his Orthodontic qualification. Other questions like: what extra training has he/she had? And how many orthodontic patients has he/she seen? Just because a dentist says he or she “can do braces for you” doesn’t mean that they have all the training necessary to successfully handle complicated treatments. Some dentists consult with their orthodontic colleagues to ensure that they’re doing the right thing. For simple cases, your dentist might be able to manage it, however complicated cases are best managed by an orthodontist who has more training. If you are thinking of getting braces an orthodontist consultation should be obtained first to ensure that you are getting the right type of treatment.

Q3: At what age should I start seeking Orthodontic advice for my child?

Usually the youngest age for an orthodontic consultation should be 7 years. However before this age the child should be under close supervision of his dentist who should be able to detect or forecast any problem.

Q4: Should I wait for all the baby teeth to fall out before I think of any orthodontic treatment for my child?

This is a misconception that I hear all the time “I want to go see the orthodontist but my kid still has baby teeth”. The orthodontist can examine the child from as young as 7 years (and sometimes before) to detect any existing or arising problems in the bite. In those years of mixed dentition (where the child has adult and baby teeth together at the same time) few problems could be corrected in relation to the bite of the jaw relationship. This treatment could minimize or eliminate a bigger problem in a growing child which might require fixed braces or even surgery.

Q5: What is a “bite” and what is malocclusion?

Bite is the way your top teeth and bottom teeth meet with each other. Another word for a bite is “Occlusion”. Malocclusion has two parts; “Mal” which means “bad” in Latin, and “occlusion” which means “bite”. So, a malocclusion means a bad bite or a bite with problems. This means that our top teeth do not line up properly with your bottom teeth.

Q6: When I visit my orthodontist I often hear the word “classes” of malocclusion, what is that?

Heredity is often the main cause for Malocclusion. This comes in a form of an abnormal relationship between the size of the teeth and the size of the jaws. Missing teeth, extra teeth or habits such as finger sucking are other causes for malocclusion.

For ease of documentation, description and communication between practitioners, malocclusions are classified based on the relationship of the maxillary (upper jaw) and mandibular (lower jaw) first permanent molars. The British Standard Institute (BSI) came up with another classification where they used the incisors (front teeth) to describe the bite rather than the first permanent molar tooth. When classifying a case usually both classifications are mentioned.

There are three basic classes of malocclusion, Class I, Class II, and Class III.

Class I malocclusion: In this classification the upper jaw is in a normal relationship to the lower jaw; that



is, neither jaw protrudes. This does not mean the bite is perfect as crowding, spacing, overlapping or missing teeth could still be a feature.

Class II malocclusion: This is when the bottom jaw is in a more posterior (backward) position than normal. The top teeth appear to protrude out over the lower teeth. One example of this type of malocclusion is often referred to as “buck” teeth. However there are different presentations to this malocclusion.

Class III malocclusion: Occurs when the lower jaw is in a more anterior (forward) position than normal. The lower teeth protrude out beyond the upper teeth. This is often the most difficult type of malocclusion to correct.

Q7: What are the “types of bite” and what do they mean?

The most common types of bite problems are:

Overbite. (The proper scientific term for this is an “increased overjet”). Patients with overbites appear “bucktoothed” and usually have a small chin. The lower front teeth are positioned too far behind the upper front teeth. This condition can result from a horizontal overdevelopment of the upper jaw or an underdevelopment of the lower jaw or a combination of both.

Underbite: (The proper scientific term for this is “anterior crossbite”). Patients with underbites have a strong jaw with a chin that sticks straight out. Opposite to the regular position, the lower front teeth are positioned in front of the upper front teeth. This condition is caused by the horizontal underdevelopment of the upper jaw, the horizontal overdevelopment of the lower jaw, or most frequently a combination of both.

Crossbite: This occurs when the upper teeth are biting inside the lower teeth. This is in most cases the result of a narrow upper jaw. Crossbites also occur because of a mismatch in jaw size and position between the upper and lower jaw. Some crossbites also lead to asymmetry of the lower jaw by causing the jaw to be abnormally shifted to one side when closing the teeth together. Proper diagnosis determines how and when a crossbite needs correction. This is often corrected for individuals as young as 7 years. If the shift is left uncorrected it could cause problems in the jaw joint over a period of time.

Open bite: This happens when the upper front teeth cannot meet or overlap the lower front teeth even though the back teeth have closed together. Sometimes this makes eating difficult and can result in a lisp while speaking. Open bites are caused by the overdevelopment of the back portion of the upper jaw in a vertical direction. As the back portion of the upper jaw grows vertically downward, the lower jaw will open in a clockwise direction. This explains why open bite patients have a long facial appearance.

Q8: Am I too old to have braces?

A lot of adults now are “look conscious” and want to have a perfect smile. As long as your teeth are present and in a good condition, and your gums

are healthy there is no age limit for braces. An increasing number of people over the age of 30 nowadays are getting braces to straighten their teeth and/or correct their bite. Medical conditions however are worth mentioning to your orthodontist specially if you suffer from osteoporosis and are on medications for it.

The orthodontist utilizes growth in some cases to correct a certain malocclusion especially those with differences in the jaws relationship. So after a certain age utilizing growth is not possible but other measures could be discussed.

Q9: Are there any risks with getting braces as an adult?

Just like any medical or dental procedure, there are some risks involved in orthodontic treatment, no matter your age. The forces involved in braces can cause some amount of trauma to the dental tissues and structures. However, most adults successfully complete their treatment without any major complications. Orthodontists often give their patients a booklet outlining some of the risks that may be involved and make them sign a waiver that they understand these risks, which include:

Root resorption: The structure of the tooth’s root may break down, causing its destruction. Basically the roots can become shorter or thinner.

Gum recession: The loss of gum tissue around the tooth, which in severe cases can expose the tooth’s root. The “triangle” of gum tissue surrounding some teeth may also come down.

Allergic reactions: If you are already allergic to nickel or latex, tell your orthodontist. There are alternative braces which are nickel and latex free. You may be sensitive to these substances and not realize it until you get braces. If you develop unusual swelling or tenderness in your gums during your treatment, or any sort of hives or rash on your face and mouth, allergy may be the reason.

Q10: Do I have to have those metal braces? Is there an alternative?

There is another form of braces that is clear and almost invisible to the eye, it is called Invisalign, and some other names are available in the market now too. These may be used for selected cases only. These braces are usually not advised for very complicated cases, or cases that involve removal of teeth. Only a qualified dental professional who has examined your mouth can decide whether Invisalign is right for you. If you are very concerned about your appearance with braces, another thing to consider is lingual braces, which are braces stuck behind the teeth. An orthodontist must have special training to do lingual braces; not every orthodontist does them.

Q11: Is it possible to get braces only on the bottom or top teeth?

This really depends on each case on its own. Orthodontics isn’t just about making your teeth straight or making them look better. The orthodontist takes into consideration many factors when suggesting a treatment, such as:



BEFORE



AFTER



- ◆ The bite or how the bottom and top teeth meet.
- ◆ How well you can chew your food.
- ◆ Whether extraction or surgery will be necessary to correct your problems.
- ◆ Whether you will need any appliances in your treatment, such as a palate expander or headgear.

As you can see, it is not only about making your teeth look pretty. There are many other things to be considered. This is why sometimes a full set of braces is a better choice, even if you think that you only need them on top or bottom. Of course, in some cases when the patient is lucky enough to have a good bite and maybe only some straightening is needed; in these cases YES it IS possible to get braces only on the top or bottom.

Q12: Do I have to get teeth extracted as part of my orthodontic treatment?

In general these days, we try not to remove teeth; it depends on your specific case. When we are young and our jaws are still growing, orthodontists can work with our growth to straighten the teeth without extraction.

But once we are adults, dentists are limited to what is already in place. If your orthodontist recommends extraction, it may be wise to get at least one more (if not two more) opinions before going through with the procedure -- once the teeth are gone, they're gone! Your teeth and jaw help to shape your face. Changing the underlying structure will result in some changes in your facial appearance. You should discuss this with your orthodontist. There are newer types of bracket systems that apply lighter forces and may be able to correct your problems without extractions, such as Damon Brackets. You may want to ask your orthodontist about it.

Sometimes however, depending on your unique case, extraction may be the only way to successfully straighten your teeth and correct your bite.

Q13: What is it like to have braces put on your teeth? Does it hurt?

Getting braces put on your teeth does not hurt. You don't even need to have your teeth numbed for it. It somehow feels like having your teeth painted with nail polish.

Q14: My kids just got braces and now I'm thinking of getting them, too.

Many adults "finally get their teeth done" when their kids go in for orthodontic treatment. It's more common than you think!

Q15: Is it true that braces can change my face and give me a younger look?

Straightening your teeth can indeed give you a younger look. Crooked teeth might have what is called "buccal corridors", which are dark triangles at both corners of the mouth. These could give the appearance of an older face. Having well aligned teeth can give a fuller smile with no buccal corridors, which gives a younger appearance. A study by Adam J. Martin et al. showed that people in general preferred smiles with smaller buccal corridors in both men and women. It also showed that the buccal corridors affected the smile attractiveness more than a small asymmetry of the face.

Q16: Would I be able to brush and floss my teeth better when my teeth are straight?

It is definitely easier to get your teeth cleaned with a tooth brush and reach all the surfaces of well aligned teeth than it is of mal-aligned teeth. All-in-all getting your teeth straightened not only improves your appearance and smile, and gets your bite corrected, it also improves the health of your teeth and gums.

Finally, if I get a penny for every time I see someone trying to hide their teeth while smiling because of their crowded or "mal-aligned" teeth, I would be a millionaire. On the day of removing braces, that same person smiles so confidently I could almost see a spark in their eyes. I don't only think you can brush your teeth better with straight teeth but I also think you can smile better. In some cases you can also breathe better and in some cases even stop snoring.

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These are few of the questions I remember being asked. I hope I have answered some of the questions you had in mind by answering those. If I haven't or you think of any further questions please e-mail me those and I will try and answer them in another article.

”

Silicone Implants are **SAFE** for Breast Augmentation in Ladies



Dr. Gautham Basu
Plastic surgeon
MSc FRCS PgD

In one of the largest studies on the long-term health effects of silicone breast implants, researchers from the National cancer Institute (NCI) in USA found no association between breast implants and the subsequent risk of breast cancer.

Silicone Breast implants are being used for quite some time now for giving shape and enhancing the size of female breasts. Under general anesthesia the short operation takes about one and a half hours. Through a small incision under the breasts, an appropriate size silicone implant is inserted behind the breast tissue and on the chest wall. The small fine scar remains hidden in the skin fold under the breasts. The size and shape of the new breast can be suited to the desire of the patient to some extent.

In one of the largest studies on the long-term health effects of silicone breast implants, researchers from the National cancer Institute (NCI) in USA found no association between breast implants and the subsequent risk of breast cancer.

Breast implants first appeared in the market in 1962. Manufacturers initially assumed that the implants were biologically inactive and therefore would have no harmful effects. Because of the lack of sufficient evidence on the long-term safety of implants, the FDA directed

the National Institute of Health to undertake a large follow-up study to evaluate the long-term health effects of the implants. This analysis showed that for women, followed for more than 10 years, there was no change in Breast cancer risk.

Typically, implants are soft silicone sacs, inflated with either saline solution (salt water) or a synthetic silicone gel. Both have been marketed since 1962. Silicone gel implants are preferred by patients as well as surgeons because they have a more pleasing look and feel than the saline-filled implants. The researchers found there was no altered breast cancer risk associated with any of the types of implants.

Breasts implants are also used for reconstruction of the breast after mastectomy operations for cancer. Depending on the type of cancer, breasts can either be reconstructed simultaneously during the mastectomy or later after a period of time have elapsed, usually one year, when patient receives chemotherapy or radiotherapy.





The Labor Epidural

“The first intervention in birth that a healthy woman takes is when she walks out the front door of her home in labor. From that first intervention, all others will follow.”

Michael Rosenthal, OB/GYN



Dr. Mary Suja Sukumar MD
(Anesthesiology)
Healthier Hospitals Initiatives
American Mission Hospital

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The Pre anesthesia Clinic at the American Mission hospital, runs everyday from 5 30 to 6 30 pm, except Fridays. Call 17253447, for an appointment with the anesthesiologist.

”

The process of pregnancy and the eventual birth of a baby or more, are life experiences unparalleled by any other, for a woman. Labor is the process by which a baby is born and this is inevitably associated with pain. This pain can range anywhere from a manageable, bearable experience to an excruciating and unbearable one. A visit to the obstetrician and an internal examination can quickly determine whether the process has begun or not. This is the time when contractions can start being painful and in a first-time mother-to-be, these can become difficult to bear.

Although labor pain has been experienced by millions, billions and trillions of women through the ages, and most, thinking nothing of it, have survived the process, scientific evidence reveals the actual effects of this pain on the woman. The onset of labor varies for different women and there is no dearth of information on this. The conscious response to the intensity of pain depends on the perception of pain, the extent of fear and anxiety, the age of the woman and various other factors. On the other hand, the unconscious response to pain is the release of stress hormones, increased consumption of oxygen and an increase in the respiratory rate. In addition, blood pressure and the cardiac output increase and maternal exhaustion and dehydration can set in. The experience of pain, coupled with maternal exhaustion, can also be associated with ineffective contractions and poor progression of labor. The stomach also takes time to empty and a meal may stay longer in the stomach during this time.

Initially pain is felt in the lower back and then as the baby descends in the birth canal and the structures in the perineum distend and tear, the pain shifts to the lower areas. With this information in mind, pain relief in labor goes a long way in ensuring a more manageable and pleasant experience. A variety of pain relief methods are utilized and the gold standard for pain relief is the labor epidural. As in all invasive procedures, this is a procedure that is not without risk. However, benefits do outweigh the risks and the procedure is highly recommended especially in first time mother to be.

The labor epidural is carried out by anesthesiologists who are trained and they manage the whole process of maintaining pain relief from the onset of labor to the delivery of

the baby. Using sterile technique, once labor has been established, a small plastic tube is inserted into the epidural space via an injection in the lower back.. Pain medication is then given through this and a continuous infusion of medication is set up. This infusion will be adjusted so as to get the best pain relief. As labor progresses, bolus doses of pain medication can be given in case pain is felt despite the infusion. Pain relief can also be given into the spinal space but this is of a lower volume and has the similar effect of pain relief.

The epidural is inserted once the obstetrician determines that labor has begun. Insertion of the epidural is easier in early labor where there is effacement and dilatation of the cervix. This means that the once long cervix is now shortening and dilating in preparation for the uterus to push the baby out. However, even in the best of hands, labor epidurals may not work and can then be adjusted or re-sited at another level in the back.. There maybe an associated transient weakness in the lower limbs and this may slow down the stage when fully dilated and waiting to deliver. There may be a drop in blood pressure during the procedure or itching due to the medication but these are transient. Other risks with this procedure are headache, which may be severe but treatable, and others such as nerve damage, infections in the back, paralysis and loss of consciousness, which are extremely rare. In case of a caesarean section, the epidural will be used to administer the anesthetic for the operation. Scientific evidence has also shown that epidurals have no adverse effects on the baby and there is no increased chance of a C section, though the chance of either a forceps or a vacuum delivery is higher. There is no greater risk in patients who have no previous history of backache.

At the American Mission Hospital, labor epidurals are managed by a team of anesthesiologists with the service available 24/7. All mothers to be, are encouraged to attend the Epidural Education Sessions on certain afternoons from 4 to 5 pm in order to increase their awareness and clarify their doubts regarding the procedure. Once they are convinced that they would like to go for the procedure, they need to get an appointment at the pre-anesthesia clinic and get formally assessed for their fitness for the epidural and sign the consent form. The pre-anesthesia assessment is essential to conduct a formal history and physical examination. Subsequent to this, when in labor, the anesthesiologist will be able to carry out the procedure without wasting time to explain the procedure and the risks and the benefits involved. Please avail of this beneficial service which will help make the labor process more comfortable and indeed a pleasant experience. ♦

▶▶ Facial Rejuvenation

The face undergoes characteristic changes with aging; these alterations are reflected in the soft tissue layers and skeletal structures. Each region of the face – forehead, periorbital area, midface, lower face, mouth and neck ages in a distinct manner. Various surgical and nonsurgical methods are available to rejuvenate the aging face. The goal of surgery in its broadest sense is to address the excess quantity of soft tissue that accumulates with age, the loss of facial volume, and any tissue hypertrophy. Nonsurgical rejuvenation procedures are directed at the quality of the skin and deficiencies in the dermis.

Skin wrinkles caused by aging (photoaging and chronologic aging) is the prime reason that patients seek nonsurgical rejuvenation. Dermal photoaging, primarily from actinic damage to the skin, causes dermal thinning at a rate of approximately 6% per decade. Concomitant changes occur in the epidermal layer, as well as loss of deeper subcutaneous adipose tissue. Muscular animation causes facial lines of aging to appear in most people and imprints individual patterns of facial expression.

Nonsurgical treatment of facial aging can be described from various perspectives by the nature of the deformity (e.g. wrinkle, fold, furrow), by the skin layer in which the defect occurs (e.g. epidermis, dermis), or by the technique used to address it (e.g. exfoliation, injectables, resurfacing, chemodenervation). Because of the many causes of wrinkles, the effects of aging coincide and

overlap, optimal treatment often necessitates a multifaceted approach. Consequently, treatment objectives should be directed toward preventing, restoring, or reversing the underlying cause of the deformity. Ultimately the ideal treatment should be individualized according to the etiologic factors, and this should be reconciled with the patient's goals and tolerance for the therapeutic options.

Office-based nonsurgical skin rejuvenation for addressing facial wrinkles is treated by one of these three methods, depending on the nature and location of the defect:

Botox causes paralysis of the muscles causing the dynamic wrinkles and thinning of the overlying skin. It also contributes, to some degree, to facial reshaping.

Lasers, chemical peels, or dermabrasion for resurfacing of 'static' lines. These resurfacing techniques have their greatest benefit in levelling the epidermis and improving collagen in the dermis.

Tissue fillers to replace missing dermal components or subcutaneous fat. These injectable materials are effective for augmenting areas of dermal atrophy by supporting the dermal matrix or volumetric enhancement.

Self-applied prescription and cosmeceutical topical agents can also be useful and are designed to complement and supplement nonsurgical physician-directed, in-office facial rejuvenation.



Dr. Gautham Basu
Plastic surgeon
MSc FRCS PgD



News

The American Mission Hospital, in their continuing drive to offer quality, affordable healthcare to those in need, would like to introduce two new doctors who have recently joined the staff.

Dr. Edwin M. Orayle M.D, FPARM, CCD is a Psychiatrist. A board certified physician who specialized in Physical Medicine and Rehabilitation, providing an integrated care in the treatment of conditions spanning from traumatic brain injury and stroke to lower back pain and those with physical impairments, disabilities or illnesses affecting their movement.

The focus of American Mission Hospital Rehabilitation Clinic is to reduce or relieve pain and restore function lost due to illness or injury. This can range from temporary, short-term conditions like sports or work-related injuries to more serious or chronic disorders such as stroke, cancer or spinal injuries.

Rehabilitation Medicine



Dr. Edwin M. Orayle
MD fparam, ccd
physiatrist

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Rehabilitation Medicine provides integrated care in the treatment of conditions spanning from traumatic brain injury to lower back pain, and for those with physical impairments, disabilities or illness affecting movement.

The focus of Rehabilitation Medicine is to reduce or relieve pain and restore function lost due to illness or injury. This can range from temporary, short-term conditions like a sports or work-related injury to serious or chronic disorders such as stroke, cancer or spinal injuries. Rehabilitation physicians also treat people who require long-term rehabilitation due to such conditions as:

- Musculoskeletal disorders - from ankle to shoulder disorders
- Back and neck pain
- Fibromyalgia and other chronic pain conditions
- Arthritis
- Post arthroplasty / Post amputation
- Birth defects such as cerebral palsy
- Pain problems following trauma
- Spine disorders - herniated disc, spinal stenosis and scoliosis, spondylosis
- Strokes/Brain Injuries
- Facial nerve palsies/Bell's palsy
- Cumulative trauma disorders
- Osteoporosis

Physical medicine and rehabilitation often includes Physiotherapy, so therapy to rehabilitate the patient is an integral part of most physiatrist's practice. Sometimes other physical medicine professionals are involved in the patient's care such as Occupational therapists, Speech pathologists and an Orthotist-Prosthetists.

The team is different for each patient and the team's composition changes during treatment to match the patient's shifting needs. Chronic pain management for example, is achieved through a multidisciplinary team approach, best led by an anesthesiologist, involving psychologists, physical therapists, occupational therapists and interventional procedures by orthopedic surgeons when indicated.

By providing an appropriate treatment plan, Rehabilitation Physicians help patients stay as active as possible at any age, allowing us to treat disabling conditions throughout a person's lifetime. ♦





American Mission Hospital

Rehabilitation Clinic

Rehabilitation Approach to Back Pain

Most people will experience an episode of lower back pain; pain that interferes with their vocational and avocational functions.

What are the common causes of back pain?

Lower back pain can be caused by a number of factors from injuries to the effects of aging. The spinal cord is protected by the vertebrae, which is made of bones. Between each vertebrae are soft discs with a ligamentous outer layer, these discs function as shock absorbers to protect the vertebra and the spinal cord. Many of the problems that cause back pains are the result of herniation and degeneration of the intervertebral disc. Degeneration is a process where wear and tear causes deterioration of the disc. Radiculopathy or Sciatica are due to this herniations or bulging of the disc that press on surrounding nerves, causing pain or numbness and muscle weakness.

Other non discogenic causes of back pain are:

Muscle Strain, Tendon, Ligament and Soft Tissue Pain

Localized pain when an area is stretched or its' muscles are overused. This results in tenderness and spasms. Mostly due to poor body mechanics and improper lifting techniques.

Spinal Stenosis and Spondylolisthesis

A pinched nerve usually results from a herniated or slipped disk but can also be caused by forward displacement of the lumbar spine (listhesis) or narrowing of the nerve openings either around the spinal cord or nerve roots (stenosis).

Myofascial Pain

Generally, pain in muscles caused by poor posture, sitting at a computer, or other job-related tasks. Sometimes myofascial pain causes soreness in different parts of the body such as the thighs and legs.

Arthritis

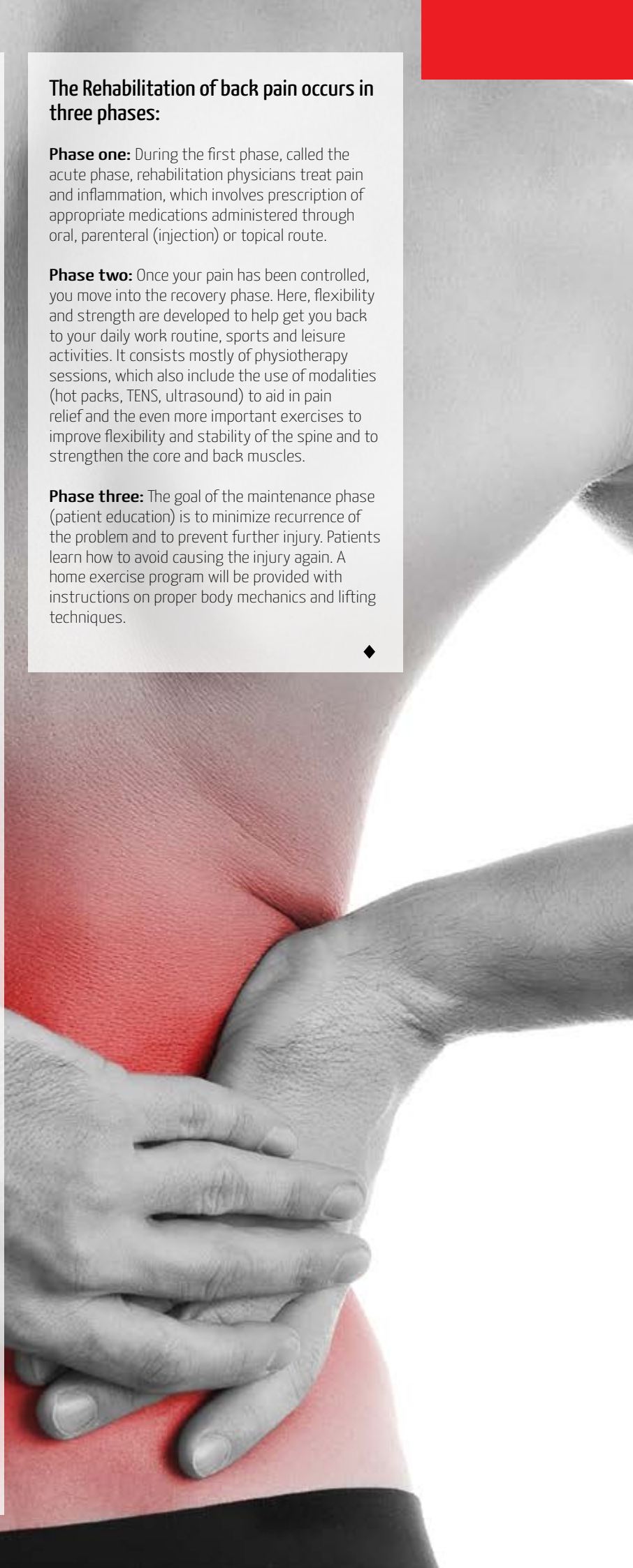
A disease affecting the joints and resulting in stiffness, limitation of motion, inflammation and pain.

The Rehabilitation of back pain occurs in three phases:

Phase one: During the first phase, called the acute phase, rehabilitation physicians treat pain and inflammation, which involves prescription of appropriate medications administered through oral, parenteral (injection) or topical route.

Phase two: Once your pain has been controlled, you move into the recovery phase. Here, flexibility and strength are developed to help get you back to your daily work routine, sports and leisure activities. It consists mostly of physiotherapy sessions, which also include the use of modalities (hot packs, TENS, ultrasound) to aid in pain relief and the even more important exercises to improve flexibility and stability of the spine and to strengthen the core and back muscles.

Phase three: The goal of the maintenance phase (patient education) is to minimize recurrence of the problem and to prevent further injury. Patients learn how to avoid causing the injury again. A home exercise program will be provided with instructions on proper body mechanics and lifting techniques.



CUMBERLAND PACKING CORP.



STEVIA EXTRACT IN THE RAW® ANSWERS TO FREQUENTLY ASKED QUESTIONS



What is Stevia Extract In The Raw?

Stevia Extract In The Raw is a naturally delicious, zero calorie, granulated sweetener derived directly from the leafy green foliage of the stevia plant (stevia rebaudiana Bertoni). The sweetest part of the plant—an extract called Rebiana (a.k.a. Rebaudioside-A or Reb-A)—is then isolated to create a sweetening extract that is 300 to 400 times sweeter than cane sugar. Because the stevia extract is so sweet, it requires blending with a bulking agent so that it can more conveniently be measured, poured and used as a substitute for sugar or other caloric sweeteners.

In our **Packet** Product, the stevia extract is blended with dextrose, a natural carbohydrate derived from corn, to produce the 100% natural, zero calorie sweetener we call Stevia Extract In The Raw. In our **Cup For Cup "Baker's Bag"** Product, stevia extract is blended with maltodextrin, a natural carbohydrate derived from corn, to produce a 100% natural, zero calorie sweetener that matches the sweetness of sugar "cup for cup."

Where does Stevia Extract In The Raw come from?

The stevia bush is native to South America and has been used indigenously as a sweetener for over 400 years. Stevia is now grown and harvested in many countries around the world, predominantly in China and Brazil. It has also been vastly popular in Japan for more than three decades, now representing 41% of that country's sugar substitute market. Stevia is also found as an ingredient in many products, such as ice cream, bread and soft drinks, throughout Asia and South America.

Why is the product called "In The Raw"?

Stevia Extract In The Raw is a 100% natural product made from Reb-A extract. Its purity and wholesomeness make it the perfect zero calorie complement to Sugar In The Raw® and the newest member of our 100% natural "In The Raw" line of products.

How pure is the Reb-A (Rebiana) in Stevia Extract In The Raw?

Stevia Extract In The Raw is made from Reb-A (Rebiana) stevia leaf extract that is 97% to 99% pure.

What makes Stevia Extract In The Raw different from other stevia products?

Unlike some of our competitors, Stevia Extract In The Raw derives all its sweetness from the stevia extract, whereas some of the other stevia-based sweeteners contain other sweetness contributing ingredients such as erythritol and isomaltulose. The high purity level of our product eliminates any of the licorice-like aftertaste associated with less pure stevia products currently on the market.

How many calories and carbohydrates are in a packet of Stevia Extract In The Raw?

In our **Packet** Product, one packet (1 gram) of Stevia Extract In The Raw has less than 1 gram (0% DV) of carbohydrate and zero calories. In our **Cup For Cup "Baker's Bag"** Product, each serving (1 teaspoon by volume—0.5 grams by weight) of Stevia Extract In The Raw contains less than two calories, which the FDA considers dietetically zero calories per serving.

What is the shelf life of Stevia Extract In The Raw?

Stevia Extract In The Raw has a shelf life of approximately four years when stored under cool and dry conditions. Exposure to high humidity and/or temperatures may result in caking, but the product is still safe to consume.

How can I use Stevia Extract In The Raw?

The **Packet** is great for sweetening beverages—coffee, tea, cappuccino or latte. Or, sprinkle it over cereal or fruit, like strawberries and blueberries. One packet of Stevia Extract In The Raw has the sweetness equivalence of two teaspoons of regular sugar.

Stevia In The Raw **Baker's Bag** is excellent for cooking and baking because it measures cup for cup just like sugar. A few suggestions when baking your favorite recipes: Replace half the sugar with Stevia Extract In The Raw. Reduce the pan size and baking temperature by 25%. Consider adding an additional egg white or slightly increase the baking powder and/or baking soda. Slightly reduce the amount of salt. And add pureed fruit or buttermilk for additional moistness. For a complete list of tips and great recipe ideas visit our website—steviainthelaw.com.

How is a 9.7 oz. bag of Stevia Extract In The Raw Cup For Cup equal in sweetness to a 5 lb. bag of sugar when it's supposed to be equivalent "cup for cup"?

Stevia Extract In The Raw Cup For Cup is equal to sugar in sweetness when measured by volume (such as in a measuring cup). One cup of Stevia Extract In The Raw Cup For Cup weighs a lot less than a cup of sugar. The 9.7 oz. bag of Stevia Extract In The Raw Cup For Cup is roughly the same size as a 5 lb. bag of sugar. Less weight for you to carry and zero calories per serving—that's a sweet deal!

Is Stevia Extract In The Raw safe for people with diabetes?

Yes. Stevia Extract In The Raw contains one gram of carbohydrate (by food exchange measure) and may be used in conjunction with food programs for people with diabetes as well as with guidelines for people with diabetes who use carbohydrate counting. People with diabetes are advised to check with their registered dietitian or physician.

What is Glycemic Load (GL) and how does it relate to a sugar substitute like Stevia Extract In The Raw?

Glycemic Load (GL) refers to the impact that a food's carbohydrate content has on the level of glucose in the body, taking into account the type and amount of carbohydrate consumed. Using Stevia Extract In The Raw in place of sugar can help to reduce the Glycemic Load (GL) of the foods you consume.

Is Stevia Extract In The Raw safe for people with celiac disease?

Yes. Stevia Extract In The Raw contains no gluten nor does it come into contact with glutinous products, such as wheat, during its manufacture.

Are any animal byproducts used in the manufacture of Stevia Extract In The Raw?

No animal byproducts are used in the manufacture of Stevia Extract In The Raw. It does not contain any animal byproducts and is appropriate for vegan diets.

Is Stevia Extract In The Raw gluten free?

Yes. Stevia Extract In The Raw contains no gluten nor does it come into contact with glutinous products, such as wheat, during its manufacture.

Is Stevia Extract In The Raw kosher?

Yes. Stevia Extract In The Raw is certified kosher by the Orthodox Union of America and exhibits the PARVE stamp on every package.

Cumberland Packing Corp., 2 Cumberland Street, Brooklyn, NY 11205
steviainthelaw.com

100% NATURAL ZERO CALORIE SWEETENER

Stevia Extract In The Raw is a naturally delicious, zero calorie, granulated sweetener derived directly from the leafy green foliage of the stevia plant (*stevia rebaudiana* Bertoni). One sachet of Stevia In The Raw is as sweet as two teaspoons of sugar. But unlike sugar, Stevia In The Raw has zero calories and 75% less carbohydrates than one teaspoon of sugar.



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Dr. Rachel Thomas

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Pediatrics

Dr. Jewel Ponvelil

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Pediatrics

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Virador**

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Pediatrics

Dr. Mariam Koshy

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Pediatrics

Dr. Marisel Aldecoa

Saar



Pediatrics

**Dr. Mohammed
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Pediatrics

**Dr. Norman
Abastillas**

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Pediatrics

**Dr. Pravin Asir
Abraham**

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Pediatrics

**Dr. Preetha
Achumon**

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Pediatrics

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M. Dimarucut**

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Psychiatry
(Associate)

Dr. Mona Al Gezery

Saar



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Manguerra**

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Radiology

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Radiology

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Implantology

Dr. Andlib Tarique

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General Dentistry/
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**Dr. Brighta
Devadas**

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General Dentistry/
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**Dr. Kalwa
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General Dentistry/
Pedodontics

Dr. Manoj Poovelil

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**Dr. Meera
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General Dentistry

Dr. Amita Dash

Saar



General Dentistry/
Maxillofacial

Dr. Nanu Vaidya

Saar



General Dentistry

Dr. Saffia Alibux

Saar



Cosmetic & Conservative
Dentistry (Associate)

Dr. Sajni Vaidya

Saar



Orthodontics
(Associate)

**Dr. Shahla Abdul
Bari**

Saar



General Dentistry

**Dr. Ibrahim Omer
Elkhail**

Saar