



Autorizzazione n. 343 del 12.12.2005 - in allegato a Sorpresa!

Stili di vita Salutari

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“Welcome Back!”

Editorial by
Dr. Giovanni Michele Zangoli

A healthy life style helps people significantly in their lifelong challenge against **cardiovascular diseases**. For years cardiologists and nutritionists sustain this theory in spite of those who turn a deaf ear, believing in the miracles of modern pharmacology. Nevertheless despite the effects of medicines, people are dying of cardiovascular diseases even in the most industrialized countries. In most cases the problem is not the medicines themselves (undoubtedly effective) but it is rather the use of them, thinking that pills alone can solve all the problems. Or we use pills rarely and badly. It happens when, for example, after a heart attack, once the fear has subsided, the very medicines that help avoid or reduce the risk of relapse, are the very ones that are often reduced on one's own initiative or even eliminated. It's a psychological mechanism arises:

<I'm fine now, I'm back to how I was before>.

And anyway medicine, even though correctly given, represents only a part of the therapy if a **culture committed to prevention is missing**. And here we're back to the question of life style, in particular regarding cardiovascular pathologies. Such a culture can easily take root if instilled **since earliest childhood**; during a period of growth, when the role of school education and the family can be decisive. In a family where parents do not smoke, adolescents are less likely to start smoking. It's the same when it comes to diet: children that are used to eat vegetables (at home or at school), are likely to continue to eat them as adults. Replacing the appetizing snack with some fruit is, as well as other examples, another step that leads to **health education** and we could continue with other examples... It is a matter of putting these standards into practice and of learning how to be our own doctors. In short, it means *taking care of ourselves*.

A healthy life style has a positive health impact at every age

By Dr. Giovanni Iwanejko

Second part.

There is evidence that a **sedentary life style** aids the onset of over weight and obesity and does little to maintain good health, increasing the risk of diseases already discussed in part one (see issue n° 13 of C-V Magazine). It is evident that scarce physical activity has an enormous impact on our health. **Technological progress** does not help us to abandon a sedentary life style, on the contrary it favours it more and more, restricting physical activity to a minimum: mobile phones of all kinds, escalators, remote controlled domestic appliances, electronic toothbrushes etc.

Fighting sedentariness and therefore overweight and obesity, is a project that has to involve the whole family, the school, the doctor, the mass media, the government, but above all, the subject to be considered must be the self, as a responsible, active person, responsible for her/his own choices. Recent studies show that our children spend, on average, more than 2 hours per day **watching TV**, at the **computer**, at the **playstation**; in particular TV is an important risk factor for the child, because it is a factor in sedentariness and promotes bad eating habits. Let's invite children to **play** outside with their friends, invite them to do fun physical activities according to their abilities, such as for example bike riding. It is recommended not to stay in front of the Tv pc and tablet screen, for more than one hour a day. **Walking is free, it's easy and you can do it anywhere!** Movement, physical exercise is fundamental in early development age, because it not only burns calories introduced by food, it also

contributes balance to proportions among lean mass, muscles, fat mass and adipose tissue. Moreover it improves self-esteem, increases socialization, enhances good emotional control, and with a healthy diet, it contributes to the prevention of overweight and obesity. **The scientific world** has clearly shown in the last few decades, that **many diseases**, especially the cardiovascular ones that affect people as adults, are due in large part to risk factors that can easily be prevented and **often have origins at the age of early development**.

Therefore the Family and the School supported by Public and Private Institutions, must be involved in offering valuable tools to accompany children/students along the path towards the acquisition of **healthy life styles** for their **present and future well-being**: a nutritionally correct diet and regular physical activity; these behaviours must be regular habitual events to lay the foundations of **life that cares more about health**. **Let's help our children** to become protagonists and defenders of a better world; our action can really leave a mark and prepare the path that they will have: prevention-diet-physical activity.



A Human version of Foie gras: the hepatic steatosis

By Dr. *Daniele Cesaretti*

Do you know Foie gras, one of the delights of the French gastronomy, right? It is **goose** or **duck liver** made by fattening it up to improbable proportions through forced **feeding based on cereals and starches**. This produces a **liver made of 80% fat**. However appetizing, in clinical terms that condition is called hepatic steatosis (fat liver indeed). This famous French cuisine dish, (served fried, roasted or in form of paté), is created by a liver with a **pathology** that is partly compromised in its functions. The animal is butchered even before dying. The fat tissue is so abundant that it mitigates the bitterish typical taste of normal liver. Can you imagine the colour of it? It is a cerulean yellowish / rosy liver colour. In the best cases, if we can say so, it becomes almost a yellow butter, a long shot from its natural amaranth colour. According to so many gourmets it is a true delight. The Foie gras is an undisputed national symbol and the toast of France. But according to the **animalists**, forced feeding (said gavage) and their consequences are **torture**. More than a few birds succumb during the abhorrent practice. They die in fact due to broken necks, from asphyxia in regurgitation, from perforation of the esophagus, from exhaustion, from cutaneous infections from caging. The liver, within 2-3 weeks reaches impressive dimensions, even ten greater than the norm. The bird can hardly move or breathe. Just think this practice goes back to ancient Greek and Romans times that, according to Old Plinio II, the goose had its liver thickened by feeding it with dried figs, rich in sugars. It really starts here, with figs, and the Italian word "liver" that derives from the Latin "iecur ficatum" (liver fattened up



with figs). But what does foie gras have in common with preventive medicine? Perhaps for its content of cholesterol? Nothing doing. It is to make more evident and impressive the origin of some chronic and degenerative illnesses that more frequently affect a person. Being strong analogies, this culinary/ veterinarian preamble is needed in fact to introduce the matter of the **danger represented by the visceral fat in human pathology**. It is a largely unknown issue. The fat in overweight people is generally identified by more evident fat that accumulates a bit all over the body, in the arms, thighs, buttocks and in the umbilical zone. So this is called **subcutaneous fat**, because it is immediately under the skin. It is that fat you can grab with two fingers. It is that fat measurable with a plicometro. It is that fat typical of women, corresponding to their curves. Within certain limits it is not dangerous. And this fat is generally an aesthetic concern. It is altogether another matter if it is about the **visceral fat**, which accumulates around or, even worse, **inside the organs, among which the liver**. It is also referred to as **abdominal fat**, but the adjective is improper because it can also be formed inside the **chest**, with the dreadful consequence of **compressing** the heart and lungs. For that reason the more appropriate adjective is, visceral. Only in recent times have the **dangers**

of this type of fat been discovered. The spread of diabetes it is noted, and of other chronic, non-contagious diseases, goes hand-in-hand with the accumulation of visceral fat. There is an interdependence between one and the other. It is not a matter of opinions anymore. Visceral fat is not a simple static, inactive deposit of fat. On the contrary it is active and takes a certain autonomy, behaving as if it were **its own proper organ**. But it acts, negatively, on the whole organism. How does it do this? Producing its own hormones (among which cortisol) and a dozen of **inflammatory substances** (cytokinins) that compete in the pathogenesis of cardiovascular illnesses, of hypertension, of diabetes, of Alzheimer, of gout, of some autoimmune illnesses and tumors. Visceral fat is a clinical sign of a disregulated organism, of bad life style, of a nutritionally incorrect diet. The first accused of its accumulation, is the **excessive level of insulin** and its continuous fluctuation provoked above all, by an **excess of alimentary simple sugars** (sweets) and complex sugars that are rapidly assimilated (among which **refined flour**). In some countries it is known as 'wheat belly' or *bedaine de blé* that is to say wheat belly, from flour. Do you have doubts on the subject? Do the experts share this thesis? Then ask the poor geese mentioned above for explanations. Do you remember how they are fattened up so excessively? With a crazy quantity of cereals and starches! The same thing that happens to people who however, stuff themselves all alone, without using the funnel used to force feed the geese. But apart from the alimentary errors, also sedentariness, stress, insomnia, excess of alcohol and coffee, have their part in the pathogenesis of visceral and liver fat. It affects life expectancy and it

is for this reason that it is recommended **to measure the waistline** and to remain under certain values. If the accumulation of fat persists, the volume of liver cells increase up to literally bursting, freeing toxic substances that act both locally and in the whole organism. The formation of scar tissue modifies the steatosis in **liver fibrosis** that, in turn precedes the phase of cirrhosis in which liver function is reduced to its minimum. Let's reassure ourselves: the steatosis is **a condition that can be reversed** if one changes diet and life style. Its regression also favors a clear improvement of the systemic troubles that characterized it. For some subjects, freeing themselves from that procession of symptoms, among which the constant tiredness and drowsiness, is like a rebirth. It requires however discipline, and particular saying NO to foodstuffs. That is to say, **to reduce in a drastic way the consumption of simple sugars**, all those sweet tasting. But also **complex sugars**, that is those present in starches of **spaghetti, macaroni etc**, as they have characteristics entirely similar to the sugars, making insulin shoot to the stars. It **means doing much physical exercise**, nothing special though. All it takes is going for simple but long walks. Cycling trips. A gentle tennis match, soccer, swimming, gym, go dance. And why not? Gardening with a hoe and spade.



Prevention is better than cure: yes but, who benefits?

By Dr. Sanzio Castelli



Certainly, all the readers have familiarity with this sentence: initially coming from the campaigns of health propaganda, it has been used in many sectors of human activity, until its usage now is taken for granted. But, talking about **health**, are we sure we have really understood the concept by considering it as concept, that is ours, and therefore practicing it with awareness and responsibility? It seems to me useful to give two examples that represent extreme behaviors: on one hand the person who refuses routine test or screening checks, because of a **"fear of that something could be there"** (and unfortunately I confirm that during my long activity as a Family Doctor I've seen many of them), on the other hand a well-known public character (the actress Angelina Jolie) who succumbed to repeated mutilations not due to a suspected diagnosis, but just because of a statistic prevalence of the possibility of incurring an oncological disease. I skip comments and evaluations about emotional and social implications of this latter behavior, notably amplified by mass media impact, that could have determined it, and I confine myself to a consideration dictated by experience and conscience: publicized prevention, organized and put in place by every Health Service System, has a very elevated cost and, today more than ever, the point is not so much about saving money, rather, using the available resources properly, without betraying its aims toward all citizens in guaranteeing **their best possible state of health**. It is clearly necessary to prevent or at least to reduce the consequential damage from diseases after having identified priorities: prevention campaigns

are established for this reason and are directed at a population that is vulnerable to a certain risk, and provided that it is a serious one, i.e. statistically considerable, and sensitive to the procedures in place and to subsequent interventions of a **possible precocious diagnosis**. A clear example of these campaigns regard vaccinations, to which the Pap-test extension has followed, mammography, the search for hidden fecal blood, the search for reliable signs of cancer, the evaluation of metabolic disorder, the identification of enzymatic neonatal deficit, and now also the precocious identification of coeliac disease.

There is no **prevention campaign** that has disregarded the correlation between costs and benefits for the single person or for the community: the objective is reached when the individual is protected from the disease or happily cured because it has been treated in an initial phase and when the country saves on the costs of recoveries and on the complex and often fruitless therapies because of late diagnosis. In conclusion, I would like therefore to exhort everyone to listen with conviction to the advice of their doctor, who has to **identify individual risk factors**, when she proposes undergoing specific preventive research and further, to quickly join all the prevention campaigns that are promoted by the Health Service System for different ages or gender. Then the **advantage for everyone of us will double**: first of all better health all around, and then the possibility that the saving produced by the prevention measure effected, will allow the provision of funds for further preventive measures, that are every more selective and for less frequent illness **offered to the whole population**.

How much cholesterol can we actually introduce with food?

By the nutritionist Dr.
Marina Corsi

Often news that appears in the press or on certain television broadcasts give messages that create doubt and bewilderment about the correct consumption of **food particularly rich in cholesterol**. Therefore if, on the one hand, when we go to the doctor it is recommended to, for instance, check the quantity eaten of eggs and egg-based pasta, on the other hand the mass media tells us we can eat as many eggs as we want, because absorbed cholesterol is not as influential on values of cholesterol detectable through laboratory analyses.

So we ask ourselves: who is right here?

Indeed sometimes, scientific research questions the harmful effects of some types of food contraindicated for patients who suffer from high levels of cholesterol. But it is always necessary to pay the **greatest attention**, because in fact, it is more often a question of the impact of these revelations compared to their real foundations. And it must be considered that the scientific community is always at work and the quality of studies produced is not always of brilliant quality, besides in quite a lot of cases they take into consideration a single alimentary product, and even in a healthy and active population this can be a source of prejudice when certain recommendations come to be generalized for people affected by cardiovascular problems, or on overweight subjects who are sedentary and with a high level of cholesterol.

Who should we trust then?

I would say that apart from the recommendation to always use **common sense**, the indications given by the experts

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are valuable when they always advise to follow the Mediterranean diet model based on the consumption of vegetables, cereals and some food particularly rich in fibers, to use vegetable fats for seasoning rich of unsaturated fat acids, but in the meantime to limit the consumption of the fats in general for the control of cholesterol level. Within the protein alimentary products, go ahead with fish (except mollusks and shell fish), with limitation and moderation you should consume meat, preferring white meat over red. Fats of animal origin, the eggs and egg-based pasta (2-3 a week), offal and alcohol and simple sugars (sweets) should be strictly limited.

It is clear that, however, it is always important to moderate the portions and choose the methods of cooking less rich in fats such as steaming for example. In any case, the diet itself is not enough, and it is to be sustained by healthy life styles, therefore you should not smoke, it would be necessary to give a certain space to physical activity that, besides increasing "good" cholesterol while damaging the "bad" one, to checking one's weight and measuring one's waistline and if there are coexistent pathologies (hypertension, diabetes, high levels of cholesterol among relatives, etc.) it is always important to ask the advice of a doctor to get the best approach to every condition.



Cardiovascular health: an update on the Mediterranean diet

By Dr. *Francesca A. Nicolini*, Cardiologist
U.O.C. Cure Primarie Repubblica di San Marino

First part.

Cardiovascular diseases are the first cause of death in the world. The World Health Organization (WHO) foresees that the number of deaths from cardiovascular pathologies will increase to reach the impressive number of 23,3 million within 2030, and that cardiovascular **diseases** will keep on being the principal cause of death at a global level. Because of the strong impact on the health of the general population, numerous studies have focused on the identification of effective measures of prevention of cardiac diseases. It is hypothesized that the **behavioral risk factors** constitute about the 80% of the causes of coronary and cerebrovascular diseases, pointing out that the dietary models and life style, play a fundamental role in their prevention. With so much bad news concerning cardiovascular pathologies, this, at least, it is good news. **To exercise regularly, avoid smoking, and to follow a healthy diet** represent effective measures that could prevent the appearance of cardiac disease. But what does a healthy diet really mean, which are its principal ingredients, and what is their active mechanism? Even though other vegetable-based diets can provide similar protective effects, this article wants to introduce a brief overview of some important studies that correlate the **Mediterranean diet** with the **health of your heart**. The principal ingredients of the Mediterranean diet are fruit and vegetable, pulses, walnuts and cereals, oil of olive and fish. Low to



moderate consumption of dairy products and red meat, and a moderate consumption of wine during meals, represent other typical characteristics of the Mediterranean diet. From a study published in 2003 in the New England Journal of Medicines, carried out on 22,043 adult residents in Greece, it has emerged that a considerable adherence to the Mediterranean diet, valued on a range from 0 to 9, was associated to a general reduction of the total mortality during a period of follow-up of 44 months. Besides, a great adherence to this diet inversely corresponded to death from coronary and cancer diseases. In 2003 another great multicenter study, was launched by PREDIMED in Spain. Between 2003 to 2011, during this study of random intervention, the researchers monitored, 7,447 people between the ages of 55 and the 80 years, with the objective to investigate the effects of the **Mediterranean diet** on the **prevention** of cardiovascular events in high-risk subjects. The participants in the study were separated into three groups of diet intervention: one group to which was given a diet containing low fat, a second group followed an integrated Mediterranean diet with extra virgin olive oil, and the last group that was given an integrated Mediterranean diet with shelled nuts (walnuts, almonds, hazelnuts). The principal result of this study was that the Mediterranean diet integrated with extra virgin olive oil or nuts, was able to reduce the risk of cardiovascular death, heart attack or stroke, of around the 30%.

Fortifying our Challenge against Overweight, Diabetes and Hypertension

By the head of Servizio di Medicina dello Sport Ospedale di Stato RSM
Dr. *Marco M. Benedettini*

The challenge of the first project called, "Insieme per la salute", **Together for Health**, was launched by the Institute for Social Security in 2008, in collaboration with the Olympic National Committee of San Marino, to fight very frequent pathologies among the population, such as **overweight, hypertensive cardiopathy and non complicated diabetes 2**. The Project consisted of selecting and subjecting 22 people with cardiovascular risk factors, to an initial diet and sports medical evaluations. All were overweight, 6 suffering from diabetes mellitus, and 11, from hypertensive cardiopathy in treatment (among these three cardio-operated). On the basis of indications furnished by the specialists, they subjected the participants to regular **cycles of adapted physical activity**, of one hour, three times a week, under the supervision of trainer, and at least an hour of the participants' personally chosen physical activity during the weekends. The results in the period of the six months of the project, were amazing: the group that initially alternated one minute of running, to one minute of walking, in 5 months was able to run for one hour without stopping! Following this commitment a reduction of the waistline with relative reduction of the body weight, in line with the Linee Guida Internazionali (International Guidelines) was reported. Further meaningful improvements were found in relation to blood pressure levels and in some cases to a lowered necessity of pharmacological assumption.



The most interesting characteristic of the Project, besides the medical and nutritional aspects, was that of socialization, because from a heterogeneous group with evident motor difficulties, skeptical about the success of the Project and difficulty in social integration, they managed to constitute a homogeneous group of people with great responsibility and empathy towards others, a group that has continued to see each other, and do physical activity even after many months of the end of the project itself. The familiarity created among the participants was the essential bond and essential stimulus to face the challenging program of six-month duration. Thanks to this gratifying experience, not only for the active participants but for all those people who contributed, the feasibility of regenerating the project again has begun to start a new adventure involving a greater number of people. To all those people who might be interested: please get ready for the new challenge against the "notorious" cardiovascular factors of risk. We will be there!

A good day starts with breakfast!

By the Servizio di Dietologia Ospedale di Stato di RSM



Breakfast is the first meal of the day and has a great dietary importance for children and adults. Breakfast is one of the three principal meals that all of us should have, as evidenced in a recent survey of the Ministero della Salute (Department for Health) breakfast as a **good habit** is not sufficiently acknowledged. In fact one child in three has an inadequate breakfast, and 11% doesn't even eat breakfast. In a balanced and healthy diet, **breakfast** (that should represent around 15-20% of our daily caloric consumption) contributes to improve everybody's health. Taking some time to have breakfast calmly, helps to increase satiety during the whole day, encouraging regularity of meals. Getting up some time earlier and having breakfast for 15-20 minutes helps to start the day, it encourages eating and drinking slowly what we need and to start the day with the right energy. When the whole family has breakfast together, this moment also becomes an **important moment for the family itself**.

Every parent should give the example and teach to their children how important this "first appointment with food" is " and make this moment an occasion of conviviality, despite our work schedules and the various appointments of daily life. Often in our surgeries we hear repeatedly the words:

"I DON'T HAVE TIME"

10 -15 minutes can be enough. All it takes is getting ready the evening before preparing clothes and schoolbags and leaving the table prepared with non perishable foods such as cereals and biscuits. It is also very important during this meal, to turn off the TV that takes the attention away from the meal, and makes communication impossible.

"I'M NOT HUNGRY"

Children and adults complain about this condition related mainly to the fact that they

are not used to eating as soon as they get up; to the excesses of dinner, and to eating long after dinner, and to the fact that they are sleepy. How to intervene therefore? It is necessary to start with small quantities of food that will gradually increase. Sharing it with the family will be a way to relax and will allow, through imitation, a more spontaneous approach to having the meal. Also, let's go to bed earlier to be rested for the morning.

"WHAT SHOULD WE EAT FOR BREAKFAST?"

The adequate foods are:

- The place of honour is cow's milk or yogurt, essential for calcium and vitamins, to which is not necessary to add sugar as it's already naturally there; some children like to add some cocoa or barley, the important thing is to not exaggerate and alternate it with plain milk.
 - It is essential to have a portion of cereals alternating with: bread, toasted bread slices, (it is possible to add honey or jam), dried biscuits, cereal flakes (rice, corn, oat etc. as they are) to start the morning with energy. It is advisable to have fresh and seasonal fruit (it helps the job of the intestine and it is rich in simple sugars, fibers and vitamins) or fruit blended with milk / yogurt or mixed with cereals or squeezed.
 - To have something different, it's possible to eat salty products: cheese, raw and roast ham, bresaola, and poached egg.
- Little by little the child will appreciate the habit of a healthy breakfast. This will be another footstep towards a nutritionally correct diet to grow well and become an adult with a balanced and good relationship with food. The adult will change their old habits, and thanks to breakfast, the person will set out towards the right lifestyle.

Have a good breakfast everyone!!!

Laughter Yoga The Discipline that throws Stress away with a Laugh

By Psychologist and Trainer of Laughter Yoga
Dr. Monica Toccaceli



Numerous scientific research has shown that **laughing in a continuous way for 15 minutes a day produces many benefits for health:** both physical and psychological.

In first place laughing reduces the negative effects of stress. Laughing for much time is not always easy. To counter this difficulty, the Indian physician Dr. Madan Kataria, in 1995, founded **Laughter Yoga**, a unique discipline, thanks to which everyone is able to laugh without reason; without need of a funny situation, or jokes... To stimulate laughter Dr. Kataria uses planned and specific group exercises. Everything is facilitated by visual contact, the playfulness typical in infancy and from the fact that **laughing is contagious**. The laughing exercises are alternated by breathing exercises (this is the principal reason for which this discipline is called "Yoga").

The central part of a Laughter meeting is devoted to the **"Laughter Meditation."** This latter it is a session of deconstructed laughter, where the participants are sitting or laying down, letting their natural laughter flow out of them as if it were a fountain. The meeting concludes with a series of exercises of guided relaxation.

Thanks to this discipline people rediscover their internal laughter, a true and natural resource for our well-being.

Here are some of the many **benefits of laughter:**

- It increases the oxygenation of the body and the brain.
- It provokes the "cocktail of joy" (increasing endorphins, the hormones of the well-being and reducing cortisol, the hormone of the stress)

- It allows a deep relaxation thanks to the activation of the parasympathetic system.
- It is an excellent cardiac exercise (10 min. of laughter is the equivalent to 30 min. on a rowing machine)
- It increases blood circulation and the elimination of the waste.
- It massages and favors the circulation of the digestive and lymphatic system
- It stimulates the immune system (increasing the levels of anti-infection cells, anti-virus, anti-cancer cells)
- It increases optimism and self-esteem
- It develops creativity and emotional intelligence
- It fights against depression (increasing the levels of serotonin)
- It unblocks repressed emotions
- It enhances social relationships and the ability communicate
- It improves memory and attention
- It favors mental health
- The scientific base on which Laughter Yoga is founded is that the body doesn't distinguish between spontaneous laughter and induced laughter, for this reason the benefits are already apparent right from the first exercises. **With practice it is possible to release spontaneous laughter in an evermore natural way.** *Considering that laughing is good for health, good have a good laugh everybody!*

Life according to Vito

Illustration by:
Gigi Belisardi



“Parents passive smoking compromises the cardiovascular health of their children”

Parents Passive Smoking and Cardiovascular Health of their Children

By Dr. Enrico Rossi

Head of Modulo Funzionale di Pneumologia Ospedale di Stato RSM



The lungs of who is forced to breathe other people's smoke constantly, are not that different from those who smoke cigarettes. Passive smoke is the unintentional inhalation of smoke in the environment which includes both the smoke produced by the slow combustion of the cigarette and that coming from the expiration of the smoker. It has been shown in passive smoking that irritating and carcinogenic substances are present in superior concentrations compared to active smoking: fortunately passive smoking is very diluted in the air and therefore it is inhaled less in comparison to the active smoke. However, passive smoke also provokes considerable damage to the person that inhales it. A worrying aspect of the damage of passive smoke is the impact on the children since pregnancy: pregnant women smokers have higher risk of spontaneous miscarriage, the newborn risks to be underweight at birth, and it increases the probability of “sudden death of the baby” and to suffer breathing diseases

more frequently. Recently it has been shown in an incontrovertible way that passive smoke compromises the cardio-circulatory apparatus of all children exposed to smoking. An important study published in a scientific prestigious magazine, has definitively shown that, who as a child was exposed to smoke of one of the parents or both, has, as an adult, on average double the risk of having an atherosclerotic plaque on the arterial walls, particularly on the walls of the carotids, the arteries that bring blood to the brain. The risk is higher as the levels of exposure to passive smoke are high in the first years of life: this means suffering permanent damage. Parents should avoid smoking in the presence of their children, and therefore to stop smoking at home and in the car; in other words the arrival of a child should be a good reason to definitively stop smoking: a wonderful gift for a child.



Curiosities from the World of Science

By Dr.
Niksa Simetovic

Metabolic syndrome increases the risk of mortality from cardio-vascular diseases.

According to a Korean study published in the, The Journal of Clinical Endocrinology & Metabolism, adults with metabolic syndrome had a greater **increase of probability to die from cardio-vascular diseases**, in comparison to those without the syndrome (that is to say: arterial hypertension, Hyperglycaemia , hypertriglyceridaemia , low levels of HDL, increased abdominal waistline). The highest risk of mortality has been observed among women with metabolic syndrome and particularly among people with diabetes and high blood pressure.

Moderate exercise may reduce the risks of mortality in elderly men.

A study in, British Journal of Sports Medicine, on almost 6000 elderly men in Norway that did **30 minutes of moderate physical** activity for 6 days a week, underlines a reduction of risk of death by 40%. The data have shown that sedentary men on average have lived around 5 years less in comparison to those who were active.

Caffeine: OK for patients with arrhythmia

The research at the, Heart Rhythm Society 2015 Scientific Sessions, has not shown any relation among coffee, tea and chocolate and the precocious atrial contractions or premature ventricular contractions in arrhythmic patients. The study is added to the preceding study that found **caffeine did not increase risk** for patients with

fibrillation atriale.

Bariatric Surgery (surgery for obesity) improves clinical parameters in the obese diabetic patient

Obese patients with diabetes show considerable improvements of neuropathy, test of autonomic cardiac and cardiac function such as the reduction of BMI of the bodily weight and abdominal fat, after 12-24 weeks from the intervention of bariatric surgery (gastric bypass, vertical gastrectomy.) The results have been presented by the American Association of Clinical Endocrinology.

Weakening of the immune system of newborns to obese mothers

According to research published in Allergology and Pediatric Immunology, newborns whose mothers were obese, had cells of the immune system that showed **much lower responses to antigens**, in comparison to those who were born from mothers of normal-weight.



Healthcare in San Marinese Philately

By Dr.
Daniele Cesaretti

On the 6th September 1979, on the eve of the international **XIII International Congress** for Scientific Research and Professional Adjournment regarding Stomatology, at San Marino from 22 to September 24, the San Marino Post Office, devoted a stamp to the event for L.170. The subject is composed of an image of Sant'Apollonia, the dentists', dental technicians' and dental hygienists patron, and invoked by the people against the tooth ache. The image is taken from a beautiful woodcutting of the XV century, by an unknown author, preserved in the School of Odontostomatology in Stockholm and forming part of the Wessler Collection that is composed of three other images of different periods, these also by unknown authors . Apollonia, a Christian virgin, suffered an awful martyrdom at Alexandria of Egypt, in the year 249. During a popular revolt against the Christians, the devoted believer was encircled by pagans that struck her jaws so much she spat out her teeth, then they lit a fire, and threatened to throw her on it until she had pronounced cruel sentences. Notwithstanding she found herself in such a dramatic situation, Apollonia knew how to contrive a sensation. She asked them to free her just for a moment. Once freed, she surprised everybody by jumping in the fire and she was consumed by the flames without betraying her own faith for an instant. The liturgical memory is celebrated on February 9.

In the traditional iconography, the saint is depicted as holding tongs after tooth extractions, in memory of her martyrdom. Pope Pius VI (1717-1799), wanting to bring order to the cult of relics, made alleged collections of Sant 'Apollonia teeth throughout Italy, filling a box of three kilos of weight, that was subsequently thrown into the River Tiber. How many teeth were attributed to her! It was totally the case to tidy them up...



Rotogravure printing on sheets of 50 specimens at HélioCourvoisier, La-Chaud-de-Fonds. Circulation 650,000 copies. (Sassone catalog n.1026)

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Editorial Committee: Niksa Simentovic – Emidio Troiani – Daniele Cesaretti

Translation: by Sacha gMullins www.movinguniverse.org

Editore & redazione: Avalon di Gloriano Amici | Via Tonso di Gualtiero, 12 - 47896 Faetano -RSM