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Assess the Effect Assess Behavioral Changes of Single Child Versus Child with Siblings

Suhasini Vinayak Sanas

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Abstract

Behavior it includes not only the conscious behavior and activities of the human mind but also the subconscious and unconscious. Consequently it covers not only the overt behavior but also the covert behavior involving the in nerexperiences and mental processes. Only children have poorer interpersonal skills, results in less effective or fulfilling relationships. The behavior alpattern of a child can be affected by physical illness, changes at school, with the family unit, peer group pressure and simply growing up and finding their feet.

Methods: The quantitative research approach was adopted for this study. A comparative research design was used in this study. This study was conducted at selected areas of urban community. Convenience sampling technique was used for sample selection. The samples consist of 40 children in the age group of 6-12 years. Among them 20 samples were single child and 20 samples were a child with siblings who fulfilled the inclusion criteria.

Results: Behavior pattern was classified as good, average and poor. The majority of single child 33 (66%) had an average behavior pattern. Sibling child 15 (70%) good behavior pattern. There was a significant association between the behavior pattern of a single child and selected demographic variables such as type of family, parenting style and number of children. There was no significant as sociation between the behavior pattern of the single child and demographic variables such as age, educational status, and birth order.

Conclusion: Childhood period is important in the life. During this period, the child undergoes are markable change in the life. Parents and school teachers have to understand the child problem and to solve them. Many of single child having poor interpersonal skills, it results from the less effective relationship. The parents must realize their problem and mingle with them.

Keyword: Behaviour; Schoolers; Siblings and Urban Community etc.

Introduction

“If children live with security, They learn to have faith” “If children live with acceptance & friendship, They learn to find love in the world”

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A child is a human being who goes through the various stages of growth and development from birth to infancy and puberty. At this stage in life, the children are laid for mental, physical, and social development. The behavior includes the motor or cognitive activities (Like walking, Swimming, Dancing etc.), Cognitive activities (Like thinking, Reasoning, Imagining etc.) and effective activities (Like feeling, happy, Sad & angry etc.¹

Behaviour includes not only the conscious behaviour and activities of the human mind but also the sub-Conscious and unconscious. It covers not only the overt behaviour but also the covert behaviour involving the inner experiences and

mental processes. Behaviour problem includes problems that represent a significant deviation from the normal behaviour.²

Consequently many children will exhibit different character traits and characteristics depending on their birth order or if they are the only child.

Problem Statement

"A comparative study to assess behavioral changes of single child versus child with sibling among schoolers in selected areas of urban community".

Objectives

- To assess behavioural changes of single child among schoolers in selected areas of urban community.
- To assess behavioural changes of child with sibling among schoolers in selected areas of urban community.
- To compare the behavioural changes of a single child v/s child with sibling among schoolers in selected areas of urban community.
- To find out the association between behavioural changes of single child vs child with siblings with selected demographic variable

Hypothesis

- H0:** There is a significant difference between behavioural changes in single child and the child with siblings among schoolers in selected area of urban community.
- H1:** There is not a significant difference between behavioural changes in the single child and the child with siblings among schoolers in selected area of urban community.

Review of Literature:

- Review of literature related to behaviour changes in schooler children.
- Review of literature related to behavioural changes in single child.
- Review of literature related to behavioural changes in children with siblings.

Conceptual Frame Work

Rosen stock's and Becker and Health Belief Model (1974) addresses the relationship between a person's belief and behaviour. It provides a way of behaviour in relation to their health and how they will comply with health care/therapies

Research Methodology

- *Research approach:* Quantitative research approach.
- *Research design:* comparative research design
- *Research setting:* Selected areas of urban community.
- *Research population:* Children in the age group of 6-12 years.
- *Sample:* The samples consist of 40 children in the age group of 6-12 years
- *Sample size:* 20 samples were single child and 20 samples were a child with siblings who fulfilled the inclusion criteria
- *Sampling technique:* Non probability: Convenient sampling technique was used for sample selection.

Tool Preparation:

A tool is an instrument or equipment used for collection of data.

Development of the Tool

Section A (Part I): The first part consist of demographic characteristics of children, seeking information such as age, gender, birth order, educational status, number of children in the family.

Section A (Part II): The second part consist of demographic characteristics of mother, seeking information such as age, educational status, occupation and type of family.

Result

- A majority of 22 (44%) mothers were between the age group of 28-31 yrs.
- A majority of 18 (36%) mothers was having higher secondary education.

- The majority of single child mothers 20 (42%) were professional, Sibling child mothers 20 (40%) were workers.
- Single child 21 (42%) was nuclear family. Sibling child 19 (38%) were joint family.
- Single child 20 (50%) falls between the age of 9-10 yrs. Sibling child 20 (50%) falls between the age of 9-10 yrs.
- Sibling child 12 (64%) were female.
- Sibling child 28 (66%) were second child.

Significance of Findings:

- A majority of 22 (44%) mothers were between the age group of 28-31 yrs.
- A majority of 18 (36%) mothers was having higher secondary education.
- The majority of single child mothers 20 (42%) were professional, Sibling child mothers 20 (40%) were workers.
- Single child 21 (42%) was nuclear family. Sibling child 19 (38%) were joint family.
- Single child 20 (50%) falls between the age of 9-10 yrs. Sibling child 20 (50%) falls between the age of 9-10 yrs.
- Sibling child 12 (64%) were female.
- Sibling child 28 (66%) were second child.

Behavior pattern was classified as good, average and poor. The majority of single child 33 (66%) had an average behavior pattern. Sibling child 15 (70%) good behavior pattern. There was a significant association between the behavior pattern of a single child and selected demographic variables such as type of family, parenting style and number of children. There was no significant association between the behavior pattern of the single child and demographic variables such as age, educational status, and birth order.

There was a significant association between the behavior pattern of a child with sibling and selected demographic variables like mother's income. There was no significant association between the behavior pattern of sibling child and demographic variables such as age, type of family, parenting style, educational status, occupation, number of children, religion and birth order.

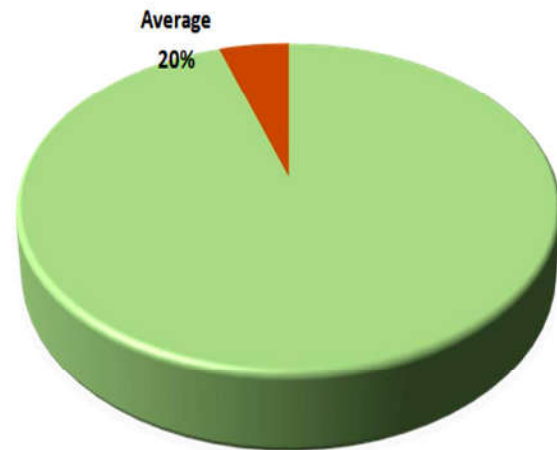


Fig. 1: Behavioral pattern of single child.

Pie diagram showing percentage wise distribution of samples according to behavioral pattern of single child.

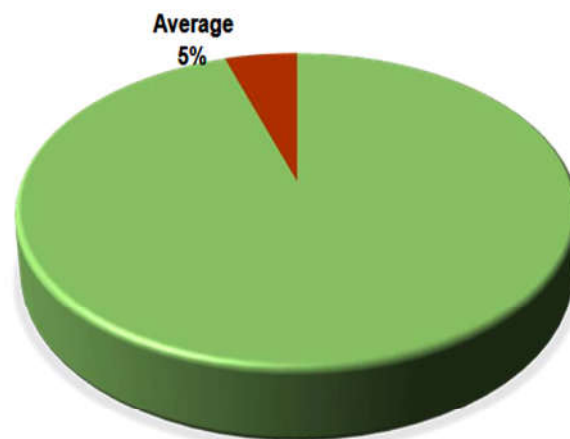


Fig. 2: Behavioral pattern of child with siblings.

Pie diagram showing percentage wise distribution of samples according to behavioral pattern of child with siblings.

Recommendations

The following recommendations are made based on the findings of the study.

- A similar study can be done on a large sample.
- A study can be done to find out the behavior problem of the single child family.
- A study can be done to find out the risk for altered growth and development of children living with behavioral problems.
- A study can be done to find out the

problem of school children.

- A study can be conducted to identify the effectiveness of a structured teaching program in modification of children's behaviour.
- A comparative study can be done to find out the behaviour problem of preterm and term children.

Discussion

The results of the study are discussed below. Table and figure 4.3 shows that 11 (55%) of the single child and 7 (35%) of the child with siblings had age 6 years - 7 years, 4 (20%) of the single child and 2 (10%) of the child with siblings had age 8 years - 9 years, 3 (15%) of the single child and 5 (25%) of the child with siblings had age 10 years - 11 years and 2 (10%) of the single child and 6 (30%) of the child with siblings had age 12 years - 13 years. Table and figure 4.4 shows that 6 (30%) of single child and 7 (35%) of child with siblings were males and 14 (70%) of single child and 13 (65%) of child with siblings were females. Above table and figure shows that 20 (100%) of the single child and 12 (60%) of the child with siblings had first child and 8 (40%) of the child with siblings had second child. Table and figure 4.6 shows that 12 (60%) of the single child and 5 (25%) of the child with siblings had 1st std, 1 (5%) of the single child and 4 (20%) of the child with siblings had 2nd std, 3 (15%) of the single child and child with siblings had 3rd std and 4 (20%) of the single child and 8 (40%) of the child with siblings had 4th std. Table and figure 4.7 shows that 20 (100%) of the single child and 18 (90%) of the child with siblings had 1st child in the family and 2 (10%) of the child with siblings had 2nd child in the family.

Conclusion

Childhood period is important in the life. During this period, the child undergoes are markable change in the life. Parents and school teachers have to understand the child problem and to solve them. Many of single child having poor inter personal skills, it results from the less effective relationship. The parents must realize their problem and mingle with them. In order to help and guide the children to lead their life in a healthy manner both physically and mentally. As a part of the curriculum, the researcher has taken to comparing the s behavior pattern of a single child and sibling child as my dissertation work. When the researcher collected the data many of the only children having

psychological problems. Each child has different level of behavior pattern. Proper counseling is necessary to treat and evaluate the behavioral problem. Mothers can spend as much time as possible to express their feelings and thoughts to make memorable them.

References

1. Differences in PISA mathematics score between children of immigrants and children of native-born, by birth status of children and highest parental education level, 2003.2009;
2. The Child in His Family: Vulnerable Children and The Child in His Family : Children and Their Parents in a Changing World. Social Work. 1980;
3. Kaufman, D., gesten, E., Sannta lucia, R.C., salcedo, O(2000) the relationship between parenting styles and children's adjustment, Journal of child and family studies.
4. Tavares MB, Fuchs FC, Diligentif, AbreuJR, RohdeLA, FuchsSC. Caracteristic as decomportamen to do filhoúnicovs filhoprimogênitoenão primogênito. Revista Brasileirade Psiquiatria.2004;26(1):17-23.
5. Kolak AM, VollingBL. Siblingjealousy inearlychildhood:longitudinallinks to siblingrelationshipquality. Infantand ChildDevelopment.2011;20(2):213-26.
6. CloddE. The childhood of the world; asimpleaccoun to fmaninearly times.1891;
7. GuptaAK,MongiaM,GargAK.Adescriptivestudy of behavioral problems in school going children. Industrial PsychiatryJournal.2017;26(1):91.
8. Gaze-basedassistive technology in daily activities by children with severeephysicalimpairments. Developmental Medicine & Child Neurology.2016;58:46-7.
9. BasvanthappaBT(1998), Nursing research, Newdelhi, Jaypeebrothers.
10. Achara's (2004), Textbook of pediatrics, Hyderabad, drient Long manlimited.
11. Behrman (2000) Problem based psychiatry, 1st edition, churcill livings to nepublishers, Edinburg.
12. Beattuie and carachi (2005) Text book of practical pediatric problem, London; Haldler publications. Beattuie and carachi (2005) Text book of practical pediatricproblem, London; Haldler publications.
13. Alamglasspetetal(2006), Text book of pediatrics and young people's nursing, London; Elseivorchurcill livings to nepublishers.
14. Burns Nancy & Susank.groove(1993),

- The practice of nursing research conduct critiqueutilization, Philadelphia, W.Bsaunders company.
15. AverdijkM, Journal of chemical psychology, agreement among parents, teachers and children on internalizing and externalizing behavior problem.
 16. SonyaS.Myers & RobertC. Pianta Pages600-608 | Published online:21Jul2008 Available from :<https://doi.org/10.1080/15374410802148160>.
 17. Daley, J.Birchwood First published: 15 June2010<https://doi.org/10.1111/j.1365-2214.2009.01046.x>
 18. Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1365-2214.2009.01046.x>
 19. Linda Cox, "A Study ofthe Perceived Effects ofSchoolCultureon StudentBehaviors."(2010). ElectronicThesesandDissertations.Paper2249. <https://dc.etsu.edu/etd/2249>

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A Glimpse on Color Therapy

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Abstract

Color therapy is an alternative therapy which helps to regulate the chakra in our body. A healthy chakra maintains the body healthier and fit. Chakras, which are present in our body from head to spine, will regulate all the body functions. Human body reacts with the color and every color has its own character to heal the body and calm the mind. This review article will reveal the benefits of colors and how it interact the human to regulate the body and mind. Chromo therapy through water will relax the mind and cure many diseases.

Keyword: Color therapy; Chromo therapy.

Key message: Colour therapy is a method of treatment that uses the visible spectrum (colours) of electromagnetic radiation to cure disease.

Introduction

Color is light.¹ Color is having special effect on body and soul. They are also delight for the eyes colors play a major role in setting up a state of mind. Each color present different vibration and having own significance.

Color therapy is also known as colorology or chromo therapy. It is an ancient method to treat the person sat of mind. It is a type of holistic having using the color.

Chromo: It originates from the Greek 'chroma' and it implies shading.

Treatment: It originates from the Greekword Terapia, and it implies treatment Colour therapy is a method of treatment that uses the visible spectrum (colours) of electromagnetic radiation to cure disease.

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History²

- According to ancient Egyptians mythology colour therapy has discovered by God of Thoth
- *Ayurvedic physician Charakas:* Sun light
- *Avicenna (AD 980):* It is observable symptoms of disease.
- *19th century 1876 Pleasanton:* A used blue light- increase the fertility
- *Edwin Babbitt:* Comprehensive theory of healing- thermolumence
- 20 th century Indian-born American-citizen scientist Dinshah P. Ghadiali (1873–1966) – Spectro-chrome Encyclopaedia
- *1951 Takkata:* Understading chakras and colour ray frequency
- Mester-research- heals hypertension
- *Azeemi:*Hydrochromotherapy.
- *Pioneer of modern colour therapy:* Niles finsen of denmark.

Chakra¹

The Chakras are part of esoteric medieval-era

beliefs about physiology and psychic centers that emerged across Indian traditions. There are many types of chakras like 112 but important ones are seven. Such as

- *Crown Chakra Violet:* Spiritual mindfulness, anguish, association with God Inspiration, despondency and pity
- *Third Eye Chakra Indigo:* Subconscious psyche. Diagnostic brain, Discernment, instinct, segregation, dejection
- *Throat Chakra Blue:* Communication, trust, talking your fact Harmony. Sleep

deprivation

- *Heart Chakra Green:* Space, Direction and connections Heals a broken heart
- *Solar Plexus Chakra Yellow:* Self certainty, euphoria and learning Stress, fear and skin illness
- *Sacral Chakra Orange:* Creativity, profound intelligence, reliance and Co-reliance. Stun territory in the body reliance. Stun territory in the body
- *Base Chakra Red:* Energy, vitality and sexuality. Movement and change.



Fig.1: Seven chakra system in human body adapted from Dearthstimey. (Source: http://www.handsonhealthsheffield.com/holistic_message/the-seven-chakras-for-beginners/)

Role of Color Therapy

- Mental relaxation and treat various psychological and physical diseases
- Have positive stimulating effects on every system
- Stimulate the Main chakras or energy centers -of the body.

blending a shading in with white. For Example pink is a tint of red, and light blue is a tint of blue.

- Shades are dim qualities that are made by blending a shading in with dark. Maroon is a shade of red, and naval force is a shade of blue.

Value: Tints and Shades⁶

- The daintiness or murkiness of a shading is called value
- You can discover the estimations of a shading by making its tints and shades.
- Tints are light qualities that are made by

Types of color^{5,6}

- The fundamental hues utilized in shading treatment are equivalent to the seven shades of a rainbow.
- Three Primary Colors (Ps): Red, Yellow, Blue.

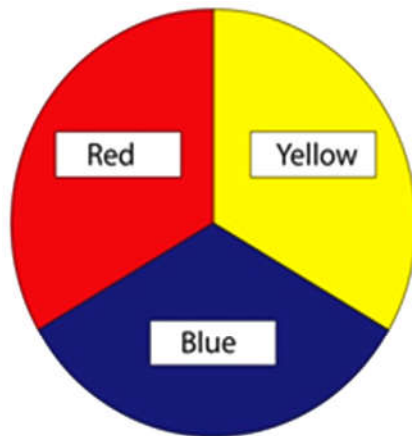


Fig. 2: Primary colors

Three Secondary Colors (S'): Orange, Green, Violet.

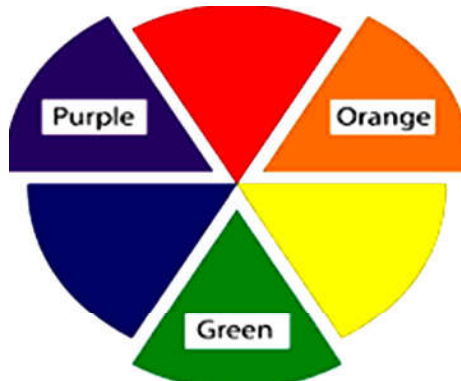


Fig. 3: Secondary colors

Six Tertiary Colors (Ts): Red-Orange, Yellow-Orange, Yellow-Green, Blue-Green, Blue-Violet, Red-Violet, which are shaped by blending an essential in with an optional.

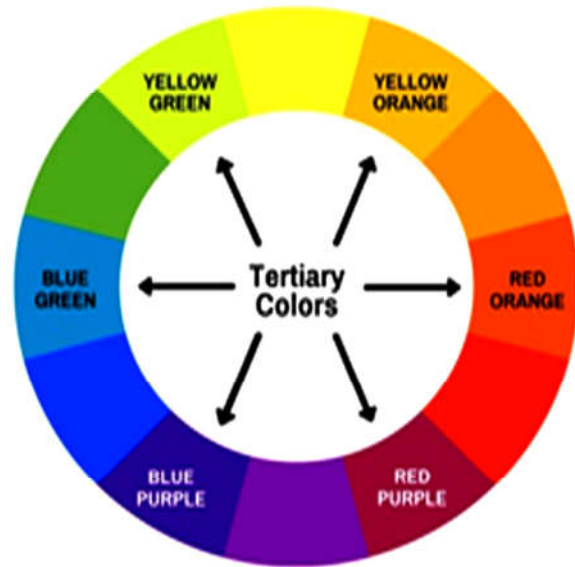


Fig. 4: Tertiary colors.

Table :1 Chromo therapy on mind and body¹⁶

Color (2,5,3) ¹⁷	Mental effect,	Physical effect
A. Primary colors		
Red color	Red makes you feel passionate and energized. Red is the warmest and most dynamic of the colors—it triggers opposing emotions	<ul style="list-style-type: none"> • Disrupt sleep • Increase respiration rate, • Raise blood pressure, • Increase appetite.¹⁸
Yellow color	Yellow can also create feelings of frustration and anger. Sense of inner power, increasing your positivity, and raising your happiness levels.	<ul style="list-style-type: none"> • Positive impact upon the nervous and digestive systems.¹⁹ • Increase metabolism.
Blue color	Blue is associated with the control of negative emotions and denotes the water element. It also reduces stress and tension in life. -Frequent mood swings - Create clam	<ul style="list-style-type: none"> • Decrease blood pressure • Lower heart rate • Relieve tension • Alleviate muscle spasms
B. Secondary colors		
Orange color	Increase confidence. Increase our energy levels.	<ul style="list-style-type: none"> • Healthy Liver • Anti depressants
Green color	Concentration, and instill a sense of safety. relieve stress increase efficiency, creativity, and mood.	<ul style="list-style-type: none"> • Improve vision
Violet color	Large feeling of power, as well as an increased peace of mind and strengthened spirituality.	<ul style="list-style-type: none"> • Stimulates the flow of subtle energies throughout the psychic centers and the nervous system.

Table 2: Color in food(3,5)

Name of color	Name of vegetables, fruits and other food	Effect on health
Red	Red Vegetables: tomatoes, radishes, red cabbage, beets. Red Fruits: red grapes, strawberries, watermelon, cherries, raspberries, pomegranates, cranberries, red apples	Red fruits and vegetables protect our hearts. Red color in most fruits and vegetables contain antioxidants that reduce the risk of developing atherosclerosis, hypertension and high cholesterol. They also lower the risk of developing different types of cancer, including prostate cancer and protect against heart diseases and improve brain function.
Yellow	Corn, Squash, Yellow peppers, Yellow potatoes, Golden beets, Pumpkin, Yellow beans, Take away, Apricots, Butternut squash, Cantaloupe, Cape Gooseberries, carrots, Golden kiwifruit, Grapefruit, Lemon, Mangoes, Nectarines, Oranges, Papayas, Peaches, Persimmons, Pineapples, Pumpkin, Rutabagas, Sweet corn, Sweet potatoes, Tangerines, Yellow apples, Yellow beets, Yellow figs, Yellow pears, Yellow peppers,	To protect your nervous system promote eye health and prevent heart diseases. They also play an important role in maintaining skin health, boosting your immune system and helping build strong bones.
Blue	Blueberries, Concord Grapes, Blackberries, Blue Corn, Elderberries, Black Currants, Blue Tomatoes, Blue Carrots.	<ul style="list-style-type: none"> •Protects urinary tract infection •Regulates healthy digestion.
Orange	Orange fruits, including cantaloupe, peaches, oranges, guava, papaya, persimmons, kumquat and mangoes. orange vegetables include pumpkin, sweet potato and winter squash	Orange foods help protect the immune system, eyes, and skin, and reduce the risk for cancer and heart disease.
Green	Green Vegetables: broccoli, spinach, cabbage, lettuce, Brussels sprouts, green beans, cucumbers, zucchini, peas, green pepper Green Fruits: green apples, kiwi, green grapes, lime, avocado.	Green fruits and vegetables protect your eye health, lowering the risk of developing age-related macular degeneration. Green leafy vegetables also contain folic acid which is very important for pregnant women as it reduces the risk that their baby will develop a birth defect. The essential nutrients found in green vegetables and fruits protect you from cancer and high levels of bad cholesterol, regulate digestion and improve immune system functioning.

Table :3 Color therapy through wall colors^{2,3,5,6}

Name of area	Which color use	Effect of color
Bed room	Violet color	Use purple or violet shades in a bedroom for a soothing and restful sleep.
	Green color	It reduces stress and has the quality of healing.
	Pink color	It creates a calm environment, so if you have problems sleeping, paint the walls of your bedroom in a light shade of pink. Pink brings strong positive energy into your environment.
	Green color	Green dining rooms also promote healthy eating.
Living room	Blue color	Blue living rooms seem clean and orderly without sacrificing color. A blue living room has a calming, stabilizing effect on your home.
	Orange color	Use of this color increases productivity, enthusiasm, and pleasure. Stimulates mental activity.
	Yellow color	Promotes feeling of confidence. Helpful for study as it helps us to stay alert.
Study room	Green color	Green a right shade of green will make a room lively and energized that helps in concentration.
	Grey and silver color	Deep greys and silver it promotes creativity and helps focus on tasks at hand. It creates both soothing and creative space at the same time.
	Orange color	Orange this is really a mood-lifting color for learners as it promotes comfort.
Kitchen room	White color	symbol of cleanliness. and purity, white makes sense in the space where you'll be making many meals.
	Yellow color	Believed to promote socialization, it can create an uplifting and cheerful space for you and your family to enjoy meals.
	Green color	it promotes digestion. Choose soft and earthy greens to help create a relaxing space.

Dining room	Red color	Red promotes liveliness and social interaction, as well as keeping the mood cheerful and upbeat. It is also believed to increase appetite.
	Orange color	It's great for creating an atmosphere of hospitality and general comfort for everyone, and helps in food digestion too.
	Yellow color	Yellow promotes happiness, and happy people tend to eat better and digest their food more efficiently too.
	Green color	Green dining rooms also promote healthy eating.
Children's play zone	Green color	This calming, natural color has a soothing impact on a child. Scientists have also found that green may improve a child's reading speed and comprehension. There's no need to keep this anxiety-reducing color to a minimum.
	Yellow color	light yellow to complement their playful energy, while also enabling a healthy growth
	Orange color	Warming and energizing Can stimulate creativity Orange is the color of fun and sociability
Pooja room	Violet color	Calming for body and mind.
	Yellow color	This color signifies illumination, light, intellect and higher mental activity.

Table 4: Color therapy and its effects in body^{2,3}

Color	Mental/Emotional Effects	Physical Effect
Red	Courage, stimulation, strength, roundness	Dissipates radiation, rebuilds the liver, helps laminitis, Facilitate circulation, anemia, Bronchitis, Lack of hemoglobin, hypotension, neurasthenia, Tuberculosis ¹³
Orange	Self-confidence, resilience, uplifting, is indicated to treat sorrow, loss relationship difficulties, problems of intro version, increases optimism and psychological paralysis	Releases muscle spasms, strengthens bones and teeth, Asthma, bone fracture, kidney stone, intestinal spasm, hypothyroidism, prevention of malignant tumors, menstrual difficulties.
Yellow	Mental alertness, optimism, playfulness, Help to realize goals, overcome fears, cure depression and facilitate the provision of meaning to life, it helps to prevent bipolar disorder.	Aids digestion builds nerves, eliminates worms, helps colic, it stimulate the brain and nervous system, abdominal inflammation, headache, disorder of pancreas and gallbladder.
Green	Peace, balance, emotional calm, Reliving stress.	Destroys bacteria, rebuilds muscle & tissue, helps infection and injuries, increase the defense of the immune system, heart disease, Neuralgia, Promotes physical relaxation has antiseptic properties.
Turquoise	Tranquility, restoration, refreshment	Dissipates pain, restores vitality, helps with injuries and recovery
Blue	Calming, contentment, confidence, insomnia	Prevent itching, fights, infection, smoothen nerve, help with condition like burn & cut, it used to treat thyroid, parathyroid, necks stiffness, incontinence, inflammation, bleeding, hypertension, toothache, stomach cramps, epilepsy, acute spinal pain.
Indigo	Gives purpose, inspiration and protection	Shrinks tumors, purifies blood, tighten muscles, cleanse, the system & aura.
Violet	Detoxifies, purifies, promote interspecies communication, it symbolizes spiritualities, intuition, to treat insomnia, schizophrenia.	Strengthen immune system, to treat goiter, meningitis, cystitis, cataract, skin irritation, tumor, cancer.
Purple	Smoothing, calm, emotion, restore balance.	Controls fever, relieve pain.
Pink	Happiness, Joy, sensitivity, lifts spirit.	Delays the Aging and Improves circulation

Method of Treatment^{1,2,3}**Method**

Treatment utilizing hues is easy to the point that even a man of normal comprehension can utilize this helpful framework. It takes less time at a

reasonable cost, practically none to recover.

The accompanying strategies can be utilized for treating infections under this restorative framework.

Uncovering body discontinuously in the daylight for brief stretches. Range of the daylight contains

all the hues in it, and introduction of the body before the daylight gives it an opportunity to ingest the shading required by it. Shades of the light are the real solution for the sicknesses: warmth of the daylight is additional thing, which the body gets.

- a. Have a glass container of the necessary shading.
- b. Subsequent to purging it with high temp water, fill it with refined water or with water that has been sanitized by baling.
- c. Let one fourth of the jug stay vacant.
- d. In the event that the container of the necessary shading isn't accessible.
- e. Take a conventional straightforward glass bottle and enwrap it in cellophane paper of required shading in such a way the container is secured from all sides utilizing straightforward sticky tape.
- f. Place this container in the daylight, saving it on a wooden surface for four to six hours. The best an ideal opportunity to treat water with shaded beams is from 10 am till 4pm.
- g. Accumulation of droplets in the empty surface of the bottle is an indication that the water has been charged enough.
- h. Keep the container appropriately made sure about with plug. On the off chance that jug of many shading were to be charged, don't put the near another so no jug be over shadowed with a container or an alternate shading.
- i. Dosage: Par adults: 2-ounce
- j. Achromatized Water for children: 1-ounce. For babies:1-table spoon and for infants one tea spoon.

Table 5: Color therapy in mental health treatment^{2,3}

Disease	Treatment
Schizophrenia	<ul style="list-style-type: none"> • Olive color Chromatized water thrice a day. • Blue Chromatized water thrice a day, before meals. • White Chromatized water, once a day. • Massage hind side of the head with blue Chromatized oil once a day • Blue light for fifteen minutes upon the Head, once a day. • If the patient is not suffering from diabetes. he should take sweets and deserts. Besides this if the blood pressure is not low. he should be forbidden to take salt in his meals, • Get a transparent glass sheet of 9" ×12" painted with blue and make the patient to look at it frequently
Depression	<p>Depression In acute conditions</p> <ul style="list-style-type: none"> • Apple color Chromatized water twice a day. after breakfast and before going to bed, • Sky blue Chromatized water. once a day after lunch, • Yellow Chromatized water. after dinner In case of non severity • Blue Chromatized water twice a day before meals. • Orange Chromatized water twice a day After meals. • Yellow Chromatized water, twice a day in the afternoon. • Turquoise color Chromatized water, twice a day. • White Chromatized water, once a day. • Yellow Chromatized water twice a day before meals.
Mania	<ul style="list-style-type: none"> • Blue light upon the head for fifteen minutes once a day. • Massage the back of head with blue Chromatized oil once a day. • Light a blue bulb In the room where the Patient lives. • Make the patient to wear blue silk clothes. • Pure honey one tablespoon. thrice a Jay And if possible. herbal medicines prescribed by a qualified practitioner. • Magenta Color Chromatized water. thrice a day and upon some relief twice a day. • White Chromatized water once a day.
Acute psychosis	<ul style="list-style-type: none"> • Blue light upon the head twice a day. For fifteen minutes each. • Massage the back of his head with sky Blue Chromatized oil, once a day. • Damp cotton pad in blue Chromatized water and place it at the crown of the head for fifteen minutes.

	<ul style="list-style-type: none"> • In case of head injury, consult. a neuron-surgeon. • Quit the use of intoxicants. • For cancer see the treatment of Cancer. For all other causes following is the treatment
Dementia	<ul style="list-style-type: none"> • Blue Chromatized water, twice a day, • Yellow Chromatized water before meals. • Red Chromatized water, after meals. • Green Chromatized water, after breakfast and before going to bed. • Make the patient to sit in the sunlight at the time of sunrise early in the morning, for three minute. • Massage Yellow ointment or the Yellow Chromatized oil upon the abdomen, in the morning on empty stomach.
Nightmares	<ul style="list-style-type: none"> • Yellow Chromatized water after lunch and Dinner. • Blue Chromatized water, twice a day. • Green Chromatized water before dinner. • Rub Blue Chromatized oil upon the tips. The finger with thumb softly. • Turquoise Color Chromatized water twice a day and when some relief is felt. Just once at night
Insomnia	<ul style="list-style-type: none"> • Yellow Chromatized water before meals. • Oil of sesame seeds Chromatized in blue lights is to be massaged with fingertips upon the back of head. • If it is due to excess of bile. rub a ripe. Uncut lemon upon the temples with soft hands exactly for two minutes. • Turquoise Color Chromatized Water three times a day.
Panic attack	<ul style="list-style-type: none"> • Green Chromatized water after Breakfast. • To correct the digestive system.
Yellow Chromatized water before meals.	<ul style="list-style-type: none"> • Blue light upon the head, for fifteen Minutes before going to bed. • Hang green, red and blue color strands of paper or silk cloth, which are at least 2 inch wide and 3-4 feet in length. in the bedroom of the patient in such a way that the patient could see them. Make the patient see them using his willpower. • Orange Chromatized water, twice a day.
Phobia	<ul style="list-style-type: none"> • Orange light upon the head for fifteen Minutes once a day. • Red Chromatized water, twice a day. • Turquoise Color Chromatized water. Twice a day. • Turquoise Color Chromatized water, after meals.
Obsessive – compulsive disorder	<ul style="list-style-type: none"> • Sky blue Chromatized water, twice a day. • Sky Blue light upon the head, for fifteen Minutes once a Day. • A bouquet of fresh daffodils be kept in the patient room. • Give herbal tonics for heart and brain. • Green Chromatized water three times a day. • Blue Chromatized water, before meals. • Yellow Chromatized water after meals.
Tension Headache	<ul style="list-style-type: none"> • Rub Green cloth on the soles of feet twice a day. • Massage the head with sesame seed oil Chromatized in sky blue light with soft hand. • In case of the fit blue light upon the head for 10 minutes followed by green light for three minutes • Instead of wasting time doing nothing, let the patient engage himself in a Constructive hobby like gardening.

Conclusion

Color therapy has more benefits to human life. Our daily routine can alter by colors. It is not only regulate the mood and also treat the person from minor ailments to major. This is the best alternative therapy to practice in our treatment modalities.

References

1. Amina T. Yousuf Azeemi, Hafiz M Rafiq, Iram Ismail, Syeda Rabab Kazmi, Ameena Azeemi, The mechanistic basis of chromotherapy: Current knowledge and future perspectives, Complementary Therapies in Medicine, Volume 46, 2019, Pages 217-222, ISSN 0965-

- 2299,
2. Azeemi STY, Raza M. A critical analysis of chromotherapy and its scientific evolution. Evidence-Based Complementary and Alternative Medicine. 2005;2(4):481-488. doi:10.1093/ecam/neh137
 3. Gul, Dr. Somia. (2015). Chromo therapy- An Effective Treatment Option or Just a Myth Critical Analysis on the Effectiveness of Chromo therapy. American Research Journal of Pharmacy. 62-70. doi:10.21694/2380-5706.15002
 4. Harvard Health. Blue light has a dark side. July 7, 2020
 5. The Greater Good Science Center at the University of California, Berkeley. How nature can make you kinder, happier, and more creative. March 2, 2016
 6. Colors and their frequencies online (<http://www.crystalink.com/colors.html>)
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Protein Energy Malnutrition: The Heading Cause of Mortality in Country

Jyoti V Naikare¹, Salve Dhiraj Vijay²

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Abstract

Problem statement: “Assessment of Protein Energy Malnutrition Grade among toddlers residing in selected areas of Pune city.”

Objectives:

- To assess Protein Energy Malnutrition Grade among toddlers
- To correlate of study findings with selected demographic variables

Keywords: Protein Energy Malnutrition; Toddler.

Introduction

According to WHO, 60% of all deaths, among children less than five years in developing countries, can be attributed to malnutrition. Malnutrition can often be very difficult to recognise, particularly in patients who have more weight than normal to start with. Malnutrition is slow progression it is difficult to recognize in early stage. Signs and symptoms of malnutrition are Loss of appetite

- Weight loss
- Fatigue
- Immobility
- Reduced physical performance
- Mood swing

- Poor concentration
- Poor growth in children

Background of Study

Mendez MA, Adair LS Severity and timing of stunting in first 2 years of life affect performance on cognitive tests in late childhood. Malnutrition can altered brain function to some degree after sometime.

Upadhyaya SK, Agarwal KN, Agarwal DK Influence of malnutrition on social maturity, visual motor coordination and memory in rural school children. Indian J Med Res A wide range of cognitive deficits has been observed in malnourished children in India. Malnutrition is the consequence of a combination of inadequate intake of protein, carbohydrates, micronutrients and frequent infections. In India malnutrition is rampant. WHO report states that for the years 1990–1997 52% of Indian children less than 5 years of age suffer from severe to moderate under nutrition. About 35% of preschool children in sub-Saharan Africa are reported to be stunted.

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Malnutrition is associated with both structural and functional pathology of the brain. Structurally malnutrition results in tissue damage, growth retardation, disorderly differentiation, reduction in synapses and synaptic neurotransmitters, delayed myelination and reduced overall development of dendritic arborisation of the developing brain. There are deviations in the temporal sequences of brain maturation, which in turn disturb the formation of neuronal circuits. Long term alterations in brain function have been reported which could be related to long lasting cognitive impairments associated with malnutrition

Research approach

Quantitative Research Approach

Research design

Quantitative Non experimental Descriptive Research design was used for the study.

Setting of the study

In selected areas in the district of Pune to ensure the availability of required samples.

Sample

The sample for the present study was comprised of 100 Toddlers residing in selected areas of Pune.

Sampling technique

Non-Probability convenient sampling technique was used in the study to collect subjects.

Development and description of tool

The tools for the study are

- **Section I:** Demographic data
- **Section II:** Modified Anthropometric measurement scale

Pilot study

The pilot study was conducted on 10 subjects.

Validity

Tool validity was done from 13 experts.

Ethical consideration

Prior to data collection

- Formal permission was obtained from authorities
- Informed consent was taken from samples before study

Period of Data Collection

The data collection period was from 08th Dec 2021 to 8th Jan 2022

Plan for Statistical Analysis

The data will be entered into the master sheet. Keeping the objectives of the main study in view, the descriptive and inferential statistics are done.

Table 1: By overall, analysis frequency and percentage distribution of the samples according to IAP Scale to assess the PEM among study samples.

Grading	Score	Frequency {f}	Percentage %
Normal	>80	85	85
Grade-I	71-80	15	15
Grade-II	61-70	0	0
Grade-III	51-60	0	0
Grade-IV	<50	0	0
Total		100	100

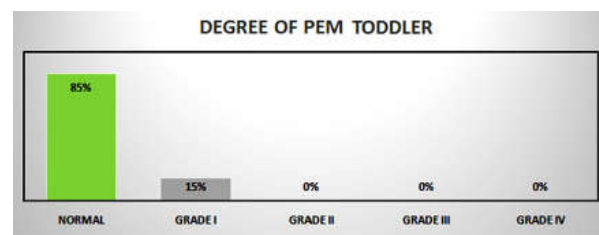


Fig. 1: Distribution of the subjects according to IAP PEM Degree
Figure no. 1 shows the distribution of subjects according to IAP PEM Degree. Majority of 85% of subjects belong to Normal, 15% of subjects belong to Grade I.

Conclusion

After the details analysis, and based on the findings of this study the following conclusion can be drawn: Out of 100 samples under the study 85% of samples belongs to Normal Grade and 15% samples belongs to Grade I and 0% samples for Grade II, Grade II, Grade IV of Protein energy malnutrition

References

1. Schols AM, Buurman WA, Staal van den, Brekel AJ, Dentener MA, Wouters EF. Thorax 1996; 51.
2. Knowles JB, Fairbairn MS, Wiggs BJ, Chan-Yan C, Pardy RL. Dietary supplementation and respiratory muscle performance in patients with COPD. Chest 1988

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[1] Flink H, Tegelberg Å, Thörn M, Lagerlöf F. Effect of oral iron supplementation on unstimulated salivary flow rate: A randomized, double-blind, placebo-controlled trial. *J Oral Pathol Med* 2006; 35: 540–7.

[2] Twetman S, Axelsson S, Dahlgren H, Holm AK, Källestål C, Lagerlöf F, et al. Caries-preventive effect of fluoride toothpaste: A systematic review. *Acta Odontol Scand* 2003; 61: 347–55.

Article in supplement or special issue

[3] Fleischer W, Reimer K. Povidone-iodine antiseptics. State of the art. *Dermatology* 1997; 195 Suppl 2: 3–9.

Corporate (collective) author

[4] American Academy of Periodontology. Sonic and ultrasonic scalers in periodontics. *J Periodontol* 2000; 71: 1792–801.

Unpublished article

[5] Garoushi S, Lassila LV, Tezvergil A, Vallittu PK. Static and fatigue compression test for particulate filler composite resin with fiber-reinforced composite substructure. *Dent Mater* 2006.

Personal author(s)

[6] Hosmer D, Lemeshow S. Applied logistic regression, 2nd edn. New York: Wiley-Interscience; 2000.

Chapter in book

[7] Nauntofte B, Tenovou J, Lagerlöf F. Secretion and composition of saliva. In: Fejerskov O,

Kidd EAM, editors. Dental caries: The disease and its clinical management. Oxford: Blackwell Munksgaard; 2003. pp 7–27.

No author given

[8] World Health Organization. Oral health surveys - basic methods, 4th edn. Geneva: World Health Organization; 1997.

Reference from electronic media

[9] National Statistics Online – Trends in suicide by method in England and Wales, 1979–2001. www.statistics.gov.uk/downloads/theme_health/HSQ20.pdf (accessed Jan 24, 2005): 7–18. Only verified references against the original documents should be cited. Authors are responsible for the accuracy and completeness of their references and for correct text citation. The number of reference should be kept limited to 20 in case of major communications and 10 for short communications.

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