

Sažeci radova / Abstracts

nosti eritrocita nešto bolje objašnjavale porast retikulocita od feritina, no to nije bilo statistički značajno.

Zaključak: Zaključno, osobe s nižim vrijednostima eritropoetina su imale jači odgovor u smislu porasta retikulocita nakon boravka i aktivnostima nižim do umjerenim visinama. To ukazuje na moguće koristi u smislu barem kratkoročnog poboljšanja sustava za transport kisika populacije koja svoje odmore provodi aktivno i na planini.

Ključne riječi: eritropoetin, retikulociti, nadmorska visina, aerobna aktivnost, feritin

INITIAL ERYTHROPOIETIC PARAMETERS PREDICTING RETICULOCYTE INCREASE IN LOWER TO MODERATE ALTITUDE AEROBIC ACTIVITY

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Abstract

Introduction: Although high altitude and its benefits on human physiology is vastly studied area, it is still often seen that the responses are strongly individual. The altitudes up to 2000m had not been thoroughly investigated, although those are usual altitudes on which recreational population will spend their active holidays and might get some hematological benefits. It would be of great importance in athletes as well as in general population to know beforehand who could get the greatest improvements in red blood cell parameters (RBC) after the return to sea level. The aim of the study was to search for predictive power of initial ferritin levels, erythrocyte counts and erythropoietin concentration in relative reticulocyte increase.

Methods: The experimental group (N=17) underwent an intervention, a typical 10-day ski-trip. They slept at on 1250 m and performed 5-6 hours of aerobic activity (skiing) at 1250-2000m altitude. The initial and final (before and after the trip) ferritin levels, reticulocyte count, red blood cell count and erythropoietin were measured.

Results: The whole multiple regression model could explain 27% of the reticulocyte change ($R=0,522$; $R^2=0,273$; Adjusted $R^2=0,105$; $F(3,13)=1,627$; $p<0,231$; Std. Error of Estimate: 2,106) and showed that a variable in model which had the strongest predictive power was initial erythropoietin concentration. There was a significant negative relationship between initial erythropoietin count and the relative reticulocyte increase ($b^* = 0.65$; Std. Err of $b^*= 0.300$; $p<0.05$). The initial ferritin reserves were not a good predictor of reticulocyte response. The initial erythrocyte count could explain the reticulocyte increase a bit better but that predictive power was not statistically significant.

Conclusion: In Conclusion, the ones with lower initial erythropoietin concentration had stronger reticulocyte response, and it could be seen even on lower to moderate altitude. This might implicit possible RBC benefits for general population, who spend their winter holidays actively.

Keywords: erythropoietin, reticulocyte, high altitude, aerobic activity, ferritin

POST KAO DUHOVNA DIJETA

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Sažetak

Uvod: Post predstavlja suzdržavanje od hrane i pića određeni dio vremena. Tu može biti riječ o "ukidanju" određenih vrsta hrane na neko određeno vrijeme ili apsolutno suzdržavanje od hrane i pića jedan cijeli dan ili čak nekoliko dana. Post ima veliku religioznu važnost (za različite vjernike), ali je važan i za zdravlje, ako ga se provodi pravilno. Duhovna kondicija /duhovna spremnost-duhovna spremnina nije duhovno stanje *per se* već ono uveliko ovisi o primjeni razumijevanja naše tjelesne spremnosti na duhovnu dimenziju.

Cilj: Cilj ovog osvrta predmnijeva da bi se post mogao shvatiti i stanovitom vrstom duhovne dijete pače i određenom vrstom «duhovne tablete».

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Metode: Analizirani su anamnestičkih podataka o navikama i fiziološkim funkcijama poput onih o vjeri/svjetonazoru/stilu života odn. o apetitu /ritmu uzimanja obroka, njihovoj količini i kakvoći dobivenih u intervjuima prije uključivanja u bilo kakav psihijatrijski/psihoterapijski ili hagioterapijski tretman.

Rezultati: Nešto točnije podatke o postu je jedino bilo moguće izvući iz podataka onih koji su se izjašnjavali vjernicima a koja su se odnosila na njihova prisustvovanja i neprisustvovanja propisanim religijskim obredima tj. prakticiranjima vjere odn. njezinih praksi iz pobožnosti. Omjer «redovitog prakticiranja» i «neredovitog prakticiranja» bi se mogao držati nesigurnim obzirom na poprilični raskorak podataka o manje ili više aktivne nesklonosti propisanoj religijskoj praksi u odnosu na samu vjersku privrženost. Izgleda da bi jedna od dilema liječnika, napose onih iz oblasti javnog zdravlja / poglavito onih koji se k tome bave i hagioterapijom mogla biti slijedeća: Kako dati opće prihvatljive preporuke, što je to zadovoljavajući (povremeni, kratkoročni post) te kakav bi trebao biti optimalan dugoročni, produženi post koji ne bi štetio u konkretnom kliničkom ili izvan bolničkom tretmanu posebice određenih populacijskih skupina poput mladih u razvoju ili starijih osoba.

Zaključak: Ipak, unatoč navedenog raspravnog sadržaja, post kako onaj povremeni, kratkoročni tako (donekle) i onaj tzv. optimalni dugoročni valja promatrati kao i mogući resurs za unapređenje zdravlja i prevenciju bolesti ali i kao možebitni učvršćivač postojećeg, a onda i kao jednu od mjera koja bi mogla zamjetno pozitivno utjecati na duhovno zdravlje populacije (učvršćivanje milosti, iskazivanje ljubavi, borbe za istinom, pravdom i slobodom, izricanja zahvala i oprosta, jačanje volja u užem smislu itd.) njezinih pojedinaca bez obzira na njihova vjerska, životna ili svjetonazorska opredjeljenja.

Ključne riječi: post, duhovna dijeta

FAST AS ONE SPIRITUAL DIET

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Abstract

Introduction: A fast is one food and one drink restriction for one certain time. It could be the word about «canceling» the food for the time or an absolutely restriction of no food or no drink for one day or several days. Fasting is very important for every religion but also in general life in regular conditions. A spiritual willing is not one spiritual status per se because it depends at the physical condition for accepting the spiritual dimension.

Aim: The aim of this observation is a fast could be considered as one ordered type of a spiritual diet or as a certain type of «a spiritual tablet».

Methods: Clients' anamnestic data during interview for their life styles and physiological functions such as their kinds of food consummation before any psychiatric, psychodynamic or hagiotherapeutic treatment were analysed.

Results: In analysed poll could be included only who declared oneself for religious person. But results could not be reliably because one certain discrepancy is between regular and unregular religious practices and religious statements. For discussion is what one medical doctor or one hagioterapist could recommend about various types of suiting fasts to their clients for periodical or for long time which could not be harmful for their health specially for risky groups as the youth in development or for old people.

Conclusion: However in spite of the discussing controlled fasting could be good for the general health specially to its spiritual component because it could positive impact on better charity, better love, bigger willing for verity, justice, freedom, thankfulness and amnesty and also on stronger volition as one special mechanism etc. without one's life style or religious orientation.

Keywords: fast, spiritual diet