

BOLLYWOOD BUZZ

'I am a very lazy person'

Taking a break from his 'serious' films, Emraan Hashmi has turned Ghanchakkar, well, that's the name of his forthcoming comedy thriller. Sreya Basu in conversation with the actor in Mumbai

Trade experts often compare you to Salman Khan given that any film you two do clicks at the box office. What do you have to say on that?

I think the comparison is unfair. Salman has been around for so many years that I can't match up to that legacy. But I aspire to get there. It has been a long, slow and steady journey. A huge change has come to me career-wise after Once Upon A Time in Mumbai (2010) and The Dirty Picture (2011). And from the kind of feedback we are getting before the release of Ghanchakkar, I am sure this film will be my biggest success.

Coming to Ghanchakkar, is it a comedy film?

The theme of the film is definitely quirky. But there is also an element of suspense. I can confidently say that even till the climax you won't be able to make out ke paise kiske paas hai. The way it has been written that after every 15 minutes you will feel that my character is lying and he is not suffering from memory loss.

Lots of comedies are being made these days. How is your film different?

Bollywood is very good at making comedies. But I am sure that with Ghanchakkar the audience will get to see a different kind of comedy that they were missing out for a long time.

The song Lazy Lad from Ghanchakkar is topping music charts. How much of a lazy lad are you in real life?

I am a very lazy person. My choice of career was also a lazy decision. I chose this profession (acting) as I thought it is going to be easy. I used to see film and say "Aah that is easy!" It was only when I started off I realized how tough it is and how much hard work is needed to be an actor. I look for shortcuts in most things. I don't like long routes to any of my destinations.

Is there any kissing scene between you and Vidya Balan in this film?

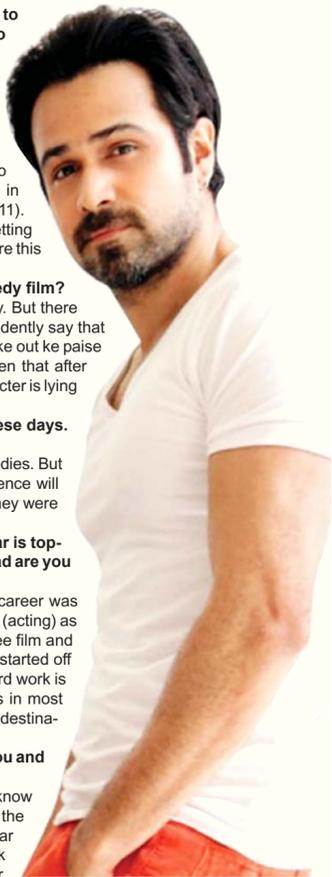
I won't answer this question as you know Vidya's husband (Siddharth Roy Kapur) is the head of the production house for Ghanchakkar (UTV Motion Pictures); and if I have to work with UTV in future, I have to zip my lips for this film.

How is it working with Vidya again after The Dirty Picture?

I am a fan of Vidya. Her spontaneity on screen always inspires me. She has steered her career into doing something different yet successful and that's really laudable.

Your co-actors say that you don't laugh much on the sets and maintain a serious attitude. Is that an instruction given to you by your wife (Parveen Shahani)?

It isn't that I used to laugh much before I got married. I do laugh. But I think it's an after effect of doing too many serious, dark roles, angry scenes ... which I started thinking to be a part of me. I need to lighten up. (TWF)



HERITAGE

KOTRANKA

An Ideal Spot for Summer Camping

Prof Junaid Jazib

Come summers and the residents of Rajouri and its vicinage start budding in search of some cooler and breezy haven to escape the scorching heat of June. Fortunately the region, being situated at the foothills of the Pir Panjal range of mountains, is richly endowed with hill-station like localities to serve the purpose. These locations, even though set marvelously deep inside the mountain ambience, are not much far away from the lower hotter zones of the district either. Placed amidst the grassy mounds and blossoming undulations lies the area called Kotranka—the one of the such places which offer a great deal of respite and recreation to those coming here to avert the brunt and sizzles of the sweltering sun. Cradled by the mighty Pir Panjal in its cherished lap the hamlets of Kotranka lies to the east of Rajouri, about 40 kilometers from the district headquarters and is connected through a well maintained single lane road. The locale becomes an unusual attraction during summer months when school children from across the district and scores of natives and non-natives from Rajouri and its vicinity start tripping Kotranka and its conterminous sights for recreational purposes.

Gusts of cool and refreshing air offer gestural welcome as soon as one crosses Mandargala—the entry point to the miniature vale. On reaching Bakouri (another name preferred by the natives for Kotranka). The mini town, comprising of clustered shops and residential houses on the right bank of river Ans (a tributary of Chenab), also houses the administrative offices of various departments at tehsil and block level, a small hospital and a Higher secondary school. The tract remains cool and freshly throughout the summer months owing partly to the chilled water of Ans stream which originates from snow clad mountain expanse rendering it an ideal place for picnic and summer camping. The little market and its surroundings are almost pollution free and healthy. Kotranka can also be reached at through a road passing via Mahore area of district Reasi as also from Kalakote through Badhal-Khawas road besides the usual route taken from Rajouri through Palma, Rehan and Mandargala.

Relaxing in frosty air for some time persuades one to look around and search for even more beautiful and charming views. There are numerous other spots around in the area to mesmerize the nature lovers and the tourists. The picturesque Budhal valley, 10kms from here, serves as base camp for trekkers, transhumant, nomads, researchers, explorers and locals, travelers who opt arduous journey through Pir Panjal to reach Kashmir valley and higher reaches of the Himalayas. Phalni, a nearby locality on Kotranka-Budhal road, is famous for its trout



fish farms. Kihad, Numbal, etc are some other eye-catching spots in Budhal famous for natural beauty.

The luxuriantly green Badhal Mahl, about 11kms from Kotranka, is yet another location characterized by the mesmerizing meadows and grassy plateaus. The arresting beauty of nature bestows the mahl (the vernacular word for an elevated and meadowy rangeland) with tremendous scope for the tourism industry provided proper projection and development of the area is undertaken. The connecting road passes through Peri Nar oak forest which was, until a decade or two ago a very thick jungle teeming with rich wildlife. Locals enthusiastically narrate the incidents of the time when one passing by could easily spot wild goats, leopards, jungle fowl, swine, jackals, bears, porcupines, macaque etc but now the thinned forest hardly supports any worth mentioning form of wildlife. The stunning view of Nanga Thub hillock makes it to be compared with the most popular tourist destinations of Kashmir. One feels on the top of the world reaching at the mount and enjoys the

open views of far off places in all directions. The place is also famous for the final abode of a sufi saint Baji Mohammad Shafi and is visited throughout the year. State Tourism Department seems to have some plans for its development. A link road from Badhal Gali to the spot is under construction and though only a few kilometers of it has been completed since the inception of the work some two years ago, hope of its getting through sooner or later is alive among the locals.

Mobilizing the available resources is an effective tool to raise the living standard of a people. The rural and hilly regions of the state, owing to their geographic location, unique topography, stunning natural backdrop, splendid forests, salubrious environment, etc. have enough reasons to be brought on state's tourist map. These areas require proper projection, planning and official patronage to appear and flourish as tourist centers. Encouraging and developing tourism in these rural setups not only speeds up the overall development of the hilly tracts but will also help bringing in the economic independence.

BEAUTY TIPS

Salon Face Clean-up

Shahnaz Husain

Many of you may want to know what to expect when you go for a salon facial. Actually the facial treatment should be determined by the skin type. In fact, one of the first responsibilities of a modern beauty therapist is to determine the skin type and the kind of treatment it requires. Facials include various procedures that include cleansing, exfoliation, toning, nourishing and protection. Different products are used for the different skin types. For normal to dry skin, facial massage is provided with nourishing creams. Moisturisers are also used.



But for oily skin, facial massage with cream is not recommended. Deep pore cleansing methods are provided along with exfoliation. Blackheads may be extracted, if necessary. The masks and other procedures help to remove oiliness, shrink the pores and make the skin smooth and translucent. For acne prone skin, medicated and soothing products are used. Gadgets are also used to produce a germicidal environment. For sensitive skin, scrubs and grainy masks are not used. Medicated and soothing masks are applied. Protective creams are applied after the facial, along with moisturizers, according to skin type.

The beauty therapist should recommend the facial after analyzing your skin. However, if you have an oily skin, do not have massage with cream, as the cream would clog

the pores and lead to pimples. For normal to oily skin, ask for clean up, cleansing, toning and mask. The neck and the area around eyes may be provided a massage, even if the skin is oily.

If the skin is normal to dry, facial massage with creams is an important part of the facial treatment. Both skin and facial muscles are toned with the massage, thus preserving firmness and elasticity. The nourishing of the skin helps to improve its ability to retain moisture. Special massage techniques are used for special areas, like the delicate region around the eyes. The massage stimulates blood circulation and lymphatic drainage, thus helping the elimination of toxins and purifying the skin.

But for oily skin, facial massage is not given, as this would clog the pores and lead to pimples and acne. Instead, one can go for clean-up at a salon. A face clean-up helps to keep the pores free of oil. It also helps to remove and prevent blackheads. In fact, discouraging and removal of blackheads is the way to prevent acne. In a face clean-up, deep pore cleansing methods are provided along with exfoliation with scrubs. This helps to remove dead skin cells and keep the pores free of clogged pores. It not only brightens the skin and keeps it smooth and clear. Exfoliation with specific products also boosts the renewal of new skin cells. The youth of the skin depends on the efficient renewal of cells. The skin looks brighter and more translucent. Exfoliation and also helps to minimize blemishes, like pimple marks and dark patches, producing an even colour tone. However, scrubs are not used on pimples, acne or rash. Another added benefit is that scrubs help to remove tan and brighten the skin.

During face clean-ups, blackheads are also extracted, if necessary. Blackhead extraction is a professional job and should be left to a trained therapist. If you have blackheads, avoid pinching them with the nails, as it can lead to infection. During a salon facial clean-up, masks and other procedures are used to help to remove oiliness, shrink the pores and make the skin smooth and translucent. For acne prone skin, medicated and soothing products are used.

Regular clean ups not only keep blackheads and related problems away, but also impart a healthy glow to the skin, by stimulating blood circulation to the skin surface. In fact, they also help to deal with environmental aggressors, like air pollutants, dirt and impurities.

HEALTHLINES

Urethral pathologies in elderly women

Dr. Kasturi Lal

Urethral narrowing and stress urinary incontinence are two leading pathologies in elderly women. These leading pathologies remain under recognized. Both pathologies have different set of symptoms, underlying causative factors and module of treatment. Thus it would be pertinent to discuss each pathology individually relating to their origin with the process of ageing.

The process of ageing

By reviewing both modern and historical data it becomes apparent that the age at which cessation of menses occurs has not appreciably changed in the past several hundred years. Individual genetic traits have their life span beyond the climacteric. The life span of human is substantially more than other genetic traits. We can now anticipate the average women to live 1/3rd of her life beyond the menopause. During post climacteric years of a woman's life the impact of loss of ovarian hormone is felt. Marked changes are noted to occur in reproductive failure and increasing incidence of diseases of urethra. To combat the medical problems associated with climacteric a better understanding of the general consequences of ageing as well as those aspects attributable to the loss of gonadal function will be required. This should provide a marked improvement in the quality of life for the expanding elderly population with an emphasis on the prevention of symptoms attributable to a lack of ovarian hormone. Urethral narrowing and stress urinary incontinence to a great extent are attributed to ovarian hormone deficiency.

The urethral narrowing

The urethral symptoms in elderly patients without any anatomic lesion in the absence of any urinary tract infection has drawn recently the attention of gynaecologist. The combination of painful micturition without any demonstrable lesion has been called the urethral syndrome. Urethral narrowing has been well recognized in elderly women suffering from urinary disturbances such as dysuria and acute retention.

Pathology

With reduced estrogen the lining of vagina gets thinned. This effect may be followed clinically by dyspareunia and increases susceptibility to trauma and infection. Similar changes have been noted in the urethra and trigone of the bladder where estrogen receptors have also been identified. When such urethral atrophy occurs patient may develop the urethral syndrome with consequent dysuria, frequency and urgency of urination, nocturia and post void dribbling. There is marked variability in the onset and severity of atrophy of the urogenital tissues. This is in part due to variations in the rate of decline of estrogen production which may be acutely or chronically muted by factors that increase either pre hormone production or efficiency of conversion of pre hormone to estrogen. Some women may become symptomatic in months, other take years to show symptoms of urogenital atrophy and some never develop such symptoms.

Symptoms and Signs

The symptoms are wide and varied. The patients present with vague gastrointestinal, nervous, musculoskeletal disturbances besides the urinary problems. The urinary disturbances are frequency urgency and even voids of incontinence. In some cases patient have to wait and strain to pass urine. The high degree of obstruction with renal damage and hydronephrosis has been demonstrated. There are extreme cases that have marked degree of chronic retention of urine.

Treatment

The epithelium in the distal part of urethra has been found to correspond with vaginal mucosa of squamous variety. This epithelium responds to estrogen. When urethral narrowing is related to atrophic urethritis estrogen should be used for treatment along with the surgical procedure of dilatation of urethra.

Challenges

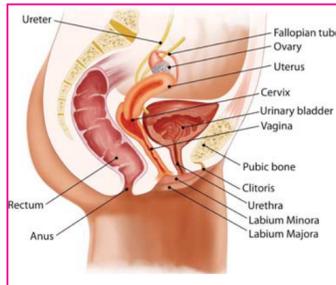
What worries us more is the limited knowledge of many aspects of urethral disease. There is lack of awareness of urethra in the mind of many gynaecologist. Far too many clinicians choose to ignore this short canal being pleased to regard its symptom as a mere expression of neurosis. There is a lamentable ignorance about the urethral symptoms without any definable disease. The personal misery and the social disruptions which are causes by urethral disease deserve more sympathy. It is suggested that clinician should avoid referral of such patients from surgery to urology to psychiatry clinic. They should plan treatment with good humor and their results would be gratifying.

Stress Urinary Incontinence

The unintentional release of urine during normal everyday activities is a condition affecting millions of women around the world. It occurs when the urethra the tube through which urine exits the bladder is not functioning systematically. When pressure is put on the bladder the urethra cannot put a tight seal to prevent involuntary urine loss. A recent study conducted on women living in urban areas revealed that 50% of females between the ages of 20 to 70 years leak urine at least occasionally. The incidence of regular leakage on strain increases with advancing age. There is a significant observation that 9% of 40 years old women and 19% of 60 year old women report incontinence more often which require treatment.

Pathophysiology

Urethral sphincter maintains a sustained and constant pressure which is unaltered by coughing and straining. But if the sphincter becomes damaged or weakened or lost by some process incontinence occurs after a slight rise in the abdominal pressure. The incontinence occurring due to pure weakness of the intrinsic sphincter is called intrinsic sphincter deficiency and is classified as type III Stress urinary incontinence. Women remains continent as long as the proximal urethra remains above the pelvic floor and the flutter valve mechanism closes the urethra at the time of stress. If



however the support of the bladder neck is damaged the proximal urethra may descend below the pelvic floor during strain and the flutter valve mechanism will not act on the urethra resulting in urinary leakage. This is called the hypermobility of the urethra an classified as type II stress urinary incontinence. Pelvic floor dysfunction is the main reasons behind the symptoms of stress urinary incontinence. The anatomical changes are caused by the child birth or damage of pelvic floor structures. Impairment or disorganization of collagen function is causing disruption of elements necessary to maintain anatomical structures involved in the closure mechanism of the urethra. These elements are ligaments, muscles and the vaginal supports of the urethra. Multiparity, obesity and chronic cough are usually associated with disability.

Treatment

Many surgical procedures have overcome the incidence of failure and improved compliance. A dedicated team offers new surgical solution such as TVT and TOT to meet challenges in the years ahead. We have developed the logistics of real operative approach to stress incontinence. The surgical procedures are feasible cost effective and can be integrated in the health care delivery system.

Complex issues

Patients in developing world do not consider this disability worth medical attention, even if the social and psychological impact and effect on quality of life is crucial. It is a great challenge to the physician to deal with the patients who seek therapeutic option. The individuals perception of suffering is variable. An inactive woman using pad permanently may describe her incontinence as not bothersome while an active woman in profession even with occasional leak can feel the thought of leakage devastating. Between these extremes lie all varieties of coping and adaptation of lifestyle in face of these sobering realities new surgical options must be used to address the complexity of managing stress urinary incontinence.

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