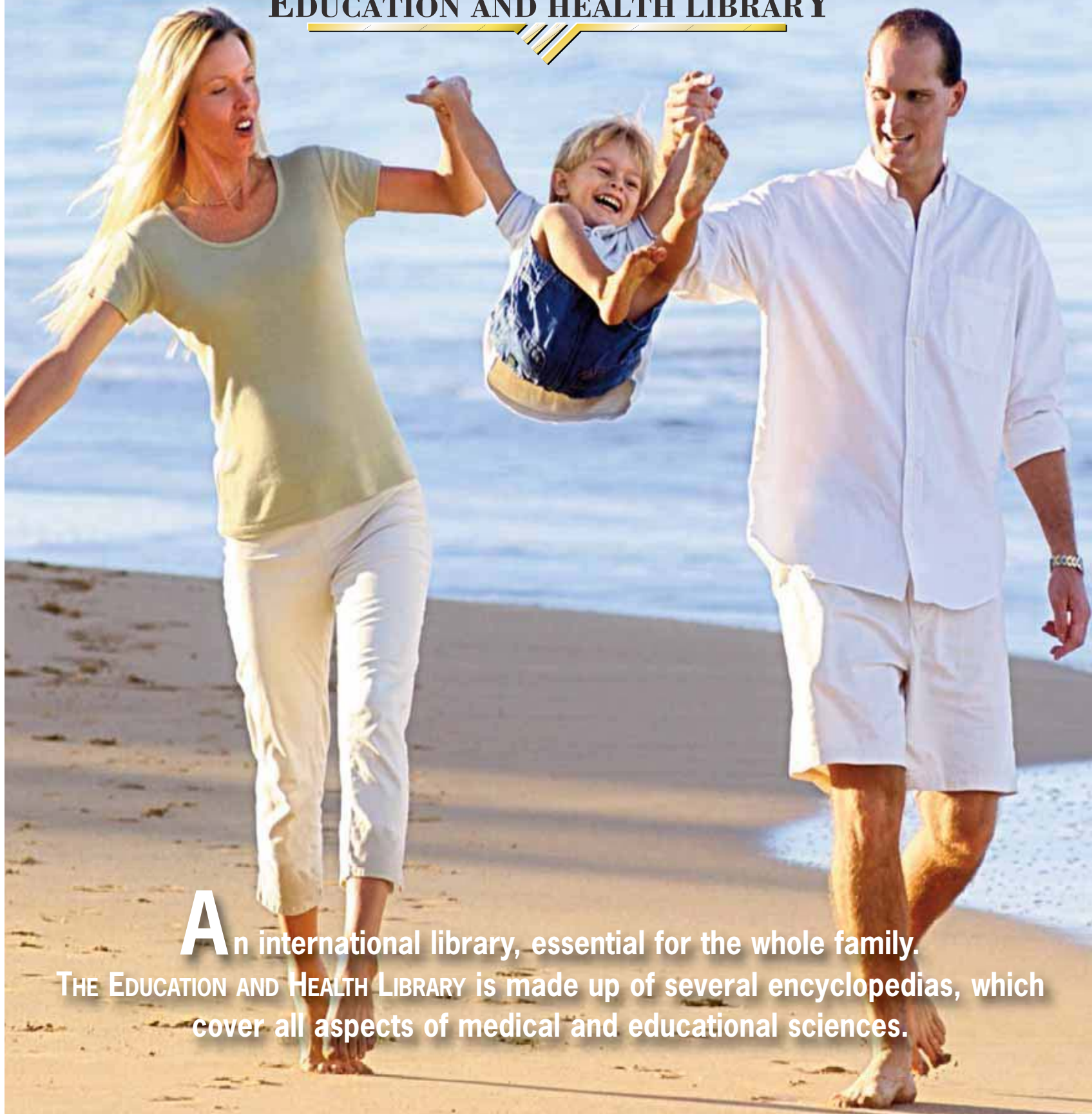
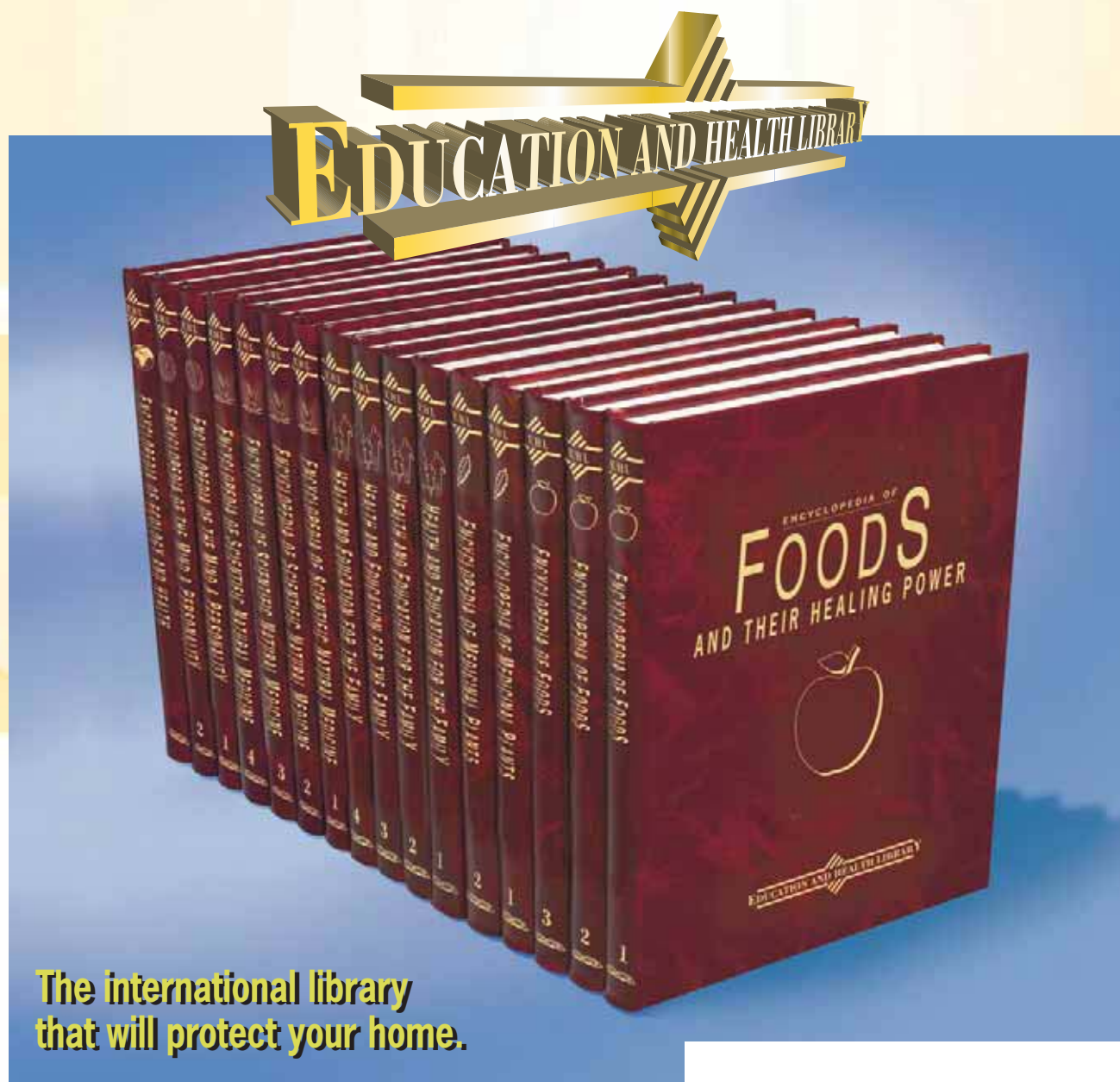


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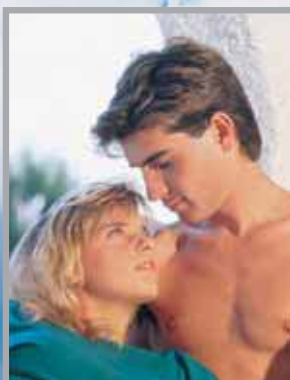
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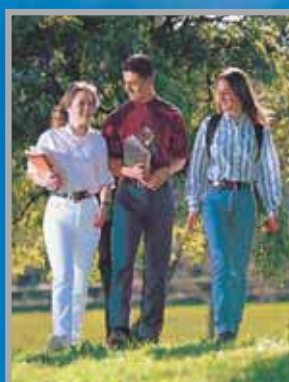
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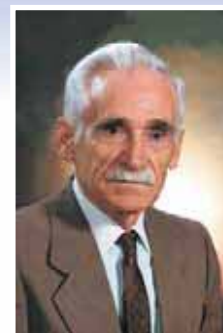
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A medical-educational encyclopedia for the whole family

- More than 400 diseases with their natural, pharmacological, and/or surgical treatments.
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DATA SHEET

Authors	Dr. Isidro Aguilar / Dra. Herminia Galbes , with the counsel and assistance of 20 accredited medics, psychologists and educators
Forewords by	Dr. Ronald K. Noltze (Berlin, Germany), Dr. Regis Pouget (Montpellier, France)
Volumes	4
Total pages	1,540
Size	22 x 28.5 cm
Binding	luxury, stamped in gold with full color sleeve



Men

- The first treatise on andrology at the reach of everyone
- The formation of men
- Masculine sexual anatomy and physiology
- Prevention and treatment of disorders particular to men



The Maternal Function

- Basis for healthy offsprings
- Pregnancy and its disorders
- Nutrition for the pregnant woman
- Getting ready for childbirth
- Childbirth and its complications



Women

- The formation of women
- Feminine sexual anatomy and physiology
- Prevention and treatment of disorders particular to women



The Child

- Nutrition
- Physical and psychological development up to adolescence
- More than 200 child diseases described
- Psychological and physiological disabilities
- Child education
- Playing and toys
- Sexual education



Sexuality

- Psychosexuality, mutual attraction, and falling in love
- Erotism in the very young and the old
- Sexual disorders
- STDs
- AIDS
- Contraceptive methods
- Married couple conflicts and their solution



ENCYCLOPEDIA HEALTH
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VOLUME 1



ENCYCLOPEDIA HEALTH
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VOLUME 2

Contents of Volume 1



First Part: **The Male**

1. Development of the Male
2. Genital Anatomy and Physiology of the Male
3. Ailments Proper of Males



Second Part: **The Female**

4. Development of the Female
5. Genital Anatomy and Physiology of the Female
6. Ailments Proper of Females



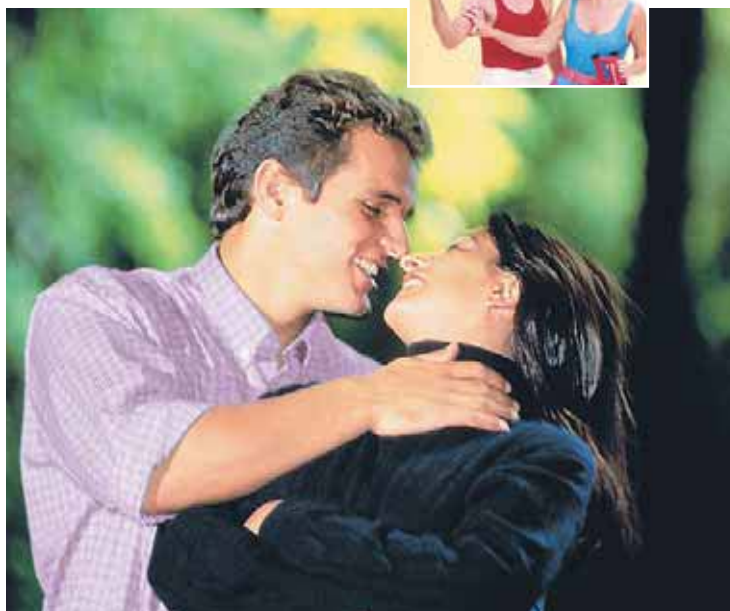
Third Part: **Sexuality**

7. Introduction to Sexual Problems
8. Human Reproduction
9. Hormonal Support to Sexuality
10. Psychosexuality
11. Mutual Attraction and Falling in Love
12. Erotic Feelings and Their Nervous Pathways
13. Foreplay
14. Making Love
15. Sexual Reactions
16. Sexual Drive and Its Manifestations
17. The Human Being Facing His Own Erotism
18. Erotism in the Very Young and the Old
19. Disorders of the Sexual Function



Contents of Volume 2

20. Male Sexual Disorders
21. Female Sexual Disorders
22. Sexual Malformations
23. Self-induced Sex
24. Premarital Sex and Living Together
25. Sexual Deviations and Aberrations
26. Sexual Harassment, Rape and Incest
27. Prostitution and Pornography
28. STDs* (*Sexually Transmitted Diseases*)
29. AIDS (Acquired Immune Deficiency Syndrome)
30. Family Planning and Contraceptive Methods
31. Surgical Sterilization
32. Abortion
33. Assisted Human Conception
34. Sexual Life Under Special Circumstances
35. Marital Breakdown
36. Marital Conflict and Solution



ENCYCLOPEDIA HEALTH
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VOLUME 4

Contents of Volume 3



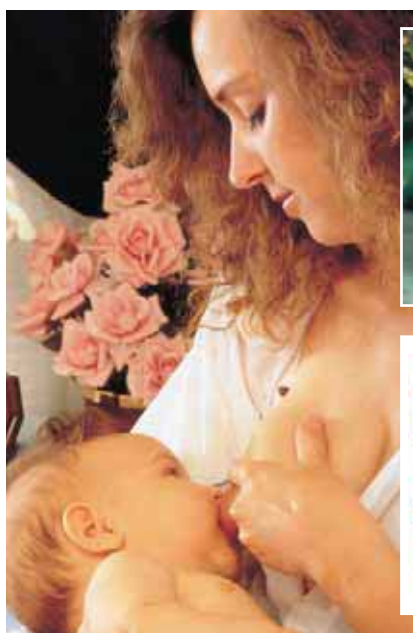
Fourth Part: **The Maternal Function**

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- 43. Complications During Labor and Childbirth
- 44. The Newborn Child
- 45. Postpartum and Reversal of Pregnancy Changes



Fifth Part: **The Child**

- 46. Surroundings, Care and Cleansing of the Baby
- 47. Nutrition in Infancy
- 48. Feeding the Baby
- 49. Childhood Diet
- 50. Childhood Physical Development
- 51. Teeth, Sight, Feet and Spine



Contents of Volume 4

- 52. Physical Exercise
- 53. The Premature Child
- 54. Malformations and Congenital Diseases
- 55. Neonatal Ailments
- 56. Symptoms, Treatment and Prevention of Diseases
- 57. Childhood Diseases
- 58. Child Accidents and Emergencies
- 59. Child Development
- 60. Physical and Mental Disabilities
- 61. Child Education
- 62. Playing and Toys
- 63. Learning Difficulties of the Child
- 64. Psychological Problems of the Child
- 65. Psychosocial Problems of the Child
- 66. Sexual Education



Explanation of the pages at the beginning of the chapter, of the diseases' summaries and of the different types of inserts and tables

Identifying color of the Part (section)
(See pages 6-7)

It is the same color as the icon border that figures at the upper edge of each page.

Chapter number



57 CHILDHOOD DISEASES

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Title of the chapter

Disorders and diseases that are studied in this chapter.

The heading appears in bold print. The synonyms appear in normal print. Names of diseases or synonyms that re not headings may also appear. In volume 1 (page 10) is the "Index of Diseases", where all the disorders dealt with in the four volumes of the ENCYCLOPEDIA are included.

Summary or informative table

Vaccination Calendar

3 Months
Diphtheria, tetanus, pertussis (whooping cough), poliomyelitis
5 Months
Diphtheria, tetanus, pertussis (whooping cough), poliomyelitis
7 Months
Diphtheria, tetanus, pertussis (whooping cough), poliomyelitis
15 Months
Triple viral (measles, Rubella/German measles and Parotiditis/mumps)
18 Months
Diphtheria, tetanus, poliomyelitis

Mortality Percentage

Traffic	35.8
Drowning	18.5
Falls	10.4
Asphyxia	7.3
Burns	3.2
Poisoning	2.4
Mechanical suffocation	2.3
Electricity	1.9
Firearm	0.6
Lightning	0.3
Animals	0.2
Others	14.0
Firearm	0.6
Lightning	0.3
Animals	0.2

Statistics or values table

Number and title of the chapter.
This appears on all the even pages of text.

Characteristic sign of the ENCYCLOPEDIA.
It appears on all the pages of text. The color of the border is the same as the color that figures at the beginning with the chapter number.

Text pages

Title of the ENCYCLOPEDIA and Part of the work

Chapter 52: PHYSICAL EXERCISE

ENCYCLOPEDIA OF HEALTH AND EDUCATION FOR THE FAMILY
5th Part: The Child

Real education, including physical education, begins in the crib.



the Nursing Baby

In this first stage of life, physical exercise is totally spontaneous and sufficient, if the baby is healthy.

The role of the parents is reduced to observing and encouraging it.

Gymnastics for Babies?

Small houses and children attending

of spontaneous physical exercise, which in which case exercise board for nursing babies may be useful. These are a way of encouraging and helping the child's natural movement.

Encourage Movement

The child's clothing and the environment where he lives, must encourage free, safe movement; since movement is fundamental for his harmonious physical development.

of correcting constitutional tendencies or anomalies.

Physical Exercise from 2 to 6 Years

Exerci

Of course, children with functional or biological disorders, must receive a special attention from the family and from the school; with the aim of making them carry out those movements which they are deprived of in a natural way, due to the failure of their mechanisms or with the aim of correcting constitutional tendencies or anomalies.



Physical exercise for the child from two to six years must be, fundamentally that which he carries out while spontaneously playing games. The muscular movement encourages, obviously, physical health and also mental health. Playing stimulates his mental functions and the exercise stimulates the blood flow and the oxygenation of the cells throughout the organism, and those of the brain in particular.

Explanation of the pages of diseases and their treatment, information and warning inserts

Icons of diseases and disorders

Name of the disease.
This is the name that appears as the main entry in the "Chapter summary".

In the **summaries**, and in the "Index of Diseases", as well as in the **alphabetical indexes** of each volume and in the general index, **synonyms** of the title name may appear. Names of subtitles may appear when instead of a disorder, a group of diseases appears in the heading. Likewise, some diseases appear with an **explanation in brackets** to distinguish them.

In the **summaries** and in the **alphabetical indexes** aparecen algunas enfermedades con una **explanation in brackets**, like this: "AIDS [congenital childhood]" to distinguish them.

Informative insert.
It shows complementary information on the subject or about the disease described in the text.

Psychological treatment insert.
In some cases it does not mean a visit to a professional psychologist is necessary, but psychotherapeutic techniques must be applied to overcome the disorder.

Icon of diseases

Disease treatment insert

Toxoplasmosis

TOXOPLASMOSIS, a redoubtable congenital disease, is caused by a parasite, *Toxoplasma gondii*, generally undetected by the mother.

At the beginning, after transmission by the mother to the embryo, toxoplasmae cause a **general disease**, and then they become localized in certain organs, particularly the **nervous system** and the eye, where they cause destructive lesions.

Symptoms of Toxoplasmosis

The newborn baby suffering from congenital toxoplasmosis has a rickety appearance, an enlarged liver, purple spots, small skull or hydro-

cephalus, and suffers from convulsions. It may also be severely jaundiced and present eye lesions.

Detection in the Child

It is **very difficult** to find out if a newborn baby of a seropositive mother is or is not also seropositive.

All such newborn babies are seropositive, as they have passively received the anti-HIV antibodies from the mother. And this transmission of antibodies is produced both in the infected baby and in the baby who is not.

In the uninfected child, the maternal antibodies and the seropositivity usually disappear at around **10 months of age**, but sometimes they persist until **18 months**.

Dormancy and Appearance

Infected newborn babies have a **shorter dormancy period** than adults: **17 months** on average, until AIDS appears and may be diagnosed.

The **most common consequences** of

congenital AIDS in the child are: delay in growth, persistent dermatological mycosis (fungi on the skin), and lung and intestinal infections.

Neuropsychic symptoms also appear, such as microcephalus (see

Prevention of Toxoplasmosis

Although **there is a treatment** for this disease, once **neurological lesions** have occurred, they are **irreversible**.

That is why the solution lies in **prophylaxis** (prevention). In order to avoid toxoplasmosis, future mothers must **avoid eating raw meat** or meat that has been **little cooked**, and they must maintain **strict hygiene** when preparing foods that are to be **eaten raw** and without peeling, such as salads (see *Toxoplasmosis* in Vol. 3, p. 142).

Vol. 4, p. 41) and **psychomotor delay**, as well as **pneumonia** associated with adnopathy (inflamed lymph nodes) and hepatosplenomegal (swelling of the spleen and the liver).

As in the adult, the child affected by AIDS suffers **opportunistic infections**, usually by the microorganism *Pneumocystis carinii* and others, which are **fatal** in babies under **6 months of age**.

Likewise **tumors** may appear, although less frequently than in adults.

Avoid Pregnancy

Obviously, as is shown in the chapter devoted to **AIDS**, **no seropositive woman should become pregnant**, due to the **tremendous risk of transmitting this terrible disease to the fetus** (see Vol. 2, p. 196).

Warning insert
It shows complementary information on the subject or about the disease described in the text.

Psychological Treatment of Anorexia

Certain children may also lose their appetite without any precise triggering disease or psychological factors, and every effort from their parents to make the child eat, may fail.

The Wrong Approach

In these cases, this **failure** to make the child eat, is **usually due** to the **wrong approach** by the parents or caregivers.

Sometimes, the **insistence** that the child eat only achieves a **worsening** of the situation, and **encourages rebellion** in the child, who turns his/her lack of appetite into some kind of **protest** and **affirmation** of his/her **personality**.

The Best Strategy

Our experience as pediatricians may help the great majority of cases of anorexic children.

• **Teach by example:** Children learn mainly by imitation and they see and notice much more than it would seem to us. If the mother or father only choose what they like and leave the rest of the food, if they eat and swallow without chewing, if the older sibling demands special meals and gets them... **how can we blame the younger child for not eating what is good for him?**

• **Parents' attitudes:** When children do not eat, the parents or people in charge of feeding them, should **not show** any concern.

They must **not show undue satisfaction** at the fact that the child eats, or show any anger if he rejects food. At the first manifestation of rejection, the plate must be im-

Chapter number

Chapter title

Group of diseases or organs

Volume

Page number

Volume 4 / 9

ENCYCLOPEDIA OF
HEALTH AND EDUCATION
FOR THE FAMILY

FIRST PART
The Male

SUMMARY OF ANDROLOGY



*"Some men have died, others are on the way towards death,
and all men will some day pass on to the other life, but
masculinity, the virile character never dies."*

TIM LAHAYE

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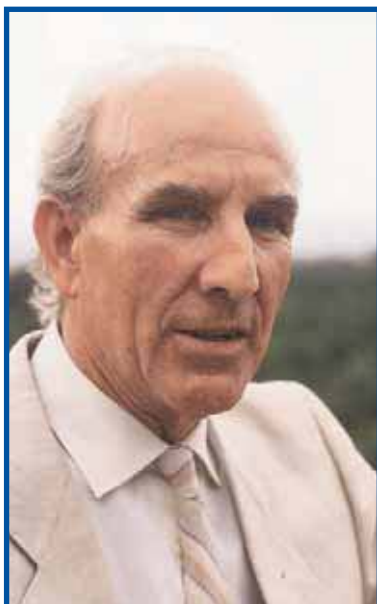


AILMENTS PROPER OF MALES

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3 - Ailments Proper of Males PROSTATE

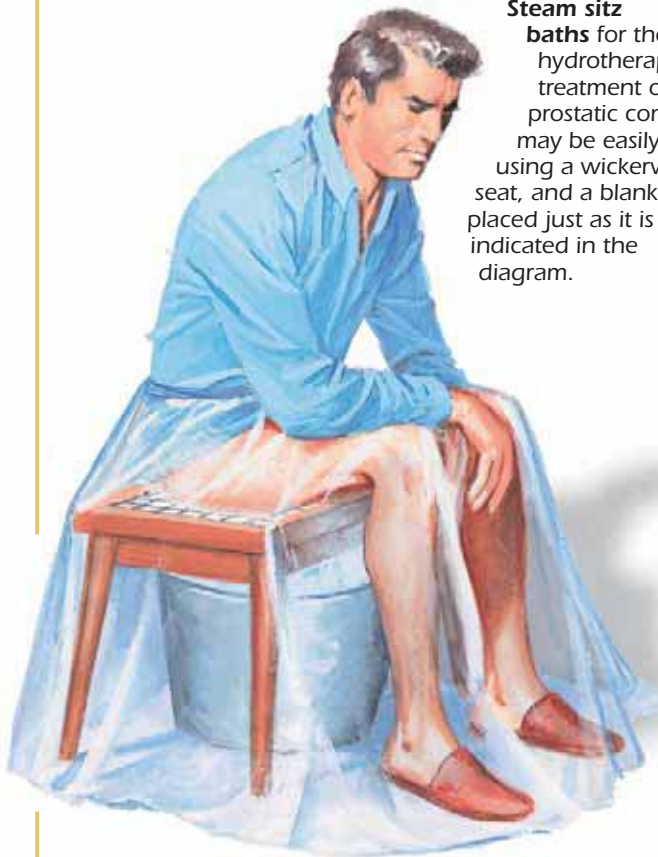


Hypertrophy of the Prostate Gland

The guava is a fruit with a
high fiber content.



**Steam sitz
baths** for the
hydrotherapy
treatment of
prostatic complaints
may be easily taken
using a wickerwork
seat, and a blanket
placed just as it is
indicated in the
diagram.



Prostatic hypertrophy improves when enough of
three **amino acids** are consumed: glutamic acid, lysine
and alanine. Several tried and tested medicines for
prostatic complaints associate these three amino acids to
other active ingredients (p. 53).



Peanut

Food Rich in Amino Acids

In grams per 100	Glutamic Acid	Glycine	Alanine
Hazelnuts	1.421	3.079	–
Peanuts	1.710	5.932	1.094
Lean beef	1.185	2.846	1.086
Lean lamb	0.999	2.594	0.955
Lean veal	0.942	3.073	1.169
Casein (protein from milk)	1.987	23.052	3.354
Dried beans (kidney beans)	0.392	3.696	1.316
Whole wheat flour	0.812	4.156	0.465
Eggs	0.543	1.583	–
Powdered skimmed milk	0.703	8.320	1.228
Lentils	1.080	3.700	0.888
Brewers yeast	2.427	6.334	3.456
Corn	0.399	1.765	0.995
Fish	1.005	2.318	–
Chicken	1.378	2.309	–
Soy beans	1.595	7.010	1.571

From *Suffer No More From Your Prostate Gland*
(in Spanish), Dr. V. Ferrándiz

Food With a High Fiber Content

in 100 grams of raw edible part



Figs

	grams		grams
Wheat bran	44.0	Lentils	3.0
Dried figs	18.7	Semi-dried dates	2.7
Prunes	13.4	Walnuts	2.1
Barley	6.0	Rye	2.0
Soy bean	5.7	Custard apple	2.0
Guava	5.3	Brussel sprouts	1.9
Brown rice	5.0	Corn	1.8
Sesame seeds	5.0	Wheat	1.8
Beans	4.5	Avocado	1.7
Fresh peanuts	4.3	Fresh dates	1.7
Coconut	3.8	Fresh figs	1.7
Broad beans	3.8	Beets	1.5
Sunflower seeds	3.8	Pears	1.4
Pistachio nuts	3.8	Oats	1.2
Dried hazelnuts	3.5	Strawberries	1.2
Chickpeas	3.4	Oranges	1.2
Artichokes	3.2	Apricots	1.1
Brazil nuts	3.1	Cauliflower	1.0
Almonds	3.0	Apples	1.0
Peas	3.0	Raisins	1.0

Products of animal origin do not contain fiber.



Chronic Prostatitis



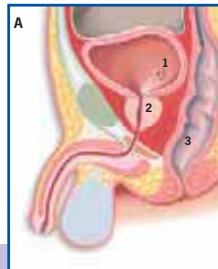
Treatment

For the **relief** and possible **curing** of this painful disorder, all the measures indicated in "**Acute Prostatitis**" (Vol. 1, p. 50) and in "**Hypertrophy of the Prostate Gland**" (Vol. 1, p. 52) should be applied.

In the center: **cotton cloth** which, soaked in water and wrung out, is used as a cold pack to fight prostatitis. It is placed on the pubis, wrapping round the scrotum.

To the left: **woollen cloth** to cover the cold pack. To keep both cloths in place, **woollen or cotton pants**, or a **towel** fixed with safety pins is used.

Acute Prostatitis



Treatment

Natural, Dietetic Treatment

The natural treatment consists of taking a **full bath**, or a **sitz bath**, in **hot water**, or applying wet, T-shaped **hot packs** (see diagram) on the perineal region and **staying in bed**.

A very efficient diet therapy measure consists of following a **hydric diet** during **two or three days**. The patient should drink as much water as possible (minimum **3-4 liters** per day) with a little **lemon juice**.

Diluted orange juice may also be taken. If hunger pangs are too strong to resist, they may be satiated by con-

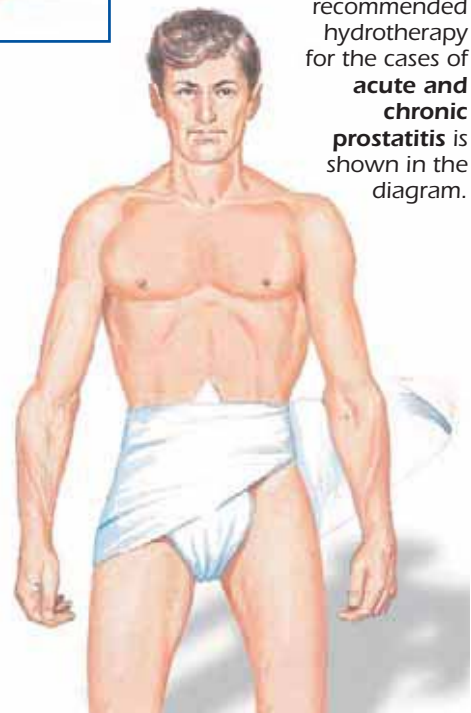
suming very ripe, juicy **fruit**: watermelon, melon, pears, peaches. This simple dietetic measure results in a remarkable relief in most cases.

The diet therapy and phytotherapy indicated in "**Hypertrophy of the Prostate Gland**" should be followed for healing and prevention (Vol. 1, p. 52).

Medical Treatment

Medical treatment may require the administration of **antibiotics**, **prostatic massage** (see Vol. 1, p. 55) and urethrovessical **lavage**.

The application method for the **T-shaped hot packs**, a highly recommended hydrotherapy for the cases of **acute and chronic prostatitis** is shown in the diagram.





Hydrocele and Hematocele

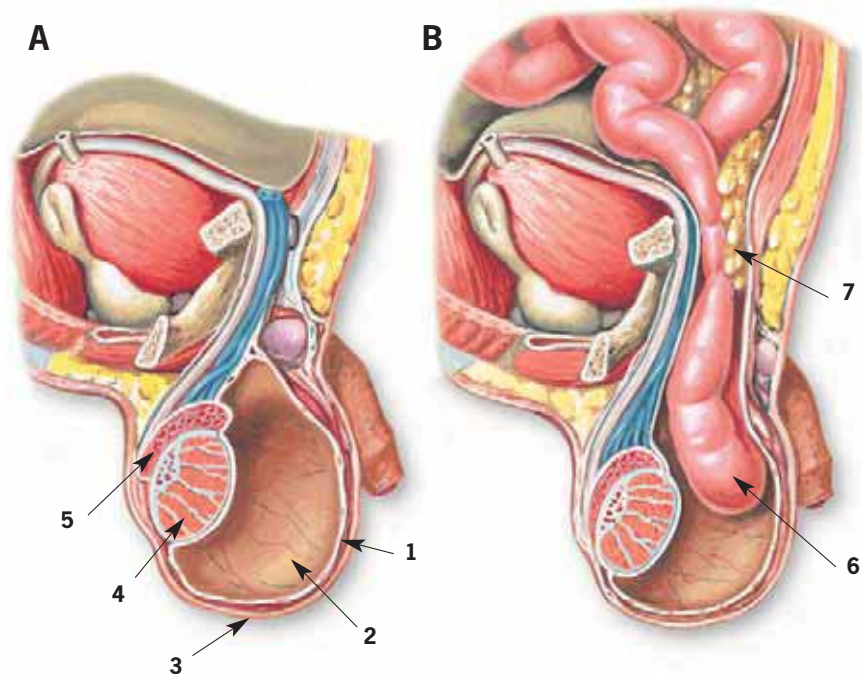
HYDROCELE is the *accumulation of fluid in the vaginal space of the testicle*. It may be simple, or it may connect with the peritoneovaginal canal. This ailment is generally the **result of tuberculosis, syphilis or trauma**.

It becomes evident when a part of the **scrotal sac increases** in size, and when squeezed produces a peculiar sensation called **renitent** (resistant to pressure), but is elastic nonetheless.

The liquid content of the hydrocele, translucent to begin with, may become sanguinolent.

Hematocele

Hematocele is the *accumulation of blood between the two vaginal tunics* causing an **increase in the size of the scrotum** proportional to the amount of bleeding.



Treatment

- **Hydrocele:** the treatment for this disease should not be neglected, to avoid more serious complications.

The therapy to be applied may be of a medical nature, using sclerosing **injections** locally, or a very simple **surgical operation**, involving the puncture or eversion of the testicle's vaginal sac.

- **Hematocele:** its treatment is a **surgical** puncture with a special needle, to release the accumulated blood.

Men, even more than women, often **resist going to the doctor**, despite suffering obvious symptoms of illness. **The worse thing to be done, when any ailment is noticed or suspected, is to ignore it.**

If it is slight, the doctor will calm the patient down and if it something serious, the sooner it is discovered, the greater possibility of curing it.





Male Sterility



Evaluation of the Anomalies in the Spermatozooids

May lead to the diagnosis of:

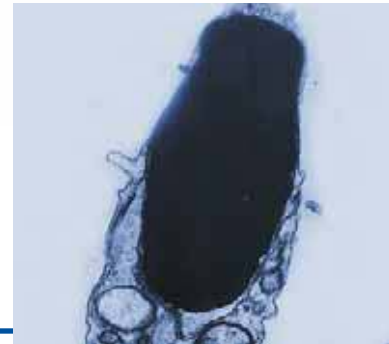
- **Necrospemia:** It is an **absolute cause of sterility**.
- **Azoospermia:** It causes **irreversible sterility** in virtually all cases.
- **Astenospermia and oligospermia:** They do not necessarily cause **permanent, absolute sterility**.
- **Teratospermia:** When it is **abundant**, it may also **cause sterility**.

ALTHOUGH the problem of marital sterility is **extremely complex**, fortunately, at times, its cause is easily diagnosed and eradicated.

According to some studies, over the past 25 years sterility has increased by around **300%**, and it has been noted that its rate is increasing throughout all the developed countries.

ULTRASTRUCTURAL STUDY OF SPERMATOZOIDS by electronic microscope:

In this examination carried out to discover the causes of a matrimonial sterility, it is possible to observe the anomalies in the head (top photograph: x 9,500, right photograph: x 26,500), in the intermediate piece and in the flagellum of the spermatozooids, as well as chromatinic subcondensations, symptoms of deficiencies in the maturing of the spermatozooids.



Spermiogram Findings in Different Causes of Sterility

Ailment	Peculiarities of the Spermatozooids	Analytical Data		
		Count (million/ml)	Mobility (% normal)	Morphology (% normal)
NORMOSPERMIA	normal	over 40	over 60	over 60
AZOOSPERMIA	absent	0	—	0
OLIGOSPERMIA	low count	less than 40	variable	variable
ASTENOSPERMIA	low mobility	variable	variable	variable
NECROSPERMIA	no mobility	variable	0	variable
TERATOSPERMIA	abnormal morphology	variable	variable	less than 60

ENCYCLOPEDIA OF
HEALTH AND EDUCATION
FOR THE FAMILY

SECOND PART

The Female

SUMMARY OF GYNECOLOGY

"Her entire body leans towards maternity. The anatomy is fate. For Simone de Beauvoir this corporal base is very important. The human being is body and through the body, he established his relation with the world:

This biological information is very important: it has a front page role in the history of the woman and it is an essential element of her situation."

ABELARDO LOBATO

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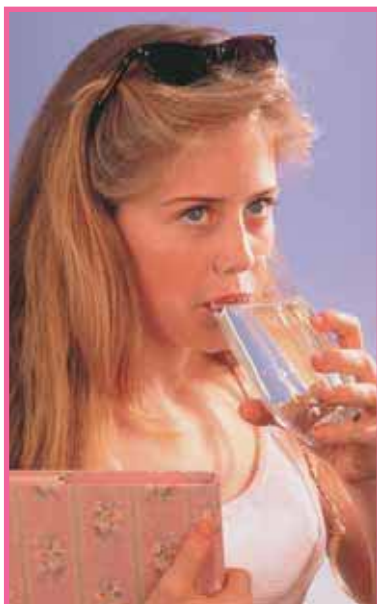


AILMENTS PROPER OF FEMALES

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Disorders During Puberty



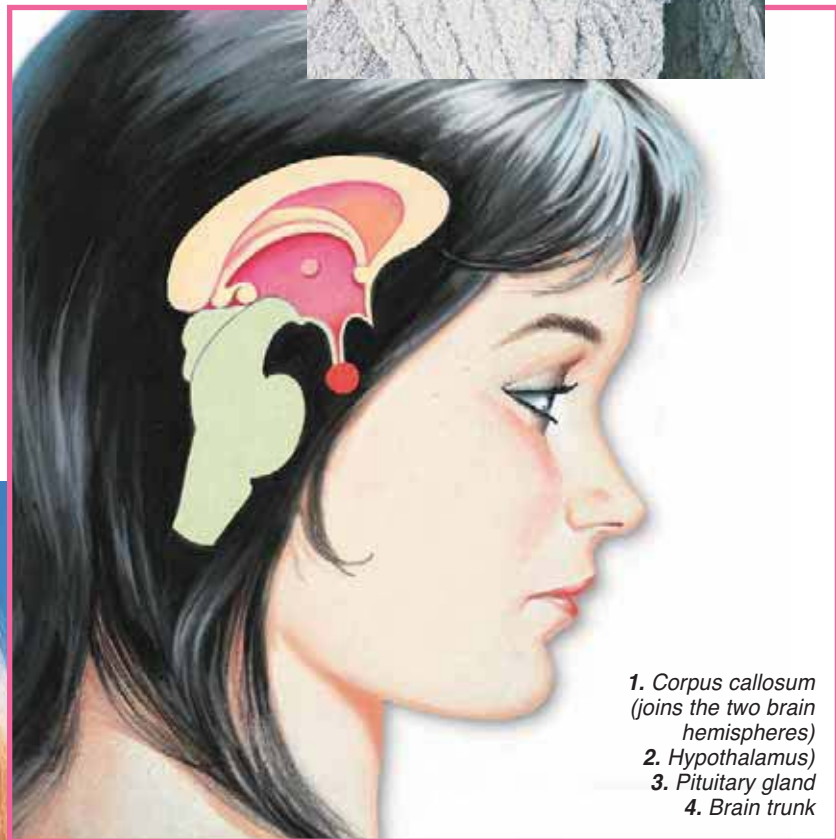
Treatment

- **Early puberty:** The **specialist** must determine the **causes**. If he considers that the early puberty could cause a detention in normal development, it is normal for him to prescribe a **hormone treatment**, which must be **carefully controlled and dosed**.
- **Delayed puberty:** **Hormones** should **not** be administered, unless by **medical prescription**. In any case, hormonal treatment should **not** be applied before **18 years of age**.
- It is always advisable to **investigate** the existence of **chronic illnesses** (lung, heart, kidney, blood) or **pituitary or thyroid deficiency**.

Natural treatment

Natural medicine treatment applicable to the disorders of puberty, is in general, the same as for "**Pelvic Congestion**" (Vol. 1, p. 135) and "**Dysmenorrhea**" (Vol. 1, p. 129).

Neuroendocrine factors take part directly in the appearance of female puberty. The most important is the **maturing of the sexual center**, located in the brain **hypothalamus**, which is the regulator of the hormone production of the **pituitary gland**. This acts on the **ovaries**, which in turn will produce their own hormones.



1. Corpus callosum (joins the two brain hemispheres)
2. Hypothalamus
3. Pituitary gland
4. Brain trunk





Exercises to Fight Dysmenorrhea (Menstrual Pains)





Breast Cancer



Treatment

The **earlier** the treatment, the better the possibilities of a cure, even without the need for complete surgical removal of the breast.

It must be noted that of breast cancer cases detected in developed countries **cannot be operated on**, and, in spite of this, almost these women **survive** without major complications.



1. With the arms raised, with your profile towards the mirror, observe if the breasts show any **deformation or irregularity**.



2. Examine the two **nipples**; there should be no scabs or lesions, nor deformities, nor should they be sunken.



3. With a pillow placed under the shoulders, **feel the breasts** with a **very flat hand**; each breast with the hand from the opposite side.



5. To finish, squeeze the nipples to check that no drops of liquid come out.



4. Before getting up from the bed, use your fingers to look for the **lymph** in the **armpit**. The idea is to find out if the nodes are inflamed or if they have undergone any modification recently.

From **30 years onwards**, the self-examination must be carried out **once every three months, 4-5 days after menstruation**.

With **any alteration, however small**, you must see a **doctor for further examination**.



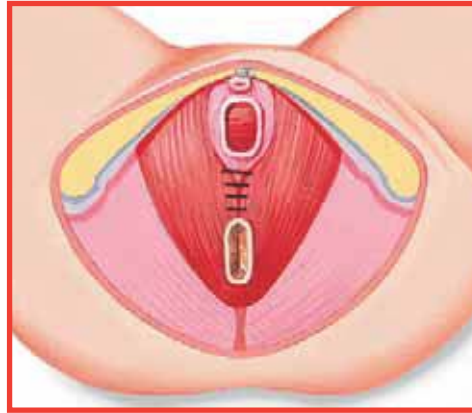
Kegel's Method

How It Was Developed

Among women who have borne children, "*Urinary Incontinence*" (see Vol. 1, p. 162) is common, especially when they make a special effort such as sneezing, coughing or laughing.

The North American gynecologist, **Arnold Kegel**, developed a series of gymnastic exercises to strengthen the muscles that control the release of urine. In this way, surgery (which was not always successful) could be avoided.

It is unknown whether it was with surprise or not that Kegel's patients reported that, after the gymnastic exercises, not only had their incontinence improved but their sexual relations were also much more satisfying; and they were able to achieve **orgasm** in situations when they had never achieved it before, or when they had not experienced it for some time.



Perineal Exercise in a Horizontal Position

The legs should be slightly bent, separated and relaxed along with the buttocks. This position is particularly recommended **after normal childbirth**.

Perineal Exercise in a Standing Position

Once one has gained experience in producing a good contraction of the deep perineal muscles and not of the superficial ones, the exercises can be done in a standing position. This means that it can be done at any time.



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ENCYCLOPEDIA OF
**HEALTH AND EDUCATION
FOR THE FAMILY**

THIRD PART
Sexuality

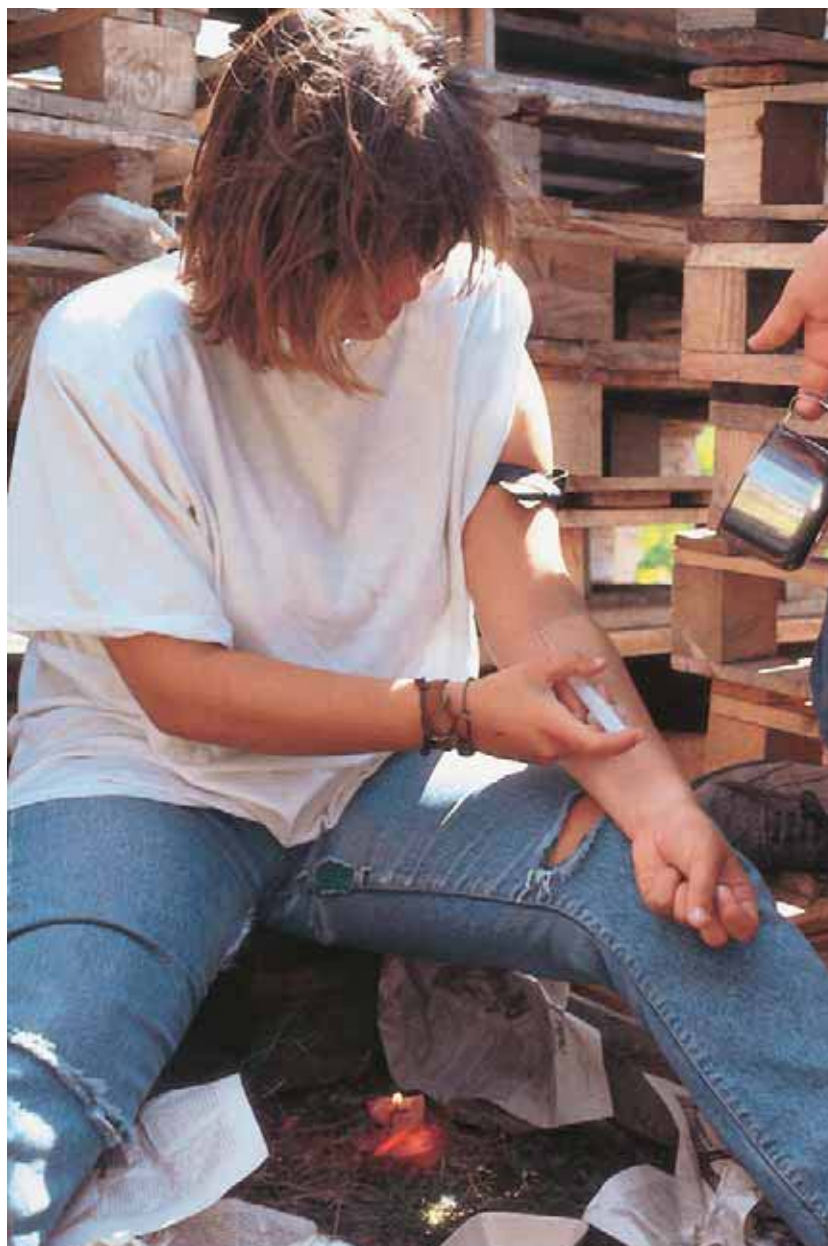
SUMMARY OF SEXOLOGY

*"The greatest mystery in the sexual relationship is that,
beginning with a surprise and continuing with a personal
expression, it finishes forming a state of happy dependence."*

ANDRÉ DUMAS

AIDS

(ACQUIRED IMMUNE DEFICIENCY SYNDROME)



Condoms Do Not Offer Complete Protection

Some **publicity** gives the impression that the condom is a **secure method** of prevention against AIDS. The true message should be that condoms are the **best-known method** for protecting against AIDS **for those who do not want or cannot maintain adequate sexual relationships**.

For example, **used improperly**, a condom **can lose its protective function**.

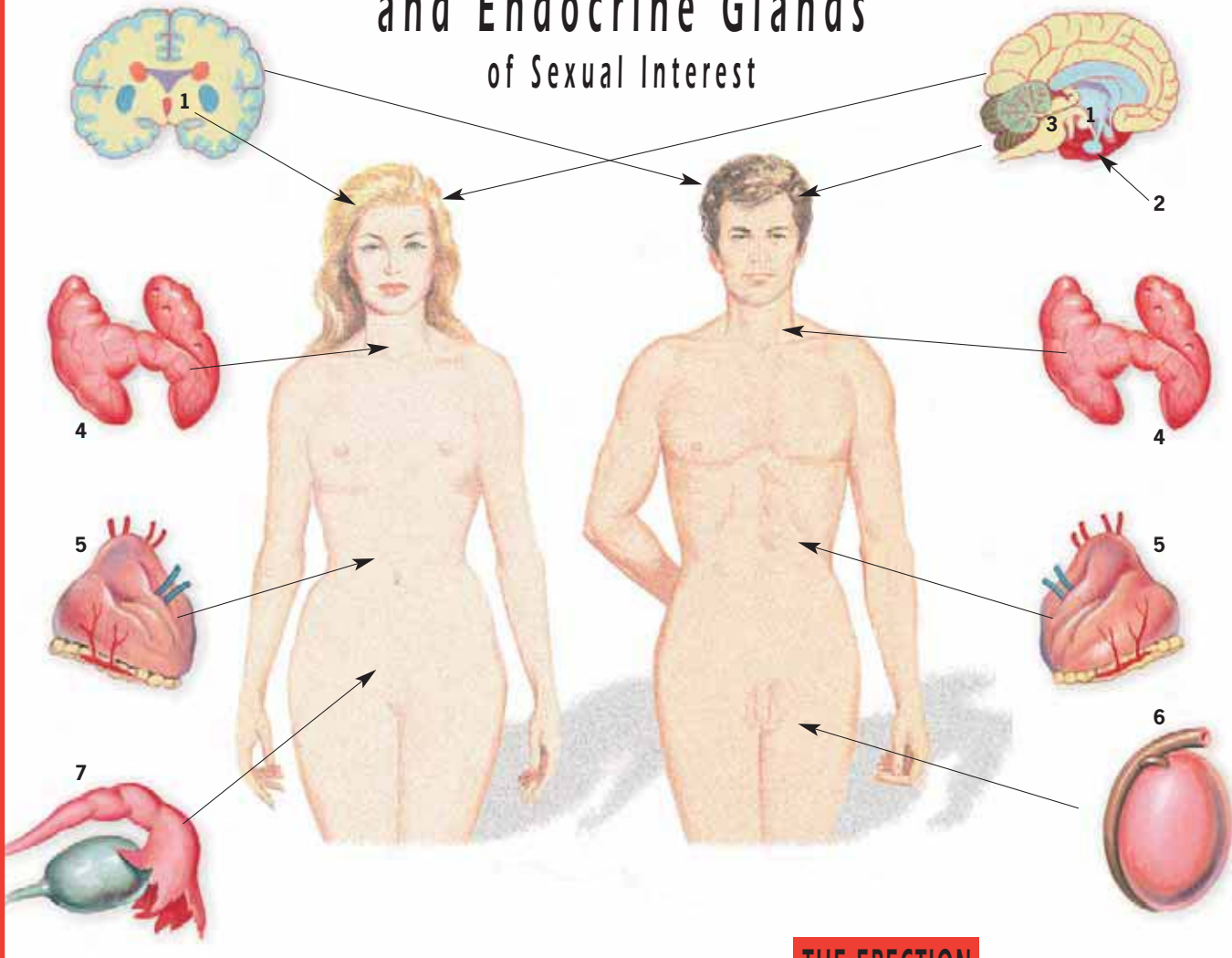
A condom **does not tend to be effective in anal sex**.

(See also the warning box on Vol. 2, p. 211.)

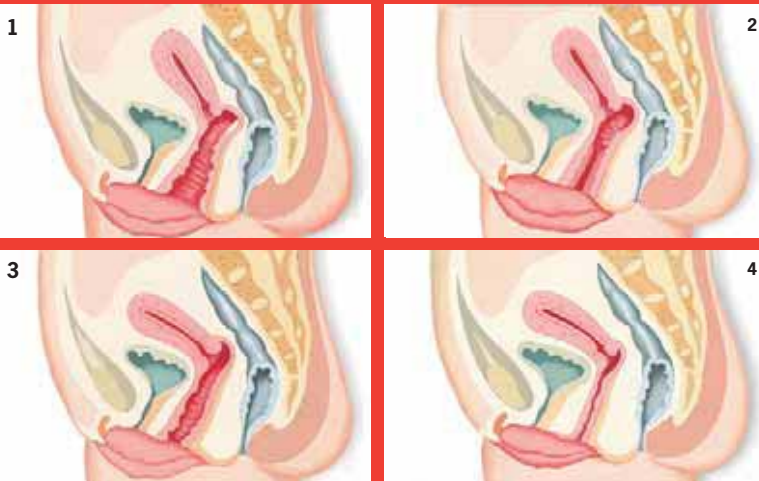
Condom Usage Statistics

- Only **13%** of American surveyed said they practice safer sex by using a condom every time (Durex Global AIDS Survey, November 29, 1997)
- Globally, **81%** of French respondents and **79%** of Mexican respondents are worried about becoming infected with HIV/AIDS, making their citizens the two most concerned nationalities. However, the French are more inclined to consistently practice safer sex. Twenty-six percent indicated that they use a condom during every sexual encounter, compared to just 11% of Mexicans who do the same. (Durex Global AIDS Survey, Nov. 29, 1997).

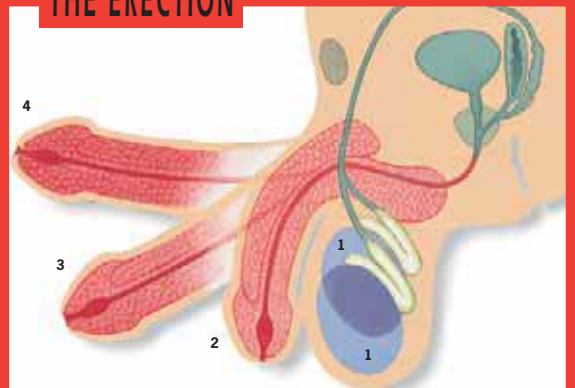
Main Nervous System Centers and Endocrine Glands of Sexual Interest



FEMALE GENITAL RESPONSE TO EROTIC STIMULATION



THE ERECTION

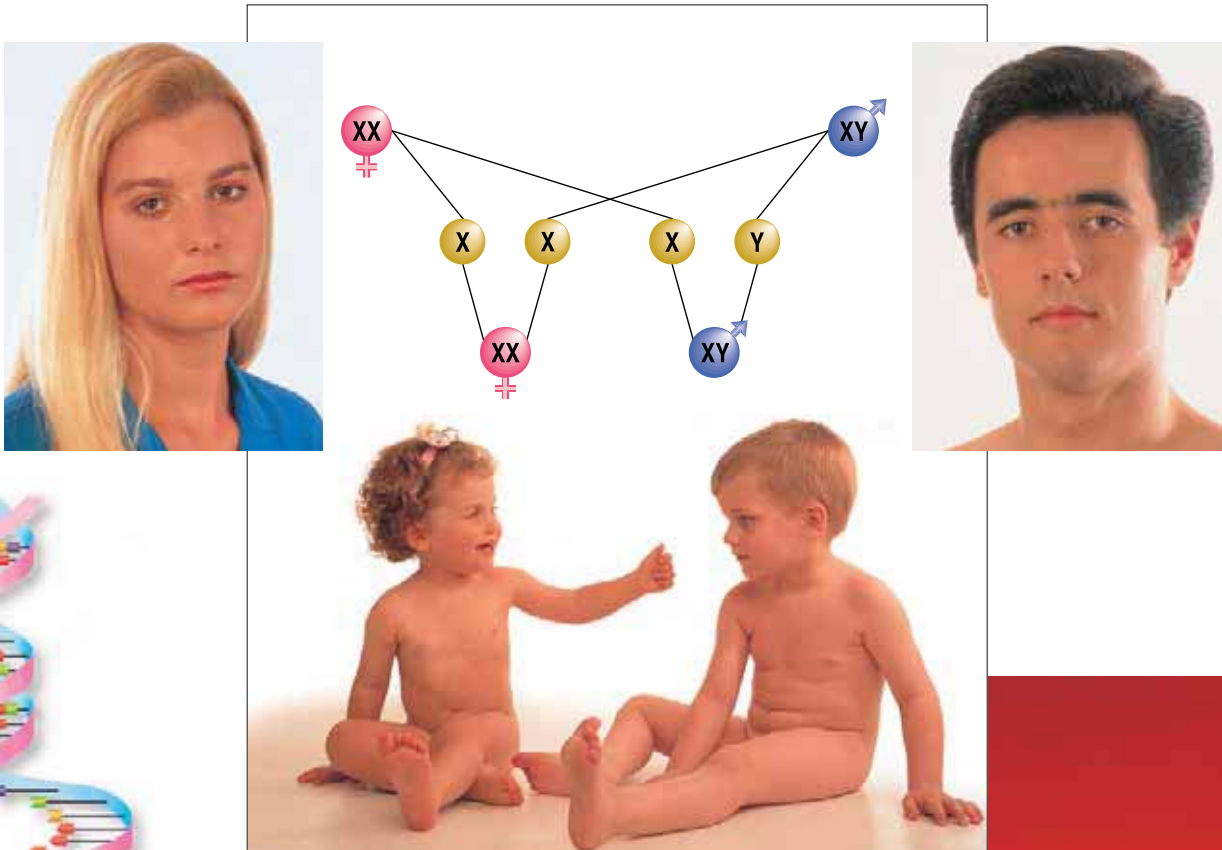


The **penis**, reacts to different **physical or mental stimulations**, becoming **erect**, which is shown by its turgidity, its increase in size, its hardening and its change of position. The **testicles** also **rise**.

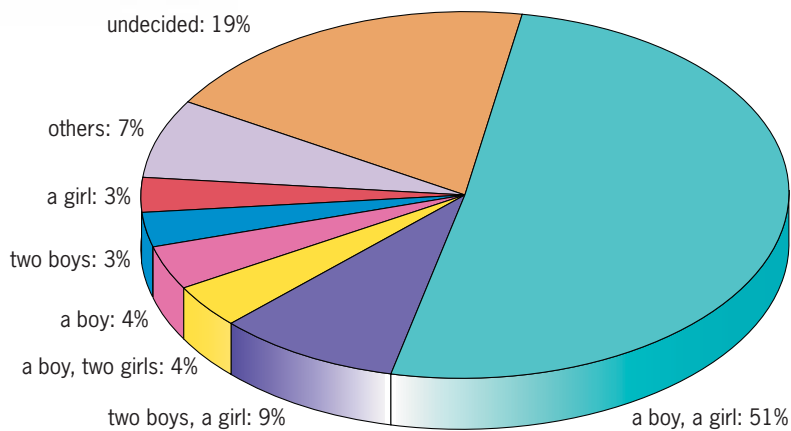
1. Rising testicle. 2. Penis in resting position. 3. Intermediate position at the beginning of the erection. 4. Erect penis.

The sex may be determined from the very **moment** of **fertilization**.
 The **spermatozoid** which fertilizes the ovum may be the carrier of an **X or Y gonosome** (sexual chromosome). In the first case, the determination will be feminine (**XX**), since the **ovum** has an **X gonosome**; in the second case, the union of a **Y gonosome** from the spermatozoid with the **X** from the ovum, will determine that the new being will be masculine (**XY**).

The Determination of Sex



Choosing Sex





28

STDs (SEXUALLY TRANSMITTED DISEASES)

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Prevention and Cure

When dealing with these types of disease we must understand the following things:

It is true that **antibiotics** and other medicines can generally cure STDs and leave no lasting problems. They can also keep these diseases from spreading.

However, this is **only** true if the disease is **caught in time**.

It is also true that **antibiotics have no effect** on STDs which are caused by a **virus**: hepatitis, herpes, AIDS.

Advertising aimed at preventing STDs and especially AIDS may lead one to believe that **condoms** will protect in any situation. Condoms, when used as a method of protection against STDs, **are not 100% effective** (due to defects in manufacture, breaking, or improper use) (see Vol. 2, p. 204).



Sexuality in Old Age



Ten Secrets for a Happy Sexuality in Old Age

Sexual possibilities are not exclusive to youth and maturity; they also **reach old age**. A **woman's** actual anatomy and physiology make her suitable for sexual union at any age and under any circumstances. A **man** is capable of having erections until he is very old.

- ② **At any age sexual activity is not limited to physical sexual union**, since it is accompanied by or shown by other erotic activities, which are sources of satisfaction, even they are isolated from the great culmination which is intercourse and orgasm.

- ③ **'The heart is never old,'** says the popular saying. Sometimes, for some, the opposite is also true, as **Béquer** says:

*"The smock, although it seems
new on the outside;
inside, I know very well
that it has gotten old"*

Remember that **Goethe** fell in love at **75 years of age** and **Ninon de Lenclos** at **80**.

- ④ **The sexual function is**, of all the functions of the organism, **the one which is best preserved for the longest time**.

- ⑤ Years bring experience, and **experience teaches us to make the most of our possibilities**, also in sexual matters. **Cervantes** says in his immortal work:

*"Because men are like wine,
in repose, they gain."*

- ⑥ **In old age**, and more so if you have lost your spouse, loneliness, the anguish of the separation and all the actual worries of life make **people much more sensitive to affection and love**.

- ⑦ A frequent cause of dissatisfaction in the woman is the premature ejaculation of the male. **With the passing of the years**, the ejaculatory reflex is better controlled and takes longer to appear, encouraging a **greater enjoyment for both the woman and the man**.

- ⑧ **The woman's infertility**, once she has reached the menopause, **should not be confused with her capacity to love** and the culmination in the physical joining, since they are independent. The **man is capable of producing spermatozooids until the last moments of his life**.

- ⑨ **Methodical and non-abusive sexual exercise aids and improves the erotic practice**, although generally greater and more persistent stimulation may be needed.

- ⑩ **Old people should not be ashamed of their sexual impetuosity, nor of their anxiety for love**, as the great Nicaraguan poet **Rubén Darío** said:

*"In spite of stubborn time,
my thirst for love has no end,
with my gray hair I approach
the roses in the garden."*

Sexual **ardour** and the **anxiety for affection**, to **give** the best of yourself, and to **receive** the best of the other person, **are impulses provided by all-knowing Nature**. And the loving intersexual relationship is, without doubt, the best way to show all the feelings and emotion of which a human being is capable, whatever his age.

ENCYCLOPEDIA OF
HEALTH AND EDUCATION FOR THE FAMILY

FOURTH PART

The Maternal Function

SUMMARY OF THE ART OF MOTHERING

“Education begins with the infant in its mother’s arms. While the mother is molding and fashioning the character of her children, she is educating them.”

ELENA G. DE WHITE

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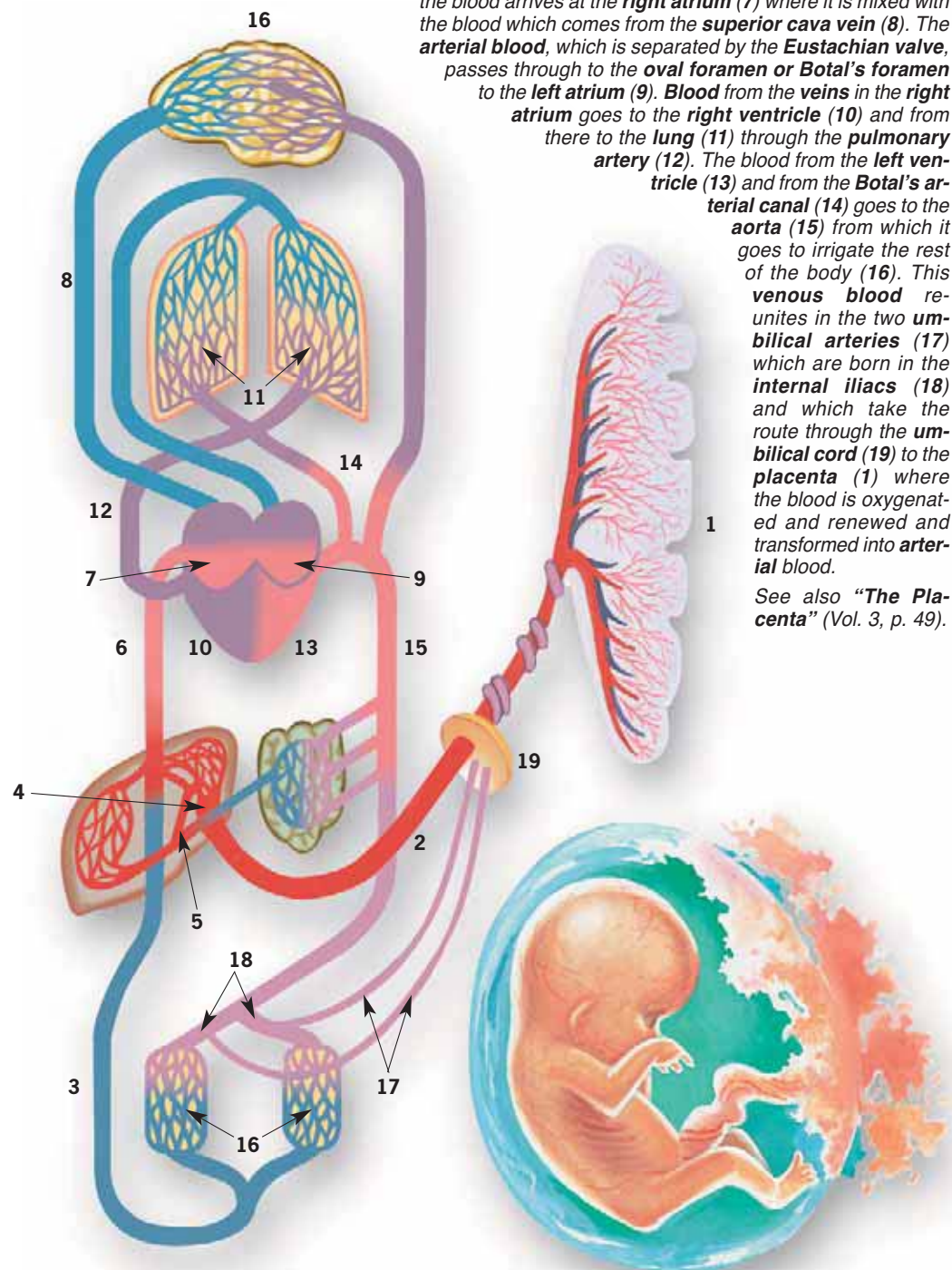
The Development of the Child

Diagram of Fetal Circulation

5th WEEK OF PREGNANCY



7th MONTH OF PREGNANCY



The **arterial blood**, which goes from the placenta (1), reaches the fetus through the **umbilical vein** (2), and goes to the **inferior vena cava** (3) through the **ductus Arantii** (4) which disappears in adulthood. It also goes to the **liver** through the **portal vein** (5). Passing through the **inferior vena cava** (6) the blood arrives at the **right atrium** (7) where it is mixed with the blood which comes from the **superior vena vein** (8). The **arterial blood**, which is separated by the **Eustachian valve**, passes through to the **oval foramen or Botal's foramen** to the **left atrium** (9). Blood from the **veins** in the **right atrium** goes to the **right ventricle** (10) and from there to the **lung** (11) through the **pulmonary artery** (12). The blood from the **left ventricle** (13) and from the **Botal's arterial canal** (14) goes to the **aorta** (15) from which it goes to irrigate the rest of the body (16). This **venous blood** reunites in the two **umbilical arteries** (17) which are born in the **internal iliacs** (18) and which take the route through the **umbilical cord** (19) to the **placenta** (1) where the blood is oxygenated and renewed and transformed into **arterial blood**.

See also "The Placenta" (Vol. 3, p. 49).

Pregnancy



Pregnancy is a normal part of life; but during this time a pregnant woman's body must function at optimum levels and so she should take special care of her health.

Alarm Signals During Pregnancy

Some of these problems may be passing ones, which will lead to no further complications. Others, without doubt, can be serious. In all cases, if you notice any of the symptoms listed here, you must act rationally: **Inform your doctor immediately and follow his instructions.** It is better to go to the doctor when there is a false alarm, even if you appear to be a hypochondriac, than to ignore symptoms which may be a warning that something serious is happening.

Symptoms	Possible Causes
Fever	• Infection
Urinary problems: frequent desire to urinate, pain when urinating	• Infection • STD
Vaginal discharge with accompanied burning, itching or genital pain	• Infection • STD
Persistent nausea or vomiting	• Hyperemesis gravidarum
Dizziness, spots of light in the vision	• Pre-eclampsia • Sudden descent in blood pressure • Infection
Strong and persistent headache	• Pre-eclampsia (toxemia)
Abnormal weight gain and swelling of the face, hands and feet	• Pre-eclampsia (toxemia)
Pain in the lower abdomen	• Appendicitis
Abnormal weight gain and swelling of the face, hands and feet	• Uterine hemorrhage • Ruptured uterus • Ectopic pregnancy
Disappearance or great decrease in fetal movement	• Fetal distress
Loss of blood	• Tearing of the cervix • Spontaneous abortion • Placenta previa • Premature birth
Painful contractions at frequent, regular intervals, with hardening of the uterus	• Premature labor
Loss of liquid, accompanied by contractions	• Breaking of the amniotic sac • Premature labor
Delay of more than two weeks from the birth date indicated by the doctor	• Prolonged pregnancy (post term)



Changes in Mood

If the changes in the mood of a pregnant woman **are marked**, and there is **insomnia, agitation, dizziness, panic** or related symptoms, it is vital to **consult a doctor immediately.**



Miscarriage

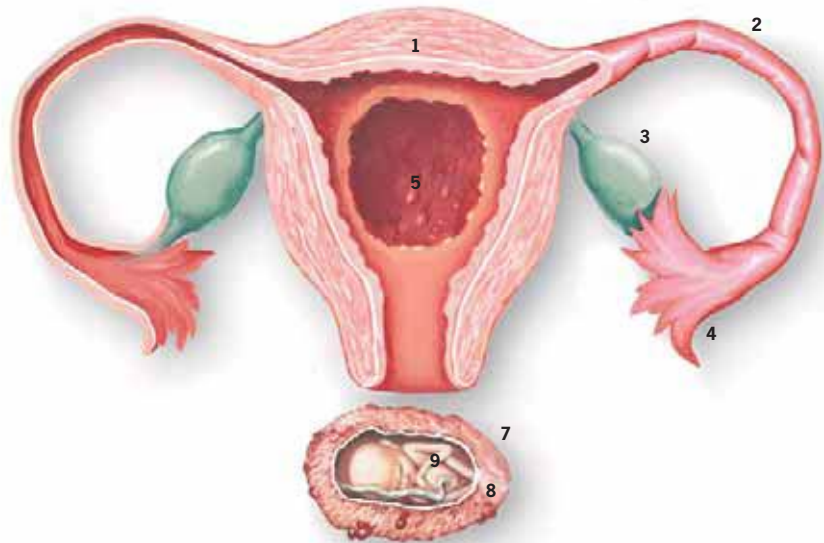


Cautions

When **symptoms of miscarriage** occur in the **first pregnancy, hormones** or other forms of preserving the pregnancy should not be administered, since there is danger that the embryo will be affected if the pregnancy continues to develop normally, or such treatment might cause an abortion later on.

When miscarriages **continue to occur**, then the doctor will have to judge what is the best course of treatment.

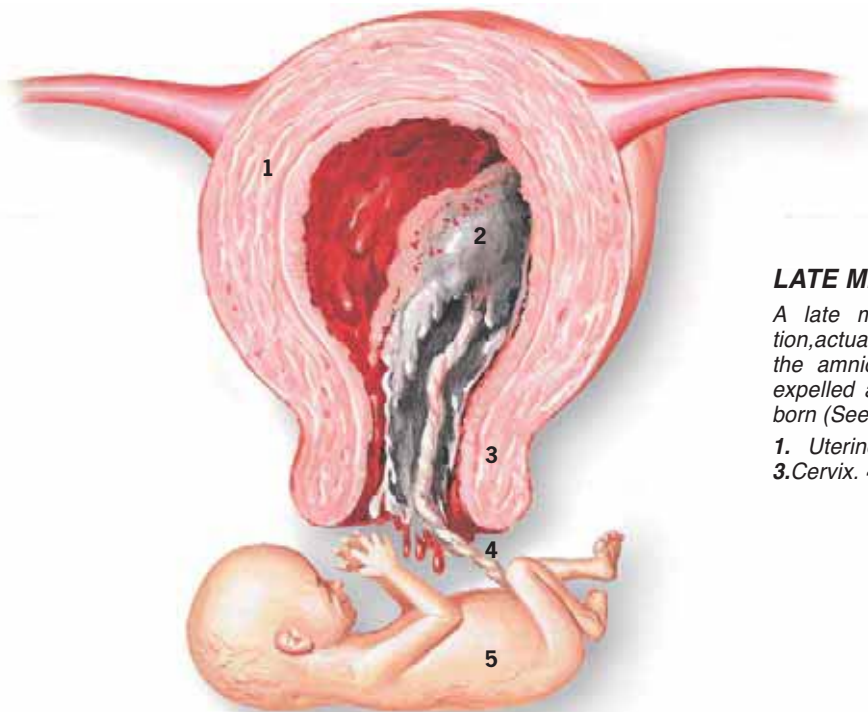
After a miscarriage the aborted embryo or fetus should be **examined** to determine the **cause** of the miscarriage.



EARLY MISCARRIAGE

An early miscarriage, i.e., one which occurs **before the third month** of gestation, tends to be complete and it does not cause any more than a small hemorrhage. (See **Late Miscarriage**, Vol. 3, p. 115.)

1. Uterine fundus. 2. Fallopian Tube. 3. Ovary. 4. Finger-like projections of Fallopian Tube. 5. Uterine cavity. 6. Dilated cervix after miscarriage has occurred. 7. Complete egg which has been expelled from the uterine cavity. 8. Embryonic sac containing embryo and attachments (see Vol. 3, p. 49). 9. Body of embryo.



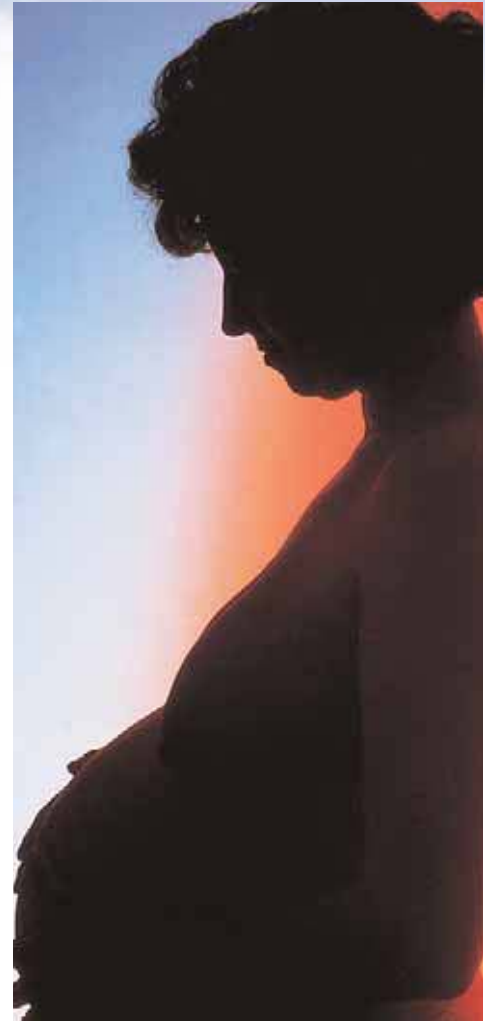
LATE MISCARRIAGE

A late miscarriage, from the third month of gestation, actually occurs as a "**minibirth**." The cervix dilates, the amniotic sac breaks (sac of waters), the fetus is expelled and then the placenta and the membranes are born (See **Early Miscarriage**, Vol. 3, p. 113.)

1. Uterine body. 2. Fetal placenta and membranes. 3. Cervix. 4. Umbilical cord. 5. Expelled fetus.

Childbirth

How amazing and how beautiful is the beginning of a new life. Thanks to the advances of science, this event is usually a happy and successful one—at least in the western world. The continuation of this life is more difficult. This should not be because we do not know what to do or how to do it. That is precisely what the following pages will talk about.



As in other areas, scientific and technological advances have made assisting at childbirth much more efficient, secure and easy. This does not mean that the doctor or nurse plays a less important part today. **Human intervention still determines the successful outcome of a birth.** The most sophisticated instruments of today can only indicate what is happening (it is true that they do it much more rapidly and with more precision). But, they are **not able to make decisions** or to replace the sensitive and versatile human hand. (See Vol. 3, p. 188).



Complications During Labor and Childbirth



Treatment and Prevention of Hemorrhages

Prevention lies in the use of **correct procedures** during labor and birth. The physiology of third-stage labor should be respected; the mother should be **monitored** and any small problems should be addressed immediately when they occur, either during birth or afterwards.

The treatment consists in verifying the emptiness of the uterus and working to make sure that it contracts as it should. It also consists in giving blood **transfusions** to replace the blood which is being lost through the hemorrhaging.

Labor is made up of three stages: cervical dilation, birth of the fetus (which we see in this photograph), and the birth of the placenta.



Prevention and Treatment of a Miscarriage

- In the case of **threatened abortion**, there are uterine contractions which cause small detachments of the chorion and little hemorrhaging. If things do not get worse, miscarriage **can be avoided**.
- In **inevitable abortion**, half or more of the egg's insertion has become detached, there is greater hemorrhaging, slight dilation of the cervix and the egg begins to descend into the cervical cavity, where it will be expelled. Expulsion may be complete, or the embryo may come first once the amniotic fluid has been broken.
- In **missed abortion**, the embryo dies but it is not expelled. There may be slight bleeding. In this case, it is **absolutely necessary** that diagnosis and

cleaning of the uterus by the **doctor** occur in order to **avoid serious complications**.

Once the doctor has examined the woman and has confirmed a state of threatened abortion, he will usually order her to have **complete bed rest**.

When the miscarriage has already begun or when it is a missed abortion, the uterus must be cleaned out through dilation and **curettage** (D&C). If there is accompanying fever, **antibiotics** must be administered.

In **late miscarriages**, the size of the fetus means that drugs will be administered in order to induce labor and the dead fetus will be delivered in this way.

ENCYCLOPEDIA OF
HEALTH AND EDUCATION
FOR THE FAMILY

FIFTH PART

The Child

SUMMARY OF PUERICULTURE
AND PEDIATRICS

*"The future happiness of your families and the welfare of
society depend largely upon the physical and moral education
which your children receive in the first years of their life."*

ELENA G. DE WHITE

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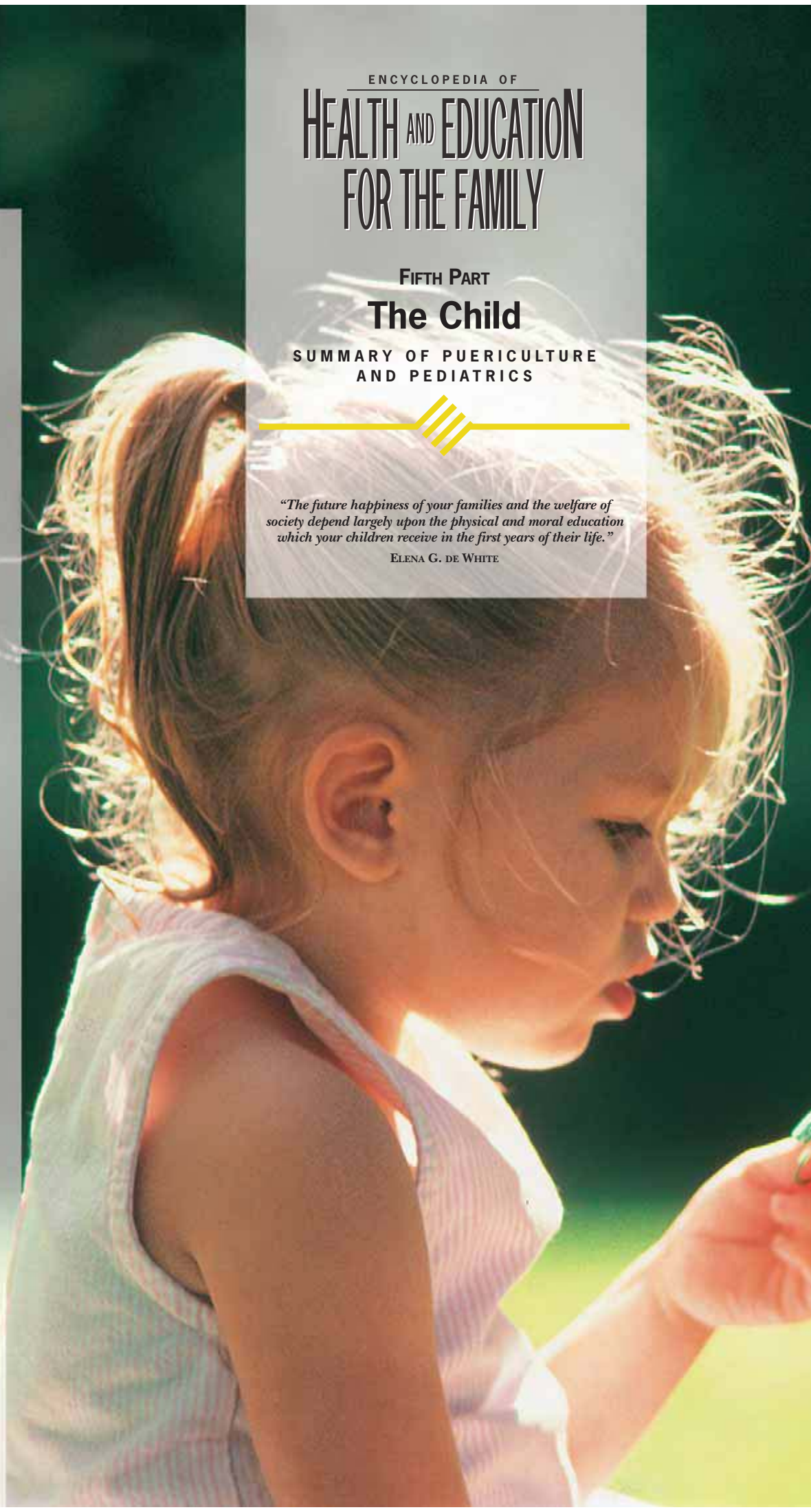
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Feeding the Baby



Mother's milk is not only the ideal food for the baby, but the physical contact which occurs through nursing is beneficial for his emotional well-being.

It is easy for overcrowding to occur in the large cities of this world. Inadequate housing and too little space contribute to this. Perhaps for this reason people tend to be emotionally distant. Even from as early as birth there is a tendency to separate the baby from his mother. This can be illustrated by the social tendency among certain classes to reject breast-feeding. **Nursing** has been proven to be far **superior to artificial feeding**. In addition, the emotional ties which are formed between the mother and the infant through this act have been shown to **favorably affect the psychological development of the baby...and that of the mother.**



Toxins and Medicines Which Pass to the Milk

Certain substances such as **alcohol**, **caffeine** and **medicines** pass through to the milk in small amounts (see the table "**Medicines and Breast-feeding**," Vol. 3, p. 298).

The **mother** should never take **any medication without consulting a doctor**.

A nursing mother must be conscious of the fact that whatever she does to her own body affects her baby.

After every feed, the mother places the baby in an upright position in order to **eliminate excess air** which the baby might have swallowed during the feed. This position leads to the typical loud burp every mother is familiar with.



Dermatosis



Treatment of Acne

Sulphur soap is useful in local treatment; some **disinfectants** are effective but must be **prescribed** by the **doctor**, who will also prescribe **antibiotics** if considered necessary.

Although a correction of the menstrual cycle disorders may be advisable, **hormone treatment** is **not** indicated during **adolescence**.

Diet and Acne

Nutrition has a **very direct** influence on acne. The diet must be rich in **vitamin A** (see Vol. 3, p. 283) and **low** in **sweets and fats**, particularly animal fats.

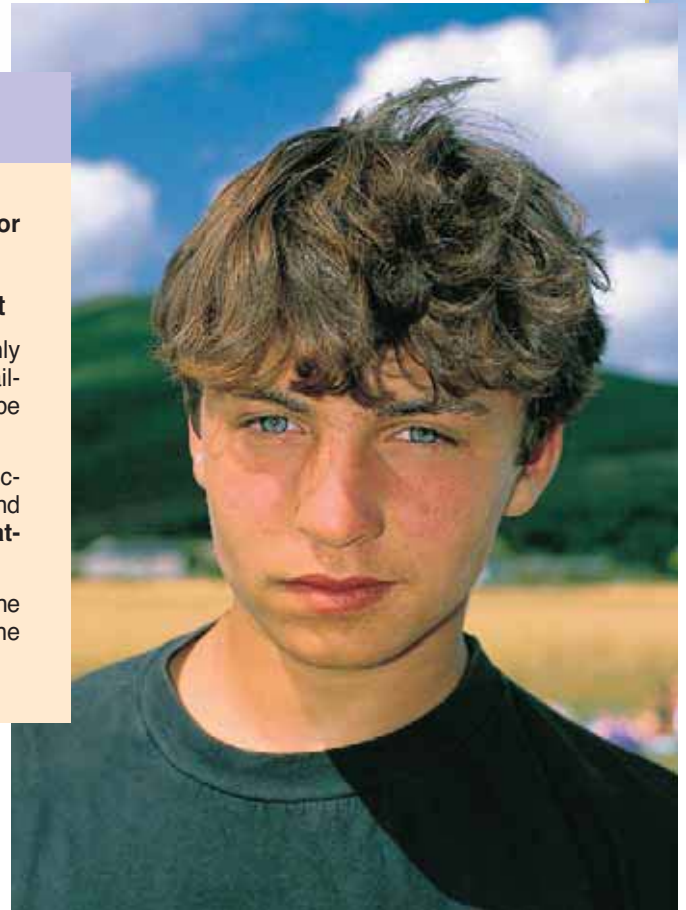
Chocolate directly **precipitates or worsens** acne.

Natural and Medical Treatment

Sunbathing and **fresh air** are highly beneficial. When sunlight is unavailable, artificial **ultraviolet light** may be used.

In **particularly serious** cases of acne, the lesion may be **punctured** and emptied, and then **electrocoagulated**.

Naturally, the **specialist** will decide the suitability of this therapy, and he is the **only person who can apply it**.



Adolescent acne, which is both uncomfortable and gives many complexes to adolescents, fortunately usually disappears spontaneously in most cases.



Foods with large amounts of **sugar and fats**, particularly **chocolate**, **encourage** directly the appearance and proliferation of **adolescent acne**. On the other hand, **vitamin A**, **sunbathing** and **fresh air** favors its disappearance.



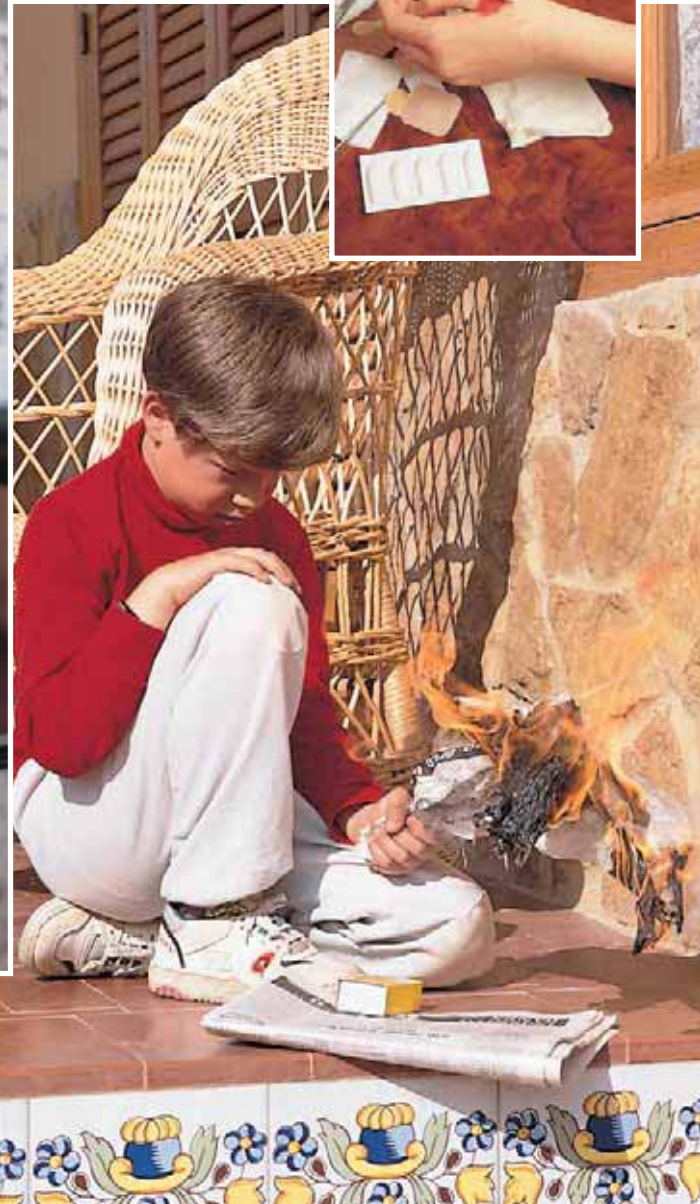
Burns

The **first aid kit is essential** to take care of emergencies which occur at home or traveling. The first aid kit must always be **on hand and full of a good variety of** the essential products, featured in the table on the left. At home it is useful to have the most common medicinal plants: chamomile, anise, lime-blossom, mint, sage, thyme, orange blossom, eucalyptus, licorice...

Any flame, no matter how small, must not be left within reach of a child's curious, restless hand. Children sometimes forget that fire burns. **Children should not be overprotected**, but they should be **watched over** and also **warned** of the most common dangers which are all around us in our daily lives.



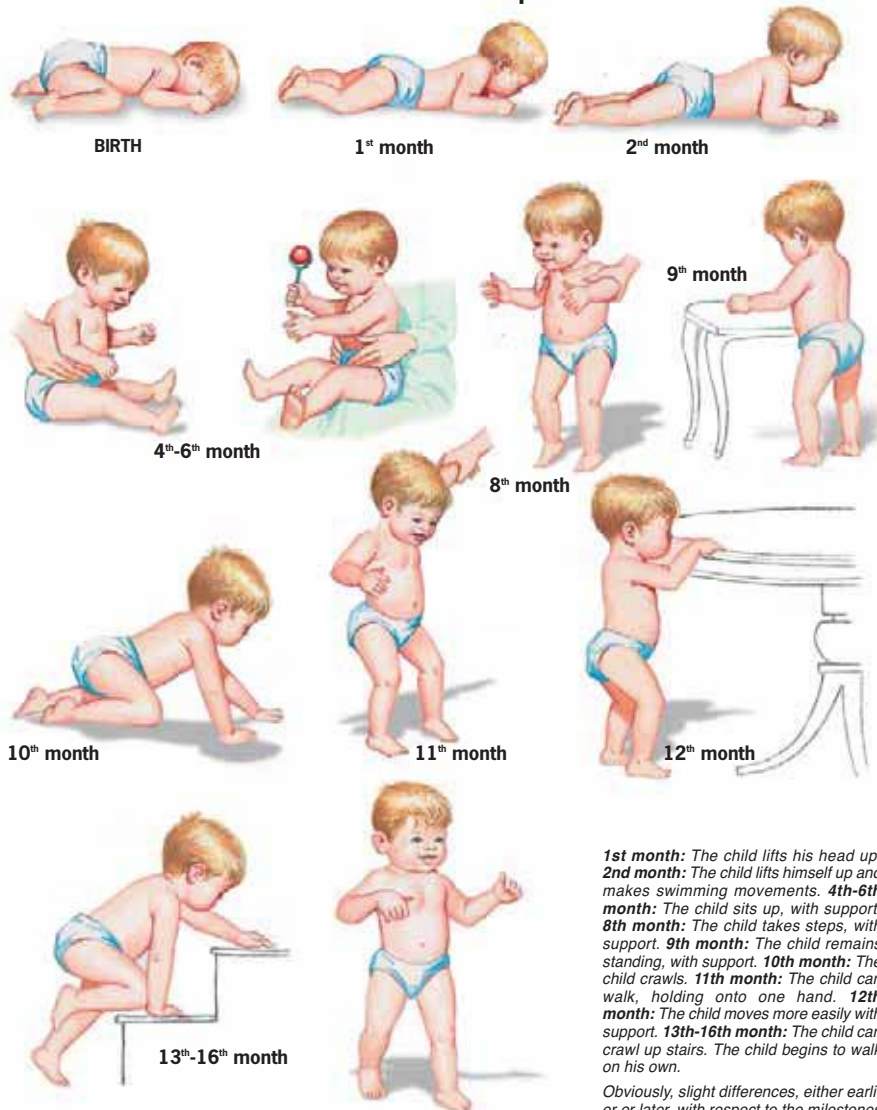
What may be a great virtue in the child and the adolescent: his spirit of investigation, searching and experimenting, when the child is not being watched over by his elders, may become a danger of a serious accident for himself and his surroundings.



Child Development



Main Locomotor Development Phases



1st month: The child lifts his head up. **2nd month:** The child lifts himself up and makes swimming movements. **4th-6th month:** The child sits up, with support. **8th month:** The child takes steps, with support. **9th month:** The child remains standing, with support. **10th month:** The child crawls. **11th month:** The child can walk, holding onto one hand. **12th month:** The child moves more easily with support. **13th-16th month:** The child can crawl up stairs. The child begins to walk on his own.

Obviously, slight differences, either earlier or later, with respect to the milestones indicated here are perfectly normal.

It is very important for parents and educators, to know about the different stages of child development. **Ignorance** of them may create serious problems throughout an individual's **lifetime** in the form of **complexes, fears and tensions**.

Learning Difficulties of the Child



Detecting Dyslexia in Time

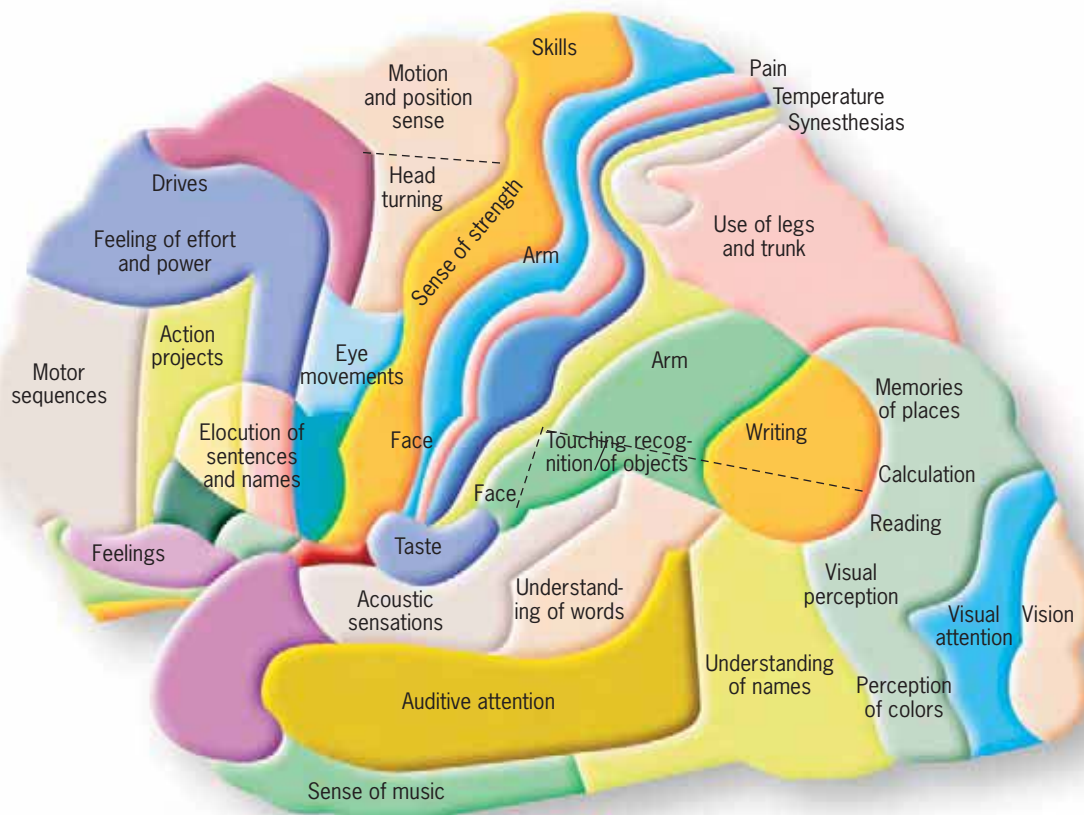
An **early diagnosis** is of the utmost importance. Sometimes it is even decisive.

Dale Jordan estimates that for **80%** of cases, if discovered in the **first three years** of schooling, the problem can be **overcome**. As the child proceeds through the different grades at school, that chance diminishes to **40%** in **5th grade** and **5%** after **seven years** of schooling.

Hope of being able to help an adult is very poor.

The percentages can be argued, but the general principle is that as time progresses, difficulties increase.

Organic Functions Situation in the Brain Cortex



The **human mind** is **incredibly complex**, and the knowledge about is very limited. However, a kind of **functional map of the brain cortex** has been designed, establishing the different brain regions. In the drawing we see the left hemisphere, according to **Kleist**, taken from "La mente humana" (The Human Mind), by **José Luis Pinillos**. It has been proven that brain damage which affects one of these areas affects the function carried out by it. But, the human brain is so marvellous that when some specific functions are altered by brain damage, sometimes another area of the brain will take over the affected function.

Child Education



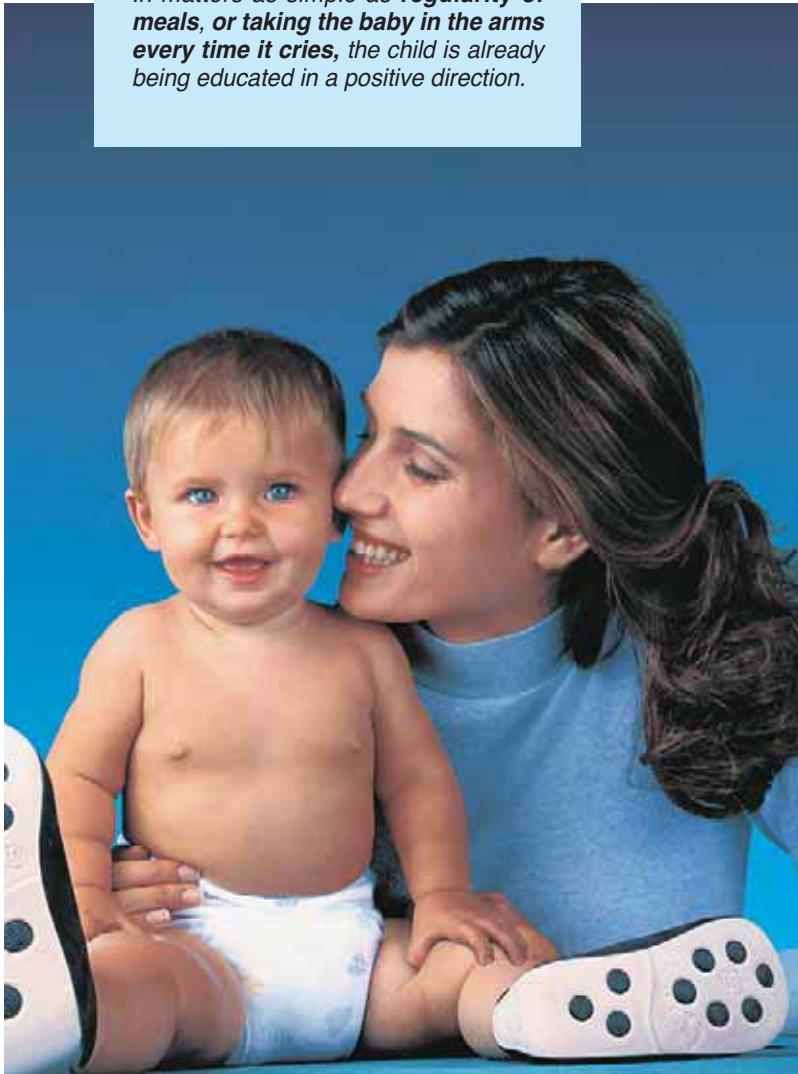
The First Years Are Decisive

Those **first two years**, that parents feel are too early to be of any significance for the child to commence education, will eventually prove decisive.

During this particular period, the possibilities are immense in every direction. **The first attitudes in facing life**, the powers of action and reaction, will configure the first **mental outlines** produced by education.

In matters as simple as **regularity of meals**, or **taking the baby in the arms every time it cries**, the child is already being educated in a positive direction.

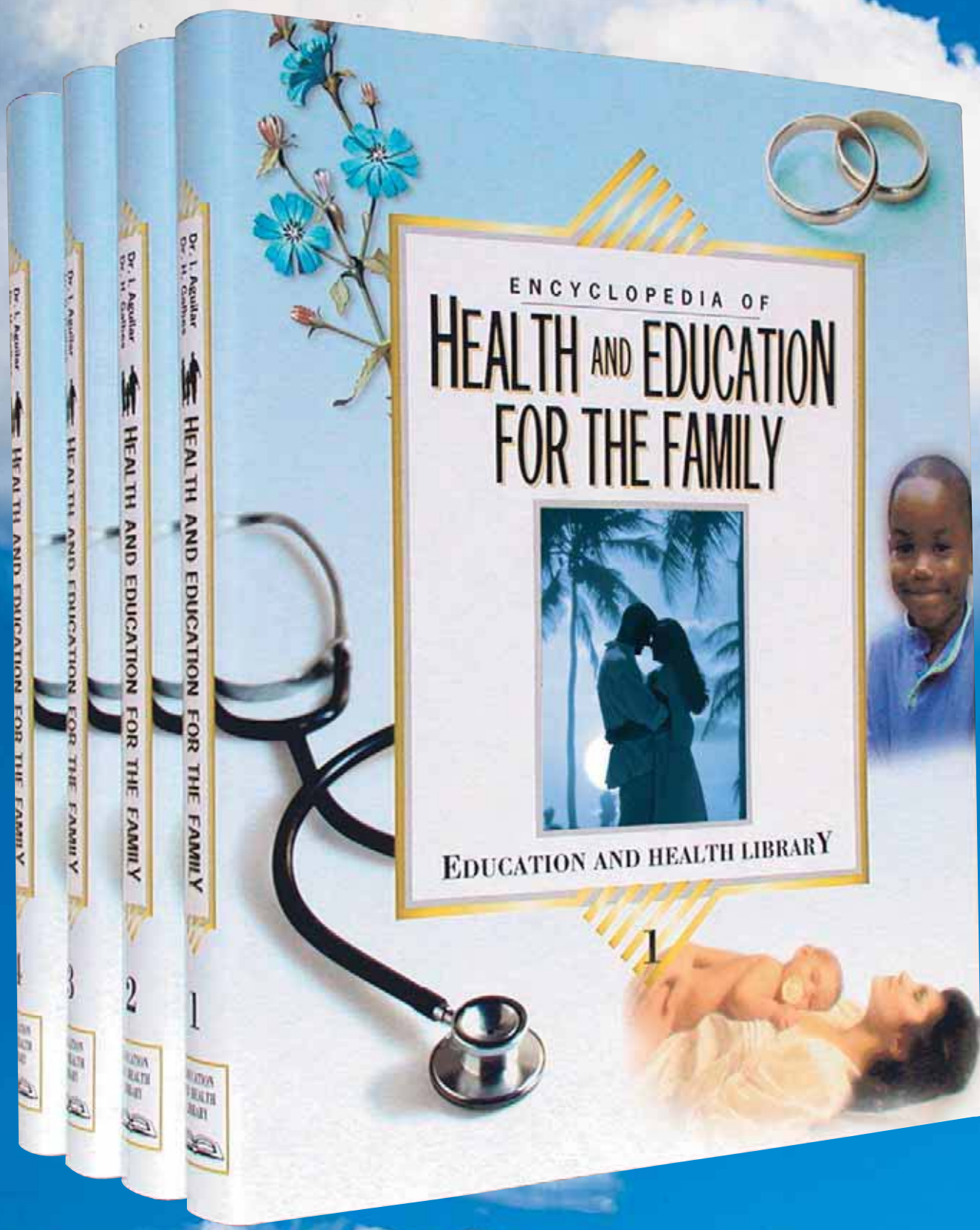
The home is the fundamental institution for education, and no other can, nor should, substitute for it or replace it.



Foundations for a Good Education

Love your children and try and ensure that **they feel it**.

- ② **Encourage their self-esteem.** Not much can be expected of someone who does not have positive feelings about themselves.
- ③ **Motivate them.** Success is always gratifying.
- ④ **Listen to them.** Good communication eliminates many obstacles.
- ⑤ Practice **mutual respect**.
- ⑥ **Establish the limits clearly.** Some limits, clearly defined with love, are a security factor for children.
- ⑦ Do not put **spiritual values** to one side. Give a practical value to religion.
- ⑧ **Encourage their desire to know more.**
- ⑨ Help them to **develop sociable characteristics.** They form part of society and must be happy in their relationships with others.
- ⑩ Give them **responsibilities** and allow them to develop **without over-protection**.



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