ISSN 2581 – 4346

Available Online at www.ijms.co.in
Innovative Journal of Medical Sciences 2019; 3(4):9-12

RESEARCH ARTICLE

Repercussions of body temperature on noodle depiction

Muhammad Imran Qadir, Mehwish Sultana*

Institute of Molecular Biology and Biotechnology, Bahauddin Zakariya University, Multan, Pakistan

Received on: 21 August 2019; Revised on: 10 September 2019; Accepted on: 26 October 2019

ABSTRACT

The objective of the present study was to correlate blood grouping with the likeliness of eating noodles. The normal body temperature of a person varies depending on gender, recent activity, food and fluid consumption, time of day, and, in women, the stage of the menstrual cycle. Normal body temperature can range from 97.8°F (or Fahrenheit, equivalent to 36.5°C, or Celsius) to 99°F (37.2°C) for a healthy adult. Sometimes body temperature may be fluctuating due to the fever or hypothermia. Hypothermia is defined as a drop in body temperature <95°F. Noodles are nutritional food containing different types of carbohydrates, vitamins, or fats. It is a renowned and staple food, all over the world, especially in Asian and European cultures. Chinese noodles may be boiled in soups, stir-fried as chow foon, or deep-fried into crunchy strips for chow mein and other dishes. Noodle is a nutritional food that is made from dough and is present in different forms such as plain, wavy, strings, and cut into different varieties of shaped. Different varieties of noodles are wavy, helical, strings, or shells. Noodles are a convenient, easy, and handy meal. It is sometimes cooked in oil with different sauces or in boiling water. Different flavors are available in noodles. The subjects having normal body temperature were noodles depicted more as compared to high or low body temperature.

Keywords: Vital signs, Body temperature, Noodle depiction, Effect of body temperature on noodle depiction

INTRODUCTION

Vital signs are actually measurements of the body's most basic functions. The four main vital signs routinely monitored by doctors and health-care providers are as follows such as body temperature, pulse rate, respiration rate (rate of breathing), and blood pressure (blood pressure is not considered a vital sign, but is often measured along with the vital signs). Vital signs are useful in detecting or monitoring medical problems. Vital signs can be measured at home, at the medical centers or health-care centers. Body temperature is a measure of your body's ability to make and get rid of heat. The body is very good at keeping its temperature within a safe range, even when temperatures outside the body change a lot. The normal body temperature of a person varies depending on gender, recent activity, food and fluid consumption, time of day, and, in women, the stage of the menstrual cycle. Normal body temperature can range from 97.8°F (or Fahrenheit, equivalent to 36.5°C, or Celsius) to 99°F (37.2°C) for a healthy adult. Sometimes body temperature may be fluctuating due to the fever or hypothermia. Hypothermia is defined as a drop in body temperature <95°F.[1]

Noodles are nutritional food containing different types of carbohydrates, vitamins, or fats. It is a renowned and staple food, all over the world, especially in Asian and European cultures. Chinese noodles may be boiled in soups, stir-fried as chow foon, or deep-fried into crunchy strips for chow mein and other dishes. Noodle

***Corresponding Author:**
Mehwish Sultana,
E-mail: 786mehwishsultana@gmail.com

is a nutritional food which is made from dough and is present in different forms such as plain, wavy, strings, and cut into different varieties of shaped. Different varieties of noodles are wavy, helical, strings, or shells. Noodles are a convenient, easy, and handy meal. It is sometimes cooked in oil with different sauces or in boiling water. Different flavors are available in noodles. It is a dietary fiber full of protein, nutrition, and vitamins. Noodles may be cooked with sundry vegetables and meat. Various dishes are constituted from noodles such as Nan gyi thohk, kinalas, baik kut kyee kaik, mie ayam, somen salad, mont di, jjolmyeon, khow suey, thenthuk, ulmyeon, hoto, kyay oh, mee bandung muar, mikrop, mohinga, bunman, mee siam, and sara udon feu.[2]

The objective of the present study was to correlated blood grouping with the likeliness of eating noodles.

METHODS AND MEASUREMENT

The questionnaire was prepared which was answered by the subjects according to their knowledge and interest. All subjects belong to the Institute of Molecular Biology and Biotechnology, Bahauddin Zakariya University, Multan, Pakistan. Their age ranges in between 18 and 22.

Measurement of body temperature

The body temperature can be measured orally (by putting classical or modern thermometer into the mouth), rectally, axillary (by putting thermometer in the armpit), by ear, or by skin. We examine the body temperature of 123 subjects through modern digital thermometer by ear and also asked the questionnaire from them about noodle depiction which was answered by them according to their knowledge and interest.

Project design

Different types of questions were prepared regarding noodles' depiction to find out the point of view of postgraduate biology students, which were answered by them according to their interest.

Statistical analysis

Statistical analysis was prepared using SAS. Student's *t*-test was used to analyze the tests and its probability of noodle depiction.

RESULTS AND DISCUSSION

One hundred and twenty-three students were involved in this project in which 103 females and 20 males were present. Ninety students were noodles depicted while 33 students do not eat noodles. The average values of students who were noodles depicted were 96.866, and there standard deviation was 2.23. The average values of students who do not like to eat noodles were 97.21, and their standard deviations were 1.980. In 20 males, only 13 boys liked to eat noodles while seven do not like it. The average values of males who were noodles depicted were 97.12, and there standard deviation was 2.38. The average values of males who do not liked to eat noodles were 97.71, and their standard deviations were 0.75. In 103 females, only 77 were noodles depicted while 26 do not like it. The average values of females who were noodles depicted were 96.72, and there standard deviation was 2.34. The average values of females who do not like to eat noodles were 97.30, and their standard deviations were 1.93 [Figures 1-5].

Questionnaire-based study has given significant outcomes.[3-10] Sessler DI reported that most clinically available thermometers accurately reported the temperature of whatever tissue is being measured.

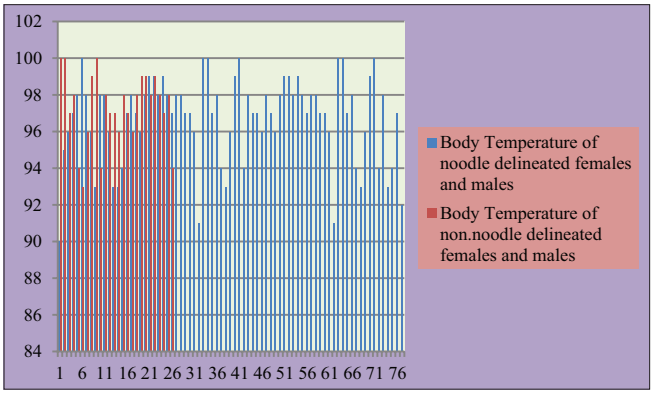

Figure 1: Repercussions of body temperature on noodle depiction

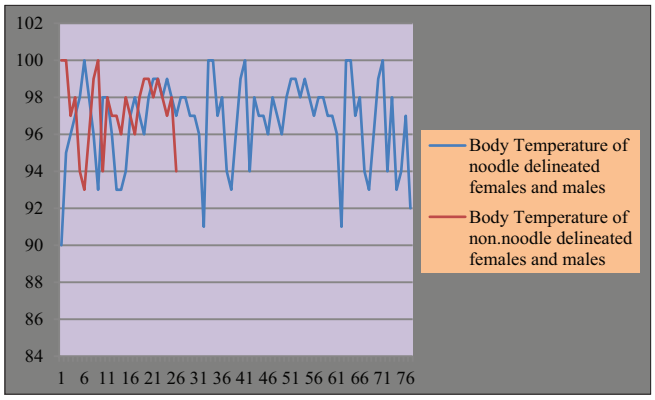

Figure 2: Repercussions of body temperature on noodle depiction

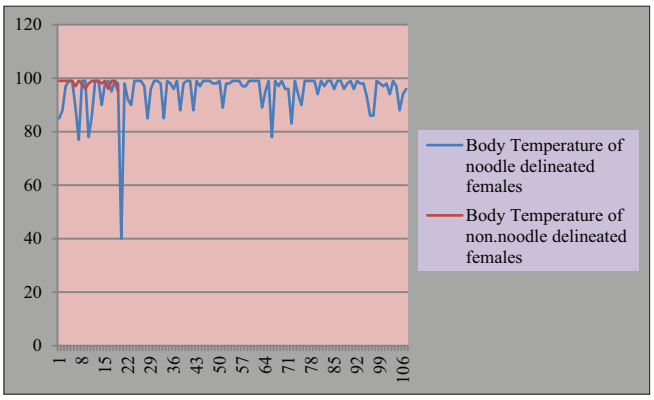

Figure 4: Repercussions of body temperature on noodle depiction

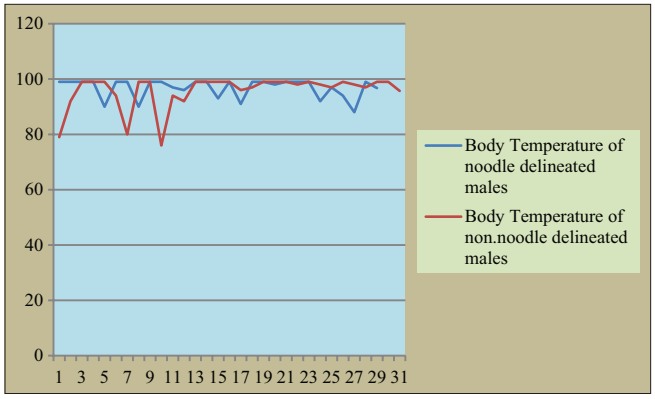

Figure 3: Repercussions of body temperature on noodle depiction

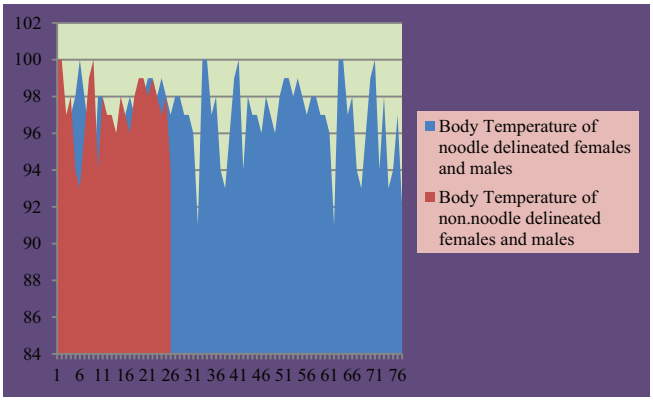

Figure 5: Repercussions of body temperature on noodle depiction

The difficulty is that no reliable core temperature measuring sites are completely noninvasive and easy to use especially in patients not undergoing general anesthesia. Nonetheless, temperature can be reliably measured in most patients. Body temperature should be measured in patients undergoing general anesthesia exceeding 30 min in duration and in patients undergoing major operations during neuraxial anesthesia. Core body temperature is normally tightly regulated. All general anesthetics produce a profound dose-dependent reduction in the core temperature, triggering cold defenses, including arteriovenous shunt vasoconstriction and shivering. Anesthetic-induced impairment of normal thermoregulatory control, with the resulting core-to-peripheral redistribution of body heat, is the primary cause of hypothermia in most patients. Neuraxial anesthesia also impairs thermoregulatory control, although to a lesser extent than does general anesthesia. Prolonged epidural analgesia is associated with hyperthermia whose cause remains unknown.[11] Taylor and *et al* reported that despite previous reviews and commentaries, significant misconceptions remain concerning deep-body (core) and skin temperature measurement in humans. Therefore, the authors have assembled the pertinent laws of thermodynamics and other first principles that govern physical and physiological heat exchanges. The resulting review is aimed at providing theoretical and empirical justifications for collecting and interpreting these data. The primary emphasis is on deep body temperatures, with discussions of intramuscular, subcutaneous, transcutaneous, and skin temperatures included. These are all turnover indices resulting from variations in local metabolism, tissue conduction, and blood flow. Consequently, inter-site differences and similarities may have no mechanistic relationship unless those sites have similar metabolic rates, are in close proximity, and are perfused by the same blood vessels. Therefore, it is proposed that a gold standard deep body temperature does not exist. Instead, the validity of each measurement must be

evaluated relative to one's research objectives, while satisfying equilibration and positioning requirements. When using thermometric computations of heat storage, the establishment of steady-state conditions is essential, but for clinically relevant states, targeted temperature monitoring becomes paramount. However, when investigating temperature regulation, the response characteristics of each temperature measurement must match the forcing function applied during experimentation. Thus, during dynamic phases, deep body temperatures must be measured from sites that track temperature changes in the central blood volume.[12]

CONCLUSION

The subjects having normal body temperature were noodles depicted more as compared to high or low body temperature.

REFERENCES

1. King JR, Farner DS. Energy metabolism, thermoregulation and body temperature. Biol Comp Physiol Birds 1961;2:215-88.
2. Yoshiko A, Tomoko I, Michiko S. Effects of "Kansui" (Alkaline Solution) on physical property of noodle. J Home Econ Japan 2006;57:461-7.
3. Qadir MI, Javid A. Awareness about crohn's disease in biotechnology students. Glob Adv Res J Med Med Sci 2018;7:62-64.
4. Qadir MI, Saleem A. Awareness about ischemic heart disease in university biotechnology students. Glob Adv Res J Med Med Sci 2018;7:59-61.
5. Qadir MI, Ishfaq S. Awareness about hypertension in biology students. Int J Mod Pharm Res 2018;7:8-10.
6. Qadir MI, Mehwish. Awareness about psoriasis disease. Int J Mod Pharm Res 2018;7:17-8.
7. Qadir MI, Shahzad R. Awareness about obesity in postgraduate students of biotechnology. Int J Mod Pharm Res 2018;7:14-6.
8. Qadir MI, Rizvi M. Awareness about thalassemia in post graduate students. MOJ Lymphol Phlebol 2018;2:14-6.
9. Qadir MI, Ghalia BA. Awareness survey about colorectal cancer in students of M. Phil biotechnology at Bahauddin Zakariya University, Multan, Pakistan. Nov Appro Can Study 2018;1:1-5.
10. Qadir MI, Saba G. Awareness about intestinal cancer in university student. Nov Appro Can Study 2018;1:95-7.
11. Sessler DI. Temperature monitoring and perioperative thermoregulation. Anesthesiology 2008;109:318-38.
12. Taylor NA, Tipton MJ, Kenny GP. Considerations for the measurement of core, skin and mean body temperatures. J Therm Biol 2014;46:72-101.