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chromatography-mass spectrometry (GC-MS), liquid chromatography-mass spectrometry (LC-MS) and chromatographic inductively coupled plasma (ICP-MS) techniques were used to identify the constituents of the SP and to investigate its degradation during aerobic fermentation. The major constituents of the SP studied were ethylenediamine tetraacetic acid (EDTA) (63.6-84.3%), Fe^{3+} (8.7-13.1%), Zn^{2+} (6.3-12.3%), Mn^{2+} (4.2-6.7%), Co^{2+} (1.3-2.1%), Cu^{2+} (2.0-3.2%), Ni^{2+} (1.8-2.3%), Pb^{2+} (0.9-1.8%), Cd^{2+} (0.3-0.8%) and Hg^{2+} (0.2-0.5%) respectively. The aerobic treatment of SP significantly reduced the concentration of Fe^{3+} and Zn^{2+} by 85% and 67% respectively. The Zn^{2+} (0.1-0.5%) and Cd^{2+} (0.2-0.5%) in the aerobic sludge were also reduced by

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Osterfieber Osterfieber (German for "Easter fever"), also known as (sign of Easter), is a culture-specific term for a form of culture-induced fever which is observed after Easter.

The phenomenon was first described by Sigmund Freud, who wrote in 1908 (The Standard Edition of the Complete Psychological Works, Vol. XI, p. 73) that it was "one of the most characteristic phenomena" of Easter time. Its occurrence is unrelated to seasonal affective disorder. It occurs primarily in the European cultures of Southern Europe and in South America. American culture-induced fever usually occurs in the fall of every year. The disease The disease is characterized by a sudden and overwhelming increase in appetite for food, especially sweets, during the weeks preceding Easter. The highest incidence of the disease is

generally noted in communities in which the disease is most severe, including Germany, the Netherlands, England, Switzerland, and the Scandinavian countries. Osterfieber is most frequently observed in adolescents and young adults. It is generally mild and self-limiting, but in the individual who experiences it, it can have serious effects on school and work performance. In mild cases, the condition is easily ignored and self-limiting without medical intervention, but in a person with susceptibility to depression, it may result in an episode of clinical depression.

In severe cases, the patient may even experience a first full-blown depressive episode.

Cause The cause of osterfieber has not been conclusively established, but there is agreement among researchers on a number of possible factors. The high consumption of sweets, especially of Easter candies, at Easter is an obvious cause of this syndrome. The increasing sense of well-being that accompanies Easter joy and the improvement in mood associated with Easter solstice might play a role. A special role may be attributed to the religious significance

associated with Easter. Evolutionary role
According to the anthropologist Erik Werner,
osterfieber is an adaptive response to extreme
physical hardships associated with the harsh
weather and long periods of privation associated
with an extended season of winter. Werner
claims that, during the winter, the body
attempts to reduce the chances of death in
times of famine and starvation by utilizing the
neurohormonal 6d1f23a050

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