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C-4, or component 4, is one of the types of plastic explosives. The basic idea of plastic explosives, also known as plastic adhesive explosives (PBX), is to combine explosive chemicals with plastic adhesive materials. The adhesive has two important jobs: It coats explosives, so it is less sensitive to shock and heat. This makes it relatively safe to handle explosives. It makes explosives very malleable. You can cast it into different shapes to change the direction of the blast. The explosive material in C-4 is cyclotrimethylene-trinitramine (C3H6N6O6), commonly known as RDX (short for royal demolition explosive or research development explosive). The additive material is made up of polyisobutylene, adhesive, and di (2-ethylhexyl) sebacate, plasticizer (the element that makes the material malleable). It also contains a small amount of engine oil and a number 2, 3-dimethyl-2, 3-dinitrobutane (DMDNB), which functions as a chemical marker for security forces. Advertising To create C-4 blocks, explosive manufacturers take RDX in powder form and mix it with water to form sludge. Then they add the adhesive material, dissolve in the solvent and mix the material with a stirring substance. They remove the solvent through distillation, and remove the water through drying and filtration. The result is a relatively stable, solid explosive with similar consistency to model clay. Just like with other explosives, you need to apply some energy to the C-4 to launch a chemical reaction. Because of the stability factor, it takes a significant shock to set off this reaction; illuminating the C-4 with a match will only make it burn slowly, like a piece of wood (in Vietnam, soldiers actually burn C-4 like an impromptu cooking fire). Even firing explosives with a rifle does not trigger a reaction. Only one detonator, or detonator, will do the job properly. A detonator is just a smaller explosive that is relatively easy to set off. An electric detonator, for example, uses a short charge to set off a small amount of explosives. For example, when someone activates the detonator (by transmitting the electrolytic force through the blast wire to the blast cover), the explosion will cause a powerful shock that triggers the C-4 explosive. When the chemical reaction begins, C-4 decomposes to release various gases (notably nitrogen oxides and carbon). The original gas expanded at about 26,400 feet per second (8,050 meters per second), applying a large amount of force to everything in the surrounding area. With this expansion, it is absolutely impossible to overcome the boom as they do in dozens of action films. For the observation, the explosion was almost instantaneous – one second, everything was normal, and the next it was completely destroyed. The explosion actually has two stages. The initial expansion caused most of the damage. It also a very low pressure area around the source of the explosion - the gases are moving out so fast that they suck most of the gas out of the middle of the explosion. After the external explosion, the gas plunges back into a vacuum in part, creating a second, less destructive internal energy wave. A small amount of C-4 packs a fairly large punch. Less than a pound C-4 could potentially kill many people, and some military problems M112 block C-4, weighing about 1.25 pounds (half a kilogram) each, could potentially destroy a truck. Demolition specialists often use a good number of C-4s to do a proper job. For example, to take out an 8-inch (20.3 cm) square steel beam, they would probably use 8 to 10 pounds (3.6 to 4.5 kg) of C-4. Humans apply the explosive power of the C-4 to all types of destruction. A popular application is military destruction - soldiers pack it into cracks and crevices to blow up heavy walls. It has also been widely used as an anti-human weapon, in battles and in terrorist attacks. For example, in Vietnam, soldiers used several C-4 bombs and grenades. A notable weapon, the claymore mine, consists of a C-4 block with several embedded bearings. When the C-4 was detonated, the bearings became deadly flying shrapnel (the weapon was also featured in the film *Swordfish*). Unfortunately, the C-4 will continue to make headlines for years to come. Because of its stability and sheer destructive power, the C-4 attracted the attention of terrorists and guerrilla fighters around the world. Small amounts of C-4 can cause a lot of damage, and it's fairly easy to smuggle explosives through light security forces. The U.S. Military is the main manufacturer of the C-4, and it closely protects its supplies, but there are several other sources for similar explosives (including Iran, which has a history of conflict with the United States). As long as it is easily accessible, the C-4 will continue to be a major weapon in the terrorist arsenal. For more information about the C-4 and other explosives, see the links on the next page. To C or Not to C From the WebMD Archives March 5, 2001 - When Cheryl went into labor with her first child, it all seemed to be going well. But things changed when the baby went down the birth canal in a strange corner, and began to show signs of distress. Her head was crowned, but they couldn't get her out, Cheryl recalled. Solution? Emergency caesarean section. Fortunately, both Cheryl and her baby emerged from the healthy experience. But even with the joy of a new child, she admits she still has a sense of loss. It's like my body has failed me. So when Sudbury, Mass., mother was pregnant with her second child, she weighed the risks and benefits of trying to give this child vaginally. Her doctor said that, based on her medical history, Cheryl (she asked her last name is not used) is a good candidate to try labor. The likelihood that Cheryl will again need a c-section cannot be removed, but she is ready to try. It's very important to me, she said. I want to give my body the opportunity to do what it is designed to do. For decades, the old saying once a caesarean section, always a caesarean section was pretty much accepted as medical practice, and those who had previously given birth in such a fashion were routinely planning for the c-section option when delivering the next child. Then, in the 1980s, women, doctors, and insurance companies began questioning the validity of the practice. Soon after, more and more women began choosing vaginal birth after a caesarean section (VBAC). But when the self-selected c-sections fell out of favor and many women tried VBAC, complications such as rupture of the uterus - where the uterus sheds tears at the point of the previous scar under the pressure of contractions - began to appear. Again, doctors and patients question whether VBAC is a safe option. But a recent review of 15 previous studies, conducted over the past decade, found that low-to-be mothers don't need to suffer too much pain over decisions. The review, published in the November 2000 issue of the American Journal of Obstetrics and Gynecology, was prompted by growing controversy over a question we believed to be addressed, said Ellen Mozurkewich, M.D., a member of the Department of Medternity-Fetal Medicine at the University of Michigan Health System - and co-author of the analysis. There appeared to be significant benefits to the mother from a trial of Labor, Mozurkewich told WebMD. But there may also be a small, increased risk to the baby. In the review, researchers from the University of Michigan and the University of Toronto reviewed data documenting the results of nearly 48,000 women who had children after the previous C-section. While the rate of uuterus rupture is twice as high in women who try VBAC, reviews show that overall, the risk is low - about four in 1,000 (0.4%) labor test resulted in rupture of the uterus compared to two in 1,000 (0.2%) Caesarean section repeats the option. However, if a rupture of the uterus occurs, it can be catastrophic - the baby must be provided by the emergency C section within about 18 minutes to avoid nerve damage or even death. The review also found that, while the relative risk was not quite as high as for utopian rupture, there was an increased risk of fetal death for trials by the working group (about six cases in 1,000 or 0.6%) compared to those who had a re-caesarean section (about three in 1,000 or 0.3%). Because of these risks, women can opt for part c options, thinking they are safer. Doctors can talk to women out of the VBAC when they mention the risk of rupture of the uterus. Risks must be presented background, Mr. Jean C. Hundley, MD, of WomenKind Ob/ Gyn Gyn mercy hospital in Baltimore. An optional caesarean section is also risk-free. Complications associated with the use of anesthesia, infection, random puncture of other structures such as the intestines or bladder, and uncontrolled blood loss due to a cut off of the utopian artery are all possibilities with an optional caesarean section. As the study points out, women considered to be in the low-risk group had a 60% to 80% success rate with VBAC, said Michael D. Randell, MD, FACOG, an obstetrician and gynecologist at Northside Hospital in Atlanta. If a woman has an initial caesarean section because of a one-time problem - such as the baby's location (first foot, for example), or placenta previa (where the placenta hinders cervical opening) - her odds of having a successful VBAC as well. But the VBAC is not for everyone, Randell warned. If a woman has a very narrow pelvis, any medical or obstetric complications that prevent vaginal birth, or already has a classic c-section where the uterus is cut up and down from side to side (note that the direction of the scar on the skin does not accurately predict the scar on the uterus and review the surgical report is highly recommended for confirmation such details), a VBAC is not recommended. Ultimately, decisions are based on heavy risks and benefits, says Randell, and each case is unique. Women considering the VBAC must also acknowledge the possibility that despite the labor test, they may need to have a caesarean section. For these women, Mozurkewich said, recovery may take longer and be associated with a higher risk of infection and other complications than C. If she has a vaginal baby, her recovery will be shorter, but if she has a failed labor test , she will face the recovery of both labor and caesarean section. As well as a woman who has the right to choose the VBAC if it is medically appropriate, she also has the right to reject it, says Randell. Some women are just uncomfortable with the risks, Randell said. Others prefer to schedule a baby's arrival, are afraid of vaginal birth, or have had a c-section before and want to go with being known. Similarly, if a woman is not a good candidate for the VBAC, her doctor may refuse. The goal is to have a healthy baby and deliver safely, by any means, says Hundley. That's the most important thing. When Cheryl went into labour with her second child, the thought crossed her mind that she might still need another caesarean section. But after a short period of labor and 45 minutes of pushing, her daughter was born without any problems. I would recommend VBAC to anyone who wants to try, she said. I'll pick it again in a minute. Michele Bloomquist is a free writer based in Brush Prairie, Wash. She was born by the C-section of The Choice, in the days before the VBAC. © 2001 WebMD, Inc. All rights are preserved.

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