

What is viral fever?

Viral fever refers to a broad spectrum of conditions where viral infections are associated with elevations of body temperature. The term encompasses a wide variety of viral infections, some of which can be clearly identified by their symptoms and signs. These viral infections may show generalised symptoms, but may target specific organs.

Headaches, body aches and a skin rash characterise most of these viral fevers. They may affect any age group, and are seen worldwide. They require only symptomatic treatment. Some are highly contagious. Most of them are not dangerous and self-limited, but some can progress rapidly leading to death.

Cause and Pathogenesis

Most viral infections are spread by inhalation of aerosolised particles, by intake of contaminated water or food, or by direct contact. Infection then spreads locally and thereafter into the blood stream or lymph channels. Some of the viral infections can be transmitted sexually or by direct inoculation into the blood stream.

The duration of the primary infection may vary from days to several weeks. Manifestation of the disease clinically is usually a consequence of the virus multiplying at a specific site. Even though the fever comes down, in some infections the virus continues to multiply and cause persistent infection.

Symptoms and Signs

Once the virus enters the body, there is an incubation period when the virus multiplies to a level high enough to cause infection. This is followed by a prodromal phase of fatigue, malaise and body and muscle aches that may lead to the onset of fever. The fever may be low grade or high grade and remittent. Inflammation of the pharynx, a running nose, nasal congestion, headache, redness of the eyes, cough, muscle and joint pains and a skin rash could be present.

The fatigue and body pain could be disproportionate to the level of fever, and lymph glands may swell up. The illness is usually self-limited but the fatigue and cough may persist for a few weeks. Sometimes pneumonia, vomiting and diarrhoea, jaundice or arthritis (joint swelling) may complicate the initial viral fever. Some viral fevers are spread by insects, for example, arbovirus, can cause a bleeding tendency, which results in bleeding from the skin and several other internal organs and can be fatal.

Investigations and Diagnosis

The diagnosis and management of viral fevers is based more on the clinical presentation than by laboratory investigations. Since these infections are commonly self-limited, investigations are unnecessary. The diagnosis is made by the typical history of fever with severe muscle and joint pains. Skin rash and lymph gland swellings have to be specifically looked for.

Laboratory investigations are undertaken to rule out other bacterial infections rather than to confirm viral fever. Blood tests will not show any increase in the white blood cells, which typically occurs with bacterial infections. The numbers of lymphocytes may be increased. The Erythrocyte Sedimentation Rate (ESR) is not elevated. Confirmation is by culture of virus from the relevant specimens such as nasal swabs, and skin rash or by increase in antibody levels in serial blood samples.

Treatment and Prognosis

Treatment of viral fever is purely symptomatic with antipyretic and analgesic drugs. Bed rest and adequate fluid intake is advised. Nasal decongestants may be beneficial. Specific antiviral therapy is not routinely recommended. Steroids are not advised as it may lead to bacterial super-infection. Only in cases of super-infection do antibiotics need to be prescribed. It is important that antibiotics are not routinely used for treatment.

Complications of viral infections like pneumonia (viral or super-infection by bacteria) need to be addressed specifically by clearance of respiratory secretions and utilising ventilator assistance if hypoxia is severe. Symptoms of gastroenteritis should be managed with anti-motility agents. Most viral fevers recover completely in a week although fatigue may persist for a few weeks.

Prevention

Viral fevers are difficult to prevent. They occur as epidemics of infection depending on their mode of spread. Vaccines have been tried targeting the respiratory and gastrointestinal viruses with little success due to several sub-groups of viruses with different forms of antigenicity, all of which cannot be covered with a single vaccine. Fortunately since most infections are mild and self-limited, we can be assured of a full recovery.

Source - www.webhealthcentre.com

Donate blood, save life



TAREQ SALAHUDDIN

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 'Donate blood, save life' is old pronounced. But one can feel this very significant when someone's near and dear one is in acute crisis of blood under different circumstance. In our country there is acute crisis of blood. But people are not conscious about donating blood. There are so many queries, beliefs, myths and reasons that drive to keep them away from blood donation. Although leading organisation like Sandhani and other organisations like Red Crescent, Badhon etc are carrying out commendable work on blood collection, distribution and advocacy on blood donation the total amount of blood required still remains a far cry. Here we are focusing on the scopes and different aspects of blood donation.

Donate blood: It doesn't make you a loser!

Some people think that blood donation is a serious loss from their bodies that cannot be recovered or it may cause serious health hazard. But this concept is completely wrong. It is for the reason that most people even educated persons do not have clear conception on the process of blood formation and its fate correctly.

The fact is red blood cells are produced in our body from the bone marrow and it has a life span of 120 days after which it is regenerated. After 120 days it is broken down by our reticuloendothelial system (liver, spleen and some other organs are involved in the breaking process) and they are removed from our body through kidney. The formation and break down are continuous processes. An adult person can easily donate one bag of blood (about 350 ml) every four months. It doesn't cause any harm to him.

Why should we donate blood?

Every day millions of people require blood transfusions. Most transfusions save lives, but they can also put a patient at risk if blood is contaminated by any infectious disease.

Blood is used to replace blood loss during accidents, delivery, different surgical processes. Some components in blood are also separated and used to replace specific component deficiency in various diseases. So safe blood is a very important factor during infusion. If infected blood is infused the recipient may suffer serious complications.

Eligibility for blood donation

A person can donate blood if she/he is:

- ∑ Aged between 18 - 60
- ∑ Body weight not below 45 kg
- ∑ Not suffering from Anemia, Hepatitis, Jaundice, Tuberculosis, Bleeding disorder, Cardiac diseases, Epilepsy, AIDS and other sexually transmitted diseases like Syphilis, Gonorrhoea, Rheumatic fever, Asthma, Drug abused etc.
- ∑ Women are not eligible to donate blood during menstruation, pregnancy and lactation.

Benefit of blood donation

- ∑ If you donate blood for someone there are surely some benefits. When blood is taken by an organisation like Sandhani, Red Crescent it must be screened for HbsAg (for Hepatitis) and VDRL (for some sexually transmitted diseases). So you can get your free medical check-up by donating blood.
- ∑ There is another benefit. When you donate blood to a Sandhani unit you will get a donor's card. You will get another bag of blood free next time by showing the donor card. If you donate blood for the first time and don't know your blood group, Sandhani will do it free of charge.

Where to get blood during emergency

There are 14 units of Sandhani all over the country. They are located at 13 public medical colleges and Dhaka Dental College. From every Sandhani blood centre unit one can get blood from emergency. Besides Sandhani has 26 donor clubs all over the country. Red Crescent also has its own contribution in blood donation and distribution during emergency. The Red Crescent has several units also for collection and distribution.

Sandhani's activities

President of Sandhani Central Committee Md Moktadir Hossain Mridha told Starhealth desk about the work of Sandhani. During the brief interview he expressed that as the pioneer volunteer blood donation organization Sandhani is one of a few organisations that works on the advocacy on voluntary blood donation. The total demand of blood is around three hundred thousand bags per year. But voluntary blood donation can collect around one hundred thousand bags. The rest of the demand is met by party donation and professional sources which are highly risky.

Hossain said that Sandhani has taken "Safe Blood Transfusion Project" which aims to meet the total demand of blood within the next five years. He says, 'The total demand for blood is very small. The demand may be fulfilled easily if people is conscious enough and so we have focused on regular advocacy programmes.'



Md Moktadir Hossain Mridha - President of Sandhani Central Committee.

Glow of hope for the physically handicapped

DR M ARIF MURSHED KHAN

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 Salma, an HSC student from a northern district town, was just overwhelmed with joy as she heard her father calling her 'ma' after long two and a half years. Notwithstanding the room was overcrowded and quite noisy, Salma simply failed to check her silent outburst of passion. Tears of joy kept streaming down her light-brown cheeks.

Abdul Malek, father of Salma, underwent Laryngectomy operation in Dhaka Medical College Hospital two and a half years back, in which his voice box was removed to fight throat cancer (cancer of larynx). Since his operation, he literally lost his speech. And now, after attending oesophageal vocalisation course for two weeks, he learned the 'alternative natural way' of speaking through oesophageal speech by applying some special techniques.

A two-week long 'Oesophageal vocalization' course was held recently in Dhaka Medical College Hospital organised by 'The Laryngectomee Club of Bangladesh' (LCB) in association with

'Asian Federation of Laryngectomee Associations' (AFLA) and the department of ENT and Head-Neck Surgery, Dhaka Medical College Hospital.

Why oesophageal speech?

For natural speech, we usually inhale air through the mouth or nose and draw it into the lungs, producing sound when exhaling the air by vibrating the vocal cords in the larynx (voice box).

But, for an unfortunate patient suffering from laryngeal cancer (cancer of the voice-generating organ), consulting a doctor at a late stage, needs to undergo big surgical procedure, called 'total laryngectomy', which means complete removal of the voice-box. Hence, patient loses his ability to speak with tragic consequences on the quality of life.

However, for the laryngectomees, to regain their speech, different methods are developed (by using mechanical devices), for example, artificial larynx, electrolarynx, shunt speech and oesophageal speech.

Each of these techniques has got its own advantages and disadvantages. Comparative studies

show that oesophageal speech is the best choice for most people undergoing laryngectomy to learn and produce voices, unaided and by an 'alternative' but 'natural' way.

Oesophageal speech how it works?

We all have experienced belching (both laryngectomees & non-laryngectomees!) many times in our life. When we take some aerated or carbonated drink, beverage or soda, we start belching (burping).

Oesophageal speech is produced only by producing artificial burp or belch. Hence, the laryngectomised patients are reassured that if they have ever burped, they would surely obtain a new voice through oesophageal speech, only by untiring effort and strong will to learn the method. The technique is to be mastered over a period of ceaseless strive, not expected to excel overnight!

Following removal of larynx (laryngectomy), inhaling air and then opening the mouth to speak produces no sound because the lungs are no longer connected to the nose or mouth! In oesophageal speech, air must be swal-

lowed, injected or inhaled and held in the oesophagus (gullet) and then expelled reverse through the oesophageal entrance in the form of a burp or belch. Thus sound is produced and it is 'natural' too! The first thing laryngectomised patients learn is to trap air in the oesophagus, which is quite difficult at the beginning.

Benefits of oesophageal speech

= Oesophageal speech is its own reward, acquired through patient's own effort. It is human speech, the same as he had before surgery.

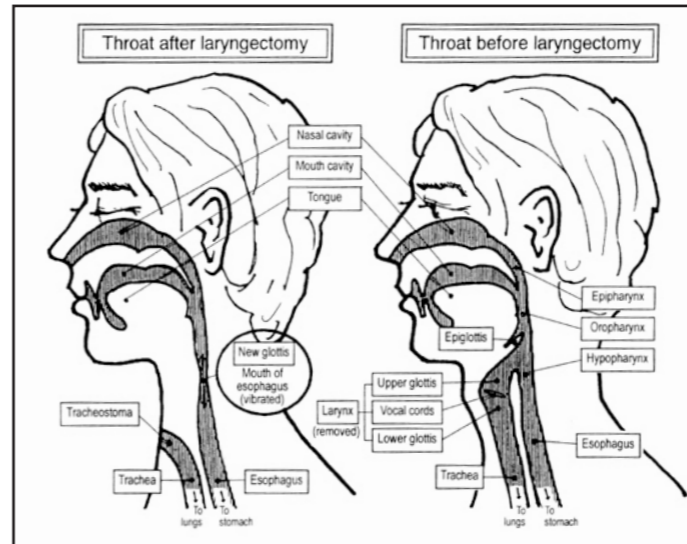
= It is ultimately natural, as patient looks exactly the same when speaking as before operation.

= Stresses in conversation, for example, expression of emotion, joy, sorrow can be provided.

= Patient can have both hands free while speaking, unlike other three methods, which require use of one hand.

= No need to depend on mechanical devices, which are costly as well!

= With progress in inhaling, regaining sense of smell is really pleasing.



Laryngectomee Club of Bangladesh (LCB) was established a decade back comprising a group of laryngectomised patients who were had gathered to get in unison by some eminent ENT and head-neck surgeons of Bangladesh. Doctors are also engaged in the club as patrons and advisers. LCB is a voluntary non-profit, non-political organisation. The main objectives of LCB are as follows:

- = To promote the concept of 'self help and mutual help' among the laryngectomees.
- = To encourage to learn vocalisation again.
- = To build confidence for reintegration into the society.
- = To reduce apprehension and provide psychological support to the cancer larynx patients who undergoes laryngectomy surgery.
- = To promote public understanding of and assistance for

laryngectomees.
 = Above all, to improve the quality of life and thereby ensuring that they don't become a burden to the family, society and the country.

This year LCB arranged 'Oesophageal Speech Course' for the laryngectomees of Bangladesh, in association with Asian Federation of Laryngectomees' Association (AFLA). AFLA has its member clubs in 13 countries in Asia including Bangladesh.

Professor Abdullah A Haroon, patron of LCB and a ENT and head-neck surgeon of Bangladesh said, "The most striking feature of 'oesophageal speech' is that the patient himself after learning the skill with perfection, becomes an instructor and is capable of teaching others."

"You see," he continued, "The table is completely turned around! It's not the doctor teaching the patient, rather a patient, after mastering the artistry, teach others!"

Dr M A Quadir, Associate Prof and chief of the ENT department DMCHsaid, "Nevertheless theoretically 'oesophageal speech' is a simple method, but mastering the recovery of lost voice is a matter of firm determination and strong will to learn by continuous

attention. If you are an earnest pupil, you will be able to make a meaningful conversation in a few days or weeks, and for speaking fairly fluently, you need to practice ceaselessly for three months. But it may take a year or so for your voice to come to sound natural."

The President of LCB, M Raisuddin, also a laryngectomised said, "The upsurge in the number of participants this year implies growing curiosity, awareness and popularity about oesophageal speech among throat cancer patients."

"Throat cancer (Ca-larynx) has different curative treatment modalities (e.g. surgery, radiotherapy, chemotherapy etc) depending on the nature and extent of the tumour and age of the patient."

But, those who are categorised for surgery as the key option, if refuse to do so, only concede sheer death. Even few years' back, we had difficulties in convincing our larynx cancer patients to say 'yes' to surgery.

The writer acknowledges the contribution of all the doctors working at the ENT & Head-Neck Surgery Dept, Dhaka Medical College Hospital.

Popular drug - Phensidyl widely abused

STAR HEALTH DESK

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 Substance abuse is a global phenomenon. It is one of the major problems in our country today. Although no systematic assessment has been undertaken so far to establish the prevalence and patterns of substance abuse in Bangladesh, reports from different government and non-government drug de-addiction and treatment centers, reports from various journals and studies and reports of increased

drug related crimes indicate that substance abuse in Bangladesh is rising very fast.

Young generation, especially the students are most vulnerable to this deadly problem. A few studies have been conducted in our country on substance abuse, but all of them showed the frequency of substance abuse of different community people like schools and specific areas having disease prevalence.

This survey has been carried out to determine the prevalence and patterns of substance abuse

among residential students of higher educational institutions in Dhaka City. A total of 465 students were interviewed in this study, out of them 336 were male and 130 were female students.

In the study, besides regular abuse of substances, it also considered a large population of those who abused any substance.

Majority of the respondents i.e. 78.9 per cent are in the age group of 20-23 years and there are relatively more male students in the study population. The number

of male respondents in the study is higher i.e., 72.04 per cent. Overall prevalence of all type of substance abuse is 419 / 1000 and the sex specific prevalence of substance abuse among male is 552 / 1000 and among female is 76.92 / 1000. Female is found less in substances abuse.

In this study students aged between 20 - 23 are found to be more involved in substance abuse.

The study reveals that tobacco smoking is found to be the most commonly used substance

(male = 55.22% and female = 7.69%).

After tobacco the most commonly abused drug is alcohol (male = 13.73% and female = 3.07%)... Other common drugs are cannabis, sleeping pills and phensidyl (male = 7.46%) tranquilizers and hypnotic are available over the counter and students frequently use them as sleeping pills (male = 10.44% and female = 5.38%). In this study 11.04% of the male and 1.53% female are found to abuse cannabis or charas or bhong.

Phensidyl, a banned cough syrup largely smuggled in from neighbouring country, has emerged in recent years as most prominent substance of abuse. In this study 7.46% male and 1.79% females are found to abuse phensidyl.

Prevalence of heroin abuse has dropped, only 29% ever abused heroin, the study showed.

Curiosity is also found to be common motive among the abusers i.e., 22.05 per cent. 15.39% of the abusers first abuse substances being influenced by peer group. Learning from seniors by seeing and being offered by them is also common in dormitories. 5.13% of the abusers in this study first experienced substance abuse by the seniors.

Though there are laws to prevent substance abuse e.g., Narcotic Control Act, 1990, it is not sufficient to reduce the magnitude of the problem, experts

expressed this view.
 The study was recently carried out by LIFE- a non-profitable private institution for public policy advocacy and sponsored by Essential National Health Research, Bangladesh (ENHR, B) and BRAC Center, Mohakhali, Dhaka.

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