

Stop smoking

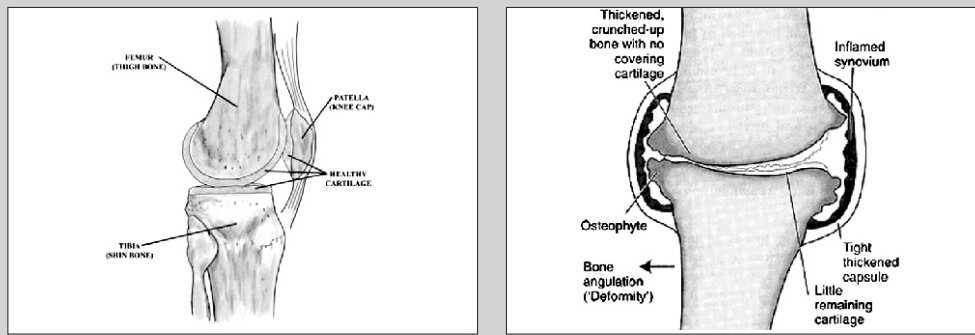


Kicking the smoking habit can be very hard but it is not impossible and it is the best thing you can do for your health - ever! Smokers live shorter lives than non-smokers do and in addition, smoking is a risk factor for heart and cancer problems. The good news is that these risks reduce after quitting. So it is never too late to start on the road to health.

It is never too late to quit... but the earlier the better for your health and well being.

Private hospital introduces

New surgical technologies



Last week surgeons at a private hospital have successfully completed an operation of knee joint, which they claimed a milestone.

Such operation was carried out for the first time at private sector in our country, the management of the hospital claimed.

An expert team under the guidance of orthopedic surgeon Dr M Ali completed the almost three hours

operation last Wednesday. People who usually fail to move their lower limb due to friction between the two bones in the knee colliding on each other during movement and suffer extreme pains can replace the eroded bones with the help of such technology recently developed in the West.

Such operation greatly benefit patients. They can freely move, walk and carry on

their usual work. The operation was done at The Ibn Sina hospital and the management of the hospital informed that the operation would cost an estimated 3 lakh taka in India, between 6 and 7 lakh taka in Singapore and 10 lakh taka in Saudi Arabia.

It cost Amanatullah Baig, 62, from Laxmipur about taka one lakh thirty five thousand to have the surgery done at the hospital.

Take plenty of fibre to avoid anal fissure

Dr A K M Fazlul Haque, Colon & Rectal Surgeon of Dhaka Medical College Hospital discusses some common problems on anal and fissure pains and their complications. Readers are invited to ask questions which would be sent (only selected ones) to Dr Haque for comments.



Dr A K M Fazlul Haque

Lot of people suffer from pain in anal canal. It is a distressing and annoying symptoms. Fissure means an ulcer or a crack in anal canal. Anus means the passage through which we pass motion and wind. Anal fissure are of two types-Acute and chronic. Acute anal fissure causes severe pain during passing motion. In chronic anal fissure intensity of pain varies. It can occur at any age, I have seen patient as young as 40 days old with the symptoms. Young adults and adults suffer more. It affects both sexes equally.

Causes and how it happens: It occurs usually due to constipation and application of force to pass motion. It is thought that hard motion tears the anal canal. It occurs less in those who take food containing sufficient amount of fibre. Among fibre containing food are vegetables, raw fruits, isphagula husk etc. It has no relation with consumption of tea, coffee or wine. Frequent

passage of motion and diarrhoea increase the likelihood of being attacked with fissure. During the attack it is hard to examine the inside of anus. Scientists have measured the pressure of anal canal and found that the pressure of anal canal does not rise during this period.

Symptoms: Main symptom of anal fissure is pain and bleeding. This kind of pain usually happens after passing motion and it may continue for few minutes to many hours.

'Proctalgia Fugax' is a disease in which there is pain in anus but it does not have any relation with passing of motion. Patients with thrombosed piles also complain of pain in anus. In this condition they complain of a lump in anus.

In anal fissure bleeding is usually minimal but I have seen patients complaining of profuse bleeding. People with chronic (long standing) anal fissure complain of a different kind of symptom. They complain of lump, discharge of pus, itching or a protruding skin tag in anus. In this condition there may or may not be any bleeding. Pain is usually minimum or often there is no pain at all except white passing hard motion.

Patients with anal fissure sometimes complains of urinary trouble and female patients occasionally feel pain during sexual intercourse. Though

patients realise that this problem had perhaps arise from constipation they don't respond to natures call due to fear of pain. This aggravates the constipation further. There are patients who pass motion on such condition once in seven to ten days.

Acute anal fissure: In this stage there is severe pain and variable bleeding. Anus looks very much contracted. It is not possible to see the fissure inside because of severe pain. It's very hard to introduce any instrument inside.

Chronic anal fissure: Chronic fissure is that when it is limited within a circumscribed margin. In this stage there is a tag of skin which hangs down. Inside the anus also there is a tumour like piece of meat called hypertrophied anal papilla. Many doctors confuse it with a tumour. In this situation interior of the anus and rectum should be tested to clearly identify any tumour or inflammatory cause. This fissure can sometimes get infected and cause abscess which ultimately leads to fistula formation and discharge of pus.

Prevention: One should take care of his bowel so that constipation does not occur and during defecation one should not apply much force. We should give up the habit of going to the toilet frequently. If there is diarrhoea it should be treated immediately.

Treatment: **Conservative treatment:** If

treatment is started soon after the problem starts there is a great chance that the patient will be cured without operation. We prescribe different kind of medicine to make stool softer, fibre containing diet to increase the volume of stool and some pain killer is used. Sitz bath (Hip bath) is very much helpful. This is done by immersing the hip into a half filled bowl of warm water containing salt. If this does not cure the condition and if the disease continue for long time then there is less likelihood that the problem will be over without operation.

Surgical Treatment - Dilatation of anal canal: Now a days this operation is not done because of its poor result.

Internal sphincterotomy In this operation internal sphincter is divided. No need for full anaesthesia. We usually employ spinal anaesthesia in which half of the body below the

umbilicus is made senseless. Total two days hospital stay is necessary. The patient can lead normal life after 3-7 days. The success rate of this operation is 95-99 per cent.

Comments: In my view perhaps this is the commonest anal canal problem in our country. If the patient reports early conservative treatment is satisfactory. In chronic cases operative treatment is usually required, result of operation is fairly good. So far I have never had any complications in doing such surgeries.

In last seven years I have seen fifteen thousand patients all having problem in anal canal of these 32% was anal fissure, 18% piles, 15% fistula, 2.6% cancer, 3.3% rectal polyp etc. After operation 96 per cent of the patients were cured successfully.

Cleft lip camp

A group of doctors of Dhaka Medical College Hospital is organising its 33rd cleft lip camp at Sonargazi upazila at thana health complex today Sunday. So far more than 400 children have been benefited from the free surgeries of the camp. Their last camp was organised at Gangni, Meherpur on 8/9/03. Twenty five patients already have been enlisted for their operation. Dr S L Sen, Dr Abdur Rahman, Dr Imran Mahmud, Dr Ratna and dr Shima will participate in the camp. Humanity Without Border, an organisation of expatriate Bangladeshis in New York is sponsoring the camp.

Betel-quinid and areca-nut carcinogenic to humans

Betel-quinid and areca-nut chewing - a traditional habit widely practiced in many parts of Asia - is also popular among immigrants resident in the United Kingdom, other parts of Europe, North America and Australia.

An international working group of scientific experts convened by the Monographs Programme of the International Agency for Research on Cancer (IARC), part of the World Health Organization, has reviewed the published studies related to cancer and chewing betel quinid and areca nut. A previous evaluation in 1985 had found that chewing betel quinid with tobacco is carcinogenic to humans. The new evaluation goes further to conclude that chewing betel quinid without tobacco is also carcinogenic to humans.

The working group also concluded that the areca nut, a common component of many different chewing habits, is carcinogenic to humans.

A widespread habit Betel quinid generally consists of betel leaf (from the Piper betle vine), areca nut (from the Areca catechu tree), and slaked lime (predominantly calcium hydroxide), to which tobacco is often added. Other ingredients and flavouring agents can be included according to local preferences and practices.

Betel-quinid and areca-nut chewing are widely practiced in many parts of Asia and in Asian-migrant communities elsewhere in the world, with hundreds of millions of users worldwide.

Betel quinid is chewed for many reasons, including for its stimulant effects, to satisfy hunger, to sweeten the breath, and as a social and cultural practice. Traditional as well as commercially packaged products are now freely available in 'pan shops' in many cities outside Asia. The

United Kingdom is the number one importing country outside of Asia, with imports having doubled since the early 80's.

A cancer causing habit The expert working group has determined that betel quinid with tobacco causes oral cancer, cancer of the pharynx, and cancer of the oesophagus in humans. Betel quinid without tobacco is now known to cause oral cancer in humans. Areca nut, a common component of all betel quinid preparations, has been observed to cause oral submucous fibrosis (a pre-cancerous condition that can progress to malignant oral cancer), leading to the determination that areca nut itself is carcinogenic to humans.

Studies among Asian migrant communities have demonstrated a significantly higher risk for oral cancer compared with natives of countries where they have settled.

The new evaluation of betel quinid without tobacco was made possible by recent epidemiologic studies from parts of the world where tobacco generally is not added to the betel quinid. In addition, recent epidemiologic studies in South Asia have been able to separate the effects of betel quinid use with and without tobacco.

Oral cancers are more common in parts of the world where betel quinid is chewed. Of the 390,000 oral and oropharyngeal cancers estimated to occur annually in the world, 228,000 (58%) occur in South and South-East Asia. In some parts of India, oral cancer is the most common cancer.

Striking evidence has emerged from Taiwan, China, where the incidence of oral cancer in men has tripled since the early 1980s, coinciding with a steep rise since the early 1970s and predominantly among men, in the practice

of chewing betel quinid. Tobacco generally is not added to the betel quinid in that region.

A new cause for concern In recent years, a variety of mass-produced, pre-packaged areca-nut products have become available in many countries around the world. Aggressive advertising, targeted at the middle class and at children, has enhanced the sales and use of these products. In some parts of India, almost one out of three children and teenagers regularly or occasionally chew these products. Some have viewed such products without tobacco (for example, pan masala) as a safe alternative to betel quinid with tobacco.

The evidence shows that these products have led to oral disease, even among children, and that use of these products cannot be considered safe. Several states in India have begun to regulate these products, and reductions in oral disease and oral cancer can be expected to follow from reductions in their use.

The IARC monographs

The IARC Monographs Programme publishes authoritative, independent evaluations of carcinogenic risks to humans caused by a variety of agents, mixtures and exposures. Each evaluation is the product of deliberations by an international working group of scientific experts. Since its inception in 1971, the series has evaluated nearly 900 agents, and the IARC Monographs have become known for their thoroughness, accuracy, and integrity. For general information on the Monographs Programme visit our website at <http://monographs.iarc.fr>

New health challenges



Urgent WHO initiative to keep three million children living with HIV alive

Dr LEE Jong-Wook, new Director-General of the World Health Organization (WHO), will announce a groundbreaking initiative aimed at providing antiretroviral (ARV) treatment to the millions of people in developing countries who urgently need it.

ARV treatment has changed the fate of hundreds of thousands of people living with HIV in the industrialised world. It is now time to provide these life-saving medicines to the millions of people in the developing world who need them, and turn the possibility of universal HIV/AIDS treatment into a reality.

Of the estimated six million people in developing countries in immediate need of ARV treatment, just five in every one hundred currently have access to the medicines that keep them alive. WHO will work to ensure that three million people living with HIV/AIDS in developing countries have access to ARV medicines by the end of 2005.

source: www.who.int

Children suffer most from the effects of ozone depletion

"Save Our Sky: There is a Hole Lot More to Do for Our Children"

Every year, there are between two and three million new cases of non-malignant melanomas and more than 130 000 new melanoma skin cancer cases worldwide. An estimated 66 000 deaths occur annually from melanoma and other skin cancers globally, warned a WHO release last week.

The cause of many of these skin cancers is ultraviolet radiation (UV) from the sun. Children, who are both most vulnerable and most exposed, are disproportionately affected.

In response to the problem, the World Health Organization (WHO), the United Nations Environment Programme (UNEP) and other partners in the *Intersun Project* are launching a set of new educational materials from September 16.

"As ozone depletion becomes more marked and as people around the world engage more in sun-seeking behaviour, the risk of developing health complications from over-exposure to UV radiation is becoming a substantial public health concern," said WHO Director General Dr Lee Jong-wook at WHO's Geneva, Switzerland Headquarters.

"Recent scientific findings have shown that the ozone layer is on the road to recovery, but we must remain vigilant and more needs to be done before we can say that the problem is solved for good," said Klaus Toepfer, UNEP's Executive Director.

"The phase-out of the ozone depleting pesticide Methyl Bromide, combating the illegal trade in CFCs and full implementation of the Montreal Protocol in developing countries are all issues that need to be tackled. Only then can we say that the sky above our heads will be safe for

our children and their children to come."

"UV radiation is of particular concern because people are often unaware of the health risks. The effects of exposure often do not appear until many years later and over-exposure to the sun poses a risk to all populations, not just fair-skinned ones," said Dr Mike Repacholi, Coordinator of WHO's Radiation and Environmental Health Unit.

To help people around the world become more aware of the risks from exposure to UV radiation, and to take the measures to prevent over-exposure, WHO's *Intersun Project* is today launching a School Sun Protection Package. The Package comprises three booklets: a guide for schools and teachers on why and how to develop effective sun education programmes, practical teaching materials for primary school students, and evaluation materials to assess the effectiveness of primary school sun-education programmes.

"We know that by reducing over-exposure of children and adolescents to the sun, we can substantially reduce the risk of contracting skin cancers, cataracts and other conditions which might only appear much later in life. As a significant part of a person's lifetime exposure to UV comes before the age of 18, it is obvious that educating children and young people about the dangers of UV exposure is key to preventing the consequences of this, and school programmes have been shown to be the most effective way of reaching and educating children," said Dr Lee.

"While most of the known melanomas included in the International Agency for Research on Cancer (IARC) statistics occur in the industrial-

ized world, this is not necessarily because only fair-skinned populations are affected by UV radiation.

Given adequate reporting mechanisms, we would expect to see many more melanoma cases originating in developing countries. Moreover cataract susceptibility has nothing to do with the skin type and people living close to the equator are most likely to be affected," added Dr Repacholi.

Cataracts are responsible for more than eight million Disability-Adjusted Life Years worldwide; a comparative risk assessment to estimate the burden of disease attributable to UV radiation is currently under way to try and estimate how many of these cataracts are attributable to sun exposure.

Intersun is a joint project sponsored by WHO, the United Nations Environment Programme (UNEP), the World Meteorological Organization and the International Commission for Non-ionizing Radiation Protection (see web site: <http://www.who.int/uv/>). The School Sun Protection Package documents and further information on INTERSUN are available at <http://www.who.int/uv/>

The new educational materials are being launched on the occasion of the International Day for the Preservation of the Ozone Layer, which has as its theme this year: "Save Our Sky: There is a Hole Lot More to Do for Our Children". More information about this year's Ozone Day is available from the Ozone Secretariat at http://www.unep.org/ozonel/ozonel_day2003/ and from UNEP's OzoneAction team in Paris at <http://www.unep.org/ozonaction/> which also includes additional resources for raising awareness among children.