

Did you know?

About 50 per cent of newborn infants have a low birth weight (DGHS 1993-95). The percentage of children whose weight-for-age is below international standards ranges from 6 per cent to 8 per cent and that of height-for-age between 43 per cent and 48 per cent (1995). About 69 per cent of the population suffers from iodine deficiency disorders (IDDs) as estimated by the urinary excretion of iodine. Among the population, the total goitre rate is 47.1 per cent, of which 8.6 per cent have visible goitre. The presence of cretinism is 0.5 per cent (1993). The IDD control programme now targets hyperendemic areas with lipiodol injections as a short term measure and universal iodization of salt as the long term intervention.

Source: <http://w3.whosea.org>

National Fistula Centre set up at DMCH

STAR HEALTH DESK

As an estimated 2.40 lakh women of the country suffer from obstetric fistula annually, the government is going to set up National Fistula Centre at the Dhaka Medical College Hospital soon to address the complication and reduce high maternal morbidity and mortality rate.

State Minister for Health and Family Welfare Mizanur Rahman Sinha disclosed the government's plan while inaugurating a daylong orientation workshop on fistula at the conference room of the International Jute Study Group (formerly IJO) last Monday.

Professionals from the departments of Gynaecology and Obstetrics, Urology, Anaesthesia and Physiotherapy departments in the country's 13 Medical College Hospitals and officials from the ministry of health and family welfare attended the orientation workshop organised by Directorate General of Health Services to familiarise them with various objects, activities and guidelines of National Obstetric Fistula Programme. DG Health Services Prof. Dr. Md Mizanur

Rahman presided over the function.

The centre which is being set up at a cost of Tk 18 lakh assistance from UNPA will have facilities of separate operation theatre (OT) and a separate ward adjacent to OT and Client Data Recording System (CDRS). It also will have a separate rehabilitation centre for the patients coming from different parts of the country who will have to be accommodated for observation, recovery and rehabilitation at for about a month or as per the need.

The rehabilitation centre will accommodate 80 patients for rehabilitation and 20 patients in ward for pre- and post-operative management. The rehab centre will also have gynaecologist room, attending doctor's room, nurse's station, office and computer room and training and classroom.

About 90 per cent of births in Bangladesh take place at home with assistance from relatives and traditional birth attendants (TBA) who are not trained or cannot provide quality care during deliveries resulting in an increased morbidity and mortality

to mothers.

The fistula related problems in the country is high as most girls in the rural areas are married off in their teens.

Bangladesh Maternal Health Services and Maternal Mortality Services in 2001 estimated a range 320 to 400 death per 100,000 live births. Besides, it has also been estimated that one woman out of 15 suffers from chronic disabilities and die.

One of the major morbidity is obstetric fistula that causes when a woman needs a caesarian section cannot get one. In the struggle to pass through the birth canal, the fetus puts constant pressure -- sometimes for several days -- on the bladder and vaginal wall destroying the tissue and leaving a wound. In this situation baby almost die and agony of mother continues.

In addition to constant leakage of urine or faces from wound, she may suffer from frequent bladder infections and ulceration of the genital area from the constant wetness. Neurological damage to the lower limbs can make it difficult to walk, the function was informed.

It was told that the fistulas can

be repaired successfully in nearly 90 per cent cases through surgery but it needs specially trained surgeon and support staff, access to operation theatre and attentive post-operative care as well.

Addressing the program, the state minister said the government is committed to improving health status of women though national program and strategies as maternal mortality ratio in Bangladesh still remain the highest in the world despite significant decrease.

The most common complications at delivery is related to eclampsia (almost 50 per cent) followed by those related to prolonged/obstructed labour (24.3 per cent). "Many of the women having prolonged labour ends up with long-term illness like fistula," he said.

He said the government has a plan to develop to fistula centre as a 'Centre of Excellence' in the long run. It will not only help to manage different kinds of fistula but also for training of the service providers. "This will also contribute towards having quality services available in the broader context of maternal and reproductive health," he said.

Speaking at the function, UNFPA representative in Bangladesh MS Suneeta Mukherjee laid importance on the involvement of male in fistula programme as they play a key role in all the development activities of maternal health services, especially in the societies where male hold higher social status and decision making power and are positive supporter to the women who suffer from different types of fistula, occurring mostly during delivery period.

She also mentioned that fistula was common throughout the world. Over the last century, Europe and North America have essentially eradicated the condition through improved obstetric care. However, in many countries, particularly in Africa and parts of Asia unacceptably high number of women is affected. Because the industrialised world and many developing countries have been successful in their fight against fistula, we know that workable solution exists, even in resource poor countries like Bangladesh could be the center of excellence in South East Asia.

What is an obstetric fistula

An obstetric fistula is a hole that develops between a woman's vagina and her bladder or rectum, or both, usually as a result of trauma during childbirth. If a woman's baby will not fit through her birth canal because her pelvis is too small or the baby is too big or badly positioned, the labor is said to be obstructed.

The baby's head becomes wedged in the mother's pelvis, cutting off the blood supply to the soft tissues of her bladder, rectum and vagina. Where there is inadequate obstetric care, a woman may be in obstructed labor for three or four days without relief. The baby usually dies. If the mother survives, her injured pelvic tissue soon rots away, creating a fistula.

Fistulas may also result from ritual genital cutting, unsafe abortion attempts, pelvic fractures or other injury.

Early or closely spaced childbearing may have severe consequences for women. Many die in labor that is prolonged or obstructed, and the survivors may have permanent disabilities. One of the worst results is obstetric fistulas and the nerve damage known as "foot-drop." The physical, social and emotional consequences are devastating: constant leakage of urine or feces or both, infection, humiliation, and social ostracism.

Consequences of obstetric fistulas:

- λ Women with bladder (vesico-vaginal) fistulas have no control over their urine, and those with rectal (recto-vaginal) fistulas have no control over their bowel movements.
- λ The women suffer from discomfort and humiliation of constant wetness that leaves them with genital ulcerations, frequent infections and a terrible odor.
- λ Rupture or scarring of their uteruses may have left them infertile.
- λ Affected women are often blamed for their condition, which may be confused with venereal disease. They are shamed, ostracized, divorced, abandoned, isolated and left without support. Many women are forced to become beggars.
- λ Women who formerly prepared or sold food for a living usually can no longer do so, as they and their possessions are regarded as unclean. They may be excluded from religious practices and barred from public transportation.
- λ As most of these women's babies died from the obstructed labor, and many suffer infertility afterward, they may be further isolated in societies where childlessness is unacceptable and social support systems require kinship groups.

Drinking tea may lower bad cholesterol

Black tea consumption may lower bad cholesterol levels and could one day be used to help reduce the chance of heart disease for those at risk, U.S. researchers said on Tuesday.

Scientists with the U.S. Department of Agriculture (USDA) said they found consumers who drank black tea for three weeks experienced a decrease of between 7 percent and 11 percent in their low-density lipoprotein (LDL), or so-called bad cholesterol.

Exactly what caused the LDL cholesterol level to drop in those who consumed tea was unknown, but tests are being conducted to determine if the beverage slows the body's ability to absorb LDL



cholesterol, the scientists said.

There was no effect on the level of high-density lipoprotein, or the good type of cholesterol, according to the study of a small group of individuals.

"This may indicate that drinking tea regularly could have a beneficial effect if consumed regularly as part of a mixed diet for most people," said Joseph Judd, a chemist with the USDA, who led the study.

"We aren't talking about drinking tea over a lifetime, which we really can't study, but we have a short study and indications are very positive," he said.

The study was published in the October issue of the Journal of Nutrition.

Cholesterol is distributed in the body attached to proteins called lipoproteins. Studies suggest that high levels of HDL cholesterol reduce the risk of a heart attack, while high levels of LDL cholesterol increase the risk.

Possible health benefits are among several factors that have helped boost tea consumption in the last decade. Consumers also have been flooded with newer shapes, sizes and flavors that have made their way beyond traditional supermarkets and into drug and convenience stores.

Judd and his colleagues placed 15 participants on a six-week, double-blind study. About half received five cups of black tea per day for three weeks while the others were given colored water that tasted like tea. The two groups then switched what they were given to drink after three weeks.

LDL levels dropped by an average of 7.5 percent during the three weeks when the individuals consumed tea rather than the placebo blend, the researchers said.

Separately, scientists also tested another group to rule out the effect of caffeine. In that group, 12 of the original 15 individuals were given water, flavored like tea with caffeine levels similar to what is found in tea. Those who had regular tea saw their LDL levels drop about 11 percent compared with the caffeine placebo.

The study controlled the diets of the participants by supplying them with their daily meals.

"We had the same background diet for every subject throughout the whole study because these active ingredients (that lower cholesterol) occur in a lot of other foods" such as apples or onions, said Judd.

Scientists at the USDA's research division also are studying the bioactivity of tea compounds for use in treating a wide-range of diseases. Research is currently being conducted on the effect tea has on blood glucose levels, the body's metabolism and cancer.

Source: Reuters

Fatty diet not linked to stroke risk

Eating a diet high in fat does not seem to raise the odds of having a stroke, researchers said in the United States.

High blood pressure is the most important risk factor for stroke but unlike heart disease, a high fat disease does not have an impact on stroke. "In our study we did not find any association between dietary fat and stroke," said Dr Ka He of Northwestern University, Feinberg School of Medicine in Chicago.

Although further research is needed to confirm their findings, he and his colleagues said blood cholesterol is probably not an important predictor of stroke.

The scientists, who reported their findings in The British Medical Journal, stressed that eating a healthy well balanced diet is vital to prevent heart disease and other ailments.

Lowering blood pressure, regular exercise, not smoking, moderate alcohol intake and a normal weight are important for preventing stroke.

Their results are based on a study of 43,732

healthy middle-aged men who were studied for 14 years. More than 800 men suffered a stroke. The researchers looked at total fat intake, specific types of fat and cholesterol and the risk of stroke.

"There is no association between total fat, types of fat and stroke," said who conducted the study while at Harvard School of Public Health in Boston, added.

Stroke is caused by an interrupted flow to the brain or when a blood vessel bursts or leaks. About two-thirds of stroke patients are over 65 years old.

Signs of stroke include sudden numbness on one side of the body, confusion, difficulty speaking, dizziness and severe headache.

Source: Reuters

Bed-wetting: what parents should know

Every night so many children are turning off the lights, going to sleep, and wetting their beds.

The medical name for bed-wetting is **enuresis** - "the involuntary voiding of urine beyond the age of anticipated control" - and it is a common condition in children. It is also a very stressful one for parents and children alike. For the child wetting the bed, it is often a major embarrassment. For parents, there may be a mixture of annoyance and sometimes a little anger. They wonder if bed-wetting is done on purpose or because of laziness.

Who is affected?

Enuresis affects up to 40 per cent of 3-year-olds, 20 per cent of 5- to 6-year-olds, and only 1 per cent of adolescents and adults.

Most children with enuresis are physically and emotionally normal. While some may have small bladders, this should not keep them from achieving dryness.

Simple sleep-wetting in children younger than 6 is so common that it does not warrant a special treatment programme.

Enuresis often runs in families. About 85 per cent of children with enuresis have a relative with the enuresis, and around half of them have a parent or sibling with the condition.

Types of enuresis

Most children have "primary" enuresis, meaning that they have wet their beds since toddlerhood. Enuresis has nothing to do with how a child was taught to use the toilet. Parents should not feel guilty or think they did something wrong.

Some children have "secondary" enuresis, meaning they were dry for at least a few months and then became wet. Although some medical problems, such as urinary tract infections or diabetes, and some family stressors, such as divorce or school problems, may play a role in secondary enuresis, often no specific reason is identified.

Most children with enuresis have nocturnal (or nighttime) enuresis. They wet while asleep. Occasionally some children wet during the day while awake (diurnal enuresis). They may have an unstable bladder, which is associated with frequent urination and urinary tract infections. These children may also be seen by pediatric urologists and occasionally use medication for a few months to relax the bladder muscle.

Constipation is associated with enuresis, sometimes with underwear soiling (encopresis) in severe cases. Usually, simple dietary changes can cure mild

constipation, but in severe cases constipation may require aggressive treatment before the enuresis can be addressed.

Primary enuresis can also be associated with other disorders such as attention deficit hyperactivity disorder and sickle cell anemia.

Causes and treatments

No one knows exactly why children wet the bed. There may be many reasons. For example, most seem to be very deep sleepers. Whereas other children wake up when they sense that their bladders are full, these children may simply have difficulty arousing.

Some children are drier when sleeping at a friend's or relative's home, but always wet in their own bed. Perhaps when sleep-

do not stress these types of techniques. We want children to sleep through the night or awaken on their own. We do stress common sense with the amount of fluids at night, plus avoiding caffeine."

According to Dr. Hassink, enuresis almost always resolves on its own and is not the child's fault. "Success in enuresis treatment depends on a motivated child. Though they might not know 'how' to change their sleep behavior, dry nights can be achieved. We stress that almost no one wets the bed on purpose. After all, it is often embarrassing and uncomfortable. Punishments have no place in the treatment of sleep-wetting, and can make the problem worse. If there is to be success, family support and positive reinforcement

completely normal results. Many hospitals have established clinics to help treat the problem.

As children grow older, the percentage who have primary nocturnal enuresis usually decreases. A child who sleep-wets is likely to stop eventually. The purpose of a treatment program is to make this happen sooner. Success can come as early as 1 or 2 months after treatment has begun.

There are different approaches, both medical and behavioral, to bed-wetting. Dr. Hassink says, "Our approach stresses changes in behavior, not use of medications. Some programmes use the anti-diuretic hormone desmopressin that can be sprayed up the nostrils before bed. Most of our patients have already tried these medications unsuccessfully by the time they see us. The 1-year cure rate for the medications is not as good as you would hope. In fact, it is less than half of that of the behavioral methods. And medications often are expensive. On the other hand, your child's doctor may be comfortable with this approach initially. For some it does work."

Dr. Hassink encourages having the children take responsibility by helping with the wet sheets. This is not a punishment! Rather, children will often feel better by helping with the clean-up process. "We suggest that the children stop using pull-up pants for 1 to 2 months while they are on a programme, and do bladder stretching exercises once a day. We also have the kids read a picture book about enuresis each night to reinforce staying dry."

A buzzer alarm (either auditory or vibratory) is a big part of our program. One quarter of our patients have previously tried buzzer alarms without success. But when they use it in combination with other techniques, they do well. We also go over how the children can practice waking up with the buzzer with mom or dad there (before going to sleep). Finally, we stress that it takes weeks to months to respond to these techniques and that everyone must be patient. The most common mistake is to do a program for 1 to 2 weeks and then give up."

It is important for parents to be supportive of a child with enuresis and to remember that the long-term outlook is excellent. In almost all cases, dry days are just ahead.

Source: <http://kidshealth.org>



ing in a strange bed away from home, they do not sleep quite as deeply. This is especially frustrating for the child and parents. However, this is an excellent sign that the child should be able to be cured. These children may be consciously or subconsciously thinking about staying dry through the night when they are away from home. This kind of mental imagery can help.

"Most parents have tried waking their children up during the night to urinate (not an easy task), but often they are still wet in the morning, and everyone is exhausted," says Sandra Hassink, MD, a pediatrician who runs an enuresis clinic. "Most also try fluid restriction (sometimes to extremes), and their children still are wet the next morning and thirsty all night. We

ment are vital."

Most children with enuresis wet 7 nights per week, according to Dr. Hassink, and some wet multiple times per night. "Still, sign that the child should be able to be cured. These children may be consciously or subconsciously thinking about staying dry through the night when they are away from home. This kind of mental imagery can help.

Parents should discuss sleep-wetting with their child's doctor. A history, physical exam, and urinalysis screening are important first steps and usually show

Healthy habits

What should I eat to supply Vit. A in my diet?

Sources of Vit. A

- λ Milk is a good source, esp. if fortified with Vit. A.
- λ Cheese, cream, butter also provide Vit A
- λ Eggs, liver,
- λ Dark green leafy vegetables like spinach, kale, broccoli are excellent!
- λ Other good sources are carrots, squash, fruits like mango, papaya, cantaloupes
- λ Cod Liver Oil is the best source.

Vit. A Deficiency -

In the eye - Vit. A deficiency causes

conjunctival and corneal xerosis seen as whitish, foamy areas, called as 'Bitot's spots'.

Prolonged deficiency leads to softening called keratomalacia.

Such eyes are prone to infection and ulceration. Vit. A also leads to night blindness.

In the skin:

Vit. A deficiency is seen as dryness and hyperkeratosis.

Vit. A supplements are provided in most schools especially in areas, where deficiency is common.

Immunizations should be given to all babies. This is especially vital in tropical countries, where one of the causes of deficiency is chronic infections and diarrhea. Measles has been sited as the one cause of Vit. A deficiency.

For adults in general, Vit. A tablets should be taken only on doctor's advice. **High doses of Vit. A over long time can lead to toxicity.**

Adequate light while reading or doing close work. Proper posture!

Hold the material at a proper distance, so as not to strain the eyes. If you need to hold the book farther than before, if your arms appear to 'get shorter', you might be presbyopic!

Regular eye exams are important.

If you have to use eye drops, here is an ideal way to do so:

Use only one drop of medication at a time.

λ Close eyelid after instillation.

λ Close the lacrimal punctum, by pressure on inner side of the lid (not the eye). This prevents the drops from getting absorbed into the blood stream.

λ Keep a gap of at least 10 min between instillation of two different medicines.