Star health

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Did you know?

Over the last 30 years there has been a substantial improvement in the health status of the people. Life expectancy at birth has increased to 60.8 (1998), CDR has declined to 4.8 (1998), and TFR reduced from 6.34 (1975) to 3.3 (1999). The IMR is around 57 (1998). Despite these improvements, much still remains to be done. Mortality rates, especially infant and maternal mortality, continue to be unacceptably high. The quality of life of the general population is still very low. Low calorie intake continues to result in malnutrition, particularly in women and children. Diarrhoeal disease continues to be a major killer. Communicable and poverty-related diseases that are preventable still dominate the top ten causes of morbidity.

Source: http://w3.whosea.org/cntryhealth/bangladesh

Leprosy elimination in Bangladesh: A success story

Leprosy is a common problem in our country. But most of our population is not aware of its easy treatment regimen and what is important for them to know is - this is a fully curable disease at all stages.

Leprosy can affect anybody- poor or rich, young or old, those living in rural or urban areas.

λLeprosy is 100 percent curable at all stages.

λLeprosy is caused by a germ - a bacteria which is very similar to the bacteria that causes TB. It is not hereditary.

λLeprosy is mainly transmitted through the air - through droplets discharged from the respiratory tract (nose & mouth) of untreated infectious cases.

λLeprosy is now considered to be the least infectious disease, in terms of the chances of contracting the disease and is easily treatable and completely curable at all stages with the modern Multi-drug Treatment (MDT).

Early signs of the disease:

A pale or red skin patch with loss of sensations or presence of nodules or thickening of skin or thickening of peripheral nerves.

Leprosy is considered to be the least infectious disease because:

a) Over 99 percent of the population have immunity or resistance against leprosy and are therefore naturally protected.

b) Over 85 percent of the leprosy cases are non-infectious;

c) Even an infectious case is rendered non-infectious within a few days of modern multi-drug treatment (MDT).

Deformities in leprosy are preventable or surgically correctable. Ulcers and deformities are not a sign or source of leprosy infection-they do not discharge leprosy germs.

Multi-drug treatment (MDT):

MDT is a very effective treatment - a combination of two or three drugs and the regimen varies according to the type of leprosy:

Pauci-bacillary (PB) leprosy: This type is non-infectious and forms 80-85 percent of total leprosy.

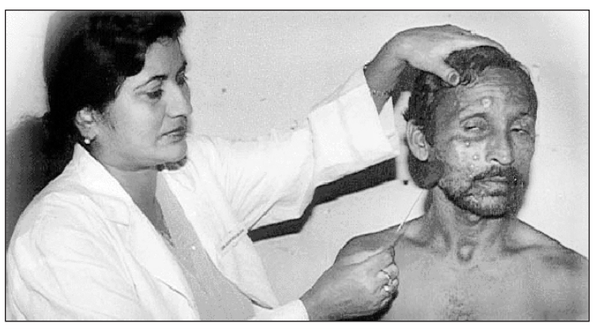
Multi-bacillary (MB) leprosy: About 25-30 percent of MB cases are infectious-the rest are non-infectious.

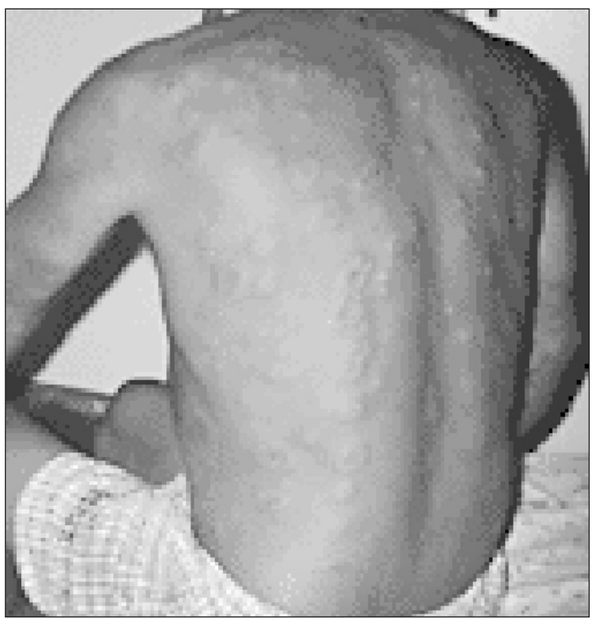
In Bangladesh less than 8 percent of the total cases are found to be infectious.

MDT is available free of costs all over Bangladesh in 625 treatment centres. This includes all the 460 Thana Health Complexes, all the District towns and metropolitan cities and NGO clinics.

National leprosy elimination programme, Bangladesh: A success story

In April 1999, a Press Brief issued from World Health Organisation (WHO) Headquarters in Geneva was significant for Bangladesh. The Press Brief released the list of thirteen countries which were *top endemic* for leprosy and Bangladesh was not in this list! In other words, Bangladesh had achieved the goal of Elimination of Leprosy as a Public Health Problem i.e. prevalence below 1/10,000 population, well ahead of the target date of 31 December 2000. The National Leprosy Elimination Programme has been one of the successful health programmes of Bangladesh and all those involved deserve appreciation.





Current status

In 1991, Bangladesh was estimated to have 136,000 cases, giving a prevalence of 13/10,000 population, only 15 percent of the country had access to Multi-drug Treatment (MDT) facilities and the treatment completion rate was about 50 percent.

Presently, Leprosy services are available countrywide, 100 percent of the registered cases receive MDT, the cure rate is well over 90 percent and the percentage of new cases with deformities has steadily declined. Based on the registered cases and cumulative MDT cured during the last 5 years, the estimated cases is now determined to be about 15,000.

The registered prevalence declined to < 1/10,000 at the end of 1998. Thus Bangladesh has achieved the leprosy elimination goal nationally well ahead of the target date of December 2000. However 13 of the 64 districts and two metros (Dhaka & Chittagong) are yet to achieve the elimination goal.

The ongoing and planned activities are fully geared, so that Bangladesh can achieve the leprosy elimination goal at the sub-national (District) level.

Bangladesh model

Bangladesh is a success story vis-a-vis Leprosy Elimination because of Five (5) factors:

1. Integration of Leprosy into the General Health Services.

2. Model Partnership with Leprosy NGOs.

3. Effective Collaboration with some key groups such as Bangladesh Scouts, Imams, General Medical Practitioners and the Media.

4. Successful Implementation of some Focussed Activities such as SAPEL and Leprosy Elimination Campaigns.

5. Emphasis on specificity of Diagnosis.

It is a good example of the strategy: Recognise, mobilise and utilise all available resources in the Country for achieving the Leprosy elimination goal.

The Government of Bangladesh, the Ministry of Health, the NGOs and all the health staff and workers involved in the leprosy elimination efforts deserve appreciation and thanks for their efforts and achievements.

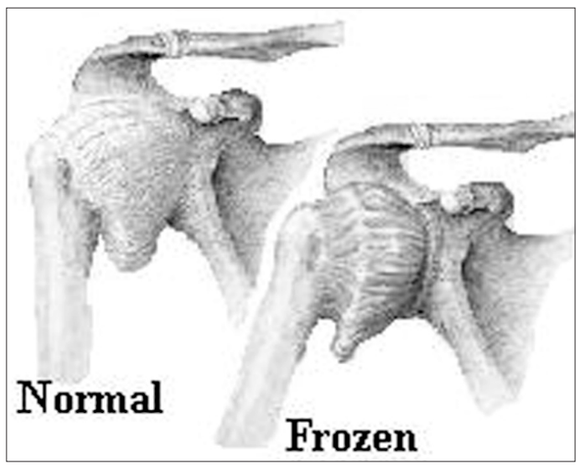
Source: http://www.whoban.org/lep/lap.htm

Frozen shoulder and its remedies

One can get rid of frozen shoulder by simple exercise.

Have you ever been working out at the gym, pushing a heavy weight and heard a popping sound in your shoulder. Or maybe just having a friendly game of tennis, when all of a sudden there is a sharp pain in your shoulder. Someone may experience frozen shoulder after making fast ball in a cricket match. Particularly frozen shoulder is a common phenomenon in case of cricket players especially in case of ballers.

These are all signs of the same thing; a shoulder injury. Whether you want to call it a frozen shoulder, a rotator cuff tear or tendinitis shoulder, it is really all the same. A tear or strain in the rotator cuff muscles and tendons.



The shoulder joint is a truly remarkable creation. It's quite a complex formation of bones, muscles and tendons and provides a great range of motion for your arm. The only downside to this extensive range of motion is a lack of stability, which can make the shoulder joint vulnerable to injury.

Many patients suffer from "frozen shoulder" which physicians refer to as adhesive capsulitis, or on occasion, bursitis or tendonitis. This is a rather unusual problem that occurs in the shoulder and results in stiffness, loss of motion and often substantial pain.

If you are having trouble lifting your arm above your head, reaching across your body or behind your back, you may have a problem with the range of motion in your shoulder. Limited motion is an early symptom of a frozen shoulder, which is a general term denoting all causes of motion loss in the shoulder.

Who is at risk?

λ Affects more women than men.

λ Usual onset begins between ages 40 and 65.

λ Affects approximately 10 percent to 20 percent of diabetics.

λ Other predisposing factors include: - A period of enforced immobility, resulting from trauma, overuse injuries or surgery. - Hyperthyroidism. - Cardiovascular disease - Clinical depression. - Parkinson's disease.

Causes of frozen shoulder

The cause of frozen shoulder is unknown, but it probably involves an underlying inflammatory process. The capsule surrounding the shoulder joint thickens and contracts. This leaves less space for the upper arm bone (humerus) to move around. Frozen shoulder can also develop after a prolonged immobilisation because of trauma or surgery to the joint. Usually only one shoulder is affected, although in about one-third of cases, motion may be limited in both arms.

Three stages of development

Frozen shoulder develops slowly, and in three stages.

λ**Stage one:** Pain increases with movement and is often worse at night. There is a progressive loss of motion with increasing pain. This stage lasts approximately 2 to 9 months.

λ**Stage two:** Pain begins to diminish, and moving the arm is more comfortable. However, the range of motion is now much more limited, as much as 50 percent less than in the other arm. This stage may last 4 to 12 months.

λ**Stage three:** The condition begins to resolve. Most patients experience a gradual restoration of motion over the next 12 to 42 months; surgery may be required to restore motion for some patients.

Diagnosis and treatment

Your physician will test the range of motion in your arm and may ask for an X-ray to rule out any underlying condition. Treatment is geared to relieving the discomfort and restoring motion and function to the shoulder.

Nonoperative treatment includes:

λMedications (such as aspirin or ibuprofen) to reduce the inflammation and relieve the pain.

λMuscle relaxers.

λA programme of physical therapy, often combined with home exercises and other therapies, to stretch and help restore motion and function.

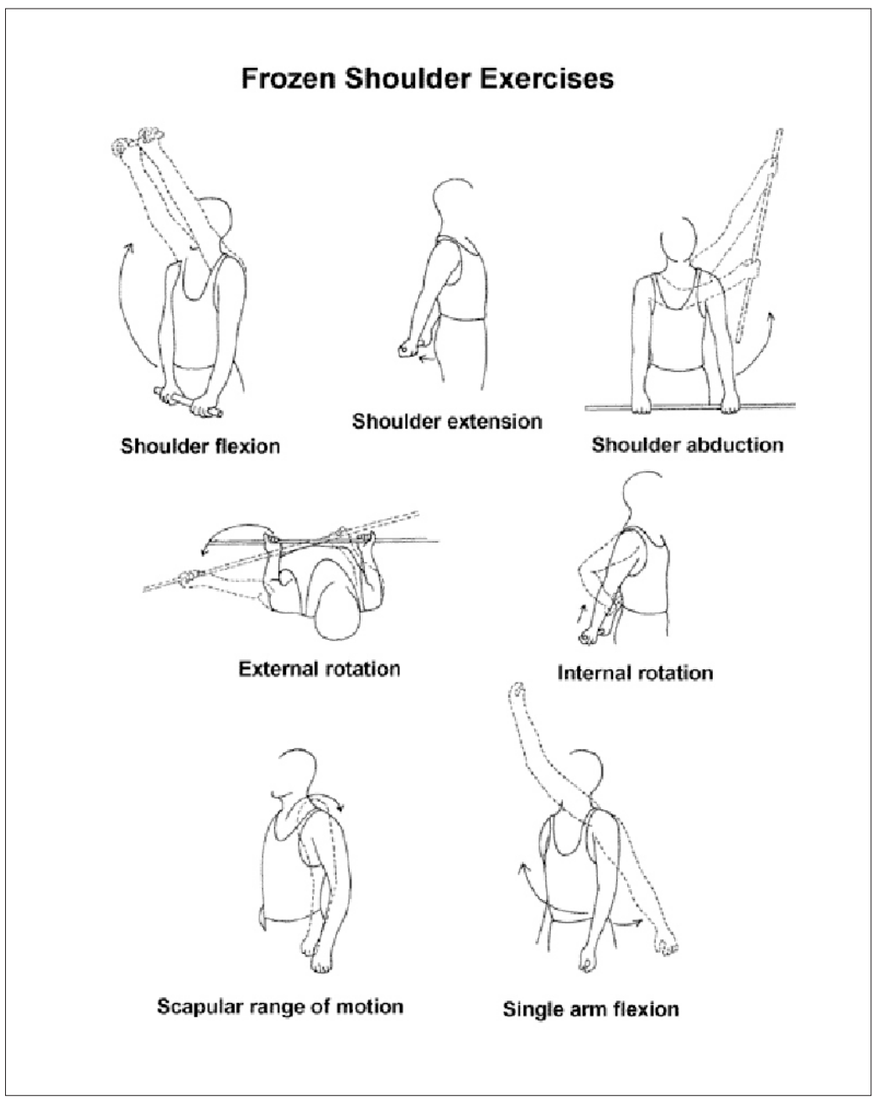
λHeat or ice therapies.

λCorticosteroid injections.

λStretching exercises done several times a day.

Surgery is an option, but only if there is no improvement after several months. Arthroscopic surgery can successfully release and repair the shoulder, but it must be followed by an exercise programme to maintain motion and restore function.

If you have a stiff shoulder, see your physician to make sure you do not have any internal injury before starting any exercise program. It is important that you follow your physician's instructions carefully, especially regarding an exercise programme. With your doctor's approval, you can do these simple exercises to help stretch and keep your shoulder mobile:



1. Overhead stretch: Lie on your back with your arms at your sides. Lift one arm straight up and over your head. Grab your elbow with your other arm and exert gentle pressure to stretch the arm as far as you can.

2. Cross-body reach: Stand and lift one arm straight out to the side. Keeping the arm at the same height, bring it to the front and across your body. As it passes the front of your body, grab the elbow with your other arm and exert gentle pressure to stretch the shoulder.

3. Towel stretch: Drape a towel over the opposite shoulder, and grab it with your hand behind your back. Gently pull the towel upward with your other hand. You should feel the stretch in your shoulder and upper arm.

Source: http://orthoinfo.aaos.org

Selective COX-2 inhibitor may protect osteoarthritic cartilage

The results of laboratory studies suggest that selective COX-2 inhibitor may also have a positive effect on cartilage in the joints of patients with condition of osteoarthritis, Belgian researchers report. This class of drugs--unlike most non-steroidal anti-inflammatory drugs (NSAIDs), such as aspirin and ibuprofen--may therefore actually improve osteoarthritis.

Senior investigator Dr. Daniel-Henri Manicourt told that the finding that it enhanced the rate of synthesis and reduced the loss of important cartilage components "might have important implications for the therapeutic approach to patients suffering from osteoarthritis."

Manicourt and colleagues at the Catholic University of Louvain note in the November issue of the Journal of Rheumatology that there is some evidence that certain moderately selective COX-2 inhibitors may inhibit the synthesis of cartilage proteoglycans.

Proteoglycans, along with hyaluronan, are required to provide cartilage with its elasticity and stiffness on compression. These entities are depleted in osteoarthritis and other conditions.

To assess the possible effects of selective COX-2 inhibitors the researchers exposed prepared osteoarthritic cartilage specimens to both diclofenac, a non-selective COX inhibitor.

Diclofenac did not affect the metabolic balance of hyaluronan and proteoglycans. However, in a "relatively dose-dependent" manner selective COX-2 inhibitor increased their synthesis. It also reduced the loss of these components from cartilage tissue.

Thus, "in contrast to several other nonsteroidal anti-inflammatory drugs," Manicourt said, "Selective COX-2 inhibitor might be beneficial to osteoarthritic joints by enhancing the cartilage content of both hyaluronan and proteoglycans."

Source: Journal of Rheumatology, November 2003.

Statin treatment may lower the risk of recurrent arrhythmia

In patients with atrial fibrillation who undergo successful cardioversion, treatment with statins, a class of commonly prescribed cholesterol-lowering drugs, reduces the risk of recurrence of arrhythmia, or irregular heart contractions.

Whether this is a direct antiarrhythmic effect remains to be seen, according to a study in the December 1st issue of the American Journal of Cardiology.

Dr. Chung-Wah Siu and colleagues at the University of Hong Kong conducted a study with 62 patients who underwent successful external cardioversion (electric shock to the heart), to treat atrial fibrillation that had persisted for at least three months.

Four of the patients had taken an average dose of 20 mg daily oral simvastatin, and 6 had taken an average dose of 10 mg of atorvastatin, for an average of 32 weeks before cardioversion, for the treatment of high cholesterol.

After two years, atrial fibrillation had recurred in 40 percent of the statin-treated patients and in 84 percent of those who did not receive statins. The authors noted after further analysis, the "use of statins was associated with a significant decrease in the risk of arrhythmia recurrence."

The benefits of treatment were evident within a few months and persisted during long-term follow-up. The data suggest that statin treatment affected, in part, functional changes in the heart, the researchers report.

While they add that the agents' mechanism of action is unclear, they speculate that "the beneficial effect of statin therapy in preventing atrial fibrillation may be mediated through its effects on the progression of coronary artery disease."

Statins may also have direct antiarrhythmic effects by modulating the fatty acid composition and the properties of cell membranes, resulting in alterations in the properties of the transmembrane ion channel, they noted.

Source: American Journal of Cardiology, December 2003

CMV therapy may improve schizophrenia symptoms

Supplementary treatment with the oral antiviral valacyclovir appears to reduce symptoms in patients with schizophrenia who also test positive for cytomegalovirus (CMV), a common viral infection that normally does not cause illness, researchers reported in the American Journal of Psychiatry.

"We think that this study, although preliminary, suggests that the replication of members of the human herpesvirus family might contribute to the generation of symptoms in some individuals with schizophrenia," senior investigator Dr. Robert H. Yolken said.

Yolken, of the Johns Hopkins School of Medicine, Baltimore, and colleagues came to these conclusions after studying 65 outpatients who had suffered from schizophrenia for an average of more than 22 years.

As well as their usual psychiatric medications, the subjects were given oral valacyclovir 1 gram twice daily over a period of 16 weeks.

In the 21 patients who tested positive for CMV, there was a significant improvement in overall psychiatric symptoms. This was most evident after 8 weeks of treatment.

The improvement was not associated with antibodies against other herpesviruses or to demographic and clinical variables, such as age and type of antipsychotic medication.

In light of these results, Yolken said, they are planning to follow-up this study with a larger trial "to better define the role of viral infections in schizophrenia.

Source: American Journal of Psychiatry, December 2003