

HIV/AIDS and violation of human rights

DR MORSHED CHOWDHURY

AIDS has emerged as one of the killer diseases of the world for last 20 years. In Bangladesh there are approximately 13000 HIV positive people which is an alarming situation. In addition there is least facilities available for mass screening and confirmation of HIV/AIDS. Weak reporting and recording system and self reporting is almost absent here.

HIV/AIDS and STI are considered as problems of individuals without any morals. So they become victim of social isolation and humiliation. This causes inferiority complex among patients and lives become burden to the family. The following case studies will show a glimpse of violation of human right.

Case study 1: Social problem and violation of human right
Abdur Rahman** 35 years was a sailor in a merchant ship. In 1996

and humiliation among people arise from lack of proper knowledge about HIV/AIDS, mode of transmission and some other factors. The situation is changing but till it exists in unacceptable level.

There were protests from human right groups as well. After some time no one knew where was Mr Abdur Rahman was living

and humiliation among people arise from lack of proper knowledge about HIV/AIDS, mode of transmission and some other factors. The situation is changing but till it exists in unacceptable level.

Reasons for stigma, fear, violation of human rights and brief current activities
There are very little organised large scale mass education programme for AIDS (like other infectious diseases).

The messages in mass media are incomplete and misinterpreting in some cases generating fear of having AIDS.

Stigma generated through conveying message that it is a disease of sex workers, drug users, truck drivers and homosexual men – ultimately increasing the stigma.

Young adults and adolescents are excluded from the focus.

We must realise the reality that premarital, extramarital and homosexual sex behavior is not very rare. The issue needs to be addressed directly although culturally it is not acceptable.

There is visible isolation for the treatment of an identified people living with HIV/AIDS in hospitals and clinics. In addition, our government does not have clear policy for the treatment of people living with HIV/AIDS admitted in a hospital like any other disease regarding quality care, confidentiality and human rights.

Safe blood transfusion has not yet ensured in thana hospitals.

We will face a real national crisis if the situation appears in an epidemic.

For the prevention, it needs a nation wide awareness campaign and safe blood transfusion up to thana level.

... NOT A REAL NAME
The writer is an Ex Director of Gonoshasthaya Kendra and Technical Advisor of Social Development Foundation.



Attention should also paid to other STIs (sexually transmitted infections) including hepatitis B, because due to the change in sexual behavior and lifestyle of people, the prevalence of other STIs and hepatitis B is also increasing.

Stigma: Individual, social and political aspects in Bangladesh

HIV/AIDS and STIs are related to lifestyle of a person. So it is not only a medical problem but also a social problem. In our culture

he was admitted in a local private clinic with respiratory tract infection. He was identified as HIV positive. The following day, news appeared in most dailies of Dhaka with name address and even photograph. He was first reported case of HIV positive in Bangladesh. The news item violated Abdur Rahman's right for confidentiality and human rights.

Thousands of people gathered in front of the clinic to see Mr. Rahman. Many demanded that he should be arrested and jailed to prevent further spread(!) of the

– dead or alive.
Case study 2: Story of Afroza Moni** was diagnosed as HIV positive during her pregnancy. Afroza went to a government medical institute in Dhaka for antenatal check-up and told doctors that she was infected with HIV. Immediately it was disclosed to other patients waiting outside the doctor's chamber in the hospital. When she came back, waiting patients did not allow Afroza to sit beside them.

This violation of human rights

Facts about oedema

DR MD HABIBE MILLAT

Oedema is an observable swelling from fluid accumulation in certain body tissues. Oedema most commonly occurs in the feet and legs. The swelling is the result of the accumulation of excess fluid under the skin in the spaces within the tissues that are outside of the blood vessels. Heart failure, cirrhosis of the liver, and a kidney disease called nephrotic syndrome are the most common systemic diseases that cause oedema.

Oedema can be demonstrated by applying pressure to, for example, the skin of a swollen leg, by depressing the skin with a finger. If the pressing causes an indentation in the skin that persists for some time after the release of the pressure, the oedema is referred to as pitting oedema. Actually, any form of pressure, such as from the elastic part of socks, can induce the pitting of this oedema. In non-pitting oedema, which usually affects the legs or arms, pressure that is applied to the skin does not result in a persistent indentation. Non-pitting oedema can occur in certain disorders of the lymphatic system.

Oedema is caused by either systemic diseases, that is, diseases that affect various organ systems of the body, or by local conditions involving just the affected extremities. The most common systemic diseases that are associated with oedema involve the heart, liver, and kidneys. In these diseases, oedema occurs primarily because of the body's retention of too much salt (which is the chemical compound sodium chloride). The excess salt holds excess water in the interstitial tissue spaces, where the retained surplus of fluid is recognized as oedema. Idiopathic (of unknown cause) oedema, also sometimes called cyclical oedema, occurs most often in women and just prior to each menstrual period. The most common local conditions that cause oedema are varicose veins and thrombophlebitis (a blood clot with inflammation of the veins) of the deep veins of the legs. These conditions can cause inadequate pumping of the blood by the veins (venous insufficiency). The resulting increased back-pressure in the veins forces fluid to leak into the interstitial tissue spaces,

where the retained excess fluid is recognized as oedema.

The body's balance of salt is usually well-regulated. A normal person can consume small or large quantities of salt in the diet without concern for developing salt depletion or retention. The intake of salt is determined by dietary patterns and the removal of salt from the body is accomplished by the kidneys. The kidneys have a great capacity to control the amount of salt in the body by changing the amount of salt eliminated (excreted) in the urine. The amount of salt excreted by the kidneys is regulated by hormonal and physical factors that signal whether retention or removal of salt by the kidneys is necessary.

If the flow of blood to the kidneys is decreased by an underlying condition such as heart failure, the kidneys react by retaining salt. This salt retention occurs because the kidneys perceive that the body needs more fluid to compensate for the decreased blood flow. If, on the other hand, the patient has a kidney disease that impairs the function of the kidneys, the ability to excrete salt in the urine is limited. In both of these conditions, the amount of salt in the body increases, which causes the patient to retain water and develop oedema. In certain liver and kidney diseases, low levels of albumin in the blood can contribute to fluid retention.

Patients experiencing a disturbance in their ability to normally excrete salt may need to either be placed on a diet limited in salt and/or given diuretic medications. In the past, patients with diseases associated with oedema were placed on diets that were very restricted in salt intake. With the development of new and very potent diuretic agents (water pills), this marked restriction in dietary salt intake is generally no longer necessary. These diuretics work by blocking the reabsorption and retention of salt by the kidneys, thereby increasing the amount of salt and water that is eliminated in the urine.

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NUTRITION CORNER

Food that is good for oral health

Simply by improving your diet, you may be able to prevent two of the most common diseases – tooth decay and periodontal disease.

Ongoing research indicates that antioxidants and other nutrients found in fruits, vegetables, legumes and nuts may improve the body's ability to fight bacteria and inflammation, all of which can help protect the teeth and gums.

Preserve your smile by eating a well-balanced diet. Choose foods from the four basic food groups:

- fruits and vegetables
- grains (including breads and cereals)
- milk and dairy products
- meat, chicken, fish or beans

Here are some other tips:

- Calcium and vitamin D

supplements are known to decrease the risk for tooth loss in the elderly. Ask your physician or dentist for proper dosages.

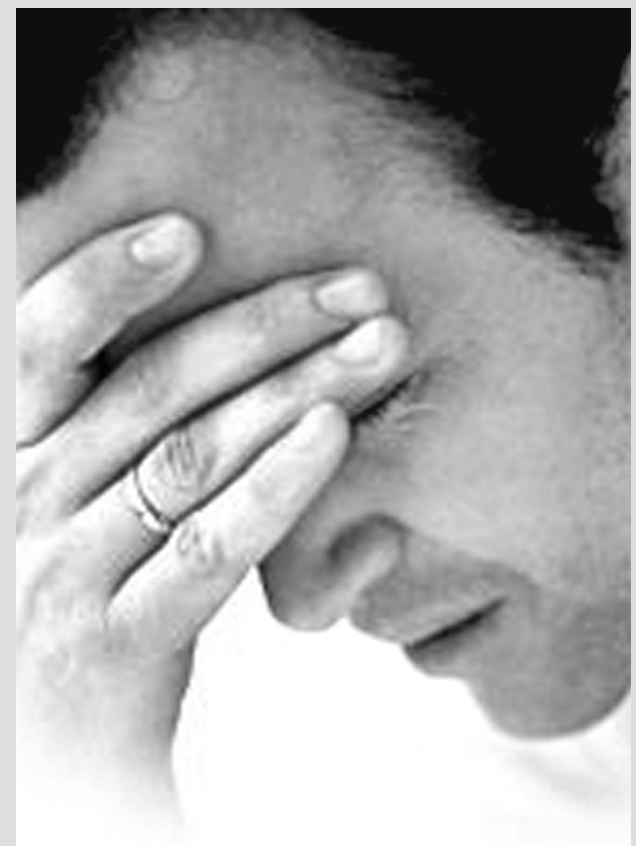
● Keep your mouth moist by drinking lots of water. Saliva protects both hard and soft oral tissues.

● Avoid soft, sweet, sticky foods, such as cakes, candy and dried fruits (other than raisins); they promote tooth decay.

● When you eat crackers, cookies and chips, eat them as part of your meal. (For example, eat cheese with crackers.) Combinations of foods neutralise acids in the mouth and inhibit tooth decay.

● Ask your dentist if you are not sure how your diet may affect your oral health.

Medical Update



Stopping overused painkillers may improve migraine

Patients with transformed migraine, also known as chronic daily headache, may revert back to the more tolerable, common type if they stop taking overused pain medications, Korean researchers report.

Exercise and taking medications to prevent, rather than treat, headaches may also help. Dr Chin-Sang Chung and colleagues at the Samsung Medical Center in Seoul followed 136 patients diagnosed with transformed migraine for a year. Each patient had been experiencing more than 15 headaches per month for over 6 months when the study began.

The researchers' strategy for patients with transformed migraine consists of abrupt discontinuation of overused pain medications and other drugs, according to the report in the journal Headache. The patients are also advised to use preventive medication, to

participate in regular exercise and stop the use of caffeine, alcohol and tobacco.

Chung's team reports that 70 percent of patients were relieved of their chronic headaches and reverted back to common migraines, while the remainder of patients failed to improve.

As noted, stopping overused pain drugs, using preventive drugs, and regular exercise were associated with reversion to common migraines. By contrast, smoking cessation and avoiding caffeine and alcohol did not seem to help.

The 10 patients who did not stop taking their overused pain drugs failed to revert to common migraines, the report indicates.

Source: Headache

Aspirin can save stroke in the offing

ABDULLAH A DEWAN

I was inspired to write this article by a recent phone call from my sister-in-law Juin, who experienced dizziness and a numb feeling on the left side of her face. She immediately took an aspirin and called her husband. When they arrived at the hospital, the attending physician told her that the Aspirin might have saved her from stroke in the offing.

A heart attack is a transient episode that may result in permanent damage to part of the heart muscle or even death. Prior to a heart attack, an individual may experience a condition in which the heart is not getting adequate oxygen rich blood (called cardiac ischemia). This condition is often accompanied by angina (a type chest pain, pressure or uneasiness). However, silent ischemia can occur without any signs or symptoms at all.

Severe, multiple or lingering cardiac ischemia or unstable chest pain can be a caveat for heart attack in the offing. If blood flow to the heart is not restored within 20 to 40 minutes, permanent death of the heart muscle can occur. The dead muscle is replaced by scar tissue. Depending on the severity of the attack with its subsequent muscle damage, and the lapse in time until medical attention is received determines one of the following:

- Full recovery or death
- Heart failure, a chronic condition in which the heart cannot supply the body's demand for blood
- Electrical instability of the heart, which can cause a potentially dangerous and abnormal heart rhythm
- Cardiac arrest, in which the

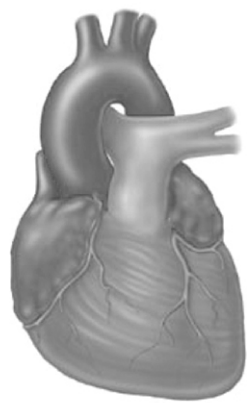
heart stops beating and results in sudden death

● Cardiogenic shock, a condition in which damaged heart muscle cannot pump normally and attain a shock-like state that is often deadly.

Unfortunately, people having a silent heart attack will not know if they need immediate medical attention, before additional adverse heart conditions develop.

Other heart attacks occur with symptoms that are often severe and alarming.

The sooner the symptoms of a heart attack are recognised and



appropriate treatment is administered, the better the outlook for survival both in the near future and over the long term. Common symptoms of a heart attack include:

- Chest pain that is not relieved by rest and transmits through the upper body to the arms, neck, shoulders or jaw
- Chest area pressure, discomfort, squeezing or stabbing sensation that may be constant or irregular
- Shortness of breath
- Heart palpitations, a condition characterised by heartbeat that is

fast, strong, or irregular

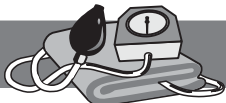
- Fatigue, abnormally weak and/or fast pulse rates
- Fainting or loss of consciousness
- Diaphoresis or sweating, often profuse and cold
- Upset stomach or a nausea
- Facial color turning gray (pallor).

Women experience heart attack symptoms that are somewhat different from those of men. They include – difficulty in breathing, weakness, fatigue, cold sweats, and dizziness. Instead of experiencing chest pain, women may feel pain high in the abdomen or chest, or in the back, neck or jaw. There are reports of symptoms of sleep disturbances, shortness of breath, indigestion and anxiety in the weeks leading up to their heart attack.

Although one or a combination of these symptoms may indicate the onset of a heart attack, they may be due to other conditions as well. If a heart attack is suspected with any of these symptoms indicated, this may be the precursor of a serious cardiac ischemia. Physicians usually advise stricken persons to take Aspirin while awaiting emergency medical help.

Aspirin is a great drug – effective, cheap, and relatively safe. Aspirin has a tremendous power to protect our heart from being attacked. If you take an aspirin during the onset of a heart attack, the onslaught might be milder thus saving your heart muscle from permanent damage.

It is strongly recommended that you must consult a physician prior to start the drug and know regarding the use and other necessary information about aspirin.



Your Doctor



Dr Ahmedul Kabir
Internal Medicine Specialist
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Dear doctor,
I am 21 years old. I have had a salty taste in my mouth for several weeks. What could the cause be? What can I do about it?
Regards
Zahidul Islam

Answer:
Taste changes are rarely a sign of a serious underlying problem. However, they are annoying and can impair your enjoyment of food. A persistent salty taste in the mouth can have many possible causes, including dehydration. This may be due to inadequate fluid intake or excessive fluid loss. Review your diet. Excessive intake of alcohol or caffeine can cause fluid loss, resulting in dehydration, which can make saliva saltier.

Side effects of certain medications, such as anti-thyroid medications and chemotherapy drugs may also cause this.

Salivary gland diseases, such as Sjogren's syndrome or bacterial infection of the salivary glands (sialadenitis) may also be

responsible. Post-nasal drainage, such as with a sinus infection (sinusitis) or allergies can cause it.

Rarely, a salty taste in the mouth is due to a nutritional deficiency, endocrine disorder or neurological disorder, such as epilepsy or migraine.

Treatment is directed at the underlying cause, if possible. For example, if a salty taste in the mouth is due to a certain medication, stopping or changing the medication may eliminate the problem. But do this only with your doctor's approval. If the cause of a salty taste is a bacterial infection, the salty taste may go away with treatment of the infection. Occasionally, taste changes resolve spontaneously.

A persistent salty taste in the mouth should be evaluated by a doctor or dentist.

Dear doctor,
I am 50-year-old male. I have been suffering from night leg cramp for two weeks. Please suggest what can I do now? What are the causes of night leg cramps?
Regards
Ershadul Haque

Answer:
A muscle cramp is an involuntary, sustained tightening (contraction) of one or more of your muscles. It can result in intense pain and an inability to use the affected muscles. Night leg cramps are contractions of the leg muscles, usually in the back of the lower leg (calf). They often occur just as you are falling asleep or just as you are waking up.

The exact cause of night leg cramps is not known. Some experts believe they may be due to abnormal processing of electrolytes – essential elements and chemical substances your body needs for basic functions – by muscles. Almost everyone has

occasional leg cramps. But they occur most often in older adults. Common causes of night leg cramps include:

- Muscle overexertion
- Prolonged sitting
- Dehydration
- Pregnancy
- Diabetes
- Decreased potassium levels
- Neuromuscular disorders, such as Parkinson's disease
- Certain medications, such as albuterol, niacin, diuretics, and some calcium channel blockers and antipsychotic medications
- Alcohol use

If you do get a leg cramp, you may be able to make it go away by:

- Walking on the affected leg
- Massaging the affected muscle
- Straightening your leg and flexing your foot toward your knee until you feel the calf muscles stretch
- Applying a cold pack to the affected muscle
- Taking a hot bath
- To help prevent night leg cramps:
 - Drink plenty of fluids during the day
 - Stretch your leg muscles before bedtime

If you have frequent and severe leg cramps at night, talk to a physician. Treatment results vary.

Night leg cramps should be distinguished from another common cause of night leg discomfort called restless legs syndrome, a condition in which your legs have a creepy, crawly or fidgety sensation unless you move them. This sensation often gets worse as night approaches. Restless legs syndrome is a neurologic condition that requires different treatment from that of night leg cramps.

Send your health related questions to Your Doctor, Star Health, The Daily Star, 19, Karwan Bazar, Dhaka 1215 or e-mail your problem to starhealth@thedailystar.net