

Health

Feature

Childhood Asthma

THE UNDER-DIAGNOSED DISEASE

by Dr. Salim Shakir

What are the causes of asthma? (Etiology)

Generally childhood asthma is caused by allergens in the air. Dust, fumes, smoking, traffic and industrial fumes, etc. animal (dog or cat) fur, birds feathers, pollen, cold air, changes of moisture content of air, rain water, fog etc. sometimes, act as allergens. The disease generally starts at the beginning of winter and its frequency is the highest in the spring. Children are not usually affected by food or water allergens e.g. Hilsa fish, beef, egg, prawn etc. These substances usually cause skin allergy. Some conditions predispose childhood asthma like family history of asthma or allergy, eczema, allergic rhinitis etc. Sometimes asthma or allergy is preceded by eczema. Repeated respiratory infection in childhood may turn into asthma. Besides allergy, asthma can happen due to excessive physical exertion, mental excitability, respiratory infections.

Treatment and prevention of childhood asthma:

After diagnosis of asthma in children, it must be treated promptly, otherwise it may have adverse effects on the mental and physical development of the child. In extreme cases death may also occur in inadequately treated or untreated patients. So parents should treat the child properly and scientifically. Unfortunately however, most parents become afraid of the disease and do not consult the doctor. Also, as many of them know the name of the drugs used in asthma and some believe the child will become drug dependent, they do not give the drug to the child. Still then in

some instances misuse of the drugs may also happen. Management of childhood asthma consists of:

- 1) educating the mother & child about asthma
- 2) avoiding the allergens or provoking factors.
- 3) treating the child with medicine

Every patient and parent should be educated about the cause, prevalence, and preventive measures and treatment of the disease. Parents should know the use of the drugs, how to avoid allergens and when they should consult a doctor. They should also know the symptoms of severe asthmatic attacks and when the child should be admitted to the hospital.

Atmospheric allergies are the prime reasons for childhood asthma. As such children should be kept away from places with allergens such as dust and smoke. Dust should not be cleaned in front of children, house-hold effects should be dust free. Also pets should not be kept in any asthma-patient's house. During winter children should be covered with adequate winter clothes but care should be taken that the child's sweat does not remain on his body. After a bath the child should be properly dried. Flower pollen and new leaves and grass could cause difficulty in breathing. In these cases children should not be taken to gardens or parks and flower pots should not be kept inside the rooms. It is better not to visit the zoo with an asthmatic child. Although these are the likely reasons, but all children may not suffer from allergy due to the above mentioned reasons. Generally, food allergies are not attributable for asthma, but if the parents no-

tice children with breathing problem then they should not give their child food that he may be allergic to. Breast feeding may reduce the tendency and possibilities of any childhood asthma.

Treating with Drugs

Asthma can be prevented and treated with drugs. Revolutionary change and development has taken place in administering drugs to children with asthma. salbutamol asthma drugs which are used as bronchodilator. Besides these in case of severe asthma steroid can be orally or intra-

venally used on a short term basis. But maximum development has taken place in its administration application. When these medicines are inhaled their effectiveness increases and results are achieved rapidly. Otherwise inhalation has no side effects. Infants can not use metered dose aerosol like adults. That is why different instruments are now available in Bangladesh like Nebuhaler. Nebuliser which can all be used. Asthma medicines last come into action without any side effects when applied through all these simple systems.

Using inhaled steroid on a long term basis or using orally or intravenously during severe attack of asthma on short term basis has no side effects. If asthma medicines are used correctly and in right proportion there would be no need to fear it and it has been seen that children using these medicines life long never re-



Dr. Shakir showing a child how to use a nebulizer.

ally get addicted to it. Often it is seen that the use of inhaler creates a false impression amongst people that it is the last resort and quite harmful which is absolutely wrong. In fact, this is more safe than oral therapy, risk-free and more effective.

When should an Asthma patient be evacuated to Hospital?

When any child starts breathing fast due to severe asthma and cannot even talk due to respiratory problem or gets drowsy or starts vomiting in conjunction with breathing difficulty and even after using dilator twice at home the respiratory problem is not significantly reduced then take the child immediately to the nearest medical facility.

What is the future of Childhood asthma?

Luckily the future of childhood asthma is better than in the case of adults. As the child grows up the acuteness of the disease will be reduced and its severity will gradually fall and by the time they reach the age of ten, (almost 90%) children will be relieved of the disease.

The writer is a child specialist and consultant at Dhaka Shishu Hospital.

What is Wrong with Our Healthcare System?

An interview with Dr Momenul Huq by Aasha Mehreen Amin

At any point in time, you or someone you know will be going outside Bangladesh to get medical treatment. In recent times the number of Bangladeshi patients going abroad is quite staggering. Yet a short trip to any relatively busy area proves beyond doubt that there is no dearth of doctors and physicians with enough MRCPs and FRCPs from abroad to impress the most exacting of patients. All this leads to the question: If there are so many doctors in Bangladesh why do people go even to a neighbouring country for treatment instead of getting treated in their own country? The simple answer to this is that people do not have any confidence either in the medical facilities or in the medical practitioners here. Apart from the substandard facilities provided by hospitals and clinics most doctors lack professionalism and what in laymen terms is called a human touch needed to reassure the patient of getting the best possible treatment. The take it or leave it attitude of medical personnel and their preoccupation with the medical bill rather than the patient's well being, has turned our health care system into a deplorable scam. Dr Momenul Huq, a specialist trainee in cardio thoracic surgical unit at Christian Bernard Institute Capetown, South Africa, on a recent visit speaks to the Daily Star on the main weaknesses of Bangladesh's health care system and how it can be reformed to make it more people friendly.

The first loophole in our health care system, points out Huq, is that most doctors in this country are poorly trained. "In order to be a good doctor one does not just need disciplined training. A doctor must learn to be approachable as well.

Our existing academic system emphasizes on the theories with things like preset questions, thus neglecting the clinical side. This is why when you go to most doctors they write huge prescriptions for medicines because they themselves are not completely sure of what the problems is. Doctors treat patients in a very slipshod manner", he adds, "pushing them away."

Poor training, says Huq not only affects people's health but also their finances since treatment will be long and expensive due to wrong diagnosis and possible post-operative complications.

As a solution Huq suggests that there should be regular doctor patient seminars and workshops where patients will get an opportunity to voice their complaints. Moreover, he says, the government should provide basic data on how much a particular surgical procedure will cost which will include the cost of the operation, hospital expenses, medication etc.

people going outside Bangladesh for treatment. If we can prevent this the money will stay in the country and we can buy equipment for ourselves.

Other ways to improve health care suggests Huq includes teaching students about medical ethics and educating the public through community health programmes.

As a specialist in cardio thoracic surgery, Huq, who has trained in Australia, Zambia and finally in the world famous Christian Bernard Institute in South Africa coming back to Bangladesh is very important given the opportunity to do so. Cardio surgery in this country, says Huq, is still far behind international standards with poorly equipped hospitals offering below average service. One way of changing this he adds, is to encourage the private sector to improve cardio surgery. Huq gives the example of a private cardiac hospital in Gazipur that has the potential to become a good cardiac unit. "If it is run properly with trained professional personnel it will be as reputable as any other unit in some of our neighbouring countries and people from overseas will come here." Trainees, he says, should be able to go to international cardiac units overseas and establish good contacts with doctors there. Doctors Bangladeshi and non Bangladeshi working abroad, could come and offer their services here on a session basis.

For poorer patients who cannot afford to go to a private hospital, Huq recommends that doctors working in the private sector could devote at least one day of the week to visit government hospitals to teach the staff and evaluate service provided so that, improvements can be made. "Once we go for privatisation, the whole health system will improve and eventually the government-run hospitals will benefit as well the poorer patients," Huq comments.

"Finally, he adds, "if we are not sincere and sensible in our approach then there will never be a satisfactory health care system, let alone units as specialized as cardio surgical units."



Dr. Momenul Huq

What is asthma?

If the sensitive respiratory tract of a child is irritated in response to an allergen or stimulating agent resulting in respiratory distress and characterized by rhonchi, then it is called asthma. But this type of respiratory tract constriction is reversible and it may be relieved automatically or by drugs. If there is a family history of asthma, allergic disease, allergic rhinitis and eczema, then suspicion of childhood asthma is compulsory. But even in the absence of family history of asthma, asthma in children may occur.

What are the reasons of inadequate treatment in children?

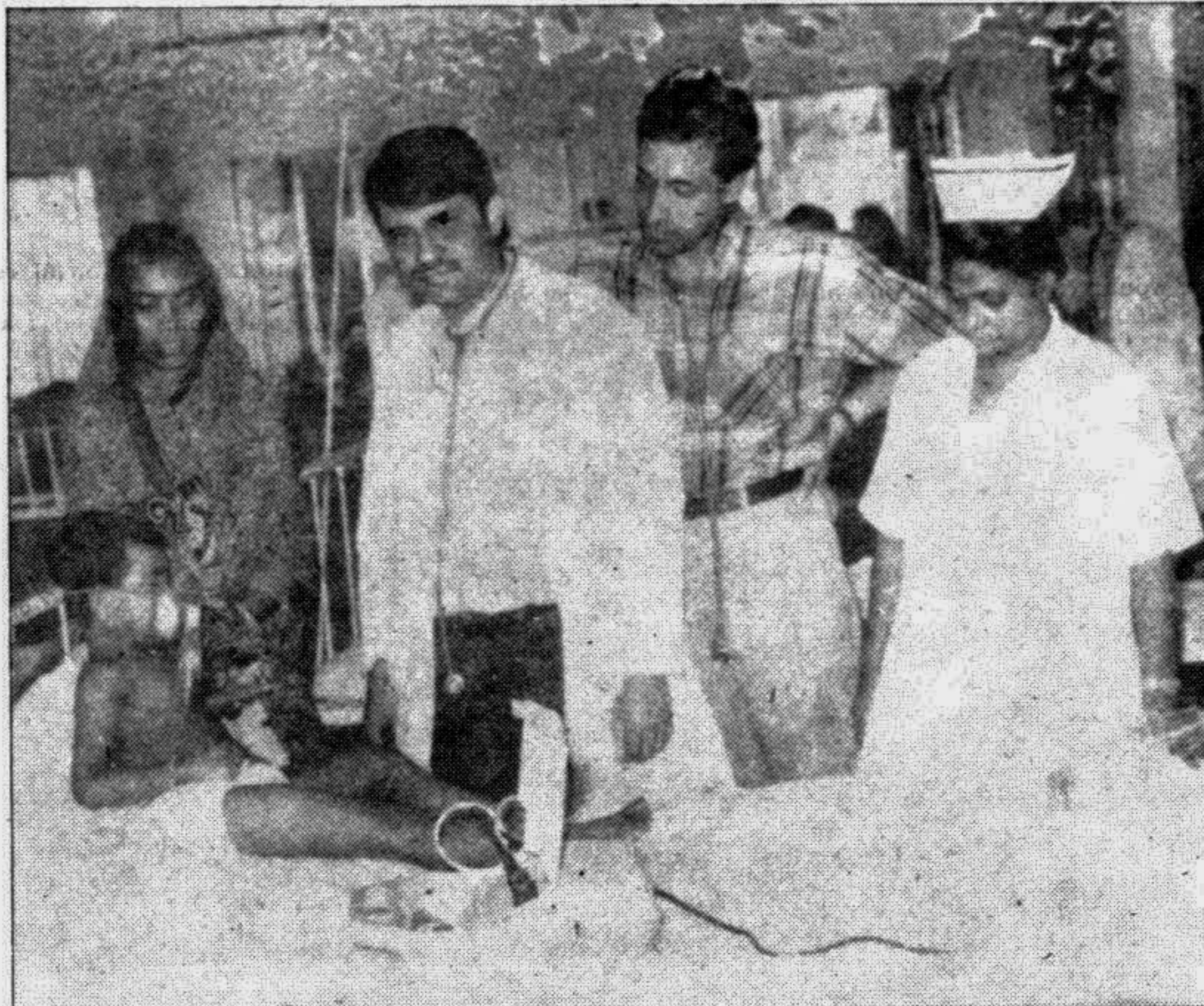
Many patients in our country consult with the doctors or are admitted in the hospital, but most of the parents do not know that these children are suffering from asthma. The main reason behind this is that the majority of them do not know that the disease can happen in children also. Parents and sometimes even the clinicians ignore the diagnosis of asthma, repeatedly mistaking it as a case of pneumonia or acute respiratory infection. Moreover, since the disease is reversible and not as dangerous as pneumonia (although morbidity is for a very long period), many people do not give importance to the disease.

Another thing is that as sometimes it is a hereditary disease, many people consider it as a social stigma and do not consult with a doctor. There is misconception that the disease is incurable and so it will be an obstacle in future activities, marriage, service etc. For all of these reasons parents do not cooperate with the doctors keeping their children from receiving scientific treatment and taking shelter of superstitious treatment, leading to further damage to the child.

Symptoms of asthma:

- Cough with dyspnoea
- Rhonchi
- Rapid respiratory rate
- Depression of abdominal as well as chest wall muscle
- Stretching of neck muscle
- Loss of appetite, sometimes vomiting
- Lack of energy
- Loss of interest in playing
- Difficulty in speaking sometimes.

When these symptoms occur repeatedly, we may assume that the child is suffering from asthma.



A simple method that gives quick relief

How Can We Stop Children from Dying of Diarrhoea?

by Rahnuma Muneer

A three day conference on "How can we stop children from dying of diarrhoea" was held at the Dhaka Sheraton Hotel from the 3rd to 6th of April. The conference, which was inaugurated by the Secretary of the Ministry of Health and Family Welfare, Mr. Syed Ahmed, was attended by doctors, scientists, ORS producers, artists and reporters. The goal of the conference was to come up with ideas about how to stop children from dying of diarrhoea and unanimously agree upon new action plans. The seminar was conducted in a new method, known as "Future Search", by two consultants from the United States.

The major cause of death of children with diarrhoea is the lack of practise of knowledge. Almost 85% of the population are aware that a diarrhoea patient's life can be saved by giving him Oral Rehydration Saline (ORS). However, only 35% use it in practice. We can save millions of lives if only this gap between knowledge and practise can be reduced.

The participants were divided into several groups. Each group was given a different topic, on which to decide their action plan. The topics under discussion were, (i) Education; e.g. education of mother and children through mass media; (ii) Political and social commitment; (iii) Ensuring supply of pure water; (iv) Execution of government orders regarding manufacture of 1/4 litre mea-

suring glasses. Participants who chose the same topic formed one group for discussion. Each group came up with their own action plan.

It is necessary to educate the common people about the seriousness of diarrhoea and how timely intervention can save life. We can utilise mass media, for example television, radio etc. In order to transmit information and increase the use of oral saline in every home. Health education of little children at school level may also help to increase awareness and practise of ORS. This way it is also possible to reach the mothers, who play an important part in the recovery of children with diarrhoea.

Political and social commitment of political leaders and government servants are very important. If we can ask each of our leaders to put in a few words about the effect of diarrhoea and how to overcome it, while addressing the nation, we may be able to accomplish a lot towards eradicating death due to diarrhoea by the year 2000.

Involvement and dedication towards the cause from people of all walks of life is important. Death of children due to diarrhoea is something that affects the whole society or nation. Therefore we need the participation and support of people belonging to various professions and with different background. Only then can we meet our goal.

Injury of the Tympanic Membrane

by Dr Md Alamgir Chowdhury

THE ear is divided into three parts - the external ear, the middle ear and the inner ear. The membrane which separates the outer ear from the middle ear is the tympanic membrane or the ear drum.

CAUSES

A variety of conditions may be responsible for injury or rupture of the tympanic membrane and the treatment of such injury as early as possible is of great importance. Negligence may cause complications.

Common causes are - direct trauma during the attempt to remove wax or foreign body by the unskilled person; rupture may follow violent pressure changes due to bomb blast, gunfire, slap on the ear, rapid descent in a non-pressurized aircraft etc.

DIAGNOSIS

Diagnosis depends on the history and clinical examination of the ear - on otoscopy.

Symptoms - pain in the ear at the moment of rupture is usually transient. Deafness may be conductive or nerve deafness - depends on the cause of the injury and extension of the injury or damage. Complaints of ringing in the ear - Tinnitus. In rare case there may be vertigo - an abnormal sensation of rotational movement may be present.

Signs - On otoscopic examination, a tear in the tympanic membrane having ragged margins usually with fresh blood surrounding the site of injury and in the external ear canal may be seen.

MANAGEMENT

In most cases the edges of the tear will heal rapidly if the ear is kept dry. So the patient is advised - not to clean out the ear or remove the clot, not to use ear without drops consulting the doctor.

Systemic antibiotic may be given if there are any signs of infection supervening e.g discharge, pain, fever etc.

PREVENTION

Injury of the tympanic membrane of the ear is preventable.

If wax is impacted or any foreign body in being introduced into the ear an expert should be consulted.

Bomb blast, gun fire and slapping the ear - all these help in damage the membrane, so these should be avoided.

Nowadays most air crafts have their pressure regulated which protects the ear drums from rupture.

The writer is an ENT Specialist & Surgeon Deputed to ICMR, DHAKA.

Painkillers can Kill

Heavy use of painkillers such as Tylenol and other brands of acetaminophen can cause liver and kidney damage, according to a study released in December, 95 in Boston, Massachusetts.

Just one pill a day for at least a year may double the risk of kidney failure, a study published in the latest issue of the New England Journal of Medicine said.

Moderate doses of acetaminophen led to liver damage in people who are too sick to eat, according to a separate study published in the journal of the American Medical Association.

Researchers emphasized however that acetaminophen, one of the most widely used medications for minor illness and pain, is also one of the safest when taken properly.

The message is to follow the directions and be sensible

in using any medication," said Dr. David C. Whitcom, an assistant professor of medicine.

The senior author of the report on kidney failure, Dr. Paul K. Whelton, said researchers are most worried about those who take acetaminophen steadily for a long time.

The risk of kidney failure increased about 40 per cent in those who took acetaminophen between twice a week and once a day for at least a year, compared with those who used the drug less often.

A moderate overdose for a 24-hour period was defined as four to ten grams of acetaminophen, the equivalent of eight to 20 extra-strength tablets.

The maximum recommended dose is four grams, or eight extra-strength tablets, in 24 hours.

How to Get Rid of Bad Breath

by Dr Mahfujul Haq Khan

Does Mouthwash Really Work?

BAD breath can happen whenever the normal flow of saliva slows. Our mouth is full of bacteria feeding on protein bits of food and shed tissue. The bacteria emits fetid gases, the foulest of which are hydrogen sulfide (it smells like rotten eggs) and methyl mercaptan (it has a barn-yard odor).

Mouth bacteria are anaerobic, meaning they thrive in an airless condition. Oxygen-rich saliva keeps their numbers down. When we sleep, for example, the saliva stream slows,

intestine, choline is broken down into trimethylamine (TMA). Normally, a digestive enzyme converts TMA into an odorless substance. But in the few people who don't have that enzyme, much TMA remains, making their breath, sweat and urine smell fishy.

Phew!

There are millions of people for whom the easy cures don't work. No matter how often brush, floss, use breath fresheners, eat drink or avoid problem foods, halitosis persists all day and every day.

Until recently, we dentists assumed that intractable halitosis resulted from PERIODONTAL DISEASE. When plaque grows, it may seal gum to the teeth, keeping oxygen out and creating an ideal environment for anaerobic bacteria. These help cause gum disease and also cause for the accompanying bad breath.

But according to a study by Anne Basy, most people with bad breath have no gum disease. Rather, sulfur producing bacteria run amok at the back of the tongue, where they bed down among the tiny finger like villi, under plaque and mucus. Ordinary brushing fails to entirely dislodge these colonies. The villi are like a plush carpet, you have to get down between them to the very bottom.

The Scent of Disease

Halitosis may signal illness, because the dry mouth that triggers bad breath is also a symptom of many disease. Sinus infection can produce bad breath in two ways. First, when the nose is stuffed and a person breathes through the mouth, bacteria thrive. Second, some sinus infections are caused by bacteria, which produce their own sulfur gases. Hiatal hernias can create a unique kind of bad breath. When the stomach protrudes through the diaphragm into the chest, acidic juices may regurgitate into the esophagus. Digestive smells can then be exhaled through the mouth.

Some medication are also culpable. Finally some women find their breath worsens before their menstrual periods. This may be due to a hormonal change that results in an increase of bacteria in the mouth.

Dr Mahfujul Haq Khan is an Oral and Dental Surgeon, at BIRDEM Hospital.



It's What You Ate - or Didn't

Another common breath foul culprit is garlic. A misconception is that garlic breath wells up from the stomach. In fact, the smell comes only after the garlic is eaten and its sulfur compounds make their way into the bloodstream, then to the lungs, where they taint exhaled air. Onions (especially raw ones), curry and alcohol can also work on the breath through the bloodstream. There's no sure cure for food related based breath, aside from waiting for the odor to dissipate. Drinking plenty of liquids, like water or tea, with your meal may help.

In people with a rare metabolic deficiency known as trimethylaminuria, or "Fish odor" syndrome, eggs, some beans and other foods rich in the compound choline can cause a troublesome kind of bad breath. In the human large