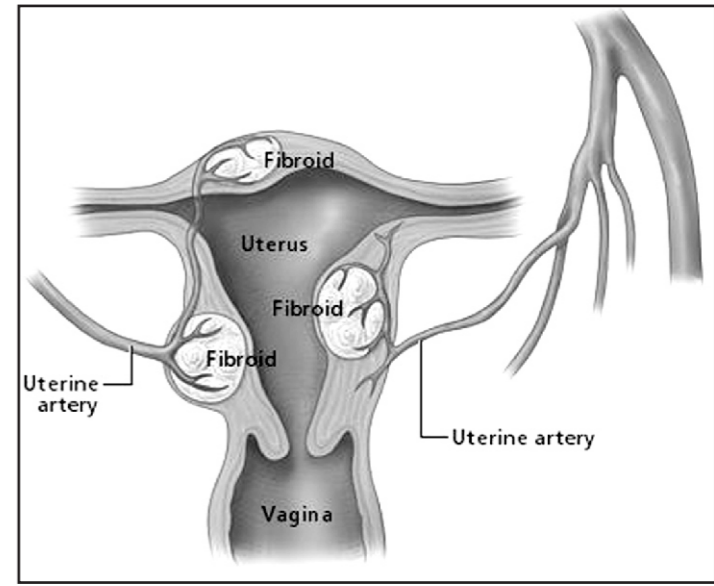


## Health decision guide: Uterine fibroid



Hearing the words *fibroid tumors* from your doctor could prompt a variety of reactions. The word *tumor* might spark fears that you have cancer. You might worry that you will be unable to bear children. On the other hand, you could be relieved to know the reason for your prolonged, heavy menstrual bleeding. If fibroids led to your mother's hysterectomy surgical removal of the uterus you might believe that is your destiny, too.

Do not jump to conclusions. Fibroids are noncancerous tumors that grow slowly and usually require no treatment. Even if they cause symptoms, you still have a variety of treatment options.

So take time to gather information about your condition and all of the treatments available to you. Talk with other women who have faced fibroids. Discuss your options with your doctor. Consider seeking opinions from doctors in specialties such as obstetrics and gynecology, women's health, and interventional radiology. Gathering several opinions can give you a balanced understanding of your options.

Before reaching a decision, it is important to understand the advantages and disadvantages of the various treatments.

Source: <http://www.mayoclinic.com>

## Health tips

### Choosing sunglasses: Why do my eyes need UV protection?

Ultraviolet (UV) rays from the sun can hurt your eyes as well as your skin. Strong sunlight can burn the corneas and conjunctivae of your eyes. Long-term exposure to UV radiation can contribute to eye disease, especially cataracts and age-related macular degeneration.

The best way to protect your eyes from the sun is to wear sunglasses designed to screen ultraviolet (UV) radiation. Sunglasses do not have to be expensive to be effective. Look for glasses that block 90 percent to 100 percent of both UVA and UVB light. To be even more effective, sunglasses should fit close to your face or have wrap-around frames.



- Some additional tips for protecting your eyes in the sun:
- Wear a wide-brimmed hat or cap. This keeps out sunlight from directly overhead, which can slip past sunglasses.
- Never look directly at the sun, even through sunglasses, because doing so can cause permanent damage to your eyes.
- Wear sunglasses and a hat if you take medication that increase the sensitivity of your eyes to light, such as tetracycline or allopurinol.
- If you have an eye disease such as macular degeneration, you are at increased risk of UV-related eye damage. Protect your eyes whenever you go outside, no matter how briefly.

Source: <http://www.mayoclinic.com>

### Ibuprofen may help treat colon cancer

A cheap headache pill may not only help prevent colon cancer, but may turn out to be an effective therapy, U.S.-based researchers said.

Mice with cancer that were given small daily doses of ibuprofen had smaller tumors and were less likely to die of colon cancer, they told a meeting.

Ibuprofen and 5-fluorouracil seem to interfere with one another, Wolfe said. The findings were presented on Wednesday to a meeting in New Orleans of cancer and digestive experts called Digestive Disease Week.

"I'd love to see a study done for the actual treatment of cancers," Wolfe said. But because ibuprofen is cheap, he feared it was "not sexy enough" for any big drug company to sponsor.

They treated the mice for 21 days with either ibuprofen alone, or with ibuprofen added to the standard colon cancer

Source: <http://www.reuters.com>



# Fighting HIV/AIDS is now a major global concern

## World Health Report 2004 lays emphasis on fighting HIV/AIDS

**SHAHNOOR WAHID**

The World Health Report 2004 has been released by WHO, Geneva on 11 May for public reading. The overview of the report begins on a positive note with the following story, which is reproduced below in brief for our readers.

"Joseph Jeune is a 26-year-old peasant farmer in Lascahobas, a small town in central Haiti. In March 2003, his parents had already bought his coffin. Suffering from the advanced stages of AIDS, Joseph Jeune probably had only weeks to live. But after

six months, he gained 20 kg and transformed after receiving treatment for HIV/AIDS and tuberculosis (TB) coinfection. There are millions of people like Joseph Jeune around the world. For most of them, HIV/AIDS treatment is still beyond reach, but Joseph shows what can be achieved. He receives care at the small clinic in his home town. The clinic's HIV/AIDS and TB treatment programmes are part of a wider initiative to strengthen the health service infrastructure across much of Haiti's central plateau. The effort involves Non-Government Organisations, the

public sector and communities, with major support from the Global Fund to Fight AIDS, Tuberculosis and Malaria."

The World Health Report 2004 stressed the fact that if the same treatment regimen that saved Joseph Jeune could be brought to the doorsteps of millions of others in poor and middle-income countries it would bring about the desired results in the fight against AIDS.

Against the underlying threat in the projection by health experts that about 6 million people in developing countries will die of AIDS in the near future if they fail to have access to treat-

ment, it is scary news that only a piteous number of 400,000 are currently receiving treatment. The lack of access to AIDS treatment with antiretroviral medicines has been declared a global health emergency by WHO, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Global Fund. But these organisations did not just declare the global health emergency and sit back. They launched an initiative to provide 3 million people in developing countries with antiretroviral therapy by the end of 2005. This came to be known as the 3 by 5 initiative, a major global public health project ever conceived.

The resolve of WHO and partners to treat 3 million people in developing countries with antiretroviral drugs by the end of 2005 is no doubt a step closer to the cherished goal of universal access to antiretroviral therapy and HIV/AIDS care for all who are infected with HIV. Experts are of the opinion that the 3 by 5 initiative will start the process of effective collaboration among all stakeholders, linking national governments, international organisations, the private sectors, civil society groups and communities.

"This report shows WHO's commitment to work closely with national health authorities, the private sectors, community-based organisations and others in delivering comprehensive HIV/AIDS programmes on the ground."

It has been identified that involvement of state leadership, communities and civil society groups, particularly groups of people living with HIV/AIDS, is crucial to treatment and comprehensive HIV/AIDS control. This participation will include both advocacy and the involvement of community members in delivering services and support to patients.

**Chapter 4. Health systems: finding new strength**

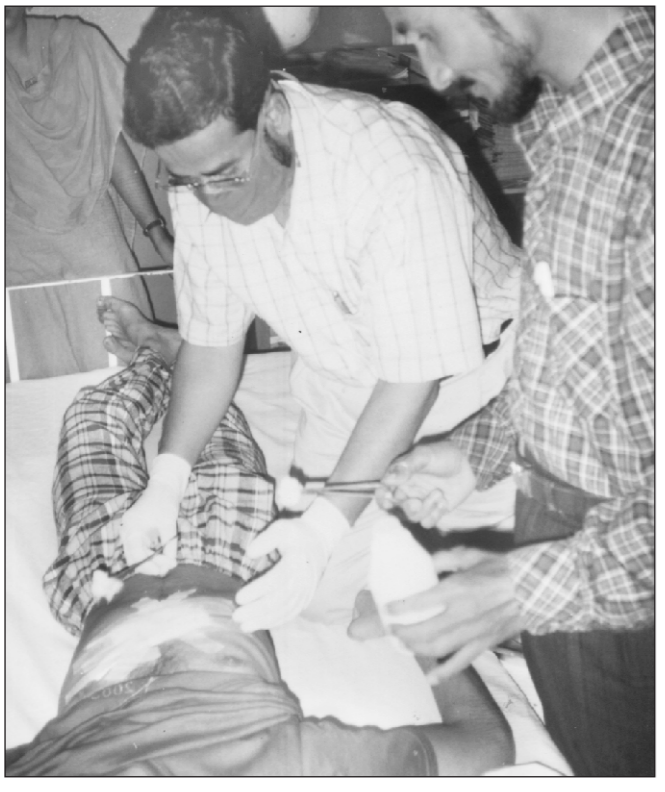
In countries with a high burden of HIV/AIDS, health systems are mostly under-equipped and often dysfunctional for various reasons. HIV/AIDS only puts additional burdens on these fragile health systems.

"The 3 by 5 initiative has the potential to strengthen health systems in a number of ways, by, for example, attracting resources to the health system in addition to those required for HIV/AIDS, stimulating investment in physical infrastructure, developing procurement and distribution systems of generic application, and fostering interaction with communities which can benefit a wide range of health interventions."

**Chapter 5. Sharing research and knowledge**

This chapter reviews the importance of research into other important areas of HIV/AIDS prevention, treatment and care. Four broad categories of challenges facing researchers have been discussed elaborately in this chapter.

Health officials, policy makers and researchers will be immensely benefitted in their fight against HIV/AIDS from reading the World Health Report 2004. Visit <http://www.who.int>



A Bangladeshi doctor is treating a patient living with HIV/AIDS

**HIV/AIDS has already killed more than 20 million people thereby making it the most serious global public health concern. The report says that today, an estimated 3446 million people are living with HIV/AIDS. In 2003, 3 million people died and 5 million others became infected**

**What is the best strategy to deal with the people living with HIV?**

The World Health Report 2004 says "a comprehensive HIV/AIDS strategy links prevention, treatment, care and support for people living with the virus. Until now, treatment has been the most neglected element in most developing countries. Yet among all possible HIV-related interventions it is the treatment that can most effectively drive health systems strengthening, enabling poor countries to protect their people from a wide range of health threats." In fact, this report shows how individual national governments, the private sector and communities along with international organisations can work together to expand HIV/AIDS treatment, evolve HIV prevention strategy and strengthen health systems in countries where these are not in good shape at the moment. Already advocacy initiatives by WHO and its partners for more global investment in health are bringing results.

**Chapter 1. A global emergency: a combined response**

This chapter gives the current epidemiological state of HIV/AIDS epidemics around the world. It clearly spells out that the world is not fully equipped to handle the impending health, social and economic catastrophe.

"The chapter explains why WHO, along with its partners, believes an emergency global and comprehensive response is essential and must embrace prevention, treatment and long-term care."

**Chapter 2. The treatment initiative**

This chapter elaborates the imperatives of linking prevention, treatment, research, and long-term care and support for people living with HIV/AIDS.

**Chapter 3. Community participation: advocacy and action**

# Glow of hope for Bangladeshi Cardiologists

**NAIMUL HAQ**

"There is an increasing requirement of superspecialists in cardiology as the incidents of coronary artery disease is rapidly on the rise in Bangladesh" said Dr Ashok Seth, an internationally renowned cardiologist from India who has contributed extensively to the growth, development and training in the field of Interventional Cardiology (Angiography & Angioplasty) in Asia Pacific Region.

Bangladeshi cardiologists, full of challenges and requiring a lot of determination and hard work."

Referring to prospects of the National Institute of Cardiovascular Diseases (NICVD), Dr Seth said, "NICVD is an institution where one can pursue such determination and hard work. In fact, these courses in cardiac care in government medical colleges are less costlier."

In response to a question on the private sector's role in the field, Dr Seth, hounoured in 2003 with the Indian national award of Padma Shri, fourth in the hierarchy of civilian awards, said, "Without competition you cannot expect quality care and to maintain that quality you need partners in the private sector. In fact, private sector also need incentives from the gov-

said, "It is time for the private sector to come forward to encourage more and more young cardiologists. For instance, in India, some of the best cardiac care institutes were established in the late eighties and most of the cardiologists have been exposed to foreign trainers like myself trained in the United Kingdom. So there was a growing competition and look how the hospital-cum-institutions are

seek treatment for cardiac care abroad but that trend of Bangladeshi patients going abroad has eventually reduced over the last few years and it should continue to decline. But to bring full confidence the focus of international exposure on transferring expertise and skills in complex cardiac care must continue."

Sighting examples of superspeciality hospital Dr Seth

at international level."

Talking on the advances in cardiac therapy today, Dr Seth said that Sirolimus coated stents are found to be giving promising results, cutting down restenosis to a bare minimum. "So far, we have done 658 implants, may be the second highest in world."

"The effort is now towards perfecting this technology. This calls for multiple factors. We need to work at different levels from diffusion property of the drug used, design of stent, the way stent is implanted, etc."

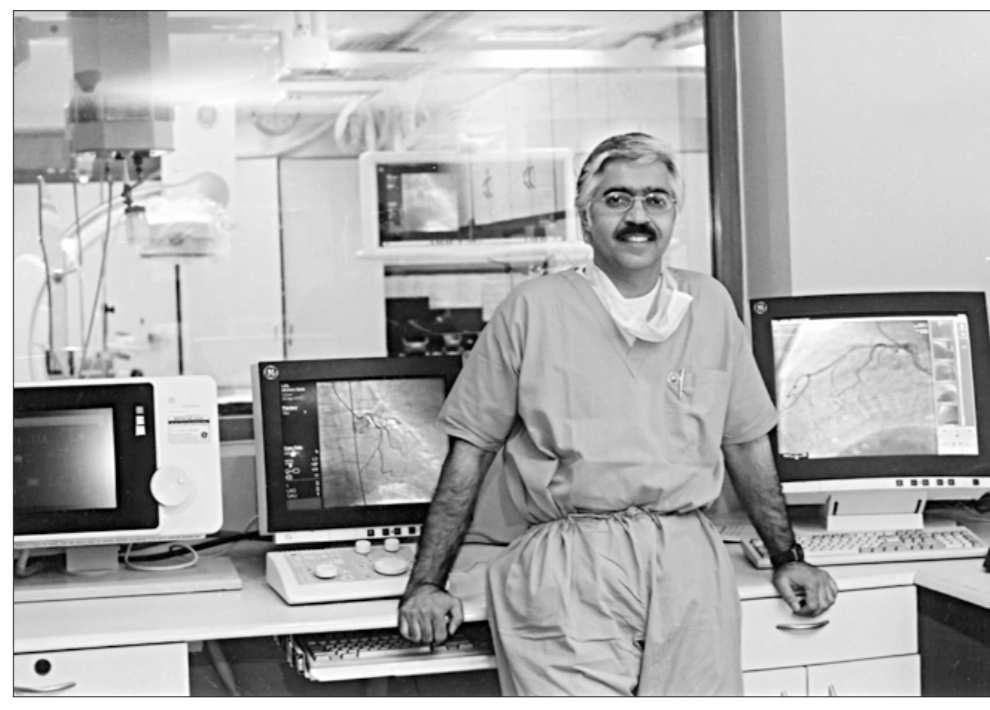
Speaking on the high cost of cardiac care, Dr Seth explained, "Access to hi-tech therapies are on the rise owing to increased awareness coupled with insurance schemes in India. What you now need is to channelise therapy and take advantage of technological advances. Cost reduction will happen at various levels like, health insurance, competition, large customer base and increased usage."

Dr Seth also suggested enacting legislation that will make it mandatory for corporate houses to provide insurance cover to employees, which he said, may increase use, even by middle class patients, of high-tech cardiac care in Bangladesh without having to pay from their own pocket.

The list of invited lectures at international academic forums on advancements in cardiology by Dr Seth crosses 65 and at the national forums, it is 132.

Dr Seth has to his credit more than 10 invited review articles and 24-odd-peer reviewed articles. He has presented about 15 abstracts at international meetings and the total number of abstracts run to about 77.

Dr Seth is the Vice-President of the Cardiac Society of India from the year 2001 onwards and is on the executive committee member of SAARC Cardiac Society from 1997.



Dr Ashok Seth at his Escorts Heart Institute and Research Centre, India.

**Quality cardiac care in Bangladesh is gradually picking up and more and more young cardiologists are showing interest in the field with good background knowledge. This is the right environment like it used to be in India twenty years ago**

On his recent visit to Bangladesh to attend the 15<sup>th</sup> annual convention and scientific sessions organised by the Association of Physicians of Bangladesh Dr Seth, Chief of Department of the Invasive & Interventional Cardiology at Escorts Heart Institute and Research Centre, India, spoke to *The Daily Star*.

He said, "Quality cardiac care in Bangladesh is gradually picking up and more and more young cardiologists are showing interest in the field with good background knowledge. This is the right environment like it used to be in India twenty years ago. What you now need is to put up sustainable programmes to expose these young enthusiasts to international level of cardiac care."

Speaking on the need for superspeciality in Bangladesh, Dr Seth said, "For matters of the heart you need a large number of 'generalists' in district towns who can provide basic care and act towards prevention of heart diseases.

Although superspecialisation is seen as professionally glamorous and financially rewarding, we must realise that every doctor whether a generalist or a specialist plays an important and valuable role in society."

Dr Seth pointed out, "There is an excellent career ahead in superspeciality for young

"There are centre of excellence for such superspecialised subjects and Bangladesh also needs to have at least one or two such centres where trainers from abroad can come and enlighten local talents. In fact, I have already trained a number of Bangladeshi cardiologists from NICVD at Escorts and would continue to train more in batches not only cardiologists but also nurses and lab techni-

ernment to reach international standard and I know a few Bangladeshi private hospitals have attained such standards, of course, through extensive training."

Dr Seth who holds record for performing the maximum number of angiographies and angioplasties in the whole of Asia-Pacific region and one of the largest numbers in the world

now able to offer quality care in India and I am sure Bangladeshi hospitals would reach such level soon."

Speaking about confidence of patients on surgeons and cardiologists Dr Seth said, "It is superspeciality hospitals that can put Bangladesh on the international map of cardiac therapy. Until that level is attained people, perhaps, would continue to

said, "Surgical procedures done at Escorts have been transferred live to overseas destinations such as Washington where more than 30,000 doctors were watching. Such overseas live demonstrations occurred on several occasions and have been extended to Japan, Singapore, Hong Kong, Australia and Pakistan as well. This has been possible only because Escorts continuously pursued on quality care