

Sodium Chloride	3.5 gm
Trisodium citrate dehydrate	2.9 gm
Potassium chloride	1.5 gm
Glucose	20 gm
Potable water	1 litre

Diarrhoea, a major concern after flood

STAR HEALTH DESK

Diarrhoea is a major health problem in the large portion of population as one of the important after effect of recent natural disaster. So many people are affected with diarrhoea as the consequence of devastating flood. Now the most important thing is to be aware of the disease to prevent and know the management as it may turn even to fatality if proper initiative is not taken. Here are some important facts about the disease and its management.

Diarrhoea is the passing of increased amounts (more than 300g in 24 hours) of loose stools. It is often caused by a virus or bacteria and can be acute (short term) or chronic (long term) - lasting more than two to three weeks. Most people are affected by diarrhoea at some time in their lives. It is often accompanied by stomach pains, feeling sick and vomiting. It is usually due to consumption of drinking water contaminated with bacteria, undercooked meat and eggs or inadequate kitchen hygiene - in other words, an infection.

There are so many cases of diarrhoea due to poor quality drinking water and malnutrition, which affects the majority of the population.

The use of water in hygiene is an important preventive measure but contaminated water is also an important cause of diarrhoea. Cholera and dysentery cause severe, sometimes life threatening forms of diarrhoea.

Diarrhoea is the passage of loose or liquid stools more frequently than is normal for the individual. It is primarily a symptom of gastroin-

testinal infection. Depending on the type of infection, the diarrhoea may be watery (for example in cholera) or passed with blood (in dysentery for example).

Diarrhoea due to infection may last a few days, or several weeks, as in persistent diarrhoea. Severe diarrhoea may be life threatening due to fluid loss in watery diarrhoea, particularly in infants and young children, the malnourished and people with impaired immunity.

The impact of repeated or persistent diarrhoea on nutrition and the effect of malnutrition on susceptibility to infectious diarrhoea can be linked in a vicious cycle amongst children.

Diarrhoea is also associated with other infections such as malaria and measles. Chemical irritation of the gut or non-infectious bowel disease can also result in diarrhoea.

What causes diarrhoea?

Diarrhoea is a symptom of infection caused by a host of bacterial, viral and parasitic organisms most of which can be spread by contaminated water, which is very important in the flood time and after the flood. It is more common when there is a shortage of clean water for drinking, cooking and cleaning and basic hygiene is important in prevention.

Water contaminated with human faeces for example from municipal sewage, septic tanks and latrines is of special concern. Animal faeces also contain micro-organisms that can cause diarrhoea.

Diarrhoea can also spread from person to person, aggravated by poor personal hygiene. Food is another major cause of diarrhoea



Two women sit on a bench spoonfeeding their babies a rice-based oral rehydration solution at the International Centre for Diarrhoeal Disease Research in Dhaka, Bangladesh.

when it is prepared or stored in unhygienic conditions. Water can contaminate food during irrigation, and fish and seafood from polluted water may also contribute to the disease.

Diarrhoea occurs when the micro-organisms irritate the mucous membrane of the small or large intestine resulting in an abnormally large quantity of water in the motions. The irritated gut becomes very active, contracting excessively and irregularly (colic). This can be accompanied by nausea, vomiting, and cold sweats. In some cases the motions may include some blood.

Certain bacteria (usually staphylococci) irritate the digestive tract by producing toxins. These toxins affect the mucous membrane much sooner, a few hours after consumption, compared with

bacterial infection. For this reason, people with inflammation or sores on their hands should not prepare food for others.

When taking antibiotics, many people suffer diarrhoea, which may continue after the antibiotic course has finished. The diarrhoea occurs because the antibiotic alters the intestinal bacterial environment. It is not an allergic reaction. In rare cases it requires medical treatment.

Chronic diarrhoea

Chronic diarrhoea can be a symptom of many disorders:

- λ Irritable bowel syndrome
- λ Acute, recurrent or chronic intestinal infections
- λ Chronic intestinal inflammation (ulcerative colitis and Crohn's

- disease)
- λ Chronic pancreatitis, which produces fatty stools
- λ Laxatives
- λ Lactose intolerance
- λ Improper diet (consumption of too much alcohol, coffee or sweets)
- λ Metabolic disorders such as diabetes and thyrotoxicosis
- λ Intolerance to gluten (wheat protein).

What are the symptoms of diarrhoea?

- λ Frequent, watery motions.
 - λ Loss of appetite.
 - λ Nausea, vomiting.
 - λ Stomach pains.
 - λ Fever.
 - λ Dehydration.
- If the diarrhoea lasts more than three weeks, it is considered chronic.

What are the warning signs?

- λ Blood in the motions.
- λ Pus in the motions (yellow mucus).
- λ Inability to drink liquids because of vomiting.
- λ Dehydration - symptoms include excreting small amounts of dark urine, drowsiness, dry mucous membranes and thirst. Dehydration as a result of diarrhoea is a particular risk for young children and the elderly.
- λ Pronounced drowsiness due to dehydration or intoxication.
- λ Acute diarrhoea in infants.
- λ Acute diarrhoea in very old people.

What can be done at home?

The first and foremost duty to manage a case of diarrhoea is to

start Oral Rehydration Saline (ORS) with the onset of the disease. As long as the loose water stool passes, the patient needs to take ORS regularly. Other normal diet will remain unchanged, never stop the normal diet. Breastfeeding should not be stopped during diarrhoea.

In cases of acute diarrhoea it would be wise to drink more fluids (3-4 litres a day), preferably containing sugar and salts. Ready-mixed rehydration sachets can be bought from the pharmacist and added to drinking water.

A sufficient intake has been obtained when the urine becomes light yellow in colour.

- λ Eat something containing salt, such as crisps or soup.
- λ Maintain good standards of hygiene.

Eat normally as soon as your appetite returns but if you have suffered an acute attack of diarrhoea, avoid foods containing milk for a couple of days.

When should the doctor be consulted?

- λ When one of the warning signs outlined above is present.
- λ When the diarrhoea has occurred during or following a trip abroad.
- λ When the diarrhoea has lasted more than one to two weeks.

How is diarrhoea treated?

Diarrhoea can usually be treated safely 'at home' and normally goes away by itself within a week. Treatment with antibiotics is therefore rarely needed, and may cause side effects, such as chronic diarrhoea.

Medication must be followed after the prescription of a registered physician.

Important facts to choose IUD

SABRINA KARIM MURSHED

Jamila, a part time domestic help in Mirpur was feeling helpless. She became unable to do heavy works like mopping floor and could not bear any jerk while traveling, since she took an Intra-Uterine Contraceptive Device (IUD), a long-term contraception method from a nearby health centre.

"I am having severe pain in my lower abdomen. Earlier I had my menstruation stopped and gained weight when I took injections. All these things (contraception method) are bad for health. I would go to the centre again and ask them to remove it," grumbled Jamila.

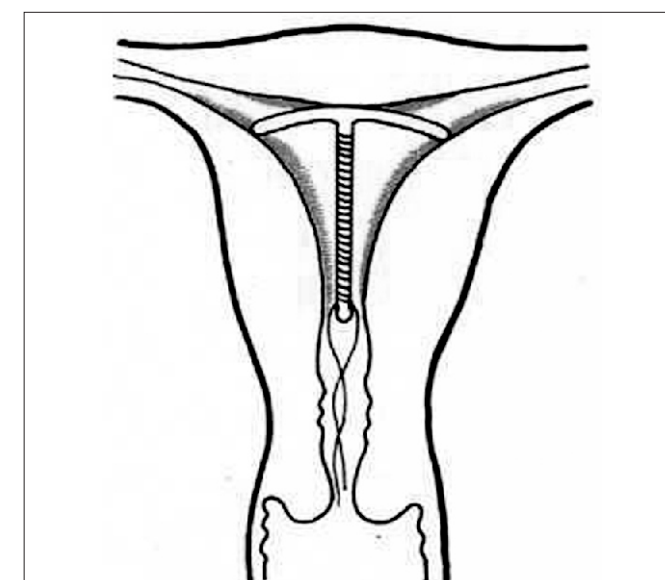
Not only Jamila, but also a fair number of women complain about and then cease using IUD, a small device inserted in the uterus to prevent pregnancy. According to the report of Bangladesh Demographic Health Service (BDHS) 1999-2000, 53.8 percent eligible couple in the country use contraception

mmedpur.

Some of the women in the city commented that IUD, being a cheaper method is promoted in private and public health centres, where mostly the women from lower income group opt for health facilities. "One IUD costs less than one dollar and provides protection for ten years. This becomes cheaper for the organisations and they offer it to people more," commented Tahmina Begum, a housewife in Elephant Road.

When asked one of the higher officials of Department of Family Planning strongly denied the allegation. "No government health centre ever persuade a client to use IUD," he said. He said, if government had designed to promote IUD, there would have been high referral fee. "Do the centre provide huge amount of money to clients or service providers? Why would someone opt for IUD for Taka 20 only?," he said clarifying Tk 20 is given as a token money or conveyance when a client inserts IUD.

However, he admitted the



methods and only 1.2 percent of them use IUD. It also said that more than 34 per cent users discontinued using IUD within first year due to several reasons and 30 per cent discontinued for side effects.

Some of the doctors working in private and public sector said, sometimes it cause some disadvantages. They expressed it causes lower abdominal pain, irregular bleeding, heavy menstrual bleeding, inter-menstrual bleeding and also severe infection.

However, the doctors stressed that IUD could not be termed as 'harmful' to female health. "The method itself is not harmful but its success depends on quality of care and technical skills of service provider," explained one of the doctors.

Also the doctors said that each individual has body functioning and body response that differs from person to person. Therefore, nobody can predict how a person's body would react to IUD. "Sometimes the uterus pushes out the IUD considering it as a foreign body," said Dr. Helena Begum, working in family planning sector for long. "But that only happens in two percent of cases," she said.

"In fact, sometimes the IUD users confront some disadvantages due to lack of appropriate screening," said Dr. Syed A.K.M. Hasan Alam, Director, Mohammedpur Fertility Services and Training Centre. He said that service providers should be skilled in history taking and physical examination. "They should know the thumb rule of IUD insertion like not using it in case the client suffers from infection," he clarified.

Moreover, the doctors said it is necessary to give the client satisfactory information about the method. Both pre-counselling and post-counselling are essential, they said. "A client should be given all information regarding the advantages and disadvantages of all methods so that she can decide which one to take," said Dr. Helena. She added that no family planning method is absolutely free of side effects and if the client is given pre-counselling, she can deal with it. "Had they told me before that I may have severe bleeding, I would not have got scared this much," said Amina, wife of a rickshawpuller in Moha-

recent lot of IUD used in family planning centres was brought from India that is not of good quality and may have caused complications in users. When asked about skilled providers, the official of the department said around 23,000 skilled fieldworkers working in public sectors. They work in 76 district hospitals, 93 Mother and Child Welfare Centres, 467 Thana and Upazila Health Complex and 4500 Union Parishad Health and Family Planning centers. "Our Family Welfare Visitors go through 18 months of basic training," he said. He also added sometimes private or NGO run health centres lack of skilled service providers, as they leave the job if got a better offer in government organisations.

Now let us know some facts about IUD.

Indication of IUD

- λ Multiparous (who have child more than one) women for birth spacing
- λ Women who cannot use hormonal contraceptive method
- λ For lactating mother
- λ Unreliable, illiterate woman when patient compliance is not good to pill
- λ Post coital contraception when IUD is inserted within 5 days of unprotected sex

Absolute contraindications

- λ Suspected pregnancy
- λ Pelvic Inflammatory Disease (PID)
- λ Vaginal bleeding of unknown origin of unknown aetiology
- λ Cancer of uterus or other pelvic tumors
- λ Previous ectopic pregnancy

Side effects and complication

- λ Fainting and collapse of the patient
- λ Bleeding
- λ Pain
- λ Pelvic infection
- λ Uterine perforation

Ideal candidate for IUD

- λ Who has borne at least one child
- λ Has no history of pelvic diseases
- λ Has normal menstrual period
- λ Is willing to check IUD tail
- λ Has access to follow-up and treatment of potential problems

Ignoring the classic symptoms can be disastrous

ZAM KHAIRUZZAMAN

It was a round day at the Orthopaedic Ward (Ward No 10) of Dhaka Medical College Hospital (DMCH). The head of Orthopaedics and Trauma Surgery Department, Professor Dr Md Amjad Hossain was performing his round at the ward.

"What is the problem?" Dr Amjad asked a teenage female patient. Mahmuda Khatun replied faintly from abdomen down the lower part of her body is paralysed with severe pain in backbone and just below her chest. She could not sleep at night due to intolerable pain and acute breathing problem.

A junior doctor showed Dr Amjad the case history including all necessary reports. He also showed him the lower part of the patient's right back attaching the backbone which swelled like a

tumour. Amjad Hossain diagnosed advanced Bone TB (tuberculosis) that would kill her fast and painfully, if not operated immediately.

"You need a surgery immediately," Amjad said. Tears rolled down the cheeks of the patient. She said quickly, "My father is a vegetable vender who earns a meagre amount a day. We haven't enough money, sir".

"Don't worry," Dr Amjad assured. "I'll operate you for free and I'll tell the Social Welfare Department to help you with necessary requirements needed during and after the operation period. Garments worker Mahmuda could not say anything but looked at Amjad with a deep sense of gratitude.

Amjad Hossain is revered for his tireless efforts to bring health care to underprivileged people.

On weekends, Amjad and his team would drive from Dhaka deep into the countryside to perform

free health check-ups. Patients flocked in, some weekends they saw 300 a day at such a camp at Chirir Bandar in a remote Dinajpur village.

The 18-year-old female Bone TB patient was brought into the Orthopaedic Ward of the hospital with severe pain in backbone and below the chest accompanied by high fever. She totally lost appetite. The problem originated four years back.

Being an inhabitant of Raipur thana in Narsingdi district she visited some general practitioners but in vain. Finally she consulted with a Medicine and Cardiac specialist at a Hospital in Bhairab, Kishoreganj who also could not diagnose her disease. But he referred her to the city hospital.

Last May Amjad Hossain successfully performed the operation on Mahmuda. After recovering from the surgery, she was relieved of pain and got back her appetite.

Now paralysed Mahmuda is continuing his fight against Bone TB. "As you delayed treatment you need a long-term treatment," Dr Amjad told her.

In reply to some queries, Dr Amjad gave the following valuable information---

About 60,000 lives are lost annually due to tuberculosis (TB) in our country and 50 percent of them are victims of muscle, bone and joint TB.

If detected early, its treatment is safe but treatment must continue for nine months, sometimes for 18 months with no interruption for a single day.

If there is less complication and if patients get proper management with nutritious food, the survival rate is very good.

Early diagnosis, treatment and taking anti-TB drugs without interruption for a single day usually save lives of patients.

The routine blood tests, Tuberculin test, Confirmation test for TB (ECT), X-rays of the joints, Aspiration of joint fluids and C/S are the tests for Bone and Joint TB.

The tragedy is that patients often delay in seeking medical help. The delay leads to lot of complications like joint deformity, disability, paralysis of both the lower and upper limbs.

The disease can strike both the elderly and the younger people alike.

Overcrowding, poor sanitation, poverty and unhygienic conditions are the major factors of the disease.

If the patient is not treated, the disease may spread to other members of the family. If a member in a family is affected then there is a chance to spread the germs to affect the whole family. However, TB is not an inherited disease.

The possible signs of trouble is non-responding to usual treat-

New technology in ENT examination



DR MD ABU HANIF

In the modern world, medical technology is very advanced and diagnosis of diseases has become very easier. In the field of ENT (Ear-Nose-Throat), medical technology has been developed tremendously. The use of traditional headlight in ENT examination is replaced by TV monitor. Now you can see your ear drum inside of nose and throat in the TV monitor, the doctor can also see it in the monitor and can diagnose it easily. It is every interesting

to the patients and their attendants. In abroad ENT doctors are using this system for many years. We have also started it in our country. The equipments are costly. So it cannot be used everywhere. Central Hospital has introduced it for the first time in our country.

The equipment consists of a CCD camera, a telescope or otoscope, a fiber optic cable, a cold light source and a TV monitor.

The picture of the ear, nose and throat go to the camera through telescope and from the camera it goes to the monitor. In the monitor

the picture is seen.

Advantages of this procedure

1. It can be seen in magnified form (5-8-times)
2. The light is very bright. So the visualisation is very clear.
3. In the TV monitor it is seen clearly.
4. Surgeons, patients and the attendants can see it in the monitor.
5. Any abnormal structure like polyp in the nose, even small hole in the ear drum can be seen.

6. You can see some conditions which are not possible by head light.

7. After repair of the ear drum (after operation) you can see the new ear drum.

8. You can take the photography of ear drum, nose and throat.

9. This procedure is not painful.

We do not take the extra charge for his procedure. We want the people to be orientated to this modern technology especially for those who can not go outside for treatment.