

Are you willing enough for posthumous eye donation?

Journey through a challenging path to serve the humanity

TAREQ SALAHUDDIN

Our eyes are the most valuable organ of our body to bring human life into light and blindness is indeed a curse in human life. In our country the number of all type of blind people is 14 lakh. Among them 5 lakh and 26 thousands are blind due to cornea (Source: WHO, 1999). These portion of blind people are curable by cornea transplantation. The main source of cornea is from human body after death i.e. posthumous eye donation. This is a great way to serve the humanity. As our body has no value after death we can give an endless life to our eyes.

In our country a large number of blindness is resulted from vitamin A deficiency. Vitamin A deficiency causes initially night blindness and if left untreated it passes through several stages which ultimately results into total blindness with a gross defect of cornea. These blindness are fully preventable and at the same time curable also. Vitamin A capsule is the preventive measure for this sort of blindness.

Some people are congenitally blind due to corneal cause. So at the end stage, the ultimate solution is cornea transplantation.

Posthumous eye donation: What is the real fact?

There are many people who are willing to donate their eyes after death but suffering from hesitation. These people need proper counselling. The procedure is very easy. The cornea is collected along with eyeball within 4 to 6 hours after a donor's death which is replaced by an artificial eyeball. Using modern instruments now we can collect only the cornea leaving the eyeball. The procedure is very simple and easy. No one need to hesitate donating cornea. It costs nothing but the good will.

Benefit of eye donation

We can do a lot to serve the humanity and give light to a blind persons. If we donate our eyes to a blind person and gets back vision he/she will surely donate it to some other blind person because he/she knows the difference. This is a way to give our eyes an eternal life.

Obstacles in posthumous eye donation

There are some obstacles to face collecting cornea properly in our country --

- λ Human eye should be collected within 2 to 6 hours within death. But it is often difficult to locate the

Eye donor awareness



donor after his death.

- λ In some cases the relatives of the donor are not co-operative and unwilling to donate cornea although the donor was committed.

- λ Sometimes the relatives do not know that the individual is committed to donate his/her cornea and overcoming the emotional factors it is often difficult to communicate with the responsible personnel.

- λ Lack of trained manpower to collect and preserve cornea in remote areas.

A good source of a cornea was unidentified dead bodies. But

now-a-days it is almost impossible. Now those bodies are kept untouched for 8 hours after which the cornea is of no use.

Other countries in the field of posthumous eye donation

Some other countries are very much advanced in this field. For example we can remember Sri Lanka. In Sri Lanka the rate of posthumous eye donation is near 100. They export cornea meeting up the local demand. They donated many cornea to SNEDS in the past. We should have a

target like Sri Lanka to increase the rate of cornea and posthumous eye donation.

The prospect of eye donation in our country and promotion of the condition

Sandhani National Eye Donation Society (SNEDS), an associate organisation of Sandhani is working a lot in the field of posthumous eye donation, collection of cornea, cornea transplantation etc. It is the only internationally recognised organisation of our country.

It started with the following objectives --

- λ To promote the cause of posthumous eye donation
- λ To create the conditions for collection, preservation and utilisation of human eyes
- λ To conduct social and scientific research in the field of ophthalmology
- λ To undertake appropriate communication programmes for preventions of blindness

To strengthen SNEDS eye bank our first and foremost duty is to donate our eyes after death when it is of no use.

There are superstitions and hesitation among the people due to lack of proper knowledge and

awareness. Sometimes it needs initiatives only. The crisis is best understood when our near and dear someone suffers from this sort of disability.

Dr Md Mamoon Islam (Robin), Secretary of SNEDS, Mitford Hospital Zone informed that SNEDS has different effective plan of actions to promote posthumous eye donation and prevention of blindness like grief counselling. As we have a large burden of preventable blindness we can do a lot to bring these people under light.

SNEDS is going to build a complete eye hospital fully equipped to collect, preserve and replace cornea and manage ailments of eye. It will be a referral centre among the Muslim countries.

According to the recent statistics up to the first October of this year the number of total consignee are 34909. It is matter of pleasure that the number is increasing day by day but unless our co-operative approach and attitude we will not be able to make success in the field. So this is the best time to consign for posthumous eye donation to bring vision 2020 into a reality. Are you willing enough?

Urinary incontinence can run in the family

The risk of urinary incontinence appears to be one of the things mothers can pass on to their daughters. Norwegian researchers found that women whose mothers had urinary incontinence were 30 percent more likely to develop the condition as well. Having an incontinent older sister upped the risk by 60 percent.

This is the first study to show that there may be genetic risk factors associated with urinary incontinence, study author Dr. Yngvild S. Hannestad told.

Doctors may one day tell

strain or lift due to weakness in the muscles that hold back urine.

Other risk factors for incontinence include older age and obesity.

To investigate whether this difficult condition may be passed on in families, Hannestad and colleagues reviewed information collected from 6,021 mothers, 7,629 daughters, 332 granddaughters, and 2,104 older sisters of 2,426 sisters.

As they reporting in the British Medical Journal, the researchers found that there was indeed a familial risk. In terms of the differ-

Indoor air pollution -- the killer in the kitchen

The World Health Organisation (WHO) and the United Nations Development Programme (UNDP) marked World Rural Women's Day on 15 October 2004 by drawing attention to indoor air pollution - one of the major causes of death and disease in the world's poorest countries. While the millions of deaths from well-known communicable diseases often make headlines, indoor air pollution remains a silent and unreported killer. Rural women and children are the most at risk.

Thick acrid smoke rising from stoves and fires inside homes is associated with around 1.6 million deaths per year in developing countries i.e. one life lost every 20 seconds to the killer in the kitchen.

Nearly half of the world continues to cook with solid fuels such as dung, wood, agricultural residues and coal. The picture of our country is not different especially in the rural areas. Smoke from burning these fuels gives off a poisonous cocktail of particles and chemicals that bypass the body's defences and more than doubles the risk of respiratory illnesses such as

bronchitis and pneumonia.

The indoor concentration of health-damaging pollutants from a typical wood-fired cooking stove creates carbon monoxide and other noxious fumes at anywhere between seven and 500 times over the allowable limits.

Day in day out, and for hours

equivalent of consuming two packs of cigarettes a day - and yet, these families are faced with what amounts to a no-choice - not cooking using these fuels, or not eating.

Rural women and their families also pay a high economic price for keeping the fire burning.



at a time, rural women and their children in particular are subjected to levels of smoke in their homes that far exceed international safety standards. The World Energy Assessment estimates that the amount of smoke from these fires is the

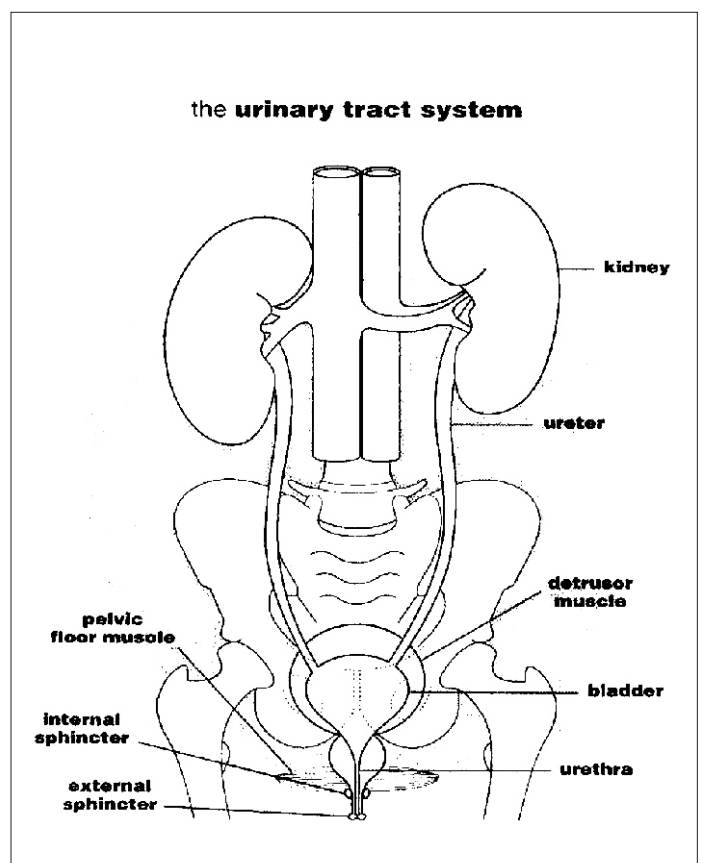
equivalent of consuming two packs of cigarettes a day - and yet, these families are faced with what amounts to a no-choice - not cooking using these fuels, or not eating.

nutritional and health status.

So what can be done to put an end to indoor air pollution? Finding cleaner solutions is the main challenge. Gases, liquids and electricity are the main alternatives. Although today these energy sources derive mainly from fossil fuels, this needs not be the case in the future when renewable energies may ease the pressure on natural ecosystems. Other steps include the recognition and action by governments, the aid community, civil society and other key actors that indoor smoke is a huge blight on the lives of rural women and their children.

The implementation of avoidance of this sort of pollution will require the development of viable and sustainable markets, as created through the Liquefied Petroleum Gas (LPG) Rural Energy Challenge for LPG delivery and consumption. We need attention paid to this "killer in the kitchen" as is paid to other major killers.

Source: Joint statement of WHO & UNDP



women with a family history of incontinence to take extra measures to prevent incontinence.

For instance, women often develop incontinence after pregnancy, and those with a family history may benefit from practicing pelvic floor exercises that can prevent the condition after childbirth, said Hannestad, based at the University of Bergen.

There are two main types of urinary incontinence: urge incontinence, in which people lose urinary control due to an overactive bladder, and stress incontinence, in which they leak urine when they laugh, cough, sneeze,

ent types, maternal incontinence increased the risk of stress incontinence by 50 percent, and the risk of urge incontinence by 80 percent.

And if mothers had particularly severe forms of incontinence, daughters were 90 percent more likely to develop severe symptoms, as well.

Women had a higher risk of incontinence if the condition plagued both their mothers and grandmothers, but not if only their grandmothers were incontinent.

Source: British Medical Journal, Oct 16, 2004.

Surgical treatment can cure tubercular paralysis

Successful surgical intervention can ensure normal life from paralysis due to tuberculosis

DR MD SHAH ALAM

Of all the patients suffering from pulmonary tuberculosis nearly 1 to 3 per cent develops extra pulmonary involvement like the skeletal system. Vertebral column is the commonest site of skeletal tuberculosis and is the most dangerous one. Paralysis is the most critical complication of spinal tuberculosis. It requires surgery. Conservative treatment alone can neither quickly eradicate the infection nor can prevent the progressive deformity.

Tuberculosis in the musculo-skeletal system is always sec-

ondary. In many cases primary focus cannot be identified. In the

past, before coming up of newer anti-tubercular drugs we lost many patients due to tuberculosis.

Newer anti-tubercular drugs along with supportive treatment can cure a significant number of patients. In few cases surgery is the only answer. Direct decompression followed by tri-cortical bone grafting along with instrumentations gives excellent results.

Pott's paraplegia is one type of paralysis due to tuberculosis. Surgery has got tremendous role here. Surgery specially antero-lateral decompression with instrumentations is supe-

rior than any other procedure.

It is often misdiagnosed and the patients suffer more from the disease. The operation is newly practised in our country.

Case history
Md Musa Miah, a shoe maker had been suffering from different ailments like low grade fever, gradual weight loss, backache etc. For eight months both of his lower limbs had been becoming progressively weak. The range of movements of his lower limbs were decreased. He was admitted to the Mitford Hospital with these disabilities. After some investigations he was diagnosed as a patient of Pott's paraplegia, a sort of

tubercular paralysis.

After operation his neurological status has regained almost normal. Now he can do his normal duties like walking, climbing upstairs, movements of limbs as a normal individual.

A patient like Musa Miah could not think about bearing the expense of the operation by his own in the private level. The operation was made possible by some cordial initiatives of the surgery team. It is a matter of great joy that it is practised now-a-days in our country. But to make it available in all sector specially in government hospitals more support from the government is needed.

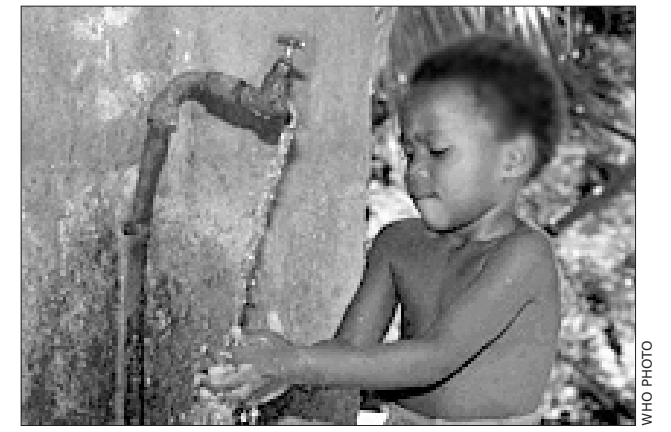
DID YOU KNOW?

Worldwide 1.6 million diarrhoeal death due to unsafe water, sanitation and hygiene

Every year there are 1.6 million diarrhoeal deaths related to unsafe water, sanitation and hygiene -- the vast majority among children under five. More than one billion people lack access to an improved water source.

Household water treatment and safe storage (HWTS) interventions can lead to dramatic improvements in drinking water quality and reductions in diarrhoeal disease -- making an immediate difference to the lives of those who rely on water from polluted rivers, lakes and in some cases, unsafe wells or piped water supplies.

Source: WHO



Diabetic individuals may have triple normal bowel cancer risk

Diabetics may have three times the normal risk of developing colorectal cancer, researchers said.

They found that a marker for raised sugar levels in blood samples could be an indicator of people more likely to develop the cancer.

In a study of 10,000 people, those with the highest blood sugar levels, even if they were below amounts diagnosed for diabetes, were more likely six years later to have bowel cancer.

"Raised levels of blood glucose, even in the absence of diabetes, is still associated with an increased risk of colorectal cancer," Professor Kay-Tee Khaw, of the University of Cambridge in England, said.

She and her colleagues are not suggesting that diabetes causes colorectal cancer but that it may be a marker for something else that increases the risk.

"We think the interpretation of this is that there are common lifestyle factors that appear to predispose to both diabetes and to colorectal cancer, such as diet or physical activity," Khaw said.

People can have raised glucose levels without having

diabetes but those with the highest levels are considered to be diabetic.

"Even levels below those (of diabetics) seem to be associated with increases in colorectal cancer," she added.

The research, which was published in the journal Cancer Epidemiology and Biomarkers, was part of Prospective Investigation into Cancer study and looked into whether abnormal glucose metabolism increases the risk of bowel cancer.

Participants in the study filled in questionnaires about their health and lifestyle and blood samples were taken and analyzed. Six years later they were followed up and 67 had developed bowel cancer.

The people who had the most raised blood sugar levels had the highest rates of colorectal cancer -- or about three times the risk of people with the lowest blood sugar levels.

Dietary changes, losing weight and physical exercise can reduce blood glucose levels, Khaw opined.

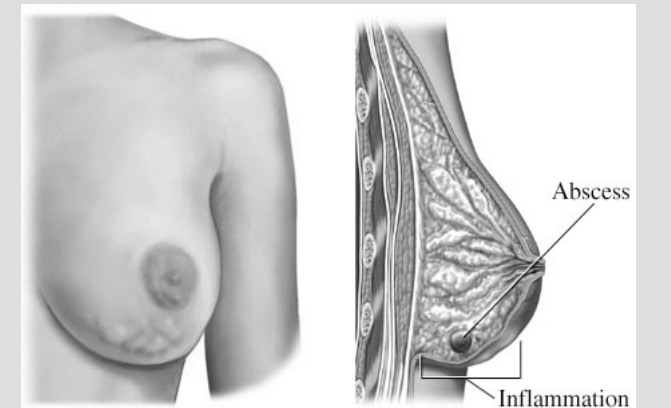
Source: Cancer Epidemiology and Biomarkers

HEALTH TIPS

Be aware of mastitis -- inflammation of breast tissue

Mastitis, an inflammation of breast tissue, can afflict women of any age. But it is most common in breast-feeding women. The condition usually occurs when germs enter the breast through a crack or abrasion in the nipple. The ensuing swelling and pain generally resolve once the inflammation clears.

If you are breast-feeding and experiencing repeated episodes of mastitis, it may be because something is blocking the flow of milk. This could be a cyst or perhaps a tumor. You should talk to your doctor as soon as possible.



Consult a doctor if your hands always seem to be cold

It might be a sign of an underactive thyroid (hypothyroidism). One function of the thyroid gland is to regulate body temperature. When it's not doing its job, the body becomes tired and less tolerant of the cold. The signs of hypothyroidism can be vague, so be sure to mention even mild changes to your doctor.