

Important features to mark at baby's first checkup

STAR HEALTH DESK

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Most babies have their first medical checkup within the first few weeks after birth. Even when things are going well, frequent checkups during the first year are important for monitoring your baby's well-being.

Measurements

Most well-baby checkups begin with measurements of its length, weight and head circumference. You will need to undress your baby, so keep a blanket handy. The measurements will be plotted on a growth chart. You will see how your baby's size compares with other babies the same age, but the comparison is not what matters. The doctor will use these measurements to make sure your baby's growth is on target from one visit to the next.

Remember that many factors can affect a baby's position on the growth charts. Babies born several weeks early are likely to be smaller than those born closer to their due dates. Babies who were overdue may top the charts.

Head-to-toe physical exam

A thorough physical exam can help the doctor detect issues from diaper rash to breathing difficulties. Here are the basics:

Head: The doctor will check the size and softness of the fontanels

(soft cartilage between the bony sections of a baby's skull), the soft spots on your baby's head. These gaps between the skull bones give your baby's brain plenty of room to grow. They are safe to touch and typically disappear within 12 to 18 months, when the skull bones fuse together.

To help your baby's head remain an even shape, the doctor may suggest varying your baby's head position. Place your baby on his or her back to sleep, but alternate the direction your baby faces. When your baby's able to hold up his or her head, try supervised tummy time.

Ears: The doctor will check for fluid or infection in your baby's ears with an instrument called an otoscope. The doctor may check the shape of your baby's ears as well.

Eyes: The doctor will look for blocked tear ducts and eye discharge. He or she may examine the inside of your baby's eyes with an instrument called an ophthalmoscope. The doctor will look for crossing of the eyes (strabismus) and ask if you've ever noticed your baby's eyes crossing at home. By the end of the first month, most babies can focus on objects about 8 to 12 inches away about the distance to your eyes during a feeding.

Mouth: The doctor may check your baby's sucking reflex by placing a fingertip or pacifier in your baby's mouth. A look inside



your baby's mouth may reveal signs of oral thrush, an easily treated yeast infection common in babies this age.

Skin: The doctor will look for various skin conditions, including birthmarks, rashes and jaundice a yellowish discoloration of the skin and eyes. Mild jaundice that develops soon after birth often disappears on its own within a week or two, but more severe cases may need light therapy or other treatments. The doctor will also make sure the area around your baby's bellybutton is beginning to heal.

Heart and lungs: The doctor will listen to your baby's heart and

move your baby's legs to check the hip ligaments and joints. He or she will check your baby's muscle tone as well.

Genitalia: The doctor will inspect your baby's genitalia for tenderness, lumps or other signs of infection. He or she will also check for an inguinal hernia, which results from a weakness in the abdominal wall. For boys, the doctor will look for descended testicles and a hydrocele, a fluid-filled sac around the testes in the scrotum. If your son was circumcised, the doctor will make sure the area is beginning to heal.

General development

It may seem as if your baby does little more than wiggle in your arms, but even limited head, arm and leg movements can help the doctor assess muscle strength and tone. Your baby's reflexes and overall responsiveness will be checked as well.

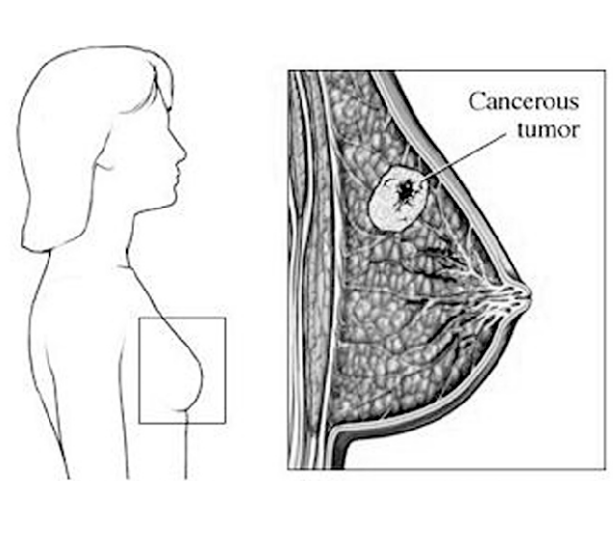
Time to talk

During the appointment, the doctor will ask how things are going. How are you adjusting to life with a newborn? How much does the baby cry? Is he or she easy to soothe? Who helps you care for the baby? How is the rest of the family adjusting? Have you and your partner had any time to yourselves?

Be ready to describe a typical day with your baby. How much does the baby sleep? If you're breast-feeding, how's it going?

Did you know?

Dual screen best for women with breast cancer risk



Combining an MRI scan and a mammogram is the most effective way to detect breast cancer in women with a high risk of the disease, scientists said. Women who have mutations in the BRCA1 and BRCA2 genes are more likely to develop cancer and at a younger age. Detecting the disease with just a mammogram can be difficult because younger women have denser breasts.

"Our results suggest that MRI screening is more effective than mammography in this high risk group, and combining the methods is very effective," said Professor Martin Leach, of the Institute of Cancer Research in London. He and his colleagues compared the effectiveness of both screening methods on 650 women at high risk of breast cancer.

They found that MRI was nearly twice as effective as mammograms in finding signs of the disease. Mammograms picked up 40 percent of tumors in the women but MRI detected 77 percent. When the two methods were combined, 94 percent of tumors were identified.

MRI was particularly good at finding tumors in women with a mutation in BRCA1. Inherited genetic mutations account for only a small percentage of breast cancer cases but women with the defects have about a 60 percent chance of developing the disease by the age of 70.

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Source: The Lancet

4 Problems you can cure with food

Disinfect a wound

Pour a dab of honey on a cut before covering it with a bandage. Honey has powerful anti-bacterial properties. One New Zealand study found that honey was capable of destroying almost all strains of the most common wound-infecting bacteria. Another equally good option, turmeric (haldi).

Repair dry skin

Try rubbing a small amount of sesame or corn oil over dry skin on your hands or feet, to add moisture and seal it into the area.

Treat poison IVY

Got itching? Get milk. Soaking a kerchief in cold milk and then holding it on your skin will dry out the rash of poison ivy and help ease the itch.

Soothe a sunburn

To stop the itch and burn mix together a bit of dry oatmeal and cool water. Make it slightly slushier than if you were going to eat it, and spread the mixture carefully on your sunburned skin. This will relieve the pain and help reduce swelling.

MYTH



Don't drink milk if you have a cold!

Milk makes mucus, goes the conventional wisdom. Yet few studies have tested milk's effect on cold sufferers.

However, Australian researchers took up the challenge in 1990. They infected 50 volunteers with a cold virus and asked them to keep track of how much milk or other dairy foods they consumed for 10 days. Meanwhile, all used tissues were weighed to measure nasal secretions.

The results: mucus ranged from zero to 25 gms a day, and milk ranged from zero to 11 glasses a day, but one had nothing to do with the other.

INTERVIEW

Lack of coordination is the main barrier for eye care, poverty is not a big issue – Adam Zayan

TAREQ SALAHUDDIN

ORBIS is an international, non-profit, humanitarian organization committed to preserving and restoring sight in the developing world through hands-on training of medical personnel and by strengthening the capacity of in-country eye care services and institutions. Through the ORBIS International Bangladesh Country Office, ORBIS has established itself as one of the country's major stakeholders in blindness prevention.

Adam Zayan, a Senior Vice President & Medical Director of ORBIS International visited Bangladesh recently to monitor the ongoing country programs in Bangladesh. During his visit he shared his views with Star Health regarding the eye care situation in Bangladesh.



Adam Zayan

Bangladesh?

AZ: ORBIS is working in the country to explore the facilities in eye care sector. But it is a long term programme which cannot be achieved readily. The work is going on satisfactorily along with other organisations and the government of Bangladesh and we hope to reach our target in the long run.

SH: Comment on recently launched National Eye Care of Bangladesh. Do you think that it is enough to do for the betterment of the eye care sector of Bangladesh?

AZ: Well, the policy is well enough. But implementation of the policy is the ultimate target. The Government, NGOs, doctors and even the people have to come forward to materialise the policy successfully.

SH: What is your appraisal about the skill and standard of the ophthalmologists of our country?

AZ: The standard and skill of the ophthalmologists of Bangladesh in comparison to that of other countries are sufficient enough to work for the betterment of the eye care sector of Bangladesh. But some non medical refractionists should be trained up to lower the load on doctors and ophthalmologists. In this connection I would like to mention that there must have a

good referral system to explore the outcome.

SH: What is your recommendation to facilitate the eye care?

AZ: For the better service in eye care, ophthalmologists must work sincerely in the grass root level first.

Refractionists should be trained to decrease the load of ophthalmologists. There should have some institutional training facilities for non medical refractionists like many countries of the world. It can reduce the cost of eye care in the country as well.

To develop a good referral system is a must to get the optimum benefit.

People should be aware of different preventable or avoidable eye diseases to prevent them. Doctors can do a lot to make awareness among the population. Media can be used in this connection to aware people about various diseases of eye.

SH: What you would like to account for the main barrier in the eye care sector of our country? Do you consider poverty as a big factor?

AZ: In spite of good infrastructural facilities in the country, there are lots of obstacles to overcome. The main problem is lack of coordination among different service providers like government, NGOs and doctors. As a result, policy is not implemented properly for the betterment in the sector. If the government, the organisations, doctors and people can work together with a good co-ordination, the target can be achieved by utilising the existing resource and facilities available; lack of money or poverty is not a big issue here, I think.

SH: Thank you sir.

AZ: Thank you.

Treatment of mal-aligned teeth: Bringing back hope and dignity

DR FARHANA RAHMAN

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Unattractive dental and facial appearances have adverse effects upon an individual's psychological development. It also affects the individual's acceptance by the society and even influences one's career prospects. Deformed dental structure makes an individual having complex. Many women are rejected in their matrimonial procedures with deformed and faulty dental structures. Mal-aligned teeth and dento-facial abnormality causes many self-demeaning attitude in people. Thus, orthodontic treatments (which correct badly formed or placed teeth) are necessary to improve facial aesthetic and function of dentition to prevent psychological disturbance of an individual and thus come out from social embarrassment in their life.

Orthodontia is a super specialised branch of dentistry dealing with the study of growth and development of masticatory apparatus and prevention and treatment of dento-facial abnormalities within certain biological



limit. The aim of Orthodontics is to achieve a functional and aesthetically harmonious occlusion by permanently altering the position of natural teeth. There are several branches of orthodontics which deal with various aspects of respective problems.

Aims and objects

λ To improve facial aesthetics within certain limits to prevent psychological disturbance and social embarrassment.

λ To improve the function of the dentition.

λ Elimination of crowding and to improve the durability of the dentition.

λ As adjunct to other forms of

dental treatment.

Factors determining the decision to give orthodontic treatment are --

λ Age, sex, professional status and co-operation

λ Oral hygiene and condition of gingival and tooth supporting structures

λ Expected prognosis

λ General physical condition.

Although orthodontic treatment can be carried out at any age but it is better to start from teenage. The initial assessment is made between 7-10 years. With increase age, the bone and tissue become denser. Therefore it takes longer time to move tooth.

However for preventive and interceptive care two things should be considered -- timing of preventive/interceptive treatment and thorough knowledge of cranio-facial growth and development.

Malocclusion of teeth

Malocclusion may be defined as an irregularity of teeth beyond the accepted range of normal. It may be associated with mal-position of individual teeth, mal-relationship of dental arches and unfavourable

pathological factors.

During early age preventive and interceptive orthodontic treatment will help to correct or reduce the severity of malocclusion. On the other hand existing malocclusion is corrected by the orthodontic appliances. An orthodontic appliance is a device that exerts mild pressure to a tooth or group of teeth and their supporting tissue in a predetermined direction to bring the physiological tooth movement within bone and other supporting structure. Treatment with braces usually takes between 6-24 months to complete. Incases with severe cranio-skeletal deformities where active growth is completed, treatment become complicated but not impossible. Surgical intervention along with orthodontic care is needed in those cases. So, it is better to be conscious about the whole effect and seek advice from the orthodontist.

Orthodontic treatment option

No treatment: Acceptance of mild irregularity as limited crowding will often be better than post treatment extraction space.

Extraction only: Considered only where the degree and position of crowding is favorable, as are the local tooth angulations.

Removable appliances: Where tooth position, inclination and angulations are favorable, a removable appliance may correct malocclusion.

Fixed appliances: They are attached to most of the maxillary and mandibular teeth and allow full correction of all teeth.

Functional appliances: This is a specialised removable appliances in which upper and lower segment is attached together. These appliances are effective during the age of active growth.

Orthognathic surgery: This is a complex treatment approach involving a combination of both fixed appliances and jaw surgery. It is done in such cases with severe jaw deformities where the active bone growth has ceased.

The success of the treatment depends upon patient's co-operation. Patient's who co-operate well with treatment get good result. In short, orthodontic treatments can make a person better both functionally and aesthetically. Thus an individual can find their self-esteem and confidence back and will ultimately become successful in their respective lives.