

Back pain of Sciatica could be managed by self-care

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The longest nerve in your body, the sciatic nerve runs from pelvis through hip area and buttocks and down each leg. It controls many of the muscles in lower legs and provides feeling to thighs, legs and feet.

The term sciatica refers to pain that radiates along the path of this nerve from back into buttock and leg. The discomfort can range from mild to incapacitating, and may be accompanied by tingling, numbness or muscle weakness. Rather than a disorder in and of itself sciatica is a symptom of another problem, such as a herniated (condition where an organ bulges through a hole or weakness in the wall which surrounds it) disk, that puts pressure on the nerve.

Sciatic pain usually goes away on its own in six weeks or so. In the meantime, hot and cold packs, over-the-counter pain relievers, and exercise or physical therapy can help ease discomfort and speed recovery. Surgery to relieve pressure on the nerve may be an option when symptoms don't respond to conservative treatment and pain is chronic or disabling.

Sign and symptoms

Pain that radiates from lower (lumbar) spine to buttock and down the back of leg is the hall-mark of sciatica. You may feel the discomfort almost anywhere along the nerve pathway, but it is especially likely to follow one of these routes from lower back to knee, from the mid-buttock to the outside of calf, the top of foot and into the space between last two toes, from the inside of calf to inner ankle and sole.

The pain can vary widely, from



a mild ache to a sharp, burning sensation or excruciating discomfort. Sometimes it may feel like a jolt or electric shock. Sciatic pain often starts gradually and intensifies over time. It is likely to be worse when you sit, cough or sneeze. Usually only one lower extremity is affected.

In addition to pain, one may also experience numbness or muscle weakness along the nerve pathway in your leg or foot.

In some cases, one may have pain in one part of leg and numbness in another; tingling or a pins-and-needles feeling. This occurs most commonly in toes or part of foot; a loss of bladder or bowel control. This is a sign of 'cauda equina syndrome', a rare but serious condition that requires emergency care. If you experience either of these symptoms, seek medical help immediately.

Causes

Sciatica usually results from

compression of a nerve root in lower (lumbar) spine. By far the most common cause of this compression is a herniated disk in lower back.

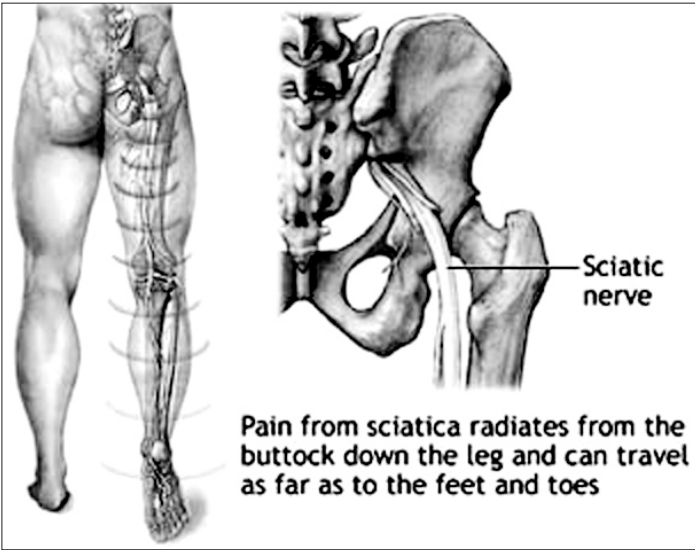
Other conditions that may put pressure on the sciatic nerve include lumbar spinal stenosis, Spondylolisthesis, Piriformis syndrome, spinal tumors, trauma, sciatic nerve tumor or injury.

Risk factors

Risk factors are health problems, lifestyle choices and inherent qualities, such as age or race, that make it more likely you will develop a particular condition. Major risk factors for sciatica include age, occupation, physical activity, genetic factors, diabetes etc.

When to seek medical advice

Mild sciatica usually goes away given a little time and patience. Consult a physician if self-care



measures fail to ease symptoms or if pain lasts longer than six weeks, is severe or becomes progressively worse. Get immediate medical care if you experience sudden, severe pain, numbness or muscle weakness in your back or leg; the pain follows a violent injury, such as a traffic accident or you have trouble controlling your bowels or bladder.

Treatment

For most people, sciatica responds well to self-care measures. You will heal more quickly if you continue with your usual activities but avoid what may have triggered the pain in the first place. Although resting for a day or so may provide some relief, prolonged bed rest is not a good idea. In the long run, inactivity may make symptoms worse.

Here are conservative measures that one can take:

Cold packs: Initially, wrap an ice pack or a package of frozen peas in a clean towel and apply to the painful areas for 15 to 20 minutes at least four times a day to reduce inflammation and relieve discomfort.

Hot packs: After 48 hours, apply heat to the areas that hurt. Use warm packs, a heat lamp or a heating pad on the lowest setting.

Stretching: Initially, passive stretching exercises can help you feel better and may relieve compression, but avoid jerking, bouncing or twisting.

Over-the-counter medications: Nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin and ibuprofen which help alleviate both discomfort and inflammation, are the most helpful for sciatica.

Prescription drugs: Drugs prescribed by physician are most reliable.

Physical therapy: If you have

a herniated disk, physical therapy can play a vital role in recovery. Rehabilitation typically includes exercises to help correct posture, strengthen the muscles supporting back and improve flexibility. It is the cornerstone of your treatment programme and should become part of your permanent routine at home.

Regular exercise: It may seem counterintuitive to exercise when you are in pain, but the fact is that regular exercise is one of the best ways to combat chronic discomfort. Exercise prompts body to release endorphins -- chemicals that prevent pain signals from reaching your brain. Endorphins also help alleviate anxiety and depression, conditions that can make pain more difficult to control.

When conservative measures don't alleviate pain within a few months, then other measures or surgical approach may be applied.

Prevention

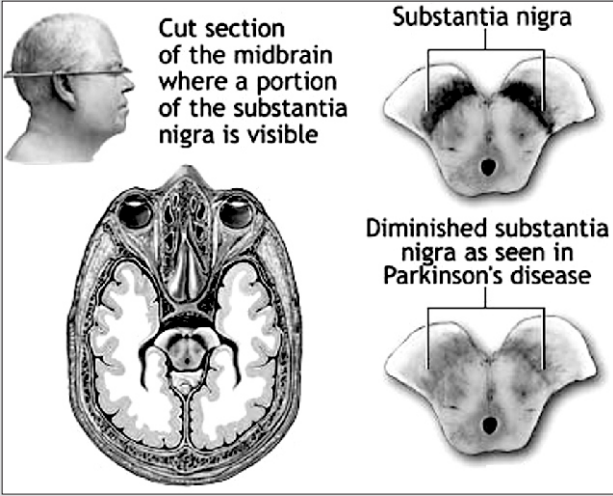
It is not always possible to prevent sciatica, but the following suggestions can play a key role in protecting your back:

Regularly exercise, maintaining proper posture when sitting, using good body mechanics are helpful.

Being conscious of how one stand, lift heavy objects and even how one sleeps can go a long way toward keeping back healthy. That is because poor posture stresses the back, leading to fatigue and stress on joints and nerves. For the best sleep posture, choose a firm mattress. Use pillows for support, but don't use one that forces your neck up at a severe angle.

Did you know?

Vitamin E may protect against Parkinson's



Eating food rich in vitamin E may help protect against Parkinson's disease, scientists said. A review of eight studies that looked into whether vitamins C and E and beta carotene had an impact on the odds of developing the progressive brain disease showed that a moderate intake of vitamin E lowered the risk.

"Our data suggest that diets rich in vitamin E protect against the development of Parkinson's disease," said Dr. Maynar Etminan, of the Royal Victoria Hospital in Quebec, Canada.

Neither vitamin C nor beta carotene seemed to have a protective effect against the illness.

The researchers said they

did not know whether vitamin E supplements would have any benefits.

Parkinson's is a chronic, irreversible neuro-degenerative disease that affects 1 percent of people over the age of 65 worldwide.

The illness occurs when brain cells that produce a chemical called dopamine malfunction and die. Symptoms include tremors, stiffness, slow movement and poor coordination and balance.

Vitamin E is an antioxidant that protects cells from damage. Foods rich in the vitamin include nuts, seeds, wheat germ, spinach and other green leafy vegetables.

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Source: The Lancet Neurology

Variety of activities may lower dementia risk



A variety of activities like exercise, household chores and even dancing, can help people avoid Alzheimer's and other forms of dementia, U.S. researchers said.

They found that variety was more important for preventing dementia than total calories burned in exercise and other physical activities.

"We don't yet know why this association exists or what causes it," said Dr. Constantine Lyketsos, a professor of psychiatry and behavioral sciences at Johns Hopkins University.

"It could well be that maintaining a variety of activities keeps more parts of the brain active, or that this variety reflects better engagement in both physical and social activities," he added in a statement.

The study included 3,375 men and women over the age of 64 who did not have dementia when the program began.

Lyketsos and colleagues said each volunteer answered questions about the frequency and duration of physical activities such as walking,

household chores, gardening, dancing, bowling or swimming.

Researchers then created an activity index, and considered other factors such as age, gender, education level, ethnicity, smoking and alcohol use.

Over the next 5 years, 480 people developed dementia. Of those, only 84 who listed four or more activities developed dementia, as opposed to 130 who listed one activity or none.

The association held true for all types of dementia, including Alzheimer's disease and vascular dementia.

The study also took into consideration what type of APOE gene people had. APOE, or apolipoprotein-E, is related to cholesterol metabolism and people with one particular variant of this gene called APOE-4 have a higher risk of Alzheimer's.

And in the study, exercise and other activities did not protect people with APOE-4.

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Source: American Journal of Epidemiology

The role of physiotherapy in pregnancy

DR MD SAIFUL ISLAM

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Regular exercise during pregnancy can prepare your body for the rigors of labour and help you to reach your pre-pregnancy weight goal sooner. Caring for a newborn is exhausting and physically demanding, so it is in your best interests to be fit and capable.

Importance of exercise during pregnancy

Benefits of regular exercise throughout pregnancy include:

- λ Resistance to fatigue.
- λ Stronger back muscles, which can help manage back pain and strain as belly grows.
- λ Improved posture.
- λ Smaller gain of body fat.
- λ Stress relief.
- λ Preparation for the physical demands of labour.
- λ Faster recuperation after labour.
- λ Faster return to pre-pregnancy fitness and healthy weight.
- λ Increased ability to cope with physical demands of motherhood.

Physiological and physical changes during pregnancy

Pregnancy affects the way your body copes or responds to exercise, including --
λ Hormones such as relaxin soften ligaments, which could increase your risk of joint injuries (for example, sprains).
λ Your growing belly will push your centre of gravity forwards, affecting your balance.

- λ The average weight gain during pregnancy is 10 to 15kg, and this extra weight puts greater strain on your joints and muscles.
- λ Metabolism decrease in first trimester and increase in second and third trimester (one of the three 3-month periods of a pregnancy).
- λ Increase respiratory rate.

Cautions for exercise

It should be guided by a doctor or physiotherapist, but general cautions include --

- λ Avoid raising your body temperature too high - for example, don't soak in hot spas or exercise to the

- point of heavy sweating.
- λ Reduce your level of exercise on hot or humid days.
- λ If weight training, choose low weights and medium to high repetitions -- avoid lifting heavy weights altogether.
- λ Don't exercise if you are ill or feverish.

If you don't feel like exercising on a particular day -- then don't do it. It is important to listen to your body to avoid unnecessarily depleting your energy reserves.

Exercises that should be avoided

Exercises to avoid during pregnancy include --

- λ Outdoor cycling, roller lading or



vigorous stretching.
λ Contact sports, activities that carry a risk of falling.
λ Competition sports, depending on the stage of pregnancy, the level of competition and your level of fitness.

- λ After about the fourth month, exercises that involve lying on your back - the weight of your baby can compress your main artery. This will lower your blood pressure and make you feel dizzy and light-headed.
- λ In the later stages of pregnancy, activities that involve jolting or jarring the body, such as running and jumping, or that demand rapid changes of direction.

- λ Your growing baby needs oxygen, so never exercise to the point of breathlessness.
- λ The level of exertion will depend on your level of fitness but even fit athletes should only exercise at moderate levels of intensity.

General exercise

This should be guided by your physiotherapist --

- λ Aim for four exercise sessions per week.
- λ Don't try to exercise too far beyond your current fitness level.
- λ Warm up thoroughly for at least 10 minutes.
- λ Exercise on soft surfaces, such as grass or carpet.
- λ Maintain a moderate intensity - a general rule of thumb is to keep your heart rate below 140 beats per minute.
- λ If exercising in water, keep your heart rate below 125 beats per minute.
- λ Do no more than 20 minutes of vigorous activity per exercise session, and keep an eye on your heart rate.
- λ Rest frequently, especially if you are feeling breathless.
- λ Don't hold your breath -- as a rule, breathe out through the movements that need the most effort.
- λ Change positions carefully and slowly.
- λ Drink plenty of water before, during and after exercise.
- λ Cool down thoroughly for at least 10 minutes.
- λ Include stretching in your exercise program - aim for slow, sustained stretches and avoid 'bouncing'.
- λ Monitor your body temperature - if you are feeling too hot slow down your activity and take in some water.
- λ Wear multiple layers of clothing that you can remove, rather than one bulky layer. Choose natural fibres such as cotton.
- λ Wear a supportive bra.
- λ Have at least two rest days every week.

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The writer is a physiotherapist at Gono Bishwabidyalay, Dhaka.

Cosmetic surgery: Steps you may like to consider

Cosmetic surgery -- you have seen it advertised in newspapers, featured on television programs, displayed on the faces of celebrities. It is guaranteed to shave decades off your appearance. In some cases, maybe. Cosmetic surgery offers the potential to improve many areas of the body. But as with any surgery, cosmetic procedures involve certain risks and limitations.

To increase the likelihood of a satisfying outcome, first examine your reasons for wanting cosmetic surgery. Then educate yourself about what you can realistically expect, the benefits and risks involved and how to find a qualified surgeon.

Why consider cosmetic surgery?

Cosmetic surgery aims to change your appearance by altering parts of your body that function normally but make you unhappy. This differs from reconstructive surgery, which doctors use to restore the appearance and function of body parts affected by congenital defects, injuries and diseases such as cancer.

If you are dissatisfied with your appearance, you may be interested in cosmetic surgery not only to look better, but also to feel better. Despite possible risks, and though each person's experience is unique, some research suggests that both may be likely following a cosmetic procedure.



metic procedure.

Cosmetic surgery outcomes are most likely to be successful if you are in good overall health. It is also best if you --

- λ Have realistic expectations
- λ Can afford the time and expense
- λ Understand the risks

What are the possible risks?

The closer you work with your surgeon to establish specific, measurable and achievable goals before surgery, the more likely you are to be happy with the results. How satisfied you are depends on a number of factors. These include your expectations, the extent and type of surgery, how skilled your surgeon is and your own body's ability to heal.

Beyond the risk of dissatisfaction, all the usual surgical risks apply. If you have a history of cardiovascular disease, lung disease or obesity, you have a higher risk of developing such complications as pneumonia, stroke, heart attack, and blood clots in the legs or lungs.

Other possible surgical complications include --

- λ Nausea, dizziness and excessive pain, which may require admission to a hospital
- λ Numbness and tingling, which sometimes may be permanent
- λ An accumulation of clear fluid beneath the wound, which may need to be drained with a needle
- λ A collection of blood beneath

the closed incision, which may have to be surgically removed

- λ Skin breakdown a separation from healthy skin, which needs to be surgically removed caused by poor blood circulation, particularly if you smoke
- λ Significant bleeding requiring a transfusion
- λ Infection at the site of the incision, which may require additional surgery and leave bigger scars
- λ Uneven or lumpy appearance (asymmetry), which may be permanent and require additional surgery to correct
- λ A drop in body temperature (hypothermia) that can result during long operative procedures

You are more likely to have a smooth recovery if you are in good overall health, you see a qualified surgeon, and you practice proper self-care after surgery by carefully following your doctor's instructions.

What to expect during an initial consultation?

The initial consultation is an opportunity for you and the surgeon to establish rapport. You discuss your desires and expectations, and the doctor evaluates the part of your body you want treated and takes a brief medical history.

You also discuss any medical conditions that could affect the outcome of the procedure such as diabetes or blood-clotting problems and name the medications you take. Certain medications or dietary supplements, such as Vitamin E. You may need to stop taking these before the procedure. And if you smoke, since nicotine restricts blood flow and hinders healing, your doctor may suggest you stop using all nicotine-containing products including gums and patches at least two weeks before surgery.

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Source: Internet

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Source: http://www.reuters.com