

Don't use decongestants for long

You are coughing, tired, and achy. You think you might be getting a cold, but cold medicines are not working and now you have got a splitting headache. You head to the doctor and are told you have sinusitis. Sinusitis means your sinuses are inflamed and possibly infected.

If you have acute sinusitis, the doctor may recommend decongestants, pain relievers and antibiotics to control a bacterial infection, if one is present.

But be warned: If you use over-the-counter or prescription decongestant nose sprays, use them for only few days. If you use these medicines for longer periods, their anti-inflammatory effects can actually backfire, causing even more congestion and swelling of your nasal passages.

People living with HIV/AIDS still struggling

TAREQ SALAHUDDIN

Bangladesh is now considered as a high risk country for HIV/AIDS infection. It is at a critical moment in the course of its AIDS epidemic. It is estimated that there are approximately 13,000 HIV-positive people in the country and that HIV prevalence in the adult population is less than 0.01 per cent. However, the country's vulnerability is very high. National HIV surveillance indicates that the rate of HIV infection among street-based sex workers in central Bangladesh is high compared with sex workers in other parts of South Asia. HIV among injecting drug users is already 4 per cent.

The presence of covert multi-partner sexual activity and denial, the low level of knowledge and low condom use, unsafe professional blood donations, lack of a desirable environment and violation of Human Rights, all contribute to the spread of HIV in Bangladesh. The prevalence of the disease is drawing attention but the denial, discrimination, stigma are still the obstacles to handle the national burden. Programmes addressed by various government and non-government organisations are helping to improve the situation but HIV/AIDS is still a taboo. As a result, the service providers remain behind the curtain.

The programmes are mainly working for the advocacy on

HIV/AIDS related problems; but people living with HIV/AIDS should also get the attention for maintaining quality life before they die. Social workers are so much interested to work for the people, but a large portion are not interested to work with them -- for their rehabilitation, treatment, nursing, integrated and comprehensive support including mental support.

PLWHA need specific care interventions at different levels such as institutional, community and home-care.

The patients' sufferings start from the denial from the society which is a common scenario of our society. PLWHA want to live a life like a normal individual. Whereas people who get other sexually transmitted diseases get proper treatment from health care providers. PLWHA lack from the least facilities. In most cases they don't express their illness and infect other people. The attitude of the society towards PLWHA should be modified to overcome the problem. But positive approach is a must for some specified population specially among healthcare providers. In most cases the PLWHA have to seek the facility very cautiously so that they are not familiar as PLWHA due to fear of being abandoned from the society.

Moreover, there is almost no specified treatment centre in the country for PLWHA. The sufferings of the patients are more

miserable specially when they seek treatment facilities in the hospitals of the country. They don't get even proper care from the hospital staffs when they are recognised as AIDS patient. The main cause behind the problem is lack of adequate knowledge on HIV/AIDS -- even among the health service providers. This prevents the patients to lead quality life. Even living with HIV/AIDS, leading a quality life is possible if proper care is given -- with drugs and supportive measures.

These people (PLWHA) are forsaken from their families as well in some cases. A patient was under the supervision and treatment at a centre of the capital. He was back to the country from a middle east country. In Bangladesh his aunt was the only relative who did not give necessary support to the patient at the end stage of AIDS. Finally the patient died without his any relative at Samajik Sastho Kendro.

There is not adequate financial help both from the government and non-government organisations to rehabilitate the PLWHA which is an obstacle to handle the patients -- informed Dr Mustafa Abdur Rahim, Executive director of Samajik Sastho Kendro, a non-profit healthcare service centre working with PLWHA from the diagnosis up to the burial of HIV/AIDS patients. He handled near 50 AIDS patients, but his centre is facing severe financial

crisis. He urge different concerned level to pay attention for the treatment and rehabilitation of PLWHA in addition to ongoing advocacy programmes. There is almost no help in the sector of treatment facility of the suffering people.

We can do a lot to overcome the existing problems by improving the social perspective, by community participation, family support, by changing the educational system.

There was high stigma and discrimination in Thai society in 1980s. Gradually the stigma was removed from the society. The monks and nuns from Buddhist Temples and Christian Churches came forward in AIDS care work with "meet, come, share and go to the community" strategy. During the period of high stigma, monks sheltered and cared the full-blown AIDS patients. In a religious country like ours, we can do a lot by the leaders of religious community (Imam of mosques) if they come forward to address the social burden. In order to implement to drive specified advocacy programme should run among specified population.

Another important sector of advocacy is badly needed among the health care providers like physicians, nurses and other health staffs. A pregnant HIV infected woman came at a community clinic for the delivery. As she was HIV positive, the authority called an eminent gynaecolo-

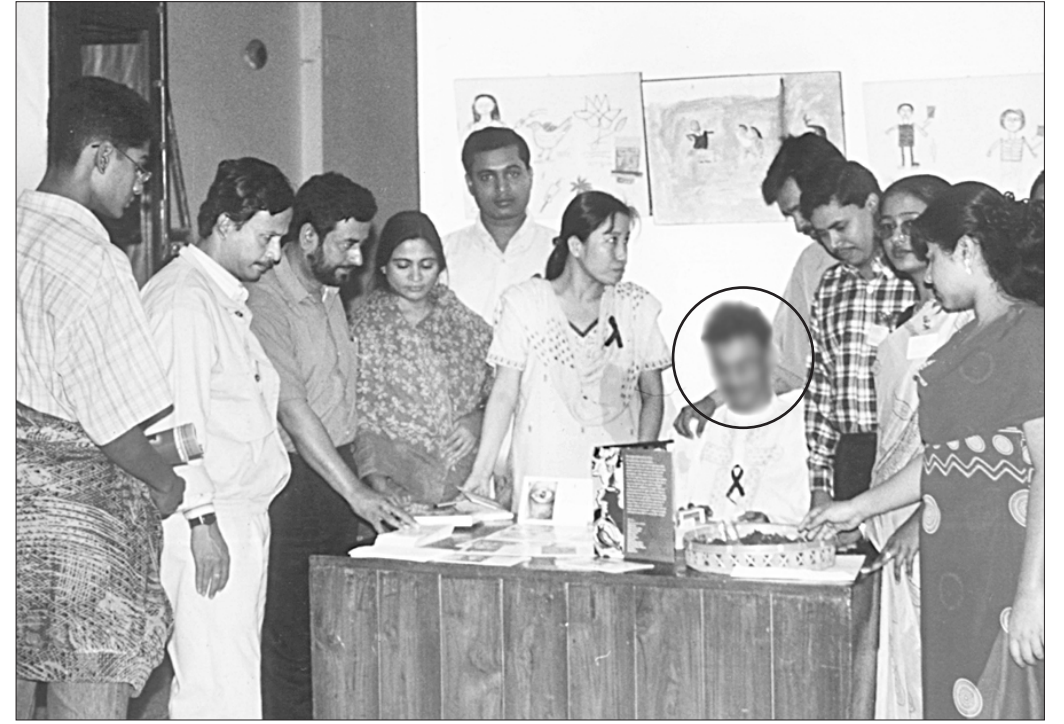
gist of the country to perform the delivery. But it is surprising that he refused to perform the delivery. It is noticeable that this renowned gynaecologist has many programmes to reduce the maternal and child health. So advocacy among the doctors should not be neglected, neither it is very necessary to remove the social stigma. The doctors are the first person to consult for the PLWHA. If they are not helpful and cooperative to them, it is not possible to handle the disease burden properly.

Half-way model houses should be established for sharing the views and providing emotional support to PLWHA.

Specified treatment facility centres are also very necessary, because there are scarcity of trained doctors in this field to handle the disease. Multi-disciplinary approach is needed for the end stage AIDS patients. If one centre is established, some others may come forward to address the patients. But some one should come forward first.

The government can be the first stakeholders to establish such a hospital or half-way house.

So it is high time to pay proper tribute, respect to people living with HIV/AIDS by providing badly necessary treatment and rehabilitation to lead a quality life before they die.



Social workers and doctors providing support to an AIDS patient (encircled). The patient died last year at Samajik Sastho Kendro at Mirpur in the capital. Bottom: Dr Mustafa Abdur Rahim is advocating remote villagers about HIV/AIDS.

Myocardial infarction can occur even at childhood



Left: Dr M Afzalur Rahman is performing angiogram. Right: Upsona Chakrobarty (13), was diagnosed with myocardial infarction. This is the youngest case of atherosclerotic childhood myocardial infarction. The case signifies that heart disease like coronary artery disease can affect at any age and everyone should be aware of the risk factors.

STAR HEALTH REPORT

Atherosclerosis is the main cause of a group of diseases called cardiovascular diseases -- diseases of the heart and blood vessels. Atherosclerosis is the buildup of fatty deposits called plaque on the inside walls of arteries. As plaque builds up in an artery, the artery gradually narrows and can become clogged. As an artery becomes more and more narrowed, less blood can flow through.

Plaque is a combination of cholesterol, other fatty materials, calcium, and blood components that stick to the artery wall lining. A hard shell or scar covers the plaque. When this happens, it causes blood clotting inside the artery. If a blood clot totally blocks the artery, it stops blood flow completely. This is what happens in most heart attacks, myocardial infarction and strokes.

The risk factors raise the chances of having atherosclerosis include having high blood cholesterol, especially high LDL ("bad cholesterol") and low HDL ("good cholesterol") levels, increased age, male sex (women are affected more after menopause), family history, high blood pressure, diabetes, smoking, stress, obesity, physical inactivity etc.

The more risk factors you have, the more likely it is that you have atherosclerosis.

Acute myocardial infarction is rare in childhood. While adults acquire coronary artery disease from lifelong deposition of atheroma and plaque, which causes coronary artery spasm and thrombosis, children usually have either an acute inflammatory condition of the coronary arteries or an anomalous

origin of the left coronary artery. But now it is found that coronary artery disease is not only a disease of adults, it can affect the young population like teen agers.

A unique case of childhood myocardial infarction

Upsona Chakrobarty, a 13 year old poor girl got admitted on December last year in National Institute of Cardiovascular diseases (NICVD) with the symptoms of heart attack like ongoing chest

The case of Upsona (13) signifies that everyone should be careful about coronary artery diseases as it can develop even at childhood.

pain and breathing difficulties. After performing all necessary investigations, she was diagnosed with atherosclerotic coronary artery diseases leading to myocardial infarction. This is the youngest case yet to be found.

She had complete block in a branch of left coronary artery (LAD) and 95% block in right coronary artery. Dr M Afzalur Rahman, Associate Professor of Cardiology and an Interventional

Cardiologist of NICVD took the interesting case with his utmost sincerity and treated the patient. He placed very sophisticated and costly three stent in the affected coronary arteries. A stent is a small, lattice-shaped, metal tube that is inserted permanently into an artery. The stent helps hold open an artery so that blood can flow through it. The patient was very poor and all her treatment facilities were provided free of cost as a charity service.

The patient was follow-up monthly and after six month the check angiogram showed that the stents are still patent inside the arteries. The patient is now completely well.

The case signifies that everyone should be careful about coronary artery diseases as it can develop in early teen age. Maintaining a healthy lifestyle can help to keep us free from the diseases.

Prevention

Although you can't do anything about your genes, your gender or your age, but you can adopt a healthy lifestyle.

1. Maintain a healthy weight and avoid weight gain as you get older.
2. Get plenty of regular exercise - at least 30 minutes a day, most days of the week.
3. Eat a healthy diet low in saturated fat and rich in fruits and vegetables.
4. If you have high blood cholesterol or high blood pressure, you may need medicine to help lower it. Stick to your treatment plan.
5. If you have diabetes, follow your treatment plan.
6. If you smoke, stop it immediately.
7. If stress is a problem, find ways to reduce or control it.

Monsoon and ENT problems

DR FIRDOUS QUADER MINU

Monsoon with its cloudy skies, sudden rain, and sudden sunshine makes it one of the beautiful seasons of Bangladesh. For some people it is a very enjoyable time, getting drenched in the rain specially after the scorching heat, but for some it is a dreadful time. Just a few drops of rain can trigger bouts of sneezing and a runny nose which keeps going on for days. It makes life very difficult and embarrassing for the sufferers, as the patient has to blow and clean the nose constantly.

People suffering from these kinds of symptoms are usually suffering from Seasonal Allergic Rhinitis. This is usually due to allergic causes. Rainy water, damp weather, and sudden heat, - any of these can be a triggering factor.

Usually an anti-allergic drug can give the patient relief, but sometimes it's not enough. Then the patient needs to consult with a specialist who will put them on decongestant drugs, nasal drops or sometimes steroid nasal sprays, depending on the condition of the patient.

The patient should also avoid all the allergens that are the cause of the allergy. Usually the patient will be able to identify the factors. People suffering from allergic rhinitis for long time develop swollen turbinates (tissues inside

the nasal wall) which causes blockage of the nose and makes breathing difficult for the patient. This also has to be treated to get good results. If it remains untreated for a long time the patient may develop sinusitis, headache, asthma and other complications. The patients quality of life is decreased and sometimes they may get frustrated. Consulting with a special-



ist and getting proper treatment will definitely help the patient to lead a better life.

Itching ears is like a die-hard habit for some patients. They have to put either cotton buds, sticks, feathers or even the corner of a cloth inside their ears and itch it. In fact, in this damp monsoon weather there are fungus growing everywhere. Hot and humid are the best environment for fungus to

grow. So, cotton buds, sticks and other stuffs -- all might contain fungus, and once you put it inside your ear, it starts growing there. The ears will itch vigorously for a day or two and then the patient complains of earache and a feeling of blockage.

There may be discharge coming out of the ears. Due to the itching there may be infection in the external ear wall (otitis

externa) and this may spread to the ear drum. Some people put mustard oil inside their ears. Sometimes they even heat it up and put inside their ears. It does not help the condition, rather it aggravates. After consulting the specialist the patient will know that they have a fungal infection of the ear (otomycosis). Usually there are fungal debris present inside the ear which needs to be

cleaned before giving antifungal drops. If there is infection of the ear canal, antibiotic drops may also be prescribed. The patient has to realise that if proper treatment is not given in time then the infection may spread and even may perforate the ear drum.

Along with the severe bouts of rains there is also severe heat waves during this season which makes us feel like taking ice-cold water, ice-cream and cold juices. For many people these ice-cold drinks are not very good as they cause sore throat and fever.

Tonsillitis and pharyngitis (inflammation of pharynx) is a common problem during this season. Sore throat in children should not be neglected as it could lead to rheumatic heart disease if remain untreated.

Also because of the weather viruses are a common problem during this time of year. As children have low immunity it is seen that they are affected mostly by viral diseases. We see lots of cases of mumps, measles, and other viral infections. Sore throat and runny nose is usually an added symptom to these diseases. Consulting with a specialist and getting appropriate treatment is the best way to solve these problems.

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Olive oil may have pain-relieving powers

Have a headache? No aspirin or ibuprofen handy? Try some olive oil -- actually, freshly pressed extra-virgin olive oil would be best, according to a group of chemists, who have discovered that it contains a compound that mimics the pain-relieving action of ibuprofen.

The compound, called oleocanthal, blocks the same pain pathway as ibuprofen, a member of the nonsteroidal anti-inflammatory drugs, Paul A. S. Breslin from the Monell Chemical Senses Center in Philadelphia and colleagues report in the journal Nature.

According to Breslin and colleagues, oleocanthal in newly pressed extra-virgin olive oil and

ibuprofen (in solution) both produce a strong stinging sensation in the throat, an indicator of a "shared pharmacological activity, with oleocanthal acting as a natural anti-inflammatory compound that has a potency and profile strikingly similar to that of ibuprofen."

In tests conducted on different premium olive oils, the chemists found a strong positive link between levels of oleocanthal and its intensity as a throat irritant. Similar results were achieved in tests of a synthetic version of oleocanthal they created, confirming that this compound is in fact the active ingredient in olive oil.

According to the chemists,

oleocanthal, like ibuprofen, inhibits so-called COX enzymes in a dose-dependent fashion -- the higher the dose the greater the inhibition.

By their calculations, a 50-gram daily dose of olive oil is equal to about 10 percent of the ibuprofen dose recommended for pain relief in an adult.

So, while it will not cure a headache, regular consumption of olive oil might have some of the long-term health benefits of ibuprofen, researchers say. The identification of an ibuprofen-like oleocanthal in olive oil also provides a possible explanation for the well known health benefits of an olive oil-rich Mediterranean diet.

"Our findings raise the possibility that long-term consumption of oleocanthal may help to protect against some diseases by virtue of its ibuprofen-like COX-inhibiting activity," Breslin and colleagues write.

For example, it's well known that aspirin, another COX blocker, protects the heart. Ibuprofen reduces the risk of developing some cancers and also prevents blood platelets from clumping together, which can block arteries. Ibuprofen has also been shown to reduce levels of an Alzheimer's disease-related protein in mice.