

# How to beat off breathing difficulties

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If you have ever dived deeper than you planned and had to struggle back to the surface, you know the terror of going even briefly without enough air. For many people who suffer from chronic breathlessness that terror is either a daily threat or a daily reality.

Chronic breathlessness may be caused by a wide range of ailments. Some, such as asthma and emphysema, are lung diseases; others, like cardiovascular disease and anemia, impair breathing indirectly.

Many people with lung or breathing problems don't even know they have it. That is partly because shortness of breath often develops so slowly that people blame it on aging, and partly because many doctors fail to evaluate patients' breathing complaints. Even when lung disorders are discovered, many people, especially older ones, are not treated adequately or are not taught the breathing exercise that can help compensate for damaged lungs. Such exercises may even help people with healthy lungs, by reducing stress and hypertension.

In this story, we lay out the steps that can help prevent breathing disorders, detect them at an early stage (when they are most treatable), and, if they do arise, control the symptoms and treat the underlying cause.

**How is your breathing?**

If you at least occasionally have any of the symptoms listed below, you should see a physician to have your breathing checked and to undergo spirometry, a test for lung function.

- Coughing or difficulty breathing during physical activity
- Difficulty sleeping due to shortness of breath or coughing
- Inability to catch a good, deep breath (when you are not anxious)
- Wheezing
- Tightness in the chest
- Bouts of coughing unrelated to colds
- Difficulty breathing due to dust, pollen, tobacco smoke, fumes, strong odors, pets, or cold weather
- Frequent spread of symptoms to the chest when you catch cold

**Test your lungs**

A test called spirometry – in which you exhale into a tube as hard and fast as possible – can identify asthma, COPD, and other breathing disorders before symptoms appear.

People who perform poorly on spirometry will be advised to undergo additional testing to pinpoint the cause of the problem.

**Asthma**

The incidence of asthma has been rising in recent years. While the disease occurs mainly in children, adults can develop it, too, either as a recurrence of childhood asthma or for the first time, sometimes apparently due to smoking or infection, and sometimes spontaneously.

Unfortunately the disease tends to be more deadly in older people, because lung function declines with age and they often have other diseases.

If you have asthma, the best treatment is inhaled corticosteroids, which help prevent the underlying lung inflammation from worsening. You should also receive inhaled broncho dilating drugs, which can relieve the attacks.

In addition, limit your exposure to the substances that can trigger



attacks, such as pollen, mold, smoke, animal dander, cockroaches, and dust mites. If cold weather sets off the attacks, wearing a scarf over the mouth and nose, particularly during exercise, can help.

If asthma episodes are triggered by exercise, be sure to warm up and take the appropriate drugs before working out, and to cool down afterwards. If attacks are set off by well-identified allergens (particularly pollen, dust mites, and cockroaches) you may benefit from allergy shots.

**Chronic Obstructive Pulmonary Diseases (COPD)**

Few doctors actively help their patients give up cigarettes, the most common cause of COPD, emphysema and chronic bronchi-

tis or prescribe the drug that can control the symptoms. There is a higher incidence of COPD among the lower economic groups because they have a larger number of women smokers. 25 percent of people who smoke get COPD while another 20 percent do not get affected at all. 30 to 45 percent get lung cancer while the remaining suffer from other breathing disorders. Smoking is the primary cause of COPD, while bio-mass cooking is the next dominant cause.

Smokers should ask their doctor to prescribe a nicotine nasal spray or inhaler, or use an over-the-counter nicotine gum or patch. Such products work better when combined with anti-smoking counselling programmes.

Inhaled bronchodilator or steroids, also relieve the symptoms. Supplemen-

tal oxygen can help ease severe symptoms.

**Beyond the lungs**

Sometimes breathing problems stem from disorders outside the lungs.

**Heart disease:** People having a heart attack often experience sudden, severe shortness of breath. But heart disease can lead to a more insidious, progressive breathing problem, too. Congestive heart failure insufficient heart pumping due to coronary artery or valve disease can allow blood to back up into the lungs. Controlling coronary risk factors, such as hypertension and high cholesterol, and having the doctor check regularly for valve disorders can help prevent the disease.

**Blood clots:** A pulmonary embolism is a potentially fatal blood clot that travels from the lower body to one of the lungs. Obesity, pregnancy, birth control pills, supplemental estrogen, inflammatory bowel disease (IBS), internal cancers, and certain genetic blood disorders all increase the risk of emboli. If you have any of those risk factors, watch out for swelling, pain, or redness in a leg, which could signal a blood clot. Emboli are especially likely to develop during prolonged immobilisation. Which is why you need to stop periodically during long car rides, walk around during plane or train rides, and get out of bed as soon as possible after illness or surgery.

**Anemia:** Lots of children, adolescents and pregnant and non pregnant women are anemic. Any decline in the number of oxygen bearing red blood cells can eventually cause shortness of breath. Anemia stems most often from chronic blood loss due to heavy

menstruation, colon polyps, or colon cancer, or to gastrointestinal bleeding caused by ulcers, aspirin, or other nonsteroidal anti inflammatory drugs (NSAIDs). Treatment focuses on correcting the underlying cause of the bleeding and, if necessary, taking iron supplements to build red blood cells.

**Protect your lungs**

A number of steps can help reduce the risk of developing the most prevalent lung diseases: asthma; chronic obstructive pulmonary disease or COPD (including emphysema and chronic bronchitis); infections, including influenza and pneumonia; and cancer.

**Avoid irritants:** The most common lung threatening substance is tobacco smoke (even secondhand), which is strongly linked to COPD and lung cancer, and possibly linked to asthma. But some people with COPD are particularly sensitive to other airborne irritants, including dust and pollutants.

**Test for tuberculosis:** Annual TB test is recommended for people at high risk for tuberculosis because they either care for TB patients; work in a nursing home; have compromised immune function; or are addicted to alcohol or tobacco.

**Eat antioxidants:** Airborne substances can harm your lungs in part by causing oxidation, a type of chemical damage. Some studies suggest that a diet high in antioxidants, including lots of produce (fresh fruit and veggies), may help prevent COPD, asthma and lung cancer.



## Herbal extract in the treatment of prostate cancer

An olive-oil based herbal extract preparation called Zylflamend suppresses the growth of prostate cancer cells and induces prostate cancer cells to self-destruct, according to a new study.

Zylflamend has the ability, in culture at least, to reduce prostate cancer cell growth by as much as 78 percent and induce cancer cell death or "apoptosis," scientists report.

"Together, these results suggest that Zylflamend might have some chemopreventive utility against prostate cancer in men," lead investigator Dr. Debra L. Bemis of Columbia University College of Physicians and Surgeons, New York told.

Zylflamend has both COX-1 and COX-2 anti-inflammatory effects, although its anti-cancer effects against prostate cancer are independent of COX-2 inhibition. COX inhibitors have shown value for prostate cancer patients, but data from recent trials of selective COX-2 inhibitors suggest that use of these drugs might

have adverse effects on the heart.

Aspirin, a non-selective COX inhibitor, is not associated with these side effects and, instead, has well established benefits in people with heart disease. Zylflamend has a biochemical action profile similar to aspirin.

In the laboratory, Bemis and colleagues observed that treatment of prostate cancer cells with Zylflamend dramatically decreased COX-1 and COX-2 enzyme activity and attenuated cancer cell growth.

Bemis said "we are currently conducting a Phase I clinical trial for men with a pre-cancerous lesion of the prostate -- prostatic intraepithelial neoplasia -- to gain some information as to Zylflamend's potential to prevent or slow... progression to prostate cancer."

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SOURCE: Nutrition and Cancer

## A healthy diet for heart

Eating a Mediterranean-style diet for three months can reduce the risk of heart disease by 15 percent, a new study shows.

The heart-healthy effects of the Mediterranean diet -- rich in whole grains, fruits, vegetables, nuts and fish and olive oil and light on red meat - are well documented, Dr. Denis Lairon of the Faculty of Medicine Timone in Marseille, France and colleagues described. But just one other study has looked at what happens when healthy people are actually put on a Mediterranean-style diet.

To investigate, the researchers assigned 212 men and women at moderate risk for heart disease to eat a Mediterranean diet or a standard low-fat diet for three months. Participants on the Mediterranean diet were instructed to eat fish four times a week and red meat only once a week. Men were allowed two glasses of red wine daily, while women were limited to one.

Recommendations for people on the low-fat diet were to eat poultry rather than beef, pork and other mammal meats; eat fish two or three

times a week; stay away from animal products rich in saturated fat; and eat fruit and vegetables, low-fat dairy products, and vegetable oils.

While study participants did not follow all diet recommendations, the researchers found, eating habits did change in both groups. Study participants took in fewer calories and consumed more proteins and carbohydrates and less total fat and saturated fat. Both groups showed a small but significant drop in body mass index.

Among people on the Mediterranean diet, total cholesterol dropped by 7.5 percent, and it fell by 4.5 percent in the low-fat diet group. Based on this reduction, the researchers write, overall cardiovascular risk fell 15 percent with the Mediterranean diet and 9 percent with the low fat diet.

"Both diets significantly reduced cardiovascular disease risk factors to an overall comparable extent," the researchers conclude.

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SOURCE: American Journal of Clinical Nutrition

# Taking a closer look at presbyopia

**STAR HEALTH DESK**

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People in their middle-age years, usually in the 40s, will start to experience blurred vision at near focal points. Unfortunately, there is no getting around it as presbyopia, an age-related progressive loss of the focusing power of the lens, happens to everyone, even those who never had a vision problem.

**Presbyopia is not a Disease**

Presbyopia is not a disease and it cannot be prevented. As we age, our body tissue normally lose their elasticity and this includes the eyes' lens. As the lenses in our eyes lose some of their elasticity, they also lose their ability to change focus for different distances -- resulting in presbyopia.

Presbyopia sometimes shows up with headaches and eye

fatigue. It is different from astigmatism, nearsightedness, which are related to the shape of the eyeball and caused by genetic factors, disease or trauma.

When you develop presbyopia, it would seem that it has occurred quite suddenly. But the actual loss of flexibility takes place over a number of years, way before it happens. Long before you become aware that seeing close up is becoming more difficult, the lenses in your eyes have already begun losing their ability to flatten and thicken. Only when the loss of elasticity impairs your vision to a noticeable degree do you usually recognise the change.

**Symptoms**

Do you –

- Experience a decreasing ability to focus on near objects?
- Feel a "pulling" sensation and suffer from eyestrain when reading?
- Suffer from eye fatigue along



with headaches when doing close-up work like reading, sewing, embroidery or computer work?

- Need to hold books, magazines, newspapers, and other reading materials at arm's length to focus properly?
- Feel you are losing the ability to

read fine print?

- Feel your arms are "growing shorter" as words become difficult to see up close, and you must hold small items at arm's length in order to view them clearly?

If you answered "yes" to at least four of questions here, you might be suffering from presbyopia.

**Coping with presbyopia**

To compensate for presbyopia, an optometrist can prescribe reading glasses, bifocals, trifocals, or contact lenses. Reading glasses are usually a popular option. With all sorts of styles and colors, 40-somethings can have a pair for every room in the house and they work great as an adjunct of contact lenses.

If you other common vision conditions like nearsightedness, farsightedness and astigmatism, your optometrist will determine the specific lenses to allow you to see clearly and comfortably. In some cases, the addition of bifo-

cals to an existing lens prescription is sufficient.

Around the age of 65, the eyes would have lost most of the elasticity needed to focus up close. However, it will still be possible to read with the help of appropriate prescription. Even so, you may find it necessary to hold reading materials further away, and you may require larger print and more light to read. As the ability to accommodate worsens, the prescription needs to be changed accordingly.

Many people are interested in surgery for presbyopia, but most of these surgeries are still investigational stages. If you think you might be presbyopic, consult an ophthalmologist right away, as prompt treatment will be necessary to remain clear and comfortable vision.

## LATEST MEDICAL ADVANCEMENT

## French doctors perform first partial face transplant

**REUTERS, France**

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French doctors have performed world's first partial face transplant, giving a new nose, chin and lips to a woman disfigured in an attack by a dog.

Surgeons from two hospitals carried out the operation on a 38-year-old woman in the northern city of Amiens.

"The patient is in an excellent state and the transplant looks normal," the hospitals said in a statement.

"The transplant was taken from a multi-organ donor ... with the agreement of the family."

The woman had been left without a nose and lips after the dog attacked her last May. She had been unable to talk or chew.

The operation was led by Jean-Michel Dubernard, a specialist from a hospital in the southeast-

ern city of Lyon, and Bernard Devauchelle from Amiens.

Stephen Wigmore, chair of the British Transplantation Society's ethics committee, said teams in France, the United States and Britain had been developing techniques to make face transplants a reality.

"This is the first facial transplant of the modern era," said Iain Hutchins, a facial surgeon and chief executive of Saving Faces - The Facial Surgery Research Foundation, a medical research charity.

Hutchins said that although all medical advances should be celebrated, the facial transplant operation had thrown up many moral and ethical issues.

"This was a quality of life' operation rather than a life-saving operation and has many implications for the recipient and donor's families," he added.

## HIV children benefit from zinc – study says

**REUTERS, London**

Zinc supplements could be a simple and safe way to reduce illnesses such as diarrhoea in children infected with HIV, researchers.

Zinc is an essential mineral for development and a healthy immune system but there has been concern about the safety of supplements for HIV patients because the virus that causes AIDS also needs it to function and replicate.

But scientists from the United States and South Africa, who studied the effect of the supplements in 96 children, said they are safe for children with HIV, which weakens the immune system and make sufferers more vulnerable to infections and illnesses.

"Zinc supplementation could be a simple and cost-effective intervention to reduce morbidity and mortality in children with HIV infection," said Dr William Moss,



of Johns Hopkins School of Public Health in Baltimore, Maryland.

In a study reported in The Lancet medical journal, Moss and doctors from Grey's Hospital in Pietermaritzburg, South Africa said the supplements did not produce any adverse effects in the children.

Youngsters who took the supplements for 6 months had less diarrhea than children who had been given a placebo, or dummy pill.

Although the World Health Organisation (WHO) has improved access to antiretroviral drugs in poor countries, Moss said the treatments are not available for many children.

"Consequently more than half of these children die before the age of 3 years, most commonly of respiratory tract infections and diarrhoeal disease," he said.

An estimated 40.3 million people, including about 2.3 million children under 15 years old, are living with HIV, according to the latest figures released by UNAIDS.

The U.N. agency leading the global battle against HIV/AIDS said about 570,000 children died from AIDS in 2005.

Moss and his colleagues said there are few interventions to reduce AIDS deaths in children.

"Programmes to enhance zinc intake in deficient populations with a high prevalence of HIV infection can be implemented without concern for adverse effects on virus replication," Moss added.

## Myth



## Adult's don't need vaccinations!

Vaccinations are not just for kids. Immunisations help protect adults specially, seniors, against serious infectious diseases. Such as hepatitis A and the flu, and should be a part of your regular health care routine.

Older folks should also get a tetanus-diphtheria booster every 10 years, and a chickenpox vaccination if they never had the disease. Chickenpox can be very serious when contracted later in life.