Star health

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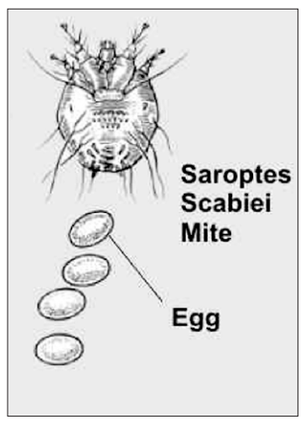
How to manage and prevent scabies

STAR HEALTH DESK

Scabies is a highly contagious infectious disease of the skin caused by the itch mite. It is characterised by a sort of lesion (called papule-vesicular) along the burrows containing mites and their eggs. Thread-like lesions or vesicles may be seen on the skin.

It causes itching which is aggravated at night, possibly because of the increased mite activity due to the body warmth under sheets or blankets. The lesions are chiefly found around the finger webs, wrists, elbows, armpit, nipples, belt-line areas, around the umbilicus, lower abdomen, genitals, thighs and buttocks.

Sarcoptes scabiet – the itch mite is the causative agent of scabies. People living in unsanitary and poor housing conditions usually suffer more from the disease. Poverty stricken people with poor hygienic habits and unclean clothing are the usual victim of the disease. But scabies ignores all social and economic barriers.



Skin lesion in scabies. Microscopic picture of the causative agent of scabies. ***(Right)***

Mood of transmission

The disease spreads usually by close personal contact, such as sleeping together, playing together, nursing or examining a patient. Sometimes it may spread through the use of contaminated towels, bed line and clothing. Even casual contact, such as shaking hands may spread the organism.

Preventive measures

People should be educated in practicing good health habits with emphasis on the improvement of personal hygiene. All patients should be diagnosed and treated early to prevent further spread of the disease.

Control of scabies

Children should be excluded from the school the day after treatment. All affected persons of a family should be treated simultaneously. Before treatment, all patients should have a warm water bath.

The patient's family should also seek medical advice and receive treatment if necessary as prophylaxis so to avoid spread of the disease. Patient's clothing and bedding must be washed in hot water and ironed so as to get rid of the mite and its eggs.

Treatment

Patient who have symptoms of scabies should consult doctor promptly. The doctor will prescribe medicated lotions and medications for application onto the body. The medications can kill the mite and control itchiness. The usual treatment for scabies is Benzyl Benzoate (25%) emulsion to smeared to the whole body from neck to feet except face and genital areas for three successive days.

Some other drugs are advised in addition to the emulsion which can be obtained by a physician's prescription.

A cleansing bath is taken 2 days after the last application and change to fresh clothes.

Let your liver live

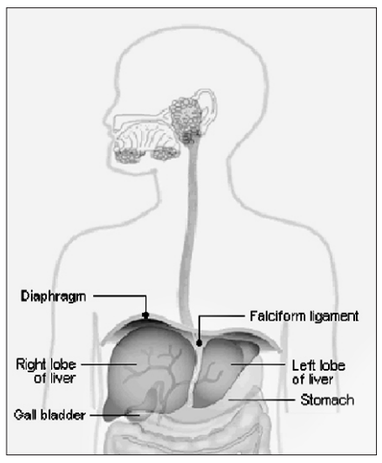
TAREQ SALAHUDDIN

A lot of people take their liver for granted. Just how many people actually worry about what is good for their liver as opposed to, say, their heart? Yet, the liver is the largest gland and solid organ in the body, and carries out over 500 bodily functions. It is also unique in that it has an intrinsic ability to regenerate itself. Astonishingly, all that an over-worked organ needs os proper care and nourishment, and it will see the body through a lifetime of wellness.

What can go wrong?

When someone has a liver problem, his/her liver continues its work but impairment will affect effectiveness levels. Despite its heavy workload, the liver tends to show very little sign of ageing of disease. The most common liver diseases include –

- **Hepatitis:** Literally means inflammation of the liver and spans the alphabet with hepatitis A, B, C, D, E and G.
- **Cirrhosis:** A result of long term, continuous liver damage. If the inflammation is severe and continuous, scar tissue called fibrosis develops, replacing smooth liver tissue with irregular nodules, and inadvertently hardening of the liver.
- **Alcoholic liver diseases:** Consistent heavy drinking can lead to what is known as "fatty liver" in which the liver cells become engorged with excess fat, become inflamed (alcoholic hepatitis), or become permanently scarred and damaged.
- **Gallstones and gallbladder disease:** Gallstones are lumps of solid material that form in the gallbladder, usually resembling small stones or gravel.
- **Inherited liver diseases:** It is possible to be born with a liver disease.



- **Cancer of the liver:** The cancer can start in the liver itself (primary cancer or hepatocellular carcinoma) or is spread to the liver (secondary or metastatic cancer).

While liver transplants have shown some success rates, it is always better to practice prevention as opposed to cure. Experts agree that a well-balanced diet low in fat, sugar, and salt, but high in fibre – is the key to a healthy liver.

A balanced diet that includes lots of vegetables, fruit, beans, and whole-wheat cereals is considered the best.

NUTRITION CORNER

A glass of milk a day keeps heart diseases and stroke away

DR MINATI ADHIKARY

Milk is the considered as an ideal balanced diet. It is a fine blend of all the nutrients necessary for growth and development of human being. Milk is a good source of protein, fat, carbohydrate, vitamins and minerals. Milk proteins contain all the essential amino acids and animal milks contain nearly three times as much protein as human milk. Milk fat is also a good source of all vitamins except vitamin C. Milk contains almost all known minerals needed by the body such as calcium, phosphorus, sodium, potassium, magnesium, copper, cobalt and iodine.

Thus milk is an ideal food but it also helps prevent heart attack and strokes.

A glass of milk a day could stave off heart diseases and strokes, a study shows in England. The new findings contradict fears in recent years that a daily pinta worsens health by increasing cholesterol. Now researchers say, milk should be returned to its place in the nation's hearts.

Their study on 665 men showed that those who drank most milk suffered less heart disease or stroke than those who drank least and in the case of stroke the danger was significantly lower.

Although the study was carried out on men, expert says milk is just as good for women.

The new findings, published in the American journal of epidemiology and community health, held true even for those men who had started out drinking full fat milk. The researchers said milk has had something of a bad press in recent years in respect of its impact on cholesterol.

Dr. Andy Ness said, "The present perception of milk as harmful in increasing cardiovascular risk should be challenged and every effort should be made to restore it to its rightful place in healthy diet." Dr. Ness of Bristol University, said, "Explanations of these results other than a beneficial effect of milk would seem to be unlikely."

The men studied in England aged between 45 and 59 and taking part in the Care Philly Cohort Study set up between 1979 and 1983 – weighed and recorded every item of food and drink they consumed for seven consecutive days. They were given comprehensive health check-ups, including a heart tracing, at the start of the study and then every five years for 20 years. Hospital and family doctors' records were also checked. During the study period 54 men had a stroke, 139 suffered heart attacks or angina, and 225 died. At the start of the study virtually all milk consumption was whole full fat milk but a random sample of the surviving men in 2000 showed almost all of them had switched to skimmed or semi- skimmed milk within the preceding eight years.

Men who consumed the most milk every day – a pint or more had a higher energy intake, suggesting they were more active. The men who drank the least milk tended to drink the most alcohol.

Cholesterol levels and blood pressure readings were similar in high and low milk consumers less than half a pint. Dr. Ness said, "These results give no convincing evidence of an increased risk of vascular disease from milk drinking.

"Rather the subjects who drank more than the median amount of milk had a reduced risk of a stroke and possibly a reduced risk of heart attack." Dr. Ness carried out the study with colleagues at Ulster University and the University of Wales College of medicine.

The writer is an Assistant Professor of Department of Community Medicine of Comilla Medical College.

EXPERT OPINION

Re-evaluation of Electro-convulsive therapy (ECT)

COLONEL (RETD) PROFESSOR MD NURUL AZIM

The aim of this article is to provide a perspective on Electro Convulsive Therapy (ECT), based on cumulative studies for non-specialists, for those who are prejudiced against it and wish to limit or ban its use. Because it is not uncommon that the patients and family members are unduly concerned that ECT will somehow damage the brain. Even doctors and some psychiatrists are skeptic and afraid of the treatment method.

Anecdotal finding – epileptics had remission of schizophrenic symptoms after a fit, led Meduna in 1935 to invent convulsive therapy particularly for those cases having acute onset, confusion and mood disturbance. Later on it was found to be most effective in depressive illness with a success rate as high as 90 percent in psychotically depressed patients. It is very potent in acute mania, schizophrenias and catatonia (schizophrenia with intervals of catalepsy and sometimes violence) from almost any underlying cause. At times no option is better than ETC. Broadly speaking it is indicated in acute organic psychosis or serious mental illness of some specific varieties.

There is least doubt regarding the efficacy of the treatment modality. There is no significant side effect other than transient mild confusing state and temporary loss of memory (for 7 days) after a course of therapy. Objective memory testing has also shown normal memory and cognitive functioning at long term post-ECT follow up examinations.

Administration of ECT is not a terrifying experience. Patients do not feel anything whatsoever in the course of treatment. Studies revealed that majority of the patients felt that a visit to the dentist was more distressing, majority agreed with the statement "I wish I had ECT years ago" and 85 percent stated that ECT would be their treatment of choice in future if needed.

It is very rapid in producing response, even cures depression by the time antidepressants initiate intangible improvement in patients. Those drugs are not devoid of side effects too. It is second to none in catatonic, suicidal, drug intolerant, pregnant and drug resistant patients. ECT is about 10 times safer than those during pregnancy. Nevertheless, a complication rate of one in 1400 ECTs were recorded in recent studies, the worst being vertebral compression fracture.

Achievements of ECT can now challenge the common practice of needlessly subjecting the suffering patients to years of futile medication trials before ECT is considered. ECT should be offered as a reasonable choice earlier in the treatment process. This enhances cost effectiveness of treatment by maximising the response and preventing man-hour loss. It is therefore, more suitable in the context of Bangladesh where people live hand to mouth or can not afford to remain out of work, even women out of their domestic responsibilities. Because there is no social support system to feed them and keep them unperturbed. Beside remitting acute phase of the illness, maintenance ECT sustains remission too.

Apart from disruption of time dependent memory, recent brain imaging (CT Scan / MRI) studies failed to reveal any short or long term adverse effect left by ECT on the brain even after giving 1250 ECTs to a patient over 25 years period.

There are different methods of giving ECT suiting a particular case. The choice lies with the personal preference of the principle of the practice of ECT, training background of the psychiatrist and conviction based on own clinical experience. The rapidity and profundity of response rate attract patients as well as their relatives to more ECTs incase of relapses, if necessary. This testifies a most important consideration in risk benefit analysis namely the patient's satisfaction.

We can look forward to further advances. Instead of being discarded as primitive, ECT has established itself as a modern medical procedure. When the "therapy resistant" cases pleaded for any useful intervention, the practitioners who have used ECT earlier but discarded their devices in the enthusiasm for psychotropics recalled their experience and offered ECT again.

All present day prospective, controlled, double blind randomised comparison of ECT versus antidepressants (including combination treatments of depression) favors ECT. Even strict research criteria demonstrated an 86 percent efficacy rate for ETC.

The American Psychiatric Association and The Royal College of Psychiatrists, UK recognise no contraindication for ECT. Balance will weigh in favor of ECT in patients who are old and has compromised cardiovascular status. Successful ECT was given in patients with hypertension, recent heart attack, after open-heart surgery, major arterial graft, aortic aneurysm, skull defect. Extremes of ages are no contraindication. It is safe during pregnancy as well. Suicide is extremely rare once the ECT is started.

Finally the severity of the condition in which ECT is indicated, particularly during a period of non-responsiveness to other available treatments suffices to go for ECT. The physician's decision to offer ECT to a patient and patient's decision to accept it should be based on consideration of advantages and disadvantages of ECT compared with alternative treatment.

Tips on weight loss after delivery

STAR HEALTH DESK

After pregnancy, women usually experience of gaining some extra kilos. And they become very eager to shed that excess weight after the confinement. Unfortunately, those extra pounds do not disappear overnight. Here are some tips to get back the pre-pregnant body figure by shedding weight.

Breastfeeding

Breastfeeding is the best and most natural way for new mothers to lose weight. A mother can use up almost 800 calories a day by breastfeeding alone!

Brestfeeding also releases natural hormones that help them relax and this counters stress-induced weight gain.

Sweat it out

Before exercising, check with a physician to ensure you are fit enough to workout. Choose an activity you enjoy like swimming, yoga etc. Walking with your new baby is a most effective way to loose weight as walking is a very good exercise. Moreover the sunlight is necessary for your baby which can prevent him/her from physiologic jaundice and helps to produce vitamin D. The extra weight of your body equals an extra 200 calories burned.

Remember not to strain yourself. Aim for simple, relaxing, and moderate exercise paces. Only when you start to feel more energetic should you increase the length and intensity of your activity.

Regular diet

Don't skip meals or restrict calories. Firstly, your body will go into 'savers mode' where you store fat for future need as opposed to burning it up. Next, this lack of fuel will make you cranky and tired, and you will not have the energy to look after the baby, let alone exercise. Take nourishing food that gives you a balance of the major nutrients.

Water of life

Drink water to loose weight! Not only does water have no calories, studies have shown that proper hydration is essential in burning stored fat.

It is also best to stay away from empty calorie beverages like carbonated drinks. Take only a moderate amount of fruit juice as they are laden with natural sugars. If water retention is a problem, sweat out that excess water by exercising.

Take your time

Your body has undergone major changes and needs time to recover. It took nine months to put on those kilos, so do not stress yourself by trying to lose it all in nine days.

Do get adequate rest, complemented with sensible nutrition and enjoyable physical activities such as strolling with baby. Do not hope but try to understand that those pounds you are going to shed are all the more likely to stay off because you have given your body sufficient time to adjust.

New TB therapy offers potential shorter treatment

STAR HEALTH REPORT

Clinical results on a new combination treatment that could dramatically shorten the length of tuberculosis (TB) treatment were presented at the 45th Annual Interscience Conference on Antimicrobial Agents and Chemotherapy in Washington, D.C. WHO published the news in their web site.

The phase II trial results of a gatifloxacin-containing regimen are demonstrating good potential. The regimen is significantly more potent than the currently recommended six-month regimen of isoniazid, rifampicin, pyrazinamide and ethambutol, and suggests that when gatifloxacin is used instead of ethambutol, the standard six-month regimen may be shortened to four months.

"We are working to bring together public and private partners to speed development for this new treatment," said Dr. Robert Ridley, Director of the World Health Organization-based Special Programme for Research and Training in Tropical Diseases (TDR). This is the most advanced shorter TB treatment regimen presently in development, and could be available to the public by the end of 2009 if positive results continue.

One-third of the world's population is infected with Mycobacterium tuberculosis, the causative agent of TB, with approximately eight million people developing the active form of the disease every year. The HIV/AIDS pandemic has dramatically increased the incidence of this disease. A shorter TB regime will also help improve treatment adherence and preventing the development of multidrug-resistant TB.

Watch your waists

DR MD HABIBE MILLAT

An increase in waist circumference or abdominal obesity is linked to multiple cardiovascular diseases and is a predictor of future coronary heart disease. In fact, people who are over weight or obese, with abdominal obesity, are at the greatest risk of developing cardiovascular disease.

Cardiovascular disease is a major public health issue. Despite of recent advancement in cardiovascular care, cardiovascular diseases remain the leading cause of death in the world. It has more impact on mortality rates than cancer, respiratory diseases or accidents. One in eight men and one in seventeen women die from cardiovascular disease before the age of 65.Cadiovascular disease is responsible for 50 to 80 percent of deaths in the people with diabetes.

Abdominal obesity has reached epidemic proportions worldwide and the number of people affected is rising. Abdominal obesity alone or in combination with other risk factors predicts the development of type 2 diabetes and metabolic syndrome. A high waist circumference increases by 12-fold the risk of diabetes and double the risk of coronary artery disease.

Asian population have a relatively lower Body Mass Index (BMI) but high levels of abdominal fat. They are particularly prone to type 2 diabetes, hypertension and coronary artery disease. An Indian study recently revealed that almost 20 percent of adults who were not overweight or obese still have abdominal obesity, putting them at a greater risk of developing cardiovascular disease.

According to International Diabetic Federation, the cut off for at-risk waist circumference varies by ethnicity. For South Asians, waist circumference up to 90 cm (35.5 inches) for men and up to 80 cm (31.5 inches) for women is acceptable.

The health risk associated with abdominal obesity is thought to be due to an accumulation of fat around and inside the abdominal organs such as liver. It affects glucose metabolism and produces abnormal cholesterol and triglycerides.

A comprehensive approach is needed to combat this health problem which includes treatment of the sources of multiple risk factors. Treatment should be focused for cardiovascular prevention now and in the future. In this regard, behavioural modifications such as smoking cessation, correct diet, weight loss and exercise reduce of cardiovascular risks. Seek medical advice for therapies which can provide valuable assistance in future cardiovascular risk.

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