



Did you know?

Quality of life with cancer can be preserved

A series of therapy sessions designed to address all aspects of cancer patients' lives, from physical fitness to spiritual well-being, can help maintain their quality of life and even improve it, a new study shows.

People undergoing treatment for cancer typically experience a decline in quality of life, Dr. Teresa A. Rummans of the Mayo Clinic College of Medicine in Rochester, Minnesota, and colleagues write in the *Journal of Clinical Oncology*.

Interventions designed to help maintain these patients' well-being may include education on cancer, coping strategies, and emotional support, Rummans and her team add, but they usually only address one or two aspects of quality of life.

The researchers developed a programme designed to target all five "domains" or aspects of quality of life – cognitive, physical, emotional, spiritual, and social functioning. To test it, they assigned 103 patients with advanced cancer undergoing radiation therapy to receive the intervention or to a control group given standard medical care.

The intervention consisted of eight 90-minute sessions, each opening with 20 minutes of conditioning exercise with a physical therapist and closing with 10 to 20 minutes of guided relaxation.

The sessions also featured training in coping skills, such as making healthy lifestyle changes and keeping journals; stress management training; and training in assertiveness and goal setting. Sessions also included social support from both therapists and other patients, and addressed spiritual issues, for example religious beliefs and feelings of grief, guilt and hope.

At the end of the eight weeks, quality of life improved by 3 points (on a scale of 1 to 100) in the group who participated in the therapy sessions, but dropped 9 points in the control group. Participating patients showed improvements in physical symptoms; emotional, social and spiritual well-being; and legal concerns compared to those in the control group.

SOURCE: *Journal of Clinical Oncology*

Prevent skin cancer by self examination

STAR HEALTH CORRESPONDENT

Our skin plays the major role in protecting of our body against heat, light, infection, and injury. It also stores water, fat, and vitamin D. The skin has two main layers and several kinds of cells. The top layer of skin is called the epidermis. It contains three kinds of cells: squamous cells, basal cells and cells called melanocytes, which give our skin its color. If cancer cells found in the epidermis of skin, it is known as skin cancer.

Types of skin cancer

There are two most common kinds of skin cancer: basal cell carcinoma and squamous cell carcinoma. Basal cell carcinoma is a slow-growing cancer that seldom spreads to other parts of the body. Squamous cell carcinoma also rarely spreads, but it does so more often than basal cell carcinoma. Basal cell carcinoma and squamous cell carcinoma are sometimes called non-melanoma skin cancer. There is another common type of skin cancer called Melanoma. It begins in the melanocytes. Of the many different types of melanoma, most are seen in the skin including nail beds, soles of the feet, and scalp. However, it can also be found in the eye, anal canal, rectum, and vagina.

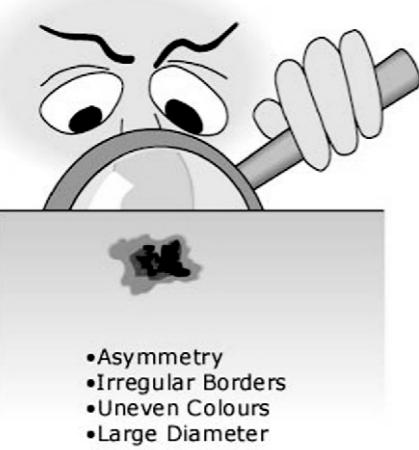
Signs and symptoms

Skin cancer can look in different ways. The most common sign of skin cancer is a change on the skin, such as a growth or a sore that will not heal. Sometime there may be a small lump. This lump can be smooth, shiny and waxy looking, or it can be red or reddish brown. Skin cancer may also appear as a flat red spot that is rough or scaly. Not all changes in your skin are cancer, but one should consult the doctor if any noticeable changes occur in its skin.

Diagnosis and treatment

The average cure rate when detected and treated in the early stages is 95 percent. It is

Examine skin regularly for moles with:



- Asymmetry
- Irregular Borders
- Uneven Colours
- Large Diameter

much higher than other diseases. The goal of treatment of skin cancer is to remove all of the cancer, reduce the chance of recurrence, preserve healthy skin tissue, and minimise scarring after surgery. Treatment for skin cancer varies according to the type, location, extent, aggressiveness of the cancer, and the patient's general health. Treatment for skin cancer usually involves some type of surgery. In some cases, radiation therapy or chemotherapy or a combination of these methods is used.

Tips to prevent skin cancer

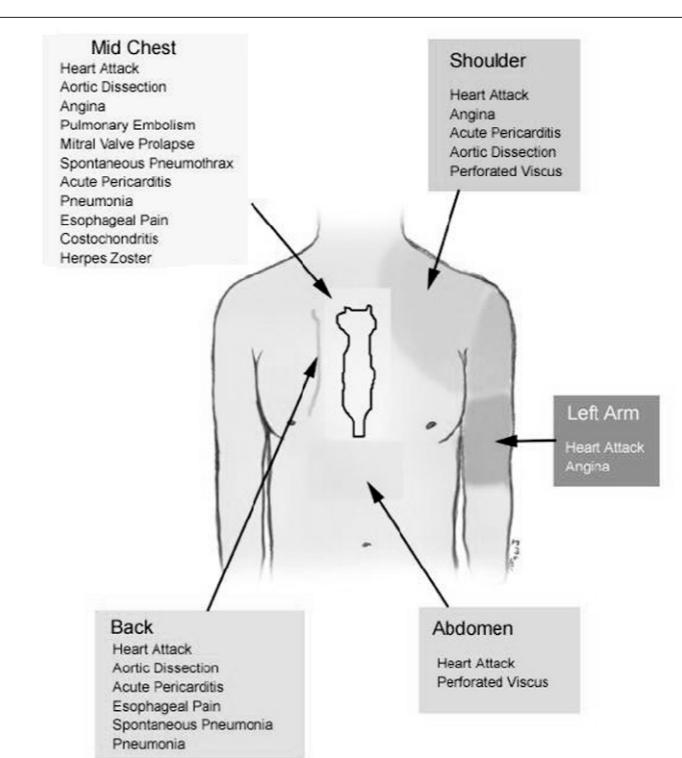
Firstly, we can minimise the exposure to the sun at midday. We should apply sunscreen with at least a SPF (sun protecting factor)-15 or higher, to all areas of the body which are exposed to the sun even on cloudy days in every two hours and reapply after swimming or perspiring. Again we can reduce the risk by wearing such cloths that covers our body and shades our face. Avoiding exposure to UV

(ultra violet) radiation from sunlamps or tanning parlors also trim down the risk. We can protect our children by keeping them from excessive sun exposure when the sun is strongest, and apply sunscreen liberally and frequently to children 6 months of age and older. We should not use sunscreen on children under 6 months of age. Older children need to be cautioned about sun exposure, as they become more independent. It is important, particularly in high sun exposure parts of the world, to develop the habit of covering up the skin with clothing, a hat, and sunscreen whenever they go outdoors and may be exposed to large amounts of sunlight. Wrap-around sunglasses with at least 99 percent UV absorption provide the best protection for the eyes and the skin area around the eyes. High exposure to chemicals like arsenic, silicosis should be avoided also.

Self-examination

Skin cancer is highly curable when detected early and the key to early detection is regular self-examinations of our skin. Everyone, not only those with an increased risk of developing skin cancer, should perform regular skin examinations. The best time to do a skin self-exam is after a shower or bath. We have to check our skin in a well-lit room using a full-length mirror and a hand-held mirror. For this purpose we have known well about our birthmarks, moles, blemishes and freckles and what they usually look and feel like. Check for anything new, especially a change in size, shape, texture or color. Also notice any area of scaling, itching, bleeding, tenderness or pain. The examiner should check from head to toe and should not forget the back, scalp, genital area, and between the buttocks. People who have been treated for skin cancer have a higher-than-average risk of developing a new cancer elsewhere on the skin. That is why it is so important for them to continue to examine themselves regularly.

First Aid



Chest pain

Causes of chest pain can vary from minor problems to serious medical emergencies

The specific cause of chest pain is often difficult to interpret. Causes of chest pain can vary from minor problems, such as indigestion or stress, to serious medical emergencies, such as a heart attack or pulmonary embolism.

As with other sudden, unexplained pains, chest pain may be a signal for you to get medical help. Use the following information to help you determine whether your chest pain is a medical emergency.

Heart attack

A heart attack occurs when an artery that supplies oxygen to heart muscle becomes blocked.

A heart attack generally causes chest pain for longer than 15 minutes. But a heart attack can also be silent and produce no signs or symptoms.

Many people who suffer a heart attack have warning symptoms hours, days or weeks in advance. The earliest predictor of an attack may be recurrent chest pain that is triggered by exertion and relieved by rest.

Someone having a heart attack may experience any or all of the following:

- Uncomfortable pressure, fullness or squeezing pain in the center of his or her chest lasting more than a few minutes
- Pain spreading to the shoulders, neck or arms
- Lightheadedness, fainting, sweating, nausea or shortness of breath

If you or someone else may be having a heart attack:

- Seek for emergency medical treatment
- Take nitroglycerin, if prescribed. If you think you are having a heart attack and your doctor has previously prescribed nitroglycerin for you, take it as directed. Do not take anyone else's nitroglycerin.
- Begin CPR (Cardio-pulmonary resuscitation) immediately.

Pulmonary embolism

An embolus is an accumulation of foreign material – usually a blood clot that blocks an artery. Tissue death occurs when the tissue supplied by the blocked artery is damaged by the sudden loss of blood. Pulmonary embolism describes the condition that occurs when a clot usually from

the veins of the leg or pelvis lodges in an artery of the lung.

Signs and symptoms of pulmonary embolism include:

- Sudden, sharp chest pain that begins or worsens with a deep breath or a cough, often accompanied by shortness of breath
- Sudden, unexplained shortness of breath, even without pain
- Cough that may produce blood-streaked sputum
- Rapid heartbeat
- Anxiety and excessive perspiration

As with a suspected heart attack, seek for emergency medical assistance immediately.

Pneumonia with pleurisy

Frequent signs and symptoms of pneumonia are chest pain accompanied by chills, fever and a cough that may produce bloody or foul-smelling sputum. When pneumonia occurs with an inflammation of the membranes that surround the lung (pleura), you may have considerable chest discomfort when inhaling or coughing. This condition is called pleurisy.

One sign of pleurisy is that the pain is usually relieved temporarily by holding your breath or putting pressure on the painful area of your chest. This is not true of a heart attack. See a doctor if a cough and a fever or chills accompany the chest pain. Pleurisy alone, however, is not a medical emergency.

Chest wall pain

One of the most common varieties of harmless chest pain is chest wall pain. One kind of chest wall pain is costochondritis. It consists of pain and tenderness in and around the cartilage that connects ribs to the breastbone (sternum).

Often, placing pressure over a few points along the margin of the sternum results in considerable tenderness limited to those small areas. If the pressure of a finger duplicates your chest pain, you probably can conclude that a serious cause of chest pain, such as a heart attack, is not responsible.

"We are still recommending a precautionary approach because there is still no hard evidence that the health of the public in general has been adversely affected by the use of mobile phone technologies," NRPB chairman Sir William Stewart told.

But Stewart added that he did not think he could put his hand on his heart and say mobile phones are totally safe because the technology is relatively new and is evolving so rapidly it is outstripping the analysis of any potential impact on health.

Some research suggests radio frequency fields could interfere with biological systems but it has not been possible to carry out long-term studies.

The Mobile Operators Association in Britain, which

REUTERS, London

represents operators on health and planning, welcomed the report.

"The key point of the NRPB advice is that there is no hard information linking the use of mobile telephony with adverse health effects," said its executive director Mike Dolan in a statement.

Children may be more vulnerable

Children might be more vulnerable because their nervous system is still developing, they have a greater absorption of energy in the tissues of the head and they would have a longer lifetime exposure than adults, according to the report.

Stewart recommended children use mobile phones for as short a time as possible. They should text instead and use a phone with a low SARS value. Specific Absorption Rate (SAR) is the measure of the rate of energy absorption in body tissue.

"We have got to be cautious. We can't say there will be no effects," he added.

Stewart said studies suggesting mobile phones can cause non-malignant brain tumors, cognitive impairment or DNA damage should not be dismissed but more research is needed.

The frequency and severity of painful migraine attacks increase as body weight increases
Source: Neurology

Your Doctor

Dear Doctor,
I have faced a problem for Several Years. It is my throat pain. Always I have to cover my throat with warm clothes. In the very beginning of this problem, I have taken some antibiotic tablet but it did not improve my condition. Later I take some penicillin tablet (Pen-v) and it improves my condition; but when I stop taking this, I have caught again the throat pain.
Please tell me what I will do for the permanent solution.
Thanks and best regards

Saiful Islam

islamsaiful@gmail.com

Answer:

You need to complete the course of the antibiotic first. If you take the drug irregularly, bacteria may get resistant. So it is very important.

There may be some factors that aggravates the condition. You should avoid those factors as well.

If conservative treatment fails, then you can decide for tonsillectomy (removal of tonsils). But you need to be sure about the indica-

tion with the help of a physician. If there is frequent repeated attack and it hampers your normal life you can undergo tonsillectomy. But before that you must see an ENT specialist.

Dear Sir,
I have been suffering from severe chronic sinusitis for the last 5 years. Before 2 years a famous otolaryngologist made a surgery on it and I was better for some days. Now aging I have been suffering from the

same problem with severe headache, asthma allergy and taking Ketotifen, Flexonase nasal spray, Ventolin Inhaler. An ENT specialist advised me recently to wash it now and for the next every 2 yearly. Can you suggest me any treatment to cure it permanently?

Regards,
Asish Kumar Sarker

asish_banana@yahoo.com

Answer:

At first you should be sure about your problem. To confirm your diagnosis, you need an x-ray of

paranasal sinuses (X-ray PNS). The drugs you are taking are not exactly for sinusitis. They are for the treatment of allergy. For the treatment of sinusitis, the medicine include analgesic (for pain relief), antibiotics, anti-histamines and some nasal drops/spray.

If this conservative treatment options fail, then antral wash out or some other surgeries may be required. To determine the correct treatment options, you can consult a specialist.

Dear Doctor,
I am Dr M Abdulla, Head, ENT Department Sir Salimullah Medical College and Mitford Hospital, Dhaka