



All health information to keep you up to date

GASTRO-OESOPHAGEAL REFLUX The misunderstood disease

After consuming huge, oily meal or a full packet of spicy 'chanachur' you often experience a burning pain in your chest and sometimes in the throat. We usually call this 'heartburn'. According to most doctors, thousands of Bangladeshis specially living in the cities suffer from Gastro-Oesophageal Reflux Disease (GERD), or what is known as 'heartburn'.

Some often GERD is misdiagnosed as peptic ulcer or simple acid related situation rather than disorder; some also term it as a 'gas problem' in our villages. For the majority, it is a short-term problem, activated by something like highly spiced food or even fizzy drinks in empty stomach. For some, reflux causes hours of extreme pain every day and makes sleep more or less difficult.

The commonest symptoms of reflux are heartburn and regurgitation. Regurgitation means acid or bitter tasting fluid coming up and into mouth. The stomach naturally produces acid, which helps to sterilise and digest the food we eat. Reflux occurs when acid from the stomach flows back up into the oesophagus. Normally a muscle at the base of the oesophagus shuts like a gate once food has moved to the stomach. For people with reflux, the muscle remains open, allowing acid to escape and make painful contact with the lining of the oesophagus. The main types of acid related disorders are reflux and peptic ulcer.

Many lived with reflux for ages. One can get rid of this disease if s/he wishes. First of all it is important to change life style. Life style change means modifying eating habits (which includes regular timing) and diet, taking a variety of drugs

and changing sleeping patterns. It seems that lying down flat is the worst position for reflux sufferers.

The most frequently used drugs for reflux disease are antacid tablets and mixtures, which reduce the damaging effects of stomach acid. In the western world 'Gaviscon' is mostly used instead of antacids. This drug is a combination of antacids and 'alginate' and 'gastrocote', which form a protective coating over the lining of the lower oesophagus and upper part of the stomach. In severe cases where heartburn is not easily relieved, ranitidine, omeprazole, lansoprazole type of drugs are chosen to reduce acid production in the stomach. Other drugs like cisapride, metaclopramide or sucralfate are also used; some also uses 'Helicobacter treatment strategy' to treat reflux.

Here are some simple steps to help avoid heartburn:

- Avoid food with a high acid content, like tomato sauce.
- Three C: Cigarettes, Coffee and Chocolates are contributors to reflux.
- Being overweight increases the chances of heartburn.
- Don't eat for at least three hours before going to bed.
- Use pillows to elevate your head during sleep.
- Avoid tight clothing; it puts extra pressure on your abdomen, increasing heartburn symptoms.
- Try to avoid stress, which increases sensitivity to stomach acid.
- Many drugs like aspirin, ibuprofen, naproxen irritates the stomach lining. So, do not forget to ask the doctor about side effects of a prescribed drug.

BREAST CANCER MANAGEMENT

Where should a patient seek initial treatment

DR SATYEN ADITYA

With the change of lifestyle and dietary habits of the people, the incidence of breast cancer in our country has been increasing at an alarming rate.

In pursuance of the public demand, the level of specialisation also has to be raised. All over the world, there is a general tendency to develop surgical specialisation along the line of anatomical site specificity. This is happening in response to the increase in the demands for more improved and specialised service directed towards better outcome keeping in view the aesthetic aspects of the results from healthcare personnel. More surgeons are devoting to the care of breast problems and more development is taking place in the specialty of breast cancer management.

Not only surgeons, but also physicians, nurse, radiographers, radiologists, histopathologists have appeared in the healthcare sector dedicated to the management of breast problems in general and breast cancer in particular.

In Bangladesh, there has emerged a group of 'specialists'

who claim to be the sole experts to care for all the cancer cases. They claim to be the cancer specialists. They are not surgeons. They are in general - radiation oncologists, who are called the radiotherapists in Bangladesh. They are supposed to be called upon when the surgeons feel the need for that particular modality of management.

But here in Bangladesh, it is just the other way round. Here the so called 'cancer specialists' call the surgeons to perform an operation under their guidance. This is unheard in the developed world.

In Bangladesh, this has been a deviation from the normal course of development of cancer management. According to the recommendation of the BASO (British Association of Surgical Oncologists), the oncologists come into the picture later on when called in by surgeons.

The BASO recommendation runs as follows: "The primary care of breast cancer is currently the responsibility of surgeons and there is no evidence to suggest that change in this practice would be beneficial." The surgeons have been ascribed the role of the kingpin in the management of breast cancer in particular and the



management of all cancers in general.

But that is not practiced in Bangladesh. This mentality of usurpation of one's due role by another is hampering the development of healthcare in our country.

Oncologists are not professionally supposed to be involved in the primary care of any cancer. They are meant for the referred cases from the surgeons. They are usually involved at the secondary or tertiary stage of the care of

cancer cases.

The confusion starts with the misplacement of the primary care of a patient of cancer to the so called cancer specialist. The cancer specialist, not being a surgeon, misguides the management to the non-surgical modalities. The vital time for the primary management passes off; surgery is attempted later when the patient passes into the incurable stage.

Patients in Bangladesh do not understand the time factor in the management of a disease. They cannot comprehend that life is a very dynamic process and the treatment of a disease is not equivalent with the repair of the leg of a broken chair. Most of them think along with their doctors that the sequence of treatment of a case is irrelevant to the success of cure.

Most of the patients in our country are fatalists. But the most unfortunate aspect of the problem is that many doctors are fatalists as well. A doctor, who is a fatalist, does not understand that fatalism is against the nature of his or her profession.

A fatalist doctor is unreliable. He or she shifts his mundane responsibility to the divine to

remain in the safe zone. That ultimately is self-defeating.

In Bangladesh, the number of breast problems has been enlarging since the last decade. The number of surgeons may not have been inadequate. But the level of expertise is lagging behind. This, however, was a grossly mutilating procedure.

Breast conservation is the principal idea of the breast cancer. It is the organ, which not only performs an essential function in the preservation of the species, but also is regarded as the hallmark of a woman's personality. So we have to preserve it. At the present stage of our expertise and knowledge, it is possible to cure cancer of the breast and preserve the organ to allow the patient to preserve her personality and feel happy about the success of the treatment.

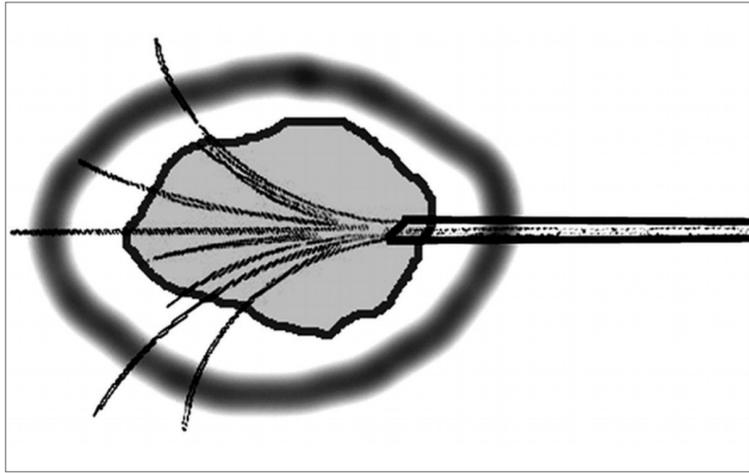
The healthcare system remained for a long time under the spell of the adage that more offensive the remedy more ensured is the cure. That leads people to advise and accept mutilating procedures like amputation of the breast or mastectomy (removal of breast). Many patients and their relatives feel and even express their feelings

that if the affected breast were not amputated, the disease would not go. This has proved wrong.

In our country, the scenario is frequently found that a young woman, eighteen years of age, is moving about from one specialist to another in search of an assurance that her lump in the breast is not cancer. This woman or even a girl would typically start with a so-called cancer specialist. She would have her mammography done on the advice of the 'specialist' and then if fortunate enough move into a surgeon. Mammogram in this young woman is ill advised and undesirable.

In the best interest of the patient, she should visit a surgeon preferably a breast surgeon for a breast problem. The initial specialist management of a breast problem or cancer has to be done by a surgeon. The oncologist or the cancer-specialist has to come after that. The specialists by all means should try to provide the latest care with the intent of the most desirable results satisfying all the parties concerned.

Radio frequency ablation therapy may be helpful in cancer treatment



PROF DR MD RASHIDUL HASSAN

Radio frequency ablation (RFA) is a new technique that employs high-energy radio frequency waves to destroy non-small cell lung cancer. The radio frequency ablation probe is placed inside a tumor and opened like a tiny umbrella with 10 curved prongs that spring into the surrounding tumor tissue. With this tool tumor cells are somewhat heated until they boil and become inert. The procedure takes about 90 minutes on an average. It can be used around large blood vessels and bleeding is less likely.

RFA is a promising minimally invasive technique and has proved to be an effective and safe procedure for the treatment of benign and malignant tumors in several organs. There is increasing interest in its use in the treatment of malignant lung lesions, such as bronchogenic carcinoma and occasionally lung metastases. RFA can be performed under conscious sedation and local anesthesia and offers the possibility of treating patients who are not suitable for surgery or other treatment modalities due to age, co morbidity, or extent of disease. RFA of malignant lung lesions may have a lesser toxicity than radiation therapy by preserving surrounding healthy lung tissue. The risks of thoracotomy (surgical opera-

tion to make a hole in the wall of the chest) and lung resection may outweigh the potential benefits of surgery.

Additionally, a number of patients with primary lung resection may outweigh the potential benefits of surgery. Additionally, a number of patients with primary lung malignancy or occasionally metastases to the lung are not candidates for operation, and conventional treatment with systemic chemotherapy and radiation therapy may not influence the clinical outcome. The surrounding air of the adjacent lung parenchyma provides an insulating effect by concentrating the RF energy within the tumor tissue; thereby less RF energy deposition is required to produce tumor necrosis. Potential complications using RFA in the treatment of lung tumor are bleeding, infection, pleural effusion and pneumothorax.

Potentially in solitary patients with lung metastases, not controlled adequately with chemotherapy, RFA may be an additional option, because it can destroy poorly oxygenated tumors that are traditionally less responsive to chemotherapy and/or radiation therapy.

Causes of the better result of RFA in USA in comparison to Bangladesh -

- In developed countries, the RFA specialists use PET (Positron Emission Tomography) scan

to assess post RFA status of the treated tumor, which give them meticulous picture about the complete destruction of the tumor or any functional residuals that can be ablated by RFA again within a month of the first RFA treatment. Since we do not have PET facility, we have to depend entirely on CT scan or chest x-rays to assess treatment response, which cannot be as accurate as PET scan. Usually any residuals of the treated tumor by RFA takes six months to re-grow enough to show the increase of the size of the tumor in x-ray or chest CT. So usually we have to wait for six months to redo any RFA of the recurrent tumor.

- In stage IIA, IIB, and III they used concurrent chemoradiation with RFA. Overall treatment response with concurrent chemoradiation is better than sequential chemo radiation. In USA they used chemotherapy immediately after RFA. Following RFA, heat injured cells have higher permeability. So response to chemotherapy immediately after RFA is very high.

RFA of malignant lung tumors may reduce tumor burden and may be a complement to surgery, systemic chemotherapy or radiation therapy.

Protein supplement may speed bed sore healing

A liquid protein supplement may help heal the bedsores that often develop in sick or disabled, and especially elderly, patients, researchers have found.

Bedsores, or pressure ulcers, are a common problem among nursing home residents and other individuals whose health keeps them confined to a bed or wheelchair. They occur when sustained pressure cuts off blood flow to certain areas of the body, damaging the skin and underlying tissue. Malnutrition can make people

more vulnerable to bedsores, and nutritional supplements are already recommended to help prevent and treat the skin wounds.

But there has been a lack of evidence from controlled clinical trials on how well protein supplements promote bed sore healing, according to the authors of the new study, led by Dr. S. Kwon Lee, president of Northeast Surgical Associates of Ohio, in Independence.

Their study included 89 nursing home residents in four states who were treated for moderate to

advanced bedsores. The patients were randomly assigned to receive standard care or standard care plus a liquid protein supplement three times a day for eight weeks.

The supplement, sold as Pro-Stat, is concentrated to provide a large protein dose in a small serving - 15 grams of protein in an ounce of liquid.

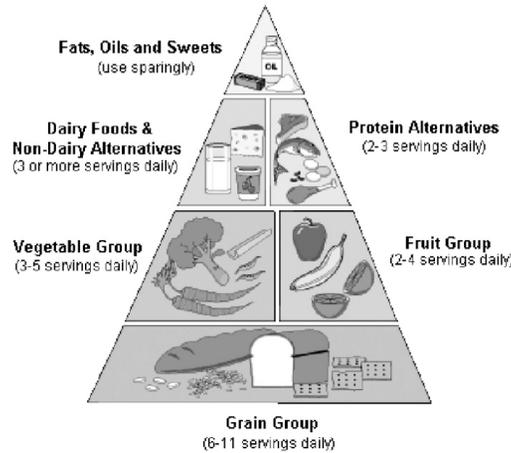
After eight weeks, Lee's team found, patients who'd taken the supplement were healing at roughly twice the rate of those on standard care.

According to Lee, an easily digested, concentrated liquid protein can make it easier for nursing home residents to get the nutrition they need to promote wound healing.

"Data have long suggested that high-protein diets improve the healing of pressure ulcers," the researcher said in a statement, "but specific evidence until now has been weak regarding how much protein, and in what form, is most effective."

According to Lee, one reason for the supplement's benefits may be its high levels of certain amino acids - arginine, glutamine and glycine - that have been shown to promote wound healing.

Source: Advances in Skin & Wound Care



Type D personality boosts heart disease risk

People with coronary heart disease and a type D personality - a propensity to experience negative feelings - have a considerably increased risk of having a heart attack, needing heart surgery or dying from heart disease, according to Belgian and Dutch researchers.

As lead investigator Dr. Johan Denollet told, "Type D personality was associated with a three-fold increased risk of new cardiac events...in cardiac patients, and this association could not be explained away by temporary changes in psychological stress levels."

Type D, he added, "is characterised not only by chronic negative emotions, but also by the tendency to inhibit self-

expression while avoiding possible negative reactions from others. Type D patients perceive many types of social interaction as stressful and tend to hide their true feelings; this may result in the under-reporting of stress-related health problems."

In the American Journal of Cardiology, Denollet of University Hospital Antwerp and colleagues report the results of their 5-year follow-up study of 337 patients with coronary heart disease. The participants completed a psychological stress questionnaire and the Type D personality scale at the beginning of the study.

Over the study period there were 46 major adverse cardiac events. Of these, 8 were heart attacks and 4 were deaths.

Compared with other personality types, type D personality conferred a nearly fivefold risk of death or heart attack, regardless of disease severity.

Patient factors that predicted the risk of a major adverse cardiac event were a reduced pumping ability of the heart, not having coronary bypass surgery and having a type D personality, the investigators add. Psychological stress had less influence on risk.

Factors other than stress, such as type D personality, need to be explored so that more successful treatment strategies can be developed for high-risk patients, Denollet concluded.

Source: American Journal of Cardiology

First Aid



Chemical splash in the eye



If a chemical splashes into your eye, take these steps immediately:

- 1. Flush your eye with water:** Use clean, lukewarm tap water for at least 20 minutes, and use whichever of these approaches is quickest:
 - Get into the shower and aim a gentle stream of lukewarm water on the forehead over the affected eye. Or, aim the stream on the bridge of the nose if both eyes are affected.
 - Or, put your head down and turn it to the side. Then hold your side. Then hold your affected eye open under a gently running faucet.
 - Young children may do best if they lie down in the bathtub or lean back over a sink while you pour a gentle stream of water on the forehead over the affected eye or on the bridge of the nose for both eyes. Remember to flush for at least 20 minutes no matter which method you choose.
- 2. Wash your hands with soap and water:** Thoroughly rinse your hands to be sure no chemical or soap is left on them. Your first goal is to get

the chemical off the surface of your eye, but then you need to make sure to remove the chemical from your hands.

- 3. Remove contact lenses:** If they did not come out during the flush, then take them out.

Caution:

- Don't rub the eye this may cause further damage.
- Don't put anything except water or contact lens saline rinse in the eye, and don't use eyedrops unless emergency personnel tell you to do so.

Seek emergency medical assistance

After following the above steps, seek emergency care. Take the chemical container or the name of the chemical with you to the emergency department. If readily available, wear sunglasses because your eyes will be sensitive to light.

Your Doctor

On coming issue "Your Doctor" will respond to problems of urology. Send your questions to Your Doctor, Star Health, The Daily Star, 19, Karwan Bazar, Dhaka 1215 or e-mail your problem to starhealth@thedailystar.net