

Missing teeth earlier may cause complicated disorders

DR K AUBL HASNAT FARZAN

A bridge stands stable over a number of pillars and the number depends on the size and loading capacity of the bridge. If one or two pillars are broken down, then the longevity of that bridge gradually diminishes due to unequal pressure on those pillars. After certain period, rest of the pillars also become weaker and the bridge is completely in danger.

Same way, if one or two teeth are missing or to be extracted earlier, the total dentition changes to an irregular shape gradually. Lots of complications may arise in this circumstance.

1) When one tooth is missing from the dentition, the two teeth besides that missing teeth tend to fill that empty space naturally or due to bite pressure.

2) Once those besides two teeth start filling the gap, then space between teeth become larger respectively and this effect touch the total dentition.

3) The tooth of the opposite

dentition of those missing teeth in case of upper dentition starts extrusion downwards and extrusion upwards in case of lower dentition. That is why those extrusive teeth become sensitive because of dentine exposure.

4) Food easily induce through the wide space between the teeth and lack of proper cleaning, gingivitis followed by periodontitis developed rapidly.

5) Invisible carious lesions may develop all through both dentition without any symptoms. After certain period, this caries form bluish black appearance on the tooth surface and once the tooth is broken down or fractured due to sudden pressure or may be due to unequal bite pressure.

6) Earlier extraction or tooth fall may be resulted in deformed tooth in permanent dentition, irregularity in both dentition that can be crowding or spacing, retained deciduous teeth and retained permanent tooth bud, tooth may erupt through lingually under the tongue or buccally on the top of another teeth or maybe



A patient with complicated disorders of missing teeth earlier is being treated by the writer.

palatally towards midline.

7) Due to irregularity, different types of ulcer develop during eating, talking or due to some unwanted bite on tongue, lips or may be on cheek.

8) Eruption of wisdom teeth may be hampered due to early extraction or early tooth fall. Due to lack of space, that third molar is impacted in a complicated position and when it starts erupt,

patients face lots of hazards like severe pain, tender swelling, pericoronitis and other severe inflammations of oral mucosa or due to its position it may damage the second molar as well. In this condition, patients cannot open mouth properly.

9) Last of all, due to spacing between teeth or extrusion or severe periodontitis or due to some unwanted pressure, tooth become mobile and after few days it may fall down.

In case of children, in due time the deciduous teeth are automatically fall. But those teeth should be extracted by a dentist to avoid future complication. If elderly patients develop any complication, most of them want to extract tooth without any treatment. But extraction of teeth is not a complete treatment. Now a days, a most modern technique that — implantation of teeth directly into the bone is available but it is a bit expensive and elaborate process.

That is why, decision should be taken timely and management should be done under an expert dentist. Then life becomes more comfortable in future about teeth.

So, if any complication about teeth and surroundings arise, from the very beginning, every-

body should consult a dentist to follow the guideline for proper management. In that case, parents can play a major role to avoid any future complication for the next generation.

But if early extraction is needed due to any reason, then in case of both dentition, space maintainer or replacement of an artificial teeth should be done immediately. Removable denture, fixed crown or bridge may be the suitable solution. Now a days, a most modern technique that — implantation of teeth directly into the bone is available but it is a bit expensive and elaborate process.

That is why, decision should be taken timely and management should be done under an expert dentist. Then life becomes more comfortable in future about teeth.

The writer is a Medical Officer (Dental) of Healthcare Development Project of Bangladesh Diabetic Association.



Gum disease might raise a person's risk of pancreatic cancer by causing general inflammation through the body, U.S. researchers said. So take care of your oral health.

Did You Know



Handbags a health hazard, women warned

REUTERS

Above all, he recommended correct posture while carrying bulky purses, keeping the head and shoulders aligned upright. Patients should also frequently change the size and weight of purses carried.

"The extra-large purses are quite phenomenal. They look beautiful when the women wear them, but I don't know how aware they are of the potential problems," Case said.

"I see so many women with neck pains and headaches and what I usually do is look for their purse and pick it up," said Jane Sadler, a family practice physician on the medical staff at Baylor Medical Center in Garland, Texas.

"We take it over to the scale and weigh it and usually they're anywhere from 7 to 10 pounds (3.1-4.5 kgs)...We're really going to see women with more and more problems later on if we continue the big purse craze."

Traditionally women adopted better postures for carrying loads, such as baskets on heads or strapping a papoose across the back, but placing objects on one shoulder was one of the least efficient ways of carrying a load.

"This causes a great imbalance. You only have to see people carrying bags in shopping centers, looking hunched up like Quasimodo," he said.

"If it (a big bag) is a fashion accessory, then occasional use is fine. If not, then keep it light."

Ensure community participation and monitoring

Taufiqur Rahman, Cluster Leader, South and West Asian region (Afghanistan, Bangladesh, India, Iran, Nepal, Pakistan, Sri Lanka and Bhutan) focused on a number of issues regarding GFATM (The board of the Global Fund to Fight AIDS, Tuberculosis and Malaria) and Bangladesh perspective during a conversation with The Daily Star

SHEIKH SABIHA ALAM

The board of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) approved a sixth round grants of \$40 million to fight the three pandemics.

Over a five-year period the new grants will support the provision of life-extending antiretroviral (ARV) to six hundred people with AIDS. Besides, it will carry out care and support programmes and provides logistics across the country.

As a partnership between governments, civil society, the private sector and affected communities, GFATM represents an innovative approach to international financial and recipient governments, non-governmental organisations, the private sector (including businesses and foundations) and affected communities. Key international development partners also participate, including the World Health Organisation (WHO), the Joint United Nations' programme on HIV/AIDS (UNAIDS) and the World Bank.

Taufiqur Rahman, Cluster Leader, South and West Asian region (Afghanistan, Bangladesh, India, Iran, Nepal, Pakistan, Sri Lanka and Bhutan) focused on a number of issues regarding GFATM and Bangladesh perspective during a conversation with The Daily Star recently.

The Daily Star (TDS): GFATM concentrated on 2005 UNGASS goal of ensuring that young people have the knowledge, skills and services that they need to protect themselves from HIV/AIDS.

Taufiqur Rahman: Yes, and GFATM is promised to 'invest to our future' who are the most vibrant and lively part of our population.

TDS: Despite your campaign across the country, very little have clear conception of HIV/AIDS.

Rahman: I have seen the report. Though 85 percent of the youth heard about AIDS, of them only 21.7 percent know at least two reasons for transmission and prevention and 22 percent have correct knowledge for two root causes of HIV transmission.

TDS: What is the reason, you think, behind the poor rate of awareness among the youth?

Rahman: Lack of proper education. Ministry of health and family welfare is the chief fund recipient of our fund and through the managing agency Save the Children, USA, 17 NGOs earlier carried out awareness programmes in 20 districts. It was ok at the initial stage, but the coverage has to be expanded.

TDS: What sort of strategy Bangladesh can take in this regard?

Rahman: It will take time. The young people have to be imparted with proper knowledge and skill and the bodies concerned have to provide the same message again and again, "protect your health, you may be on treatment for several months but, there is no total cure from AIDS".

TDS: Do you think the representatives from the affected communities should be involved in the campaign?

Rahman: Of course. The affected community has the most useful role to play. There is not much showing of AIDS infected people in Bangladesh and the young people do not relate to it.

TDS: Is it possible in this social context to bring AIDS affected people in campaigns?

Rahman: Nobody openly admits to being HIV positive, I know. But, think about India. Indian Network for Positive People Plus (INP Plus) has done a great job. There the AIDS infected people work as peer educators.

TDS: We have a good number of migrant workers...

Rahman: Yes. The country

should give special emphasis to this. I can tell you what happened

Rahman: Look, Bangladesh lacks the scientific laboratories, research facilities, equipment and medical personnel to deal with AIDS. The country does not have sophisticated laboratories with modern equipment. In most cases, the disease might be undetected or the patients' actual condition might not be known. The high-risk group, I mean injecting drug users (IDU), commercial sex workers must be brought under frequent testing.

TDS: The doctors, as we read at the Daily Prothom Alo, are not ready to deal with...

Rahman: The country not only needs the mass to be trained up, the doctors have to be properly trained up also. And I had a talk with the Bangladesh Medical Association (BMA). They would provide a list of doctors for training.

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wives. Thus cycle goes on and on.

TDS: The international survey shows women are more vulnerable to AIDS...

Rahman: The country report shows less number of HIV positive women in Bangladesh. I want to repeat — the country needs adequate service centres, the wives of the migrant workers; pregnant women from the high-risk group must be brought under proper diagnosis.

TDS: The bodies concerned expressed satisfaction over the work.

Rahman: Yes, but, Bangladesh should not forget that if once it breaks out in epidemic, it would be hard to do. Look at India; the country is struggling. It is a very bad tendency to treat it as 'some one else's problem'.

TDS: How is doing India, what is your observation, you are working in nine countries...

Rahman: India has 5.7 million HIV infected people. But they are struggling. The political leaders came forward at the campaigning programme. Prime Minister Manmohan Singh was seen embracing AIDS affected people, you saw Sonia Gandhi too. But, it's a matter of regret that we did not have seen this sort of initiative here.

TDS: Involvement of political personalities will bring good result?

Rahman: Absolutely. To dissolve the social stigma, it will be very effective. But...what can I say, our politicians are like politicians — that's the way to put an answer. But, I want to convey my thanks to Matra the advertising firm. They brought celebrities to the movement. You saw the modest but very popular Afzal Hossain. They can motivate the youth of the country. Religious leaders are doing too. We expect fantastic role from them too.

TDS: What is the priority of this round's fund?

Rahman: This time we are trying to reach the gaps. There are 40 thousand IDUs in the country and lots of commercial sex workers, they must be brought under intensive surveillance programme, we are funding for improved care and logistic support and expanding the coverage of treatment. We do not want people die. So above all, we want to ensure 'antiretroviral' of international standard.

TDS: Any message for Bangladeshi?

Rahman: Strengthen the awareness programmes on AIDS; it will be a serious burden for Bangladesh, if AIDS breaks out. Ensure community participation and monitoring to ensure transparency and accountability so that not a single penny be left unutilised.

TDS: In our country HIV positive or AIDS affected people fear the social stigma, you know.

Rahman: Yes, but, if once the country can bring HIV positive people to the front, surely you will be able to witness a positive result. In India I saw AIDS affected people saying to others, 'look I was as skinny as you were, but now I am doing well'. What I want to say is — if these people were involved in community counselling, the output will be better.

TDS: Tell us about AIDS scenario in Bangladesh, the prevalence is still low... eight thousand according to the recent study of the government.

Rahman: I have different opinion in this respect. I believe the number of AIDS affected people is much higher than what the government has provided. How can you count the number if you do not have the proper surveillance system?

TDS: If you would explain it clearly...

Rahman: West Bengal now stands at four, and there are the other three states Manipur, Mizoram and Nagaland. The truck drivers or others who frequently go to India are often coming back with HIV and having sex with their

in Pakistan. Lots of workers from Peshawar have been driven out from Dubai for 'bad blood'. If you could once see their agony!

TDS: The embassies can play a vital role in curbing the epidemic.

Rahman: Exactly so. Let the embassies involved, let them pass the information to individual communities, 'earn money, but have safer sex'. And, every community has its own small publication; it can be a useful tool.

TDS: Our close door neighbour India has high prevalence of AIDS.

Rahman: And Bangladesh has a lot of people who cross the border daily — truck drivers, vendors, women and children...

TDS: What is the state of West Bengal?

Rahman: West Bengal now stands at four, and there are the other three states Manipur, Mizoram and Nagaland. The truck drivers or others who frequently go to India are often coming back with HIV and having sex with their

Folic acid supplements may boost brain power in the elderly

REUTERS, London

Jane Durga of the Nestle Research Center in Lausanne.

Folic acid is a synthetic compound of folate, a B vitamin found in green leafy vegetables, yeast, liver, beans and in some fruits.

Women are advised to take folic acid before conceiving and during the early months of pregnancy to prevent disorders such as spina bifida.

British researchers have also shown that folic acid supplements decrease the risk of cardiovascular disease by lowering levels of the amino acid homocysteine, which is thought to damage the inner lining of arteries.



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MEASURES

When you have high blood pressure during pregnancy

STAR HEALTH DESK

Perhaps you control your high blood pressure through diet and exercise. Or maybe you manage your condition with medication. In either case, pregnancy is safe?

What can I do to prevent complications?

Taking good care of yourself is the best way to take care of your baby.

Keep your prenatal appointments.

Take your blood pressure medication as prescribed.

Eat a healthy diet based on fruits, vegetables and whole grains.

Limit the amount of sodium in your diet.

Take prenatal vitamins.

Follow your health care provider's recommendations for exercise and activity.

Get plenty of rest.

Avoid smoking, alcohol and recreational drugs.

What about labor and delivery?

Your health care provider may suggest inducing labor a few weeks before your due date to avoid complications — or if you develop preeclampsia or other complications. If you have severe preeclampsia, you may be given medication during labor to help prevent seizures. In some cases, a C-section may be planned. Depending on the timing, you may be given an injection of potent steroids to enhance your baby's lung maturity before birth.

Will I be able to breast-feed my baby?

Breast-feeding is encouraged for most women with high blood pressure — even those who take medication. Discuss any adjustments you will need to make with your health care provider ahead of time. Sometimes an alternate blood pressure medication is recommended.

What are the long-term health risks of high blood pressure during pregnancy?

If you develop high blood pressure during pregnancy — even if it goes away after your baby is born — you may have a higher risk of stroke, heart disease and kidney disease later in life.

TDS: What sort of strategy Bangladesh can take in this regard?