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Say 'No' to tobacco
 Every year 57000 deaths and 382000 disabilities occur in Bangladesh because of tobacco use.
 Source: National Tobacco Control Cell, Ministry of Health and Family Welfare, World Health Organisation

Guide for a healthy summer

MD RAJIB HOSSAIN

With the rise of temperature in summer, the incidences of heat-related illness increase significantly to rush into hospitals. The scorching heat can beat our body leading to heatstroke, gastroenteritis, diarrhoea, water borne diseases like typhoid, jaundice, skin diseases, eye injuries, lethargy and loss of appetite. With a little precaution and appropriate measures, we can remain proactive, heal and hearty during summer.

Our body undergoes certain changes to adapt with the extreme temperature. Body's physiology tries to keep us cool by losing huge amount of fluid mainly by sweating. So the most important thing is to be hydrated and maintain fluid balance of our body. Otherwise it can lead to fatal condition like heat stroke or sunstroke.

Heatstroke is a condition that occurs after exposure to excessive heat where body's temperature control system stops working; ultimately sweating stops and body temperature rises rapidly. The symptoms of heat stroke includes Sudden dizziness, weakness or faintness,

sudden headache, little or no sweating, rapid weak pulse, rapid shallow breathing, hot, red and dry skin, high body temperature, typically 102°F or higher, vomiting and muscle cramps, coma.

To avoid these problems, you should keep the body hydrated by drinking at least eight glasses of water a day, even if you are not thirsty. Be sure to replenish water lost through sweat by drinking at least every 20 minutes during exercise. It is recommended that you drink about 1 liter of water per hour of activity.

Loss of salt and other electrolytes from our body also contributes to sunstroke. Saline water that contains sodium, potassium and sugar is a good option to stay hydrated during long exposure to the heat without food or snacks.

Eat light

Eating healthy can be a big factor to stay healthy during summer. Avoid hot, heavy meals, street foods and unhygienic water to stay away from gastro-enteritis, diarrhoea and food poisoning that are most prevalent in summer.

Choose foods with high water content, such as fruits (e.g. Watermelons, coconut water, grapes) summer vegetables,



salads and soups etc. They can help you getting your appetite back, quench your thirst and give you the energy to overcome the weather.

Hot and humid weather is the perfect environment for viruses and other germs to flourish and foods can easily go bad. You should pay particular attention to hygiene.

Travellers to a long distance or foreign countries may experience traveller's diarrhoea from contaminated food and unhygienic water.

For gastroenteritis and food poisoning, the most important thing is to complement water and electrolyte that you lose with watery stool and vomiting. If the symptom is not serious and you keep replacing water and electrolytes by ORS (Oral Rehydration Saline), you are likely to get better within a couple of days.

Keep in mind that tea, fruit juice and carbonated soft drinks will not correctly replace fluid or electrolytes lost by diarrhea or vomiting. So take ORS in this regard.

Protect your skin and eye
 Steamy sun can cause considerable damage to your exposed skin and eye. It is extremely important to be covered up to protect skin and eye from sunburn.

Use a good sunscreen, and re-apply it frequently during day time. There are some sunscreens that protect your skin from harmful UV rays. Sunscreens should be applied to dry skin at least 15 minutes before going outdoors and should be reapplied after swimming or perspiring.

Dress in lightweight, loose-fitting and light-colored clothing. Light color will reflect away some of the sun's energy. Wear a hat that shades your face, neck and ears or use an umbrella to protect yourself from the sun.

Ultraviolet rays can cause sunburned corneas, cancer of the eyelid, and increased risk of eye diseases such as cataracts and macular degeneration. Do not forget sunglasses to protect your eyes from the sun's UV rays.

Special precautions

If you have asthma or other respiratory problems, watch the air quality report for the day. Limit your time outdoors on days that have moderate to poor air

quality outlooks. And importantly, do not forget to take your inhaler or other medication when you go out.

Wear appropriate shoes for your outdoor activities. If you are doing a lot of walking or other sports activities, skip those stylish summer sandals. Avoid blisters and sprains by choosing a good pair of walking shoes. Wear them with comfortable, cotton socks.

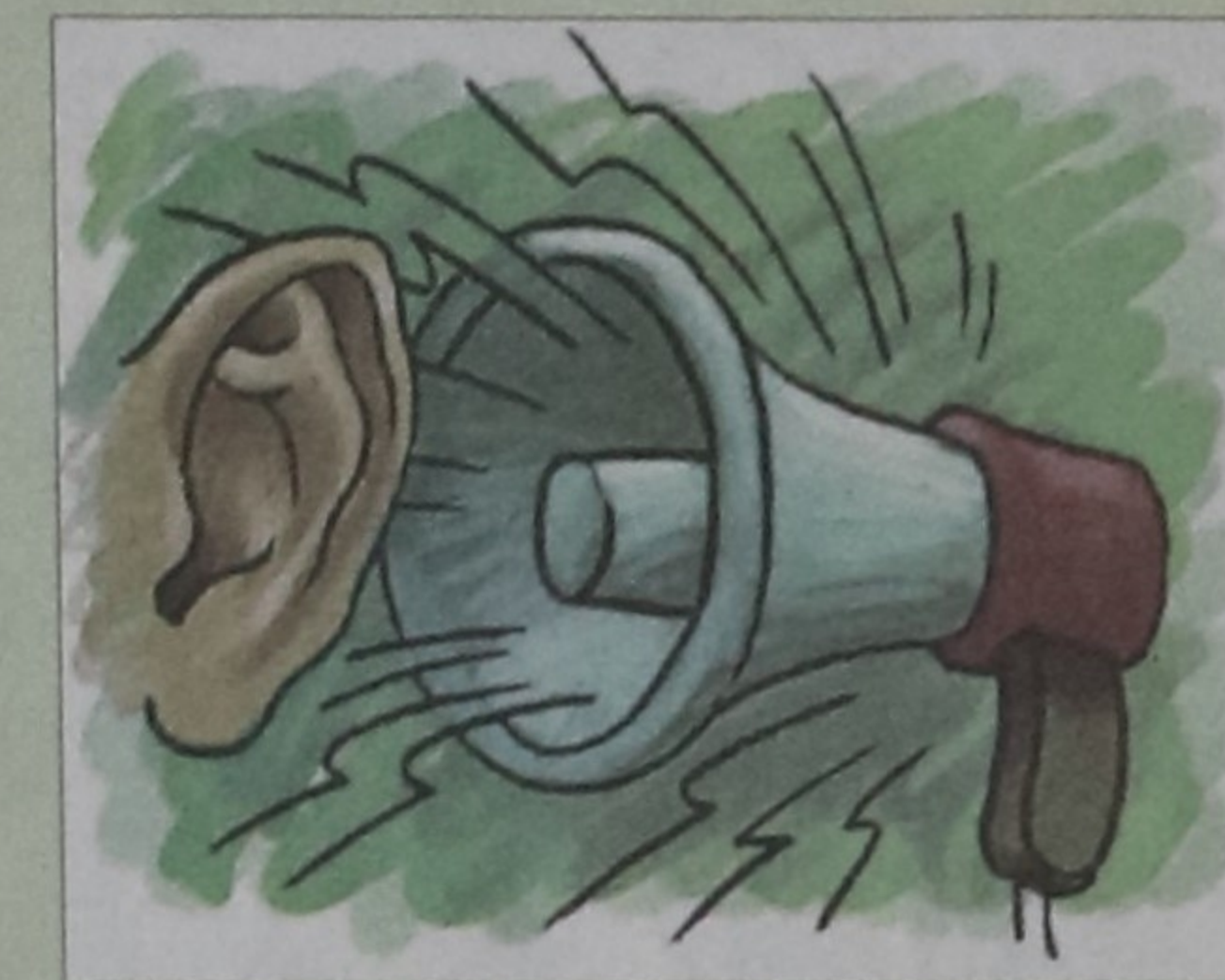
Take special care of your children. Children may go into hypovolemic shock very rapidly and much more quickly than an adult.

If you are traveller, you should maintain proper hygiene and take precautions to avoid traveller's diarrhoea. Many doctors recommend that you take a first aid kit with pain relievers, sunscreen, antifungal and antibacterial ointments, anti-diarrhoeal medications. Put prescription drugs in your carry-on bag, not your checked luggage. Travellers and their baggage are sometimes parted, and it may be dangerous to skip even one dose.

Before you go, you should be aware of any needed immunisations or medications, disease outbreaks, food and water precautions and any other preventive measures to take.

HAVE A NICE DAY

May be more stressful than you realise



DR RUBAUL MURSHED

An excessive noise level is a general threat to health and well-being. Although loud sounds like thunder storm are part of nature, in recent times big cities have become chronically very noisy. Even the towns are increasingly noisy.

This noise or sound pollution can damage our hearing capability. The risk of hearing loss increases as the noise becomes louder. This may happen so gradually and painlessly that one may not notice the minor wear and tear from one day to the next. In these types of cases, hearing aids only strengthen sounds and cannot restore normal hearing.

It has been found that a generous proportion of 'urban people' are at risk of Noise Induced Hearing Loss (NIHL), a condition caused by prolonged exposure to noise levels higher than 75 db. But dangers are not restricted to the ears only, it can set off the body's stress response and ultimately the body will deal with high levels of stress hormones (epinephrine, norepinephrine and cortisol).

German scientists found that there was a high risk of heart disease for anyone routinely exposed to sound levels over 65db. Another study in Kolkata discovered that 28 percent (a survey of more than 1000 people) suffered from hypertension due to traffic noise.

Exposed to excessive noise may cause the following problems—

- Fatigue, irritability, headache
- Elevated blood pressure
- Tinnitus (constant ringing sound)
- Poor sleep quality and cycles
- Increased susceptibility to minor infections.

The parts of the ear that process high frequency sounds are usually the first to be affected. The degree of hearing loss depends on the loudness of the noise and length of exposure. If your ears ring or sounds seem quiet afterwards, then the noise level was too loud and harmful. Sudden explosive sounds, such as gunshots or explosions can cause immediate damage.

Although sensitivity to noise varies from one individual to the next, experts consider that damage to hearing occurs when noise levels are higher than 85 db.

The loudness of sound is measured in units called decibels (db). For instance, typical sound level would be 35 decibels, a rock concert creates 110-120 decibel, heavy traffic generates about 85-90 decibels and by 140 decibels sound becomes painful to our ear.

It is advised not to listen to noises of 109 db for any longer than two minutes at a time. Traffic noise is one of the most commonly experienced contributors to noise pollution. Most noise pollution comes from vehicles, especially buses, automobiles, trucks, aircraft (along airport) and some times loudspeakers. Construction equipments are sometimes dangerously loud. Some music appliances, when played at very high volume, particularly through personal headphones, are damaging ears.

In an Indian study, it has been found that the average age for age-related hearing loss has gone down from 70 years to 50 years, due to invisible factors like telephones (70 db), TV (75db), cell phones (68 db) and other day to day background sounds. Probably just living in a capital like Mumbai or Dhaka is enough to put one at risk addition to iPods and cell phones accessories like handsfree gadget.

These need to be taken as serious issue. Much can be done to reduce the severity of the problem. In cities like Dhaka, governments should strict law and policy to counter noise pollution. Concerned authority need to make some warning against usage of loudspeakers.

We need more trees in our cities as trees are natural noise blocker. Individuals should get protected with earplugs particularly when noise levels exceed 85 decibels. Compressible foam earplugs and earmuffs fitted correctly can reduce the intensity of sound reaching the eardrum by 10 to 25 db. It is better to set the volume of radio, TV, loud speaker, iPod at no more than 60 percent of its maximum.

Those who live in busy noisy areas need to put in carpets, hang heavy curtains and grow plants in verandas as much as possible to absorb noise. As well as 'Razuk' needs to take steps such as constructing sound barriers, insulating buildings, and restricting residential development in noisy areas.

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PUBLIC HEALTH PERSPECTIVE

Why people's interest in public health is less?

DR IQBAL KABIR

Whenever we think about health we usually think of three 'D' — Disease, Doctor and Drug. In other words we think of hospitals and doctors' chamber. But this perception is only half of what healthcare is all about. According to the World Health Organisation (WHO), health is a complete state of physical, mental, social and spiritual well being and not merely the absence of disease or disability.

So the disease centered perception of health is not always the right thought. It is only the clinical portion that draws people's attention. Poor access to healthcare services along with insufficient and lower quality of service provided by the public healthcare facilities for many years made this perception stronger.

People think of health whenever one gets sick, but health is a state of well being and not the state of disease only. The British Medical Journal once said in its editorial — critical scrutiny of public healthcare and medical strategy depends, among other things, on how individual states of health and illness are assessed.

One of the complications in evaluating health states arises from the fact that a person's own understanding of his or her health may not accord with the appraisal of medical experts. More generally, there is a conceptual contrast between "internal" views of health (based on the patient's own perceptions) and "external" views (based on the observations of doctors or pathologists). The external view has come under considerable criticism recently, particularly from anthropological perspectives, for taking a distanced and less sensitive view of illness and health.

It has also been argued that public health decisions are quite often inadequately responsive to the patient's own understanding of suffering and healing. Self reported morbidity is, in fact, already widely used as a part of social statistics, and a scrutiny of these statistics brings out difficulties that can thoroughly mislead public policy on healthcare

and medical strategy. For example, pain is quaint essentially a matter of self perception. If you feel pain, you do have pain, and if you do not feel pain, then no external observer can sensibly reject the view that you do not have pain.

But medical practice is not concerned only with the sensory dimension of ill health. One problem with relying on the patient's own view of matters that are not entirely sensory lies in the fact that the patient's internal assessment may be seriously limited by his or her social experience. To take an extreme case, a person brought up in a community with many diseases and few medical facilities may be inclined to take certain symptoms as "normal" when they are clinically preventable.

Investment in healthcare, especially when it is driven by the interests of pharmaceutical companies, seems to produce a J-curve. For most of the curve, the more money spent, the better the health outcomes, but after a certain point, the more spending and the more emphasis on health at the expense of other areas of human activity and achievement, the worse overall health becomes.

Amartya Sen has compared people living in Bihar, Kerala, and the United States. Bihar is the poorest state in India, and Kerala is the state that has invested most heavily in education and achieved the highest rates of literacy. Predictably, life expectancy is lowest in Bihar and highest in the United States, with Kerala's falling between the two but much closer to the United States. However, the rates of self reported illness are paradoxical: low in Bihar, where the low expectations of health are disturbing, and enormously high in the United States, which is equally disturbing but for different reasons. Kerala combines the greatest longevity and the highest rate of self reported illness of all the Indian states. It seems that the more people are exposed to doctors and contemporary health care the sicker they feel.

Health has become the overriding contemporary virtue, and the measure of healthcare

in rich countries has become, to a great extent, the simple prolongation of life. The political and financial power of the multinational pharmaceutical conglomerates continues to grow, and they supply money and resources to both clinicians and researchers.

At the same time, development in information technology drives the rigorous standardisation of the diagnosis and treatment of illness and disease so that care is increasingly directed by protocols that minimise uncertainties. Contemporary complexity science shows the lack of a linear relation between cause and effect, but doctors and healthcare systems persist in purveying a simplistic rhetoric: "If you do this, this will follow."

How many patients really understand the numbers needed to treat they are caught up in? How hard do doctors try to explain? The three trends of the industrialisation of health, the medicalisation of life, and the politicisation of medicine are intertwined and mutually reinforcing and each depends on the pretence that we know much more than we do. Only minorities of most populations are sick at any one time; the majorities are healthy. It is clearly in the interest of the pharmaceutical industry that this majority should be persuaded that they need to take action to remain healthy.

As doctors, are we simply interested in postponing death? Should we not also be interested in reducing rather than fanning the disease burden and in emphasising rather than undermining health? It is the enduring truth that we can never know what will happen tomorrow, but we are sure that the balance sheet of preventive activity of public health really offers more good than harm. Better health for a better tomorrow is nothing but better importance for public health rather than drug, disease and doctor.

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Overweight warning: More than exercise needed

REUTERS, Chicago

Exercise will not cut the risk of heart disease in those who are overweight unless they also slim down, according to a study of thousands of U.S. women published on Monday.

"Even high quantities of physical activity are unlikely to fully reverse the risk of coronary heart disease in overweight and obese women without concurrent weight loss," Dr. Amy Weinstein and colleagues at Boston's Beth Israel

Deaconess Medical Center reported.

"Regardless of body weight, (the findings) highlight the importance of counseling all women to participate in increasing amounts of regular physical activity and maintaining a healthy weight to reduce the risk of coronary heart disease," they concluded.

The study, appearing in the Archives of Internal Medicine, was based on information from a study of nearly 39,000 women that began in 1992 and traced a number of health issues.

The researchers said 34 percent of the women in the study were physically active based on government guidelines, 31 percent were overweight and 18 percent were obese.

In the end, 948 women were diagnosed with heart disease. Active women with normal weight had the lowest risk of developing heart problems while there was a slightly higher risk for those with normal weight who were not active.

The risk was next highest for active women who were either overweight or obese, and highest for similar women who were inactive.

Fat cells produce chemicals that can speed up hardening of the arteries and increase inflammation, the researchers said, harming blood vessels, while physical activity makes for healthier blood vessels and reduces the risk of blood clots.

Tele health service at 10600-1

STAR HEALTH REPORT

Mr Syedur Rahman, lecturer of a private college in Sylhet was worried about the health of his mother Anowara Khatun, a house wife staying at Rajshahi and suffering from severe pain in the joints of her legs and back. Though it is a relatively common problem among the older ladies of our country, he could not arrange any consultation with a physician for her mother due to the distance between Sylhet and Rajshahi.

But when Mr Syedur Rahman read the news of tele health service of Japan Bangladesh Friendship Hospital in a daily newspaper, he dialed 10600, talked to a doctor over there and arranged a teleconference with the tele doctor, his mother Mrs Anowara Khatun and himself.

After discussion, the doctor talked to the patient and her son about the condition and gave primary opinion about

the diagnosis. Then he prescribed some medicine applicable in this situation and told them where to go and what measures should be taken if there is no change. Both the mother and the son was very much thankful to the doctor and did not hesitate to express their satisfaction in words. Thus the tele health service is delivering services to a huge number of patients every day from different corners of the country.

10600 and 10601 are the tele health hotlines open round the clock. Any caller from any corner of the country using any telephone operating system can reach the service just by dialing 10600 or 10601.

JBFH are receiving calls from different people asking for treatment of their medical problems, advise on child's health, advise on general health in this extreme heat wave. Their dedicated doctors are answering them.

Dr Bipul Sarkar, a senior medical officer of JBFH said, "Our mission is to provide a medical information source and service just a call away from the patient across the country. This service includes medical advice, information about diagnostic centres and clinics nearer to the location of the calling patient along with specialists' consultation, electronic prescription and transportation of the patient."

"It should be mentioned that, this service is totally non-profitable. So the caller will have to pay only the regular toll of the operator, not any special or extra toll for talking to 10600 and 10601 and having consultation", he added.

Mr Mahbulul Alam, Director Admin of JBFH informed that they have many plans to expand their programme to provide more facilities to the patients. They are already working in this regard.

Group urges ban on medical giveaways

STAR HEALTH REPORT

An Association of American Medical Colleges (AAMC) task force urges drug companies should be banned from offering giveaways to doctors, staff, and students at medical institutions, reports the New York Times.

The proposed ban is the result of a two-year effort by the group to create a model policy governing interactions between the medical institutions and industry. The ban would aim to eliminate free food, gifts, consulting arrangements, ghostwriting services, and other offers that may establish reciprocal relationships that can inject bias, distort decision-making and create the perception among colleagues, students, trainees and the public that practitioners are being bought or bribed by industry.

The task force is also discouraging faculty participation in industry-funded speakers' bureaus, a recommendation that has met opposition from pharmaceutical companies, who maintain that the content of such programmes is strongly regulated.

The group's recommendations will be reviewed in June by the AAMC's Executive Council.