

Managing the odds of Eid journey

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Eid-ul-fitr is knocking at the door. People are going to the remote countryside to spend the Eid vacation. As there is huge rush in all transport medium, people often get sick after the hectic journey. Many odd events happen quite sometimes. Be aware to avoid experiencing the following things.

Motion sickness

The number one problem in long distance journey is motion sickness. People prone to nausea and vomiting should take anti-emetic drugs prior to journey. These over-the-counter drugs are available almost everywhere. Simple measure can save unnecessary health hazards. Excess vomiting can be dangerous for someone, especially for children.

Dehydration

Our body can be dehydrated due to excess sweating while travelling in hot and humid weather and surroundings. Oral rehydration saline can be of great use in this regard. We often forget about this

simple measure. Alternatively, take plenty of liquid like water, green coconut water, juice etc.

Be careful about drinking safe water and good source of liquid like juice and drinks. Otherwise they can be rather harmful causing diarrhoea and other waterborne diseases.

Heat stroke

Heat stroke can occur in case of extreme hot weather. Take plenty of water to avoid heat stroke. It is wise to carry adequate amount of safe water from home for all members of the group while starting for a long journey.

Wear loose and comfortable dress so that your body can be cool by sweating.

Hypoglycaemia

Hypoglycaemia (low blood sugar) is a common phenomenon for the diabetic people which may lead to fainting for a while. If you are diabetic and fasting, be careful about your blood sugar level before travelling. You may consult a physician or diabetologist if you think necessary. As precaution measure, keep sugar and drugs for diabetes like insulin with



you in long journey.

Unknown poisoning

Unknown poisoning is a very common case in crowded places like rail, launch, bus terminals and in the transport mediums. Don't take food from any unknown person. If you are travelling alone, you can hardly do anything once you are victim

of such cases. But the caregivers can take initially remove the visible source of poisoning followed by transferring the patient to a nearby hospital or clinic.

In case attack into the eyes by ointment or chemical substance, wash your eyes with clean water. Don't rub your eyes and immediately consult

with an ophthalmologist.

Allergy

Allergy triggers during travelling, especially by dust particles and through huge gathering of people. If you are prone to such allergy, carry some anti allergic drugs like antihistamines, so that you can take them once you are attacked by some allergic

triggers.

Avoid crowded place unnecessarily, especially people who have flu like symptoms. Using masks can be a good idea to avoid allergic attack.

If you are already infected by flu, cover your mouth and nose while coughing and sneezing. Use masks to avoid spread contamination.

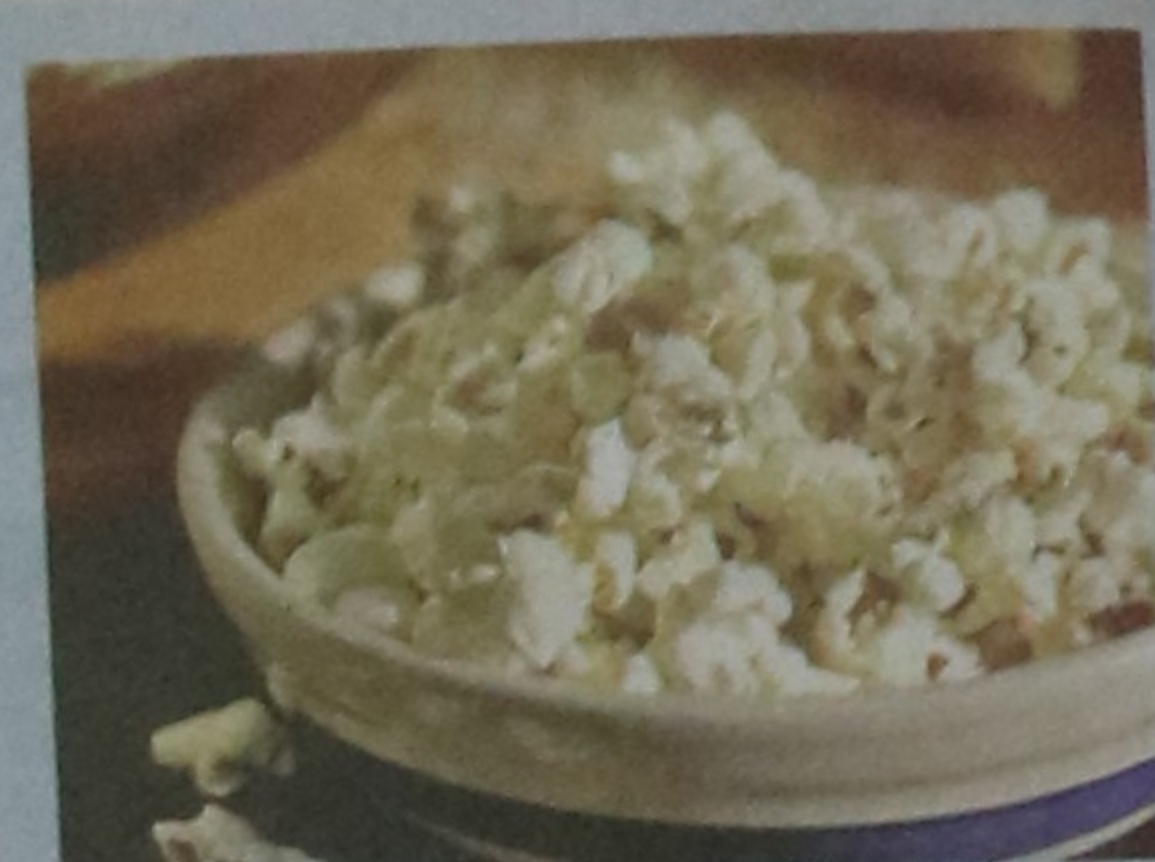
Travellers' diarrhoea

Diarrhoea is very common after travelling due to the intake of roadside foods and drinks. Don't forget to carry and take oral rehydration saline (ORS) in such cases. This is very simple measure in diarrhoea, yet it is missed very frequently.

You may also carry rice saline for children who need nutritional support as well and not willing enough to take the ORS.

Diarrhoea is also common after the Ramadan and Eid due to heavy intake of food. So, be careful about taking food indiscriminately immediately after Ramadan.

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DID YOU KNOW?

Popcorn ingredient causes lung disease: U.S. Study

REUTERS, Washington

A chemical used to give butter flavor to popcorn can damage the lungs and airways of mice, U.S. government experts reported.

Tests on mice show that diacetyl, a component of artificial butter flavoring, can cause a condition known as lymphocytic bronchiolitis, said the team at the National Institute of Environmental Health Sciences, part of the National Institutes of Health.

The condition can lead to obliterative bronchiolitis — or "popcorn lung" — a rare and debilitating disease seen in workers at microwave popcorn packaging plants and at least one consumer.

At least two microwave popcorn makers — ConAgra Foods Inc and Weaver Popcorn Co Inc — have said recently they

would stop using diacetyl.

Laboratory mice made to inhale diacetyl vapors for three months developed lymphocytic bronchiolitis, the NIEHS team said.

"This is one of the first studies to evaluate the respiratory toxicity of diacetyl at levels relevant to human health," Daniel Morgan at NIEHS, whose team led the study, said in a statement.

Writing in the journal Toxicological Sciences, the researchers said findings suggest that workplace exposure to diacetyl contributes to the development of obliterative bronchiolitis.

The hard-to-treat condition causes vague symptoms such as cough and shortness of breath, and steadily worsens, according to the U.S. Centers for Disease Control and Prevention.



MANOEUVRE

During CPR, more chest compressions save more lives

If you are uncomfortable giving mouth-to-mouth resuscitation, you may actually do a better job of cardiopulmonary resuscitation (CPR) if you do less mouth-to-mouth, a recent study suggests.

CPR consists of chest compressions and mouth-to-mouth resuscitation, and is performed on people whose hearts have stopped beating. Mouth-to-mouth resuscitation moves oxygen into the lungs of someone who can not breathe on his own, while chest compressions move blood carrying that oxygen to the heart and

the brain.

The findings emphasise that "the chest compressions you do on a loved one are one of the most important things that can be done," Dr. Jim Christenson, one of the authors of the study, said in a statement.

"If you feel rusty or are not confident giving mouth-to-mouth ventilation along with chest compressions then just do chest compressions," he continued. "Even by themselves, chest compressions can make a difference."

Source: Circulation: Journal of the American Heart Association

Swine flu: Measures in school settings

World Health Organisation (WHO) issued advice on measures that can be undertaken in schools to reduce the impact of the H1N1 influenza pandemic. Recommendations draw on recent experiences in several countries as well as studies of the health, economic and social consequences of school closures. These studies were undertaken by members of a WHO informal network for mathematical modelling of the pandemic.

Experience to date has demonstrated the role of schools in amplifying transmission of the pandemic virus, both within schools and into the wider community. While outbreaks in schools are clearly an important dimension of the current pandemic, no single measure can stop or limit transmission in schools, which provide multiple opportunities for spread of the virus.

WHO continues to recommend that students, teachers, and other staff who feel unwell should stay home. Plans should be in place, and space made available, to isolate students and staff who become ill while at school.

Schools should promote hand hygiene and respiratory etiquette and be stocked with appropriate supplies. Proper cleaning within a given area and thus flattening the peak of infections. This benefit becomes especially important when the number of people requiring medical care at the peak of the pandemic

during the pandemic are complex and highly context-specific.

School closure can operate as a proactive measure, aimed at reducing transmission in the school and spread into the wider community. School closure can also be a reactive measure, when schools close or classes are suspended because high levels of absenteeism among students and

threatens to saturate or overwhelm health care capacity. By slowing the speed of spread, school closure can also buy some time as countries intensify preparedness measures or build up supplies of vaccines, antiviral drugs, and other interventions.

The timing of school closure is critically important. Modelling studies



staff make it impractical to continue classes.

The main health benefit of proactive school closure comes from slowing down the spread of an outbreak within a given area and thus flattening the peak of infections. This benefit becomes especially important when the number of people requiring medical care at the course of a community-wide

suggest that school closure has its greatest benefits when schools are closed very early in an outbreak, ideally before 1% of the population falls ill. Under ideal conditions, school closure can reduce the demand for healthcare by an estimated 30-50% at the peak of the pandemic. However, if schools close too late in the course of a community-wide

outbreak, the resulting reduction in transmission is likely to be very limited.

Economic & social costs

When making decisions, health officials and school authorities need to be aware of economic and social costs that can be disproportionately high when viewed against these potential benefits.

The main economic cost arises from absenteeism of working parents or guardians who have to stay home to take care of their children.

Studies estimate that school closures can lead to the absence of 16% of the workforce, in addition to normal levels of absenteeism and absenteeism due to illness. Such estimates will, however, vary considerably across countries depending on several factors, including the structure of the workforce.

Paradoxically, while school closure can reduce the peak demand on health care systems, it can also disrupt the provision of essential health care, as many doctors and nurses are parents of school-age children.

Decisions also need to consider social welfare issues. Children's health and well-being can be compromised if highly beneficial school-based social programmes, such as the provision of meals, are interrupted or if young children are left at home without supervision.

Source: Pandemic (H1N1) 2009 briefing note 10, World Health Organisation



Seizure drug helps women with hot flashes sleep

Gabapentin, a drug used to treat seizures, improves the quality of sleep in menopausal women bothered by hot flashes, University of Rochester Medical Center researchers report in the Journal of Women's Health.

Approximately 40 percent of menopausal women have trouble sleeping. They often have trouble falling asleep and staying asleep throughout the night.

In a previous study, the Rochester researchers found that Gabapentin helps alleviate hot flashes. Their current study, they say, is the first to show sustained benefits in sleep quality with Gabapentin.

To determine the impact of gabapentin on sleep, the researchers used data from their previous of Gabapentin in 59 postmenopausal women who experienced 7 to 20 hot flashes daily. The subjects took either 300 milligrams of

Gabapentin three times a day or a placebo.

Based on the Pittsburgh Sleep Quality Index — a well-known and validated sleep questionnaire, they found that women who took Gabapentin reported better quality sleep than those who took placebo.

"Gabapentin improves sleep quality but does not have the potential dependency problems of some other sleep medications and does not involve the use of hormone replacement therapy," Dr. Michael E. Yurchesin, who led the study, noted in a university-issued statement.

"It has minimal side effects and it is a generic drug," said Yurchesin, who is based at the Strong Sleep Disorders Center. "That makes it a very attractive treatment for these problems in this patient population."

Source: Journal of Women's Health

Apollo Hospitals introduced rapid influenza detection test

Apollo Hospitals Dhaka has recently introduced Rapid Influenza Detection Test (RIDT) for detection of different types of influenza and exclusion of other diseases, says a press release.

Hospital source said that the test will be very useful for people with influenza or flu like symptoms and pneumonia for a rapid diagnosis. It will also be helpful for the physi-

cians to prescribe accurate drug in time and can significantly reduce the indiscriminate use of antibiotics those are prescribed on the guess.

RIDT can be performed easily by taking sample from throat swab or aspirates from nose and throat. The hospital will provide the service from Saturday to Thursday from 8 am to 5 pm with a rapid report delivery system.

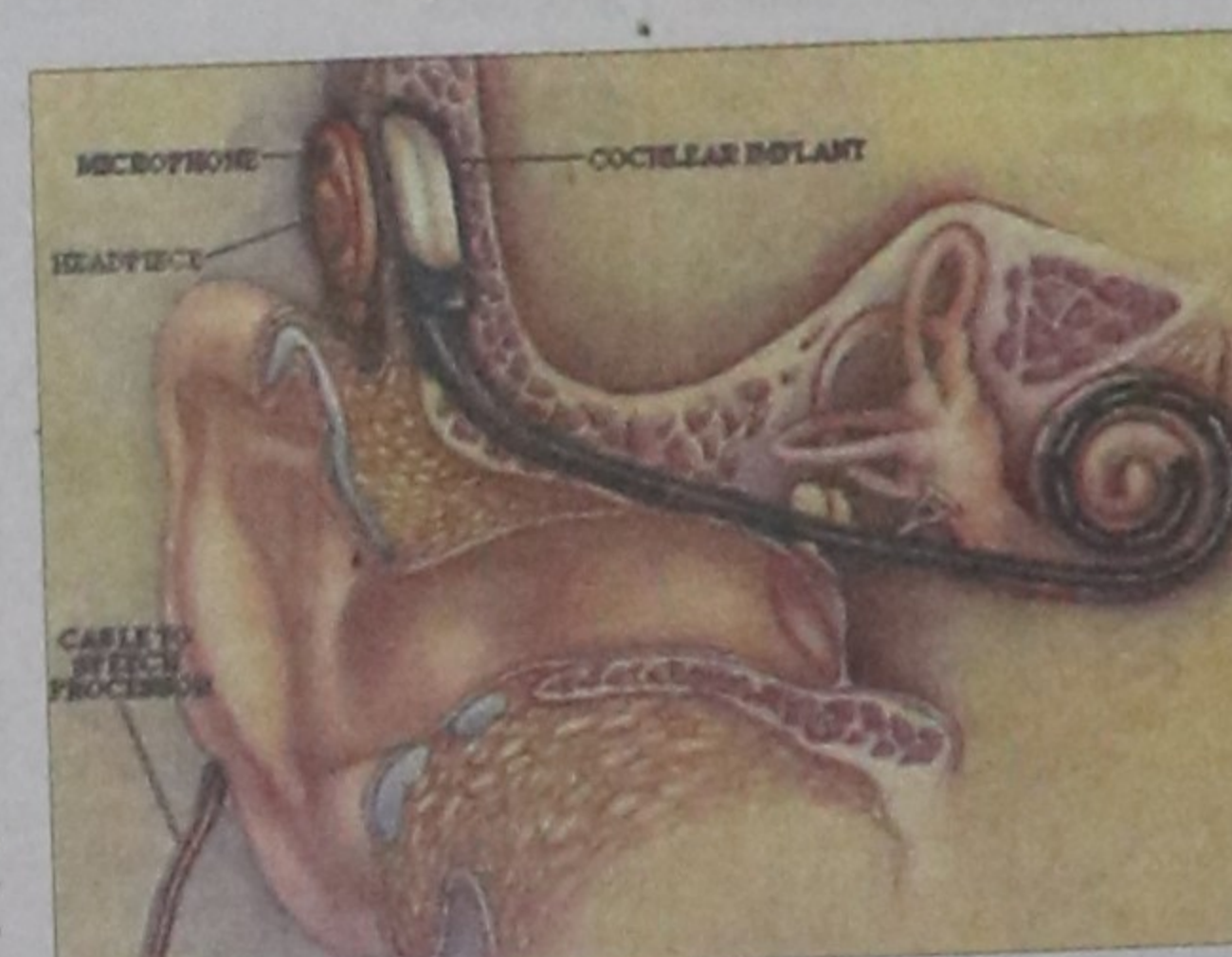
Cochlear implant surgery for the deaf at DMCH

Cochlear surgeries will be performed on October 24-26, 2009 at Dhaka Medical College Hospital (DMCH) at large scale, says a press release.

Children born with congenital deafness or people who become suddenly deaf are invited to enrol their name for cochlear implant surgery that can bring back their hearing power.

The programme was jointly organised by National Institute of ENT (proposed) and Highcare Hearing Centre.

Cochlear implant surgery is a revolutionary surgery for the correction of severe to profound deafness. But many people in Bangladesh



cannot afford this due to high cost.

In order to lessen the financial burden and providing the service to poor the people, the surgery

was first started at government level in 2003 in Mitford Hospital, Dhaka. Since then, it is being performed at regular basis in DMCH and Mitford Hospi-

tal in particular time of the year. The recent initiative by the National Institute of ENT (proposed) will provide the surgery at large scale at relatively lower cost.

Interested and suitable candidates are requested to register their names until September 30 in the ENT Department of DMCH. The names and numbers of concerned physicians are listed below:

1. Professor Dr Md Abdullah +8801819213359
2. Dr Moni Lal Aich Litu +8801711617735
3. Dr A B M Khurshed Alam +8801711835431

Swine flu death rate similar to seasonal flu: expert