

A guide to a safe and healthy Hajj

STAR HEALTH DESK

Health and safety is always a big concern of about 3 million Muslims who have already started and will travel to Saudi Arabia within a few days to perform the holy Hajj. One must be in good health, not only to perform Hajj and Umrah but also to make maximum use of the opportunity to make as much prayer as possible. The more physically fit one is, the easier it would become to perform the many rituals that a complete Hajj include. The following is a guideline to follow during performing Hajj which must be accompanied by your own doctor's advice pertaining to your health needs.

Physical fitness

Prepare yourself for the Hajj rituals prior to your departure by gradually walking greater distances starting 4-6 weeks before you leave. A brisk walk of 1 hour three times a week should be sufficient. One should practice one's walking in slippers that will be worn during the Hajj.

You should seek advice from your doctor if you have heart disease, lung disease, cancer or have previous or a family history of deep vein thrombosis (DVT), hormone treatment, recent surgery, recent trauma involving lower limbs and any abnormalities of blood clotting factors.

Food and water safety

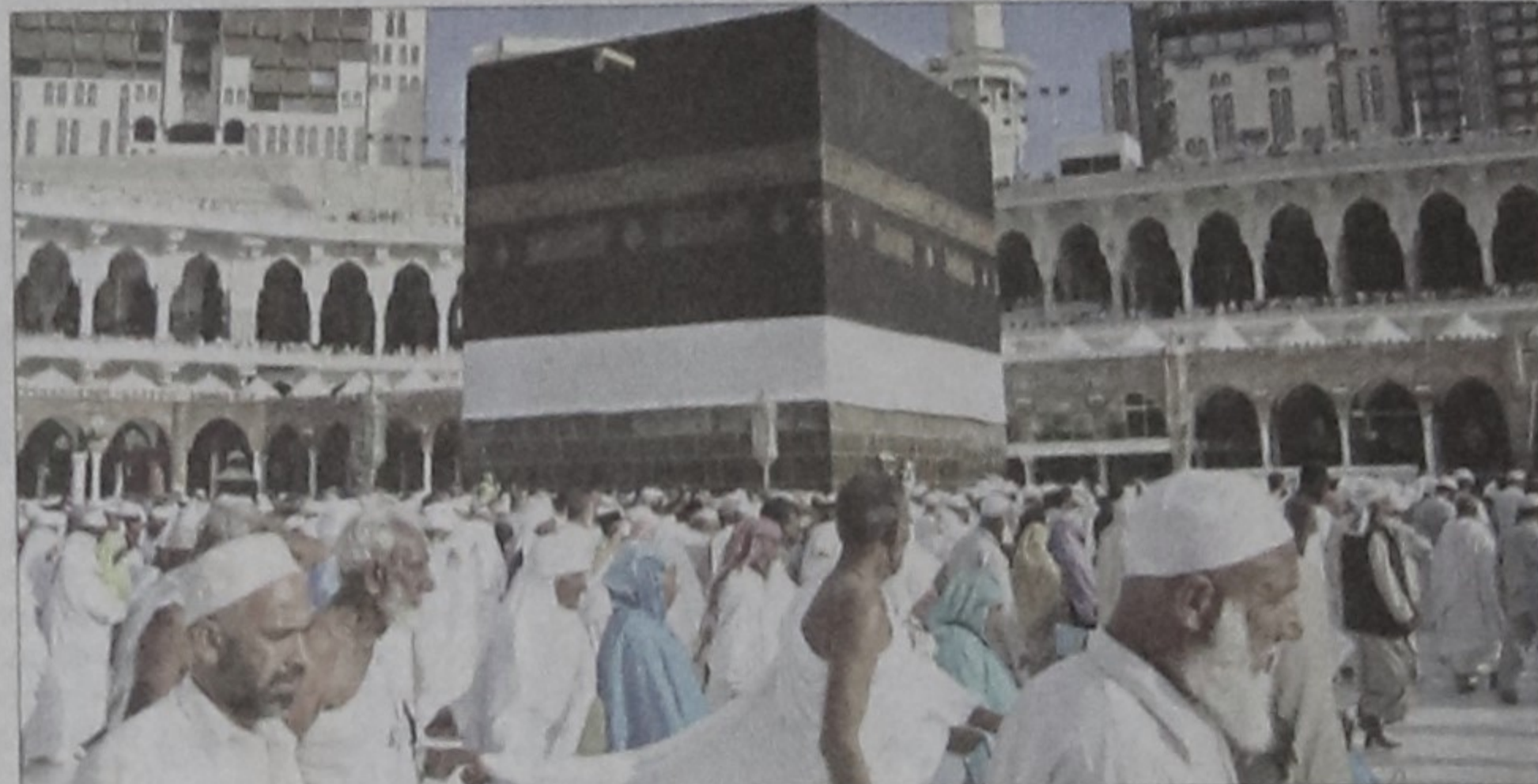
Tap water is not safe to drink anywhere. Drinking water

has to be bought in the form of bottled water. However, Zam Zam is available freely in Makkah and in Medinah. Using this opportunity, you can fill containers with Zam Zam water and bring it to your room. Avoid ice cubes from vendors that is sold for cooling water.

Due to a change in the diet, indigestion and constipation may arise. Maintaining a high fibre diet, like a bran or wheat cereal, wholemeal bread, dried fruit, not eating an abundance of fried or fatty foods, drinking adequate amounts of water can avoid constipation and indigestion. Do not over eat. Eat small meals, have adequate liquids and keep out of the sun until you are required to stand outside. People should avoid eating exposed food, unpasteurised milk, milk-products and buying food from street vendors.

Prevent Swine flu

This year's Hajj will take place during flu season. Many individuals and governments are concerned about the possibility of an outbreak. The Saudi health ministry, aided by the U.S. Centers for Disease Control and Prevention is setting up emergency operation centers to get real-time reports from area hospitals and clinics to track how many are sick and will need the free anti-viral medication stockpiled for the dense gathering. The density of the pilgrims, with shoulder-to-shoulder contact as they pray, provides a perfect



transmission atmosphere' for the new flu that scientists call the 2009 H1N1 strain, officials warned.

Saudi health officials during the summer urged that children, pregnant women, the elderly and those with chronic diseases postpone this year's trek, but they will not be banned. Flu virus is transmitted via the respiratory route and you should exercise sensible precautions:

- Where possible, avoid close contact with persons who are ill with an flu-like illness.

- Wash hands with soap and water; use waterless alcohol-based hand gels when soap and water is not available.

- Avoid touching your nose, mouth or eyes to prevent the spread of germs.

- Cover your nose and mouth with a tissue when

you cough or sneeze and dispose of the tissue promptly. If you fall ill (especially with flu like symptoms) you should seek medical assistance.

Diabetes

Please make sure that diabetes control is at its optimum. Together with a Doctor's help, optimal diabetic control should start at least two months before departure to make sure that control is good and the correct medication is taken.

A proper diabetic diet is very important. Most people would have their food included in their accommodation package. The hotels provide food for many people who do not have special dietary requirements. Diabetics should make their own arrangements where possible, e.g., use brown bread which can be bought easily

instead of the tempting white flour rolls or bread that may be on offer, or the abundant white rice that may be prepared.

Fruit juices that are made in take-away places have large amount of sugar added to them to make the juice taste nice. Diabetics must make sure that no sugar is added. Fruit juices are plentiful and extremely tempting.

Diabetics must take extra care of their feet. Treat scratches and even tiny cuts promptly until they heal. Apply extra moisturiser to keep the skin supple and elastic. Care of nails and feet are also important. Remember that open sandals will be worn for the duration of Hajj. Nails should be well trimmed and not catch on clothes. When walking, allow enough space in front so that feet are not trampled.

Asthma

Asthma sufferers must ensure that their asthma is well controlled with preventative medications. They must ensure that they take adequate supply of their medications with them including preventative medication, broncho-dilator inhalers and tablets. If well controlled, asthma does not pose a problem during Hajj and Umrah.

In situations where there are crowds of people, infections are more likely to spread. Remember that germs spread by droplets from our mouth as we speak or when we cough, especially if phlegm is present or by direct contact as in sharing a cup, spoon, fork, etc. The unhygienic act of spitting phlegm onto the pavement that is very commonly seen must be prevented to avoid spreading germs.

Conclusion

If you intend to perform Hajj or Umrah, you need to make sure that your general health is good. If you suffer from any illness, please visit your doctor early so that your condition can improve before you leave. Adequate preparations will make the performance of Hajj a fruitful and memorable experience. It may bring the intention of performing the perfect Hajj that much closer. May Almighty Allah bless each and every Hujjaj with a safe and healthy Hajj.



Want to quit? Don't go to light smokes

REUTERS, Washington

Smokers who switch to a low-tar, light or mild brand of cigarette will not find it easier to quit and in fact may find it harder, researchers reported recently.

They found that smokers who traded to light cigarettes were 50 percent less likely to kick the habit.

"It may be that smokers think that a lighter brand is better for their health and is therefore an acceptable alternative to giving up completely," Dr. Hilary Tindle of the University of Pittsburgh School of Medicine, who led the study, said in a statement.

Her study of 31,000 smokers found that 12,000, or 38 percent, had switched to a lighter brand.

A quarter said they switched because of flavor but nearly 20 percent said they had switched for a combina-

tion of better flavor, wanting to smoke a less harmful cigarette, and as part of an effort to give up smoking completely. Tindle's team reported in the journal Tobacco Control.

Those who switched brands were 58 percent more likely to have tried to quit smoking between 2002 and 2003 than those who stuck with their brand. But they were 60 percent less likely to actually succeed in quitting, Tindle's team found.

"Forty-three percent of smokers reported a desire to quit smoking as a reason for switching to lighter cigarettes. While these individuals were the most likely to make an attempt, ironically, they were the least likely to quit smoking," Tindlesaid.

Other research has shown that so-called low-tar cigarettes have just as much tar, nicotine and other compounds as regular cigarettes, making their.

MEDICAL COSMETIC

Liposuction: A source for breast augmentation?

REUTERS HEALTH, New York

Worried about what to do with fat you have had liposuctioned from pudgy areas? Researchers have turned it into stem cells in the lab, but here is a more immediate use: Fat liposuctioned from other parts of the body can safely be used to increase a woman's breast size, according to study findings presented recently at the Plastic Surgery 2009 meeting in Seattle.

Many surgeons are already "using liposuctioned fat to reconstruct breasts after mastectomy," Dr. Luis Zapiach, a plastic surgeon in Hackensack, New Jersey not affiliated with the study, told.

However, injecting fat into the "breast for cosmetic purposes has been a controversial issue ever since the American Society of Plastic Surgeons banned the procedure in 1987," Dr. Roger K. Khouri, a plastic surgeon in Key Biscayne, Florida, who performed the current study, told. "The procedure had the reputation of being ineffective, unreliable and potentially dangerous," Khouri said, and at present is not permitted outside of clinical studies.

With reconstructions following breast cancer surgery, Zapiach explained, all of the breast tissue is removed before the fat is injected, so there is no danger that fat—which excretes estrogen, a hormone that stimulates breast cell growth—will bring the cancer back.

With cosmetic augmentations, the tissue still remains, so "there is a theoretical risk that use of fat for augmentations could increase the risk of breast cancer," Zapiach said.

In the current study, how-

ever, which was small, there was no evidence to support concerns that the transferred fat may increase the risk of breast cancer.

The current study featured 50 women who had their liposuctioned fat used for breast augmentation. X-rays were used to look for dead tissue and breast cancer 3 to 12 months after the operation.

A key component of the operation, according to Khouri, was the use of a bra-like device he invented called the Brava. The device includes a small battery-operated pump that creates suction on the breast. That, in turn, increases volume and promotes the growth of blood vessels in the area. The device was worn for 4 weeks before the operation and for a few weeks afterward.

Women saw a moderate increase in breast size at 6 to 12 months — on average, about 210 milliliters, which could represent a variety of cup sizes depending on a woman's body type. Over a period of 3 years, breast size fluctuated with weight. All of the subjects were "pleased" with their cosmetic outcomes, the Khouri reported.

Tests indicated that, on average, 18% of the transferred fat in each patient died or "did not take," Zapiach said that this rate is "very low" considering that prior studies have shown rates between 30 and 70 percent.

Zapiach said that the new findings are encouraging, but that he believes the American Society of Plastic Surgeons — while not speaking for the group — is likely to wait for results from a number of similar studies currently underway before reconsidering their position on the procedure.

Diet soda, sodium tied to kidney trouble: Studies

A diet high in salt or artificially sweetened drinks increases the risk of kidney function decline, two studies show.

"There are currently limited data on the role of diet in kidney disease," researcher Dr. Julie Lin, of Brigham and Women's Hospital in Boston, said in a news release. "While more study is needed, our research suggests that higher sodium and artificially sweetened soda intake are associated with greater rate of decline in kidney function."

The first study looked at diet and kidney function decline in more than 3,000 women enrolled in the national Nurses' Health Study. The researchers found that "in women with well-preserved kidney function, higher dietary sodium intake was associated with greater kidney function decline, which is consistent with experimental animal data that high

sodium intake promotes progressive kidney disease."

The second study looked at the association between sugar- and artificially-sweetened beverages and kidney function decline in the same group of women. The researchers found an association between two or more servings per day of artificially sweetened soda and a two-fold increased risk of faster kidney function decline. There was no connection between sugar-sweetened beverages and kidney function decline.

The association between artificially sweetened beverages and kidney function decline persisted after Lin and colleague Dr. Gary Curhan accounted for other factors, such as age, obesity, high blood pressure, diabetes, smoking, physical activity, caloric intake and cardiovascular disease.

Source: American Society of Nephrology

Reducing radiation risk from medical imaging

DR MD RAJIB HOSSAIN

With the advancement of medical technology, use of improved imaging equipment like Computed Tomography (CT) scan, X-ray, CT Angiogram, heart scan have raised manifolds. But experts are concerned that the growth in imaging use could be exposing patients to too much radiation raising the risk of various adverse health effects especially deadly cancers.

Now a days, people are receiving far more diagnostic radiation than ever before. Among the imaging tools, CT scans are of particular concern because of the amount of ionising radiation they emit. Such radiation can damage cell in the body, giving rise to cancerous tumors. X-rays also emit ionising radiation, but at much lower doses. Magnetic resonance imaging (MRI) and ultrasound emit no radiation.

Radiation is known to cause cancer in humans. Radiation can also cause other adverse health effects, including genetic defects in the children of exposed parents or mental retardation in the children of mothers exposed during pregnancy. Unlike cancer, health effects from acute exposure to radiation usually appear quickly. There are also some acute health effects.

Children are at higher risk



of complications from radiation exposure because their organs and tissues are very delicate and still developing. Cancers often take decades to emerge. The younger the patient (exposed to radiation) is, the greater the chance of developing cancer in his/her lifetime. That is why urgent efforts to reduce exposure especially in children due to imaging radiation is taken.

"How much radiation is too much" is still a matter for debate. Most people are exposed to 3 msv (radiation measured in millisieverts or msv) of radiation from natural sources over the course of a year. A standard chest X-ray emits about 0.1 msv, while a mammogram about 0.7 msv. ACT scan, on the other hand, can expose an individual to 10 to 20 msv in a matter of seconds.

Studies of atomic bomb survivors in Japan have

shown an increase in cancers in the people farthest from the epicenter, who were exposed to between 5 msv and 150 msv during the bombings, with a mean dose of about 40 msv. That is comparable to the doses involved in just two or three CT scans.

Based on the Japanese data, researchers from Columbia University were able to estimate that 1.5 percent to 2 percent of cancers in the U.S. might be directly attributable to radiation from CT scans.

We have to reduce unnecessary use of radiation in diagnosis and treatment and ensure that technicians, equipment and techniques meet standards for minimising radiation exposure. Since any radiation exposure may carry some risk, it is necessary to decide whether the benefits of radiation justify its use. Health care providers must make the decision to

use radiation on a case-by-case basis. Before receiving x-rays or any other type of medical treatment involving radiation exposure, you may discuss the need for and benefits of the procedure and its alternatives with your physician.

Experts suggest the following advice:

- 1.) Avoid unnecessary exposure to radiation.
- 2.) Persons working in radiation hazard areas should wear badges to measure their exposure levels.

- 3.) Protective shields should always be placed over the parts of the body not being treated or studied during x-ray imaging tests or radiation therapy.

Radiation has proven to be an effective way to diagnose disease at early stage, cure diseases and to help with controlling the growth of certain diseases like cancer. However, it must be used in moderation and with protected methods by health care providers and technicians.

There is still unawareness among our medical professionals and certainly they blame them who purchase imaging equipment for their clinic and then stood to profit from referring patients. Others blame the current malpractice environment that encourages over-testing to protect against patient lawsuits.

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Get Smart: Know when antibiotics work

Antibiotics do not fight infections caused by viruses, like colds, flu, most sore throats and bronchitis, and some ear infections. Rest, fluids, and over-the-counter products may be your or your child's best treatment option.

Dangers of Antibiotic Resistance

If antibiotics are used too often for things they can not treat—like colds, flu, or other viral infections—they can stop working effectively against bacteria when you or your child really needs them.

Widespread overuse of antibiotics is fuelling an increase in antibiotic-resistant bacteria. So the next time you or your child really needs an antibiotic for a bacterial infection, it may not work.

Antibiotics won't work in cold or flu

Colds and flu are caused by viruses, not bacteria. Taking antibiotics when you or your child has a virus may do more harm than good. Get smart about when antibiotics are appropriate—to fight bacterial infections. Taking them

for viral infections, such as a cold, most sore throats, the flu, or acute bronchitis:

- Will not cure the infection;
- Will not keep other people from getting sick;
- Will not help you or your child feel better; and
- May cause unnecessary and harmful side effects.

What not to do

- Do not take an antibiotic for a viral infection like a cold or most sore throats.
- Do not take antibiotics prescribed for someone else.

The antibiotic may not be

appropriate for you or your child's illness. Taking the wrong medicine may delay correct treatment and allow bacteria to multiply.

If an antibiotic is prescribed:

- Do not skip doses.
- Do not save any of the antibiotics for the next time you or your child gets sick.

What to do

Adults and kids should clean their hands often, especially before meals and after touching pets. And make sure both you and your child are up-to-date on recommended immu-

nisations.

Talk with your healthcare provider about the best treatment for you or your child's illness. To feel better when you or your child has an upper respiratory infection:

- Increase fluid intake;
- Get plenty of rest;
- Use a cool-mist vaporiser or saline nasal spray to relieve congestion; and
- Soothe a throat with ice chips, sore throat spray, or lozenges (do not give lozenges to young children)

Source: CDC

