

From medical waste scavenger to drug addict

DR MASUM A PATWARY

In Bangladesh, street-based and homeless individuals often turn to waste scavenging. In some cases, this can be seen as a positive way of earning a living for those in difficult circumstances, but there can also be serious negative consequences for the individuals and for society, particularly in medical waste scavenging.

The waste items included plastic tubing, cotton, syringes and medicine. Items such as expired medicine and syringes are scavenged for sale directly to drug users or to unauthorised resale operations or to nearby pharmacies. There is a hierarchy within the group, with sub-groups dominated by gang leaders who controlled access to the best resources.

The money obtained by selling these items was immediately used to obtain drugs of abuse. This included the purchase of medicine directly from health care establishments (HCE) operatives. In addition, some members of the group are observed to keep some items for their personal drug use.

Most of the group gathered in a particular place to take drugs. This place is also used as a centre for drug dealing, probably chosen as it is not



patrolled or supervised by the authorities.

It is from the very difficult position of being homeless and needing money to support their drug use. They found that medical waste scavenging as a specialism can capable of supplying their needs. Thus, medical waste scavenging as a way to earn money to support drug use is a common issue.

Although the specialism of medical waste scavenging does seem to be linked to increased availability of drugs and with drug dealing the stories presented here do not portray

the group as having adopted drug use because of their career. Rather, it seems that the career has been adopted as the best available alternative to support their drug use.

A large number of scavengers are observed in Dhaka City and most of them are adolescent or younger. We should take immediate action to prevent them from being a drug addict and protect society from deadly its consequences.

The writer is Head, Dpt of Geography

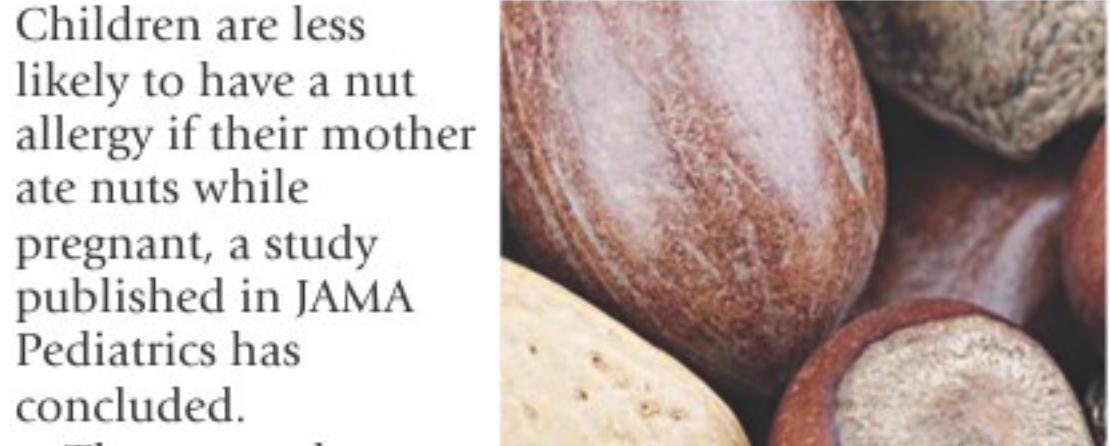
HEALTH bulletin



Small lifestyle changes lower type 2 diabetes risk

Modest lifestyle changes in diet and activity by South Asian families improve their chance of losing weight to lower their risk of type 2 diabetes, according to a study recently published in the journal *Lancet Diabetes and Endocrinology*.

Eating nuts during pregnancy may curb allergies



Children are less likely to have a nut allergy if their mother ate nuts while pregnant, a study published in *JAMA Pediatrics* has concluded.

The researchers believe that early exposure in the womb creates natural tolerance to certain foods.

Coping with migraine attack



Migraine is a common condition affecting approximately 6 percent of men and 18 percent of women worldwide. It is a form of headache where attack lasts for a portion of or a whole day and rarely lasts 2-3 days.

Each attack is characterised by headache plus nausea, vomiting and/or photophobia. The headache is usually a throbbing, unilateral pain although rarely it may be bilateral and constant.

In classical form of migraine, an aura, a strange sensation occur that precedes the onset of headache and this may include visual disturbances, blind spots within the field of vision. The aura may also include unusual tastes and aromas. This form accounts for 25 percent of migraine causes and there is often a family history of the condition, whereas another form called common migraine, happens more frequently than classical migraine, accounting for 75 percent of cases. Patients with common migraine have the same throbbing headache and nausea but do not experience the visual aura or other neurological symptoms. Migraine can last up to 72 hours.

Signs and symptoms during an attack include nausea, vomiting, diarrhoea, sweating, cold hands, sensitivity to light and sound, scalp tenderness, pale color, pulsing temple, pressure pain etc.

Usually the following issues trigger a migraine attack.

- An initiating process, head

injury, meningitis, an emotional crisis, hormonal changes (puberty, pregnancy or the contraceptive pill) in women can start attacks.

- Other potential factors include hunger, certain foods — cheese, chocolate, alcohol, citrus fruits, sleep — too much or too little, hormonal variations in women, changes in the environment — heat, cold, excess light or noise, local head pains — sinusitis, upper respiratory infection, pain from neck or eyes, exercise, travel and emotional stimuli, particularly after a period of stress, can all trigger individual attacks.

You can get protection from migraine by regular sleep, regular meals, regular exercise, biofeedback, healthy lifestyle.

Management of migraine involves avoidance of trigger factors and

Tips to manage hypothermia in winter season

STAR HEALTH DESK

Hypothermia a drop in body temperature to 95 degrees or less can be fatal if not detected promptly and treated properly. In the reason for many deaths in winter season.

While hypothermia can happen to anyone, the elderly run the highest risk because their bodies often do not adjust to changes in temperature quickly and they may be unaware that they are gradually getting colder. The condition usually develops over a period of time, anywhere from a few days to several weeks, and even mildly cool indoor temperatures of 60 to 65 degrees can trigger it. If you have elderly relatives or friends who live alone, encourage them to set their thermostats above 65 degrees to avoid hypothermia.

When the body temperature drops, the blood vessels near the surface of the body narrow to reduce heat loss. Muscles begin to tighten to make heat. If the body temperature continues to drop, the person will begin to shiver. The shivering continues until the temperature drops to about 90 degrees. Temperatures below 90 degrees create a life-threatening situation.

Signs of hypothermia include forgetfulness, drowsiness, slurred speech, change in appearance (e.g., puffy face), weak pulse, slow heartbeat, and very slow and shallow breathing. If the body temperature drops to or below 86 degrees, a person may slip into a coma or have a death-like appearance.

If you notice these symptoms in a person, take his or her temperature. If it is 95 degrees or below, call a doctor or ambulance or take the victim directly to a hospital. To prevent further heat loss, wrap the patient in a warm blanket. A hot water bottle or electric heating pad (set on low) can be applied to the person's stomach. If the victim is alert, give small quantities of warm food or drink.

There are several things you should not do to a hypothermia victim. Do not give alcoholic beverages. Do not give a hot shower or bath, since it could cause shock. Generally, do not try to treat hypothermia at home. The condition should be treated in a hospital.

MEDICAL ADVANCES



Mr McCafferty had his heart transplant in 1982

Guinness World Record for heart transplant

A British man has entered the record books as the world's longest-surviving heart transplant patient. John McCafferty, 71, has surpassed the previous Guinness World Record of 30 years, 11 months and 10 days set by an American man who died in 2009.

Mr McCafferty was told he had five years to live when he underwent the life-saving operation at Harefield Hospital in Middlesex 31 years ago.

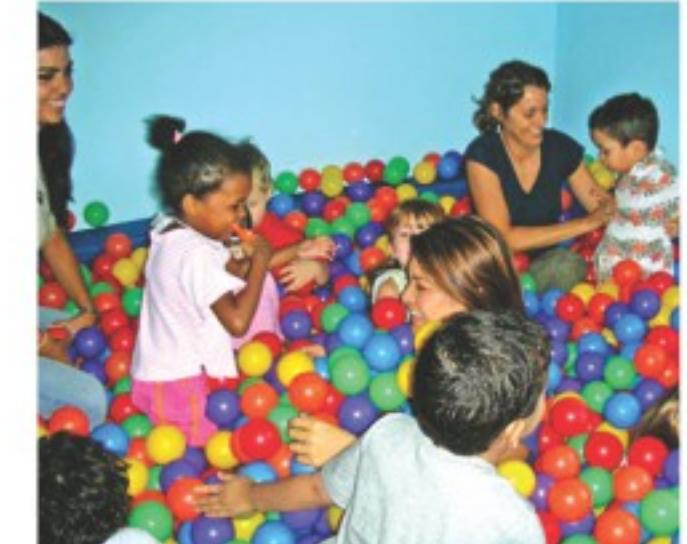
He says his record should give hope to others awaiting transplants.

He had been diagnosed, aged 39, with dilated cardiomyopathy - one of the most common causes of heart failure. It leads to scarring of the heart wall and damage to the muscle, which causes the heart to become weakened and enlarged, preventing it from pumping efficiently. Mr McCafferty received his new heart on 20 October 1982 in a procedure carried out by world-renowned surgeon Sir Magdi Yacoub.

The first ever successful heart transplant operation was performed in South Africa in 1967 by Prof Christiaan Neethling Barnard and a team of 30 physicians at the Groote Schuur Hospital, Cape Town. The patient, Louis Washkansky, survived for 18 days with the new heart.

Source: BBC Health

Occupational therapy for the treatment of Autism Spectrum Disorder



According to World Federation of Occupational Therapy, occupational therapy is as a profession concerned with promoting health and well being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by enabling people to do things that will enhance their ability to participate or by modifying the environment to better support participation.

The aim of occupational therapist is to increase the persons as much as possible. Occupational Therapist provide following treatment for autism :

Self help skills training (dressing, feeding, brushing, toileting etc.)

Increase attention skills

Increase communication

Facilitate play activities that instruct as well as aid a child in interacting and communicating with others

Sensory integration therapy

Behavioural modification

Develop adaptive techniques and strategies to get around apparent disabilities (for example, teaching keyboarding when handwriting is simply impossible; selecting a weighted vest to enhance focus etc.)

The write-up is compiled by Rabeya Ferdous, an Occupational Therapist. E-mail: rabeya1988@gmail.com

/StarHealthBD

Knowing for better living

Inappropriate use of **antibiotic** leads to antibiotic resistance !

Take antibiotic on Doctor's prescription

Complete the duration of antibiotic treatment even if the symptoms improve earlier

Store antibiotic in proper place

Do not take same antibiotic by yourself even for similar infection

Do not take antibiotic after expiry date

Consult your Doctor



In Search of Excellence

www.orionpharmabd.com

ORION
Pharma Ltd.
Dhaka, Bangladesh