

Bike users' back and joint pain: A growing concern

BIJOY DAS

Dhaka suffers from some of the worst traffic congestions in the world. There is a demand for more options for reliable, efficient and affordable ways to get to and from work, particularly around commuting routes underserved by public transport. This is where different ride-sharing apps come into play.

Nowadays, we are getting lots of motor cycle users coming to take physiotherapy treatment in different hospitals and clinics with severe low back pain. Physiotherapy is the best treatment option for their treatment. A professional physiotherapist can treat his back pain but when he starts using motor cycle again the pain comes back. So ergonomic correction is coming in consideration.

Just like any other physically straining activity, motorcycle riding requires rest, care and precautions. If you ride for long periods of time without giving your body a break, you are likely to end up with an aching body and specifically, back pain.

A typical riding posture exerts the most amount of stress on the back. There are three factors

which can determine your posture and the subsequent amount of pain you might experience.

Motorcycle type
Your body measurement
Motorcycle parts

Motorcycle type
There are three basic types of motorcycles, commonly used by majority of riders. These include the standard, sports or the cruiser bike types. Each has a specific shape, with a particular body position, hand placement, feet position and room for adjustment. These factors determine your overall comfort level when riding.

Standard: A standard motorcycle is typically used as a touring bike or for dual sports. On a standard motorcycle, your body remains in an upright position and your feet are placed directly below your hands. The shoulders and elbows are in a comfortable position as they don't extend. Since there is no hunch in your posture, this is perhaps the best position for longer distances. Make sure that you keep your shoulders neutral.

Cruiser: With the cruiser, your body remains in an upright position, with hands straight, arms only a little dropped and your

feet, slightly ahead of you. Even though your legs will offer relatively less support to your back than with the standard motorcycle, your body will still remain reasonably upright. At higher speeds, however, there is an increased amount of pressure on the rider's chest, as a result of which the rider must lean slightly forward to maintain control. This forced lean might cause undue strain on the lower back.

Sports: With sports motorcycle, your body will lean forward throughout the ride. At higher speeds, your torso will be supported by air pressure rushing in. But at lower speeds, your entire upper body will be supported by your wrists, and the extension of your lower spinal posture muscles. The rider's body comes under great stress, with various parts at the risk of developing aches if the ride is too long. This is why long trips are not recommended on a sports motorcycle.

Your body measurements
Your body measurement, especially height and weight, will have a significant effect on how you sit on your bike and more importantly, the intensity of the strain your back experiences. If you are of above average height, you will

stoop, causing pain in the back. It is therefore recommended that you raise the handlebars. If you are of a shorter height, your feet will cause pain in your back. In addition, for short people, since the controls will be slightly out of reach, this will make them lean forward, or worse, over-reach to gain access to the controls. Such a posture for a long period of time can cause back ache and even injury. Lowering your handlebars should offer some relief in this case. And if your feet don't touch the ground easily, then see if you can raise the foot pegs a tad.

Motorcycle parts
If you prefer a comfortable motorcycle ride, you need to give a bit of thought to certain parts of your motorcycle such as handlebars, seats and foot pegs. These play an integral role in not only helping you avoid back pain, but also in ensuring that you do not end up developing chronic diseases related to poor posture. Here are the things you should keep in mind:

Handlebars: Motorcycle handlebars are not custom built for different body type or shapes. Therefore, there is hardly a motorcycle out there which perfectly suits its rider. To add to

comfort and put less strain on the back, try changing the handlebar to a taller, shorter or wider version - whichever version you believe fits you best.

Seat: If you are not comfortable with your motorcycle's seat, consider changing it with something that fits your body measurements better and offers a more relaxed riding experience.

Foot pegs: These are important in maintaining body posture and the right amount of pressure on the back.

Whatever your preferred riding posture, make sure you take appropriate steps to stay healthy and safe. Don't forget to keep your wrists, shoulders, neck and lower back properly aligned. This will help reduce muscle fatigue.

Consult a physiotherapist
Don't take unnecessary pain killer that can damage your kidneys. Specific exercises can help you get rid of some of the pain. Perform plank exercises to strengthen your core. Stretch your hamstrings and get in touch with a professional physiotherapist if you feel the need.

The writer is the In Charge, Physiotherapy Department, BRB Hospitals Ltd., Dhaka. Email: dr.bjoy@gmail.com

HAVE A NICE DAY

14th February! Why not you?



It's gone — just last week. I am talking about the 14th February! When the date comes, everyone talks about the *Valentine's Day*, but this is also a very special day for many unfortunate people on this earth — who wait for an organ anxiously throughout the year.

The day marks the celebration of *Donor's Day* in many places, focusing primarily on five vital points of life: organs, tissues, marrow, platelets and blood. Currently thousands and thousands of people are waiting for an organ, from kidney to cornea, from blood to heart.

Today, common transplantations throughout the world include kidneys, heart, liver, pancreas, intestines, lungs, bones, bone marrow, skin, and corneas. Some organs and tissues can be donated by living donors, such as a kidney or part of the liver, part of the pancreas, part of the lungs or part of the intestines, but most donations occur after the donor has died.

Well, in Bangladesh, some transplants are not possible and some are very difficult. But at least, we can talk about blood and cornea.

Let's not forget those people who are waiting for a healthy organ or something related to those above mentioned parts of our body. Let's observe 14th February as *Organ Donation Day* in our country and let spring come to their life as well.

E-mail: rubaiulmurshed@gmail.com

Did You Know?

People with one psychiatric disorder are likely to have another one

To determine rates of psychiatric comorbidity in a 17-year period, investigators cross-referenced Danish national databases on 5.9 million people (mean baseline age, 32) to identify new diagnoses across 10 broad diagnostic groups in the International Classification of Diseases-10 (organic disorders, substance use, schizophrenia and related disorders, mood disorders, eating disorders, personality disorders, intellectual disorders, developmental disorders, behavioral disorders, and neurotic disorders [including anxiety, somatoform, and stress-related disorders]).

In analyses of pairs of diagnostic groups, receiving a diagnosis of any disorder significantly increased the risk for a second one. The likelihood of a new additional diagnosis was highest during the first 6 months after the initial diagnosis but remained elevated for the entire study period. Comorbidity was the same regardless of which disorder came first.

Although all diagnostic categories had a degree of comorbidity, the association was stronger in some (e.g., mood disorders, substance use, schizophrenia, personality disorders, and developmental disorders). Algorithms estimated the time-dependent risk for a patient to develop a second disorder in another group. For example, 40% of men and 50% of women who were diagnosed with a mood disorder before age 20 would get diagnosed with a neurotic disorder in the next 15 years.

Diagnostic uncertainty might account for the second diagnosis, a hypothesis supported by the finding that comorbidity was highest soon after the initial diagnosis. This does not explain, however, why comorbidity is sustained. Because many psychiatric diagnoses have similar symptoms, clinicians may later make additional diagnoses when emphasising specific features.

An editorialist argues that multiple disorders have a common pathophysiology and suggests that dimensions of illness are clinically more relevant than descriptive diagnoses. In any event, while treating one disorder, we should be vigilant for commonly associated conditions so that we can identify and treat them sooner.



/StarHealthBD

HEALTH bulletin

Embarrassing: Gas, bloating, belching

DR GOLAM NABI

Do you have excessive fart or gas problems. During every day life all of you, whether you admit it or not, have feeling discomfort with having gas causing distention of your tummy, passing excessive fart or burping frequently, sometimes when you are in public places or in a meeting or having chat with your friends or relatives, you feel embarrassed of passing out gas as fart or burping which makes some sound.

Maybe you were on a first date and ate something that did not agree with you. Or you were in a quiet movie theater, or thought you were alone, and pass gas out you were not. Embarrassing? Oh, yes. In fact, most people pass gas around 13 to 21 times a day. That is normal. But if you cannot control it, it is embarrassing. Even worse, it can start to affect your life.

Gas and bloating can make your body hurt. They can also make it hard for you to feel at ease, which can deal a serious blow to everyday life. When you are out with friends, at work, or sharing an intimate moment, nothing kills a good time like worrying about whether you will let one slip on accident. Between your physical pain and the anxiety in your mind, having excess gas can be a drag.

But there is good news: Truly excessive gas is pretty rare. Even if you think you have got a bad case, chances are you probably fall some-

where in the normal range if you have a good liver.

Track your triggers

But what if you don't? What can you do? For starters, keep a record of what you eat and how it makes you feel. Some foods are naturally gas-powered (beans, sweets, fatty foods, you magical fruit). But did you know that most carbohydrates cause gas? Steer clear of cabbage, broccoli, cauliflower, onions, pears, apples, most dairy products, and anything containing high-fructose corn syrup, Ros malai, Pithas, Doi.

Here is the kicker, though: It is different for everyone. So while other family member might live on yogurt and cabbages and have no funky issues, those same foods may make you run for making gas problems.

That is why keeping a food diary can help. Make it as easy for yourself as possible. Before too long, you will start to see patterns. Then, once you know your triggers, you can avoid them. It may really be as easy as that and it works. Here are some other things you can do to get your gas under control:

• **Spit out your gum.** Lots of chewing causes you to swallow lots of air. Which causes gas. Stop it.

• **Slow your roll.** Or whatever you happen to be eating. Chew more slowly, and you will swallow less air.

• **Lay off the bubbly.** Fizzy drinks (soda like coke, champagne, even mineral water) are pumped with gas. That is what causes them to

bubble. Choose non-carbonated drinks instead.

• **Stay away from fruit juice.**

Apple juice and pear juice make lots of gas.

• **Get properly fitted.** If you wear dentures, make sure they fit snugly. Loose dentures can pull extra air into the digestive tract.

• **Stop smoking.** You know smoking is bad for you anyway. But what if it is also making you gassy? Knock it off, stat.

• **Opt for less fat.** Fat alone does not cause gas. But high-fat foods sometimes cause bloating. Avoid fast foods and street fried foods.

• **Give pause between meal and drink.** After taking your food in lunch and dinner, drink water after 15-20 minutes, which help your tummy to mix with digestive juice properly.

What if you have done all these things and gas is still getting in the way? If it is interrupting your quality of life, it is a good idea to see your doctor who specialises in internal medicine or gastroenterology.

Occasional abdominal pain and bloating are very common. But other symptoms like weight loss, anemia, and tiredness, could point to a problem that needs attention. So talk to your doctor and have a healthy life.

The writer is an Associate Professor of Medicine at Z H Sikder Women's Medical College and Hospital, Dhaka.



Anaesthesia is unlikely to have lasting effects on developing brains

A single hour of general anaesthesia in early infancy — longer than is necessary to perform the most common types of minor surgeries in childhood — does not result in measurable neurodevelopmental or behavioural problems up to the age of 5 years, according to the first randomised trial of its kind involving 722 infants in seven countries, published in *The Lancet*.

The trial provides the strongest evidence to date that one brief exposure to anaesthesia is safe in young children. Nevertheless, the authors caution that most (84%) study participants were male and more research is needed to confirm the findings in girls and children with multiple and prolonged exposure to anaesthesia.

"Nearly half the general anaesthetics given to infants are used for less than one hour, therefore our findings should reassure health professionals and the millions of parents whose young children undergo surgical or diagnostic procedures with anaesthetic drugs worldwide every year," says Professor Andrew Davidson, Murdoch Children's Research Institute, Australia, who led the study.

Chronic kidney disease (CKD) is a long-term condition where the kidneys don't work as well as they should

It's a common condition often associated with getting older. Anyone can get it, although it's more common in black people and people of south Asian origin.

CKD can get gradually worse over time and eventually the kidneys may stop working altogether, but this is uncommon. Many people with kidney disease are able to live long, largely normal lives.



Causes of CKD

Kidney disease is usually caused by other conditions that put a strain on the kidneys. Often it's the result of a combination of different problems.

CKD can be caused by

High blood pressure - over time, this can put strain on the small blood vessels in the kidneys & stop the kidneys working properly

Diabetes - too much glucose in your blood can damage the tiny filters in the kidneys

Glomerulonephritis - kidney inflammation

Polycystic kidney disease - an inherited condition where growths called cysts develop in the kidneys

Blockages in the flow of urine - for example, from recurrent kidney stones or an enlarged prostate

Long-term, regular use of certain medicines - such as lithium and non-steroidal anti-inflammatory drugs (NSAIDs)

Treatments for CKD

There's no cure for CKD, but treatment can help relieve the symptoms and stop it getting worse.

Your treatment will depend on how severe your kidney disease is.

The main treatments are:

- Lifestyle changes to ensure you remain as healthy as possible
- Medication to control associated problems such as high blood pressure and high cholesterol
- Dialysis - treatment to replicate some of the kidney's functions; this may be necessary in advanced CKD
- Kidney transplant - this may also be necessary in advanced CKD



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