

Is vaping being accpeted more on the basis of scientific evidence?

STAR HEALTH DESK

Are e- cigarettes and other vaping products dangerous? -- often comes to our mind. The World Health Organisation (WHO) answers that e cigarette emissions typically contain nicotine and other toxic substances that are harmful to both users, and non-users who are exposed to the aerosols second-hand. The counter groups claim that hundreds of millions of cigarette smokers could benefit from switching to vaping, which is 95% less harmful.

The UK Health Security Agency (formerly Public Health England), which provided the 95% figure in a landmark review, concluded that “vaping poses only a small fraction of the risks of smoking and switching completely from smoking to vaping conveys substantial health benefits over continued smoking.”

The groups claim that WHO’s position on vaping has not been swayed by the series of evidence that emerged over the years, showing that vaping can be very effective as a quit smoking tool, having the potential to help millions of smokers quit the life-threatening addiction.

The Q&A published in WHO website is very strict against electronic nicotine delivery systems (ENDS). The Coalition of Asia Pacific Tobacco Harm Reduction Advocates (CAPHRA) criticised this stance. The organisation lambasted WHO for not unequivocally saying that vaping is less harmful than cigarette smoking.



“If you were a smoker desperate to quit reading this Q&A, you’d likely stay smoking,” said CAPHRA’s Executive Coordinator, Nancy Loucas.

A recent 59-page white paper discussing case studies conducted in several countries to measure smoking cessation-related progress, has shown that those following the WHO’s guidance, keep struggling with higher smoking rates.

Titled “Vaping Works. International Best Practices: United Kingdom, New Zealand, France and Canada,” analyses the policies implemented by governments on electronic cigarettes and combustible tobacco products for smoking cessation efforts in the UK, New Zealand, France and Canada. The paper noted that countries that embrace vaping, such as France, the United Kingdom, New Zealand, and Canada have witnessed a decrease in smoking rates that is twice as fast as the global average.



WORLD DIABETES DAY

ACCESS TO DIABETES EDUCATION

STAR HEALTH REPORT

World Diabetes Day, observed every year on November 14, provides an opportunity to raise awareness of diabetes as a global public health issue and what needs to be done, collectively and individually, for better prevention, diagnosis and management of the condition.

This year’s theme, ‘access to diabetes education’, underpins the larger multi-year theme of ‘access to care’.

Globally, an estimated 422 million adults were living with diabetes in 2014, compared to 108 million in 1980. The global prevalence of diabetes has nearly doubled since 1980, rising from 4.7% to 8.5% in the adult population. This reflects an increase in associated risk factors such as being overweight or obese. Over the past decade, diabetes prevalence has risen faster in low and middle-income countries than in high-income countries.

Diabetes is a major cause of blindness, kidney failure, heart attack, stroke and lower limb

amputation. Healthy diet, physical activity and avoiding tobacco use can prevent or delay type 2 diabetes. In addition diabetes can be treated and its consequences avoided or delayed with medication, regular screening and treatment for complications.

Diabetes is a chronic disease, which occurs when the pancreas does not produce enough insulin, or when the body cannot effectively use the insulin it produces. This leads to an increased concentration of glucose in the blood (hyperglycaemia).

Type 1 diabetes (previously known as insulin-dependent or childhood-onset diabetes) is characterized by a lack of insulin production.

Type 2 diabetes (formerly called non-insulin-dependent or adult-onset diabetes) is caused by the body’s ineffective use of insulin. It often results from excess body weight and physical inactivity.

Gestational diabetes is hyperglycaemia that is first recognised during pregnancy.

The theme for World Diabetes

Day 2021-23 is access to diabetes care. 100 years after the discovery of insulin, millions of people with diabetes around the world cannot access the care they need. People with diabetes require ongoing care and support to manage their condition and avoid complications.

The centenary of the discovery of insulin presents a unique opportunity to bring about meaningful change for the more than 460 million people living with diabetes and the millions more at risk. United, the global diabetes community has the numbers, the influence and the determination to bring about meaningful change. We need to take on the challenge.

The rising number of people affected by diabetes is putting added strain on healthcare systems. Healthcare professionals must know how to detect and diagnose the condition early and provide the best possible care; while people living with diabetes need access to ongoing education to understand their condition and carry out the daily self-care essential to staying healthy and avoiding complications.

HAVE A NICE DAY The mystery we overlooked

DR RUBAUL MURSHED

Those who are aware of “Pineal Gland” – some of them call it a mysterious body. It has been recognised as significant since the ancient Greek scholars. But, this gland would not be fully understood until the 20th century.

Modern science has located this tiny body deep in the middle of our brain. It sits in a groove just above the thalamus, which is an area of our brain that coordinates a variety of functions related to your senses. Many Indian alternative medicine practitioners believe that there is an energy center in our body that can enhance our focus, concentration, and also bring up intuitive abilities! Many of them describe this as ‘awakening third eye chakra’ of the human body out of 7 chakras. If a person is very focused on their work, then they could experience some form of third eye activation.

This gland is the melatonin-secreting neuroendocrine organ containing light-sensitive cells that control the ‘circadian rhythm’. Circadian rhythms are physical, mental, and behavioural changes that follow a 24-hour cycle. These natural processes respond primarily to light and dark. Melatonin is a fascinating hormone that is mainly produced by our pineal gland. The importance of this in humans is not still clear, but many researchers believe it may help to synchronize circadian rhythms in different parts of our body.

Our pineal gland releases the highest levels of melatonin when there is darkness and decreases melatonin production when we are exposed to light. Because of this, melatonin has often been referred to as a “sleep hormone.”

Melatonin also interacts with biologically female hormones. Research has shown that it helps in regulating menstrual cycles. It can also protect against neurodegeneration, which is the progressive loss of function of neurons.

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Advances in breast cancer detection and treatment

STAR HEALTH DESK

Breast cancer treatment can be highly effective, especially when the disease is identified early. Treatment of breast cancer often consists of a combination of surgical removal, radiation therapy and medication (hormonal therapy, chemotherapy and/or targeted biological therapy) to treat the microscopic cancer that has spread from the breast tumor through the blood. Such treatment, which can prevent cancer growth and spread, thereby saves lives. Scientists are constantly learning new things about detection, diagnosis, and treatments of this all too common disease. We will discuss here some updates.

3D mammograms: Traditional 2D mammograms take one image from the top and one from the side of your breast, but a 3D mammogram takes multiple images in an arc pattern. It combines them to form a three-dimensional image. It is particularly helpful for women with dense breasts.



Genomic testing: This process looks at your genome. Researchers are using information from genomic tests to learn more about breast cancer and identify new subtypes, with hopes of developing new treatments in the future.

Metastatic breast cancer: Doctors use hormone therapies to treat hormone receptor-positive (HR+) breast cancers. Now they are adding targeted therapies to these traditional treatments for metastatic or advanced HR+ or HER2+ breast cancers. This may keep the need for chemotherapy at bay for longer – and extend survival.

Triple-negative breast cancer:

New therapies for triple-negative breast cancers (TNBCs) are helping some people live longer. They include sacituzumab govitecan-hziy (Trodely), which treats TNBC that has spread; and pembrolizumab (Keytruda), an immunotherapy you can combine with chemo.

Oncoplastic surgery: It is a procedure where your surgeon does both a lumpectomy or mastectomy, and also reconstructive surgery at the same time. It has better cosmetic results.

Sentinel lymph node mapping: It helps surgeons figure out which lymph nodes in your body are at the highest risk of having breast cancer cells. This helps narrow down which ones your doctor will remove. It also preserves more nodes, leading to a faster recovery and less swelling.

Breast sensation preservation: Advances in nerve-sparing and nerve-connection techniques during mastectomy and breast reconstruction surgeries are making it more likely that you can keep some feeling in your breast tissue.

Envisioning Universal Health Coverage in Bangladesh

MTANJIM HASAN KHAN

The Article 15(a) of Bangladesh’s constitution has distinctly recognised healthcare as a fundamental right of all citizens, and it has been stipulated by the Article 18(l) that raising nutrition level and improving the quality of public health should be a top priority of the state.

Despite these well-defined provisions, universal healthcare in Bangladesh remains a distant dream.

While it is our duty to help others, it must not be forgotten that a nation cannot donate its way out of a healthcare crisis. We need permanent solutions like universal health coverage and according to the the World Health Organisation (WHO), “universal health coverage means that all people have access to the health services they need, when and where they need them, without financial hardship. It includes the full range of essential



health services, from health promotion to prevention, treatment, rehabilitation, and palliative care.”

One of the most practical ways to ensure universal health coverage is implementing effective health insurance programmes. However, in Bangladesh people with health insurance are virtually non-existent. A study by the WHO suggests that, of

the 16-crore people in the country, only 90,000 have insurances and only 10% of those have health coverages.

The lack of transparency on part of the insurance companies is one of the impediments to universal health coverage in our nation. No country has ever achieved universal healthcare without the help of a robust insurance sector and Bangladesh cannot be any different either. Therefore, to protect the constitutional rights of its citizens, radical steps must be taken.

Studies have shown that uninsured people are 25 times more likely to die from curable health issues. This fact alone proves that we are long past the stage where we had the liberty to think of health coverage as a luxury and the sooner the government understands this, the better it will be for the people of Bangladesh.

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