

NAVIGATING BREAST CANCER DECISIONS

Balancing personal choices and medical insights

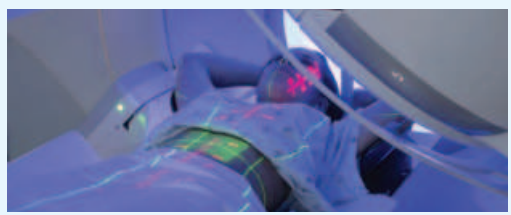
In recent years, women facing breast cancer decisions have grappled with choices regarding their treatment. People who have certain genetic mutations (BRCA1/2) and breast cancer in one breast have usually thought about either having a bilateral mastectomy to remove both breasts or keeping the healthy breast and using radiation therapy (RT) on the cancerous breast.

Research has suggested that opting for breast-conserving therapy (RT for the affected breast and no intervention for the healthy one) does not significantly differ in terms of survival rates or recurrence compared to undergoing mastectomy. However, individuals with these mutations still face a heightened risk of developing cancer in the opposite breast (known as contralateral breast cancer, or CBC). Factors like younger age at diagnosis and family history of breast cancer also contribute to this risk. To better understand if radiation therapy affects the risk of CBC, researchers analysed data from thousands of individuals with BRCA1/2 mutations and primary breast cancer.

Among over 3,600 patients, about two-thirds received RT. Over almost a decade of follow-up, about 252 patients who underwent RT experienced CBC, with around 180 cases being invasive. Meanwhile, about 98 patients who did not receive RT encountered CBC, with roughly 70 being invasive cases.

The analysis highlighted a noteworthy association between RT and an increased risk of CBC in women with a BRCA2 mutation, showing a 44% higher risk. Although the trend was less clear for those with BRCA1 mutations, there was still an indication of elevated risk.

Additionally, the highest likelihood of a second cancer occurrence was observed around 5 to 6 years after the initial breast cancer diagnosis. These findings underline the complexity of treatment decisions for individuals with these mutations and emphasise the importance of informed discussions with healthcare providers to tailor the most appropriate approach for each person's unique situation.



Over 40 million health professionals demand bold health and climate action at COP28

STAR HEALTH DESK

On the first-ever Health Day at a COP, more than 40 million health professionals from around the globe joined the call to action by the World Health Organisation (WHO) and civil society organisations, to prioritise health in climate negotiations at COP28.

Climate inaction is costing lives and impacting health every single day. Health workers demand immediate and bold action to phase out fossil fuels, transition to clean energy, build resilience and to support people and communities most vulnerable to impacts of the changing climate. They press for no more delays, no more excuses; urging action and justice now, for a healthy future for all.

The year 2023 witnessed an alarming surge in climate-related disasters, including wildfires, heatwaves and droughts, leading to the displacement of populations, agricultural losses and heightened air pollution. The ongoing climate crisis has significantly increased the risk of life-threatening diseases such as cholera, malaria and dengue.

Unprecedented global health mobilisation at COP28

WHO and over 40 million health professionals call on governments to meet the commitments they have already made, deliver on the Paris Agreement, accelerate the phasing out of fossil fuels and to raise their ambition for a healthier, fairer and greener future for humanity.

Strong and resilient health systems are indispensable to protecting the population from the negative impacts of climate change on their health. Building climate-resilient, low-carbon health systems as protection for current and future lives must be seen as one of the priorities in local, national and global climate action and financing.

Health Ministers from around the world endorsed the COP28 Declaration on Climate and Health, supported by 120 countries.

This highlights the severe health implications of climate change, emphasises the critical role of the United Nations Framework Convention on Climate Change (UNFCCC) and the Paris Agreement, and underscores the urgent need to work collaboratively to confront the connections between climate change and health. It reflects a shared understanding of the urgency of climate action for health and raises hope of a greater global commitment to a healthier and more resilient future for all.

The urgency of financing climate-resilient health systems



The commitment to a healthier planet requires a commitment to financing mechanisms that support climate-resilient health systems and sustainable initiatives. It is critical to discuss the urgency of action but also ensure that financial commitments match the scale of the challenge.

Currently receiving a mere 0.5% of global climate financing, the health sector demands a substantial increase in resources. Boosting financial support is not just warranted but essential to effectively tackle ongoing health crises and an evolving global health landscape.

With the health sector facing unprecedented challenges, urgent

action is needed to bridge the stark financial gap. By multiplying funding, we strengthen the sector's capacity to innovate, adapt and deliver optimal care, ensuring a resilient healthcare infrastructure for today's challenges and the uncertainties of tomorrow.

WHO's commitment on climate and health

WHO welcomes the efforts of the COP28 Presidency to highlight the health emergency and provide a high-level platform for climate and health at this conference, including through the inaugural Health Day, and the climate and health



ministerial. WHO is dedicated to working alongside partners and donors to ensure effective implementation of priorities outlined in the Declaration.

The WHO-led Alliance for Transformative Action on Climate and Health (ATACH) is a global platform that brings together more than 75 countries that have committed to initiatives on climate-resilient and low carbon sustainable health systems, along with partners, bilateral donors and researchers.

WHO affirms its commitment to global health and climate action, pledging its support to ministries of health worldwide.

Source: World Health Organisation



HAVE A NICE DAY

Family poison: dealing with toxicity

DR RUBAUL MURSHED



Individuals who exhibit toxic behaviour tend to be unsupportive of their family members' choices, interests, and accomplishments. Unfortunately, it is common for parents to display toxic behaviour towards their children or spouse. This behaviour includes criticising, expressing unfulfilled wishes,

complaining about the challenges of raising a child, making unhealthy comparisons, and uttering hurtful statements. Such comments can have negative and long-lasting effects, especially on a child's social, psychological, and emotional development. The cycle of abuse or neglect is often persistent and may escalate over time, creating a challenging and harmful environment.

Toxic parents may indeed love their children, but their nature causes them to behave in ways that contradict this love. Their dominant behaviours overshadow their love. Frequently, either a mother or father may display toxic behaviour as a result of ingrained traits inherited through their familial lineage.

When one parent is toxic, it presents a significant challenge. He or she is characterised by a prioritisation of their own needs over the well-being of their child, showing a lack of concern for the potential harm or damage caused by their actions. In many cases, these individuals exhibit a reluctance to apologise or acknowledge the harmful nature of their behaviour. A toxic individual may have a habit of contradicting their close ones' choices or opinions. They frequently use yelling, screaming, and name-calling to communicate with their spouses and children. In this context, any expression of assertiveness, individual differences, or rebellion is perceived as a direct personal attack. Moreover, they make themselves depressed to blackmail other family members.

One single person's toxic emotions disrupt family synchronisation, extending beyond outbursts to manipulative tactics like inducing depression for control, leaving lasting emotional scars. They are like a black hole; no matter how much love others give; it is never enough.

E-mail: rubaulmurshed@shomman.org

Unveiling insights and strategies during constipation awareness month

DR ABDULLAHEL AMAAN & DR KHAINOOR ZAHAN

December is the Constipation Awareness Month. The International Foundation for Gastrointestinal Disease (IFFGD) launches a campaign to address the dilemmas that so many people face each day when living with constipation and to increase public knowledge of a common yet often misunderstood condition. Constipation Awareness Month is a global healthcare event that has been observed annually by various organisations, both global and local, throughout December with the aim of educating people about the condition, its complications, and preventive measures for constipation.

Constipation is a frequent gastrointestinal condition that affects people of all ages, with a prevalence of around 10-11% in the general population. Constipation is more common in the elderly than in the younger population. Elderly women suffer from severe constipation more frequently than their male counterparts. People who are constipated may experience one or more of the following symptoms: reduced stool frequency, hard stools, difficulty passing stools, straining, painful bowel movements, and a feeling of incomplete emptying after defecation.

The North American Society for Paediatric Gastroenterology, Hepatology, and Nutrition (NASPGHAN) defined constipation as delay or difficulty in defecation, present for 2 or more weeks, and sufficient to cause significant distress to the patient. The most common type of constipation is normal transit, where the passage of the stool through the colon and its frequency may be normal, but patients nevertheless feel constipated.

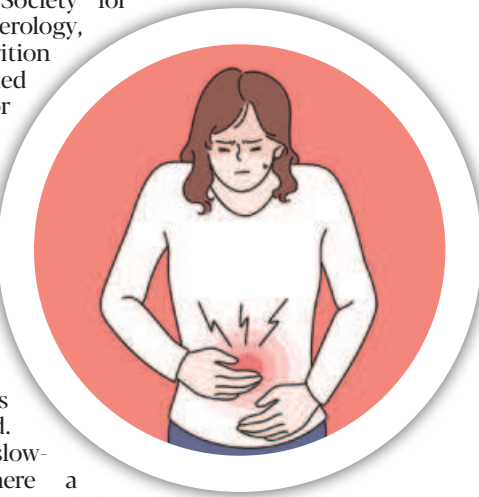
Women mostly face slow-transit constipation, where a reduction in colonic motor activity combined with significantly diminished colonic responses are observed following a meal and on awakening in the morning. Pelvic floor dysfunction is another type of constipation where the person is unable to correctly relax and coordinate the muscles in the pelvic floor in order to have a bowel movement.

There are many factors that contribute to constipation, which might include a low-fibre diet, excess intake of caffeine, overuse of alcohol, certain medications, thyroid disease (hypothyroidism), and several neurologic and psychological issues.

Most children benefit from medical treatment, but adults' constipation has a poor prognosis; it seriously affects the quality of life. Factors that are associated with a worse prognosis are: female gender, old age, longer time between onset of symptoms and initiation of treatment, and longer colonic transit time.

The preventive suggestions are to be followed on a regular basis to reduce the chance of developing constipation as well as relieve it. They include increasing daily water intake; reducing the intake of excessive meats and dairy products; eating a diet rich in fibre; not ignoring the urge to defecate; staying active throughout the day to improve gut movement; increasing physical exercise; trying medication or other techniques to manage stress; avoiding consuming alcohol and caffeine; maintaining a regular schedule for bowel evacuation; and taking your last meal at least two hours before bed.

The writers are respectively Asst Prof of Neonatology Department at Abdul Malek Ull Medical College, Noakhali and Asst Director at Civil Aviation Authority of Bangladesh.



Chiretta: The underrated herb with remarkable health benefits

In the vibrant landscapes of Bangladesh, there lies a hidden gem—the unassuming herb known as Chiretta, called "Chirata" by locals. It is the herb not often in the limelight but revered by those who understand its natural gifts. *Swertia chirata*, its scientific name, may not boast colourful blooms or fragrant scents, yet its remarkable health benefits hold a special place in the traditional herbal remedies of the region.

Chiretta's role in natural healing
Renowned for its distinct bitterness, this herb has long been cherished for its multifaceted medicinal properties, deeply embedded in the nation's tradition of holistic wellness. Notably, Chiretta stands out for its digestive stimulation, fever-reducing potential, and possible antimicrobial benefits. Its incorporation into traditional healing practices reflects a profound belief in the innate power of nature to foster comprehensive well-being.

Additionally, it contains a range of bioactive compounds, which contribute to its antimicrobial and antioxidant properties. These constituents have garnered interest in the scientific community for their potential health benefits.


Furthermore, Chiretta's composition includes various secondary metabolites, which are believed to play a role in its traditional use for liver support and detoxification.


Chiretta's versatile applications: From tea to supplements




Chiretta offers a range of potential health benefits, but its intense bitterness can be challenging for some. One common way to utilise its properties is by brewing Chiretta tea. Steeping dried Chiretta leaves or powder in hot water creates a bitter tea that may aid digestion or help reduce fever. Chiretta is also available in convenient capsule or supplement form, offering an accessible way to incorporate it into daily wellness routines. Always exercise caution and seek professional advice.




In summary, Chiretta, a potent herb with centuries-old healing traditions, often remains overlooked in healthcare. Its intense bitterness, limited awareness, and the dominance of modern medicine contribute to its underrated status.

The write-up is compiled by Shouhardyo Kundu. E-mail: kshouhardyo@gmail.com










PAEDIATRIC UROLOGY

Advanced Paediatric Urology Surgeries

- Pelviureteric Junction Obstruction
- Multicystic Dysplastic Kidney
- Vesicoureteric reflux
- Exstrophy Bladder
- Posterior Urethral Valve
- Undescended Testis
- Epispadias
- Hypospadias
- Phimosis
- Hernia & Hydrocele

Our Sister Concerns

Appointment
02 22 32 63 488
10666