

MEDITIME

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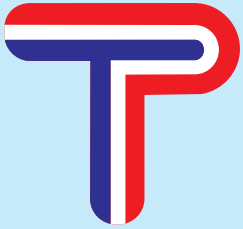


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A Medical Bulletin from TIME Pharmaceuticals (P.) Ltd.

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Editorial



"If everybody were exclusively breastfed from birth, an estimated 1.5 million lives would be saved each year." The quote mentioned in the report of "Breastfeeding: Foundation for a healthy future" stirred my mind to write editorial for this 22nd edition of MEDITIME. Looking at the importance of breastfeeding and helping to create awareness about it, World Breast Feeding Week is celebrated worldwide from August 1 to 7. In Nepal also, it is celebrated with different programs.



Though Nepal has made considerable progress to reduce mortality over the last 15 years, neonatal mortality and infant deaths remain still challenging. The prevailing serious level of child under nutrition in the country is one of the major contributing factors. Growth impairment associated with poor nutrition occurs primarily during the first two years of life, a period when adequate nutrient intake is needed to avoid lifelong effects of malnutrition. Also, it is crucial for the newborn to get exclusive breastfeeding for the first six months. When a child is exclusively breast fed, their immune system is strengthened, enabling it to life threatening illnesses like pneumonia and diarrhea amongst other infections. Also, the Colostrums, the yellowish sticky breast milk, should be given within the first hour of birth, a process referred to as early initiation. A report shows that infants breast fed within the first hour of birth are three times more likely to survive than those who have their breast milk after a day.

Looking over The World Breastfeeding Trends Initiative (WBTi) report, 2015 of Nepal, percentage of babies' breastfed within an hour of birth in 2008 was 35.4% whereas in 2012, it was 45% and not improved in 2015. So, it shows half of the population do not receive the most important nutritious fluid, which is their right. Similarly, percentage of babies < 6 months of age who are exclusively breast fed in 2008 was 53%, whereas in 2012 was 70% and stagnant in 2015. So, it shows that still 1/3rd of the newborn are missing from exclusively breastfed, due to which their immunity might be weak compared to others.

Though the government has action plans like "1000 golden days of life", such national consensus will be success only after joint effort. As there is a beautiful quotation by Hellen Keller "Alone we can do so little, Together we can do so much". So beside celebrating a week program in August let's have combined and continuous effort from all sectors to make it successful.

Lastly, I would like to thank all medical fraternities and supporters who have been providing their valuable article for this quarterly magazine.

With Best Regards,

Sudarshan Lal Shrestha
Editor in Chief

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Just 10 Cigarettes During Pregnancy Can Harm Kids



Teens whose mothers smoked may have issues with thinking skills, study shows babies born to women who smoked as few as 10 cigarettes are more apt to have thinking and learning problems later, a new study suggests.

Studies have long shown that babies born to smokers are likely to be premature, small and have behavior problems. The new research found that the negative health effects of tobacco exposure in the womb can last for years, taking a toll on teens' executive function, learned skills involving memory, reasoning, problem-solving and planning, that are important in school and life.

Up to 8% of U.S. women smoke during pregnancy, according to the U.S. Centers for Disease Control and Prevention. The authors said the new findings point to the need for more programs to help women of childbearing age quit smoking.

"Because tobacco is one of the most common substances used during pregnancy these results indicate the tremendous importance of bolstering efforts to ensure that women of childbearing age and pregnant women have increased access to evidence-based tobacco smoking cessation programs," said study first author Ruth Rose-Jacobs.

For the study, Rose-Jacobs and her colleagues focused on a group of 131 teens who had been followed since before birth, and information on prenatal exposure was available. The researchers had the teens' high school teachers complete a form assessing the students' executive function.

After considering students' exposure to violence, lead and other substances as well as their backgrounds, the team found that only prenatal exposure to tobacco was linked with worse executive function in the teen years, particularly the ability to regulate behavior.

The researchers said exposure to as few as 10 cigarettes was enough to hurt thinking skills, though the study only found an association rather than a cause-and-effect link.

"Given that as few as 10 cigarettes can have a negative impact, it is imperative that we act on this and provide as much access and education as we can to help prevent these negative outcomes," Rose-Jacobs said in a university news release.

The study was published online in the Journal Drug and Alcohol Dependence.

SOURCE: Boston University Medical Center, news release, June 1, 2017

Persistent Pain May Lead to Memory Troubles

Study even suggests link between chronic aches and dementia risk

Pain that continues, day in and day out, may trigger an unexpected and unwanted side effect a bigger risk of mental decline and dementia, a new study suggests.

The findings suggest that chronic pain may be related to changes in the brain that contribute to memory problems. The findings may also point to new ways to protect age-related mental decline, the University of California, San Francisco (UCSF) researchers said.

However, it's important to note that the study wasn't designed to prove a cause-and-effect relationship. It can only show an association between pain and memory issues.

The study included information on more than 10,000 people. All of the study participants were 60 and older.

Those who had moderate or severe chronic pain in both 1998 and 2000 had more than 9% faster decline on memory tests over the next 10 years than those who didn't have pain.

The decrease in memory would likely be enough to affect people's ability to do things such as manage their finances or keep track of their medications, the researchers said.

Patients with chronic pain also had a small but significantly increased risk of developing dementia, the study found.

"Elderly people need to maintain their cognition to stay independent. Up to one in three older people suffer from chronic pain, so understanding the relationship between pain and cognitive decline is an important first step toward finding ways to help this population," study first author Dr. Elizabeth Whitlock, said in a UCSF news release.

The study was published in the journal JAMA Internal Medicine.

SOURCE: University of California, San Francisco, news release, June 5, 2017

Brain Scans May Help Predict Autism in High-Risk Infants

A new kind of brain scan may be able to predict when a baby as young as 6 months old will develop autism, researchers said.



The approach is not likely to be useful for all kids, but in children considered at high risk because an older sibling has autism, the scans correctly chose nine out of 11 children who later were diagnosed with autism out of a group of 59 high-risk kids.

"If future studies confirm these results, detecting brain differences may enable physicians to diagnose and treat autism earlier than they do today," said Dr. Diana Bianchi, director of the National Institute of Child Health and Human Development.

The team has been trying several different types of scans to find early evidence of autism, a developmental disorder that starts before birth and that's marked by changes in how the brain works.

The same team, with members at the University of North Carolina and Washington University in St. Louis, in the brains of babies born with autism, and used another type of MRI, called functional connectivity MRI, to see if they might find differences in the way brain regions communicate in infancy.

Reporting in the Journal Science Translational Medicine, the researchers said they found various differences that allowed them to correctly predict nine of the 11 6-month-old infants who were later diagnosed with autism.

Christa Robaina, a mom from Charlotte whose 6-year-old son has autism, said an early heads up can make all the difference for worried parents.

"This been a blessing for us and just calming our fears," said Robaina, whose infant daughter took part in some of the team's research.

Coronary Artery Disease in the Young Nepalese Population

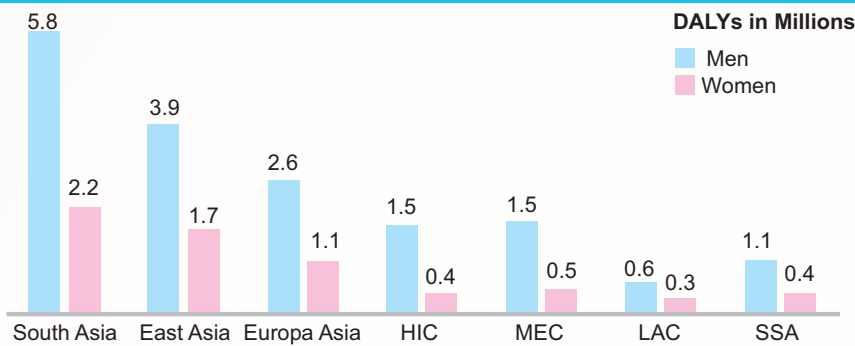


Introduction

Coronary artery disease (CAD) is a major public health problem associated with high morbidity and mortality. It is also the single largest cause of death in developed countries as well as developing countries. 17.5 million deaths or 46% of all non-communicable diseases in 2012 were attributed to cardiovascular diseases.

Reports have shown that risk of CAD among Asians (Indians/Nepalese) is 3–4 times higher than white Americans, 6 times higher than Chinese, and 20 times higher than Japanese counterparts.

Premature CVD Burden in South Asia DALYs at Age <50y in men & women



Moren et al. *Glob heart* 2014;9:91-9

Note: DALYs: Disability adjusted life years

Fig 1: Cardiovascular disease (CVD) burden in South Asia

An estimate shows that there could be 30 million CAD patients in India and the similar prevalence may be in Nepal too considering the common socio-economic and coronary risk factors. If the current trend continues, the burden of CAD in these countries will surpass other regions of the world by the year 2020. In addition to higher rate, it is also reported that these individuals may develop CAD at a very early age.

According to an estimate, more than half of death related to cardiovascular disease occurs in patients below the age of 50 years and one-fourth of acute myocardial infarction cases are being reported in patients under the age of 40 years. It has also been noted that the clinical presentation, risk factor profile, and coronary anatomy of young patients who develop CAD differs to those who develops CAD at an older age. Overall, these studies have indicated that patients with early onset of CAD exhibit preponderance of single vessel disease, and dominance of coronary risk factors such as hypercholesterolemia, family history of CAD, and cigarette smoking as compared to older patients. However, there have been limited data on comparison of demographic and angiographic characteristics in young patients stratified according to the type of acute coronary syndrome.

Phenotypic Uniqueness of South Asian CAD

- ◆ Premature atherosclerotic disease
- ◆ Small arteries
- ◆ Severe atherosclerosis in the young
 - More TVD as compared to Caucasians at younger age
 - Diffuse and distal disease
- ◆ Greater prevalence of LV dysfunction of presentation
- ◆ Difficult PCI and complex CABG surgery
 - Bifurcation lesions
 - Endarterectomy more common
 - LV and MV repair

Kaul U, et al. *Indian J Med Res.* 2010; 132:543-8

Genetic Risk Factors

Standard CAD/Stroke Genes

- ◆ 42 GWAS locations identified for CAD;
- ◆ 15 significant for both stroke and CAD.
- ◆ Most significant were
 - 12q24/SH2B3 and ABO
 - HDAC9
 - 9p21
 - RAI1-PEMT-RASD1
 - EDNRA
 - CYP17A1-CNNM2-NTSC2
- ◆ ADAMITS and ABO genes
- ◆ Polygenic risk score

Relly et al. *Lancet.* 2011;377:383-92
Dichgans et al. *Stroke.* 2014;45:24-36

Novel Genes in South Asians

- ◆ LIPA and 10q23,
- ◆ PDGFD on 11q22,
- ◆ ADAMTS7-MORF4L1 on 15q25,
- ◆ A gene rich locus on 7q22,
- ◆ KIAA1462 on 10p11.

CAD Genetics Consortium. *Nat Genetics.* 2011; 43, 339-44.

Table 1: Showing the genetic risk factors and CAD phenotypic uniqueness among South Asians.



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Table 1: A study conducted at College of Medical Sciences-Teaching Hospital in the Department of Cardiology have shown the prevalence of ACS in youngs in 11% of the total CAD patients. Single-vessel disease has been found to be predominantly involved in ST elevation myocardial infarction (STEMI) group, whereas triple-vessel disease was predominant in Non-ST elevation myocardial infarction/Unstable angina (NSTEMI/UA) group. Left anterior descending (LAD) was the most commonly involved coronary artery in both the groups. Smoking is the most important reversible coronary risk factor in these young groups. Even non-atherosclerotic causes like coagulation disorders, vasculitis and drug abuse have to be evaluated in these patients. ACS if not diagnosed timely and treated properly in the young population may have serious life-threatening complications and poor outcome. Moreover the complexities of the lesions especially location over the left main and high thrombogenicity of the lesions will further add the challenges in the treatment and outcome.

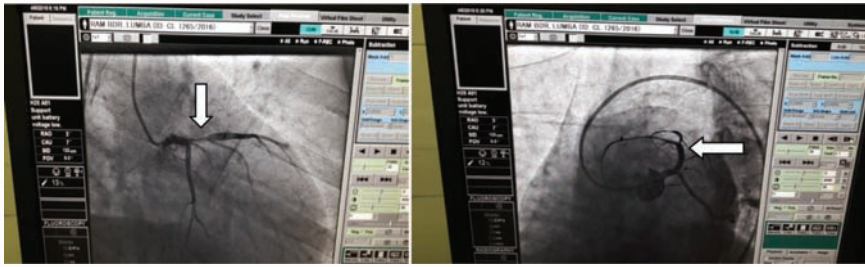


Fig 2: Showing before and after PCI in ostioproximal LAD lesion (95% stenosis)

Undersuspicion of the diagnosis and mostly attributing chest pain or epigastric pain to either acid peptic disorder or alternative musculoskeletal causes leads to misdiagnosis and mismanagement of the patients. These patients are referred to our tertiary center usually very late. Also, being Nepal a mountainous country and poor condition of the roads and transport system, these patients usually present after the golden hours of the myocardial salvage time. It's a high time that the government and the health policy makers should understand this fact and cooperate with related health sectors to salvage these young patients timely. More dedicated and well equipped cardiac centers should be available for better outcome.

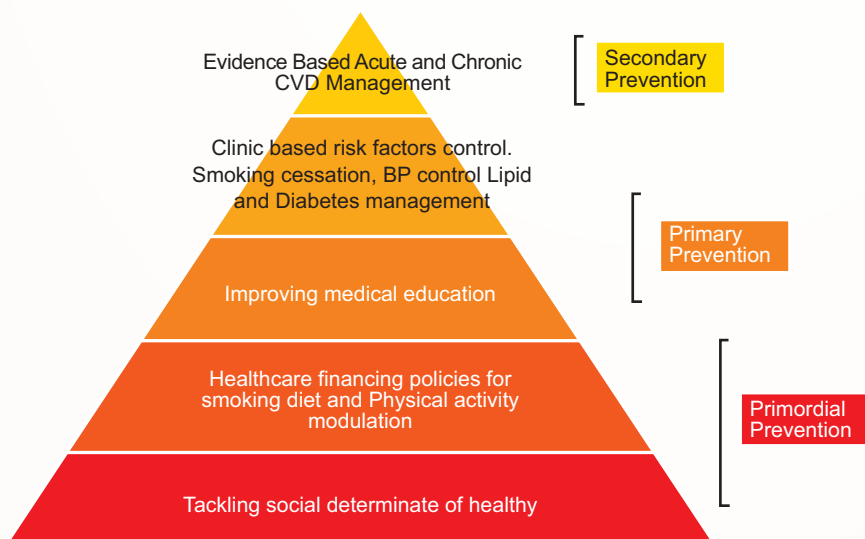


Fig 3: Shows dedicated Cath. Lab at College of Medical Sciences-Bharatpur, Nepal

We can prevent and control many coronary heart disease (CHD) risk factors with adoption of heart healthy lifestyle changes, dietary control and medications. Examples of risk factors modification include control of dyslipidemia, systemic hypertension, diabetes mellitus and obesity. Only few risk factors such as age, gender and family history are not modifiable.

Many lifestyle habits begin during childhood. So, the parents and families should encourage their children to make heart-healthy choices, such as following a healthy diet and being physically active. Making lifestyle changes can be hard. But if attempts are made as a family, it may be easier to control or modify their coronary heart disease (CHD) risk factors.

CVD Prevention Pyramid



Gupta R, deedwania pc. *cardiol clin.* 2011;29:15-34

Fig 4: CVD risk prevention pyramid showing prevention strategies at different levels

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ORAL CAVITY INFECTIOUS LESIONS

Epidemiology and frequency

Mouth ulcer is a very common oral lesion. Epidemiological studies show an average prevalence between 15% to 30%. Mouth ulcers tend to be more common in women and those under 45. The frequency of mouth ulcers varies from fewer than 4 episodes per year (85% of all cases) to more than one episode per month (10% of all cases) including people suffering from continuous recurrent aphthous stomatitis. Due to diversity of causative factors and presenting features, diagnosis of oral ulcerative lesions might be quite challenging

However, the artificial distinction between medicine and dentistry has led to this important area of disease presentation being overlooked in medical training, and many doctors therefore feel inadequately prepared to deal with oral mucosal disease.

Common Viral Infections

Herpes Infection

Herpes Simplex causes both primary and secondary or recurrent disease in the oral cavity. Primary herpetic gingivostomatitis commonly occurs in children and young adults and may be followed by frequent recurrences. The virus is transmitted directly by contact with body fluid and average incubation time is 7 days. Following the primary episode, the virus becomes latent in the trigeminal ganglion. Clinically there is fever, malaise, vesicular lesions (2-4 mm in size) that break down forming ulcers with yellowish base and erythematous halo. Recurrent herpes labialis occurs on the vermilion border of the lips, itching or pain, followed by the appearance of small vesicles. These rupture and form crusts. Recurrent intraoral herpes appears as clusters of painful small vesicles that rupture and ulcerate and usually heal within 1 week to 10 days. The lesions usually occur on the keratinized mucosa, such as the hard palate and gingiva, although lesions may arise on the dorsal surface of the tongue. Reactivation Phase occurs in roughly 16-45% of patients with HSV precipitated by UV light, stress, infection, immunosuppression

Herpes Zoster

The reactivation of varicella zoster virus (VZV) causes herpes zoster (shingles). The disease occurs in the elderly and the immunosuppressed patient. Skin and oral lesions are frequently

unilateral and follow the distribution of the maxillary and/or mandibular branches of the trigeminal nerve. The skin lesions form crusts and the oral lesions coalesce to form large ulcers. The ulcers frequently affect the gingiva, so tooth pain may be an early complaint. It is always unilateral, affects trigeminal nerve often painful and causes cervical lymphadenopathy. It may be associated with facial palsy (Ramsay Hunt Syndrome)

Hand Foot & Mouth Disease

It is caused by Group A coxsackie virus and causes epidemics among school children. Clinically there are vesicles on hands, feet and buttocks together with intraoral vesicles and later ulcers. There is fever and malaise and may last for a week.

Herpangina

It is common in children and caused by Coxsackie A viruses and ECHO viruses. It is similar to *H. simplex* except the lesions are more commonly in the oropharynx than oral cavity. Clinically there is headache and abdominal pain 48hrs prior to sore throat (papulovesicular lesions on tonsils and uvula)

Human Papillomavirus (HPV) Lesions

Oral warts, papillomas, skin warts, and genital warts are associated with the human papillomavirus. HPV lesions in the oral cavity may appear as solitary or multiple nodules. They may be sessile or pedunculated and appear as multiple, smooth-surfaced raised masses resembling focal epithelial hyperplasia or as multiple, small papilliferous or cauliflower-like projections. HPV types 7, 13, and 32 may be associated. A biopsy is necessary for histologic diagnosis. There is no known association between oral HPV lesions and more rapid progression of HIV disease. Oral HPV lesions can be removed surgically using local anesthetic. Carbon dioxide laser surgery can remove multiple flat warts, but relapses occur.

Cytomegalovirus (CMV)

Lesion may appear on any mucosal surface and may be confused with aphthous ulcers. CMV ulcers appear necrotic with a white halo. Diagnosis of CMV ulcers is made from a biopsy. CMV ulcers in the oral cavity usually occur in individuals with disseminated CMV disease. CMV ulcers resolve



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when ganciclovir is used to treat CMV disease.

Hairy Leukoplakia (HL) & Epstein-barr Virus

It correlates with a statistical risk for more rapid progression of HIV disease. Lesion is nonmovable, corrugated or "hairy" white lesion on the lateral margins of the tongue. Diagnosis of HL is an indication of both HIV infection and immunodeficiency; it is an indication for a work-up to evaluate and treat HIV disease. HL lesions vary in size and appearance and may be unilateral or bilateral. The surface is irregular and may have prominent folds or projections, sometimes markedly resembling hairs. Lesions occur most commonly on the lateral margins of the tongue and may spread to cover the entire dorsal surface. They may also spread downward onto the ventral surface of the tongue, where they usually appear flat. HL lesions can also occur on the buccal mucosa, generally as flat lesions. Rarely, lesions occur on the soft palate. HL usually does not cause symptoms.

Oral Lesions Associated With HIV Human Immunodeficiency Virus (HIV)

A minority of patients with severe HIV disease will develop deep, necrotic ulcers of unknown aetiology. These ulcers are painful, cause profound dysphagia and can arise on any oral mucosal surface, although the buccal and pharyngeal mucosa are the more commonly affected sites. The ulcers typically resolve with systemic thalidomide (e.g. 200 mg daily). Small number of patients with HIV disease may have ulcers similar to that of recurrent aphthous stomatitis (RAS), although whether the frequency of RAS in HIV is truly increased remains unclear.

Common Bacterial Infection

Streptococcal And Staphylococcal

They cause superadded infection over other lesions in oral cavity like traumatic, neoplastic, viral infection.

Noma

It is also known as cancrum oris or gangrenous stomatitis. It is a devastating gangrenous disease which attacks children, quickly destroying their mouth, nose, and face, and which can prove fatal after just a few weeks. It seems to start on the gum and extends outwards to the cheeks and lips.

Most victims starve to death because their jaw muscles are literally eaten away and they cannot chew; others die as the infection spreads. Common organisms are *Fusobacterium sp*, *Prevotella sp* and *Borrelia vincenti*

The reported predisposing factors includes malnutrition or dehydration, poor oral hygiene, poor sanitation, unsafe drinking water, proximity to unkempt livestock, recent illness, malignancy, an immunodeficiency disorder, including AIDS.

The early features of noma include soreness of the mouth, a swollen tender cheek, a foul-smelling purulent oral discharge, fetid odor in the mouth of the affected child, swelling of the regional lymph nodes, anorexia, grayish-black discoloration of the skin in the affected area.

The long-term effects of Noma depend largely on the anatomic sites of the lesion, the extent and severity of tissue destruction and the stage of development of the dentition and facial skeleton prior to onset of the disease.

The progression of the disease can be halted with the use of antibiotics and improved nutrition; however, its physical effects are permanent and may require reconstructive plastic surgery to repair. Reconstruction is usually very challenging and it should be delayed until full recovery (usually about one year following initial intervention)

Tuberculosis

Affects the oral cavity with sputum positive pulmonary TB and give rise to multiple superficial and painful ulcers on tongue and elsewhere in the oral cavity

Syphilis

It is caused by *Treponema pallidum* and secondary stage is most likely to affect oral cavity. In primary syphilis

chancere affects lips, buccal mucosa, tongue and tonsil. Secondary Syphilis occurs 4-6 weeks after primary stage which is featured by ulcers covered by greyish membrane (snake track ulcers) or mucous patches. It involves tonsils and palate. Tertiary Syphilis occurs in hard palate, nasal septum, tonsil, PPW and larynx. Gumma is painless but cause marked tissue destruction like oroantral fistula or oronasal fistula

Common Fungal Infections

Acute Candidiasis

It is a superficial infection caused by the yeast like fungus, *Candida albicans*. Candidiasis does occur under conditions such as antibiotic therapy, diabetes, xerostomia (dry mouth), Neonates, Immunocompromised, DM, post Chemo/RT and AIDS. Clinically there are multiple small painful white patches in oral mucosa which leaves erythematous patch when wiped off. It is seen particularly in buccal mucosa and soft palate. Treatment lies with use of antifungal agents and treating underlying cause.

There are a number of different types of oropharyngeal candidiasis including acute pseudomembranous, acute atrophic, chronic hyperplastic, chronic atrophic, median rhomboid glossitis, and angular cheilitis. The most discrete lesion represents conversion from benign colonisation to pathological overgrowth.

However candida species form part of normal oral flora in 40-65% of patients. Infections occurs typically as the result of immunocompromised

state, oral trauma, or recent antibiotic use; rare in healthy individuals.

In chronic candidiasis clinically white lesions appears which cannot be rubbed off and gives the appearance of Leukoplakia and it affects buccal mucosa just inside corner of mouth. Treatment is local and systemic antifungals and surgical excision.

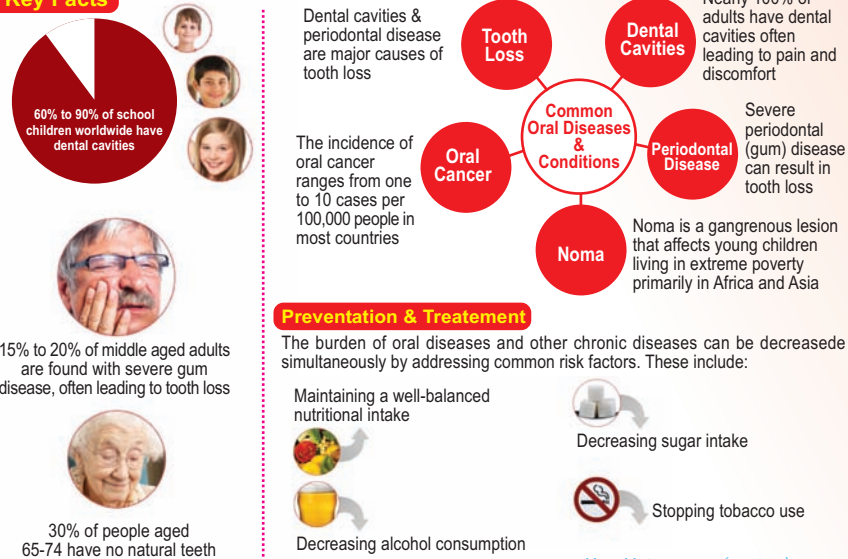
Topical antifungal therapy is the recommended first line treatment for uncomplicated oral candidiasis and where systemic treatment is needed topical therapy should continue as this reduces the dose and duration of systemic treatment required. The systemic adverse effects and drug interactions that occur with the systemic agents do not occur with topical agents. Systemic antifungal therapy in oral candidiasis is appropriate in patients intolerant of or refractory to topical treatment & those at high risk of developing systemic infections.

Ketoconazole is as effective as fluconazole and itraconazole but its use in elderly patients is not recommended due to drug interactions and side effects, which include hepatotoxicity. Itraconazole has a wider spectrum of activity than fluconazole and is therefore valuable in salvage treatment of the immunocompromised patients with fluconazole resistant candidosis. Increasing resistance to antifungals has become increasingly common since the introduction of fluconazole especially in patients with advanced HIV disease, and recurrent and long term treatment.

Oral Health Factsheet

Oral health is essential to general health and quality of life. It is a state of being free from mouth and facial pain, oral and throat cancer, oral infection and sores, gum disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing.

Key Facts



Data : World Health Organisation (WHO.int) - 2012

Breast Milk The Best Nutrition

Sweta Rauniyar, PDO

Breast milk is the best nutrition for babies. Breast-feeding provides many health benefits for both baby and mother. A Vitamin D supplement is recommended for all breast-feeding women.

Breast-feeding

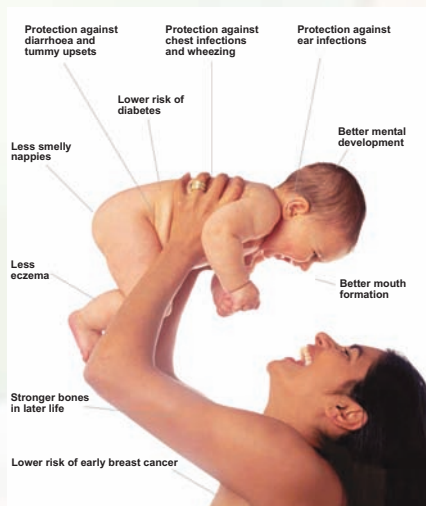
Breastfeeding is the normal way of providing young infants with the nutrients they need for healthy growth and development.

Colostrum, the yellowish, sticky breast milk produced at the end of pregnancy, is recommended by WHO as the perfect food for the newborn, and feeding should be initiated within the first hour after birth.

Exclusive breastfeeding is recommended up to 6 months of age, with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond.

Benefits of breast-feeding

Breast milk provides the ideal nutrition for infants. It has a nearly perfect mix of everything that baby needs to grow like vitamins, protein, and fat. No other fluids (such as water) are needed for a breast-fed baby. Even in the hottest weather, the breast milk composition changes, to provide everything baby needs. Breast feed must be continued even if the baby is unwell.



Breast milk contains antibodies that help baby to fight off viruses and bacteria. Breastfeeding lowers baby's risk of having asthma or allergies. They have fewer ear infections, respiratory illnesses, and bouts of diarrhea.

Performance in childhood intelligence tests is better in children who have been breast-fed compared with those who have been bottle-fed. It is thought that breast-feeding enhances the bonding process between baby and mother. The physical closeness, skin-to-skin touching,

eye contact all that help baby bond with mother and feel secure. Breastfed infants are more likely to gain the right amount of weight as they grow. As per AAP, breastfeeding also plays a role in the prevention of sudden infant death syndrome (SIDS) - also known as cot death. It's been thought to lower the risk of diabetes, obesity, and certain cancers as well, but more research is needed.

Breast-fed babies are much less likely to become constipated. They also tend to be less fussy when it comes to new foods at weaning. Breast milk appears to help loosen a newborn baby's mucus. It also acts as a laxative and helps with the passage of the first poo (stools). Evidence from research studies shows that Obesity and overweight, Eczema, Type 2 diabetes, Asthma are less common in those who had been breast-fed compared with those who had not.

Even in partially breast-fed babies and in those who are breast-fed for a shorter time, there is a reduction in the risk of developing the above diseases.

Advantages to mother's health

There is good evidence that, on average, Breast cancer, ovarian cancer, Type 2 diabetes and postnatal depression are less common in women who have breast-fed one or more babies compared with those who have never breast-fed. It burns extra calories, so it helps to lose pregnancy weight faster. It releases the hormone oxytocin, which helps uterus return to its pre-pregnancy size and may reduce uterine bleeding after birth. It may lower risk of osteoporosis, too.

Medical Considerations with Breastfeeding

In a few situations, breastfeeding could cause harm to baby. Breastfeeding should not be done if the mother:

- Is HIV positive. The HIV virus can pass to infant through breast milk.
- Has active, untreated tuberculosis.
- Is receiving chemotherapy for cancer.
- Is using an illegal drug, such as cocaine or marijuana.
- Is taking certain prescription medications, such as drugs for migraine headaches, Parkinson's disease, or arthritis

Mother should not prevent baby from breastfeeding if she has cold or flu because it won't give baby the illness rather it may give antibodies to baby to help fight off the illness.

But Breast feeding should be stopped if baby has a rare condition called galactosemia and cannot tolerate the

natural sugar, called galactose, in breast milk.

Some Common Challenges with Breastfeeding

- Sore nipples. some soreness in nipple is expected in the first weeks of breastfeeding. Keeping nipples dry and letting them "air dry" between feedings helps, too.
- Dry, cracked nipples. Avoid soaps, perfumed creams, or lotions with alcohol in them, which can make nipples even more dry and cracked.
- Worries about producing enough milk. A general rule of thumb is that a baby who's wetting six to eight diapers a day is most likely getting enough milk. Good nutrition, plenty of rest and staying well hydrated help to produce enough milk.
- Inverted nipples. An inverted nipple doesn't poke forward when the areola (dark skin around the nipple) is pinched. A specialist in breastfeeding education can give simple tips that have allowed women with inverted nipples to breastfeed successfully.
- Breast engorgement. Breast fullness is natural and healthy. It happens as breasts become full of milk, staying soft and pliable. But breast engorgement means the blood vessels in breast have become congested. This traps fluid in breasts and makes them feel hard, painful, and swollen.
- Blocked ducts. A single sore spot on breast, which may be red and hot, can signal a plugged milk duct. This can often be relieved by warm compresses and gentle massage over the area to release the blockage. More frequent nursing can also help.
- Breast infection (mastitis). This occasionally results when bacteria enter the breast, often through a cracked nipple after breastfeeding.
- Stress. Being overly anxious or stressed can interfere with body's natural release of milk into the milk ducts.
- Premature babies may not be able to breastfeed right away. In some cases, mothers can release breast milk and feed it through a bottle or feeding tube.
- Warning signs. Breastfeeding is a natural, healthy process. But consultation of doctor is necessary if:
 - ♦ Breasts become unusually red, swollen, hard, or sore.
 - ♦ There is unusual discharge or bleeding from nipples.
 - ♦ Baby isn't gaining weight or getting enough milk.

Tramino

Anju Sharma, PDO

Brand Name: Tramino

Generic Name: Tramadol HCL + Acetaminophen

Strength: Tramadol 37.5 mg + Acetaminophen 325 mg

Therapeutic Category: Analgesic

Tramadol is an opioid analgesic where as acetaminophen is a non-opioid analgesic. Acetaminophen is a less potent pain reliever that increases the effects of Tramadol. When used together, the combination provides better pain relief than either medicine used alone.

The bioavailability reaches approximately 90%. The oral absorption of paracetamol is rapid and takes place mainly in the small intestine.

TRAMINO can be taken independent of meal time.

Distribution: The binding of tramadol to human plasma proteins is approximately 20%.

A relative small portion (~20%) of acetaminophen is bound to plasma protein.

treatment of chronic cancer pain, with frequent dose evaluation and mild side effects.

Mater Sociomed. 2015 Feb; 27(1): 42-47

Tramadol/Acetaminophen combination in post operative pain

Tramadol/paracetamol combination tablets provided comparable analgesic efficacy with a better safety profile to tramadol capsules in patients experiencing postoperative pain following hand surgery

Journal of Pain Research 2011;4 103-110

Tramadol/Acetaminophen combination in orthopedic pain

In patients with lower back pain, there was equal efficacy but a significantly lower overall incidence of adverse events in the combination group than in the tramadol monotherapy group (50.8% vs. 73.3%)

Perrot S, Krause K, Crozes P, et al. Clin Ther 2006; 28:1592-1606

Tramadol/Acetaminophen combination in Fibromyalgia

A Tramadol/acetaminophen combination tablet was effective for the treatment of fibromyalgia pain without any serious adverse effects.

2003 May;114(7):537-45

Safety profile of TRAMINO

In patients with dental pain; The overall incidence of adverse events was 54% with Tramadol/acetaminophen and 64% with Tramadol alone. There was also a significantly lower incidence of nausea in the combination group than in the Tramadol alone group (33% vs. 46%)

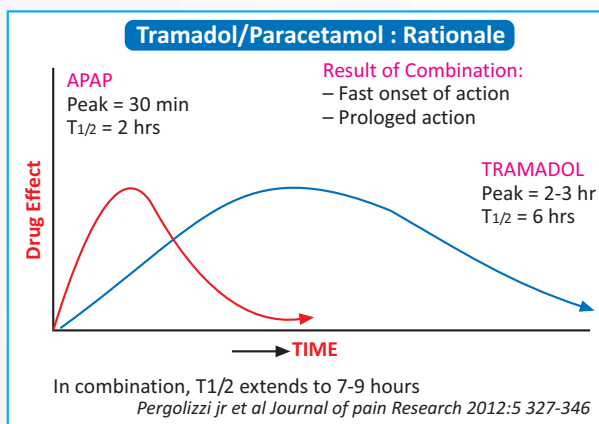
Pain 2004;109:250- 257

Comparison of Tramadol/Acetaminophen with other combinations

Tramadol/Acetaminophen Vs Codeine/Acetaminophen

The study suggest that tramadol/APAP tablets (37.5 mg/325 mg) are as effective as codeine/ APAP capsules (30 mg/300 mg) in the treatment of chronic low back pain and OA pain and are better tolerated.

Clin Ther. 2001 Sep;23(9):1429-45



Metabolism: Tramadol is extensively metabolized. 60% of the dose is excreted as metabolites. Acetaminophen is primarily metabolized in the liver.

Elimination: Tramadol and the metabolites are eliminated primarily by the kidneys.

Pharmacodynamic

Tramadol is a centrally acting opioid analgesic showing dual mode of action. Tramadol alleviates the pain by binding with the μ receptor resulting a complex series of neuronal interactions and finally raising the threshold of the pain.

Tramadol also possess spinal pain inhibitory system. It exerts the analgesic activity via pain descending inhibitory system. Activation of the inhibitory neurons relates to release of nor-epinephrine and serotonin, thus increasing the concentration of these neurotransmitters in the synaptic cleft due to which the transmission of the pain message is stopped.

Paracetamol blocks the cyclooxygenase in the brain and hence blocks the formation and release of prostaglandins (PGE) in the central nervous system.

Pharmacokinetics

Absorption: Tramadol is rapidly absorbed after oral administration.

Indication

For symptomatic treatment of moderate to severe pain

- Cancer pain
- Dental pain
- Post operative pain
- Orthopedic pain
- Neuralgia

Dosage

An initial dose of 1-2 tablets of TRAMINO is recommended. Additional doses can be taken as needed, not exceeding 8 tablets per day. The dosing interval should not be less than six hours. TRAMINO should not be administered for longer than needed.

Pregnancy Category

Category C

Clinical findings

Tramadol/Acetaminophen combination in Cancer pain

Fixed combination of Tramadol and acetaminophen can be used as an effective combination in the

Hand and Reconstructive Microsurgery

Hand surgery is a super specialty which deals with the upper extremity from hand to shoulder. It is an amazing field which incorporates the techniques from orthopaedics, plastic surgery, general surgery, neurosurgery vascular and microvascular surgery. The dimension of hand surgery includes hand fracture fixation and reconstruction tendon repairs and transfers, post traumatic reconstruction of hand, arthroscopy of wrist and hand, arthroplasty of joints around the hand, wrist and elbows, congenital defect of upper limb, rheumatoid deformities, cerebral palsy and tetraplegic hands. It also includes microsurgical reattachment of amputated digits and limbs, microsurgical reconstruction of soft tissues and bone, nerve reconstruction.

Hand is crucial in performing all the activity of daily living from brushing, feeding, clothing to toileting. It is used for sensation, communication, expressions and also for cosmesis. Hand is a very specialized part of the body which has a very integrated anatomy. Every tissue (bone, ligaments, tendons, vessels, nerves) needs specialized consideration and needs orthopedic, plastic/reconstructive and microsurgery expertise. It needs a long therapy and rehabilitation program synchronized between the surgeon and the therapist for the successful outcome. That's why hand surgery has developed as a separate specialty in many parts of the world. Countries like Singapore, Sweden and Finland has separate residency program in hand surgery where the residents are trained to become hand surgeons in 5 to 6 years.

Hand surgeons are orthopaedic surgeon, plastic surgeon or general surgeon who has received a specialised training in hand surgery. As of now, only a handful of surgeons in Nepal are trained in hand surgery. Most of them often practice individually in their primary specialty as a general orthopedic or plastic or reconstructive surgeon. Furthermore, after surgical management the injured hand needs a long time to rehabilitate. There are very few rehabilitation therapists for this purpose. In addition, most tertiary and quaternary centres do not have setup for hand surgery. As a result, most hand injuries often lead to disabilities or amputations when a majority of them can be salvaged and made functional.

Hand injuries are very common and ever increasing in number in Nepal. Hand injuries are by and large due to road traffic accident, occupational injury, farmyard injuries, domestic injuries etc. As road traffic accident is becoming epidemic, so is the number of trauma. While exact statistics on hand injuries in our country is not available, we did a retrospective study of the patients presented to the emergency department of B&B hospital since last 10 years (2005-2015) from the database entry in computer. The total number of patients presented were 33207 out of which hand injury constituted about 9.5% (n=3153). We believe this number is still underrated as minor hand injuries must have not been recorded or identified in a case of polytrauma or multiple trauma at emergency. The table below shows the breakdown of the most common condition of hand injuries presented during the duration.

Diagnosis	No of cases	%
Fractures	1820	57.7%
Cut injury of hand	406	12.9%
Crush injury of hand	409	13%
Laceration	138	4.4%
Nail bed injury	120	3.8%
Tendon Injuries	111	3.5%
Amputation	101	3.2%
Burn	48	1.5%

Hand injury has major influence on the quality of life if not treated promptly and adequately. Suboptimal management of these injuries can result in persistent pain, excessive tenderness, abnormal sensation, disfigurement, joint stiffness and reduced grip strength.

Treatment of hand injury is important socially and economically. Often the injured patient is the breadwinner of the family. Their injury and subsequent under-treatment or non-



Dr Shilu Shrestha

Const. Hand and Orthopaedic surgeon
Hospital and Rehabilitation Centre for Disabled Children (HRDC) and B&B Hospital

treatment affects their whole family and has a ripple effect in the industries they work in. As the concept of worker's compensation and medical insurance is not available in our country, it is imperative that the patient gets the most appropriate treatment in the first hand.

In a paper published in JBJS 2012, de putter et al (see Table below) outline the economic impact of Hand and Wrist Injuries in a population based study. The health-care cost for hand and wrist injuries is second to hip fractures. Interestingly, the overall cost (healthcare and productivity) is the highest with Hand and wrist injuries. This is because the overall productivity cost is highest in hand and wrist injuries as these injuries happen mostly to the working people of productive age group. What is striking is that the hand and wrist injuries are very common. And these injuries cause long absenteeism from work because of long term rehabilitation. We can imagine that hand injuries would be similar in case of Nepal too. In light of this, this study highlights the importance of hand surgery service for the developing nation like ours.

So it's high time that hand surgery develops as a specialty in Nepal so that the people of Nepal get a comprehensive facility and get better treatment and outcome.

Table II Health-care and productivity costs of the most Expensive Injury Types in 2007

	No. of Injuries* (thousands)	Cases (Per 100,000)	Health-Care Costs + (millions)	Health Care Costs per Case +	Productivity Costs + (millions)	Productivity Costs per Case +	Total Costs + (millions)
Hand and wrist injuries	260	1575	329	1265	411	1580	740
Knee and lower leg fractures	66	400	233	3530	329	4985	562
Hip fractures	15	90	480	32,000	52	3465	532
Superficial injury	32	200	136	4250	219	6845	355
Other	277	1700	988	3570	801	2890	1789
All injuries	920	5600	2467	2680	1919	2086	4386

Laparoscopic or Key Hole Surgery

Laparoscopy

Laparoscopy is a procedure to look inside the abdomen by using a high definition, thin telescope called laparoscope. It is used to light up and magnify the structures inside the abdomen. A laparoscope is passed into the abdomen through a small incision in the abdomen. A Laparoscopy may be done to find the cause of symptoms such as infertility or abdominal/pelvic pain. Or, it may be done if a previous test such as an X-ray or ultrasound scan has identified a problem within the abdomen or pelvis.



A laparoscopy enables a doctor to see clearly inside the abdomen and perform the treatment at the same time in many cases.

In addition to simply looking inside, a doctor can use fine instruments, which are passed into the abdomen through small incisions in the abdomen and perform the required operation accordingly.

Laparoscopic surgery or keyhole surgery has several advantages over traditional open surgery.

Advantages

1. Trauma to the skin and muscles is reduced
2. Less abdominal incision along with less scar
3. Less post-operative pain hence less use of postoperative pain medications
4. Less blood loss hence less chances of blood transfusion
5. Shorter hospital stay, and a quicker and better recovery period hence quicker resumption of their normal activities

Indications of Hysterectomy

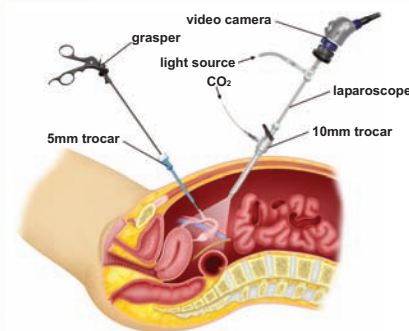
1. Fibroids
2. Adenomyosis
3. Abnormal uterine bleeding like Menorrhagia (heavy menstruations causing anemia) and Metrorrhagia (blood loss between menstruations)
4. Ovarian cyst removal



5. Surgery for endometriosis (removal of endometrioma, ablation of endometriotic spots)
6. Tubal ligation (surgical contraception)
7. Treating ectopic pregnancy
8. Fertility enhancing surgeries like releasing adhesions, removal of blocks in the fallopian tube
9. Polycystic ovarian drilling
10. Cervical cancer
11. Endometrial cancer
12. Ovarian Cancer

Sharing My View Comparing with the View of World

There is a revolution taking place in the modern practice of medicine particularly in the field of surgery.



Dr. Rangina Laikangbam
Obsterician & Gyanaecologist/
Gynae Endoscopic & Laparoscopic surgen
Alka Hospital

This surgical revolution has evolved out of the so-called "information age" of the late 20th century and early 21st century.

The current trend in surgery toward minimally invasive and noninvasive therapeutic procedures is another result of newer technologies generated by information science.

Are the Nepalese Populations aware of these advantages going around the world?

We are trying to serve our population with the newest technologies going around the world which our women are reluctant to accept. It may be due to poor counseling or lack of knowledge about the technology.

We are trying to develop our country too with the newest technologies by taking various trainings from our neighbor country.

Seeing the advances of neighbor countries like India, Pakistan & other neighboring countries we are lacking far behind.

Are we only responsible for this lack? I doubt because our population are also lacking behind of these awareness. So this is my little contribution towards making "NAYA NEPAL OF MEDICAL TECHNOLOGIES"

*Wake Up, its
Time to Say Goodbye to Open
Surgeries*

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Orthopedic Consultant, Ktm

Dr. Jebina Lama
Dermatologist, KTM

Laryngopharyngeal Reflux (LPR) A Distinct Entity in Medical Practise

Introduction

Laryngopharyngeal Reflux (LPR) is the retrograde movement of gastric contents (acid and enzymes, such as pepsin) into laryngopharynx leading to symptoms referable to the larynx, hypopharynx and nasopharynx. Although these symptoms were previously thought to constitute the spectrum of GERD, laryngopharyngeal reflux (LPR) is today thought to be a distinct entity and should be managed differently. The American Academy of Otolaryngology – Head and Neck Surgery adopted the name “Laryngopharyngeal Reflux” only in 2002.

Etiopathogenesis

Two hypotheses exist about how gastric acid precipitates extraesophageal pathologic response. The first hypothesis states direct acid-pepsin injury to the larynx and surrounding tissues. The second hypothesis suggests that acid in the distal esophagus stimulates vagal-mediated reflexes that result in bronchoconstriction and chronic throat clearing and coughing, eventually leading to mucosal lesions.

The delicate ciliated epithelium of the respiratory tract is sensitive to damage when these mechanisms fail. Dysfunction in the cilia leads to mucus stasis. The accumulation of mucus produces sensations that provoke chronic throat clearing. Direct irritation of the upper airway by gastric refluxate can cause laryngospasm, producing symptoms of chronic coughing and choking. The combination of direct injury by reflux and symptoms such as chronic laryngospasm and throat clearing can lead to vocal cord edema, contact ulcers, and granulomas that cause other LPR-associated symptoms such as hoarseness, globus pharyngeus, and sore throat.

Clinical Features

Patients suffering from Laryngopharyngeal reflux are often frustrated a lot after multiple visits to the doctors of various departments in many places & centers (Doctor’s Hopping) that has yielded no diagnosis and several course of antibiotics and antihistamines has been tried repeatedly.

Symptoms of laryngopharyngeal reflux are more prevalent in patients with esophageal adenocarcinoma (EAC) than typical GERD symptoms and may represent the only sign of disease. Chronic cough is an independent risk factor associated with the presence of EAC. Therefore, laryngopharyngeal reflux (LPR)

symptoms should be assessed in the screening for esophageal cancers and Barrett esophagus. Laryngopharyngeal reflux (LPR) may be a significant risk factor for the development of EAC. Chronic laryngopharyngeal reflux (LPR) is a risk factor for symptomatic subglottic stenosis, laryngeal malacia, laryngeal stenosis, and laryngeal carcinoma.

Race: No particular racial predilection reported.

Sex: A slightly higher prevalence in males than females may exist (55% vs 45%).

Age: The percentage of patients with GERD who are older than 44 years appears to be slowly growing.

The most common symptoms used by ENT physicians to diagnose GERD-related laryngitis or laryngopharyngeal reflux (LPR) included globus, throat clearing, cough, and hoarseness; sore throat and dysphagia are less useful. The typical symptoms of laryngopharyngeal reflux (LPR), as listed above can be caused by chronic irritation of the vocal cords due to overuse (professional voice users), smoking, alcohol, infection, and allergies and other environmental irritants. This calls for a need of high awareness amongst the medical professionals as such symptoms are usually discarded by many physicians as being “supra tentorial or depressive illness”

Supraesophageal Symptoms:

- ❖ Globus, A history of persistent throat clearing
- ❖ Chronic cough
- ❖ Halitosis
- ❖ Recurrent or persistent hoarseness, especially in the morning

Esophageal Symptoms:

- ❖ Regurgitation
- ❖ Heartburn
- ❖ Other classic GERD-related history findings include patient symptoms related to the intake of tomato-based and/or spicy foods.



Dr. Bivek Aryal

ENT Surgeon

Bharatpur Hospital, Chitwan

Differential Diagnosis

- ❖ Acute Laryngitis
- ❖ Functional Voice Disorders
- ❖ Infectious or Allergic Chronic Laryngitis
- ❖ Laryngeal Manifestations of Stroke
- ❖ Laryngeal Stenosis
- ❖ Malignant Tumors of the Larynx
- ❖ Malignant Tumors of the Postcricoid Area

Diagnosis

Barium Esophagography

A demonstration of a structural abnormality on barium contrast esophagography may supply useful clues to the presence of GERD (eg, the presence of hiatal hernia or distal esophageal narrowing or stricture). The former finding may be a clue; the latter is evidence of damage secondary to GERD.

Laryngoscopy

The laryngoscopic examination with more commonly used flexible laryngoscopy (or 70 degree Rigid Endoscope) is the primary procedure for diagnosing laryngopharyngeal reflux (LPR). As stated above, several signs of posterior laryngeal irritation are usually seen, with edema and erythema being the most useful for diagnosis. Pseudosulcus vocalis is also thought to be somewhat specific for laryngopharyngeal reflux (LPR).

Belfasky et al (2002) developed an 8-item clinical severity scale to document laryngopharyngeal reflux (LPR) findings during fiberoptic laryngoscopy, which are quantified as the Reflux Finding Score (RFS)

Laryngoscopic Findings	Ordinal Scale
Infraglottic Oedema (Pseudosulcus)	0= Absent, 2= Present
Ventricular Obliteration	0= None, 2= Partial, 4= None
Erythema/Hyperemia	0= None, 2= Arytenoid only, 4= Diffuse
Vocal Fold Oedema	0= None, 1= Mild, 2= Moderate, 3= Severe, 4= Polypoid
Diffuse Laryngeal Oedema	0= None, 1= Mild, 2= Moderate, 3= Severe, 4= Obstructing
Posterior Commissure Hypertrophy	0= None, 1= Mild, 2= Moderate, 3= Severe, 4= Obstructing
Granuloma/Granulation	0= Absent, 2= Present
Thick Endolaryngeal Mucus	0= Absent, 2= Present

The RFS range from 0 to 26 and RFS>7 predict 95% certainty in patients with LPR.

Endoscopic examination of the esophagus

Demonstrating signs of esophageal inflammation at endoscopic examination does not incriminate GERD as the possible etiology in a supraesophageal disorder. However, it does help to build a possible scenario for the role of acid reflux and alerts the clinician to a possible explanation for the patient's problems.

Ambulatory 24-hour pharyngoesophageal pH monitoring

Ambulatory pharyngoesophageal pH monitoring was once considered the criterion standard for diagnosing refluxes. However, this diagnostic modality is less sensitive in those with extraesophageal manifestations of GERD such as reflux laryngitis. Studies have shown that the distal, proximal and hypopharyngeal pH monitoring are only 70%, 50%, and 40% sensitive in detecting reflux. Recent data suggest that abnormal findings of pH monitoring do not predict response to therapy.

Management

Medical Management

Because of reservations regarding specificity of the laryngoscopic examination, many physicians have opted to begin a trial of empiric therapy.

Four categories of drugs are used in treating laryngopharyngeal reflux (LPR):

1. Proton pump inhibitors (PPIs): PPIs appear to be effective, higher doses for a longer duration (3 to 6 months)

is necessary as compared with esophageal GERD disease. Acid reflux events are decreased by greater than 80%, and healing of esophagitis is reported in 80-90% of patients.

2. H2-receptor agonists
3. Prokinetic agents, and
4. Mucosal cryoprotectants

Surgical Management

The apparent advantage of operative therapy is that it corrects the antireflux barrier at the gastroesophageal junction and prevents the reflux of most stomach contents, thus preventing acid and nonacidic material from coming in contact with the pharyngolaryngeal mucosa. Fundoplication surgery is championed as the treatment of choice, particularly for the young patient with significant GERD who faces a lifetime of medical treatment with a potentially negative impact on lifestyle.

Life Modification

- ❖ Patient and patient parties should be counseled about the condition

- ❖ and avoid the stress and fear of cancer in throat
- ❖ Lose weight if overweight (Maintain BMI)
- ❖ Elevate the head of the bed 4-6 inches.
- ❖ Avoid tight clothing.
- ❖ Stop smoking
- ❖ Decrease the size of portions at mealtimes.
- ❖ Meals should be eaten 2-3 hours before lying down.
- ❖ Avoid food and beverages that affect the LES muscle action (eg, fried or fatty foods, chocolate, peppermint, alcohol, coffee, carbonated beverages, citrus fruits or juices, tomato sauce, ketchup, mustard, vinegar).
- ❖ Eat at a slower pace to reduce aerophagy.
- ❖ Voice therapy for professional voice users
- ❖ Patients with concurrent deglutitive abnormalities benefit from specifically targeted interventions (eg, swallowing therapy by a speech-language pathologist).

A Win-Win PPI Against PUD




Rabepra


Rabeprazole 20mg enteric coated pellets filled capsules

Piano, Cardie, Charcoal, TRAMINOL, TIME

BRAIN TEASER

1. What has many keys but can't even open a right door?
2. Tall I am young, short I am old, while with life I glow, wind is my foe. What am I ?
3. What is black when you buy it, red when you use it, and gray when you throw it away.
4. Recently launched acetamenophin & tramadol of TIME Pharma.
5. Mountains will crumbles & temples will fall, and no man can survive its' endless call. What is it?





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MD, Medicine



Dr. Shisir Lakhey
Orthopedic Surgeon



Mr. Hari Dutta Subedi
CMA, Narayangarh

TIME Pharmaceuticals (P) Ltd. welcomes your comments/suggestions/inputs for coming issue of this bulletin.

Last date of "Brain Teaser" answers Submission : 6th Sept 2017

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