

DENGUE

Symptoms of dengue: Belly pain, tenderness, vomiting (at least 3 times in 24 hours), Bleeding from the nose or gums, vomiting blood, or blood in the stool, Feeling tired, restless, or irritable, Nausea, vomiting, Rash, Aches and pains (eye pain, typically behind the eyes, muscle, joint, or bone pain)

Treatment/Medication of dengue: Rest as much as possible. Take paracetamol to control fever and relieve pain. Do not take aspirin or ibuprofen! Drink plenty of fluids to stay hydrated. Drink water or drinks with added electrolytes.

Tests required if any of dengue: Go for dengue fever test at the nearest lab as soon as possible.

TYPHOID

Symptoms: a persistent high temperature that gradually increases each day, a headache, general aches and pains, extreme tiredness (fatigue), a cough, constipation. Later, as the infection progresses you may lose your appetite, feel sick and have a tummy ache and diarrhea. Some people may develop a rash.

Treatment/Medication: If typhoid fever is diagnosed in its early stages, a course of antibiotic tablets may be prescribed for you. Most people need to take these for 7 to 14 days. Some strains of the Salmonella typhi bacteria that because typhoid fever has developed a resistance to one or more types of antibiotics.

Tests required if any: Go for Widal Test at the nearest lab

CHICKEN POX

Symptoms: Fever, Loss of appetite, Headache, Tiredness and a general feeling of being unwell. Raised bumps called papules, which break out over a few days. Small fluid-filled blisters called vesicles, which form in about one day and then break and leak. Crusts and scabs, which cover the broken blisters and take a few more days to heal.

Treatment/Medication: In otherwise healthy children, chickenpox often needs no medical treatment. Some children may be able to take a type of medicine called an antihistamine to calm itching. But for the most part, the disease just needs to run its course.

Tests required if any: No tests required

MALARIA

Symptoms: Fever, Chills, General feeling of discomfort, Headache, Nausea and vomiting, Diarrhea, Abdominal pain, Muscle or joint pain, Fatigue, Rapid breathing, Rapid heart rate, Cough,

Treatment/Medication: The most common antimalarial drugs include: Chloroquine phosphate. Chloroquine is the preferred treatment for any parasite that is sensitive to the drug. But in many parts of the world, parasites are resistant to chloroquine, and the drug is no longer an effective treatment. Artemisinin-based combination therapies (ACTs). artemisinin-based combination therapy (ACT) is a combination of two or more drugs that work against the malaria parasite in different ways. Examples include artemether-lumefantrine (Coartem) and artesunate-mefloquine.

Other common antimalarial drugs include:

Atovaquone-proguanil (Malarone)

Quinine sulfate (Qualaquin) with doxycycline (Oracea, Vibramycin, others)

Primaquine phosphate

Tests required if any: Go for a PCR test at the nearest lab

JAUNDICE

Symptoms: Fever. Chills, Abdominal pain, Flu-like symptoms, Change in skin color, Dark-colored urine and/or clay-colored stool.

Treatment/Medication: cholestyramine or colestipol

Tests required if any: Urinalysis (urine testing) that's positive for bilirubin shows that the patient has conjugated jaundice. The findings of urinalysis should be confirmed by serum testing. The serum testing will include a complete blood count (CBC) and bilirubin levels. Ultrasonography and computer tomographic (CT) scanning and liver biopsy (taking a sample of the liver) to further confirm diagnosis.

MIGRAINE

Symptoms: Constipation, Mood changes, from depression to euphoria, Food cravings, Neck stiffness, Increased urination, Fluid retention, Frequent yawning.

Treatment/Medication: Pain relievers. These over-the-counter or prescription pain relievers include aspirin or ibuprofen (Advil, Motrin IB, others). When taken too long, these might cause medication-overuse headaches, and possibly ulcers and bleeding in the gastrointestinal tract.

Migraine relief medications that combine caffeine, aspirin and acetaminophen (Excedrin Migraine) may be helpful, but usually only against mild migraine pain.

Triptans. Prescription drugs such as sumatriptan (Imitrex, Tosymra) and rizatriptan (Maxalt, Maxalt-MLT) are used to treat migraine because they block pain pathways in the brain. Taken as pills, shots or nasal sprays, they can relieve many symptoms of migraine. They might not be safe for those at risk of a stroke or heart attack.

Dihydroergotamine (Migranal, Trudhesa). Available as a nasal spray or injection, this drug is most effective when taken shortly after the start of migraine symptoms for migraines that tend to last longer than 24 hours. Side effects can include worsening of migraine-related vomiting and nausea.

People with coronary artery disease, high blood pressure, or kidney or liver disease should avoid dihydroergotamine.

Lasmiditan (Reyvow). This newer oral tablet is approved for the treatment of migraine with or without aura. In drug trials, lasmiditan significantly improved headache pain. Lasmiditan can have a sedative effect and cause dizziness, so people taking it are advised not to drive or operate machinery for at least eight hours.

Tests required if any: An MRI scan. A magnetic resonance imaging (MRI) scan uses a powerful magnetic field and radio waves to produce detailed images of the brain and blood vessels. MRI scans help diagnose tumors, strokes, bleeding in the brain, infections, and other brain and nervous system, known as neurological, conditions.

A CT scan. A computerized tomography (CT) scan uses a series of X-rays to create detailed cross-sectional images of the brain. This helps diagnose tumors, infections, brain damage, bleeding in the brain and other possible medical problems that may be causing headaches.

HYPERTENSION

Symptoms: Most people with high blood pressure have no symptoms, even if blood pressure readings reach dangerously high levels. You can have high blood pressure for years without any symptoms.

Headaches, Shortness of breath, Nosebleeds

Treatment/Medication:

Ambulatory monitoring. A longer blood pressure monitoring test may be done to check blood pressure at regular times over six or 24 hours. This is called ambulatory blood pressure monitoring. However, the devices used for the test aren't available in all medical centers. Check with your insurer to see if ambulatory blood pressure monitoring is a covered service.

Lab tests. Blood and urine tests are done to check for conditions that can cause or worsen high blood pressure. For example, tests are done to check your cholesterol and blood sugar levels. You may also have lab tests to check your kidney, liver and thyroid function.

Electrocardiogram (ECG or EKG). This quick and painless test measures the heart's electrical activity. It can tell how fast or how slow the heart is beating. During an electrocardiogram (ECG), sensors called electrodes are attached to the chest and sometimes to the arms or legs. Wires connect the sensors to a machine, which prints or displays results.

Echocardiogram. This noninvasive exam uses sound waves to create detailed images of the beating heart. It shows how blood moves through the heart and heart valves.

Tests required if any:

Alpha blockers. These medicines reduce nerve signals to blood vessels. They help lower the effects of natural chemicals that narrow blood vessels. Alpha blockers include doxazosin (Cardura), prazosin (Minipress) and others.

Alpha-beta blockers. Alpha-beta blockers block nerve signals to blood vessels and slow the heartbeat. They reduce the amount of blood that must be pumped through the vessels. Alpha-beta blockers include carvedilol (Coreg) and labetalol (Trandate).

Beta blockers. These medicines reduce the workload on the heart and widen the blood vessels. This helps the heart beat slower and with less force. Beta blockers include atenolol (Tenormin), metoprolol (Lopressor, Toprol-XL, Kaspargo sprinkle) and others.

Beta blockers aren't usually recommended as the only medicine prescribed. They may work best when combined with other blood pressure drugs.

Aldosterone antagonists. These drugs may be used to treat resistant hypertension. They block the effect of a natural chemical that can lead to salt and fluid buildup in the body. Examples are spironolactone (Aldactone) and eplerenone (Inspra).

Renin inhibitors. Aliskiren (Tekturna) slows the production of renin, an enzyme produced by the kidneys that starts a chain of chemical steps that increases blood pressure.

Due to a risk of serious complications, including stroke, you shouldn't take aliskiren with ACE inhibitors or ARBs.

Vasodilators. These medicines stop the muscles in the artery walls from tightening. This prevents the arteries from narrowing. Examples include hydralazine and minoxidil.

Central-acting agents. These medicines prevent the brain from telling the nervous system to increase the heart rate and narrow the blood vessels. Examples include clonidine (Catapres, Kapvay), guanfacine (Intuniv) and methyldopa.

ASTHMA

Symptoms:

Shortness of breath, Chest tightness or pain, Wheezing when exhaling, which is a common sign of asthma in children, Trouble sleeping caused by shortness of breath, coughing or wheezing, Coughing or wheezing attacks that are worsened by a respiratory virus, such as a cold or the flu

Treatment/Medication:

Inhaled corticosteroids. These medications include fluticasone propionate (Flovent HFA, Flovent Diskus, Xhance), budesonide (Pulmicort Flexhaler, Pulmicort Respules, Rhinocort), ciclesonide (Alvesco), beclomethasone (Qvar Redihaler), mometasone (Asmanex HFA, Asmanex Twisthaler) and fluticasone furoate (Arnuity Ellipta).

You may need to use these medications for several days to weeks before they reach their maximum benefit. Unlike oral corticosteroids, inhaled corticosteroids have a relatively low risk of serious side effects.

Leukotriene modifiers. These oral medications — including montelukast (Singulair), zafirlukast (Accolate) and zileuton (Zyflo) — help relieve asthma symptoms.

Montelukast has been linked to psychological reactions, such as agitation, aggression, hallucinations, depression and suicidal thinking. Seek medical advice right away if you experience any of these reactions.

Combination inhalers. These medications — such as fluticasone-salmeterol (Advair HFA, Airduo Digihaler, others), budesonide-formoterol (Symbicort), formoterol-mometasone (Dulera) and fluticasone furoate-vilanterol (Breo Ellipta) — contain a long-acting beta agonist along with a corticosteroid.

Theophylline. Theophylline (Theo-24, Elixophyllin, Theochron) is a daily pill that helps keep the airways open by relaxing the muscles around the airways. It's not used as often as other asthma medications and requires regular blood tests.

Tests required if any:

Methacholine challenge. Methacholine is a known asthma trigger. When inhaled, it will cause your airways to narrow slightly. If you react to the methacholine, you likely have asthma. This test may be used even if your initial lung function test is normal.

Imaging tests. A chest X-ray can help identify any structural abnormalities or diseases (such as infection) that can cause or aggravate breathing problems.

Allergy testing. Allergy tests can be performed by a skin test or blood test. They tell you if you're allergic to pets, dust, mold or pollen. If allergy triggers are identified, your doctor may recommend allergy shots.

Nitric oxide test. This test measures the amount of the gas nitric oxide in your breath. When your airways are inflamed — a sign of asthma — you may have higher than normal nitric oxide levels. This test isn't widely available.

Sputum eosinophils. This test looks for certain white blood cells (eosinophils) in the mixture of saliva and mucus (sputum) you discharge during coughing. Eosinophils are present when symptoms develop and become visible when stained with a rose-colored dye.

Provocative testing for exercise and cold-induced asthma. In these tests, your doctor measures your airway obstruction before and after you perform vigorous physical activity or take several breaths of cold air.

FUNGAL INFECTION

Symptoms:

Itching, soreness, redness or rash in the affected area, Discolored, thick or cracked nails, Pain while eating, loss of taste or white patches in mouth or throat, A painless lump under your skin. Itchy or scaly skin.

Treatment/Medication:

Antifungal drugs, clotrimazole (Canesten), econazole, Miconazole, terbinafine (Lamisil), fluconazole (Diflucan), ketoconazole (Daktarin), nystatin (Nystan), amphotericin.

Tests required if any:

For a fungal skin infection, your physician may take a scraping of your skin, a hair sample or a nail clipping for analysis at a lab to determine the type of fungus causing the infection.