A plant-based diet can lower fatigue, and mood swings and help in managing weight and cholesterol levels. Intake of food rich in omega-3 fatty acids including fish oil supplements, walnuts, and flax seeds has been found to reduce the relapse and inflammation rate and improve the quality of life for individuals living with MS. Taking enough fiber and drinking adequate water can help ease constipation, which further reduces gut inflammation and helps in fighting MS.

Talk to a Counselor Counseling is a type of therapy that helps people manage emotions and understand thoughts and behaviors. It plays an important part in the management of MS patients Coping with stress Managing depression and anxiety Improving communication with loved ones

Take care of your emotional and mental well being Engaging in activities that are mentally stimulating contributes to personal growth that helps the mind to stay active, alert, and engaged even in the face of aging or changes caused by MS. Staying connected to feelings, priorities, and values can help calm emotional turmoil by eliminating unnecessary stressors. Relationships and bonding can provide support and opportunities for shared goals and problem-solving. Positive relationships reduce feelings of isolation and promote a sense of emotional well-being in everyday life.

Meditation can be amazing for your soul and body. Read how meditation can improve your life. Tap Here Join Support groups Support groups can help a person to connect with other patients and caregivers and establish a valuable network for exchanging ideas, giving motivation and encouragement. This gives a sense of well-being to the individual having the disease and that you are not alone in this.  
Celebs affected Selma Blair Actress Selma Blair announced her MS diagnosis in an Instagram post in 2018. A combination of chemotherapy and a stem cell transplant had put her MS into remission. Key Facts Usually seen in Individuals between 20- 40s years of age. Gender affected Both men and women but more common in women Body part(s) involved Brain Spinal cord Nerves Prevalence Worldwide: 2.5 million (2019) India: 2.3 million (2013) Mimicking Conditions Systemic Lupus Erythematosus Myasthenia Gravis Syphilis Lyme disease Vitamin B12 deficiency Necessary health tests/imaging History and physical examination Blood tests Imaging tests Magnetic Resonance Imaging, Lumbar Puncture Evoked Potential Tests Treatment Oral medication Corticosteroids:Methylprednisolone, Prednisone Dimethyl fumarate Fingolimod Diroximel fumarate Ponesimod Injectables Interferon beta Mitoxantrone Treating specific MS symptoms Infusion treatments Natalizumab Ocrelizumab See All References Ghasemi N, Razavi S, Nikzad E. Multiple Sclerosis: Pathogenesis, Symptoms, Diagnoses and Cell-Based Therapy. Cell J. 2017 Apr-Jun;19(1):1-10. Hauser SL, Cree BAC. Treatment of Multiple Sclerosis: A Review. Am J Med. 2020 Dec;133(12):1380-1390.e2. Treatment. Multiple Sclerosis.National Health Service. December 2018. Living with. Multiple Sclerosis.National Health Service.December 2018. World Multiple Sclerosis. Day. National Health Portal, India. June 2018. Yadav V, Shinto L, Bourdette D. Complementary and alternative medicine for the treatment of multiple sclerosis. Expert Rev Clin Immunol. 2010 May;6(3):381-95. Walton C, King R, Rechtman L, Kaye W. Rising prevalence of multiple sclerosis worldwide: Insights from the Atlas of MS, third edition. Mult Scler. 2020 Dec;26(14):1816-1821. Multiple Sclerosis. Harvard Health Publishing. April 2015. Dobson R, Giovannoni G. Multiple sclerosis - a review. Eur J Neurol. 2019 Jan;26(1):27-40. Sintzel MB, Rametta M, Reder AT. Vitamin D and Multiple Sclerosis: A Comprehensive Review. Neurol Ther. 2018 Jun;7

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Mumps Also known as Parotitis, Viral parotitis, Infective parotitis and Epidemic parotitis Overview Mumps is a contagious infection caused by a virus known as paramyxovirus. The virus can spread through nasal secretions and saliva. People affected with mumps display symptoms such as headache, fever, tiredness, loss of appetite, and muscle aches. However, swollen parotid and other salivary glands are the hallmark symptom of mumps. This causes a tender and sensitive jaw and puffy cheeks.

Mumps is a self-resolving illness that simply runs its course. Patients are given supportive care treatment to manage symptoms associated with mumps. Rest, painkillers (except aspirin), adequate fluid intake and avoidance of sour and acidic foods help in recovery. Use of warm and cold compresses can provide relief from swollen and tender salivary glands.

The MMR vaccine is the mainstay for preventing the occurrence of mumps. This vaccine protects people against three diseases: measles, mumps, and rubella. This vaccine is safe in nature and works as an extremely effective prevention strategy.

The prognosis for a patient with mumps is good. Most children with mumps recover fully in about 2 weeks. Usually, adults are able to go back to work a week or ten days after being infected with mumps. Complications from mumps are rare, but can be serious, if left untreated. Key Facts Usually seen in Children between 5 to 15 years of age Gender affected Both men and women Body part(s) involved Parotid gland Ears Jaws Testicles Ovaries CNS Mimicking Conditions Viral Flu Influenza Cytomegalovirus infection Epstein Barr virus infection Coxsackievirus Parvovirus B19 Human herpes 6 Bartonella Sjogren’s syndrome Sarcoidosis Miculicz’s syndrome Adenitis Allergic reactions Drug reactions Mastoiditis Measles Myocarditis Paediatric HIV infection Paediatric meningitis Paediatric rubella Necessary health tests/imaging Physical exam Swab/saliva test RT-PCR test IgM test Ig G test CSF analysis Treatment Symptomatic treatment Non-aspirin pain relief medications like acetaminophen or ibuprofen Symptoms Of Mumps

Most children are asymptomatic or demonstrate mild respiratory symptoms like a cold. Symptoms are usually seen 7 to 21 days after contracting the infection. The following are the early symptoms of mumps that can be seen in both adults and children: Low to moderate grade fever Malaise or generalised feeling of discomfort/uneasiness Myalgia or muscle pain Headache Anorexia or loss of appetite These symptoms are followed by: A high grade fever of 103°F or 104° F (about 39.5 or 40°C) Parititis (swelling and discomfort in the salivary or parotid glands) Swollen and tender jaw Pain in the ears Difficulty in eating, chewing, swallowing (particularly acidic drinks like citrus fruit juices) or talking. Note: Parotitis is a condition in which there is a swelling and discomfort in the salivary glands (in the front of the neck) or the parotid glands (in front of the ears). Swelling of these glands usually occurs within 24 hours after the first symptoms appear but in some cases, might take as long as 1 week. Either of these glands may get involved on one or both sides of your face. The glands are tender when touched. Swelling causes cheeks to puff out.

10 things you should follow if your child has a fever. Click To Read!

Causes Of Mumps

Mumps is caused by a virus known as paramyxovirus which is a member of the rubulavirus family. The virus spreads easily through infected saliva and can be contacted by other people by inhaling infected air droplets released through coughing or sneezing. Mumps can also spread if you use utensils or cups with someone who has already had the infection. It also spreads by engaging in close contact activities with an infected person such as dancing, kissing or playing sports. If one contracts mumps, the virus moves from the respiratory tract (the nose, mouth, and throat) into the parotid or other glands, where it begins to reproduce. This leads to inflammation, swelling, and tenderness of the glands.

Patients are most contagious 1-2 days before onset of symptoms but they can even spread the disease at least five days before their salivary glands begin to swell and one week after the appearance of symptoms. Risk Factors For Mumps

You are more likely to develop mumps, if you are: School going children College students Living or travelling to places where there is a high prevalence of mumps Being exposed to someone who has been recently infected with mumps Not being immunised against mumps Being in a crowded setting Having a weak immune system Most cases of mumps are seen during late winters or early spring. Diagnosis Of Mumps

Call your healthcare provider, if your child is showing any symptoms of mumps or has come in contact with someone who has been infected with mumps. Your doctor will provide you with specific instructions before you visit their clinic so as to protect other patients from acquiring the infection.

Your doctor will perform a routine examination and record the present symptoms to confirm if your child has mumps. No tests are needed in most cases. The doctor can usually diagnose mumps by looking at the symptoms.

However, the following tests might help in confirming the diagnosis of mumps, especially in cases of viral mumps infection in the absence of any parotid swelling and/or salivary gland involvement.

1. RT-PCR test In RT-PCR based testing, viral RNA can be extracted directly from buccal (inner cheek) swabs, throat swabs and saliva for virus detection, particularly when obtained within 2 days of the appearance of symptoms.

The ability to detect viral RNA rapidly reduces beyond the first week after the onset of symptoms. Virus detection has been also found to be substantially lower in people who have received two doses of mumps vaccine in the past than in unvaccinated people.

1. IgM test The mumps virus antibody IgM test is used for the laboratory diagnosis of mumps virus infection. Detection of IgM antibodies supports a clinical diagnosis of recent infection with the virus.

However, since most people are vaccinated, test results may not mount a detectable IgM response on reinfection. Thus, a negative IgM result does not necessarily rule out mumps. Moreover, IgM may not be detectable if the test is done prior to day 3 of symptom onset or beyond 6 weeks after symptom onset.

1. Ig G test The presence of detectable quantities of IgG antibodies could mean a previous exposure to the mumps virus either through an infection or immunisation. Individuals testing positive are considered immune to the mumps virus.
2. CSF analysis In case of complications involving the central nervous system (CNS), a lumbar puncture (spinal tap) may be used to rule out other potential causes. Prevention Of Mumps

The best way to protect your child from acquiring the infection is to get them vaccinated with the MMR vaccine. The MMR vaccine protects people against three diseases: measles, mumps, and rubella. This vaccine is safe in nature and works as an extremely effective prevention strategy. Children usually do not show any side effects after getting the vaccination. If seen, the side effects are extremely mild in nature and present signs such as rash or low-grade fever.

Two shots of the vaccine are given to a child: The first shot is given between the ages of 12 to 15 months The second shot is a must for school-going children who are between the ages of 4 to 6 years old The vaccine is effective after both the shots have been administered. A single dose cannot provide complete protection against the infection.

The following people are also advised to get timely vaccination: Women who are not pregnant but are of childbearing age Students who attend postsecondary school or college People who work in healthcare facilities like hospitals or in schools or childcare centres People who have been born before 1957 People who plan to travel by cruise or travel overseas Note: People who are currently ill need to wait till they recover to get the vaccine. Also, pregnant women can wait till they deliver to get the vaccine.

You may not need the MMR vaccination, if you: Have had two doses of MMR vaccination after 12 months of age Have been receiving chemotherapy Are on a long term immunosuppressive therapy Have had blood tests that indicate you have immunity against measles, mumps, and rubella (due to a previous infection) Also, MMR vaccination is contraindicated in: People with a life-threatening allergy to gelatin, neomycin or any other constituents of the vaccine Pregnant women or women who plan to get pregnant soon People with compromised immune system 5 things to keep in mind when you vaccinate your child. Read To Know!

Specialist To Visit

In case your child displays any signs such as fever, swelling of salivary glands, muscle aches, fatigue, and headaches, or if there have been other cases of mumps in the school and your child has come in close contact with an infected person, you can consult the following doctors for proper diagnosis: General physician Paediatrician Infectious disease specialist Treatment Of Mumps

Mumps is mostly a self-resolving illness. It does not require any specific treatment and it can’t be treated using antibiotics as it is a viral infection. Treatment is supportive care for each presenting symptom. Over-the-counter, non-aspirin pain relief medications like acetaminophen or ibuprofen can help to relieve symptoms. Do not give aspirin to your child since aspirin given during viral illness has been linked with cases of Reye syndrome, a life threatening disease that can cause liver failure and swelling of the brain. Application of warm and cold compress to the painful parotid or other salivary gland area may be helpful in relieving tenderness. The following treatment protocols are considered for management of complications of mumps: Boys or men who have inflammation of the testes require bed rest. The scrotum can be supported with an athletic supporter or by an adhesive tape connecting the thighs. Elevation along with cold compression may also provide some relief from pain of tender testicles. Studies have shown that treatment with interferon-α2B seems to be effective in preventing sterility and testicular atrophy after bilateral mumps orchitis. However, large scale studies are needed to establish these promising results. Lumbar injection can be considered to relieve a headache associated with meningitis due to mumps viral infection. Home-care For Mumps

Mumps is a self limiting disease and its management primarily involves taking care at home. This includes making yourself comfortable and resting until your symptoms pass away. To take care at home follow the given tips. The most important step is to isolate yourself or your child to prevent spreading mumps to others. The CDC recommends isolation for 5 days after the onset of parotid or other salivary glands swelling. Hygiene practices like thorough and frequent hand-washing, covering the mouth when sneezing or coughing along with sanitisation of regularly touched surfaces, are also important to prevent spread of disease. Rest up whenever you feel tired. It is quite common to experience fatigue and muscle aches. It is important to rest up during these times. You can apply warm and cold compresses regularly to soothe inflamed salivary glands. Drink lots of fluids like filtered water, coconut water, soups etc to avoid dehydration due to fever. It is recommended to avoid intake of acidic food or sour foods, such as citrus fruits or juices during this time. Acidic food tends to increase salivation that will increase pain in your salivary glands. Consume a soft, bland diet including mashed potatoes, oatmeal, yoghurt, broth based soups or other soft foods that are easy to swallow and don’t require a lot of chewing. Complications Of Mumps

Mumps can lead to several complications which include the following:

1. Orchitis: This condition is seen in 15-30% of cases in post-pubertal men. It is characterised by inflammation of the tube that carries and stores sperm and/or the testicles. The inflammation of one of both the testicles is accompanied by fever, which typically occurs during the first week of parotitis but can develop after 6 weeks of parotitis. The testis becomes painful and gets enlarged to several times its normal size. This condition resolves usually within a week. Testicular atrophy develops in 50% of the affected men but sterility is rare.
2. Oophoritis: This condition involves inflammation of one of both ovaries and occurs in 5% of women with mumps. It may be associated with lower abdominal pain and vomiting. It rarely been associated with sterility or premature menopause.
3. Mastitis: Inflammation of breast tissue can be seen in some cases of mumps.
4. Pancreatitis: This condition involves inflammation of the pancreas that is present in the abdomen. Pancreatitis is a temporary condition that resolves when mumps resolve. Some of the common symptoms include nausea, vomiting, and pain in the abdomen.
5. Meningitis: Meningitis is the swelling of the membranes surrounding your brain and spinal cord. It is a fatal condition that requires immediate medical treatment.
6. Encephalitis: Encephalitis is the inflammation of the brain itself. Symptoms associated with the conditions include seizures, severe headaches, and loss of consciousness.
7. Hearing loss: Mumps, when left untreated, can lead to hearing loss in rare cases. 5 out of 10,000 cases are associated with a loss of hearing. The paramyxovirus can damage the cochlea of the ear, a structure present in the inner ear that aids in hearing.
8. Heart problems: Rarely, mumps has been associated with abnormal heartbeat and diseases of the heart muscle.

It is wise to consult a doctor if you have any symptoms or plan to get a second opinion from a doctor. Consult India’s best doctors here. Consult Now! Alternative Therapies For Mumps

Herbal remedies You can make a paste out of ginger powder and use it on the swollen part for pain relief. Aloe vera has soothing properties that can bring relief from swelling and pain. Neem leaves have been used since ancient times to treat mumps. Neem leaves reduce itching and swelling and can be mixed with turmeric powder to form a paste that can be applied to the swelling. Homoeopathy Homoeopathic medications may be useful in managing mumps. Aconitum and Belladonna are two homoeopathic medicines that are said to help in managing the signs of mumps. Pilocarpine can help in controlling salivation and perspiration which can work as a great remedy for mumps. Living With Mumps

Being diagnosed with mumps can cause stress and anxiety in parents. This medical condition can be painful for children and adults alike. However, the disease is mostly self resolving and tends to pass away in 10 to 12 days by itself. You have to simply let it run its course. However, timely diagnosis and treatment can help you get some relief from the symptoms and avoid more severe complications.

Mumps can cause muscle tiredness and fatigue. You will need to take sufficient rest and drink plenty of fluids to avoid dehydration due to fever. Use a warm and cold compress to relieve pain and swelling. Non- aspirin medications like acetaminophen or ibuprofen will help you in managing the pain associated with mumps. Frequently Asked Questions Can someone get mumps more than once? What kind of vaccine is MMR? How serious is mumps? How long does it take to show the signs and symptoms of mumps? At what age is the MMR vaccine given? How effective is the MMR vaccine? What are the side effects seen after the vaccine? References Kliegman RM, et al. Mumps. In: Nelson Textbook of Pediatrics. 20th ed. Philadelphia, Pa.: Elsevier; 2016. Accessed July 14, 2018. Mumps. Centres for Disease Control and Prevention. Accessed July 14, 2018. Ramanathan R, et al. Knowledge gaps persist and hinder progress in eliminating mumps. Vaccine. 2018;36:3721. Mumps Vaccination. Centres for Disease Control and Prevention. Last reviewed in Sept, 2021.

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Myocarditis Also known as Inflammatory cardiomyopathy, Idiopathic myocarditis, and Viral cardiomyopathy Overview Myocarditis is a medical condition in which the myocardium, a heart muscle, gets inflamed. It is a rare cardiovascular disease that enlarges the heart, degenerates the heart muscle cells, and develops scar tissues. These factors force the heart to work harder to supply blood and oxygen all over the body. Generally, people relate heart conditions to old age. However, myocarditis is likely to affect anyone, regardless of age. In fact, the high-risk population includes young adults.

A wide range of possible agents like viruses, bacteria, fungi, parasites, autoimmune responses, and certain medications can trigger this disease. Some of the common symptoms of myocarditis include chest pain, irregular or rapid heartbeat, difficulty breathing, accumulation of fluid with swelling in lower extremities, fever, fatigue, etc.

In most cases myocarditis improves on its own without treatment and with complete recovery. Sometimes, treatment of the underlying cause like bacterial infections by antibiotics can lead to full recovery. Consequently, the diagnosis of the underlying cause of myocarditis can help in best possible treatment. However, individuals with more prolonged or severe cases of myocarditis may need more specific medications or even hospitalization. Key Facts Usually seen in All age groups Gender affected Both men and women Body part(s) involved Heart Prevalence Worldwide:10.2 to 105.6 per 100,000 (2021) Mimicking Conditions Acute myocarditis: Pericarditis, Acute coronary syndrome, Coronary artery disease, Coronary vasospasm, Myocardial ischemia/infarction, Pulmonary edema, Unstable angina, Congestive heart failure & Pericardial effusion Viral myocarditis: Carnitine deficiency, Coarctation of the aorta, Coronary artery anomalies, Cardiac tumor, Dilated cardiomyopathy, Endocardial fibroelastosis, Enetroviral infections, Genetics of Von Gierke, Genetics of glycogen-storage disease type II, Medial necrosis of coronary arteries, Non viral myocarditis, Shock, Valvular aortic steniosis & Viral pericarditis. Treatment Antibiotics Corticosteroids: Cyclosporine & Prednisone Heart failure therapy: Enalapril (ACE inhibitor), Lisinopril (ACE inhibitor) & Metoprolol (Beta-blocker) Antiviral drugs: Ribavirin or interferons IVIG (intravenous immunoglobulin) Heart transplant

Specialists to consult Cardiologists Cardiothoracic surgeons Symptoms Of Myocarditis

People with myocarditis may not show any noticeable symptoms initially. Some of the common myocarditis symptoms include: Symptoms in adults

1. Pain or discomfort in the chest Chest pain in people with myocarditis may resemble the chest pain that occurs during a heart attack. It may last for a couple of minutes and make you experience an uncomfortable fullness and pressure in your chest.
2. Difficulty breathing or shortness of breath A healthy adult, weighing around 70 kgs breathes at a rate of 14 breaths/minute when at rest. If this breathing pattern increases and hyperventilation (rapid breathing) occurs, one may experience shortness of breath or dyspnea. It may make one gasp for air.
3. Edema or swelling Noticeable swelling in various parts of the body, including ankles, legs, and feet may be seen. It is due to fluid buildup and is often followed by fatigue.
4. Palpitations or abnormal heartbeat An irregularity in the heartbeat might feel as if the heart is racing or has skipped a beat. Palpitations can also feel as if the chest is fluttering. In many cases, the abnormal heartbeat may also lead to fullness in the chest and shortness of breath.
5. Infection-related fever If the myocardium has inflamed due to an infection, one may feel feverish and experience chills.
6. Other flu-like symptoms Flu-like symptoms such as sore throat, headache, body aches, and joint pain can also be experienced in myocarditis. Symptoms in children or infants

The symptoms of myocarditis are more nonspecific in infants and children. These include: Poor appetite Abdominal pain Malaise Chronic cough Rashes Fever Diarrhea Sore throat Difficulty breathing Pain in the joint Did you know? Patients with severe COVID-19, may present with new-onset heart failure in the absence of a history of cardiovascular disease. They can show symptoms like cough, fever, dyspnea, chest pain, and palpitations. However, these symptoms may be due to COVID-19 itself and not myocarditis. Therefore, these patients may have a silent presentation of COVID-19 myocarditis. Get all your FAQs answered on COVID-19. Read Now! Causes Of Myocarditis

Myocarditis is a rare health condition. However, in most cases, an infection (bacterial, viral, fungal, parasitic) in the body can cause myocardial infarction. The causes are discussed below: 1. Viruses Viral infections are among the most prevalent causes of myocarditis (viral myocarditis). These include influenza virus, adenovirus, COVID 19 and Coxsackie B virus, to name a few. Viruses are likely to infect the tissue of the heart muscle. It may lead to immune response (acute to chronic) from the body. 2. Bacterias The bacteria that may cause inflammation of the myocardium to include corynebacterium, meningococci, Streptococci, clostridia, etc. 3. Fungi Although rare, fungal myocarditis can occur due to infections caused by various fungi including candida, aspergillus, and histoplasma. 4. Parasites Some parasites may directly or indirectly affect various structures of the heart, with infections manifested as myocarditis. Some of these parasites include Trypanosoma cruzi, Toxoplasma, and Trichinella. Chagas’ disease is by far the most important parasitic infection of the heart. 5. Hypersensitivity or toxic reaction Toxic myocarditis may be triggered by numerous drugs such as Dobutamine Phenytoin Antibiotics like: Ampicillin Azithromycin Cephalosporins Tetracyclines Psychiatric medications like: Tricyclic antidepressants Benzodiazepines Clozapine Recreational/illicit drugs like Methamphetamine Cocaine

Other agents include: Heavy metals (copper, lead and arsenicals) Antineoplastic agents (e.g., anthracyclines, cyclophosphamide, 5-fluorouracil and tyrosine kinase inhibitors). 6. Autoimmunity When the immune system makes a mistake and attacks the body’s own tissues or organs it is known as autoimmunity. Autoimmunity can be the main factor sustaining inflammation and disease progression in myocarditis. Pathogens, such as viruses, can initiate autoimmune mechanisms that lead to myocarditis.

Autoimmune disorders like lupus and rheumatoid arthritis can also lead to myocarditis.

Studies have shown that 50% of individuals with RA show cardiac involvement. To read more about RA. Click Here! 7. Idiopathic myocarditis When inflammation of the heart muscle develops without any identified cause, it is called an idiopathic condition. Did you know! 70% of urban Indians are at risk of heart diseases. Know why young Indians are developing heart disorders. Click To Know! Risk Factors for Myocarditis

The risk factors for myocarditis include the following: 1. Age Although myocarditis can affect all ages, it mostly occurs in young adults. 2. Gender Men are often more prone to developing myocarditis than women. This is true except when the inflammation is caused by autoimmune diseases, such as lupus and rheumatoid arthritis, which are more common in women.

Know the 4 major risk factors leading to heart disease in women. Tap Now!

1. Family history and genetics Genetics may be partly responsible for developing myocarditis and how the body responds to infection and inflammation.

Certain rare inherited conditions can affect how the body controls inflammation. For example, familial Mediterranean fever or tumor necrosis factor receptor-associated periodic syndrome (TRAPS) can increase the risk of developing myocarditis. 4. Medical conditions Certain medical conditions can increase the risk of developing myocarditis: Diabetes HIV/AIDS COVID 19 Eating disorders such as anorexia Skin injuries caused by burns or infections 5. Lifestyle choices Excessive consumption of alcohol Use cocaine, amphetamines, or intravenous recreational drugs 6. Environment Chagas disease, common in Central and South America, can cause acute and chronic myocarditis. It is caused by a parasite that is spread by certain types of insects. 7. Other causes Some of these medical problems that can put you at a higher risk of getting myocarditis include: Poor dental health Chest injury End-stage kidney disease

Know 7 risk factors causing heart diseases and ways to manage them. Click Here! Diagnosis Of Myocarditis

After a physical checkup and evaluation of medical history, the doctor may recommend the following tests to confirm the diagnosis: Blood tests

Creatine kinase (CK): It is a blood test that checks the level of CK in the blood. If it is more than the normal range, it might indicate an infection in the myocardium.

Total leukocyte count: Abnormal WBC (white blood cells) count can be helpful in diagnosing myocarditis due to infections.

CRP: Increased levels of CRP (C-reactive protein) act as an inflammatory marker.

ESR: Elevated ESR (Erythrocyte Sedimentation rate) is also another marker for inflammation in the body.

Troponin levels: Increased level of troponin (circulating) in the blood indicates damage to the heart muscle. Imaging tests

Electrocardiography: Electrocardiogram is performed to detect the electrical activity of the heart.

Chest X-ray: A chest X-ray may help to check for enlargement of the heart or accumulation of fluid in the heart’s sac.

Echocardiography: It is a vital component in myocarditis diagnosis. It uses high-pitched sound waves to produce a picture of your heart. It also helps with blood flow analysis and analysis of any valve problems, heart enlargement, and the presence of a clot within or around the heart.

Cardiac magnetic resonance imaging (MRI): A cardiac MRI uses radio waves and a magnetic field to show the size, shape, as well as swelling, inflammation, or scarring of the heart. Biopsy Cardiac Catheterization is performed by threading a tiny tube through a vein, into the heart to take measurements or collect a biopsy sample to check for inflammation or infection. Biopsy is not routinely performed and is suggested in special cases of: Severe arrhythmia Conventional supportive therapy that did not work Suspected acute dilated cardiomyopathy (A heart condition that is caused due to blockage in the coronary arteries). Micro-RNA profiling This test is done to detect acute and chronic myocarditis. It also helps in identifying the severity of myocardial damage.

Make sure to get the right diagnosis with reliable medical tests. Book a test. Book Now! Prevention Of Myocarditis

Although there is no specific preventive measure to practice, one may follow the below tips to minimize the risks of getting infected: 1. Avoid exposure to germs Make sure to avoid people with flu-like symptoms. Similarly, if you have a viral infection, try not to expose others. 2. Practice hand hygiene Following hygienic practices, such as washing hands every time before and after eating, or using the toilet is always a good idea. Washing cuts or scrapes right away can also help to prevent any infection. 3. Dental care Brush and floss your teeth every day. Visit the dentist regularly for timely diagnosis and treatment of any dental issues. 4. Practice safe sex Safe sex practices can prevent an HIV infection. This condition weakens the immune system and makes one more susceptible to develop myocarditis. 5. Avoid use of illegal drugs As myocarditis is likely to affect people with a compromised immune system, it is advisable to avoid any illegal drugs. 6. Avoid exposure to ticks Make sure to wear long pants and cover hands if you live in a tick-infested region. You may also use tick repellents containing DEET (N, N-Diethyl-meta-toluamide). 7. Get vaccinated Make sure to get vaccinated to prevent COVID-19, influenza, rubella, measles, mumps, and poliomyelitis.

Get all your queries answered about COVID 19 vaccination. Click Now!

“Take care of your heart and don’t let it fall apart”

It is of utmost importance for all of us to take care of your heart health. Read simple ways to prevent heart diseases! Click Here! Specialist To Visit

Always remember, that the symptoms of myocarditis are familiar to that of a heart attack. Make sure to get in touch with your doctor if you experience any of the signs of myocarditis, especially shortness of breath and chest pain. Severe symptoms may require hospitalization.

Specialists that can help diagnose and treat myocarditis include: Cardiologists Cardiothoracic surgeons

Consult India’s best doctors online. Click Here! Did you know how many people died of cardiomyopathy (a heart muscle disease), including myocarditis worldwide? Nearly 400,000 people lost their lives due to cardiomyopathy, including myocarditis, in the year 2010, worldwide. This statistic includes 160,000 and 240,000 women and men, respectively. Therefore, it is highly advisable to get in touch with your doctor if you experience any of the symptoms of myocarditis. Treatment Of Myocarditis

Myocarditis treatment options differ from person to person, depending on the underlying causes and seriousness of the condition. The following treatment protocols are used for managing myocarditis: 1. Antibiotics If myocarditis is due to an underlying cause, like a bacterial infection, the doctor may prescribe antibiotics. However, people with severe and prolonged illness due to myocarditis are likely to need specific medicines and sometimes hospitalization. 2. Corticosteroids Sometimes autoimmune conditions like lupus may also cause myocarditis. In such cases, doctors may prescribe corticosteroids to minimize the immune response of your body. Some medications may include: Ciclosporin Prednisone 3. Medications for heart failure The doctor is likely to prescribe diuretics, beta-blockers, and ACE (angiotensin-converting enzyme)-inhibitors to minimize edema and the workload on the heart. These may include the following: Enalapril (ACE inhibitor) Lisinopril (ACE inhibitor) Metoprolol (Beta-blocker) Furosemide (Diuretic) Captopril (ACE inhibitor) Ramipril (ACE inhibitor) Carvedilol (Beta-blocker) 4. Antiviral drugs Antiviral therapy with ribavirin or interferons in viral myocarditis can help to prevent onset of cardiomyopathy, reduce the severity of the disease, and decrease mortality.

If the symptoms are severe and medications are not working the way they should, more proactive treatment options might be tried. These include the following:

1. IVIG (Intravenous immunoglobulin) To make sure the body’s inflammatory and immune responses are under check, the doctor may recommend intravenous immunoglobulin (IVIG).
2. VAD (ventricular assist device) It is a mechanical device that is used to pump an adequate amount of blood from the ventricles (lower chambers) of the heart to the other parts of the body.
3. Intra-aortic balloon pump Intra-aortic balloon pump, also known as IABP, is a therapeutic device. It allows the heart to pump more blood and reduce its load.
4. Extracorporeal membrane oxygenation (ECMO) ECMO is a respiratory or cardiac support machine. It allows the lungs and heart to function normally.
5. Heart transplant In case of severe conditions and if the other myocarditis treatment did not work, the doctor is likely to suggest heart transplantation surgery.

Prevention of a disease is always better than cure. There are certain habits that can cause harm to the heart. Understand what they are and to avoid them effectively. Read This!

Home-care For Myocarditis

Myocarditis is marked by inflammation of the heart. Here are some home care tips if one has been diagnosed with myocarditis: 1. Take adequate rest Rest and reducing the strain on the heart is an important part of myocarditis recovery. If you have or had myocarditis, ask your health care provider which type and amount of physical activity are safe for you. If you have myocarditis, you should avoid competitive sports for at least 3 to 6 months. 2. Eat a heart-friendly diet Foods that are good for your heart include green leafy vegetables, fruits, nuts, whole grains & low-fat dairy products. Try to limit the consumption of trans fat, salt, saturated fats, cholesterol, red meat, and sugary foods. Have an anti-inflammatory diet that focuses on fresh produce, including fruits, vegetables, and nuts.

Read more about foods that can keep your heart healthy. Tap To Know!

1. Avoid stress Stress can increase blood pressure, hence it is important to manage it effectively. Yoga, meditation and deep breathing exercises are effective in managing stress.

Find out how yoga can keep your heart healthy. Read To Know! 4. Limit fluid intake Do not drink more than 1.5 liters or 6 cups of fluid every day. Fluids include water, juice, soup, tea, coffee, and even some fruits like watermelons. Maintain a fluid balance chart to track the quantity of fluid consumption. 5. Maintain a healthy weight Obesity directly increases the risk of complications due to myocarditis. A healthy weight can go a long way in keeping the heart healthy. 6. Reduce alcohol intake Drinking excessive alcohol can increase the levels of certain fats known as triglycerides in the blood and might harm the immune system. Thus, it is important to keep alcohol intake to a minimum. 7. Quit smoking Smoking is known to increase heart rate and blood pressure, so it is important to quit smoking in order to improve the symptoms of myocarditis.

Explore our smoking cessation range that can help you quit smoking. Visit Now!

1. Stay physically active Supervised moderate exercise is an integral part of a healthy heart regimen. Consult your doctor to understand the range of physical activities you can do.

Know more about 6 amazing benefits of aerobics. Read This! Complications Of Myocarditis

Timely treatment of myocarditis has a good prognosis without having any long-term complications. However, severe cases may have some permanent complications related to heart muscles. These include the following: 1. Heart failure Myocarditis, if left untreated, is likely to damage the heart muscles, making it inefficient to work properly. It may also lead to heart failure. 2. Stroke or heart attack If the heart is unable to pump an adequate amount of blood, there is a risk of blood clot formation in the heart. If a blood clot creates a blockage in an artery of the heart, one may suffer a heart attack. Also, if the clot travels to the brain it can cause a stroke. 3. Arrhythmia When the heart muscles are injured or become weak, it may lead to arrhythmia or irregular heart rhythm. 4. Ventricular dysrhythmias These are abnormal heart rhythms that make the lower chambers of the heart twitch instead pump. This can limit or stop the heart from supplying blood to the body. 5. Left ventricular aneurysm It forms when a section of the heart muscle in the left ventricle (the chamber of the heart that pumps blood to the body) stretches and becomes very thin. 6. Dilated cardiomyopathy It is a type of heart muscle disease that causes the heart chambers (ventricles) to thin and stretch, growing larger. 7. Cardiogenic shock This is a life-threatening condition in which your heart suddenly can’t pump enough blood to meet the body’s needs. 8. Sudden cardiac death or SCD It is a life-threatening complication in which the heart may stop beating due to severe arrhythmia.

Myocarditis is often related to an increased possibility of SCD (sudden cardiac death) in young people. The number of myocarditis-related SCD ranges from 1% to 14% in the younger population. Know why sudden cardiac arrests happens. Read This! Alternative Treatment For Myocarditis

There are various alternative treatment modalities that can help in management of myocarditis or factors affecting it, like stress. However, it is always advised to consult your healthcare provider before starting any herbal medication: 1. Chinese herbal medicine Astragalus membranaceus: Astragalus membranaceus is a medicinal herb widely used in traditional Chinese medicine. In light of myocarditis, it helps to improve cardiac function and manage arrhythmia. Salvia miltiorrhiza: Commonly known as red or Chinese sage, Salvia miltiorrhiza holds a special place in traditional Chinese medicine. According to various studies, a shot (injection) of this medicinal plan showed a noticeable decrease in arrhythmia. It also helps to reduce LDH (Lactate dehydrogenase) levels. Shenmai injection (SMI): It is also a Chinese medicine that helps improve cardiac function significantly. Hawthorn extract: Hawthorn is a shrub native to North America, Western Asia, Europe, and North Africa. Studies opine that the leaves of the hawthorn plant can considerably reduce the symptoms of minor heart failure, including fatigue and breathlessness.

There are certain Indian herbs and spices that are good for your heart health. Read To Know!

1. Yoga There are plenty of benefits of yoga supported by scientific evidence. Some of the yogasanas you may perform for stress relief include Savasana, Balasana, Viparita Karani, and Marjaryasana to Bitilasana.
2. Meditation It is indeed an effective tool for stress management. If you are trying it for the first time, you might find it hard to focus. In such a situation, guided meditation audio may help.

Meditation can do wonders for your body and soul! Read More!

1. Breathing exercises The next time you feel stressed out, try deep breathing exercises. These will help you calm down and relax your senses so that you may get relief from stress. Some deep breathing techniques you may try include belly breathing, box breathing, alternate-nostril breathing, lion breathing, and 4-7-8 breathing, to mention a few.

Read more about deep breathing exercises. Click Here!

Living With Myocarditis

In some people with myocarditis, no symptoms show up. Some do not even know if they have the condition. In most such cases, the symptoms resolve on their own. Many people who have had treatment for myocarditis live their usual life span like normal individuals sans any complications.

Some people may require treatment in the form of medications, while some might need heart surgery. Besides medications and alternative therapies, a healthy lifestyle may also help your heart work well. Here are some tips that can help you improve heart conditions like myocarditis more effectively:

Reduce the amount of sodium in diet ( less than 1,500 milligrams a day) Keep a watch on daily fluid intake and weight Maintain a healthy weight Eat wholesome and well balanced diet Quit smoking Limit alcohol intake Avoid strenuous exercises and competitive sports Prefer light physical activity Avoid stress Track your symptoms Monitor blood pressure regularly Follow proper medication regimen Ensure regular follow-up with the cardiologist Get vaccinated as flu and pneumonia pose a greater danger to people with heart conditions. Your heart health is the key to overall good health! Read tips from cardiologists to keep your heart healthy. Tap Here!

Endocarditis Vs. Myocarditis Vs. Pericarditis Endocarditis Endocarditis is a heart condition where inflammation develops in the endocardium of the heart. The endocardium is the inner lining of the valves and chambers of the heart. It is an uncommon health condition and can be fatal if left untreated.

Myocarditis Myocarditis is also a rare disease in which the myocardium (a heart muscle) swells. This condition is likely to affect a little or large portion of the myocardium. It makes your heart work harder to pump blood and carry it to the rest of the body. It may also lead to heart failure and stroke.

Pericarditis It is another type of heart inflammation that affects the pericardium, the membrane that covers the heart. The pericardium ensures that your heart is in position in the thoracic girdle while protecting it from infections. The pericardium comprises two thin sheaths of tissue with a small amount of fluid in it. It reduces the friction between the layers when your heart pumps. Frequently Asked Questions How long does it likely to heal after myocarditis? Are people with myocarditis allowed to fly? Is myocarditis curable? Can diet help reduce inflammation in the heart? What should you eat? Do the symptoms of myocarditis recur? Myocarditis can lead to sudden death. Who is at risk? Is testosterone level in men associated with myocarditis? How? Can the mRNA COVID-19 vaccine lead to myocarditis? References Myocarditis Foundation. Understanding myocarditis [Internet]. Myocarditis Foundation. Myocarditis Foundation; 2021 [cited 2021Nov3]. Myocarditis [Internet]. NORD (National Organization for Rare Disorders). 2015 [cited 2021Nov3]. Ali et al. COVID-19 and myocarditis: a review of literature. The Egyptian Heart Journal (2022) 74:23. Lynge TH, Nielsen TS, Gregers Winkel B, Tfelt-Hansen J, Banner J. Sudden cardiac death caused by myocarditis in persons aged 1-49 years: A nationwide study of 14294 deaths in Denmark [Internet]. Forensic sciences research. Taylor & Francis; 2019 [cited 2021Nov3]. Gabriel Fung, Honglin Luo, et al. Myocarditis. Circulation Research February 5, 2016. Peretto G, Sala S, Rizzo S, et al. Arrhythmias in myocarditis: State of the art. Heart Rhythm. 2019;16(5):793-801. Heart inflammation [Internet]. National Heart Lung and Blood Institute. U.S. Department of Health and Human Services; [cited 2021Nov3]. Al-Akchar M. Acute myocarditis [Internet]. StatPearls [Internet]. U.S. National Library of Medicine; 2021 [cited 2021Nov3]. Fadoua Mouedder et al. Rheumatoid arthritis, a rare cause of acute myocarditis: a case report. PAMJ Clinical Medicine. 2020;4(115). Schultz JC, Hilliard AA, Cooper LT, Rihal CS. Diagnosis and treatment of viral myocarditis [Internet]. Mayo Clinic proceedings. Mayo Foundation for Medical Education and Research; 2009 [cited 2021Nov3]. Oktay AA, Aktürk HK, Paul TK, et al. Diabetes, Cardiomyopathy, and Heart Failure. [Updated 2020 Aug 1]. In: Feingold KR, Anawalt B, Boyce A, et al., editors. Endotext [Internet]. South Dartmouth (MA): MDText.com, Inc.; 2000. Golpour, A.; Patriki, D.; Hanson, P.J.; McManus, B.; Heidecker, B. Epidemiological Impact of Myocarditis. J. Clin. Med. 2021, 10. Barbaro G. HIV-associated cardiomyopathy etiopathogenesis and clinical aspects. Herz. 2005;30(6):486-492. Kang M, An J. Viral Myocarditis. [Updated 2022 Jan 5]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan. Tschöpe C, Carsten Tschöpe From the Charité, Cooper LT, Leslie T. Cooper Correspondence to Leslie T. Cooper, Torre-Amione G, Guillermo Torre-Amione Methodist DeBakey Heart and Vascular Center, et al. Management of myocarditis-related cardiomyopathy in adults [Internet]. Circulation Research. 2019 [cited 2021Nov3]. XM; LJPYMD. Herbal medicines for viral myocarditis [Internet]. The Cochrane database of systematic reviews. U.S. National Library of Medicine; [cited 2021Nov3]. Giant cell myocarditis [Internet]. NORD (National Organization for Rare Disorders). 2018 [cited 2021Nov3]. Barbiellini Amidei C, Fayosse A, Dumurgier J, Machado-Fragua MD, Tabak AG, van Sloten T, et al. Association between age at diabetes onset and subsequent risk of dementia [Internet]. JAMA. American Medical Association; 2021 [cited 2021Nov3]. Al-Akchar M, Kiel J. Acute Myocarditis. [Updated 2022 May 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan.

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Male infertility Also known as Sterility and Impotence Overview Infertility refers to the inability to conceive after having regular, unprotected intercourse for at least a year. Many couples face this problem and both men and women can have fertility issues.

Infertility in men is caused by low sperm production, poor sperm quality, or blockages that prevent the delivery of sperm.

Various medical conditions, including genitourinary infections, trauma, prior surgery, or certain medications increase the risk of infertility in males. Environmental and lifestyle factors also negatively impact fertility. These include smoking, alcoholism, obesity, stress, exposure to heavy metals like lead and cadmium, exposure to ionizing radiation, and high temperatures.

There is a lot of stigma and taboo around infertility that can take a toll on your physical and emotional well-being. Thanks to many medical advancements, there are a lot of treatment options available now. Talk to a fertility specialist to understand them well. They can recommend the best fertility treatment option and lifestyle changes that can help you. Key Facts Usually seen in Men above 35 years of age Body part(s) involved Male reproductive system Prevalence India: 23% (2017) Mimicking Conditions Adult growth hormone deficiency Brain damage from tumors or trauma Cryptorchidism Cushing disease Ejaculatory duct obstruction Estrogen excess Follicle-stimulating hormone (FSH) abnormalities Hypogonadism Hypopituitarism Myotonic dystrophy Noonan syndrome (male Turner syndrome) Pituitary adenomas Primary hypogonadism Necessary health tests/imaging Semen tests: Semen analysis, Semen DNA fragmentation, and Seminal oxidative stress measure Blood tests: Levels of testosterone, Luteinizing hormone (LH), and Follicle stimulating hormone (FSH). Genetic screening: Sperm chromatin and abnormal DNA assays, Chromosome and genetic studies. Imaging tests: Ultrasound, Doppler blood flow, Vasograpy, MRI pelvis, and MRI scrotum. Testicular biopsy Treatment Antioxidants: Vitamin C, Vitamin E, Zinc, and Clomiphene. Dopamine antagonists: Bromocriptine and Cabergoline Selective estrogen receptor modulators (SERMs): Clomiphene citrate (CC), Tamoxifen, and Toremifene. Aromatase inhibitor (AI): Anastrozole Hormonal therapy: Testosterone replacement therapy, Human chorionic gonadotropin (rec-hCGrecombinant), The combined therapy of (hCG), LH, FSH, GnRH, and human menopausal gonadotropin (HMG). Surgery: Laparoscopic varicocelectomy, Vasoepididymostomy (VE) and Vasovasostomy (VV), and Microsurgical epididymal sperm aspiration/testicular sperm extraction (MESA/TESE). Assisted Reproductive Technology (ART): Artificial insemination, IVF, GIFT, and other techniques. Specialists to consult Andrlogist Urologist Endocrinologist IVF specialist Dermatologist Internal medicine specialist Symptoms Of Male infertility

Male infertility is the inability to conceive a child after 1 year of regular intercourse without any birth control. Infertility by itself is a symptom. Various signs and symptoms that may be associated with male infertility include:

Difficulty with ejaculation or small volumes of fluid ejaculated Reduced sexual desire Erectile dysfunction (difficulty maintaining an erection) Pain, swelling, or a lump in the testicle area Gynecomastia (abnormal fullness in breasts) Hormonal abnormality (decreased facial or body hair) Recurrent respiratory tract infections Inability to smell Reduced body mass Obesity

Trying to lose weight? To start your weight loss journey Tap here

Causes Of Male infertility

Male infertility is mainly caused due to anatomical abnormalities and ejaculatory disorders. Causes can be broadly classified into the following: 1. Pre-testicular causes Quality and quantity of semen: Over 90% of cases of male infertility are related directly to sperm numbers or poor sperm quality. Hormonal deficiency/imbalance: Male sex hormones exhibit a significant and focal role in the growth, improvement, and proliferation of testicles. eg. isolated LH and FSH deficiencies are linked to infertility. Genetics: A few chromosomal defects are directly related to male infertility. Examples include myotonic dystrophy, microdeletion, and Kallmann’s syndrome amongst others. Oxidative stress: It is a phenomenon caused by an imbalance between the production and accumulation of oxygen reactive species (ROS) in cells. It can cause sperm dysfunction leading to infertility in men. Pituitary diseases: The pituitary is a small, pea-sized gland located at the base of your brain. Disorders like pituitary insufficiency, hyperprolactinemia, exogenous hormones, and growth hormone deficiency can cause infertility in men. 2. Testicular causes Orchiectomy: It refers to the surgical removal of both testes. Primitive testicular dysfunction: This may result from testosterone deficiency or impaired sperm production leading to male infertility. Cryptorchidism: It is a condition in which one or both of the testes fail to descend from the stomach into the scrotum (a bag of skin that holds and helps to protect the testicles). Atrophic testes: Small or shrunk testicles. Varicoceles: These are enlarged veins on the scrotum that are associated with male infertility. Epididymitis: It is swelling or pain in the back of the testicle caused due to sexually transmitted infections. Malignancies: Testicular tumors or adrenal tumors leading to an excess of androgens, radiotherapy, and chemotherapy can lead to male infertility. Chromosomal disorders: Disorders like Klinefelter’s syndrome and XYY male affect the testicles and can lead to infertility. Sertoli- cell-only syndrome: Also known as del Castillo syndrome or germ cell aplasia, is one of the most common causes of the absence of sperm in infertile men. This syndrome affects sperm production in men. 3. Post-testicular causes Ejaculatory duct obstruction: It is a pathological condition that is characterized by the obstruction of one or both ejaculatory ducts. It can be present at birth or acquired later in life. Cystic fibrosis: It is a congenital condition that affects the lungs, heart, and other organs. Most men with cystic fibrosis are infertile because of an absence of the sperm canal, known as the congenital bilateral absence of the vas deferens (CBAVD). Antisperm antibodies: These are antibodies that work against the sperms. They can severely impact sperm quality, sperm count, and sperm motility. Did you know? COVID-19 infections can potentially increase the risk of infertility in men. A few studies have shown that SARS-CoV-2 infection has a negative impact on male reproductive health by a possibility of testicular damage. Safeguard yourself and your loved ones with COVID-19 essentials. Buy them now Risk Factors For Male infertility

Male infertility is influenced by many biological and environmental factors. The factors that can increase the risk of infertility include: 1. Local factors Genito-urinary infection: Infections in the male genital tract can lead to male infertility due to inflammation. These infections are generally sexually transmitted. Trauma to testicles: Men can experience problems with fertility after trauma to the testicles due to an injury or accident. 2. Environmental factors Obesity: Overweight (BMI 25–<30 kg/m2) and obese (BMI 30 kg/m2) males are associated with a low seminal discharge volume, low sperm concentration, and low total sperm count.

Do you know how obesity can be harmful to your overall health? Know more about health risks due to obesity. Click here Smoking: Tobacco chewing and smoking are responsible for DNA damage and lead to lower sperm count and severely affect fertility.

Want to quit smoking, but are unable to do so? Check out these tips now Alcohol: Heavy consumption of alcohol can cause changes in the shape and size of the sperm. Also, damage to the liver caused by alcohol can lead to male infertility as well. Diet: Studies indicated that regular overconsumption of red and processed meat, fatty dairy products, refined grains, caffeine, and aerated and non-aerated sweet drinks are prone to poor semen quality.

Healthy eating habits are the foundation of good health. Listen to our expert discuss adopting healthy eating habits to prevent various lifestyle diseases. Watch this video now Stress: Long-term stress can be detrimental to male reproductive potential. It is linked to diminished levels of testosterone leading to decreased sperm counts, altered sperm morphology, and decreased motility. Sleep disturbances: Insufficient sleep along with poor sleep quality can possibly have adverse effects on male fertility. Advanced paternal age (APA): Few studies find advancing paternal age a risk factor for infertility. It is usually between 35 and 50 years of age in men. Exposure of the genitals to high temperatures: Excessive heat to the genital organs has a damaging impact on the testicle increasing the risk of infertility in men. Chemicals: Factors such as volatile organic solvents, silicones, chemical dust, air pollution, and pesticides have a negative effect on male fertility. Radiation: It can destroy sperm cells and the stem cells that make sperm. Radiation therapy to the brain can damage the pituitary gland and decrease the production of sperm and cause testosterone imbalance. 3. Systemic conditions Diabetes: Uncontrolled diabetes can damage blood vessels and nerves, and increase the risk. As a result, it is associated with erectile dysfunction, decreased sex drive, ejaculation problems, and inflammation of the foreskin. Medications: Cannabinoids, opioids, and psychotropic drugs along with certain antibiotics and antifungal agents have been known to cause male infertility. Systemic Infection: Tissue damage and inflammation caused by bacterial infection can lead to male infertility by negatively affecting sperm production and testosterone levels. 4. Other factors Early or late puberty: Studies demonstrate that pubertal timing is very likely to be associated with male reproductive health as it can affect the quality of the semen. Hernia repair: Though extremely rare hernia surgeries can cause a narrowing of the tube and prevent the sperms from being delivered into the prostate.

Did you know? The use of mobile phones is potentially linked to male infertility. Studies have shown that exposure to radiofrequency electromagnetic waves radiation emitted by mobile phone use may exert harmful effects on the testis. Read more on ways to increase male infertility and things to avoid for better results. Click here Diagnosis Of Male infertility

Diagnosing the exact cause of infertility is important in determining the course of treatment. Most of the time, there is more than one cause of infertility. Here are a few tests the doctors at fertility clinics may conduct. They include: 1. Medical history This consists of taking a detailed reproductive history, medical history, any history of past surgeries, and if the individual is on any medications. 2. Physical examination This consists of examining the following: General appearance: It consists of seeing the hair distribution, and body habitus. Abdominal examination: During this examination, the abdomen is examined for any hernias or surgical scars. Genital examination: This examination is done in both standing and supine positions. It is done by palpating the testes, epididymis, vasa deferentia, spermatic cord, and phallus. Digital rectal examination: This is done in men who are over 40 years of age. Presence of lower urinary tract symptoms (LUTS) or low sperm volume. 3. Semen testing Semen analysis: Semen samples are sent to laboratories to measure the number, motility, and shape of the sperms present. In most cases, doctors conduct several tests to ensure accuracy. Semen DNA fragmentation: This test is done to evaluate lifestyle risk factors, recurrent miscarriages, and failure of IVF and IUF treatments. Seminal oxidative stress measures: This test is indicated in unexplained infertility, to detect varicocele, a history of genitourinary infection, and to evaluate lifestyle risk factors. 4. Blood tests Hormone testing: Hormones produced by the pituitary glands, hypothalamus, and testicles can affect fertility significantly. Doctors will take a blood test to measure the level of the following hormones: Testosterone Luteinizing hormone (LH) Follicle stimulating hormone (FSH) Prolactin Estradiol Immunobead test (IBT): This test is designed to look for the presence of antibodies (IgA) in motile sperm. 5. Genetic screening Sperm chromatin and abnormal DNA assays: This is a new diagnostic tool that can detect sperm samples that have a high degree of DNA fragmentation. Chromosome and genetic studies: This test evaluates male factors that detect signs of genetic abnormalities affecting the Y chromosome (unique to only men). 6. Testicular biopsy It is a procedure in which a small portion of the testicle is removed for examination. The sample is then viewed under the microscope to check for any abnormalities. Bilateral testicular biopsy (TBO) is recommended while diagnosing male infertility. It is predominantly useful for the investigation of decreased or absence of sperms. 7. Imaging tests Ultrasound: Doctors may conduct scrotal or transrectal ultrasounds to see if there is any problem with the testicles or prostate gland that can affect fertility. In a scrotal ultrasound, the doctor will see if there are any problems in the testicles. In the rectal one, they will insert a lubed wand into your rectum to check your prostate for blockages. Doppler blood flow: This test is done to check for any inflammation, swelling, or torsion of testicles in the case of varicocele. MRI pituitary: Indicated to detect true prolactinoma (noncancerous tumor of the pituitary gland that produces a hormone called prolactin). MRI pelvis/scrotum: This test is done to check for undescended testes and suspicious testicular lesions. Vasography: It is mainly done to rule out any kind of obstructions, especially before surgery. Get all the tests done in one place, under the guidance of trusted technicians and doctors. Book your tests now

Prevention Of Male infertility Consume a healthy diet A healthy, balanced, and wholesome diet plays a pivotal role in the prevention of male infertility. Here are some food items that you should prefer and the others you should avoid in your diet. Foods to prefer Green leafy vegetables Legumes Whole fruits Whole grains like wheat, brown rice, jowar, ragi and bajra Low-fat or fat-free milk or yogurt Eggs, fish, seafood, lean poultry Foods to limit or avoid Refined grains like white flour or white bread Table sugar Sugar-sweetened beverages Packaged foods Red and processed meats Shed those extra kgs A healthy weight can keep infertility at bay. Regular exercise and a healthy diet are the cornerstones of attaining and maintaining a healthy weight.

Track your weight with our widest range of weighing scales. Click to shop Stay away from recreational drugs Drugs like marijuana, cocaine, anabolic–androgenic steroids (AAS), opiates (narcotics), and methamphetamines are examples of illicit drugs that can have a negative influence on male fertility. Say no to drugs not just for boosting fertility but also for overall health. Quit smoking Tobacco can harm your health, and it can affect fertility as well. Heavy smoking also increases the risk of erectile dysfunction. People who have been trying should try quitting to optimize their chances of conceiving.

Leave this deadly habit behind with our extensive range of smoking cessation products. Buy them now Be mindful while consuming alcohol Drinking too much can alter sperm count, shape, size, and motility. It can lower testosterone levels and affect ejaculation. So try to avoid or limit drinking alcohol. Keep calm and manage stress Everyone suffers from stress from time to time. However, too much stress is an important risk factor affecting male infertility. You can de-stress by working out, reading, meditating, or doing what you love.

Did you know, there are a few foods that can help you manage stress efficiently? Know more Give importance to sleep Research shows that lack of sleep time may reduce sperm quality in men. Getting adequate sleep of at least 7-8 hours is vital to maintaining your reproductive health.

Avoid heat around your testicles Heat near the testicles can kill sperm cells and result in the production of abnormally shaped sperm. Avoid keeping your laptop on your lap while working, take cold showers, and wear loose clothes.

Did you know? Cycling is associated with increased generation of testicular heat. A few studies (usually focused on road bikers) have shown that long-term low-to-intensive cycling training is potentially linked to deleterious effects on sperm. Hence, cyclists may routinely take sufficient rest after their training sessions to ensure the sperm’s healthy parameters. Specialist To Visit If you have failed to conceive for a year or if you are 35 or above, you may consider going to the following doctors:

Reproductive endocrinologist Urologist Andrologist

Reproductive endocrinologists are specially trained gynecologists that focus on fertility-related problems in both men and women. They are typically the primary consultants through the entire fertility testing and treatment process. If a male fertility specialist is needed, patients may be referred to a specialized type of urologist called an andrologist. Consult India’s best doctors online to give you all the care and guidance you need in this journey. Click here

Treatment Of Male infertility

There are several treatment options available for infertility in men. They include: 1. Medications Antioxidants: These are used to reduce oxidative stress, which can be causing male infertility. Pharmacological management includes antioxidants that can help combat the problem. The most commonly used ones include: Vitamin C Vitamin E Zinc Clomiphene Carnitines Dopamine antagonists: These are indicated for the treatment of infertility and the pituitary tumor. The drugs used are: Bromocriptine Cabergoline Selective estrogen receptor modulators (SERMs): These are SERMs compounds that act on the estrogen receptor as agonists or antagonists. Before These were used earlier to treat infertility for unknown reasons. They increase sperm production by increasing LH and FSH levels. Drugs used are: Clomiphene citrate (CC) Tamoxifen Toremifene Aromatase inhibitor (AI): It is prescribed for treatment of men with idiopathic azoospermia (no sperms). Anastrozole is the most commonly used drug in this category. However, treating male infertility is an off-label use of this medication. Ordering medicines has never been easier! Get guaranteed delivery from the largest online pharmacy. Add your prescription now

1. Hormonal therapy When infertility is due to a decrease in the levels of hormones, doctors may suggest replacements or medications such as hormone replacement therapy. These include: Testosterone replacement therapy Human chorionic gonadotropin (rec-hCGrecombinant) Recombinant LH (rec-hLH) Recombinant FSH (rec-hFSH) Purified urinary gonadotropins (GTs) The combined therapy of (hCG), LH, FSH, GnRH and human menopausal gonadotropin (HMG).
2. Surgery Surgery may be advised in the case of a varicocele or an obstruction. Surgical techniques are classified into microsurgical, laparoscopic, and conventional open methods. These include: Laparoscopic varicocelectomy: It is surgery to repair a varicocele. It has a significant improvement rate with lesser complications. Vasoepididymostomy (VE) and Vasovasostomy (VV): These two are procedures that are used to bypass any obstruction in the male genital tract. Microsurgical epididymal sperm aspiration/testicular sperm extraction (MESA/TESE): These procedures are used to retrieve sperm-containing fluid from optimal areas.
3. Assisted Reproductive Technology (ART) This is a range of treatments that involve getting sperm from a man by normal ejaculation or surgical extraction to insert it into the female genital tract. They include: Artificial insemination: This method puts healthy sperm at the entrance of the cervix or right into the female’s uterus. IVF, GIFT, and other techniques: In vitro fertilization (IVF) and gamete intra-fallopian transfer (GIFT) work like artificial insemination. In these techniques, your doctor collects your sperm, then mixes your partner’s eggs with a lot of high-quality sperm. These are then planted into the female fallopian tube. Intracytoplasmic sperm injection (ICSI): In this procedure, a single sperm is injected into an egg. Fertilization then takes place under a microscope. Once fertilized, your doctor puts the fertilized egg in the female uterus. Did you know? There is a biological clock ticking for men as well. Studies show plummeting sperm counts and declining sperm quality is seen in men after the age of 40. To tackle the female and male biological clock men can consider freezing their sperms. Home Care For Male infertility

Male infertility can sometimes be due to poor lifestyle choices. Follow all the points mentioned in the prevention section along with these important home care remedies: Avoid certain prescription medications Certain prescription medications like anti-androgens, anti-inflammatories, antipsychotics, opiates, antidepressants, and steroids can potentially decrease healthy sperm production. Talk to your doctor about their replacement. Try the fenugreek (methi) supplement Studies show that fenugreek can be used to improve sperm count and overall sperm quality. Get your daily dose of vitamin D Studies suggest that Vitamin D increases sperm motility and supports sperm health. Try to maintain optimum levels of vitamin D by basking in morning sunlight or through foods or supplements. Want to know the right way to take Vitamin D? Read along Take ashwagandha Also known as Indian ginseng, which is a traditional medicine that acts as a remedy for several forms of sexual dysfunction. Studies show that oral intake of Ashwagandha roots has been found to improve sperm count and motility. Buy ashwagandha products here. Tap now Load your plate with antioxidant-rich foods Several vitamins and minerals act as antioxidants, for example, Vitamin C, Vitamin E, selenium, zinc, etc. Make sure to add food items that are rich in these antioxidants to boost fertility.

If you are unable to meet your daily requirements with your diet, add supplements after consulting with your doctor. Check out vitamin and mineral supplements here. Click now Keep your cell phones at bay Cell phones emit electromagnetic radiation and especially when kept in pant pockets or near the groin region can have a negative effect on the testis. Complications Of Infertility in Males Complications of infertility in men are generally related to emotions and mental health as the treatment itself can be a long journey. These complications can include: Issues with the marital relationship: Infertility can often lead to issues in communicating, frustration, or in extreme cases, depression. Psychological distress: Continuous trying and treatment can lead to feelings of stress, depression, guilt, or anxiety in men. This can cause psychogenic impotence, which gives feelings of inadequacy. Alternative Therapies For Male infertility

Although the treatment options may work for you and your partner, some people may have to look at other options. Here are some alternative options: Acupuncture Acupuncture works by putting tiny, delicate needles into particular body locations. Research shows that acupuncture can help restore fertility in patients, by improving sperm quality and balancing the endocrine system and hormones. Sperm donation A sperm donor is a man who donates his semen to help an individual or couple trying to conceive. The donated sperm can be injected into women’s reproductive organs or used to fertilize mature eggs through IVF. Before going on with the procedure, the donor has to go through a series of tests to ensure there are no risk factors. Living With Male infertility

There are a lot of treatments available for infertility, all you need to do is embrace this journey with grace. Some tips that might help include: 1. Get your facts right If you have been trying for a long time, and are unable to conceive, don’t jump to any conclusions. Go to an expert, get your sperm tested, ask questions, and read as much as you can. There is no point in just being disheartened and giving up, understanding what your particular issue is, and what you can do to improve your chances of conception. 2. Set your expectations Before you decide on any procedure, consider your and your partner’s expectations, your financial situation, and your recovery time. 3. Know all your options Talk through all the options like adoption, IVF, or donor sperm before deciding anything. Talking about potential avenues will help you prepare for any setbacks and you will be ready with other options that you and your partner may want to try. 4. Talk about it Communicating with your partner and doctor can be the key to managing the stress and anxiety around infertility. Your doctor can help you understand how each procedure works, and it can help you suggest methods that will meet your expectations. Infertility comes with its own share of myths. Bust some myths! Frequently Asked Questions Can a stressful lifestyle cause infertility? When should I see my doctor, to talk about infertility? What questions should I ask my doctor, regarding male infertility? What is fertility preservation? Can male infertility be treated completely? References Leslie SW, Soon-Sutton TL, Khan MAB. Male Infertility. [Updated 2022 Nov 28]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan- Kirati M. Shah et al / Asian Pacific Journal of Reproduction 2021; 10(5): 195-202. Pizzino G, Irrera N, Cucinotta M, Pallio G, Mannino F, Arcoraci V, Squadrito F, Altavilla D, Bitto A. 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Measles Rubeola, 10-day measles, Red measles and Morbilli Overview Measles is a preventable, serious, highly contagious and acute febrile disease caused by the virus of the paramyxovirus family. It is an airborne disease in which the virus first attacks the respiratory tract and then spreads throughout the body. Symptoms of measles may develop about 7 to 14 days after exposure to the virus and usually lasts about 10 to 14 days. Some of the common symptoms of measles include high fever, runny nose, cough, and small white spots that can develop inside the cheek during the initial days. Some serious complications of measles include blindness, severe respiratory infections like pneumonia, and ear infections.

Measles spreads easily from person to person and slightest contact with an active case may infect a susceptible person. Hence, all precautions should be taken to its spread especially to those with weakened immunity like infants, children, pregnant ladies or immunocompromised patients.

Measles can be prevented by timely administration of the measles, mumps, and rubella (MMR) vaccine. It is a safe and effective way to protect you and your family from measles. There is no specific treatment for measles. However, symptomatic care including good nutrition, adequate fluid intake, and rest along with vitamin A supplements can help in alleviating symptoms. Key Facts Usually seen in Children below 5 years of age Adults above 20 years of age Gender affected Both men and women Body part(s) involved Skin Lungs Ear Central nervous system Mimicking Conditions Kawasaki disease Infectious mononucleosis Scarlet fever Rocky mountain spotted fever Chickenpox Dengue Malaria Drug infections Erythema infectiosum Meningitis Parvovirus B19 infection Pediatric enteroviral infections Pediatric rubella Pediatric sepsis Pediatric toxic shock syndrome Necessary health tests/imaging IgM antibody Real-time polymerase chain reaction Urine sample Molecular analysis Treatment Paracetamol Ibuprofen Vitamin A supplements Fluid therapy Specialists to consult General physician Pediatrician Infectious disease specialist Symptoms Of Measles

The first symptoms of measles develop 7 to 14 days after contact with the virus. It includes cough, runny nose, watery eyes, and fever. Measles rashe appear 3 to 5 days after the first symptoms.

1. Initial symptoms The first symptoms develop after 7 to 14 days of infection. It begins with a high temperature that reaches around 104°F. The other symptoms include cough, runny nose, swollen eyelids, weakness, loss of appetite, watery eyes, and red eyes that may be sensitive to light.
2. Koplik spots A day or two before the rashes appear Koplik spots may appear inside the mouth (small grayish-white spots). These spots usually last for a few days and not everyone develops these spots.
3. Measles rash A measles rash appears 2 weeks after the initial symptoms. The symptoms become severe and signals towards the host’s immune response towards the replicating virus. It usually begins as red spots. The rash is made up of small, red, brown spots that may join together into large blotchy patches. It first appears on the neck or head before spreading to the rest of the body. The rash fades slowly in the same order of progression as it appeared. Resolution of rash may be followed by desquamation (shedding of outer layer of skin), particularly in undernourished children.

As the rash of measles is a consequence of immune response, it may be absent in immunocompromised individuals.

1. Other symptoms Other symptoms like headache, abdominal pain, vomiting, diarrhea, and myalgia may be present. Did you know? Measles can be dangerous for babies and young children. Call your healthcare provider or seek help immediately, if your child has been exposed to measles. Consult Now! Causes Of Measles

Measles is caused by an extremely contagious virus called morbillivirus, a member of the paramyxoviridae family. It is spread by: Contaminated droplets that are transmitted through the air while coughing, sneezing, talking or coming in direct contact with infected nasal or throat secretions. The virus remains contagious in the air for up to two hours. Sharing food, drinks and utensils with someone who has measles. Kissing someone with measles. Shaking hands or hugging someone with someone who has measles. Pregnant women to their babies during the pregnancy, delivery or while breastfeeding. It can take one to three weeks to show symptoms of measles after being infected. This is the incubation period. This period may be shorter in infants and longer in adults.

Note: One is contagious about four days before developing a rash to about four days after the rash appears. Types of Measles

Measles caused by the Rubeola virus is the most common but there are different types of measles such as:

1. Atypical measles syndrome Individuals who are vaccinated may develop atypical measles syndrome (AMS) on exposure to measles due to incomplete immunity. The symptoms include headache, fever, cough, edema, and rashes.
2. Modified measles It is seen in people who receive immunoglobulin as postexposure prophylaxis. It is characterized by a short-lived rash and a prolonged incubation period.
3. Hemorrhagic measles It is characterized by a purpuric rash and bleeding from the nose, mouth or bowel. Risk Factors Of Measles

While measles can affect anyone, some risk factors elevate the risk of contracting the disease. Some of the risk factors are:

1. Vitamin A deficiency Measles is a major cause of morbidity and mortality. If you have Vitamin A deficiency, there is a very high chance of measles infection.
2. Being unvaccinated Unvaccinated young children are prone to measles and its complications including death. Unvaccinated pregnant women and non-immune people can become infected.
3. International traveling Traveling to countries where measles is common and less controlled puts you at a higher risk of developing the disease.
4. Countries experiencing a measles outbreak Countries experiencing or recovering from a natural disaster. Damage to health infrastructures interrupts routine immunization and greatly increases the risk of infection.

Here are 10 things you should follow if your child has a fever. Click To Read!

Diagnosis Of Measles

It is important to detect measles as soon as possible since it is a contagious disease. Establishing a diagnosis for measles involves the following:

1. Clinical evaluation Healthcare providers should consider measles in patients with febrile rash symptoms and white centers in your mouth (koplik spots). Koplik spots are especially helpful because they appear early. If the child has recently traveled or is unvaccinated, measles is even more likely. Sometimes other diseases can be complicated with measles, but measles rashes are easy to differentiate from other rashes. The rash starts on the hands and face rather than the trunk.
2. Lab tests Laboratory confirmation is important after the clinical evaluation is done by the doctor. IgM antibody: Detection of Measles specific IgM antibody in serum. The antibody is usually present soon after the rashes appear. The level of antibody is highest during the 14th day and is not present after the 30 days. IgG antibody: A four fold or greater increase in measles virus specific IgG antibody levels is seen between acute and convalescent phase serum specimens. Virus culture: Measles can also be diagnosed by isolation of the virus in cell culture from respiratory secretions, nasopharyngeal or conjunctival swabs, blood or urine. Giant cell test: Direct detection of giant cells in the respiratory secretions, urine or tissue obtained by biopsy provides another method of diagnosis. Real-time polymerase chain reaction (RT-PCR): Measles RNA by RT-PCR is a common method for confirming measles. Serum samples as well as the throat swab are used for sample collection. Urine sample: A urine sample can also contain the virus. Collecting urine samples can increase the chances of detecting the measles virus.
3. Molecular analysis Genotyping is done to map the transmission pathway of the measles virus. Genotyping is the way to distinguish between wild-type measles virus infection and rashes induced by measles vaccination. Specialist To Visit

Patients exhibiting the signs and symptoms of measles should visit first to a general physician. The doctor will be able to diagnose measles from the combination of the symptoms especially with the characteristics of rashes and if the condition worsens many complications can also be seen. If needed, your doctor may recommend you to go to a specialist such as: Infectious disease specialist Pediatrician Consult India’s best doctors online with a single click. Consult Now!

Prevention Of Measles

As measles is a viral disease, taking antibiotics cannot treat it. The best thing is to learn how to prevent it:

1. Measles, mumps and rubella (MMR) vaccine Getting vaccinated is the best way to prevent measles. You can either take the measles, mumps, rubella and varicella (MMRV) combination vaccine and opt for MMR. From time to time, boosters of the vaccine need to be taken to prevent oneself from getting the disease.

The following people should get themselves vaccinated to safeguard themselves: People who never had measles Infants between 6 to 11 months of age If you are not sure if you are vaccinated in the past The second dose should be given at 3 years and 4 months of age Note: Measles vaccine has been well tolerated and immunogenic in HIV-1 infected children and adults, although the antibody levels may wane. Because of the potential severity of wild type measles virus infection in HIV-1 infected children, routine measles vaccine is recommended except for those who are severely immunocompromised.

Measles vaccine is contraindicated in individuals who are severely immunocompromised because of the possibility of progressive pulmonary or CNS infection with the vaccine virus.

5 things to keep in mind when you vaccinate your child. Read To Know!

1. Human normal immunoglobulin (HNIG) HNIG is a special concentration of antibodies that give short-term but immediate protection against measles. It is recommended for people in the following age group if they are exposed to someone with measles. Babies under 6 months of age Pregnant women who have not been fully vaccinated People with compromised immune systems In immunocompetent persons, administration of immunoglobulin within 72 hours of exposure usually prevents measles virus infection and almost always prevents clinical measles. Administered upto 6 days after exposure, immunoglobulin will still prevent or modify the disease.
2. Special circumstances A dose of MMR vaccine can also be given to children over 6 months of age under certain circumstances. For example, in conditions like: If there is an outbreak of measles in your area Exposure to measles Planning to travel where measles is widespread
3. Isolation To prevent measles, keep a distance from the person having the infection. An infected person should be isolated for a few days to a few weeks to return to normal activities.
4. Practice hygiene and cleanliness To prevent measles keep yourself clean and free of infections. The steps to be taken care of: Avoid touching your nose, mouth as much as possible Use tissue paper while coughing and sneezing Always use a sanitizer

How well do you wash your hands? Learn the right way! Click Here!

Treatment Of Measles

There is no specific treatment for measles and the condition usually improves by itself within 7 to 10 days. To avoid the spreading of infection avoid contact with people who are vulnerable like pregnant women, immunocompromised people, and young children. Also try to stay away from work or school at least for 4 days when the measles rash first appears.

The treatment includes relieving the symptoms & fighting the infection. If symptoms are causing discomfort then the symptoms need to be treated first, while you wait for your body to fight off the virus. The treatment approach includes:

1. Controlling fever and relieving pain Paracetamol and Ibuprofen can be taken to control fever and the pain caused by the fever. Liquid infant paracetamol can be used for young children.
2. Taking Vitamin A supplements Children with low levels of Vitamin A are more likely to show more severe symptoms of measles. Vitamin A has been found to be effective in reducing the severity of measles. The WHO recommends administration of once daily doses of 200,000 IU of Vitamin A for 2 consecutive days to all children with measles who are >12 months of age and lower doses for children 6-12 months of age.
3. Drinking plenty of fluids If your child is having a high temperature drink a lot of fluids to eliminate the risk of dehydration.
4. Treating sore eyes Cleaning your child’s eyelids and closing curtains or dimming lights can help in soothing the eyes.
5. Treating cold-like symptoms If your child has cold-like symptoms that make them sit in a hot bathroom, drinking warm drinks containing honey can help to relax the airway and soothe a cough.
6. Dealing with other illnesses Medical care is necessary to avoid serious complications because of the measles virus. Some serious problems are: Shortness of breath Convulsions Sharp chest pain
7. Ribavirin (antiviral) Some case reports have been published in favor of intravenous ribavirin in immunocompromised patients. However, the benefits of ribavirin in measles have not been conclusively demonstrated in trials. Home-care For Measles

There is no specific home care treatment for measles. The patient requires care and time to time medicines and few precautions since it is a contagious disease. Home care is to be taken to make the disease tolerable: Get plenty of rest A sponge bath can reduce discomfort due to fever Drink plenty of water Pain relievers and analgesics such as acetaminophen To reduce itching from the rash, one can use witch hazel on the rashes or add oatmeal to a bath. Wondering how to make your young one eat better? Here’s the answer. Click To Know!

Complications Of Measles Measles can cause the following complications:

1. Common complications The most common complications are otitis media and bacterial pneumonia. Other respiratory complications include laryngitis, tracheitis, bronchitis, giant cell pneumonia, bronchiectasis and flaring up of latent M. tuberculosis infection. Gastrointestinal complications include persistent diarrhea, appendicitis, hepatitis, and ileocolitis.
2. Severe complications in children and adults The severe complications include pneumonia and encephalitis. These complications can be life threatening and the patients require hospitalization for proper recovery.
3. Long-term complications Subacute sclerosing panencephalitis (SSPE) is a rare and fatal disease of the central nervous system that develops 7 to 10 years after a person has measles at a frequency of 1 per 100,000 cases.
4. Rare complications In rare cases, measles can lead to heart and nervous system problems and serious eye disorders. Alternative Therapies For Measles

Home remedies for measles

The following home remedies can help in recovery from measles.

1. Aloe vera: It is applied on the inflamed area and helps in soothing inflamed skin.
2. Neem leaves: Neem has antibacterial and anti-allergic properties. It is used to relieve the itching sensation caused due to skin rashes. Take neem leaves and make a thin paste of them and apply them to the affected area and let them dry.
3. Licorice herb: It is an ancient herb to cure measles. Tea can be prepared by adding licorice herb and it helps in reducing the cough caused by measles.
4. Baking soda: One cup of baking soda can be added to bathing water and this will provide quick relief from itching.
5. Coconut water: It is rich in nutrients and cleanses the body. Drinking plenty of coconut water helps in flushing the toxins out of the body. It keeps the body hydrated.
6. Turmeric: It has both antioxidant and antiseptic properties. It is used as an ancient home remedy. Drinking hot water infused with turmeric and honey helps reduce symptoms associated with measles.
7. Green tea: Green tea can be consumed for antioxidant, anti-inflammatory, and immune boosting effects. Try to consume caffeine-free green tea.
8. Phyllanthus amarus: It is a medicinal plant used in the treatment of measles. However, phyllanthus can interact with lithium, diabetes and blood-thinning medications such as warfarin. Hence, should be consumed only after consultation with your doctor.

Dietary modifications Drink 8 glasses of filtered water daily. Avoid refined foods, such as white breads, pastas, and sugar. Use healthy oils in cooking, such as olive oil, coconut oil or ghee. Reduce or eliminate trans fats found in processed and packaged foods like biscuits, namkeens, and cakes etc. Limit caffeine containing beverages like coffee. Avoid alcohol and tobacco. Nutritional supplements A multivitamin containing antioxidants, vitamins A, B, C, E, and minerals such as magnesium, calcium, zinc, and selenium, should be taken daily. Omega-3-fatty acids such as fish oil and flaxseed oil can be taken to reduce inflammation and improve immunity. Probiotic supplements can be taken for maintaining gastrointestinal and immune health. Frequently Asked Questions What is the difference between measles and German measles? Do adults need the MMR vaccine? How effective is the measles vaccine? How is measles treated? Is the measles vaccine safe? Can a person get measles more than once? References Measles. World Health Organization (WHO). Last updated December 2019. For healthcare providers.Centers for Disease Control and Prevention( CDC). Last updated November 2020. Complications of Measles.Centers for Disease Control and Prevention( CDC). Last Updated November 2020. Moss WJ. Measles. Lancet. 2017 Dec 2;390(10111):2490-2502. doi: 10.1016/S0140-6736(17)31463-0. Epub 2017 Jun 30. a, characterized short.

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Melanoma Also known as Malignant melanoma, Melanoblastoma, Melanocarcinoma, Melanoepithelioma, Melanosarcoma, Melanoscirrhus, Melanotic Carcinoma and Nevus Pigmentosa Overview Melanoma is a cancer of the cells which give color to skin, called the melanocytes. It can be more threatening than the other forms of skin cancer because it tends to metastasize or spread to other parts of the body, causing serious complications.

Risk factors for melanoma include fair skin, light hair and light-colored eyes, a history of prolonged and fierce sun exposure, close family members with melanoma, and moles that are irregular and large in size and number.

Early detection and diagnosis of melanoma are crucial. Changing or unusual spots on the skin should be brought to medical attention without delay. Diagnosis is usually done by a biopsy in which a piece of skin containing the pigmented tumor is removed for lab analysis.

Caught early, most melanomas can be managed with relatively minor surgical removal. However, treatment at the later stages becomes challenging and mostly comprises surgery, chemotherapy, radiation, immunotherapy, and targeted therapy. Key Facts Usually seen in Adults above 65 years of age Gender affected Both men and women Body part(s) involved Skin Prevalence Worldwide: 1.7% (2018) Mimicking Conditions Solar lentigo Seborrheic keratosis Blue nevus Dermatofibroma Keratoacanthoma Pyogenic granuloma Atypical fibroxanthoma Basal cell carcinoma Epithelioid tumor Halo nevus Histiocytoid hemangioma Mycosis fungoides Pigmented spindle cell tumor Sebaceous carcinoma Necessary health tests/imaging Biopsy: Punch biopsy, incisional biopsy, Fine needle aspiration cytology (FNAC) & Surgical (excisional) lymph node biopsy Imaging tests: Chest x-ray, Ultrasound, Computed tomography (CT) scan& CT-guided needle biopsy Blood tests: Lactate dehydrogenase (LDH), Complete blood count (CBC), Liver function tests (LFT) & Kidney function tests (KFT) Treatment Immunotherapy: Nivolumab, Pembrolizumab, & Pegylated Interferon Alpha 2B. Chemotherapy: Carboplatin & Abraxane. Radiation therapy Targeted therapy Surgery See All Symptoms Of Melanoma

Several symptoms can indicate the presence of melanoma in your body. However, few common symptoms of melanoma can overlap with those of several skin cancer types. Nevertheless, several symptoms are specific to melanoma.

Melanoma can start developing in any part of your body. But it is most commonly seen in the areas, which are exposed to the sun. These body parts include the face, legs, arms, and back.

People who have a darker skin shade can also have melanoma developing in areas with less sun exposure. These body parts include the palms of your hand, the fingernail beds, and the soles of your feet. These are known as hidden melanomas.

Some of the earliest symptoms of melanoma can be: A change or development in a pre-existing mole A new mole, pigmented skin, or growth starts developing on your skin

However, it is important to note that melanoma doesn’t always start from a mole. There are some easy ways to differentiate between a normal mole and a mole that can become carcinogenic. To remember this, all you need to think of are the letters ABCDE: ‘A’ stands for asymmetry: A mole that has a chance of becoming cancerous will most likely have an asymmetrical shape. Therefore, the mole will not have identical halves and will look like it has no particular shape. ‘B’ stands for border: In a cancerous mole, the border will be irregular. It will not be circular or oval, like normal moles. Instead, it might have a notched or scalloped border. ‘C’ stands for color: Carcinogenic moles can change colors with time. Try looking for unusual growths that have different colors instead of one particular color. Some of these moles might have a single color, but they might be unevenly distributed, which can also be an indication. ‘D’ stands for diameter: Usually, moles are about ¼ inch or 6 millimeters. Anything larger than that can be carcinogenic. ‘E’ stands for evolving: The most significant indicator of a cancerous mole is that it changes over time. Try to see if the mole grows in size or changes its colors. It might even change its shape or become itchy. In some cases, one might even note bleeding.

Is it skin cancer? Read more about 6 usual signs you need to be aware of. Click Here!

Types Of Melanoma

Melanoma can be classified into the following types: 1. Cutaneous (skin) melanoma There are four major types of cutaneous melanoma: Superficial spreading melanoma: This is the most common form of the disease, responsible for about 70% of cases. This type usually develops in a pre-existing mole. Nodular melanoma: This is the second most common, responsible for 15 to 30% of cases. These are more aggressive and usually develop more rapidly than superficial melanomas. Lentigo maligna: This type of melanoma appears as large, flat lesions most commonly found on the faces of light-skinned women over the age of 50. This form of melanoma, responsible for about 4% to 10% of cases, has a lower risk of metastasis than other types. Acral lentiginous melanoma: This occurs on the palms, soles of the feet or beneath the nail beds. They account for only 2% to 8% of melanomas in fair-skinned patients, but up to 60% of melanomas in darker-skinned patients. This type of melanoma is extremely aggressive and large, with an average diameter of three centimeters. 2. Mucosal melanoma Mucosal melanomas are rare, making up only about 1% of all diagnosed melanoma cases. This disease occurs in mucosal tissue, which lines body cavities and hollow organs like the nasal cavity, mouth and esophagus, rectum, urinary tract and vagina. It can be very hard to detect, and even when diagnosed and treated, the prognosis is poor. 3. Ocular melanoma Because the eyes contain melanocytes, or pigment producing cells, they can be susceptible to melanoma. Two types of ocular melanoma include: Uveal melanoma: It is a cancer (melanoma) of the eye involving the iris, ciliary body, or choroid (collectively referred to as the uvea). Conjunctival: This is the melanoma of the conjunctiva that presents as a raised, pigmented or nonpigmented lesion that appears in adult life. Causes Of Melanoma

Melanoma occurs when there is a problem with the melanocytes present in your body. Melanocytes are the cells that produce melanin, which gives color to your skin. Melanoma generally begins through moles, but most moles are not carcinogenic.

Usually, healthy cells push the old cells through your skin, where they perish and fall off. But when cells have DNA damage, the new cells start multiplying abnormally and accumulate around the old cells, creating a cluster of cancerous cells.

Even after several years of research, scientists have not pinpointed a precise reason behind melanoma development in a person. But there could be several factors that might be responsible for melanoma.

The cancerous moles can be a result of DNA mutations. DNA mutations can cause different types of cancers.

The gene mutations resulting in melanoma can be of two types: 1. Acquired gene mutations Generally, the gene mutations that result in melanoma are acquired during a person’s life rather than getting inherited. Sometimes these changes can occur randomly without any specific reason. But at other times, it can be linked to an external cause.

One of the most common causes attributed to melanoma development is exposure to ultraviolet rays (UV). UV rays can damage skin cells and affect the genes responsible for cell growth, making them cancerous.

Usually, UV ray exposure is because of the sun, but sometimes it can be caused by manufactured products such as tanning beds and tanning lamps. UV ray exposure does not cause cancer immediately - it might take several years to develop and manifest. Hence, melanoma is more common in adults rather than in children or teenagers.

When melanoma develops in areas with no sun exposure, it is usually due to changes in different genes rather than the ones exposed to the sun. They can also be due to several environmental factors, but the most probable cause is genetic changes. 2. Inherited gene mutations People can also inherit the gene changes that are responsible for melanoma from their parents. However, this is a rare scenario. These people have specific DNAs that are more likely to develop melanomas, especially in regions exposed to the sun. Did you know? You can identify the mutations and changes in your genes by a simple test. This can help with the prevention and diagnosis. Read more about cancer 50 gene panel. Read Now! Risk Factors For Melanoma

There are several risk factors for melanoma. Some of these include: 1. Dysplastic moles A dysplastic nevus is a type of mole that looks different from a common mole (nevi). The risk of melanoma is greatest for people who have a large number of dysplastic nevi. This risk is high especially for people with a family history of both dysplastic nevi and melanoma. 2. Fair skin Melanoma occurs more frequently in people who have fair skin that burns or freckles easily (these people also usually have red or blond hair and blue eyes) than in people with dark skin. 3. Ethnicity Studies show that caucasians get melanoma far more often than do black people, probably because light skin is more easily damaged by the sun. 4. Personal or family history of melanoma or other skin cancers People who have been treated for melanoma have a high risk of a second melanoma. Melanoma sometimes runs in families. Having two or more close relatives who have had this disease is a risk factor. When melanoma runs in a family, a doctor should check all family members regularly. 5. Atypical mole syndrome (formerly termed B-K mole syndrome, dysplastic nevus syndrome) People with this inherited condition have many dysplastic nevi. If at least one close relative has had melanoma, this condition is called as familial atypical multiple mole and melanoma syndrome, or FAMMM. 6. Age Melanoma is more likely to occur in older people, but it is also found in younger people. The median age of melanoma is around 50 years, which means that about half of people with melanoma are diagnosed when they are younger than 50 and about half are diagnosed when they are older than 50. Melanoma that runs in families may occur at a younger age. 7. Ultraviolet (UV) radiation Experts believe that melanoma is related to an increase in the amount of time people spend in the sun. This disease is also more common in people who live in areas that are at higher altitudes. 8. Indoor tanning People who use tanning beds, tanning parlors, or sun lamps have an increased risk of developing all types of skin cancer. Using indoor tanning devices is strongly discouraged. 9. Severe, blistering sunburns People who have had at least one severe, blistering sunburn as a child or teenager are at increased risk of developing melanoma. Sun protection may reduce the risk of melanoma later in life. Sunburns in adulthood are also a risk factor for melanoma.

Are you getting sunburns? Read more about natural remedies for sunburns. Tap To Read!

1. Weakened immune system People whose immune system is weakened by certain cancers, by drugs given following organ transplantation, or by HIV are at increased risk of developing melanoma.

The risk to cancer patients due to COVID-19! Any infection can possibly affect a cancer patient more than any healthy individual. For the patients undergoing chemotherapy, it is all the more challenging. Even amongst cancer patients, children are at maximum risk of getting affected due to this infection.

Know about COVID -19 care plan. Read Now!

1. Other inherited conditions People with specific inherited genetic conditions have an increased risk of developing melanoma. These conditions include: Xeroderma pigmentosum: It is an inherited condition characterized by an extreme sensitivity to ultraviolet (UV) rays from sunlight. Retinoblastoma: It is cancer of the retina. Li-Fraumeni syndrome: It is a rare hereditary or genetic disorder that increases the risk of developing cancer. Werner syndrome: This syndrome is characterized by the dramatic, rapid appearance of features associated with normal aging. Hereditary breast and ovarian cancer syndromes: It is a genetic condition that makes it more likely for a person to get breast, ovarian, and other cancers.
2. Socioeconomic status Lower socioeconomic status has been linked to more advanced cases of melanoma at the time of detection.This could be because low socioeconomic status individuals have less risk perception and knowledge of the disease. Did you know? A study, conducted by Harvard and Brown University, was focused to determine the risk of developing melanoma due to increased consumption of alcohol. Understand how wine consumption can increase your chances of getting melanoma. Read Here! Diagnosis Of Melanoma

Several tests and procedures can be conducted to diagnose melanoma. Some of the standard tests include: 1. Physical exam The doctor will first ask you various questions about your medical and health history. After that, they will inspect your skin to find any symptoms or signs that might indicate melanoma. 2. Biopsy If the doctor finds a part of the skin that might be suspicious, they will examine that part of the skin. The doctor might take a tissue sample from that part of the skin and send it to a lab for biopsy. Types of biopsy include: Shave (tangential) biopsy: A shave biopsy is useful in diagnosing many types of skin diseases and in sampling moles when the risk of melanoma is very low. Punch biopsy: The doctor rotates the punch biopsy tool on the skin until it cuts through all the layers of the skin. The sample is removed and the edges of the biopsy site are often stitched together. Excisional biopsy: It is done to examine a tumor that might have grown into deeper layers of the skin. Incisional biopsy: An incisional biopsy removes only a portion of the tumor. 3. Biopsies of melanoma that may have metastasized (spread) Biopsies of areas other than the skin may be needed in some cases. For example, if melanoma has already been diagnosed on the skin, nearby lymph nodes may be biopsied to see if cancer has spread to them. These include: Fine needle aspiration cytology (FNAC): It may be used to biopsy large lymph nodes near a melanoma to find out if the melanoma has spread to them. Surgical (excisional) lymph node biopsy: This procedure can be used to remove an enlarged lymph node through a small incision (cut) in the skin. Sentinel lymph node biopsy: If melanoma has been diagnosed and has any concerning features (such as being at least a certain thickness), a sentinel lymph node biopsy (SLNB) is often done to see if the cancer has spread to nearby lymph nodes, which in turn might affect treatment options. 4. Imaging tests Imaging tests can also be done to help determine how well treatment is working or to look for possible signs of cancer coming back (recurring) after treatment. These include: Chest x-ray: This test might be done to help determine if melanoma has spread to the lungs. Ultrasound: It uses sound waves to create images of the inside of your body on a computer screen. Ultrasound-guided needle biopsy: This is done to help guide a biopsy needle into a suspicious lymph node. Computed tomography (CT) scan: The CT scan uses x-rays to make detailed, cross-sectional images of your body. CT-guided needle biopsy: CT scans can also be used to help guide a biopsy needle into a suspicious area within the body. Magnetic resonance imaging (MRI) scan: MRI scans use radio waves and strong magnets instead and can be very helpful in looking at any tumor in the brain and spinal cord. Positron emission tomography (PET) scan: A PET scan can help show if the cancer has spread to lymph nodes or other parts of the body. It is most useful in people with more advanced stages of melanoma. PET/CT scan: This lets the doctor compare areas of higher radioactivity on the PET scan with the more detailed appearance of that area on the CT scan. 5. Blood tests Blood tests aren’t used to diagnose melanoma, but some tests may be done before or during treatment, especially for more advanced melanomas. These include: Lactate dehydrogenase (LDH) Complete blood count (CBC) Liver function tests (LFT) Kidney function tests (KFT)

Make sure to get the right diagnosis with reliable medical test. Book Now! Celebs affected Khloe Kardashian From the famous Kardashian family, Khloe had two moles removed from her back. Unfortunately, one of these was melanoma. She now self-examines regularly and is a vocal spokesperson for cancer. Andy Cohen The popular talk show host had a mole on his lip, which turned out to be melanoma. He said that it might have been due to his habit of tanning. He now takes sun safety measures. Prevention Of Melanoma

There are several different ways to reduce the risk of getting melanoma and all other types of skin cancer. 1. Do not go out in the middle of the day The sun is at its highest point during the middle of the day. It means that the sun’s rays are more direct, which increases the chances of UV light exposure. UV light radiation is one of the primary risk factors for melanoma. To lower your chances of getting skin cancer, you should not go out often between 10 am and 4 pm. If you have to go out during the day, try to seek as much shade as possible. 2. Avoid getting suntans or sunburns Accumulated sun exposure over your life can cause skin cancer later in life. Remember, there is no such thing as a healthy suntan and a blistering sunburn can significantly increase the chances of getting melanoma. 4. Wear sunscreen all year long Wearing sunscreen is one of the easiest ways to avoid getting a suntan or sunburn and protect your skin against the sun’s UV rays. You should wear sunscreen all year long, even when the sky is cloudy. Ensure that the sunscreen has an SPF higher than 30 if you are out in the sun for extended periods. Also, reapply every two hours if you sweat or swim. Use sunscreen before going out in the sun! If you are trying to avoid getting melanoma in the future, the best way to ensure the safety of your skin is by regularly applying sunscreen. If you are going out for longer hours, get water-resistant sunscreen that has an SPF of 30 or higher.

Learn the basics of using sunscreens the right way. Click Here! 5. Cover yourself Always cover yourself completely when going out in the sun. Wear full-sleeved clothes, and favor darker colors and tighter clothing items. Also, cover your head with a broad-brimmed hat. The hat will provide better protection compared to a visor or a baseball cap. Finally, don’t forget to add a pair of sunglasses or UV-blocking glasses. 6. Do not use tanning beds or lamps Tanning beds and lamps tan your body using UV rays. Direct exposure to them can increase your chances of getting skin cancer. 7. Examine your skin regularly Make sure that you inspect your skin regularly and notice any new changes. Make sure that you note any new moles, unusual growths, freckles, birthmarks, or bumps. Try to check all parts of your body, even the ones that don’t receive sunlight. Also, go to a dermatologist once a year to get a body checkup.

Early detection of cancer can be life-saving and can be easy to treat if it is in the initial stage at the time of diagnosis.

Read about 8 common signs of cancer that you should be aware of. Read To Know! Specialist To Visit

Consult a dermatologist (skin doctor) if you see any changes in your skin that you think is new or if you are worried about your skin. If you are diagnosed with melanoma, you will be required to consult several different types of doctors and specialists. All these doctors will help deal with varying aspects of the disease and figure out the best treatment plan for you.

Some common specialists you should consult include: Dermatologist Surgical oncologist Radiation oncologist Medical oncologist

A surgical oncologist is a surgeon who has special training in performing biopsies and other surgical procedures in cancer patients. A radiation oncologist is a doctor who has special training in using radiation to treat cancer. A medical oncologist treats cancer using chemotherapy and other medications like targeted therapy or immunotherapy.

Seek medical advice from our world-class professionals to diagnose and treat melanoma. Book An Appointment! Treatment Of Melanoma

In its early stages, the easiest way to treat melanoma is through surgery. However, when melanoma spreads beyond the skin, several different methods might get used for treatment in its later stages. 1. Removal of lymph nodes It is a surgical method used if the melanoma has spread beyond the skin to the lymph nodes. The doctor will remove the affected lymph nodes and a small part of the surrounding area to stop the spread. 2. Immunotherapy It is a drug treatment that is commonly recommended after surgery. There are two major types of drugs that are used in immunotherapy.

Immune checkpoint inhibitors: These drugs enable the proteins in the immune system, which are disabled by the cancerous cells. Therefore, the immune system again starts attacking the cancer cells. Some common drugs include: Nivolumab Pembrolizumab Ipilimumab

Cytokines: The body produces proteins called cytokines which help in boosting the immune system. In some cases, doctors recommend artificial cytokines for melanoma. These drugs make it difficult for cancer cells to divide and multiply. Some common drugs include: Interferon Alpha 2A Interferon Alpha 2B Pegylated Interferon Alpha 2B Pegylated Interferon Alpha 2A 3. Targeted therapy In targeted therapies, drugs are aimed at a distinct point in the cancer cells responsible for multiplying and dividing abnormally. This therapy is unique to every patient, depending on how their cancer cells react to the drug. 4. Chemotherapy These are drugs that kill cancer cells. These are often used as the last resort while treating melanoma. Some common chemotherapy drugs include: Carboplatin Abraxane 5. Radiation therapy In this procedure, X-Rays or other high-energy beams are given to the patient to kill the cancer cells. It is suggested if the melanoma has spread to the lymph nodes and beyond, and can’t be treated by surgery. Home-Care For Melanoma

Diet might not be closely linked to melanoma, but it can help in building immunity and helping you fight against the side effects that can occur due to the drug treatments. Here are some things you can do to take care of melanoma at home: 1. Eat right Protein-rich food like lean meats, eggs, low-fat dairy products, nuts, etc can be beneficial. Include whole grains in your diet like whole-wheat bread, oatmeal, brown rice, etc. Also try to eat fat from healthy sources like olive oil, nuts, seeds, etc. Avoid eating a lot of sweets or added sugars.

In addition, you should eat foods rich in antioxidants and even take antioxidant supplements, if necessary. Studies have shown that green tea (known for its healing abilities and abundance of antioxidants) can inhibit the growth of melanocytic cells.

Eat Your Way Out Of Cancer! According to the National Cancer Institute USA, about one-third of cancer deaths are related to poor dietary choices. You can do your bit to prevent cancer by making healthy lifestyle choices, and including fruits to your diet.

Read about 8 fruits that can help keep cancer at bay. Explore Now!

1. Stay hydrated Fluids carry nutrients to cells, flush bacteria from the bladder and prevent constipation. Staying hydrated makes treatment side effects less severe and lowers your chances of missing or delaying cancer treatments.
2. Exercise Exercising daily can also help you relieve stress and reduce tiredness.

Know how walking daily for 30 mins can improve the quality of life in advanced cancer. Read This! Complications of Melanoma

Some common complications of melanoma are: Recurrence: Cancer always has a chance of recurring in your lifetime, even after it has been completely removed. It is best to check yourself regularly, even when the treatment is complete. Metastasis: In this scenario, cancer can spread beyond the skin to the muscles, organs, and nerves of the body. Secondary infection: This is seen due to disruption of the normal skin barrier. Scarring: Can result from the lesion itself or treatments. Lymphedema: It refers to tissue swelling caused by an accumulation of protein-rich fluid systems. It commonly occurs secondary to the removal of lymph nodes but can result from cancer alone. Depression and anxiety: A higher prevalence of anxiety and depression have been identified in patients with advanced melanoma compared to those with early disease. Alternative Treatment for Melanoma

Cancer cannot get treated entirely without professional medical help, but these therapies can help your immune system become more vital and make you healthier. Some standard alternative therapies include: 1. Acupressure and acupuncture These are physical therapies that can help in lowering the pain experienced when you have cancer. In acupressure, the energy is released by putting pressure on different body parts, while in acupuncture, needles are used to release the stored energy. 2. Massage and physiotherapy These techniques can help you in dealing with the chronic pain that a cancer patient experiences. In addition, if cancer has progressed to a higher stage, massages and physiotherapy can be beneficial. 3. Mind and body therapy Exercise is one of the best ways to become healthier and stronger. It is highly recommended to patients dealing with melanoma. They also help in maintaining a healthy body weight which is vital during the treatment process. There is no need to do strenuous activities, and you can just do light activities like walking regularly and yoga.

Yoga for good health! Read about the 12 benefits of yoga. Click To Read!

1. Hyperthermia This is a type of treatment in which body tissue is heated to as high as 113 °F to help damage and kill cancer cells with little or no harm to normal tissue. Hyperthermia to treat cancer is also called thermal therapy, thermal ablation, or thermotherapy. However, hyperthermia to treat cancer is not widely available. Living With Melanoma

Having cancer can be a life-altering event. It can be tremendously difficult for someone to cope with it both mentally and physically. It can change the course of your life, and when you first get the diagnosis, it can be pretty confusing as to what to do. Here are some tips which might help you. 1. Educate yourself After getting a diagnosis, make sure that you learn as much as you can about melanoma. Ask your doctor all the questions you have. Do not depend on the internet to answer them. It can provide you with some basic information and help you know what to do. Make sure that you research treatment options, diet, and prognosis of the disease. It will also help you make better decisions and be confident about them. 2. Maintain close relationships Cancer can feel like a very lonely experience. Make sure that you are in close touch with your family and friends. This will help you have a strong support system and let you maintain a healthy mental state. They can also provide care for you during the surgical procedures and just be there for you during a tough time. 3. Communicate While going through a traumatic experience, one of the best things is to find someone to confide in. This person can be a friend or a family member to whom you are close. If you find it awkward speaking to people you know, you can go to a therapist or counselor. Cancer support groups can also be beneficial in these situations.

Join cancer support groups. Cancer can be a complex disease to deal with. It can change your outlook on life and make you feel depressed, anxious, and stressed. If you have cancer, you should find people who relate to you and to whom you can talk about this life-altering experience. These can be medical professionals or therapists. Joining a cancer support group can be helpful as it can help you cope with the stress of cancer.

Read everything related to cancer support. Click Here!

Frequently Asked Questions Is melanoma always fatal? How is melanoma caused? Is melanoma considered cancer? Can you have melanoma for a long time and not know? Where does melanoma spread first? What is the survival rate for stage IV melanoma?

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Melasma Also known as Chloasma and Mask of pregnancy Overview Melasma is a common skin condition that is characterized by the appearance of brown to gray-brown patches primarily on the face. It is more common in females and individuals with darker skin tones.

Sun exposure is the most important risk factor for the development of melasma. Hormonal imbalances due to pregnancy, periods, and hormonal contraceptives also stimulate the development of melasma in females.

The basic preventive measures include having a strict sun protection regimen that involves use of a broad-spectrum sunscreen, limiting time in sun, wearing a hat while going out, and using an umbrella.

Several treatment options are available for melasma including topical hydroquinone, which is the mainstay of treatment. However, the management of melasma is challenging due its slow response to treatment and recurrence.

While melasma does not cause any bodily complications, individuals often feel conscious about their facial appearance which can impact their emotional and mental health. Key Facts Usually seen in Women between 20 to 30 years of age Gender affected Both men and women but more common in women Body part(s) involved Cheeks Chin Nose bridge Forehead Upper lip Prevalence Actinic Lichen Planus Acanthosis Nigricans Discoid Lupus Erythematosus Drug-Induced Photosensitivity Exogenous Ochronosis Frictional Melanosis Pigmented Contact Dermatitis Post-inflammatory Hyperpigmentation Necessary health tests/imaging Physical examination Wood lamp examination Electron microscopy Hormonal assays: Follicle stimulating hormone (FSH), Luteinizing hormone (LH), Prolactin, and Thyroid hormones. Dermoscopy Treatment Bleaching agents: Hydroquinone Epidermal turnover enhancers: Retinoids (tretinoin, adapalene and isotretinoin), Alpha hydroxy acids (mandelic acid) & salicylic acid Ingredients that target various pathways of melanin synthesis: Retinoids (tretinoin, adapalene and isotretinoin), Arbutin (α or β Arbutin), Azelaic acid & Kojic acid Antioxidants: Vitamin E (α-Tocoferol acetate), Vitamin C (Sodium ascorbyl phosphate, Ascorbyl Palmitate & Ascorbyl Glucoside Topical steroids: Fluocinolone acetonide & Dexamethasone Combination formulas: HQ + Tretinoin + Fluocinolone acetonide, HQ+ Tretinoin  + Dexamethasone+ Modified Kligman’s formula (KF), Modified KF + Glycolic acid, Kojic Acid + Glycolic Acid & Azelaic acid + Retinoic acid Oral agents: Tranexamic acid Newer agents: Melatonin, Glutathione, Cysteamine, Methimazole & Flutamide Device based therapies: Intense pulsed lights (IPLs), Fractional lasers (Er:Glass laser, Er:YAG laser, CO2 laser), Ablative lasers, Q-switched lasers (QSL), Picosecond lasers, Sublative lasers(fractional 1927 nm, thulium fiber laser) Platelet-rich plasma therapy (PRP) Specialists to consult General physician Dermatologist Gynecologist (in case of pregnancy) Symptoms Of Melasma The classical symptom of melasma is the appearance of brown to gray-brown patches primarily on the face. The expression of the patches are predominant in the areas that are exposed to sun. It includes organs such as cheeks, upper lip, chin, and forehead. In rare cases, melasma occurs on the jawline, neck, arms, or any other organ. The color of the patches vary depending upon the skin tone of the individual and the severity of the condition. Sometimes, the patches look bluish-gray in darker skin individuals. There are three patterns in which melasma can be distributed: Centrofacial: It is the most common pattern of melasma. The patches are distributed over the cheeks, nose, forehead, upper lip, and chin. Malar: This pattern involves the cheeks and nose. Mandibular: It involves the jaw. Characteristics of patches There are several conditions that can cause patches on the skin. The specific characteristic of melasma include: The color of the patches and spots are darker than the natural skin color. The patches develop on both sides of the face. The size of the patch is large due to the joining of the small unevenly shaped patches. The patches are more visible in sunlight. The patches are neither itchy nor painful. Types Of Melasma

Melasma can be divided into three categories based on the layer of skin involved. Epidermal melasma In this, the patches are formed in the uppermost layer of the skin known as the epidermis. The patches are usually of dark brown color with a well-defined border. Epidermal melasma has a good response to the treatment. Dermal melasma It is characterized by the presence of light brown to blue-gray patches that extend to the second deeper layer of the skin – the dermis. The border of the patches is usually disoriented. Dermal melasma shows a poor recovery even after the treatment. Mixed melasma It is the most common type of melasma. It is characterized by a combination of blue-gray, light brown, and dark brown patches in both the dermis and epidermis. Treatment usually shows a partial improvement in such type of melasma. Causes Of Melasma

Melasma is a hyperpigmentation disorder in which there is an overproduction of a pigment called melanin which is responsible for skin color. Increased melanin gets deposited in the layers of the skin and forms patches. The exact cause of melasma is complex, however, these structural and functional changes in the skin can be triggered by various risk factors discussed in the next section. Risk Factors For Melasma Melasma is triggered by various modifiable and non-modifiable factors discussed below. Sunlight exposure Exposure to the sun is the biggest risk factor for melasma. Sunrays contain UV radiations which triggers the body to produce more melanin. The areas exposed to sun such as face, neck, and arms are more prone to melasma. Skin tone Individuals with darker skin tones are more likely to develop melasma due to more melanin-producing cells. Race Some races are more prone to develop melasma. These include Latin, Asian, Black, or Native American heritage. Family history Melasma tends to run in families. Studies suggest that in 40% cases of melasma individuals, there is one close relative affected with this condition. Gender Women between the age of 20 to 40 are more susceptible to melasma. Pregnancy Studies suggest that the chances of developing melasma in pregnancy is as high as 15 to 50%. This happens due to hormonal fluctuations. The risk is even higher during the third trimester of pregnancy due increase in the level of estrogen, progesterone, and melanocyte-stimulating hormone during that phase. The patches usually disappear on their own after delivery. If the melasma continues postpartum, it predisposes the women to premenstrual hyperpigmentation. Medications Certain medications may trigger melasma. These include anti-seizure medications and birth control pills. Certain antibiotics, antihypertensives, and retinoids also make the skin more sensitive to sunlight and thus increase the risk of melasma. Certain cosmetics The use of some cosmetics products may trigger melasma formation. It includes products containing chemical substances such as psoralen, tar derivatives, hexachlorophene etc. Tanning beds A tanning bed is a device that emits ultraviolet radiation to give people a tan. These beds produce stronger UV rays even than sunlight. Skin exposed to UV rays triggers the production of melanin. People who use tanning beds frequently have an increased risk of melasma. Medical conditions People with thyroid disease are at increased risk of developing melasma. Stress Stress has a very strong link in the development of melasma so it is also regarded as a “stress mask”. Stress increases the level of the hormone cortisol which increases melanin production.

Long-term stress can adversely affect every system in the body. Read how!

Diagnosis Of Melasma

There are no laboratory tests for melasma. In most of the cases, diagnosis is based on clinical symptoms. Various steps of diagnosis include: Physical examination Most of the diagnosis of melasma is made upon physical examination of the skin. The color, texture, and border of the lesion is examined. Melasma is characterized by irregular borders with a “stuck-on” appearance. The color also indicates the type of melasma. Wood lamp examination The test uses ultraviolet radiation to look at the skin closely in a dark room. It is used to assess the clinical status of the lesions. The change in brightness of the lesion during examination depicts epidermal melasma. Dermal melasma is characterized by no change in color. Hormonal assays Some hormonal fluctuations can also cause melasma to develop. Their levels are measured to identify the cause of melasma. The hormones that can be involved in melasma include follicle stimulating hormone (FSH), luteinizing hormone (LH), melanocyte-stimulating hormone (MSH), prolactin, and thyroid hormones. Electron microscopy This includes examination of the cells of the lesion under an electron microscope. The high amount of melanin within all the layers of epidermis (topmost layer of skin) and dermis (skin layer below epidermis) indicate melasma. Dermoscopy It is a device in which skin lesions are examined using an instrument called dermatoscope. The technique uses a computer screen to capture images of the patches. It helps to analyze the severity of melasma through assessing the deposition level of melanin. Celebs affected Molly Sims The famous American fashion model and actress, Molly Sims has shared her experience about melasma several times. She wrote that she developed melasma because of not using sunscreen. Sarah Silverman Sarah Kate Silverman is an American stand-up comedian, actress, and writer. She shared her experience with melasma through her Instagram post. She emphasized on the importance of proper sun protection. Specialist To Visit

Melasma does not lead to health complications, however, it affects quality of life by impacting self-esteem. Any change in the color of the face should be consulted with the doctor. A doctor consultation is also required to diagnose the exact condition due to its resembling symptoms with several other skin conditions. The specialist doctors that can help with this condition include: General physician Dermatologist - The doctor who has a specialization in managing and treating skin disorders. Gynecologist (in case of pregnancy)

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Prevention Of Melasma

Melasma has multiple causes and triggers. Most of the triggers of melasma are uncontrollable and cannot be avoided. However, preventing the exposure of sun can play a role in preventing the disease. The following measures can be taken to prevent exposure of the sun: Spend less time in sun Exposure to the sun should be restricted to prevent melasma. The person should avoid going outdoors when the sun is at its peak, which is usually 11 am to 3 pm. Cover yourself up The following measures should be kept in mind while wearing clothes for the best sun protection: Wear lightweight clothing Use wide-brimmed hats Wear long-sleeved shirts and long pants Use clothes made from tight woven fabric Use thoroughly dry clothes Prefer darker-colored clothes. They prevent more rays overall from reaching your skin. Within the same color, more saturated hues outperform paler ones.

The level of their photoprotection offered by clothes can be measured by a factor called ultraviolet protection factor (UPF). It’s similar to SPF (Sun Protection Factor), the rating system used for sunscreens. UPF measures a fabric’s effectiveness at filtering both ultraviolet A (UVA) and ultraviolet B (UVB) light. Look for a UPF above 15 and greater for good sun protection. HAT FACTS! How effective are hats at providing protection from the sun? Did you know that protection from the sun is dependent on the brim width of the hat? Brim width of more than 7.5 cm has an SPF of 7 for the nose, 5 for the neck, 3 for the cheeks, and 2 for the chin. Brim width of 2.5 to 7.5 cm has an SPF of 3 for the nose, 2 for the neck and cheek, and 0 for the chin. Brim of less than 2.5 cm has an SPF of 1.5 for the nose and a minimal amount for the chin and neck. Find shade from the sun Staying under an umbrella, tree, or any surface also protects the skin to get exposed to the sun when needed. Wear sunglasses Sunglasses not only protect eyes but they also protect the soft skin around the eyes. They should be used while moving out under the sun. Use sunscreens diligently A strict sunscreen regimen is the cornerstone of sun protection. All individuals (older than 6 months) should wear high-quality sunscreen to protect their skin while spending time under the sun. The following points will help you in choosing the right sunscreen as well as the correct method of application: A. Type of sunscreen There are broadly two types of sunscreens: 1. Chemical (organic) sunscreens: These sunscreens contain ingredients that absorb UV radiations and convert them to a very low level of heat. UV-A filters Benzophenones (UVB and UVA2 absorbers) - Oxybenzone, Sulisobenzone, Dioxybenzone Avobenzone or Parsol 1789 (UVA1 absorber) Meradimate (UVA2 absorber)

UV-B filters PABA derivatives – Padimate O Cinnamates – Octinoxate, Cinoxate Salicylates – Octisalate, Homosalate, Trolamine salicylate Octocrylene Ensulizole

Newer generation broad spectrum (UVA + UVB) filters Ecamsule (Mexoryl SX) Sila Triazole (Mexoryl XL) Bemotrizinol (Tinosorb S) Bisoctrizole (Tinosorb M) 2. Physical (inorganic) sunscreens: These sunscreens function by reflecting, scattering or absorbing UV radiation. Their opaque nature gives a “whitening effect” which is an inherent disadvantage. However, this demerit can be minimized by the use of microfine particles. Examples include: Zinc oxide Titanium oxide Iron oxide Calamine Talc Kaolin

Cannot decide which sunscreen to use? Watch our expert discuss how to choose the right sunscreen for your skin type. Click here B. Sun protection factor (SPF): Sunscreens are assigned a sun protection factor (SPF), which is a number that rates how well they filter out UV-B rays. Higher numbers indicate more protection. A broad-spectrum sunscreen that blocks both UV-A and UV-B rays should be used with a SPF 30 or more. C.Protection factor (PA+): PA stands for protection grade of UV-A. It measures the ability of sunscreen to block UVA rays.This is an important distinction because SPF (sun protection factor) measures only UVB protection while the PA rating only measures UVA protection. This is what each PA rating means: PA+ = Some UVA protection. PA++ = Moderate UVA protection. PA+++ = High UVA protection. PA++++ = Extremely High UVA protection. D. Dosage and application: It is commonly seen that the efficacy of sunscreens fails due to insufficient application or less practice of reapplication. According to the Food and Drug Administration (FDA), 2 mg/cm2 of sunscreen should be applied to the exposed skin. It should be allowed to dry completely before sun exposure. E. Reapplication: Sunscreen should be applied generously to all the areas exposed to sun. It should be applied daily to in order to prevent any skin damage. It should be reapplied after every 2 hours after swimming, vigorous activity, excessive sweating, or toweling. Will sunscreen application reduce Vitamin D levels? Sun Rays are responsible for more than 90% of Vitamin D production in the skin. There have been concerns that the use of sunscreens may lead to a reduction in Vitamin D production. However, research suggests that the daily use of sunscreen does not compromise Vitamin D production in healthy individuals. Although, screening for vitamin D status and supplementation are recommended in patients with photosensitivity disorders. Avoid sunbath The cells of the melasma are easily stimulated by ultraviolet B, ultraviolet A, and visible light. Sunbath should be avoided in order to maintain a good skin tone. Preventing sun exposure in the employees working under the sun Workers that work at the sites are more likely to develop melasma. However, the following measures can help prevent the same: Sun protection should be provided when possible Tents, shelters, and cooling stations should be provided at worksites Works schedule that minimize sun exposure should be created Breaks in the shade should be given to reapply sunscreen

Here are some common sunscreen mistakes that you may be making daily and should avoid. Know More!

Treatment Of Melasma The identification of cause and triggers plays a very pivotal role in the type of treatment given to the person. The basic principle of all the treatment options is to reduce melanin in the skin. There are numerous treatment options available for melasma. The choice of treatment depends upon: Type of melasma Financial status of the individual Response to prior treatments Expectations of the patient Skin tone Severity of melasma Aim of the treatment Eliminate already existing pigmentation Block new pigmentation Restoring the natural color of the skin

A.Topical agents These are the preparations that are directly applied to the affected skin. They are the first-line agents for treating melasma and are mostly available as creams and ointments. Bleaching agents These are the preparations that lighten the skin by blocking the production of melanin. Hydroquinone (HQ) is the most commonly prescribed depigmenting agent worldwide and it has remained the gold standard for the treatment of melasma. NOTE: HQ comes with its own adverse reactions like irritation, redness, stinging, and allergic contact dermatitis, nail discoloration, etc and should only be used under strict medical supervision. Epidermal turnover enhancers These medications increase the turnover of the outer layer of skin. The pigmented cells of the outer layer get peeled off and the skin replaces them with normally pigmented cells. Examples include Retinoids (tretinoin, adapalene and isotretinoin) Alpha hydroxy acids like mandelic acid, glycolic acid Beta hydroxy acid like salicylic acid Ingredients that target various pathways of melanin synthesis Excessive melanin production is responsible for melasma. Some examples of agents that block the various ways of melanin production include: Retinoids (tretinoin, adapalene and isotretinoin) Arbutin (α or β Arbutin) Azelaic acid Kojic acid Niacinamide (Vit B3) Antioxidants They work via scavenging the free radicals in the skin. Examples include: Vitamin E (α-Tocoferol acetate) Vitamin C (Sodium ascorbyl phosphate, Ascorbyl Palmitate, Ascorbyl Glucoside) Topical steroids Steroids are used usually due to its anti-inflammatory effect. They are used along with other topical medications. The common examples include Fluocinolone acetonide and Dexamethasone. Combination formulas Various topical agents can be combined for a better therapeutic effect. In addition to having a synergistic effect, a particular drug may reduce side effects of another drug. For example, topical steroids may reduce the irritant effects of HQ or retinoids. On the other hand, retinoids may prevent steroids induced skin degeneration or atrophy. Some examples of combinations that are available in the market to treat melasma include: HQ + Tretinoin + Fluocinolone acetonide HQ+ Tretinoin  + Dexamethasone+ Modified Kligman’s formula (KF) which is a triple combination of 4% hydroquinone, 0.05% tretinoin, and 0.01% fluocinolone acetonide Modified KF + Glycolic acid Kojic Acid + Glycolic Acid HQ  + Glycolic acid Azelaic acid + Retinoic acid

B.Oral agents Oral agents are used when the individual is not finding any improvement with topical agents. Tranexamic acid is used orally to reduce the patches of melasma. Individuals taking oral medication can use topical creams and sun protection to augment the process.

C.Newer agents It includes recently researched medications for melasma. They have shown promising evidence in the management of melasma, both alone and in conjunction with other melasma therapies. However more research is warranted for their use. Few examples include: Melatonin Glutathione Cysteamine Methimazole Flutamide

Explore our widest range of products targeting skin hyperpigmentation. Add to cart! D. Device-based therapies Laser and light-based therapies are usually reserved for resistant cases and are considered as third-line agents in the treatment of melasma. This approach is most effective in light-skinned individuals. Various types of lasers used in the management of melasma include: Intense pulsed lights (IPLs) Fractional lasers (Er:Glass laser, Er:YAG laser, CO2 laser) Ablative lasers Q-switched lasers (QSL) Picosecond lasers Sublative lasers(fractional 1927 nm, thulium fiber laser) Other lasers - copper bromide laser Various combinations of lasers E. Platelet-rich plasma therapy (PRP) In PRP, the patient’s blood is drawn and placed into a device called a centrifuge. The centrifuge rapidly spins the blood, separating the other components of the blood from the platelets (a type of blood cells) and concentrating them within the plasma. A small volume of this plasma containing a high concentration of platelets is injected back into the body of the patient. PRP has shown promise when used in combination or alone as treatment for melasma.

Special considerations- Treatment during pregnancy Treatment may not be necessary because melasma in pregnancy may be transient and removal of the hormonal trigger after childbirth may result in considerable improvement. Moreover, melasma is more resistant to treatment during pregnancy because of the persistent hormonal trigger. Hence, treatment for melasma is mostly deferred until after delivery. Listen to our expert discuss melasma in detail and answer most FAQs regarding the condition. Watch now!

Home Care For Melasma

The following home remedies are known to decrease hyperpigmentation associated with melasma. However, they should be tried only after consent from the doctor. Turmeric (Haldi): Studies have shown reduction in the appearance of facial hyperpigmentation, fine lines and wrinkles after applying topical extract of turmeric. It can also be mixed with milk and applied directly on the skin. Aloe-vera: Aloe vera contains an ingredient called aloesin which is known to reduce the synthesis of melanin. Apart from this, the highly moisturizing effect of the aloe vera prevents dryness and irritation as well. Licorice (Mulethi): The compound liquiritin possesses properties that help in reducing pigmentation associated with melasma. It is shown to reduce inflammation and UV-B-induced pigmentation. The powder of mulethi can be mixed with water to make a face pack. Green tea: Green tea is known for its antioxidant and anti-inflammatory properties. Studies have shown its effect in treating melasma also. Apply the wet green tea bags to the pigmented areas of the skin, and massage in gentle circular motions until the tea is absorbed. You can also mix it with some water to make a face pack. Soyabean: The application of soy extract has been shown to reduce the pigmentation of melasma. Red lentils (Masoor daal): The face mask made of red lentils can be used in skin pigmentation. It can be applied as a paste by mixing the grinded paste of soaked lentils with water or milk. Mulberry (Shahtoot) leaves: The extract of mulberry leaves is known to be used traditionally for the management and prevention of diabetes. Recent studies suggest its role in melasma as it helps in reducing the synthesis of melanin.

Mulberries are a powerhouse of nutrients. Read about the health benefits of mulberries. Tap here! Tomato: It contains lycopene which is a potent antioxidant that neutralizes free radicals. It helps in preventing the redness caused by UV radiation. It also reduces the damaging effect of UV light and protects the skin from sunburn and thus melasma.  
The tomato pulp can be applied directly on the face or as a paste mixed with olive oil. Cucumber (Kheera): The extract of cucumber has strong moisturizing abilities. It is known for its ability to remove dead skin cells. Recent studies have also shown its effect on protecting the skin from sun exposure. It can be simply applied on the affected areas as a grated piece. Indian beech tree: Studies have shown that the extract of leaves of the Indian beech tree have a potential sunscreen activity with good absorbance of UV rays. Almond (Badam): Topical application of almond extract has significant photoprotective activity. Soak almonds overnight. Peel them and make a paste with water or honey to make a facepack. Saffron (Kesar): The dried pollen of the saffron plant can be used to protect the skin from sun. Take water in a bowl and sprinkle a few strands of saffron in it. Add 2 tablespoons of turmeric powder and make a paste. The paste can be directly applied on the affected skin. Natural oils Jojoba oil: This oil is known for its effect in treating skin conditions such as eczema, psoriasis and dry skin. It also contains a chemical called myristic acid which provides sun protection. Carrot seed oil: This oil possesses significant antioxidant, antiseptic, and antifungal properties. It provides natural sun protection when applied topically to the skin.

Complications Of Melasma Melasma does not lead to any complications but it has a huge impact on the emotional health of the individual. Individuals often feel conscious or distressed about their appearance. Self-image and self-esteem may suffer as a result of this condition.

Note: There is a tool known as The Melasma Quality of Life Scale (MelasQOL) that is designed to provide quantification of melasma’s impact on a patient’s quality of life. Alternative Therapies For Melasma Microneedling (mesotherapy) It is a technique in which small channels in the skin are created to deliver the drug. This is used to deliver the drug in the layers of the skin. Studies suggest an improvement in melasma when micro-needling is used with topical medications. Cosmetic camouflage It includes the use of concealers and other pigmented cover-ups to even skin complexion. This approach is used as an adjuvant therapy that has been proven to improve psychosocial effects and quality of life.  
Living With Melasma Seek help from a professional Melasma should be treated strictly under a medical practitioner. Over the counter medications can prove to be ineffective or damaging to the skin. Protect your skin from the sun every day Sunrays are the most important trigger for melasma. It is very important to protect the skin from the sun even on cloudy days. Sunscreen should be applied daily irrespective of the weather.

Choose a sunscreen from our extensive range Order Now Apply skincare correctly Individuals with melasma should apply skincare and make-up in the right order. The recommended order that the dermatologist recommends includes first the application of topical medication followed by sunscreen and camouflage make up. Establish a good face-cleansing regimen Individuals having melasma should follow a good cleansing regimen since dirty skin is prone to melasma. Pollution can contribute to melasma by corroding the protective surface of the skin. The corroded skin is more susceptible to sun damage. Patients should clean their skin regularly with a gentle cleanser before going to bed. The skin cleansing regimen should also be followed after coming home from the outside.

Order skin cleanser from the comfort of your home. Shop Now Combat skin stress with antioxidants Antioxidant serums containing Vitamin C and E helps in healing the damage from sunlight. Individuals with melasma should apply these serums to protect the skin from photodamage.

Confused about choosing the right serum for your skin? Watch this video to help you decide Moisturize your skin regularly Dry skin is more prone to sun damage. So, use a good moisturizer after applying serum to restore the lipid barrier of the skin.

Explore our wide range of moisturizers for smooth supple skin. Order Now Avoid waxing Waxing the skin area having melasma should be avoided as it may cause skin inflammation and aggravation of hyperpigmentation Here are some important do’s and don’ts of melasma care. Read here! Managing the emotions Melasma impacts emotional well-being due to the presence of prominent facial lesions. Counseling focusing on the duration of treatment is proven to be helpful for emotional stability. The condition can be frustrating to both the patient and the doctor because of its slow response to treatment and recurrence. Studies revealed that melasma affects quality of life (QoL) negatively. QoL includes physical, mental, and social well-being of an individual. Many people affected emotionally may spend a lot on medical and cosmetic treatments without satisfactory results. The following measures might help: Engage yourself in activities you like such as crafting, painting, and singing Do regular exercise as it helps in reducing stress Join any support group either online or offline Ask help from a professional counselor Meet someone who is undergoing the same type of treatment Be patient. Even with treatment, it may take months for melasma to clear up. Be diligent. Melasma will be quick to return if you’re not careful about sun protection. So, long-term maintenance requires an ongoing commitment to protecting your skin. Frequently Asked Questions Is the linea nigra of pregnancy related to melasma? Will melasma resolve completely after pregnancy? What is the treatment option of melasma during pregnancy? Why is melasma difficult to treat? Is melasma seasonal? References Basit H, Godse KV, Al Aboud AM. Melasma. [Updated 2022 Aug 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan. 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Meningitis Also known as Inflammation of meninges, Meningoencephalitis, Brain fever, Cerebrospinal fever, Cerebromeningitis, Epidemic meningitis and Leptomeningitis Overview Meningitis is the inflammation of the meninges, the covering of the brain and spinal cord. The most common symptoms of this disease include decreased consciousness, seizures, lethargy, confusion, high fever, rashes, rapid breathing, and stiffness in the neck.

Meningitis can be caused by bacteria, viruses, fungi, parasites or non-infectious causes like cancers, systemic lupus erythematosus (lupus), certain medications, head injury, and brain surgery. Poor vaccination, advanced age, chronic health problems, poor sanitation, and living in high endemic areas are the major risk factors of meningitis.

Meningitis is an emergency which requires immediate medical attention. Bacterial meningitis is treated by antibiotics and steroids, whereas viral meningitis is usually managed by supportive treatment. Timely management is necessary to avoid severe complications such as hearing loss, memory problems, speech problems, and sepsis. Key Facts Usually seen in All age groups Gender affected Both men and women Prevalence Worldwide: 8.7 million cases (2015) Mimicking Conditions Stroke Subdural hematoma Subarachnoid hemorrhage Metastatic brain disease Brain abscess Medication induced hypersensitivity meningitis Lymphomatous meningitis Necessary health tests/imaging Complete blood count (CBC) Coagulation studies Electrolytes Blood cultures CSF examination CT scan head Treatment Viral meningitis: Supportive treatment & Acyclovir Bacterial meningitis: Cefotaxime, Vancomycin & Dexamethasone Fungal meningitis: Amphotericin B (IV) & Flucytosine (orally) Specialists to consult Infectious disease specialist Emergency physician Neurologist Neurosurgeon Rheumatologist See All Causes of Meningitis

There are various causes of meningitis depending on the type of meningitis.

1. Bacterial meningitis This type of meningitis is caused by bacteria like Streptococcus pneumoniae, Group B Streptococcus, Neisseria meningitides, Haemophilus influenzae, Listeria monocytogenes, and Escherichia coli. Mycobacterium tuberculosis, which generally causes tuberculosis or TB, is a less common cause of bacterial meningitis (called TB meningitis).

Bacteria can enter a person’s meninges in various ways as follows: Via the bloodstream Ear, throat or sinus infections Defect in the dura mater (dense outer layer of meninges) Skull fracture Neurosurgical procedures The spread of bacterial meningitis generally depends on the type of bacteria that causes it. Bacterial meningitis can spread from person to person and also via certain foods such as unpasteurized dairy or deli meats. A person can be a carrier for bacterial meningitis and pass it on to others without getting sick themselves.

Bacterial meningitis is a serious condition and requires medical attention right away. It can be life threatening or cause permanent disabilities, such as brain damage, hearing loss, and learning disabilities, in case the treatment is delayed.

1. Viral meningitis Meningitis caused by a virus is called viral meningitis and it is the most common type. Non-polio enteroviruses are the most common cause of viral meningitis however, other viruses that cause this disease are mumps virus, herpes viruses (Epstein-barr virus, herpes simplex viruses, cytomegalovirus, and varicella-zoster virus), measles virus, influenza virus, arboviruses (west nile virus and zika virus), and lymphocytic choriomeningitis virus.

Most people get better on their own without treatment however infants and people with a weakened immune system are more likely to get a severe form of illness.

1. Fungal meningitis It spreads from fungal infections at any other part of the body that goes and infects the brain and spinal cord. Some causes of fungal meningitis are Cryptococcus, Histoplasma, Blastomyces, Coccidioides, Candida, and Mucormycosis. It is most likely to affect immunocompromised individuals such as HIV patients, cancer patients or transplant recipients.
2. Parasitic meningitis Various parasites can affect the brain or nervous system in many ways and cause meningitis. Overall, parasitic meningitis is much less common than viral and bacterial meningitis. Some parasites can cause a rare form of meningitis called eosinophilic meningitis, eosinophilic meningoencephalitis, or EM.

The three main parasites that can cause EM are Angiostrongylus cantonensis (neurologic angiostrongyliasis), Baylisascaris procyonis (baylisascariasis and neural larva migrans), and Gnathostoma spinigerum (neurognathostomiasis).

1. Amebic meningitis Primary amebic meningoencephalitis (PAM) is caused by Naegleria fowleri and is a rare brain infection that is usually fatal. Naegleria fowleri is a free-living ameba (a single-celled living organism that is too small to be seen without a microscope).

Naegleria fowleri is found in soil and warm freshwater around the world. It grows best at higher temperatures up to 115°F (46°C) and can survive for short periods at higher temperatures.

1. Non-infectious meningitis This type of meningitis is not caused due to pathogens that spread between people but due to reasons other than infections like cancers, systemic lupus erythematosus (lupus), certain medications, head injury, and brain surgery. Symptoms Of Meningitis Early symptoms of meningitis may mimic the flu-like (influenza) symptoms and may develop over several hours or over a few days. You may suspect a meningitis infection, if you see one or more of the following symptoms: A high grade fever Vomiting Confusion Rapid breathing Decreased level of consciousness Seizures Muscle and joint pain Pale & blotchy skin Rashes Cold hands and feet Headache Stiffness in the neck Sleepiness & difficulty waking up Soft bulging spot on the top of the head (in babies) Risk Factors For Meningitis

You are at a higher risk of meningitis if: You recently had surgery on your brain or spinal cord You have a birth defect of your skull or spine You have a chronic condition such as kidney failure, diabetes, adrenal insufficiency or cystic fibrosis Advanced age Poor vaccination Immunosuppressed condition in case of AIDS, transplant recipients, and congenital immunodeficiencies Living in poorly sanitized crowded conditions A recent trip to endemic areas Exposure to vectors such as ticks and mosquitoes Excessive use of alcohol Splenectomy (Removal of spleen) Bacterial endocarditis IV drug use Sickle cell anemia Also, different types of meningitis pose a higher risk to certain groups of people such as: Newborns are most often affected by group B streptococcus meningitis Adolescents are at greater risk for meningococcal meningitis Adults with bacterial meningitis are most likely to have pneumococcal meningitis Older adults (50 and older) and pregnant women are more susceptible to listeria meningitis Did you know? Fungal, parasitic, and non-infectious meningitis is not contagious but viral and bacterial meningitis are highly contagious. Viral and bacterial meningitis can be spread through sneezing, coughing, kissing, and sharing utensils, cutlery, or toothbrushes. The infection is usually spread by people who carry these viruses or bacteria in their nose or throat but are not sick themselves. Consult your doctor to know more about it. Consult Now! Diagnosis Of Meningitis

The clinical diagnosis of meningitis is based on the symptoms. Meningitis can be confirmed by one or more of the following diagnostic tests:

1. Blood tests Initial blood tests in the case of meningitis suspicion should include: Complete blood count (CBC) Coagulation studies Electrolytes Blood cultures
2. Lumbar puncture A lumbar puncture (spinal tap) is done to collect cerebrospinal fluid (CSF) and definitively diagnose meningitis. In people with meningitis, the CSF often shows a low sugar level along with an elevated white blood cell count and protein.
3. CSF analysis CSF fluid should also be sent for gram staining, standard culture, and polymerase chain reaction (PCR). CSF analysis helps to pinpoint which bacteria caused meningitis. PCR testing is more advantageous than culture for the diagnosis of infection as this technique is more rapid and is able to detect a variety of strains of even non-viable bacteria and antibodies against certain viruses
4. Dilated fundus examination Dilated fundus examination is a diagnostic procedure that employs the use of eye drops to dilate or enlarge the pupil of the eye to obtain a better view of the fundus of the eye. The fundus can be examined to look for signs of papilledema (swelling of the optic nerve, which connects the eye and brain), a surrogate marker for raised intracranial pressure. In an immunocompetent patient with no known history of recent head trauma, normal level of consciousness and no evidence of papilledema or focal neurological deficits, it is considered safe to perform lumbar puncture (LP) without prior neuroimaging.
5. Imaging tests If your doctor advises, imaging tests such as CT scan head can be performed before a lumbar puncture to rule out any hemorrhage and raised intracranial pressure. The criteria for getting a CT scan include advanced age (greater than 60), focal neurologic deficits, immunodeficiency, new-onset seizures, altered mental status, and central nervous system disease in the past. Celebs affected Victoria Beckham The English singer, fashion designer, and TV personality, Victoria Beckham was known to be down with viral meningitis in the year 2000. Brad Pitt In the year 2005, Hollywood actor Brad Pitt was diagnosed with a mild case of viral meningitis. He was advised to take rest at home for several days after being discharged from the hospital. Prevention Of Meningitis

Some forms of viral and bacterial meningitis are contagious. The organisms can spread through the exchange of secretions like coughing, sneezing, kissing, or sharing utensils, toothbrush or cigarette. Sometimes, meningitis can spread to other people who have had close or prolonged contact with a patient with meningitis.

The following steps can be taken to prevent meningitis: Regular and thorough hand washing especially before eating and after using the toilet, spending time in a crowded public place or petting animals helps to prevent the spread of infections. Avoid sharing drinks, foods, straws, utensils, lip balms or toothbrushes with anyone else. Maintain your immunity by getting enough rest, morning sunlight, regular exercise, eating a wholesome, balanced and healthy diet and following sleep hygiene tips. Cover your mouth and nose while coughing or sneezing or sneeze into your elbow. Throw tissues into the dustbin after use and wash your hands. Avoid smoking and excessive alcohol. Pregnant ladies should reduce their risk of listeriosis by thoroughly cooking food and avoiding cheese made from unpasteurized milk. Avoid contact with sick patients. If you have been in close contact with someone who has had a bacterial meningococcal infection, your doctor can prescribe you preventive antibiotics to decrease your chances of developing the disease. Till date, there is no vaccine to prevent viral meningitis. However, vaccination against bacterial meningitis is available and helps in preventing meningitis. Some of them are as follows: Haemophilus vaccine (HiB vaccine) Pneumococcal conjugate vaccine Pneumococcal polysaccharide vaccine Meningococcal conjugate vaccine Did you know? Just like in kids, vaccination in adults can help prevent the risk of various diseases such as tetanus, pneumonia, influenza, hepatitis, typhoid, etc. In fact, as you become old, your immunity decreases which in turn makes you susceptible to various diseases. Here is everything about the types of adult vaccines, why you need adult vaccines, and when you should get them. Click To Know More! Specialist To Visit

If you suspect you have any symptoms of meningitis, you can consult these specialists: Infectious disease specialist Emergency physician Neurologist Neurosurgeon Rheumatologist Consult our specialist doctor to know more about it. Consult Now!

Treatment Of Meningitis

A. Viral meningitis Viral meningitis is managed by supportive treatment. Bed rest, plenty of fluids and electrolytes balance along with over-the-counter pain medications to help reduce fever and relieve body aches are the mainstay for treatment for viral meningitis. However, oral or intravenous acyclovir may be of benefit in patients with meningitis caused by herpes simplex virus-1 or 2 (HSV-1 or 2) and in cases of severe Epstein Barr Virus (EBV) or varicella zoster virus (VZV) infection. Patients with HIV meningitis are administered highly active antiretroviral therapy (HAART).

B. Bacterial meningitis Bacterial meningitis on the other hand, is a serious condition and requires immediate treatment with antibiotics. Delay in the treatment can lead to severe complications and increased mortality. Following is the treatment for meningitis:

1. Antibiotics If a patient comes with undifferentiated acute bacterial meningitis, broad-spectrum antibiotics are usually prescribed. Antibiotic therapy of seven days is usually enough to treat suspected cases of meningococcal meningitis.

The treatment for adults usually begins with the administration of the following antibiotics: Cefotaxime Ceftriaxone Cefepime Vancomycin Ampicillin For meningitis caused by N. meningitidis, third-generation cephalosporins & penicillin are usually given. Patients who cannot tolerate beta-lactam antibiotics, chloramphenicol (IV) is the treatment choice for meningococcal meningitis.

For confirmed cases of pseudomonas meningitis, treatment with ceftazidime or meropenem can be given. For anaerobic bacteria like bacteroides and fusobacterium, metronidazole may be added.

1. Corticosteroids Patients suffering from meningitis due to S. pneumoniae and H. influenzae are given corticosteroids like dexamethasone usually 20-30 minutes before starting antibiotic therapy to reduce the inflammation associated with meningitis.

C. Fungal meningitis The following medications are advised in management of fungal meningitis: Amphotericin B (IV) Flucytosine (orally)

D. Noninfectious meningitis Non-infectious meningitis due to allergic reaction or autoimmune disease may be treated with corticosteroids. Home-care For Meningitis

If you had meningitis in the past and have been discharged from the hospital, you need to keep in mind the following home care tips in mind: Take adequate rest and do not indulge in high-functioning tasks to conserve energy Create an aseptic environment by following simple home infection control procedures Pay extra attention to your diet. Take foods that are healthy and safe Avoid drinking alcohol and smoking Do not go to high altitudes Always be with someone at all times Consult your doctor immediately in case you face any health discomfort Do not skip or change your medications without consulting your doctor first Complications Of Meningitis

With appropriate treatment, symptoms like headache and fever improve. However, if this condition is ignored, you may have a more severe infection and inflammation. Common complications of meningitis include the following: Hearing problems (due to damage to the nerves) Seizures or epilepsy Hydrocephalus (a build-up of CSF in and around the brain) Memory problems, changes in personality and behavior Learning disorders Speech problems Weakness in one side of the body Septicemia (if bacteria enters the bloodstream and cause blood poisoning) Amputation of limbs, if the infection spreads to other parts of the body (including the bloodstream) Parotitis, orchitis, oophoritis, pancreatitis may be seen, especially in cases of mumps meningitis Alternative Therapies Of Meningitis

The following herbal remedies can be useful as an adjunct to treatment of bacterial infections such as meningitis: Garlic (lahsun): Garlic is an easily available superfood that is effective in various infectious conditions including meningitis. Allicin present in garlic is effective against various bacteria and viruses and helps in their effective elimination. You can take cloves of garlic in a raw form for its maximum effect. Astragalus: Flavonoids and saponins present in the astragalus plant can help in treating the ill effects of an infection. This is an extremely safe remedy that can be taken by kids as well. Reishi mushrooms: These mushrooms are bright red in appearance and are useful in infectious diseases by boosting your immune system and reducing the inflammation caused by this disease. Chlorella: Due to the high chlorophyll content present in this plant, it is known to improve cell production, blood purification, and quicker recovery from infectious agents. Ginseng: Ginsenosides present in ginseng are useful in eliminating the infection from the body by acting directly on the membranes. You can consume ginseng directly or in tea for its maximum effect. Hypericum: Hypericum or St. John’s wort contains hyperforin as the main active ingredient, which has the capacity to cross the blood-brain barrier and work against certain infectious agents causing the disease. Living With Meningitis

Most people tend to recover quickly from meningitis with timely treatment. However, for some people, life after meningitis is tough as they struggle to perform everyday activities such as: Some people complain of severe persistent headaches, fatigue, memory problems, changes in personality, and depression after meningitis. If these problems do not get better or you notice problems with your vision, consult your doctor as early as possible. It is advised to take plenty of rest while recovering from the after-effects of meningitis and not indulge in activities that are exhausting. Children and adolescents who are planning to return to their school or work should take it slow, even if they are having a good recovery. Look out for any after-effects and consult your doctor if any of them bothers you. Frequently Asked Questions How do people get meningitis? What are the early signs of meningitis? Can meningitis go away on its own? What should I eat for meningitis? How can I prevent meningitis? References Symptoms: Meningitis. NHS [Internet] [accessed on 7th April,2021] Griffiths Michael J , McGill Fiona, Solomon Tom. Management of acute meningitis.Clin Med (Lond). 2018 Apr; 18(2): 164–169. Hersi Kenadeed, Gonzalez Francisco J, Kondamudi Noah P. Meningitis.Treasure Island (FL): StatPearls Publishing; 2021 Jan Yadav Sudeep, Rammohan Guhan Meningococcal Meningitis.Treasure Island (FL): StatPearls Publishing; 2021 Jan Meningitis what is it? Harvard health publishing. Feb,2020. [Internet] [accessed on 7th april,2021] Hersi Kenadeed,Francisco J. Gonzalez, Kondamudi Noah P,Sapkota Rashmi. Meningitis (Nursing). Treasure Island (FL): StatPearls Publishing [Internet]; 2021 Jan; February 26, 2021. Meningitis.Brain and spine foundation [Internet] [last accessed on 7th April, 2021] Chikoti Sneha Priya, M. Venkataswamy,Gandla Harshini,Pindrathi Pravalika. Medicinal Plants used for the Treatment of Bacterial Meningitis.Research Journal of Pharmaceutical Dosage Forms and Technology.October 2019;11(3):975-4377 Recovering after meningitis and septicemia.Meningitis now [Internet] [accessed on 7th april, 2021]

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Menopause Also known as Climateric Overview Menopause is a natural biological occurrence that happens between the age of 40-60 years. It marks the end of your menstrual cycle and is diagnosed after 12 months have passed without the occurrence of a menstrual period.

Menopause is neither a disease nor a disorder and is considered a natural process of aging. While some women may experience zero symptoms and face no issues while transitioning into menopause, some might go through various symptoms like trouble sleeping, hot flashes, night sweats, irritability, mood swings, hair loss, joint pain, and weight gain.

The years leading up to menopause will include some gradual changes in the physiology and body of a woman. However, it is also common to feel relieved about not having to worry about periods. Key Facts Usually seen in Adults between 40 to 50 years of age Gender affected Women Body part(s) involved Uterus Vagina Bone Heart Bladder Mimicking Conditions Hypothyroidism Depression Preeclampsia Congestive heart failure Necessary health tests/imaging Physical exam Vaginal swab Follicle-stimulating hormone (FSH) test Thyroid-stimulating hormone (TSH) test PicoAMH Elisa diagnostic test Treatment Hormonal therapy: Estrogen Vaginal estrogen Antidepressants: Paroxetine Anti-seizure medications: Gabapentin Clonidine Vitamin D supplements Novel therapies Specialists to consult General physician Gynaecologist Endocrinologist Symptoms Of Menopause

Menopause can bring in different kinds of signs and symptoms. You may experience the following symptoms as you come closer to menopause such as: Vaginal dryness Mood changes Sleep problems Night sweats Decrease in metabolism Weight gain Loss of breast fullness Thinning of hair Dry skin Difficulty in concentrating Increased irritability Mild depression Joint aches Decreased libido or sex drive Increased heart rate Loss of bladder control Urinary tract infections Women who are transitioning to menopause (perimenopause) may also experience the following symptoms such as: Irregular periods Skipping periods Periods that are heavier or lighter Breast tenderness Worsening of premenstrual syndrome (PMS) Not all women experience these symptoms, whereas some may experience more than one. Women affected by urinary changes, racing heart, or new medical problems should consult a doctor to rule out other possibilities.

Here is a list of types of gynecologists you can consult for your gynaecological problems. Know More!

Causes Of Menopause

Your reproductive cycle starts from puberty and ends near the age of 40-50. Various complex methods and hormones control the process. Hypothalamus is a brain structure near the pituitary gland that produces certain chemicals that release essential sex hormones called estrogen and progesterone.

These hormones stimulate the release of eggs from the ovary. If the egg fails to fertilise, the thickened lining of the uterus is shed through the vagina in the form of periods. As women age, their reproductive cycle starts to slow down and eventually stops.

When your body starts nearing menopause, the ovaries start producing less of a hormone called estrogen. This decline in the hormone leads to changes in the pattern of your menstrual cycle. It starts becoming irregular, or there might be changes in the flow of your period. With these hormonal changes, your body also undergoes some physical changes as it tries to adapt to the new level of hormones.

The symptoms that women experience during this transitory phase or menopause are part of their body’s attempt to adjust to these changes. For women undergoing natural menopause, the process occurs in three stages.

Perimenopause This can start ten years before the onset of menopause. This is the time when your ovaries gradually begin producing less and less of the hormone estrogen. Women in their 40s generally experience menopause, but some may start experiencing it in their 30s.

The period of perimenopause lasts until menopause when ovaries completely stop producing eggs. Before that, the fluctuating level of hormones causes various symptoms in women. Women undergo different hormonal fluctuations during this transitory period, hence each woman experiences perimenopause in a different manner.

The increased levels of progesterone and estrogen during anovulatory cycles (absence of menstrual cycle) may lead to endometrial cancer or hyperplasia (thickening of the uterus lining), uterine polyps (growths attached to the inner wall of the uterus), and leiomyoma (also known as fibroids) in women of perimenopausal age.

Menopause Menopause is the stage when your ovaries stop producing eggs and most of its hormone estrogen. It is diagnosed when a woman has gone 12 months without any occurrence of periods.

The conditions that can cause premature menopause include: Primary ovarian insufficiency: Premature menopause may result from the failure of ovaries to produce normal levels of reproductive hormones , which can stem from genetic factors or autoimmune disease. For these women, hormone therapy is typically recommended until the natural age of menopause. Induced menopause: This can happen, if ovaries are removed due to for medical reasons such as uterine cancer or endometriosis. Cancer therapies like chemotherapy and radiation therapy can induce menopause if they cause damage to the ovaries. Symptoms such as hot flashes can be experienced during or shortly after the course of treatment. The halt to menstruation (and fertility) is not always permanent following chemotherapy, so birth control measures need to be taken. Radiation therapy only affects ovarian function, if radiation is directed at the ovaries. Radiation therapy to other parts of the body such as breast tissue or the head and neck does not premature menopause.

Postmenopause After going through menopause, you will be in the post-menopause phase for the rest of your life. Since, the body has nearly stopped producing estrogen, postmenopausal women are at an increased risk of various health conditions such as heart diseases, osteoporosis (weakening of bones), and urinary tract infections.

Many women may also experience relief in the symptoms they were undergoing during the perimenopause phase. Hot flashes may ease after some time, but some females continue experiencing these symptoms for ten more years or longer. Every women’s risk and experience post menopause is different. It is essential to learn more about the potential risks and consult your doctor for the same. Risk Factors For Menopause

It is natural for every woman to go through menopause. However, some women may experience premature menopause. This means that their menstrual cycle would stop earlier than the expected mean age. Premature menopause occurs when a woman is 40 and early menopause occurs at the age of 45.

You are at an increased risk of developing early menopause, if you: Had surgery to remove the ovaries Are a chronic smoker Underwent surgery to remove the uterus (hysterectomy) Have side effects of chemotherapy or radiation Have a family history of early menopause Have certain medical conditions such as rheumatoid arthritis, inflammatory bowel disease, epilepsy, thyroid disorders, HIV/AIDS or chromosomal abnormalities Have certain infections such as mumps Did you know? Women are not the only ones who go through menopause during old age. Even men experience low levels of hormones as they age, a condition known as andropause or male menopause. Here’s more about the causes, symptoms and treatment of male menopause. Read To Know! Diagnosis Of Menopause

The tests that are essential for diagnosing menopause are:

1. Physical exam Before visiting your doctor, you can try tracking your symptoms and noting them somewhere. You can also record their frequency and severity along with your last period and any irregularities in your cycle. Talk to your doctor about any medications or supplements that you might be taking.

Usually, the described symptoms are enough evidence for the diagnosis of menopause.

1. Vaginal swab Your healthcare provider may direct you to take a vaginal swab. This will help them test your vaginal pH. The vaginal pH is around 4.5 during your reproductive years and can rise to a pH balance of 6 during menopause. Reduced estrogen during menopause affects a woman’s vaginal pH.
2. Follicle-stimulating hormone (FSH) test Your doctor may order a blood test to check the levels of FSH along with estrogen. When women undergo menopause, their FSH levels tend to increase, and estrogen levels decrease.

FSH is responsible for stimulating the maturation of eggs and for producing estradiol, a form of estrogen. Estradiol has several functions, including regulating the menstrual cycle and protecting the female reproductive system. When a woman’s FSH levels have constantly been elevated to 30 mIU/mL or higher, and she hasn’t had periods for over 12 months, it is generally diagnosed as menopause.

However, a single FSH rest with elevated results does not necessarily indicate menopause. Multiple subsequent tests are needed to establish the diagnosis. Along with this, the FSH tests can detect signs of pituitary disorder since the anterior pituitary gland releases FSH.

1. Thyroid-stimulating hormone (TSH) test Your doctor may order a TSH test since the symptoms of hypothyroidism often resemble those of menopause. Hypothyroidism is a medical condition in which the thyroid gland produces less than the average amount of thyroid. The TSH test also indicates how much T4 hormone is being made.

A high TSH level means that the thyroid gland is making excessive T4 because there isn’t enough T4 available in the body. This indicates hypothyroidism. The result of this test will help your doctor rule out the possibility of hypothyroidism.

1. PicoAMH Elisa diagnostic test This recent test allows a diagnostician to evaluate if you have reached menopause or are likely to reach it. It measures the levels of anti-mullerian hormone (AMH) in the blood, a protein hormone released during pregnancy. The test alone is not enough for the diagnosis of menopause. It can be used along with bone mineral density tests and hormonal tests.

Along with this, your doctor may order some other tests such as a lipid profile and tests for liver and kidney functions. Women experience a change in their lipid profile during menopause that can help with the final diagnosis.

1. Inhibin A and inhibin B The fall in inhibin A and inhibin B may also be useful for assessing reproductive ageing. Studies have shown that the disappearance of these hormones is an important indicator of the approaching menopause. Celebs affected Michelle Obama Michelle Obama is an American attorney, author and wife of the former US president Barack Obama. She recently spoke about menopause on her podcast. Oprah Winfrey Oprah Winfrey is a famous talk show host and author. She has talked about her life after menopause and hopes to shed light on the issue. Prevention Of Menopause

Menopause is a natural biological process of a woman’s body in response to age. There is no method of preventing menopause, and it should be accepted as a part of your body’s natural cycle. You can prevent the onset of early menopause by making lifestyle modifications such as: Having balanced meals Avoiding smoking Exercising daily Reducing weight If you have a family history or a relevant medical history that can cause early menopause, talk to your doctor about the same. Did you know? Minimal and simple exercise regimens such as even a simple routine walk or jog may help to prevent weight gain and other lifestyle diseases in women post-menopause. Read to know more. Click To Read! Specialist To Visit

You should visit a doctor if you are experiencing symptoms such as racing heart, loss of urinary control, hot flashes, heart palpitations, and weakening of bones. It is advisable to visit your doctor once you start noticing the onset of menopause. This will help you manage your symptoms and prevent any complications related to menopause. You can consult the following doctors for a diagnosis: General physician Gynaecologist Endocrinologist Note: Always consult your doctor if you have bleeding from your vagina after menopause.

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Treatment Of Menopause

Menopause doesn’t require any treatment. There are certain medications and therapies available to relieve and manage the signs and symptoms of menopause. Your doctor will also help you with treatment modalities to prevent the development of any chronic medical condition resulting from menopause.

1. Hormone therapy Doctors recommend taking the estrogen hormone as it’s an effective way to manage menopausal hot flashes. A hot flash is a sudden feeling of warmth over the upper body that is more intense over your face and neck. To relieve your symptoms, your doctor can provide you with a low dosage of estrogen for a limited time. The dosage will be decided based on your family history and personal medical history.

In some, cases your doctor may also prescribe you progestin along with estrogen. Definite benefits of hormone therapy include improvement in symptoms of menopause, increase in bone mineral density and decrease in fracture risk.

Long-term usage of hormones can increase the risk of endometrial cancer, pulmonary embolism, deep vein thrombosis, breast cancer, or gallbladder disease.

However, taking these medications for a limited time period has proven to be beneficial for women going through the symptoms of menopause. It is essential to talk to your doctor about your medical and family history, along with the risks and benefits of taking hormonal therapy.

1. Vaginal estrogen It is common for women to experience increased vaginal dryness during perimenopause and postmenopause. To relieve that, estrogen hormone can be administered directly into the vagina. This is done through a vaginal cream, tablet or a ring. The vaginal estrogen modalities work by releasing low amounts of estrogen directly into the vagina that is absorbed by the vaginal walls. It helps in relieving vaginal dryness and manages discomfort associated with intercourse and urinary problems.
2. Antidepressants Certain medications from the class of selective serotonin reuptake inhibitors (SSRIs) can relieve menopausal hot flashes. A low dose antidepressant is helpful for women looking for ways to manage their hot flashes. It is usually prescribed for women who cannot take estrogen due to allergy or other health reasons. Women who are suffering from mood disorders due to menopause are also prescribed low dosages of antidepressants.

Paroxetine is a selective serotonin reuptake inhibitor (SSRI) antidepressant which works by increasing the levels of serotonin, a chemical messenger in the brain. This improves mood and physical symptoms of depression and also relieves symptoms of panic and obsessive disorders.

1. Anti-seizure medications Gabapentin is an anti-seizure drug that is used to treat seizures. It has also shown promising results in managing menopausal hot flashes in women who can’t use estrogen therapy. It is also helpful for women who have hot flashes at night.
2. Clonidine This drug is an adrenergic agonist and has been found to reduce the frequency of hot flashes significantly. It is widely used as a non-hormonal treatment for hot flashes in breast cancer patients too. Your doctor will observe the effectiveness of the drug for two to four weeks. If there is no significant reduction in hot flashes, then the drug usage will be reviewed.
3. Vitamin D supplements The decline in estrogen level after menopause is known to affect bone density in women. Depending on your needs, you may need treatment to prevent or treat osteoporosis. There are several medications available that can improve osteoporosis and reduce the risk of fractures. Several women are also given Vitamin D supplements to strengthen bone density. Home-care For Menopause

If you have started noticing signs and symptoms of menopause, note down your symptoms and record your menstrual cycle with its irregularities. Your doctor will be able to give you a diagnosis based on these observations.

If you have been experiencing hot flashes, talk to your doctor about getting medications to help you manage these symptoms. In the case of hormonal pills, make sure to take your medicines on time.

Do not take the medications for longer than the recommended time without the advice of your doctor. You can keep your pills in a marked case to ensure that you don’t skip taking the medications regularly.

Here are a few simple tips to manage the symptoms of menopause naturally. Click To Read!

Complications Of Menopause

The decline in estrogen hormone increases the risk for women developing various health complications. However, estrogen is solely not responsible for these diseases. Age and other factors also play a role in their development.

1. Heart diseases The risk of developing heart conditions increases after menopause. Postmenopausal women are more likely to have a heart attack than men. The steep decline in estrogen levels post-menopause increases the risk of having irregular heartbeats (palpitations). If a woman suffers heart palpitations, it is pertinent to meet a doctor to decide the best course of action.
2. Osteoporosis The decline in estrogen levels puts postmenopausal women at an increased risk of developing osteoporosis. Estrogen plays a vital role in supporting the production of new osteoblasts responsible for creating bone. After menopause, the osteoblasts are not able to get an ample amount of estrogen hormone. This eventually leads to the cells failing to regenerate new bone structures. Ultimately osteoclasts responsible for absorbing bone overpower the rate of bone regeneration leading to the weakening of bone. Osteoporosis can lead to an increased rate of fractures in the hips and spine. Having a fracture at an older age is a serious problem since the body recovers at a slower pace.

Here is more about postmenopausal osteoporosis and ways to deal with it. Click To Know More!

1. Urinary problems Urinary incontinence occurs when women experience an involuntary release of urine. It is common in aging and postmenopausal women. The reduced estrogen level causes the thinning of the lining of the urethra (the tube that joins the bladder to the body’s exterior) and the vaginal wall. This can lead to urinary leakage and often occurs during sudden movements such as sneezing or laughing.
2. Sexual problems Vaginal dryness from decreased moisture production and loss of elasticity can cause discomfort and slight bleeding during sexual intercourse. Also, decreased sensation may reduce your desire for sexual activity (libido). Water-based vaginal moisturisers and lubricants may help. If a vaginal lubricant isn’t enough, many women benefit from the use of local vaginal estrogen treatment, available as a vaginal cream, tablet, or ring.
3. Weight gain Several women experience weight gain after hitting menopause. This is also the result of aging, along with the effects of menopause. With increasing age, it’s harder to maintain muscle mass, and the decreased muscle mass further reduces metabolism. This makes the process of weight gain easier than before. Women often end up gaining weight around the abdominal region after menopause. This increase in fat increases the risk of heart diseases.
4. Visual disturbances Estrogen gives more elasticity to the corneas of the eyes. In menopause and perimenopause, when estrogen levels are reduced, the corneas do not get as much estrogen. Thereby, the corneas begin to stiffen which can affect how light travels into your eyes. This can also lead to blurred vision.

Dry eyes can also be experienced during menopause. Symptoms may include itchiness, a burning sensation, eye pain, certainly dryness, mucus discharge from the eye, and it may even feel like there’s a foreign body actually on your eyeball. Wearing contact lenses can also get uncomfortable. 7. Central nervous system problems Alzheimer’s disease is more common in women after menopause. It is possible that estrogen plays a role in protecting the brain from the damage caused by Alzheimer’s. Alternative Therapies For Menopause

1. Diet Make sure to include a variety of fruits and vegetables in your diet. You should also increase the amount of fibre and whole grains in your food. Take calcium and Vitamin D supplements to meet your daily requirements.
2. Exercise regularly With an increased risk of developing cardiac problems and gaining weight, it is essential to living an active lifestyle. After menopause, it is common for women’s metabolism to slow down. This further increases the chances of gaining weight. To avoid that, you can try walking every day for at least an hour. Other than that, menopausal women can try doing Kegel exercises that focus on strengthening the pelvic floor. This can help reduce urinary incontinence.
3. Talk to a therapist Talk to a therapist or a doctor about any mood changes or irritability you may experience after menopause. Several women display signs of depression, anxiety, and isolation after going through menopause. Try talking to your family members and loved ones about your increased feelings of anxiety or irritability. It is important to communicate your feelings to let people know your needs.
4. Practice relaxation techniques Due to the increased risk of experiencing mood changes and becoming more irritable, it is vital to practice relaxation techniques that can help you manage stress. You can try indulging in light yoga or meditation. Yoga has proven health benefits that can help you manage weight and control stress levels.

Read more about ways to relax and unwind yourself. Click Here!

1. Manage sleep issues If you are experiencing sleep issues, opt for natural sleeping aids like drinking chamomile tea before sleep. If you still have problems sleeping, then do consult your doctor to know the cause and get it treated.
2. Natural supplements Some natural supplements are said to manage menopause symptoms such as soy, Vitamin E, isoflavone, melatonin, and flax seeds.
3. Cognitive behaviour therapy (CBT) It is a non-medical approach that can be helpful for a range of problems associated with menopause such as anxiety, stress, depression, hot flushes, night sweats, sleep issues and fatigue. CBT helps people to develop practical ways of managing problems and provides new coping mechanisms and useful strategies.
4. Hypnotherapy Hypnotherapy has been shown to reduce the frequency and intensity of hot flashes along with helping with mild depression and anxiety. Hypnotherapy tools like focusing on cooling imagery and flash control dial have been found to be effective to control hot flashes and can help prevent them altogether. Living With Menopause

Menopause is a natural cessation of a woman’s fertile cycle. It brings a lot of physical and emotional changes to the body. Several women find it hard to adapt to these different changes and feel confused about the sudden changes in personality and physical appearance. But menopause can be managed by implementing certain lifestyle modifications and medications. It is important to be aware of the complications that arise after menopause and take timely action to prevent them.

1. Maintain a healthy weight A decrease in the level of estrogen increases your rate of weight gain. It also leads to a decline in the basal metabolic rate. This leads to weight gain, especially around the abdominal region. To prevent this, it is important to stay physically active and eat healthily. You can restrict your calorie intake by 400 to 600 to compensate for your body burning fewer calories.

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1. Quit smoking and limit your alcohol intake Quitting smoking is an essential step towards leading a healthy life after menopause. Smoking increases your risk of developing heart disease, stroke, and osteoporosis. It also increases the frequency of hot flashes after menopause.
2. Get enough sleep Avoid drinking caffeinated drinks that can make it harder for you to fall asleep. Exercise during the day instead of the night to ensure proper sleep. If you experience hot flashes during sleep, talk to your doctor about finding ways to manage them.
3. Cool your hot flashes Dress in cool layers and keep yourself hydrated. Drink a glass of cool water or shift to a cooler room. Try to pinpoint the triggers behind your hot flashes. These triggers may include beverages, caffeine, alcohol, or heat.

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Frequently Asked Questions What is estrogen-progesterone therapy? What causes postmenopausal bleeding? Are there risks related to hormone therapy? What kind of food can I have to improve my menopausal symptoms? Can I get pregnant after menopause? How do I know that my periods are changing? Can menopause affect my sex life? Do all women experience discomfort after menopause? References Menopause Guidebook, 6th Edition. The North American Menopause Society website Jackson LW, Cromer BA, Panneerselvamm A. Association between bone turnover, micronutrient intake, and blood lead levels in pre-and postmenopausal women, NHANES 1999-2002. Environ Health Perspect. 2010;118(11):1590-1596. Shifren JL, Gass ML; NAMS Recommendations for Clinical Care of Midlife Women Working Group. The North American Menopause Society recommendations for clinical care of midlife women. Menopause. 2014 Oct;21(10):1038-62. Crandall, C., Aragaki, A., Cauley, J., et al. (2015). Associations of Menopausal Vasomotor Symptoms with Fracture Incidence . Journal of Clinical Endocrinology and Metabolism; 100(2): 524–534 Surgeon General’s Report on Smoking and Health. (2014). Smoking and Cancer. [PDF–829 KB] Henley, S.J., Thomas, C.C., Sharapova, S.R., Momin, B., Massetti, G.M., Winn, D.M. Richardson, L.C. (2016). Vital Signs: Disparities in Tobacco-Related Cancer Incidence and Mortality — the United States, 2004–2013. Morbidity and Mortality Weekly Report (MMWR); 65: 1212–1218 Kimberly Peacock; Kari M. Ketvertis (2021) Menopause Jameson JL, et al., eds. Menopause and postmenopausal hormone therapy. In: Harrison’s Principles of Internal Medicine. 20th ed. McGraw Hill; 2018. American College of Obstetricians and Gynaecologists. Practice Bulletin No. 141: Management of menopausal symptoms. Obstetrics & Gynecology. 2014;

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Migraine Also migraine headache Overview Migraine is a condition that causes intense, unprovoked pain, mostly on one or both sides of the head. Unlike a normal headache, it includes additional symptoms like nausea, vomiting, and sensitivity to light and sound. It is estimated that migraine affects around 12% of the global population (Burch RC, et al). Migraine attacks can last for hours to days, and the pain can be serious enough to interfere with your daily life, such as your ability to work or study. Just about any movement or physical activity can worsen a migraine attack. Women are more likely to have migraines as compared to men. The condition can begin in childhood or may not occur until early adulthood. Some people have more than one episode each week, while others have them only occasionally. Medications can help prevent some migraines and make them less painful. Certain over-the-counter (OTC) pain-relief medications may be helpful for some headache types, but must not be overused. Moreover, medication overuse can make your attacks worse. The right medicines, combined with self-help remedies and lifestyle changes, can provide aid in managing migraine headaches. Key Facts Usually seen in Adults between 30 to 40 years of age Gender affected Both men and women but more common in women Body part(s) involved Brain Blood vessels Neurons Mimicking Conditions Tension-type headache Cluster headache Cerebral aneurysms Chronic paroxysmal hemicrania Dissection syndromes Encephalitis Subarachnoid/intracranial hemorrhage Meningitis Temporal/giant cell arteritis Necessary health tests/imaging CT Scan (Head) (To rule out other conditions) MRI (To rule out other conditions) Treatment Nonsteroidal anti-inflammatory drugs (NSAIDs): Aspiri, Diclofenac & Ibuprofen Triptans: Sumatriptan, Zolmitriptan & Naratriptan Ergotns:Ergotamine & Caffeine+Ergotamine+Paracetamol+Prochlorperazine Antiemetics:Metoclopramide & Prochlorperazine CGRP antagonists: Erenumab & Fremanezumab Lasmiditan Beta blockers: Propanolol & Metoprolol Antidepressants: Amitriptyline & Fluoxetine Antiepileptics: Topiramate & Sodium valproate Calcium channel blockers: Flunarizine & Verapamil Specialists to consult General Physician Neurologist Symptoms Of Migraine

The main symptom of a migraine is identified as an intense headache, more commonly on 1 side of the head. In some cases, the pain can occur on both sides of your head and may affect your face or neck. The pain is usually a moderate or severe throbbing sensation that gets worse when you move and prevents you from carrying out normal activities. Nausea and vomiting can frequently or infrequently accompany migraine headaches. The symptoms of migraine differ from person to person. A migraine attack may last from hours to days and typically passes through four stages. These include:

Prodromal phase: Also known as the premonitory phase. In this stage, the symptoms tend to occur 24 to 48 hours before the onset of a headache. Some of the common symptoms seen in this stage include increased yawning, irritability, neck stiffness, craving for specific foods, and depression. Aura phase: This is the phase in which the symptoms arise from the nervous system and often involve your vision. The symptoms may last anywhere between 5 minutes to a few hours. These include hallucinations, tunnel vision, temporary loss of vision, weakness in arms & legs, ringing in the ears, changes in speech and smell, taste, or touch. NOTE: An aura is a group of sensory, motor, and speech symptoms that usually act like warning signals indicating that a migraine headache is about to begin. Headache phase: It often begins as a dull pain that grows into throbbing pain which can start from one side of the head to the other. This phase can last for more than 3 days and may appear frequently. Postdromal phase: It is also known as the recovery phase, which lasts up to a day after a headache. The symptoms include feeling tired, muscle pain/weakness, or lack of appetite.

Is it a migraine or a headache? Migraine is more than just a headache. Here’s how to differentiate between a headache and migraine. The most common features that differentiate a migraine from a headache are POUND, where: P means Pulsating pain O means One-day duration of severe pain if left untreated U means Unilateral (one-sided) pain N means Nausea and vomiting D means Disabling intensity Causes Of Migraine

The precise cause of migraine is unknown, but it is believed to occur due to abnormal brain activity temporarily affecting nerve signals, chemicals, and blood vessels in the brain. It’s ambiguous as to what leads to this abnormal activity in the brain, but researchers speculate that your genes make you more likely to experience migraines as a result of a specific trigger. It is also reported that a higher level of the protein calcitonin gene-related peptide (CGRP) in blood causes inflammation and pain in the nervous system leading to migraine attacks. Types Of Migraine

There are several types of migraine. These include:

1. Migraine without aura (common migraine) There are no early symptoms. Pain is usually felt on one side of the head, often beginning around the eye and temple before spreading to the back of the head.
2. Migraine with aura (classical migraine) About 20% of people experience early symptoms, called an aura, before a migraine episode, like vision changes, dizziness, confusion, feeling prickling skin, and weakness. Vision changes may include halos, sparkles or flashing lights, wavy lines, and even temporary loss of vision.
3. Status migrainosus This is a severe and long-lasting migraine headache, also called an intractable migraine. These headaches affect less than 1% of people with migraine. However, they are intense and may stick around for longer than 72 hours.
4. Ophthalmoplegic migraine This is a unique disorder characterized by recurrent attacks to a specific nerve in the brain (third cranial nerve) following severe migrainous headaches. The condition almost always begins in childhood and is believed to be rare in adults.
5. Retinal migraine Retinal migraine events typically occur in one eye. Patients with retinal migraine frequently experience a negative visual phenomenon described as a graying or blackout of vision. Can chocolates cause migraine? Not really. There are many triggers of migraine which include foods too. Chocolate doesn’t cause migraine on its own but can aggravate migraine. Read To Know More Triggers For Migraine Nearly everyone with a migraine headache has one or more triggers. These triggers can vary in each individual. For such cases, maintaining a diary may help see if you can identify a consistent trigger.

Some of the most common triggers for a migraine headache are:

1. General triggers Changing weather (humidity and heat) Lack of sleep or oversleeping Fatigue Hormonal changes in women (before or during periods) Mental and emotional stress Traveling Going out in the sun
2. Dietary triggers Missing a meal Alcohol, especially red wine Chocolate Aged cheese An increase or decrease in caffeine Monosodium glutamate or MSG
3. Sensory triggers Bright or flickering lights Loud noises Strong smells like perfume or paints These triggers can be dealt by using simple tips such as having your meals at the same time every day, not stepping out in unfavorable weather conditions, avoiding certain foods, and sleeping well for at least 7-8 hours. Risk Factors For Migraine You can have migraine or get migraine attacks with or without the below-listed risk factors. But, the more risk factors you have, the greater your chances of having migraine headaches. These risk factors include:
4. Female sex There is no doubt that women tend to be at a higher risk of suffering from migraine as compared to men. However, the exact cause for this is not yet known.
5. Family history Migraines tend to run in families. A child who has one parent with migraine has a 50% chance of inheriting it to the next generation. In the same lines, if both parents have migraines, the chances may rise up to 75%. Research tells us that about 90% of migraines can be attributed to a family history of the disease.
6. Lifestyle factors Several lifestyle factors such as stress, tiredness, smoking, not getting enough exercise or sleep, medication overuse, and caffeine overuse are known to increase the risk of migraine.
7. Health conditions Some of the common health conditions that can up your risk of migraine headache include obesity and depression. Female gender and family history are non-remedial risk factors, which means one doesn’t have control on them. However, one can definitely seek help for medical conditions and bring about changes in lifestyle to reduce their risk of having migraines. Celebs affected Suniel Shetty Bollywood actor Suniel Shetty revealed in many interviews online that he suffered constant migraine attacks at some point but is coping well now with medicines. Diagnosis Of Migraine There’s no specific test to diagnose migraines. To know if you have migraine, your doctor will identify a pattern of recurring headaches along with the associated symptoms. You may have to be patient with your doctor as he may take some time to confirm the final diagnosis. Clinical history and examination On your first visit, after analyzing your detailed medical history, your doctor may check your vision, coordination, reflexes, and sensations. These will enable him to rule out or confirm some other possible underlying causes of your symptoms or conditions causing headaches. They may ask if your headaches are: On 1 side of the head. A pulsating pain. Severe enough to prevent you from carrying out daily activities. Made worse by physical activity or moving about. Accompanied by feeling and being sick. Accompanied by sensitivity to light and noise. Note: If you have headaches which are suspicious, your doctor might ask you to get a CT or MRI of the brain to rule out other disorders which can cause headaches resembling migraines. Prevention Of Migraine One of the best ways of preventing migraine attacks is by avoiding the triggers. Some suggestions include: Have your meals at the same time every day. Track the triggers which start the migraine pain and try to avoid them. If weather conditions don’t favor, try to stay at home and fix your schedule accordingly. Sleep well for at least 7-8 hours with dim or no lights. Avoid using gadgets before going to sleep. Avoid bright lights and extreme temperatures. Avoid loud music and noisy places. Avoid chocolates, cheese, processed food, alcohol, and smoking. Avoid stress as much as possible. Specialist To Visit You should get in touch with your doctor if you have frequent or severe migraine symptoms that cannot be managed with the occasional use of over-the-counter painkillers. Try not to use painkillers frequently as this could lead to medication-overuse headache and make it harder to treat your condition over time.

You should also contact your doctor to seek preventive treatment if: You have migraine episodes more than 3 times a month, even if they can be controlled with medicine. You have a migraine which interferes with your daily activities. If you are experiencing headaches or any other symptoms of migraine, you can visit: General Physician (Family Doctor) Neurologist Consult India’s best doctors online from the comfort of your home. Consult NOW Treatment Of Migraine There are many different medications used to treat and prevent migraines. However, natural treatments can also be used as alternatives or to supplement medical treatment.

The treatment for migraine is based on the severity of the migraine and the associated symptoms. Non-specific drugs such as analgesics and nonsteroidal anti-inflammatory drugs (NSAIDs) are the medicines of the first choice for mild or moderate migraine. Specific drugs such as ergot derivatives and triptans are also recommended to treat migraine in more severe cases depending upon the individual requirement. New class of drugs such as calcitonin gene-related protein (CGRP) antagonists and lasmitadin are given in case of acute attacks.

1. Nonsteroidal anti-inflammatory drugs (NSAIDs) Non-steroidal anti-inflammatory drugs (NSAIDs) are the first choice of drugs for migraine. These medicines aid in relieving pain by inhibiting the synthesis of prostaglandins. Prostaglandins are compounds which are known to trigger an inflammatory response.

However, some patients may experience gastrointestinal side effects such as dyspepsia, abdominal burning or discomfort, and diarrhea. Some of the common examples of NSAIDs include: Aspirin Diclofenac Ibuprofen Naproxen 2. Triptans This class of drugs are usually advised when other pain relievers such as NSAIDs fail to show any improvement in the symptoms or if the headache is severe. They work by constricting (narrowing) the blood vessels in the head, stopping transmission of pain signals to the brain, and blocking the release of chemicals that cause nausea and other migraine symptoms. Some of the commonly prescribed drugs in this category include: Sumatriptan Zolmitriptan Naratriptan Rizatriptan Eletriptan Almotriptan 3. Ergots This class of drugs acts as serotonin receptor antagonists. Just like triptans, they also work by constricting (narrowing) the blood vessels in the head, stopping transmission of pain signals to the brain, and blocking the release of chemicals that cause nausea and other migraine symptoms. They also inhibit the production of pro-inflammatory neuropeptide (chemical messenger) which is responsible for migraine pain. As these medicines cause vasoconstriction, these are not advised in people with hypertension and heart disease. Examples include: Ergotamine Caffeine+Ergotamine+Paracetamol+Prochlorperazine 4. Antiemetics If a migraine is associated with nausea or vomiting, then an antiemetic class of drug is prescribed for effective treatment. It is mostly prescribed in combination with an NSAID or triptan but can also be used as monotherapy. Common examples of antiemetics include: Metoclopramide Prochlorperazine Metoclopramide+Paracetamol Patients admitted to an emergency room with severe migraine headaches associated with nausea and vomiting are advised to take sumatriptan or antiemetics/dopamine receptor blockers to manage the condition.

1. CGRP antagonists This is a new class of drug used to treat and prevent migraine attack. The medication works by blocking the activity of the protein known as calcitonin gene-related peptide (CGRP). CGRP may cause pain and inflammation which may further worsen the migraine attacks. It is available in the form of an injection. Examples include: Erenumab Fremanezumab
2. Lasmiditan It is a newly approved drug for the treatment of acute migraine. Lasmiditan acts as a selective serotonin receptor without causing vasoconstriction (narrowing of the blood vessels), unlike triptans. Hence, this medicine can also be advised for people with cardiovascular risk factors, heart disease, and those who respond poorly to the current treatment of migraine. It is available in the form of a pill.
3. Prophylactic therapy There are certain classes of medicines which are used to prevent future attacks of migraine. These drugs are given in cases where there is/are: Frequent or long-lasting migraine headaches Migraine attacks that cause significant disability or diminished quality of life despite appropriate acute treatment Contraindication, failure or serious adverse effect with therapies used for acute attacks Risk of medication-overuse headache Menstrual migraine These drug groups include: Beta-blockers such as propanolol, metoprolol, and atenolol Antidepressants such as amitriptyline and fluoxetine Antiepileptics such as topiramate and sodium valproate Calcium channel blockers such as flunarizine and verapamil CGRP antagonists like erenumab and fremanezumab (in refractory cases) NOTE: It is never advised to self-medicate as these medicines have a range of harmful side effects. Also, frequent use of painkillers to relieve migraine could lead to medication-overuse headache. Home-care For Migraine
4. Watch what you eat Foods that contain tyramine, a natural amino acid, may trigger your migraine headaches. Some of the foods containing tyramine are aged cheese, nuts, and chicken livers. Below is a list of some examples of foods rich in tyramine that can be consumed with caution or avoided.

Food groups: Meat, fish, poultry, & eggs Use with caution: Sausage, bologna, meats with nitrates or nitrites added. Avoid: Aged, dried, fermented, salted, smoked, or pickled products. Pepperoni, salami, and liverwurst. Non-fresh meat or liver and pickled herring.

Food groups: Dairy Use with caution: Yogurt, buttermilk, sour cream Avoid: Aged cheese: cheddar, Swiss, mozzarella 2. Build a healthy routine Get at least eight hours of sleep daily. Exercise regularly. Avoid skipping meals and eat small frequent meals throughout the day. Stay well hydrated. Drink 6-8 glasses of water daily. Avoid stress. Try muscle relaxation exercises like meditation or yoga. Take your medications as advised by your doctor. Identify your triggers and try to avoid them. NOTE: Keep a headache diary to learn about what triggers your migraines and what treatment is most effective.

1. Other home-based solutions You can try out some of the below options to relieve a migraine headache at home: Take some time off: Do not let the fast-paced life take a toll on your life. Instead, make sure you take a break and relax right away when you feel being hit by a headache. Try heat therapy: Place a hot compress such as a towel soaked in warm water on your forehead and relax in a room with dim or no lights. Yoga: Yoga asanas that can help relieve the tension and ease headache include seated neck release, viparita karani, adho hastapadasana (standing forward bend), setu bandhasana (bridge pose), shishuasana (child pose), marjariasana (cat stretch), paschimottanasana (two-legged forward bend), adho mukha svanasana (downward facing dog pose), padmasana (lotus pose), shavasana (corpse pose), etc. Massage using essential oils: Gently massage the area where the eyebrows meet and the temples, with the knuckles to improve circulation and treat headaches. Use exotic essential oils like peppermint oil, basil oil, and lavender oil. Alternative Therapies Of Migraine
2. Ayurvedic Remedies Ayurveda can play a crucial role in managing headaches and improving other symptoms of migraine. You can find all these natural ingredients in your kitchen to help you with migraine. These include:
3. Ginger: A well-known remedy for headaches, it reduces inflammation of the blood vessels of the head, thereby relieving headache. Smash ½ an inch of ginger and brew a cup of tea with it and see the effects. It also aids digestion and reduces the feeling of nausea that occurs during migraines.
4. Lemon: Rich in antioxidants, lemon juice soothes irritated sinuses that helps reduce headaches. Prepare a cup of tea with the juice of a lemon and honey and have it warm. One may also grind the skin of lemons and apply it on the temple for alleviating headaches.
5. Pepper: It will reduce inflammation and decongest the nose that will ultimately help you breathe freely and get rid of the headache. Try a hot bowl of soup with a dash of ground pepper.
6. Cinnamon: Cinnamon reduces the effect of inflammatory markers in blood vessels, thereby reducing the frequency, severity, and duration of pain attacks. Make a thick paste of cinnamon and water and apply to the forehead to get relief from headache.

Check out some of the common herbs whose benefits have been backed by science for migraine relief. Click here to know more!

1. Acupuncture Acupuncture is a traditional Chinese medicine therapy that involves inserting thin needles into specific points on the body, known as acupoints, to ease pain. Although the exact action mechanism is not known, it is believed that this therapy reduces nerve activity to modulate pain response and transmission. Ear acupuncture, a type of acupuncture, is also known to ease migraine pain in people without aura attacks.
2. Neuromodulation techniques In this, electrical stimulation is delivered to the targeted sites to alter nerve activity and relieve pain. Single pulse transcranial magnetic stimulation, a noninvasive neuromodulation technique, is the most widely used method to treat migraine pain. Living With Migraine Living with migraine is a duanting task as not many people realise how much pain you go through on a regular basis as you put a smiling face. Although it is understandable to feel angry and defeated, training yourself to look at things positively can help you to manage it better and improve your quality of life. Moreover, people with migraines do not come out in the open due to the stigma. But one thing you must bear in mind is making simple changes in your routine life to lead a better and happy life. Here are a few tips that people living with migraine can follow to improve their condition and fight migraine attacks.
3. Always be positive You may feel angry and helpless with migraine but that will not help and only add up to worsen the condition. So, do not let negative feelings harm you. Instead, train your brain to be happy and positive to improve your condition.
4. Learn about your condition Suffering from migraine is not anyone’s fault, so instead of blaming yourself, it is wise to learn and educate yourself about the condition. However, do not search online about it but talk to your doctor about the condition, its medication, triggers, and ways you can help you or your closed ones to fight the condition.
5. Find the right doctor Just like getting the right medicines is necessary to fight a condition, getting in touch with the right doctor is of utmost importance when it comes to dealing with migraine. Be it calling your doctor when you have sudden and severe migraine attacks or just asking him/her about medicines, your doctor can play a key role in treating your condition and preventing future attacks/complications.
6. Join a support group Just the mere idea of sharing your thoughts and talking to someone who knows about migraine gives you relief. So joining a support group can be of great help as it helps you to connect with people suffering from migraines and share your concerns or queries with like-minded people. Joining online communities and participating in their workshops can help you to understand more about the real-life experiences and share your stories with them.
7. Indulge in self-care Thinking about migraine day-in and day-out can be very taxing on your mental health as well. So instead of physically burdening yourself with added work at home or office to divert your mind or mentalling straining yourself, try out different activities to keep yourself occupied. These activities include listening to music in your free time, enjoying time with your pet/friends, taking a stroll in a park, or sharing workload with your partner when you are stressed. Making these simple tweaks to your everyday life can be of great respite. It isn’t justified to change your doctor frequently. No one can cure migraine but with meds these migraine bouts can be managed and frequent episodes can be converted to less frequent one. Whatever is the trigger, you need to know about the types of headache and watch out for signs that indicate you should consult a doctor immediately.

To know more about the types and when to visit a doctor for a headache, read the article. Click To Read

Migraine and comorbidities 1. Migraine and stress: The International Headache Society doesn’t classify stress migraine as one of the types, however, stress is a known trigger for migraine. So if you feel stress is the trigger for your headache, you can try relaxation techniques like deep breathing, meditation, or yoga to calm down. 2. Migraine and nausea: Nausea is one of the most common symptoms seen in almost half of the people suffering from migraine. Taking antiemetic drugs can help to deal with this symptom, but if you also experience vomiting along with a headache, then it is wise to consult a doctor and get it treated. You can even try home remedies such as ginger, lemon, cinnamon, etc to deal with it. 3. Menstruatal-related migraine: More than 50% of the women who suffer from migraine tend to experience menstrual-related migraine. As the name suggests, migraine can occur before, during, or after menstruation. This could be due to a sudden shift in the hormones during periods. Frequently Asked Questions Is migraine curable? Can children get migraines? Are migraine headaches hereditary? How long do migraines last? How does a migraine feel? What foods make migraines worse? Do migraines get worse with age? What is the fastest way to get rid of a migraine? At what age do migraines stop? Why am I suddenly getting lots of migraines? References Burch RC, Buse DC, Lipton RB. Migraine: Epidemiology, Burden, and Comorbidity. Neurol Clin. 2019 Nov;37(4):631-649. Gilmore B, Michael M. Treatment of acute migraine headache. Am Fam Physician. 2011 Feb 1;83(3):271-80. Erratum in: Am Fam Physician. 2011 Oct 1;84(7):738. Weatherall MW. The diagnosis and treatment of chronic migraine. Ther Adv Chronic Dis. 2015;6(3):115-123. Moriarty M, Mallick-Searle T. Diagnosis and treatment for chronic migraine. Nurse Pract. 2016;41(6):18-32. Shankar Kikkeri N, Nagalli S. Migraine with Aura. [Updated 2021 Jul 5]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan. Burstein R, Noseda R, Borsook D. Migraine: multiple processes, complex pathophysiology. J Neurosci. 2015;35(17):6619-6629. The International Classification of Headache Disorders, 3rd edition. Headache Classification Committee of the International Headache Society (IHS). Cephalalgia. 2018, Vol. 38(1) 1–211. Living With Migraine. American Migraine Foundation. Kelman L. Migraine changes with age: IMPACT on migraine classification. Headache. 2006 Jul-Aug;46(7):1161-71. Esposito M, Pascotto A, Gallai B, et al. Can headache impair intellectual abilities in children? An observational study. Neuropsychiatr Dis Treat. 2012;8:509-513. Chowdhury D, Datta D. Managing Migraine in the Times of COVID-19 Pandemic. Ann Indian Acad Neurol. 2020;23(Suppl 1):S33-S39. GBD 2016 Headache Collaborators. Global, regional, and national burden of migraine and tension-type headache, 1990-2016: a systematic analysis for the Global Burden of Disease Study 2016. Lancet Neurol. 2018;17(11):954-976. Ahmed F, Parthasarathy R, Khalil M. Chronic daily headaches. Ann Indian Acad Neurol. 2012;15(Suppl 1):S40-S50.

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Monkeypox Overview Monkeypox is a viral zoonotic disease, which means that the infection spreads from animals to humans. The infection is transmitted to humans through scratches or bites from infected rodents such as rats, mice, and squirrels, or by eating bush meat. Monkeypox is commonly found in Central and West Africa, but cases have been identified in other countries due to travel from regions where monkeypox is endemic.

Monkeypox was discovered in 1958, when two outbreaks of a pox-like disease occurred in groups of monkeys being used for research. As the disease was first discovered in monkeys, hence the name monkeypox. This disease is caused by the monkeypox virus, similar to but with a notably lower death rate. Monkeypox typically presents with fever and rash but the main symptom that distinguishes it from smallpox is swollen lymph nodes.

Transmission of the virus can happen from an infected animal to human or human to human but is limited to close household contacts or health-care workers not wearing personal protective equipment. Once the patient is diagnosed, he/she should be isolated in a separate room at home or an isolation room in the hospital with separate ventilation.

Monkeypox is usually a mild and self-limiting disease. Currently, there is no definite treatment approved for this infection. The treatment plan mainly involves supportive care to ease the patient’s symptoms. Most patients who have mild diseases recover without medical intervention. Key Facts Usually seen in All age groups Children between 5-9 years of age Gender affected Both men and women Body part(s) involved Skin Mouth Muscles Lymph nodes Prevalence Worldwide: 257 confirmed cases (2022) Mimicking Conditions Smallpox Chickenpox Rickettsialpox Scabies Secondary syphilis Yaws Measles Generalized vaccinia Disseminated zoster Bacterial skin infections Drug-associated eruption Eczema herpeticum Disseminated herpes simplex Chancroid Hand foot mouth disease Infectious mononucleosis Molluscum contagiosum Necessary health tests/imaging Molecular analysis: Virus isolation & Electron microscopy Blood analysis: Real-time polymerase chain reaction (PCR), Enzyme-linked immunosorbent assay (ELISA) & Immunofluorescent antibody assay Urine analysis Treatment Supportive care: Paracetamol, Antiemetics & Antihistamines Medical management: Antivirals, Tecovirimat, Brincidofovir & Cidofovir See All Symptoms Of Monkeypox

Monkeypox symptoms in humans are similar to smallpox but they are milder. The main symptom that differentiates it from smallpox is lymphadenopathy (enlargement or swelling of the lymph nodes). The incubation period (time taken for the symptoms to appear after being infected) for monkeypox is usually 6−13 days but can range from 5−21 days. The most common symptoms include:

Fever Headache Myalgia (muscle aches) Backache Lymphadenopathy Chills Malaise (tiredness) Exhaustion Sore throat Dry cough Dyspnea (shortness of breath)

Progression of the disease Lesions appear on the tongue and mouth within 1 to 3 days after fever. The patient generally develops a rash, often beginning on the face and then spreading to other parts of the body within 24 hours. By the 4th to 5th day, the lesions become raised and filled with pus. By the end of the 2nd week, they dry up and crust. The scabs usually remain for a week before they start to fall off. This illness typically lasts for about 2-4 weeks and lesions progress through the following stages.

Note: The skin manifestation depends on vaccination status, age, nutritional status associated HIV status. Has all the news about monkeypox got you worried? There is no need to panic. Read on to get all your queries answered about monkeypox. Click To Read!

Causes Of Monkeypox

Monkeypox is caused by the monkeypox virus that belongs to the Poxviridae family. It is generally acquired through rodents such as rats, mice, and squirrels (who are the carrier of the virus) in parts of West and Central Africa.

Any person can get monkeypox by the following ways: Bite from an infected animal or touching its blood, body fluids, spots, blisters, or scabs. Eating meat of an infected animal from Central or West Africa that has not been cooked thoroughly. Touching the skin or fur of the infected animals. Transmission This infection can spread through direct physical contact with the infected blood, body fluids, skin lesions, blisters, or scabs from an infected animal. The monkeypox virus mainly causes animal-to-human transmission but in rare cases, human-to-human transmission is also possible when there is close contact or large respiratory droplets. Animal-to-human transmission This can happen through the following: Coming in close contact with an infected animal. Eating meat of an infected animal that is not cooked thoroughly. A bite or scratch from animals like rats or squirrels infected by the virus. Human-to-human transmission This occurs through: Close physical contact with a person infected by the monkeypox virus. Touching clothes, bedding, or towels contaminated with the virus. Saliva or respiratory droplets while coughing or sneezing. The placenta from mother to fetus. Mother to baby during and after childbirth. Unprotected sex with an infected person. Man to man sex.

Here are some common mistakes that men make while using a condom and how to use it the right way. Tap To Read! Risk Factors For Monkeypox

Anyone who has close physical contact with an infected animal or someone who has symptoms of monkeypox are at the highest risk of developing the infection. Other people, who are at a greater risk of developing serious symptoms from monkeypox include: Newborns Children Immuno-deficient patients Patients with a history of chronic illness Healthcare workers Laboratory professionals Diagnosis Of Monkeypox

The investigation should consist of the following: Examining the patients clinically using appropriate infection prevention and control (IPC) measures. Questioning the patient about possible sources of infection and the presence of similar disease or symptoms in the patient’s community and contacts. Collecting and dispatching the specimens safely for laboratory examination of monkeypox.

If monkeypox is suspected, health-care workers should collect an appropriate sample and have it transported safely to a laboratory with appropriate capability. This is because confirmation of monkeypox depends on the type and quality of the specimen and the type of laboratory test.

Samples are usually collected from a person showing symptoms, especially a traveler from a region where monkeypox is endemic, having an outbreak or there is community (person to person) spread.

Asymptomatic travelers are kept under observation for 21 days and samples are collected once signs and symptoms appear.

The various clinical samples that can be collected to make the diagnosis based on the different stages are:

1. During rash phase Nasopharyngeal and oropharyngeal swabs or lesions from the roof, base scraping, fluid, and crust or scab. Collection of sample from lesion should be done from multiple sites Blood in specialized tubes like EDTA and SSGT Urine in sterile container
2. During the recovery phase Blood in EDTA/SSGT tube Urine in a sterile container

For the confirmation of monkeypox on the suspected clinical specimens (blood/lesion/swabs/urine): PCR for orthopoxvirus genus (cowpox, buffalopox, camelpox, and monkeypox) will be done. If specimen will show positivity for the Orthopoxvirus, it would be further confirmed by monkeypox specific conventional PCR or real time PCR for monkeypox DNA. Additionally, virus isolation and the next generation sequencing of clinical samples (miniseq and nextseq) will be used for characterization of the positive clinical specimens.

Get your lab tests done with us, where patient comfort and safety are the utmost priority. Book Now! Prevention Of Monkeypox

Monkeypox prevention depends on decreasing human contact with infected animals and limiting person-to-person spread. Monkeypox can be prevented by following these measures:

Avoid contact with infected animals, especially sick or dead ones. Cook all foods that contain animal meat or parts thoroughly. Avoid any kind of contact with bedding and other materials contaminated with the virus. Maintain hygiene by washing your hands with soap and water or alcohol hand rub after coming into contact with an infected animal or person or handling their products. Avoid close contact with an infected person. Use personal protective equipment (PPE) when caring for an infected person. Get vaccinated.

Humans have a close connection with microorganisms. Viruses are tiny microorganisms that range in size from about 20 to 400 nanometers in diameter. Read how viruses are transmitted and ways to prevent them. Tap Here!

Vaccination There is a vaccine recently approved for monkeypox which is not yet widely available. Vaccines used during the smallpox eradication program can be used for protection against this disease. However, post 1980, when WHO declared that smallpox was eradicated globally, no vaccine has been manufactured in India.

Smallpox vaccines can provide protection against monkeypox. Certain countries have timely vaccination of close contacts as post-exposure prophylaxis or for certain groups of health care workers for pre-exposure vaccination.

JYNNEOS TM also known as Immune or Imvanex is a live attenuated virus vaccine that has been approved by the U.S. Food and Drug Administration (FDA) for the prevention of monkeypox. Specialist To Visit

If any person develops a rash, accompanied by fever, discomfort or illness, along with swollen lymph nodes, they should contact their doctor and get tested for monkeypox. Doctors that can help treat the symptoms and diagnose monkeypox are: General physician Infectious disease specialist Internal medicine specialist

Contact your doctor immediately if you notice the following:

Chest pain Seizures Pain in the eye or blurring of vision Shortness of breath Difficulty in breathing Altered consciousness Decreased urine output Loss of appetite Extreme tiredness

If you are facing any such issues, seek advice from our professionals. Consult Now! Treatment Of Monkeypox

Currently, there are no specific clinically proven treatments for monkeypox infection. As with most viral illnesses, the treatment is supportive management of symptoms. Monkeypox is usually a mild and self-limiting disease. Most patients who have mild diseases recover without medical intervention. The treatment and management mainly involve the following: Supportive care According to the MOHFW guidelines, the supportive treatment of monkeypox includes the following:

1. Skin rash

Not touching or scratching the lesions as it can worsen the rash and increase the risk of infections. Cleaning the area with an antiseptic ointment such as mupirocin acid or fucidin and covering the lesion with light dressing. Taking antibiotics in case of secondary infection.

1. Ulcers Sitz bath for genital ulcers. Warm salt gargling and use of topical oral anti-inflammatory gel for mouth ulcers.

Most mouth ulcers heal on their own or with over-the-counter (OTC) products within one to two weeks. Ulcers cannot be prevented, but certain lifestyle modifications may help relieve symptoms and reduce their frequency.

Read in detail about the causes, symptoms, treatment, and prevention of mouth ulcers.

1. Dehydration Taking adequate fluids like juices and ORS. Eating a balanced, nutrient-rich diet. In severe cases, intravenous drip may be required.

Here’s more on what to do if you feel dehydrated. Click to know!

1. Other symptoms Paracetamol for fever Antiemetics for nausea and vomiting Antihistamines for itching Medical management However, there are various antivirals used to treat monkeypox in other countries. Certain cases of monkeypox are treated with the following:

Antivirals: Several antivirals may be useful for the treatment of monkeypox. These drugs were approved for the treatment of smallpox based on animal models but are expected to have the same activity against human monkeypox as well. Tecovirimat: It is a potent inhibitor of an orthopoxvirus protein. The recommended dose depends upon the patient’s weight. Brincidofovir: This drug was approved in June 2021 for use in the United States for the treatment of smallpox and can be used for monkeypox as well. Cidofovir: This drug has an in-vitro activity against monkeypox and has been shown to be effective against lethal challenges in animal models. Home-care For Monkeypox

The symptoms of monkeypox are mild and may not require hospitalization in most cases. Home-care approach for these patients involve:

Encouraging the infected person to self-isolate and cover any skin lesions. Wearing a medical mask, when in close contact with an infected person. Making the patient wear a mask especially if they are coughing or have lesions in their mouth. Using disposable gloves if you have any direct contact with lesions to avoid skin-to- skin contact. Wearing a mask even when handling any clothes or bedding of the person infected with the virus. Washing the infected person’s clothes, towels, and bedsheets and eating utensils separately with warm water and detergent. Not allowing pets or any other domestic animals near the patient’s room. Cleaning and disinfecting contaminated surfaces, if any, daily. Disposing of the contaminated waste (e.g., dressings) appropriately. Not sharing dishes or any other eating utensils with family members.

Masks have become an integral part of our fight against the novel coronavirus, especially in places where social distancing may not get followed by easing. With cases of monkeypox increasing around the world it is even more important to wear the masks the right way. Click To Read!

Complications Of Monkeypox

People with monkeypox are infectious to others from the onset of fever until all lesions scab over. Monkeypox complications include:

Dehydration including: Vomiting Diarrhea Decreased food intake due to painful oral lesion Fluid loss from widespread skin disruptions Pneumonia Sepsis Bacterial superinfection of skin Permanent skin scarring Hyperpigmentation or hypopigmentation Permanent scarring of the cornea (vision loss) Encephalitis (inflammation of the brain) Shortness of breath, chest pain, difficulty in breathing Altered consciousness Seizures Decrease in urine output Lethargy Death Living With Monkeypox

With the increase in cases, the social stigma around monkeypox has also increased. Social stigma is generally a negative association between a person or group of people who share certain characteristics of a specific disease. It may mean that people are labeled, stereotyped, discriminated against, treated separately, and/or experience loss of status because of a perceived link with a disease, especially during an outbreak. This can negatively affect the patients, as well as their caregivers, family, and friends.

The current increase in monkeypox cases and media coverage can also lead to stress and anxiety in patients and their family members. Here are some tips to deal with the psychological effects of the same:

Do not believe the experiences of others all the time. Talk about the mental health issues with healthcare professionals. Do not hide away or isolate from the world. Reach out to family, friends, coaches or religious leaders for the support. Get help from a therapist or psychologist, if needed. Join a mental health support group, if required. Understand it’s not personal.

Monkeypox is causing similar uncertainty amongst the people as COVID-19 had caused during its inception. Read more about living with COVID-19. Click Now!

Frequently Asked Questions Which countries are at a higher risk of monkeypox? Is monkeypox a common disease? What is the duration of illness for monkeypox? Does monkeypox affect children? Is monkeypox fatal? Are there any guidelines for international travelers? References Moore M, Zahra F. Monkeypox. [Updated 2022 May 22]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan. What is Monkeypox? Monkeypox. World Health Organization. May 2022. Signs and Symptoms. Monkeypox. Center For Disease Control and Prevention. July 2021. How Do You Get Monkeypox? Monkeypox. NHS UK. June 2022. Guidelines for the management of monkeypox.Ministry of Health and Family Welfare. GOVERNMENT OF INDIA. Khodasevich L, Jezek Z, Messinger D. Monkeypox virus: ecology and public health significance. Bull World Health Organ. 1988. Outbreak at a glance. Multi-country monkeypox outbreak in non-endemic countries: Update. World Health Organization.May 2022.

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Motion sickness Also known as kinetosis, Air sickness, Car sickness, Riders’ vertigo, Sea sickness, Queasiness and Travel sickness Overview

It is a condition in which an individual experiences nausea, dizziness, vomiting, and other symptoms when they are exposed to motion or movement. It is believed to occur when there is a mismatch between the information received by the brain from the inner ear balance mechanism and what the eyes see. Any mode of transportation, whether on land, in the air, or on the water, can cause motion sickness. It can also be caused by amusement rides and playground equipment. Anyone can get motion sickness; however, some people have a higher threshold than others. Travel sickness is known to commonly affect children aged 2 to 12 years, pregnant women, and people suffering from migraine. It is critical to get plenty of rest the night before traveling and to avoid alcohol. If you are prone to motion sickness, you should avoid dehydration and anxiety. It is recommended that you keep a home remedy handy while traveling. Medications can also help in managing the symptoms. Key Facts Usually seen in Children between 2 and 12 years of age Gender affected Both men and women but more common in women Body part(s) involved Central nervous system (CNS) Prevalence Worldwide: 65% (2019) Mimicking Conditions Vestibulopathy Cerebrovascular Event Necessary health tests/imaging Medical history Physical examination Treatment Anticholinergic: Scopolamine Antihistamine: Diphenhydramine, cyclizine, Meclizine, Cinnarizine , Promethazine Sympathomimetic: Dextroamphetamine Behavioral Management: Biofeedback training and relaxation, cognitive behavioral therapy, breathing techniques See All Symptoms Of Motion Sickness

The most common signs and symptoms of motion sickness include:

Nausea and vomiting Cold sweats Pale appearance Headache Drowsiness Yawning Loss of appetite Increased salivation Lack of interest, and enthusiasm Increased sensitivity to odors General discomfort

In Children:

Before age 6, the main symptom is dizziness and the need to lie down. After age 12, the main symptom is nausea (feeling sick to the stomach).

Have you been vomiting quite frequently? Know what can cause vomiting and when to visit a doctor. Enlighten Yourself Causes Of Motion Sickness

During motion, one part of the sensing system, such as the eyes and sensory nerves, detect movement, whereas the other parts, such as the inner ear, do not. Thus, the brain receives conflicting signals, which results in motion sickness.

The brain may recognise such a situation as the effect of a poison, and vomiting may occur as a natural reaction to get rid of the poison. The brain is not able to function properly as a result of the mixed signals, causing symptoms like dizziness, headache, and nausea. Risk Factors For Motion Sickness

The following are the most common risk factors that increase your chances of getting motion sickness:

1. Age Children aged 2 to 12 years are particularly vulnerable, but infants and toddlers are usually immune. There is a subsequent decline during teen years due to habituation. Adults over the age of 50 are less prone to motion sickness.
2. Sex Women are more prone to motion sickness, particularly when pregnant, menstruating, or taking hormone supplements.
3. Genetic factors People who have a first-degree relative (for example, a parent or sibling) who is highly susceptible to motion sickness are more likely than the general public to get motion sickness themselves.
4. Certain medications Certain prescription medications, such as antibiotics, NSAIDs (ibuprofen or naproxen), birth control pills can increase the chances of experiencing motion sickness while traveling, or worsen the condition.
5. Hormones The use of hormonal contraception, pregnancy, and the menstrual cycle all increase the susceptibility to motion sickness due to hormonal fluctuations.
6. Medical conditions Patients suffering from vertigo, an inner ear disorder, Parkinson’s disease, Meniere’s disease, and migraine headaches are more prone to motion sickness, especially during a migraine attack.

Struggling with migraine? Watch our expert, a leading neurologist decode it for you. Diagnosis Of Motion Sickness

It is usually based on the patient’s complaint of the relevant symptoms during travel. The doctor will take the history related to traveling and symptoms of motion sickness. The doctor will look for any inner ear problems that may be exacerbating the symptoms of motion sickness. Celebs affected Tia Mowry Tia Mowry is an American actress, who has also experienced motion sickness. In one of her interviews she said, “I actually wear these nausea bands—they’re like motion sickness bands that people wear on, like, cruise ships and stuff,—and they have been my best friends. They’re part of my wardrobe now.” Prevention Of Motion Sickness

Gradually increasing your exposure to motion (habituation training) can help you become accustomed to traveling while also reducing the severity and frequency of motion sickness.

Here are a few common preventive measures that may be useful:

Being aware of the triggers that aggravate the symptoms. Closing your eyes, sleeping, or staring at the horizon while traveling. Adding distractions such as breathing control, music, or aromatherapy scents such as mint or lavender. Flavored lozenges may also be beneficial. Positioning yourself optimally to reduce motion or motion perception. Lightly pressing your inner arm about 6 to 7 cm away from your wrist. You can also use a wristband for this purpose. Avoiding overeating during travel. Exposing oneself gradually to continuous or repeated motion sickness triggers.

Here are a few specific preventive measures to prevent motion sickness in a car, plane or boat: Prevention of car motion sickness Sit in the front seat of a car. Rest your head against the seat back. Turn the air vents in the direction of your face. Avoid foods that make you feel unusually full or have strong odors. Do not read. Do not smoke. Prevention of motion sickness on a plane Try to avoid big, greasy meals and alcohol the night before air travel. Eat light meals or snacks that are low in calories 24 hours before air travel. Try choosing a seat towards the front of the aircraft or in a seat over the wing.

Prevention of motion sickness on a boat Ask for a cabin on the upper deck or towards the front of the ship. When on deck, keep your eyes fixed on the horizon or land. Prevention of motion sickness in children Before the trip, choose bland foods over spicy foods. This alleviates hunger pangs, which appear to aggravate the symptoms. Try to focus the child’s attention away from the queasy feeling. Listen to the radio, sing, or converse. Allow your child to look at things outside the car rather than at books or games. A cool cloth on the forehead can also help to alleviate symptoms. Travel during the night if possible. If your child begins to experience motion sickness symptoms, you may need to make frequent short stops. Prevention of motion sickness during pregnancy Eat small, frequent meals. Going too long without eating during pregnancy can cause nausea or make it worse. Avoid greasy, high-fat foods. Drinking peppermint, spearmint and chamomile teas may help. Eat plenty of carbohydrate-rich foods such as cereal, fruit, bread and rice. They are easy to digest and provide energy. Limit your consumption of coffee. It stimulates acid secretion, which can make the nausea worse. Wear sea sickness wristbands. Did you know? When you overeat, your body tries to deal with the extra food by triggering nausea. In severe cases, the body may respond to this trigger by forcibly emptying the stomach through vomiting. Hence, it is important to keep a tab on what and how much you eat. Here are a few simple ways to control overeating. Click To Know Doctor To Visit

Nausea can be caused due to several reasons. It is essential to see a doctor in case of the following symptoms: Chronic, persistent nausea or vomiting. Motion sickness symptoms when you’re not involved in a moving activity. The symptoms of motion sickness last for more than 8 hours. Symptoms of dehydration. Your child has motion sickness symptoms even when she is not participating in a movement activity, especially if she also has a headache, difficulty hearing, seeing, walking, or talking.

The doctors you need to visit are:

General Physician Paediatrician (in case of children) Gastroenterologist

A gastroenterologist is a doctor who treats diseases of the esophagus, stomach, small intestine, colon and rectum, pancreas, and gallbladder.

If you or your child have persistent nausea or experience prolonged motion sickness, do not delay and get medical advice from our world-class doctors. Consult Now Treatment Of Motion sickness

Treatment for motion sickness comprises removing the patient from the factor that is causing motion sickness. The symptoms of motion sickness usually subside once you stop traveling. In the case of severe motion sickness, treatment may include: A. Medications

Medications can be subdivided into categories: anticholinergic, antihistamine and sympathomimetic.

1. Anticholinergics:  
   Scopolamine- Scopolamine patch can be placed behind the ear at least 4 hours before traveling. A single scopolamine patch will work for 3 days.
2. Antihistamines: Diphenhydramine Cyclizine Meclizine Cinnarizine Promethazine
3. Sympathomimetic Dextroamphetamine
4. Administration of I.V. fluids In severe cases of vomiting and dehydration, administration of I.V. fluids might be required.

Special considerations

Medications for pregnant women Medications used for morning sickness are felt to be safe for use in motion sickness. Some examples include: Meclizine Dimenhydrinate These are category B medications (No risk in animal studies. There are no adequate studies in humans, but animal studies do not demonstrate a risk to the fetus).

Note: Scopolamine and promethazine are category C medications (Risk cannot be ruled out. There are no satisfactory studies in pregnant women, but animal studies demonstrate a risk to the fetus. Potential benefits of the drug may outweigh the risks in pregnancy).

Medication of children (2–12 years of age): These can be given 1 hour before travel and every 6 hours during the trip. Some examples include: Dimenhydrinate Diphenhydramine

Note: Scopolamine can cause dangerous adverse effects in children and should not be used.

B. Behavioral Management 1. Biofeedback Training and Relaxation Biofeedback training is a noninvasive therapy that can teach you how to control body functions such as your heart rate. Combining biofeedback with gradual muscle relaxation may control nausea in a more effective way. 2. Cognitive Behavioral Therapy It may be helpful in reducing the anxiety that some people with motion sickness experience. 3. Breathing Techniques Slowing down your breath rate has been shown to reduce motion sickness. Deep breathing may also be especially beneficial if you are anxious about getting motion sick, which makes you feel even more nauseous. Home care For Motion sickness

The first and foremost step is to keep yourself hydrated. There are a few herbs that are sometimes used for nausea and may provide some relief for motion sickness

Ginger (Adrak): Ginger is a popular herb because of its many health benefits, especially as an antiemetic. It is a common treatment for motion sickness, and some studies suggest it may also help with nausea and vomiting. It is often taken in the form of lozenges, tea, capsules, tablets, crystallized root, candies, or ginger ale

Peppermint oil: It effectively diminishes the symptoms of motion sickness and queasiness. For relief from motion sickness or general nausea, simply apply a small amount of peppermint oil to your abdomen, dab a drop on your wrists, or inhale its fragrance. However, several drugs can interact with peppermint. Make sure to consult your doctor before using it.

Chamomile: Chamomile tea is frequently used to alleviate or prevent nausea, vomiting, and motion sickness.

Feeling nauseated? Try these 6 foods to get instant relief. Read More Now Complications Of Motion Sickness

Vomiting due to motion sickness can cause excessive loss of fluids from the body and may lead to dehydration, electrolyte imbalance, low blood pressure, rapid heart rate and even passing out.

Malnutrition and weight loss are other complications seen in patients with chronic nausea, as they often avoid consuming full meals out of fear. Motion sickness can cause anxiety and stress, leading to avoidance of activities and limiting experiences. It can disrupt daily life, restrict participation in motion-related activities, and increase the risk of accidents. Severe cases may have psychological consequences, including frustration, embarrassment, and the development of phobias related to motion or travel. Alternative Therapies For Motion Sickness

Alternative therapies have shown some good results in the management of motion sickness. However, it is always advised to consult your healthcare provider before starting any of the following alternative therapies:

1. Acupressure Acupressure aims to stimulate specific points on the body by applying pressure. Applying pressure to the acupressure point known as “pericardium 6,” or “P6,” can make you feel better. The point is situated between the two tendons on the inside side of the forearm, about two inches (or three finger widths) above the wrist crease.
2. Aromatherapy therapy During your travels, you can incorporate aromatherapy by inhaling the scent through a tissue or, or applying diluted essential oil to specific areas like temples, wrists, and neck. Another option is to use aromatherapy jewelry for a soothing experience throughout your journey. Before diffusing essential oils, check with your doctor if you have asthma or another respiratory disease.

Buy essential oil products online to get rid of the unwelcoming feeling of nausea and vomiting. Fill your cart now. Tap Here

1. Motion sickness glasses Anti-motion sickness glasses are a novel approach to a common issue. Four circular rims frame the eyeglasses, two in front and one on each side. It aids in matching the sensory input from your eyes and ears. The liquid in your rims moves as your vehicle rises, falls, or turns. Its purpose is to create a false horizon in your field of vision. Did you know? Acupressure bands are also available commercially to help prevent motion sickness. Studies suggest these bands may help delay the onset of symptoms. To know our wide range of acupressure products Click Here Living With Motion sickness

Almost everyone experiences motion sickness at some point in their lives. You may vomit due to the queasy feeling and nausea. You can’t always avoid the movement that’s making you sick, especially when traveling.

However, nausea and vomiting are distressing symptoms that may significantly affect the overall quality of life and greatly influence an individual’s overall mood and social activities.

Prevention is more effective than treatment for motion sickness, so identifying and/or avoiding triggers is critical. Here are some tips for dealing with stress more effectively.

Know the triggers that are causing motion sickness and work on it. Accustom yourself to motion sickness by beginning with small movements that cause dizziness or nausea and gradually increasing each day. It is a long-term approach that provides the most reliable antidotes to motion sickness. Don’t be afraid to seek professional medical assistance. Frequently Asked Questions Will motion sickness pills help with vertigo? Are motion sickness patches safe? Can motion sickness develop at any age? Can new prescription glasses cause motion sickness? Can reading in the car cause car sickness? References Leung AK, Hon KL. Motion sickness: An overview [Internet]. Drugs in context. U.S. National Library of Medicine; 2019 [cited 2023Feb16]. Available from: Synonyms of motion sickness (no date) www.thesaurus.com. Available at: StatPearls. Motion sickness [Internet]. StatPearls. StatPearls Publishing; 2022 [cited 2023Feb16]. Available from: Motion sickness [Internet]. Mount Sinai Health System. [cited 2023Feb16]. Available from: Motion sickness - chapter 8 - 2020 yellow book (no date) Centers for Disease Control and Prevention. Centers for Disease Control and Prevention. Available at: Motion sickness [Internet]. Seattle Children’s Hospital. 2022 [cited 2023Feb16]. Available from: https://www.betterhealth.vic.gov.au/health/healthyliving/motion-sickness#where-to-get-help https://www.ncbi.nlm.nih.gov/books/NBK539706/ UCSF Health. Coping with common discomforts of pregnancy [Internet]. ucsfhealth.org. UCSF Health; 2022 [cited 2023Feb16]. Available from: Car sickness [Internet]. HealthyChildren.org. [cited 2023Feb16]. Available from: Ogunniyi AA. Motion sickness - injuries and poisoning [Internet]. MSD Manual Consumer Version. MSD Manuals; 2023 [cited 2023Feb16]. Available from: https://www.stlukes-stl.com/health-content/medicine/33/000110.htm ER; MK. Efficacy of acupressure and acustimulation bands for the Prevention of Motion Sickness [Internet]. U.S. National Library of Medicine; [cited 2023 Jun 13]. Available from: https://wwwnc.cdc.gov/travel/yellowbook/2024/air-land-sea/motion-sickness Lackner J. R. (2014). Motion sickness: more than nausea and vomiting. Experimental brain research, 232(8), 2493–2510. Available from:

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Benign prostatic hyperplasia Also known as Benign prostatic enlargement Overview Benign prostatic hyperplasia (BPH) is a medical condition that commonly occurs in older men. It is a benign (non-cancerous) condition in which the prostate (a walnut-sized gland) enlarges in size. The prostate gland surrounds the urethra, a tube that carries urine and semen outside of the body. When the prostate gland enlarges, it can make the passage of urine and semen through the urethra a difficult process. This causes symptoms such as blocking urine outflow, frequent urge to urinate, difficulty in starting urination, dribbling at the end of urine flow, urinary tract infection etc.

In India, benign prostatic hyperplasia is a common elderly problem with an incidence rate of 92.97% and 93.3%. AUA guidelines suggested that BPH incidence worldwide will increase, and by the age of 60 years, more than 50% of men would have some evidence of the disease.

There are several treatment options available for benign prostate hyperplasia. If you have been diagnosed with the condition, you might be prescribed medications such as finasteride and dutasteride. These medications have proven to be effective in treating BPH. Depending on your condition, your doctor may also advise different types of surgeries that can be used to remove the prostate tissue that is blocking the urinary flow. Key Facts Usually seen in Adults above 40 years of age Gender affected Men Body part(s) involved Prostate gland Bladder Kidney Mimicking Conditions Prostate cancer Bladder stones Bladder trauma Overactive bladder Prostatitis Necessary health tests/imaging Digital rectal exam Ultrasound KUB Intravenous pyelogram (IVP) Uroflowmetry Cystoscopy Prostate-specific antigen test Treatment Alpha-blockers: Prazosin, Terazosin & Tamsulosin 5-alpha reductase inhibitors: Finasteride & Dutasteride Tadalafil Transurethral resection of the prostate (TURP) Transurethral incision of the prostate (TUIP) Other therapies: Transurethral microwave thermotherapy, Ablative laser therapy, Enucleation procedure & Prostatic urethral lift Specialists to consult Urologist General surgeon General physician Symptoms Of Benign Prostatic Hyperplasia

Benign prostatic hyperplasia can cause several symptoms that affect your urine flow. It is possible to experience more than one symptom at the same time. Some of the common symptoms are: Decreased flow of urine Weak urine flow Sensation of incomplete bladder emptying Need to start and stop urine several times Trouble in starting urination or straining to pass urine Dribbling at the end of urine flow Urge to urinate frequently Increase in the urgency to urinate Increased need to get up at night to urinate Pain while urinating or ejaculation Urine that looks or feels different If your condition worsens with time, then you might experience: Development of bladder stone Bladder infection Damage to kidneys because of backpressure caused due to retention of large amounts of urine in the bladder Blood in urine Pus in urine Experiencing pain in the lower part of abdomen or genitals during urination Inability to urinate Chills or fever while urinating In severe cases, BPH can lead to bladder damage and infection. In such cases, you can spot blood in the urine. It can also cause kidney damage, if left untreated for a long time and can lead on to development of chronic kidney disease and renal failure.

Here are a few common causes of frequent urination and why you should not ignore this symptom. Click To Read!

Causes Of Benign Prostatic Hyperplasia

The prostate gland is located beneath your bladder. The urethra is a tube that passes urine from your bladder to the outside of your penis. The urethral tube passes through the centre of the prostate. When the prostate enlarges, urine flow can begin to get blocked. The actual cause of BPH is not exactly well understood.

It is postulated that testosterone, a hormone produced by testicles, is a major contributing factor towards BPH. Men produce testosterone, the primary male sex hormone, throughout their lives, along with a minute amount of estrogen. With declining age, the testosterone produced by the body also reduces. This, in turn, increases the proportion of estrogen in the system. Studies have suggested that benign prostatic hyperplasia may result due to this disproportion between estrogen and testosterone. The high level of estrogen within the prostate boosts the activity of substances that increase the growth of prostate cells.

Experts also believe that dihydrotestosterone (DHT), a hormonal byproduct of testosterone, plays a vital role in the growth of the prostate gland. Research has revealed that older adults continue producing DHT that gets accumulated within the prostate despite a drop in testosterone levels. This increase in DHT may boost the growth of prostate cells. Studies have also shown that a decline in the level of DHT improves BPH. Risk Factors For Benign Prostatic Hyperplasia

You are more likely to develop benign prostatic hyperplasia, if you: Are 40 years of age or above Have a family history of BPH Have medical conditions such as cardiovascular problems, obesity and type 2 diabetes Lack physical exercise and live a sedentary lifestyle Have erectile dysfunction Did you know? Men also go through hormonal changes during old age which can put them at risk of male menopause. Also known as andropause, it as a condition which causes a decrease in sexual satisfaction or a decline in the generalized feeling of well-being due to testosterone deficiency. Click here to know more about it. Read Here! Diagnosis Of Benign Prostatic Hyperplasia

Your doctor will consider your symptoms and carry out some tests to rule out the diseases that mimic the symptoms of benign prostate hyperplasia.

1. Digital rectal exam Your prostate can be felt through the anus. Your doctor will smear some topical anaesthesia (numbing gel) onto your anal passage. Then the doctor will insert a gloved hand into the rectum to feel the prostate’s shape, thickness, and size. This will give them an idea if your prostate has an average size or is more prominent than usual.
2. Cystoscopy This procedure allows a healthcare provider to examine the lining of your bladder and urethral tube. A hollow tube called a cystoscope that has a lens will be inserted inside your urethra. Slowly the doctor will advance the cystoscope inside your bladder. This procedure usually doesn’t hurt but can cause some discomfort. You may feel that you need to pee during the process, but it only lasts for a few minutes.
3. Ultrasound Ultrasound has become the standard first-line investigation after the urologist’s finger. Ultrasound of the kidneys and urinary bladder (USG KUB) is done routinely to evaluate size and volume of prostate gland.
4. Intravenous pyelogram (IVP) An intravenous pyelogram (IVP) is a type of x-ray that provides images of the urinary tract. During an IVP, a health care provider will inject one of your veins with a substance called contrast dye. The dye travels through your bloodstream and into your urinary tract. It helps in detection of an enlarged prostate. Due to availability of better alternatives, IVP is not commonly used these days.
5. Urine tests Your doctor may ask for a urine test. This will help them rule out any infection or other urinary conditions that cause similar symptoms.
6. Prostate-specific antigen (PSA) test Prostate-specific antigen is a compound released by your prostate. When you have an enlarged prostate, your levels of PSA will also increase. It helps detect prostate cancer, but it’s not perfect and doesn’t detect all prostate cancers. Your PSA levels can be elevated due to recent procedures, surgeries or infections.
7. Urinary flow test This test measures your urine flow. You will be asked to urinate into a receptacle that is attached to a machine. This machine will measure the strength and amount of your urine flow and determine, if your condition is improving or worsening over time.
8. Postvoid residual volume test This test evaluates if you can fully empty your bladder while urinating. The test can be done through ultrasound or by inserting a catheter into your bladder after you finish urinating. This will allow a healthcare provider to measure how much urine is left in your bladder.
9. 24-hour voiding diary Your doctor may ask you to maintain a record of the frequency and amount of urine you pass. This is especially helpful if more than one-third of your daily urine output occurs during the night.
10. Prostate biopsy Transrectal ultrasound is an ultrasound probe inserted into the rectum to measure and evaluate your prostate health. The probe sends and receives sound waves through the wall of the rectum into the prostate gland which is situated right in front of the rectum. Your doctor can suggest a prostate biopsy using a transrectal biopsy. A needle will be guided inside the rectum to take tissue samples of the prostate. Examining the tissue will help the doctor evaluate if you have prostate cancer or not.
11. Urodynamic and pressure flow studies This test allows doctors to measure and determine how well your bladder muscles are functioning. Your doctor will insert a catheter inside your urethra and into your bladder. Water or air is slowly injected into the bladder, which allows for the evaluation of muscle functioning. Celebs affected Ronald Wilson Reagan The 40th USA president underwent prostatic surgery in 1967 and 1986 to relieve discomfort associated with BPH. Ian McKellen Famous British actor Ian McKellen was diagnosed with prostate cancer in 2005. Prevention Of Benign Prostatic Hyperplasia

Unfortunately, researchers have not found a way to prevent benign prostatic hyperplasia till date. Men who have risk factors for BPH such as being over 40 years of age or having a family history of BPH, should contact their doctor.

You can talk to their doctor if you identify any symptoms of BPH. Moreover, you can also go for regular prostate exams as it can help you to identify early signs of prostate cancer. Getting early treatment can minimise prostatic hyperplasia effects and reduce the chances of enlarged prostate. Specialist To Visit

You should visit a doctor, if you are experiencing symptoms such as difficulty in urinating, blood in urine, pain while passing urine, straining while urinating, dribbling at the end of urine, weak urine flow or increased frequency of urination during the night. These symptoms might indicate the possibility of benign prostate hyperplasia. You can consult the following doctors for diagnosis: Urologist General surgeon General physician Here’s more on who is the right expert to consult for male sexual and reproductive health problems. Click To Read!

Treatment Of Benign Prostatic Hyperplasia

BPH can be managed through several kinds of treatment modalities. The best approach is decided based on the patient’s age, overall wellbeing, underlying cause and severity of the disorder. If your symptoms are tolerable, your doctor might advise you to postpone treatment and monitor the condition for some time. The treatments include:

1. Alpha-blockers These medications work by relaxing the prostate muscles, making it easier to pass urine. Alpha-blockers work effectively in men with relatively small prostates. These medications might cause low blood pressure (orthostatic hypotension), dizziness and retrograde ejaculation (a condition in which the semen goes back into the bladder instead of going out of the tip of the penis). These drugs start exerting their effects early, within days to weeks. Some of the commonly recommended medicines are: Prazosin Terazosin Tamsulosin
2. 5-alpha reductase inhibitors These drugs act by shrinking the size of your prostate by preventing the formation of dihydrotestosterone (DHT). Medications such as finasteride and dutasteride inhibit the 5-alpha reductase enzyme that converts testosterone into DHT. A decline in the DHT level causes the prostate size to decrease. The effect usually starts after a month and may take upto 6 months for maximum effect. Some common side effects are low libido, decreased ejaculate volume and impotence. Some of the common medications are: Finasteride Dutasteride
3. Tadalafil Tadalafil is a medication that is primarily used to treat erectile dysfunction. Studies have shown that it’s also effective in treating prostate enlargement.
4. Transurethral resection of the prostate (TURP) TURP is a surgical procedure that helps in quickly relieving the symptoms of BPH. Men usually have a strong urine flow soon after the surgery. This procedure requires a lighted scope to be inserted into your urethra. The surgeon will remove most of the prostate except the outer part. After TURP, you will need a catheter to drain your bladder for some time.

Some of the risks that are associated with TURP are retrograde ejaculation & urinary incontinence. The common complications of TURP are: Bleeding Urethral stricture Bladder neck contracture 5. Transurethral incision of the prostate (TUIP) A surgeon will insert a lighted scope into your urethra and create one or two minor cuts in the prostate gland. This will make it easier for urine to pass through the urethra. This surgery is usually recommended for men who have a small or moderate-sized prostate gland and for men with health problems that may make other surgeries too risky.

TUIP has relatively lower incidence of complications and hence might be a better option for patients with smaller gland size. Consult your doctor regarding the choice of surgical procedure as it may vary from case to case basis.

1. Transurethral microwave thermotherapy A particular electrode will be inserted through your urethra to reach the prostate. The electrode will release microwave energies that will destroy the inner part of the enlarged prostate gland. This will result in prostate shrinking, allowing easy outflow of the urine. This surgery may only partially relieve your symptoms and may take some time before its full effect is seen. It is usually recommended for men who have a small prostate, and this procedure might require re-treatment, if needed.
2. Transurethral needle ablation Your doctor will pass a scope into your urethra and with a needle into the prostate gland. The needles will release radio waves that will heat and destroy the excess prostate tissue that’s been blocking urine flow.
3. Ablative laser therapy This procedure uses a high energy laser to vaporize the prostate tissue that’s been obstructing urine flow. These procedures can cause irritative symptoms for some time after the surgery.
4. Enucleation procedure These procedures generally remove all of the prostate tissue blocking urinary flow and preventing regrowth of the tissue. The tissue that has been removed can later be examined for signs of prostate cancer and other disorders.
5. Prostatic urethral lift Doctors use special tags to compress the sides of the enlarged prostate. This allows the urinary flow to increase and is recommended to men who have lower urinary tract symptoms. This procedure also produces less effect on ejaculation and sexual function than procedures such as TURP.

Consult India’s best doctors here from the comfort of your home. Click Here!

Home-care For Benign Prostatic Hyperplasia

1. Take medicine as recommended If you have been prescribed BPH medications, make sure to take those medications as and when directed. Different BPH medications take an additional amount of time to show their effects. Some medicines can take six months to work, so it’s essential to continue your medication as directed by your doctor.

To remember to take the drugs on time, you can put the pill in labelled medicine boxes and set the alarm for the time you are supposed to take your medications.

1. Follow-up without fail Usually, doctors recommend their patients actively monitor the progress of BPH. This means that you and your doctor will watch for any symptoms that may worsen but not actively treat the BPH. You will need to make regular visits to your urologist.

If your symptoms don’t improve in some time, your doctor may change your dosage and recommend some other tests to check your prognosis. If you have undergone surgery to manage your enlarged prostate gland, make sure to get all the follow-up instructions from your doctor. The specific follow up care would depend on the type of surgery you opted for.

Yearly visits are recommended beacuse your doctor look for any new or old symptoms that have worsened since the last visit, before recommending a treatment plan. Active surveillance is the best course of treatment for men with mild symptoms of BPH or for patients who are not bothered by their symptoms.

1. Exercise to strengthen pelvic muscles You will be recommended some basic Kegel exercises that strengthen the pelvic floor. These exercises include holding your pelvic floor muscles for five seconds and releasing them. You should practise 10 to 20 repetitions of kegel exercises for three to four times a day. Kegel exercises are beneficial for men with prostate problems.

It strengthens the pelvic floor and trains the pelvic floor muscles to help in controlling urine. Apart from kegel exercises, you can also commit to daily walking, jogging, swimming, or playing sports. Obesity is a risk factor for developing BPH; hence, maintaining a healthy weight is essential to treat BPH.

Your doctor may advise against heavy lifting and excessive training for a week after your laser ablation or transurethral needle ablation. Other surgeries may require restricted activities for nearly six weeks after the procedure.

1. Manage your stress You can meditate or practise yoga that encourages mindfulness. Stress and nervousness usually increase the urge to urinate, which can worsen your symptoms of BPH. Practising meditation in the morning and before sleeping can help you manage your stress levels, reducing your urge to urinate during the night.

Here are all your queries on stress and its role in the body answered. Read Now!

Complications Of Benign Prostate Hyperplasia

Untreated benign prostatic hyperplasia can cause several complications that affect your urinary bladder and kidney. These include:

Urinary tract infections Untreated benign prostate hyperplasia can lead to the accumulation of stagnant urine since patients cannot completely empty their bladder. The stagnant urine acts as a growth medium for bacteria that cause urinary tract infections. Some infections can be asymptomatic, whereas others can cause mild dysuria (painful or difficult urination), increased frequency and urgency to urinate, severe systemic infection, and frank hematuria (presence of blood cells in urine).

Blood in urine The presence of blood in urine is called hematuria. It is usually a result of friable hypervascularity, a condition in which superficial vessels of the enlarged prostate easily get damaged by any physical activity. It can also result in the formation of a clot and retention of the clot.

Generally, the condition presents as initial hematuria while the rest of the urine stream is clear. Finasteride has proven to be effective in treating BPH related hematuria since it lowers the density of microvessels.

Urinary stones Stones or calculi in the bladder make for 5% of all urinary tract calculi. The formation of stones is a known risk factor in cases with chronic urinary infections due to a microorganism that splits urea.

Recurrent UTI and a residual volume of urine in the bladder usually precede the formation of bladder stones. Patients who have large residual volume in the bladder are more at risk of developing multiple bladder stones. The symptoms of urinary stones include abdominal pain, visible blood in urine, recurrent UTI and signs of sepsis (severe infection) in extreme cases.

Kidney damage Untreated BPH can lead to chronic urinary retention that can further lead to the development of chronic kidney disease in patients. This leads to a decline in the rate at which the kidney filters toxins and other substances. A patient suffering from recurrent urinary tract infections who already have chronic urinary retention due to BPH are more at risk of developing renal failure in BPH patients. Did you know? Prostate cancer is a disease that primarily affects the elderly. It is relatively common in people above 65 years of age, although people in their 50s may also suffer from the condition. It has become a major health concern around the world during the last few decades. It is reported to be the second most common cause of cancer in men worldwide and the fifth most common cancer overall. Here’s more causes and risk factors of prostate cancer. Click To Read! Alternative Therapies For Benign Prostate Hyperplasia

Always consult your doctor before using any herbal remedy, and do not stop taking your regular medications without consulting your healthcare provider. Saw palmetto and stinging nettle have shown some benefits when used together to manage BPH symptoms in men. African plum tree and lycopene are other herbal remedies that have shown some benefits in improving the signs associated with BPH. You can include pumpkin seeds into your diet. A study revealed that men with BPH who took pumpkin seed extracts once a day for 12 days experienced a better quality of life, and they also had a decrease in the urgency to urinate. Flaxseed has also shown some promising results. A report suggested that people who took flaxseed hull extract for eight weeks saw improved obstructive and irritable symptoms seen with BPH. Here are 7 superfoods good for maintaining prostate health. Read The Article!

Living With Benign Prostate Hyperplasia

Being diagnosed with benign prostate hyperplasia can cause stress and anxiety in men. This medical condition directly affects the quality of life, and patients struggle with the urge to urinate in difficult situations. Some men also face incontinence (inability to control the evacuation of urine), leading to embarrassment. However, timely diagnosis and treatment can help you in managing the signs and symptoms linked with BPH.

1. Avoid certain medications Talk to your doctor, if you take medications such as diuretics or water pills which are used to treat high blood pressure, liver disease, and heart failure. Diuretics remove excess fluid from your body and increase urination which can worsen your BPH symptoms. Tricyclic antidepressants are an older generation of antidepressant drugs that reduce bladder muscle contractions, increasing your risk of urinary retention.
2. Avoid taking antihistamines and decongestants Antihistamines are anti-allergic drugs that prevent the bladder muscles from contracting. This can slow or inhibit the urine flow and worsen BPH. Medications used to treat colds such as decongestants aggravate BPH since they tighten the prostate and bladder muscles. This makes it difficult for urine to leave the bladder.
3. Monitor your fluids It is essential to be aware of how much fluid you are taking in. The more fluid you drink, the more you will feel the urge to urinate. You can stop or limit drinking water a few hours before you go to bed. This will reduce your chances of awakening during the night to urinate. Drinks such as alcohol, soda, coffee or other caffeinated beverages also cause your body to release more urine.
4. Eat a healthy diet Avoid eating red meat and dairy. Reports suggest that going free from red meat can significantly improve your prostate health. Eating meat daily can triple your risk of prostate enlargement. Eating dairy products too has been linked with an increased risk of developing benign prostatic hyperplasia. Instead of that, include tomatoes, berries, salmon, and broccoli in your diet. These foods have been shown to improve your signs and symptoms linked with BPH. Frequently Asked Questions Should I reduce my sodium intake if I have benign prostatic hyperplasia? What is catheterization? How much does the prostate weigh on average? How common is benign prostatic hyperplasia? What is the link between benign prostate hyperplasia and prostate cancer? How can prostate cancer be detected? What are minimally invasive treatments? References Speakman MJ, Cheng X. Management of the complications of BPH/BOO. Indian J Urol. 2014;30(2):208-213. doi:10.4103/0970-1591.127856. Benign Prostatic Hyperplasia. Prostate Enlargement. National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). Last reviewed in Sept, 2014. Prostate Tests. National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). Last reviewed in Sept, 2014. What is Benign Prostatic Hyperplasia (BPH)? American Urological Association. McVary KT, Roehrborn CG. Three-year outcomes of the prospective, randomized controlled Rezūm system study: Convective radiofrequency thermal therapy for the treatment of lower urinary tract symptoms due to benign prostatic hyperplasia. Wein AJ, et al., eds. Benign prostatic hyperplasia: Etiology, pathophysiology, epidemiology, and natural history. In: Campbell-Walsh Urology. 11th ed. Philadelphia, Pa.: Elsevier; 2016. Prostate enlargement (Benign prostatic hyperplasia). National Institute of Diabetes and Digestive and Kidney Diseases. Management of benign prostatic hyperplasia (BPH). American Urological Association. . Accessed Sept. 25, 2017. Cunningham GR, et al. Clinical manifestations and diagnostic evaluation of benign prostatic hyperplasia. Ferri FF. Benign prostatic hyperplasia. In: Ferri’s Clinical Advisor 2018. Philadelphia, Pa.: Elsevier; 2018. Wein AJ, et al., eds. Evaluation and nonsurgical management of benign prostatic hyperplasia. In: Campbell-Walsh Urology. 11th ed. Philadelphia, Pa.: Elsevier; 2016.

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Nail infections Also known as Paronychia, Onychomycosis Overview Nail infection, as the name suggests, is an infection affecting the fingernails or toenails. It can be caused by the growth of bacteria, fungus or virus in these areas. Fungal nail infection is more commonly seen to affect toenails, while bacterial nail infection is more likely to occur following an injury to the surrounding skin.

Nail infection, particularly fungal nail infection or onychomycosis, is commonly seen. It is estimated that about 10% of the general population, 20% of the population older than 60 years, and 50% of the population older than 70 years suffer from nail infection of any one or the other type.

Nail infection is common in the elderly population and those who suffer from immunocompromised conditions such as HIV (human immunodeficiency virus)infection. The risk of nail infection increases if the feet or hands are constantly exposed to moisture and proper hygiene is not maintained.

The symptoms of nail infection range from whitish spots or patchy discoloration of the nails to changes in the shape of the nail and the nails turning brittle or crumbly. Treatment consists of oral and topical antibacterial or antifungal agents. Surgery may be required in severe cases. Key Facts Usually seen in Adults above 60 years of age Gender affected Both men and women but more common in men Body part(s) involved Fingernails Toenails Nail bed Skin surrounding the nails Prevalence Worldwide: 10% (2016) Mimicking Conditions Psoriasis Lichen planus Nail Trauma Ingrown toenails Contact Dermatitis Pachonychia Congenita Necessary health tests/imaging Complete Blood Count (CBC) Erythrocyte Sedimentation Rate KOH Testing PCR Testing Treatment Oral Antibiotics: Ampicillin, Doxycycline & Clindamycin Oral Antifungals: Itraconazole, Fluconazole & Terbinafine Topical Antibiotics: Mupirocin, Fusidic acid & Retapamulin Topical Antifungals: Ciclopirox, Amorolfine & Antifungal dusting powder Topical Antiseptics: Povidone Iodine & Chlorhexidine Topical steroids Surgery Laser therapy See All Symptoms Of Nail Infection

Nail infection should be suspected if the following changes are seen in the nails: Occurrence of white or yellow spots on the nail Whitish or yellowish discoloration of the nail Thickening of the nail Brittle, crumbly, and easily breakable nails The shape of the nail is distorted Foul smelling nails Pain, redness, swelling in the nails and surrounding area in cases of acute bacterial nail infection Yellow pus formation and discharge from the nail in paronychia Accompanying fever in acute bacterial nail infection

Your body has an art of letting you know when something is wrong somewhere. Your nails are no exception. Here’s what your nails can reveal about your health. Know More!

Causes Of Nail Infection

Nail infections are commonly caused by bacteria like Staphylococcus aureus, Streptococcus pyogenes, Pseudomonas, or fungi like Trichophyton, Microsporum, Epidermophyton, and Candida Albicans. Types Of Nail Infection

Nail infections can be caused by microorganisms like bacteria, fungi and viruses as described below:

Bacterial nail infection If the infection is caused by bacteria like Staphylococcus aureus, Streptococcus pyogenes, Pseudomonas, it is called a bacterial nail infection or Paronychia. Based on the duration for which the nail infection persists, bacterial nail infections are divided into the following types - Acute bacterial nail infection: This type of infection is caused by bacteria that cause inflammation in the surrounding areas. It may last for less than six weeks, causing pain around the area. Chronic bacterial nail infection: This type of infection is also caused by bacteria that cause inflammation in the surrounding areas. It lasts for more than six weeks, causing periodic, painful flare ups.

Fungal nail infection If the infection is caused by fungi like Trichophyton, Microsporum, Epidermophyton, Candida Albicans, it is called a fungal nail infection or Onychomycosis. Based on the area involved or the causative agent, fungal nail infections are further divided into the following subtypes - Distal subungual onychomycosis: This is the most common type of onychomycosis where the fungal infection starts from the nail bed and spreads across the edges. Proximal subungual onychomycosis: It is a rare type of onychomycosis which is usually seen in patients who suffer from immunocompromised states. The infection begins as white spots in the center of the nail and moves outward as the nail grows. White superficial onychomycosis: This type of infection affects only the surface of the nail. It may cause white spots on the surface of the nail that turns powdery and can make the nail crumble. Candida onychomycosis: This is caused by a fungus called Candida albicans. It is more commonly seen in nails that have been previously affected by injury or infection.

Viral nail infection Viral warts can cause changes in the shape and thickness of the nails leading to a viral nail infection. It is usually caused by Human Papillomavirus (HPV). In some cases, viruses can also lead to skin growth under the nail, known as Periungual warts. It may also lead to a condition known as Onychomadesis in which the nails begin to shed at the proximal end. Did you know? ‘Covid Nails’ are nail changes that have been seen in some patients after a few days or weeks of COVID-19 infection. These can occur in the form of Paronychia in association with chilblain-like lesions and nail changes like red half-moon patterns, a transverse orange discoloration and diffuse red-white nail bed discoloration. Other nail changes like Beau lines(dents or ridges that run horizontally across the nail), Mee’s lines(smooth white lines that run horizontally across the nail) and Onychomadesis(nail loosened from the base) have also been observed after Covid 19 infection though they can be seen in other viral infections as well, and are most likely the consequence of high fever and/or severe illness. Read More! Risk Factors For Nail Infection

Chances of getting a nail infection are higher if Age is more than 60 years. Living and sharing toiletries with someone who has a nail infection. You have diabetes or suffer from immunocompromised conditions, such as HIV or cancer or undergoing chemotherapy.

Nail infections occur if the nail is constantly exposed to moisture or trauma or both in conditions such as: Wearing tight-fitting shoes or moist, dirty socks that allow no space for breathing. Spending too much time in the water every day. Wearing plastic gloves for a prolonged period. Walking for a long time in hot and humid places, such as public showers. An injury to the nail or surrounding area.

The chances of fungal infections increase during the summer season, owing to hot and humid weather conditions and excessive sweating. Here are a few ways to help you deal with fungal infections during the summer season. Read More!

Diagnosis Of Nail Infection

Doctors can usually determine the type of nail infection based on the presenting symptoms and history. The symptoms of nail infection may appear as patchy discoloration or flaking of the nail, brittle nails, alteration in the shape of the nail, pus formation, swelling, etc. Certain laboratory tests may be suggested to confirm the exact cause of nail infection, such as:

Suspected bacterial nail infection Complete blood count (CBC), Erythrocyte sedimentation rate in cases of fever accompanying acute bacterial nail infection. Pus culture to identify the causative microorganism in the pus. Nail clippings for culture and direct microscopic examination.

Suspected fungal nail infection Nail clippings for culture and direct microscopic examination. Fungal susceptibility testing to test the response of antifungal drugs. KOH testing: Also called potassium hydroxide test, is used for the diagnosis of fungal infection in the skin, hair, and nails. PCR testing: Polymerase Chain Reaction (PCR) testing is used to improve sensitivity in detecting the causative fungi in nail specimens from patients with suspected Onychomycosis (a fungal infection that occurs in the edge of the nail). Celebs affected Paula Abdul Paula Abdul is a famous American Singer and Reality TV Show American Idol judge. She contracted nail fungus after a pedicure in a salon, leading her to urge the CA Senate Committee to pass legislation regarding hygiene in salons. Prevention Of Nail Infection

The chances of getting a nail infection increase with age and due to certain habits. The following measures can be taken to minimize the risk of nail infections - Maintain good hand and feet hygiene. Wash your hands and feet daily with soap and water. Ensure that all dirt is cleared, especially the dirt stuck between the fingers or under the nails. Wear comfortable footwear that offers ample room for the toes to move. Trim your nails at least once every week with a clean nail trimmer. Wear dri-fit socks that help wick away moisture from the feet. If your feet get too sweaty, change the socks twice a day or more if needed. Use gumboots while working in wet areas, such as farms or fields. Moisturize your hands and feet daily. Dust your hands and feet with antifungal absorbent powder daily. Always insist on sterilized pieces of equipment for manicures and pedicures in salons. Specialist To Visit

For cases of acute bacterial, fungal and viral nail infection, immediate medical care must be sought. Acute nail infection develops with a break in the skin and is usually seen at the side of the nail. This type of nail infection is often caused by a bacterial infection but may also be caused by herpes, a type of viral infection. Symptoms of acute bacterial nail infection may include fever, swelling, pus formation around nails, or red streaks around nails. For chronic infections, treatment must be started as soon as symptoms like discoloration or patchy nails are observed. Chronic nail infection occurs most often in people whose hands are constantly or often exposed to moisture. This disorder often results from contact dermatitis, a type of skin inflammation caused by exposure to chemicals that are irritating to the skin, and worsened due to fungus or bacteria.

Doctors who can help you to diagnose and treat the condition are: General physician Dermatologist Treatment Of Nail Infection

Treatment for nail infection broadly comprises -

Oral antibiotics: Usually, simple bacterial nail infections can be managed at home with topical antibiotic creams. Oral antibiotics are prescribed in more severe stages of infection. Available medicines are: Ampicillin Doxycycline Clindamycin

Oral antifungals: Antifungals are given as oral medications to treat fungal nail infections. Available medicines are: Itraconazole Fluconazole Terbinafine

Topical antibiotics: Mupirocin: It is an antibiotic medicine used to treat bacterial infection. It kills the bacteria that cause skin infections by preventing the synthesis of essential proteins necessary for the survival of bacteria. Thus, it prevents the infection from spreading. Fusidic acid: It is an antibiotic that works by preventing synthesis of essential proteins required by bacteria to carry out vital functions. Thus, it stops the bacteria from growing, and prevents the infection from spreading. Retapamulin: This antibiotic is helpful in treating bacterial infection by inhibiting the bacteria from growing, and prevents the infection from spreading.

Topical antifungals:These are available as creams, absorbent powders, or solutions for dressing to be applied directly to the infected nail: Ciclopirox: These are available in a cream form or lacquer form that can be applied like a nail polish over the infected nail. They work by inhibiting protein synthesis in the fungal cells, thereby preventing further growth of the fungi. Amorolfine: These are to be applied directly to the nails. They work by inhibiting the enzymes necessary for growth of fungal infection. Antifungal dusting powder to prevent moisture in the affected area.

Topical antiseptics: In acute bacterial nail infection, the affected part may be soaked in a diluted antiseptic solution and can then be covered with antibiotic ointments. A few examples of antiseptics are: Povidone Iodine: Povidone Iodine is an antiseptic. It kills harmful infections causing microorganisms to prevent and treat infections. Chlorhexidine: It is a disinfectant and antiseptic that is used for skin disinfection. It is also used for cleaning wounds, preventing dental plaque, and treating yeast infections.

Topical steroids: This class of drugs are the most powerful medicines used to lower inflammation in the body. When applied topically, it relieves the redness, swelling, itching and irritation of the skin that is caused due to nail infection. Methylprednisolone aceponate cream is the most common medicine used.

Surgery: In cases of severe nail infection, like collection of pus around the nail or the formation of abscess (pus), surgery may be required to drain the pus or abscess and remove the nail in extreme cases of disfigurement.

Laser therapy (Phototherapy): This is a treatment for fungal nail infection (onychomycosis). The laser devices emit a pulse of energy that penetrates through the toenail to the nail bed where the fungal growth is present. Fungal infections of the nails usually require several laser treatment sessions before they completely resolve. Home Care For Nail Infection

If you suffer from a nail infection, you can do the following things to care for yourself at home -

Always keep the infected part clean and dry. Before applying medications, wash hands thoroughly with soap and water. Do not wear dirty socks or gloves. Do not allow dirt to accumulate under the nail. Trim your nails regularly with a sterile nail trimmer. Do not share toiletries, such as towels or napkins, with anyone who has an infection. Do not regularly cover nails with nail polish.

1mg ProTip Dry your feet well, especially between the toes, to prevent fungal infections Wash your feet with warm water. You can even add a few drops of an antiseptic liquid to clean the feet. Do not use harsh soap or excess of antiseptic liquid as it can cause the skin to become dry. Dry your feet well, especially in the area between the toes. These places are often neglected which in the long run can act as the ideal ground for fungal infections. You can also use antifungal powder to prevent infection as it helps to keep your toes dry and thus lower the risk of infection.Know more about this by taking advice from our doctors. Consult Now!

Happy Feet=Happy You. Whatever may be the cause of smelly feet, it still creates an embarrassing and awkward situation for a person whose feet are the source of the odor. Here are a few home remedies to tackle foot odor. Read To Know More! Complications Of Nail Infection

A severe case of nail infection can spread to adjoining areas, such as the skin, and may cause serious infection of the skin known as cellulitis. Diabetic patients and immunocompromised patients are more prone to complications resulting from nail infections. It may also cause permanent damage to the affected and surrounding nails. Along with that, severe cases of nail infections may increase the risk of foot damage. Alternative Therapies Of Nail Infection

Treatment with non-prescription agents Non-pharmacologic agents such as Vicks Vaporub, tea-tree oil, and snakeroot extract have been found to be effective in treating fungal nail infections. Applying either of these agents directly over the affected toenail regularly may start showing the beneficial effects.

Ayurveda An ayurvedic treatment known as Shaman Chikitsa is found to be effective in treating fungal nail infections. Medicinal preparations containing Terminella have considerable antimicrobial activity and are effective against nail infections.

Living With Nail Infection

If you are suffering from a nail infection, do not ignore it, even if it isn’t painful yet. At any time if you see your nails becoming yellow or disfigured, or spots start appearing on your nail, you must consult a doctor to prevent the condition from getting worse. Chronic nail infections tend to take a long time to heal and also require prolonged medications. You must complete your prescribed course and regularly consult your doctor on follow up visits to ensure that the infection is resolved completely. As there is a possibility of nail infection due to poor hygiene, you must follow good hand and foot hygiene, especially if you are a diabetic. If you experience recurrent nail infections, this may indicate the case of some immunocompromised underlying condition. Please consult your doctor for appropriate treatment. Frequently Asked Questions Are nail infections painful? Do nail infections spread from one person to another? If I have diabetes, what care should I take to prevent nail infection? Can I continue to work normally if I have a nail infection? References Elewski BE. Onychomycosis: pathogenesis, diagnosis, and management. Clin Microbiol Rev. 1998 Jul;11(3):415-29. Nail Fungus: Who Gets and Causes? American Academy of Dermatology. Dyanne P Westerberg, Micheal J Voyak. Onychomycosis: Current Trends in Diagnosis and Treatment. Am Fam Physician. 2013 Dec 1;88(11):762-770. Fungal Nail Infections. Centres for Disease Control and Prevention Nenoff P, Paasch U, Handrick W. Infektionen an Finger- und Zehennägeln durch Pilze und Bakterien [Infections of finger and toenails due to fungi and bacteria]. Hautarzt. 2014 Apr;65(4):337-48. Wollina U, Nenoff P, Haroske G, Haenssle HA. The Diagnosis and Treatment of Nail Disorders. Dtsch Arztebl Int. 2016;113(29-30):509-518. Ferrari J. Fungal toenail infections. BMJ Clin Evid. 2011;2011:1715. Gupta AK, Stec N. Recent advances in therapies for onychomycosis and its management. F1000Res. 2019;8:F1000 Faculty Rev-968. Bodman MA, Krishnamurthy K. Onychomycosis. [Updated 2020 Aug 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan.

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Narcolepsy (Uncontrollable daytime sleepiness) Also known as Gelineau’s Syndrome, Hypnolepsy, Narcoleptic Syndrome, and Paroxysmal Sleep Overview Narcolepsy is a rare neurological disorder that causes a sudden attack of sleep. It affects your brain’s ability to wake and fall asleep at inappropriate times. People with narcolepsy often find it difficult to stay awake during the day, causing excessive daytime sleepiness.

The exact cause of narcolepsy is unknown. However defienyOther symptoms may include frequent uncontrollable sleep attacks, sudden and temporary loss of muscle tone (cataplexy), vivid dream-like images (hallucination), and temporary inability to move or speak while falling asleep (sleep paralysis). It is difficult to perform daily routine work with narcolepsy.

Narcolepsy can be diagnosed and confirmed by the polysomnogram (PSG) and the multiple sleep latency tests (MSLT). However, a combination of lifestyle approaches and medicine can help you to live better with narcolepsy. Key Facts Usually seen in Individuals between 10 to 50 years of age Gender affected Both men and women Body part(s) involved Brain Prevalence Global: 1 in 2,000 (2017) Mimicking Conditions Obstructive sleep apnea (OSA) Sleep apnea Depression Restless legs syndrome Post-traumatic stress disorder (PTSD) Anxiety disorder Alcoholism Hyperthyroidism Syncope Idiopathic hypersomnia Chronic fatigue syndrome Menstrually associated hypersomnia Necessary health tests/imaging Blood tests: Thyroid profile test and Complete blood count (CBC). Imaging tests: Computerized tomography scan (CT) andMagnetic resonance imaging (MRI) Sleep record tests Wrist actigraphy Polysomnography Multiple sleep latency test Treatment Stimulants: Modafinil, Pitolisant, Methylphenidate, and Sodium oxybate Antidepressants: Imipramine, Clomipramine, Protriptyline, Venlafaxine, Fluoxetine, and Atomoxetine Orexin-based therapy: ORX-A replacement Immune-based therapy: Natalizumab, Fingolimod, Abatacept, and Monoclonal antibodies See All Symptoms of Narcolepsy

There are 5 signs and symptoms of narcolepsy, often represented by the acronym CHESS (cataplexy, hallucinations- usually visual, excessive daytime sleepiness, sleep paralysis, and sleep disruption). While all patients with narcolepsy may not experience all 5 symptoms except excessive daytime sleepiness (EDS). Symptoms of narcolepsy may develop suddenly over the course of a few weeks, or slowly over a number of years that may include: 1. Cataplexy Cataplexy is sudden, temporary muscle weakness or loss of muscle tone. It can cause problems ranging from drooping eyelids to total body collapse, depending on the muscles involved. It also includes symptoms like: Jaw-dropping Head slumping down Legs collapsing uncontrollably Slurred speech

Note: These symptoms are often triggered by strong emotions such as fear, laughter, excitement, or anger. After the onset of EDS, symptoms of cataplexy may appear for weeks or even for years. 2. Hallucinations When going to sleep or waking up, a person with narcolepsy may see or hear things that are not real. These delusional experiences are often vivid and frightening. If these delusions happen as you’re falling asleep are called hypnagogic hallucinations. If this happens when you’re waking up, then it is called hypnopompic hallucination. 3. Excessive daytime sleepiness (EDS) Most patients with narcolepsy have this symptom. EDS would interfere with everyday activities, even if you get enough sleep at night. The lack of energy, and concentration, memory lapses, and feeling depressed and exhausted makes it very difficult to perform daily activities. 4. Sleep attacks In general, people with narcolepsy will experience sudden intervals of falling asleep, without warning. They may happen at any time. The length of these sleep attacks varies from person to person. It can last from seconds to several minutes. These sleep attacks may happen several times a day if narcolepsy is not well controlled or treated. 5. Sleep paralysis People with narcolepsy may experience episodes of sleep paralysis. Which means a temporary inability to move or speak while falling asleep or waking up. These episodes may last a few seconds to several minutes. Being unable to move can be frightening, although sleep paralysis does not cause any harm. Other symptoms Narcolepsy can also cause a number of other symptoms that include: Memory problems Depression Headache Automatic behavior- performing any task and suddenly falling asleep without consciously realizing they’re doing it.

Over 50% of narcolepsy cases remain undiagnosed because people feel embarrassed by the experience. Do not hesitate to take expert advice if you are facing any of the above-mentioned symptoms. Consult now

Types Of Narcolepsy

Narcolepsy can be classified into the following: Type 1: Narcolepsy with cataplexy This type comes without warning. It is characterized by a loss of muscle tone that causes weakness and makes you unable to control your muscles (cataplexy). People with this condition have high levels of hypocretin (and also muscle weakness triggered by emotions Type 2: Narcolepsy without cataplexy Individuals with type 2 narcolepsy have excessive sleepiness during the daytime but do not have cataplexy (sudden muscle weakness). They usually have fewer chronic symptoms and normal brain hormone hypocretin levels. Secondary narcolepsy This type is the rarest one. It may result from an injury to a deep part of the brain called the hypothalamus that regulates sleep. It may also be caused by a brain tumor or brain inflammation called encephalitis. Apart from narcolepsy’s usual symptoms, individuals may also have severe neurological problems and long periods of sleep (more than 10 hours) each night.

Do you feel drowsy mostly in the daytime? Do you feel any changes in your sleeping pattern? Read and find out the common cause of excessive sleep. Tap here

Causes Of Narcolepsy

The exact cause of narcolepsy is unknown. However, many people with narcolepsy have less amount of a brain chemical known as hypocretin (orexin). It helps in regulating your sleep-wake cycles. Some experts believe that the deficiency of hypocretin levels and an immune system that attacks healthy cells (i.e an autoimmune issue), contributes to narcolepsy. But that is not the cause in all cases.

Causes of secondary narcolepsy Sometimes narcolepsy can occur as a result of underlying conditions that alter the production of hypocretin levels in the brain. For example, narcolepsy can develop after the following: Head injury: Including trauma to the cranium and intracranial structures (Brain, Cranial nerves, meninges, and other structures) Hypothalamic lesions: Abnormal growth in the hypothalamus gland, which is located in the brain that helps to maintain the stability and balance in our bodies. Brain tumor: Narcolepsy due to brain tumors is usually seen in kids. Encephalitis: Inflammation of the brain, mostly due to infection. Multiple sclerosis: It is an autoimmune disease that damages the central nervous system. Demyelinating disorders: A neurological condition that causes damage to the protective covering (myelin sheath) that surrounds nerve fibers in the brain, eyes (optic nerves), and the spinal cord. Encephalomyelitis: It refers to the inflammation in the brain and spinal cord that damages (myelin sheath )the protective covering of nerve fibers. Inherited disorders: Disorders like Niemann–Pick disease type C can also cause narcolepsy.

Did you know? Many patients with narcolepsy also have fragmented sleep, other sleep disorders, and obesity, probably as a consequence of orexin deficiency. Depression, anxiety, and other psychiatric problems are also common in these patients.

Risk Factors For Narcolepsy

Certain factors can increase the chance of narcolepsy such as the following:

Family history: Your risk of getting narcolepsy is 20 to 40 times higher if you have a family history of it. However, narcolepsy is not a genetic condition. Previous brain trauma: In rare cases, narcolepsy can occur after severe trauma to areas of the brain that regulates sleep-wake cycles. In a few cases, it is reported that brain tumors may also cause narcolepsy. Possible triggers: Recent studies found that Infectious diseases such as streptococcal infection or HIN1 infection, as well as vaccination, may trigger an autoimmune response with selective destruction of the hypocretin that can lead to narcolepsy. Environmental toxins: Studies have shown that exposure to insecticides, heavy metals, and weed killers may cause narcolepsy.

Did you know? Narcolepsy can occur as early as five years of age. Type 1 (narcolepsy with cataplexy) affects 50 per 100,000 people. It usually begins in the teens and early twenties, but occasionally occurs as early as five years of age or after 40 years. Diagnosis Of Narcolepsy

Diagnosis of narcolepsy can be quite tricky as it mimics other health conditions like depression, encephalitis, etc. Daytime sleepiness can also be a common side effect of certain medicines. TDiagnosis of narcolepsy includes: 1. History taking The diagnosis of narcolepsy includes taking an extensive history of the patient that includes questions like:

Duration of sleep during the nighttime Frequency of having difficulty sleeping Daytime napping Any stressful event in the recent past Medical condition if any 2. Blood tests These tests are recommended to rule out any underlying health problems. They include:

Thyroid profile test Complete blood count (CBC) 3. Imaging tests This helps to determine if there are any problems with the brain or nerves that may be responsible for problems with sleep. Imaging tests that are generally advised include:

Computerized tomography scan (CT) Magnetic resonance imaging (MRI) 4. Sleep record tests (sleep log) Your doctor will ask you to keep a journal of your sleep pattern for about a week. In that, you need to record the time at which you fall asleep, and the duration of sleep during the daytime as well as nighttime. 5. Wrist actigraphy It is a device used to detect movements during sleep. An actigraph is worn on the wrist during sleeping to keep track of your sleeping pattern. It also records body movements and can help distinguish wakefulness from sleep. 6. Polysomnography The polysomnography (PSG) test requires you to spend a night in a sleep center or medical facility. It is used to record a set of parameters like brain waves, breathing, oxygen levels, heart rate, and eye and leg movements during sleep. This test reveals how quickly you fall asleep, how often you wake up during the night, and how often your sleep is disturbed (a common finding in people with narcolepsy). This is one of the essential tests to confirm narcolepsy. 7. Multiple sleep latency test (MSLT) MSLT measures how quickly and easily it takes you to fall asleep during the day. You may have this test after polysomnography. You’ll need to take several naps throughout the day, and an expert will analyze how quickly you enter into a sleep cycle. 8. Measuring hypocretin levels Experts believe that in many cases, narcolepsy is linked to a deficiency of hypocretin, also known as orexin, which regulates sleep-wake cycles. Measuring your level of orexin can be useful in diagnosing narcolepsy. A sample of cerebrospinal fluid (CSF) is removed using a needle during a procedure called a lumbar puncture and then tested for hypocretin levels.

Not sure where to get all these tests done? Well, don’t worry. Get your tests done with Tata 1mg for accurate results. Book your tests now

Celebs affected Nastassja Kinski She is a German-born American-based actress who has appeared in more than 60 films. In 2001, she talked about her medical condition with narcolepsy. However, she manages to live with it and simultaneously gives hit films. Prevention Of Narcolepsy

Since the actual cause of narcolepsy is unknown, it is difficult to prevent it. However, here are a few effective habits that you can adopt to ensure that you get a good night’s sleep.

Avoid daytime naps Fix your time for sleep. This includes sleeping and waking up at the same time every day. It keeps your biological clock in order. Practicing a relaxing pre-bedtime ritual such as taking bath, reading, or listening to soft music helps to reduce your stress and improve sleep at night. Sleep in a completely dark room as it will help in secreting melatonin hormone (it regulates the sleep-wake cycle) and promotes sound sleep. Avoid using cell phones and watching TV prior to sleep time. The light from the screen interferes with the release of the melatonin hormone. Avoid caffeine, nicotine, and alcohol at night or late evening as they can make you feel active and disturb your sleep cycle. Avoid large meals and beverages before bedtime as it will stop your urge of using the washroom at night during sleep. Avoid a sedentary lifestyle and stay active during the daytime, as it can improve your sleep cycle.

Trying to get a good night’s sleep, but, are unable to do so? We are here to help. Check out our exclusive sleep aid products. Click here

Specialist To Visit

Your general physician is the first doctor you may need to consult, other specialists who can help in the diagnosis and treatment of narcolepsy and its related health complications are: General physician Sleep specialist Neurologist Psychiatrist Psychologist

A sleep specialist is a doctor who diagnoses and treats sleep disorders. A neurologist treats disorders that affect the brain, spinal cord, and nerves. A psychiatrist is a doctor who is trained to treat people with mental illness. A psychologist is a person who specializes in the study of mind and behavior.

There is no shame in asking for help. Individuals with narcolepsy are too conscious to talk about their symptoms. Take advice from an experienced medical professional to understand your condition and manage it better. Talk to an expert now

Treatment Of Narcolepsy

Narcolepsy is a chronic neurological condition. Although there is no permanent cure for it, following treatment options can help you manage your symptoms. The treatment includes; Medications There are several classes of medications used to treat narcolepsy, such as Stimulants: These medicines stimulate your central nervous system, which can help keep you awake during the day. Drugs include: Modafinil Pitolisant Methylphenidate Sodium oxybate Solriamfetol Antidepressants: Tricyclic antidepressants and Selective serotonin and noradrenergic reuptake inhibitors are two classes of antidepressant drugs that have proven effective in controlling symptoms of narcolepsy in many individuals. Drugs include: Imipramine Clomipramine Protriptyline Venlafaxine Fluoxetine Atomoxetine

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Newer advancements These are drugs that are still in development, but have shown some good results in animal models. Orexin-based therapy: It is used to treat narcolepsy type 1 due to orexin deficiency. ORX-A replacements are given intravenously or intranasal (in monkeys) to reduce the effects of sleep deprivation on cognitive performances. Immune-based therapy: Immunotherapy is considered a promising future therapeutic option. Drugs like natalizumab, fingolimod, abatacept, monoclonal antibodies, can be used to treat narcolepsy. Home-Care For Narcolepsy

Medications should accompany various lifestyle changes. Consider the strategies mentioned below to help manage the condition better: Take short naps: You can take frequent, brief naps, regularly scheduled naps at times when you tend to feel sleepiest. Follow a strict bedtime routine: Going to bed and waking up at almost the same time every day can help people sleep better. Keep your bedroom only for sleep: Try to use your bed only for sleep, do not use cell phones, or laptops in bed as your brain becomes habitual and you don’t feel asleep when you see your bed. Avoid caffeine before bed: Avoid using beverages such as colas, coffee, teas, energy drinks, and chocolate shakes for several hours before bedtime. Avoid alcohol and smoking: Especially in the late evening as it can act as It prevents people from getting a deep sleep. Stay active: Exercise every day for at least 20 minutes and do not exercise before bedtime. Don’t eat heavy meals close to bedtime:It can make you less comfortable while sleeping at night. Relax before bedtime: You can take a warm bath, meditate, read or listen to soft music.

Did you know? Exposure to indoor air pollutants can affect your sleep. Research shows that pollution in the sleep microenvironment can affect the quality of sleep. Explore our extensive range of air purifiers to have a dust free environment that can help you sleep better. Check them out now

Complications of Narcolepsy Narcolepsy is associated with long-term effects on health and well-being. The immediate effects include poor performance, daytime sleepiness, inability to perform daily household tasks, and fatigue. The long-term complications include: 1. Accidents Fatal road accidents are caused due to excessive sleepiness and cataplexy. 2. Heart disease Narcolepsy has also been linked to higher rates of hypertension. Moreover, excessive sleepiness can affect inflammatory markers, which in turn can increase the risk of heart disease. 3. Obesity People with narcolepsy usually become overweight because of lower activity levels and orexin deficiency. In the long term, their slower metabolism can cause obesity. 4. Stress & anxiety Narcolepsy may lead to mental disorders such as stress and anxiety. However, depression is also common in people with narcolepsy. Uncontrolled sleep attacks can impair decision-making, damage relationships, and decline the overall quality of life. 5. Poor performance The ability to concentrate is essential to learning and academic achievement. However, sleep attacks and other symptoms of narcolepsy can reduce attention and focus leading to poor performance. Did you know? COVID-19 infections can be linked to narcolepsy. Studies suggest that SARS-CoV2 infection is more likely to affect susceptible individuals with Parkinson’s disease, multiple sclerosis, and narcolepsy. Know more on COVID-19 Alternative Therapies Of Narcolepsy

Narcolepsy needs both medical and lifestyle management. Along with those there are a few alternative therapies that may help you to manage the symptoms of narcolepsy. They include: 1. MR therapy (meditation and relaxation) One of the easy and effective remedies is meditation and relaxation therapy. MR therapy, especially mindfulness-based meditation helps ease psychological stress including anxiety, depression, and symptoms of narcolepsy. Steps for mindfulness meditation include: Sit or lie in a comfortable position. Focus on your natural breathing- inhale and exhale. Allow your thoughts (positive or negative) to come and go without judgment. Keep your body calm and relaxed. 2. Sleep-inducing teas In a few cases, people with narcolepsy have seen a disturbance in night sleep, or are unable to sleep at night. Teas like chamomile (babunah ke phul) tea, passion flower tea, red ginseng, peppermint (pudina) tea, and lavender tea can promote good sleep at night. 3. Acupuncture and acupressure These therapies are ancient healing arts based on components of traditional Chinese medicine. Acupressure helps to release tension in the muscles and pressure points and to encourage blood circulation by pressing certain areas of your body. In acupuncture therapy, thin needles are inserted into the body to ease the symptoms of narcolepsy including stress, and anxiety. Living With Narcolepsy

Narcolepsy can take a toll on mental health, and with the embarrassment surrounding it individuals do not really open up and tell their symptoms. Social life can be impacted when sleepiness and other symptoms interfere with conversations, social events, and relationships.

If you notice your loved ones having bouts of sleep try talking to them or taking them to a doctor for the correct diagnosis and treatment. Tips for caregivers: These are certain simple ways you can assist a loved one suffering from narcolepsy:

Learn everything you can about narcolepsy. Inquire if they need assistance and provide it, but don’t hover. Offer to assist in the organizing of duties such as bill payment and domestic chores. Stick sticky notes around the house and keep a calendar of essential appointments. Deliver a tasty meal every now and then, along with some nutritious snacks. Enjoy a movie together at home or do something that will offer joy to their and your lives. Give your loved one a pat on the back, even for minor accomplishments. Remember to make mindcare your priority with our range of mind care products to help you stay calm and relaxed. Try them now

Frequently Asked Questions What can narcolepsy be mistaken for? Can I drive if I have narcolepsy? Who is most affected by narcolepsy? How long do narcoleptic episodes last? Do narcoleptics know when they fall asleep? References About Narcolepsy, Updated on: 10th of December 2014. Barateau L, Lopez R, Dauvilliers Y. Treatment Options for Narcolepsy. CNS Drugs.Updated on: 30th of May 2016.(5):369-79. Symptoms and Treatment of Narcolepsy, National Institute of Neurological Disorders and Stroke, Updated on:25th of July 2022. Jennifer M. Slowik; Jacob F. Collen; Allison G. Yow. Causes and Diagnosing of narcolepsy, Updated 2022 June 21. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 June. Vignatelli L, D’Alessandro R, Candelise L. Antidepressant drugs for narcolepsy. Cochrane Database Syst Rev. 2008 Jan 23;(1): CD003724. Complications. Narcolepsy. The Division of Sleep Medicine at Harvard Medical School. Updated on:21st of February 2018 Boor E, Spilak M, Laverge J, Novoselac A. Human exposure to indoor air pollutants in sleep microenvironments: A literature review, Updated August 2017. Narcolepsy. American sleep association. Treatment of narcolepsy, Xyrem. U.S. Food And Drug Administration. Updated on 25th January 2017. Chabas D,Taheri S, Renier C, Mignot E. The Genetics Of Narcolepsy. Updated on: 17th June 2003. Liu J, Wu T, Liu Q, Wu S, Chen JC. Air pollution exposure and adverse sleep health across the life course: A systematic review. Environ Pollut. 2020 Jul;262:114263. Martin JL, Hakim AD. Wrist actigraphy. Chest. 2011 Jun;139(6):1514-1527. Barateau L, Dauvilliers Y. Recent advances in treatment for narcolepsy. Ther Adv Neurol Disord. 2019 Sep 26;12:1756286419875622. Acknowledgment. Narcolepsy. NORD. Jun 2017.

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Nausea Also known as feeling sick, feeling of vomiting Overview Nausea, or the feeling of getting sick, is a feeling of uneasiness that comes before vomiting. It is not a disease but a symptom that often occurs with various health conditions.

Nausea can be acute or chronic, physical or psychological and caused by conditions, such as food poisoning, peptic ulcers, motion sickness, pregnancy and brain disorders. It is extremely common in the first trimester of pregnancy. It could also be seen as a side effect of certain medications, or due to chemotherapy and radiation therapy.

Nausea is found to be three times more common in females than males. A mild or occasional episode of nausea and vomiting can be safely treated at home and does not require any medical attention. However, if nausea is chronic in nature and/or multiple episodes of nausea and vomiting occur within a short span, medical care is essential.

The treatment of nausea includes controlling the symptom with antiemetic drugs, treating the underlying cause, and providing supportive care. Key Facts Usually seen in All age groups Pregnant women Gender affected Both men and women, but more common in women. Body part(s) involved Brain Stomach Esophagus Mimicking Conditions Giddiness (dizziness) Anxiety Necessary health tests/imaging Complete Blood Count (CBC) Serum Electrolyte Protein Total, Serum Pregnancy Urine Test Liver Function Test X-Ray Abdomen Dual Phase CT Abdomen USG Abdomen MRI Brain CT Scan (Head) Treatment Antiemetic drugs: Domperidone, Ondansetron & Prochlorperazine Antiemetics for morning sickness: Doxylamine + Vitamin B6 (Pyridoxine) Antihistamines: Promethazine & Meclizine Anticholinergic medications Prokinetic drugs: Metoclopramide & Itopride Supportive care: Oral Rehydrating Solutions (ORS) Specialists to consult General physician Gastroenterologist Neurologist Obstetrician and gynecologist Causes Of Nausea

Nausea is not a disease in itself. It occurs as a symptom of various diseases. Disturbances in the gastrointestinal tract, inner ear, or chemoreceptors (which are cells sensitive to chemicals) generate signals of being sick in the brain. The feeling of nausea is then produced as a response to these disturbances. Some of the common causes of nausea include:

Gastrointestinal conditions: Any issue that interferes with the normal functioning of the stomach and the gastrointestinal tract can lead to nausea. These issues are: Stomach infection or gastroenteritis Food poisoning Gastric ulcers Appendicitis Hyperacidity Intestinal obstruction Cholecystitis Crohn’s disease Gallstones Gastroesophageal Reflux Disease (GERD) Irritable bowel syndrome Allergy to certain foods, like milk Indigestion (or excessive food intake)

Ear and balance disorders: Motion sickness Meniere’s disease Ear infection or otitis media Vestibular neuritis

Pregnancy: Morning sickness or the feeling of nausea is a common occurrence in pregnancy especially during the first trimester.

Side effects of medications or therapies: Nausea can occur as a side effect of certain medications, such as chemotherapy drugs, NSAID painkillers, anesthetic drugs, and radiation therapy.

Self-inflicted: Sometimes, nausea and vomiting can be self-inflicted in severe eating disorders like anorexia or bulimia.

Other illnesses: The feeling of nausea is also seen with other health conditions, such as: Allergy or anaphylaxis Hyperthyroidism Meningitis Encephalitis Hydrocephalus Hepatitis Migraine Anxiety and depression Claustrophobia Excessive alcohol consumption Heart attack Cancer Acute severe trauma

Nausea and vomiting in children

Vomiting in infants in the first few months can occur after feeding, known as spitting up. If the vomiting is projectile, meaning it occurs with a force and travels across a distance, it may suggest an abnormality in the stomach. Often gastrointestinal infections are also responsible for nausea and vomiting in children.

Here’s more on things to keep in mind if your child experiences vomiting. Click Here To Read!

Diagnosis Of Nausea

A single episode of nausea does not require any immediate diagnosis, as it is often self-limiting and can be easily cared for at home. A detailed evaluation of nausea is necessary when symptoms of nausea are recurring or chronic. A detailed history and clinical examination (including the eye and/ ear) with some specific investigations listed below help in identifying the underlying cause of nausea: Lab Tests: Laboratory tests include- Complete Blood Count (CBC) to check for causes like anemia or active infections. Serum Electrolyte to evaluate the balance of electrolytes, such as sodium and potassium in the body. Protein Total, Serum checks the levels of human proteins, such as albumin, globulin, and the overall nutritional status. Pregnancy Urine Test in females of reproductive age to check for suspected pregnancy. Liver Function Test to check for the health of the liver and other possible causes of dysfunction of the liver. Tuning fork test: It is a screening test that uses a tuning fork to assess hearing loss which could be the cause of nausea. Nystagmus: It is a condition where a person cannot control eye movement.This can lead to dizziness or nausea, and also vision problems, as the person is unable to hold a steady gaze. Uremia test: It is a clinical condition which is characterised by high levels of urea in the blood. Nausea and vomiting may be caused by encephalopathic (damage or disease that affects the brain) or neurologic disorders (diseases of the brain, spine and the nerves that connect them) associated with uremia. Kidney function test (KFT): As the kidney health declines, some non-specific symptoms develop such as vomiting, nausea, weakness and tiredness. These tests are performed to evaluate the overall health of a patient and diagnose the cause of nausea.

Imaging studies: If the cause of nausea is not established with physical evaluation and laboratory testing, certain imaging studies such as X-Ray abdomen, Dual phase CT abdomen, USG abdomen, and endoscopy, may be helpful in diagnosing gastrointestinal causes. If nausea is suspected to result from problems in the central nervous system, an MRI of brain or CT scan (head) may be performed. Celebs affected Manisha Koirala Bollywood actress Manisha Koirala has overcome ovarian cancer successfully. She battled severe nausea both before diagnosis and during her treatment. Kate Middleton HRH the Duchess of Cambridge Kate Middleton suffered from severe morning sickness while she was pregnant with prince George and princess Charlotte. She was recommended bed rest because of severe and debilitating nausea. Did you know emetophobia = fear of throwing up? Emetophobia is a condition in which people tend to have fear of vomiting, including fear of feeling nausea, seeing or hearing another person vomit, or seeing vomitus itself. They may experience paralyzing anxiety when around other people who may be ill or when in vicinity to germs in general. In such cases, it is wise to consult a doctor. Consult Now! Prevention Of Nausea

Not all types of nausea can be prevented, especially those originating from causes related to the central nervous system. Certain types of nausea, especially those originating from gastrointestinal causes can be prevented by: Eating fresh food, which is not spicy and oily. Eating smaller portions throughout the day instead of larger meals. Drinking liquids between two meals. Avoiding activities that trigger motion sickness, such as joyrides, traveling long distances via road, etc. Resting in a sitting position or elevated position after meals. Avoiding pain killers like NSAIDs above the prescribed dosage. Avoiding strong smells, such as deodorants, perfumes, or cooking odors, if they trigger nausea during pregnancy. Specialist To Visit

A mild or occasional episode of nausea and vomiting can safely be treated at home and does not require medical attention. However, if nausea is a chronic occurrence and/or multiple episodes of nausea and vomiting occur within a short span, it is essential to seek medical care. If your nausea lasts for more than 24 hours straight and is accompanied with severe pain in the abdomen, blood in the vomit, fever, and diarrhea, immediately consult your physician. Also, it is advisable to consult a doctor if you feel confused, lethargic, and dehydrated. The doctors who diagnose and treat nausea are: General physician Gastroenterologist Neurologist Obstetrician and Gynecologist Vomiting is also a common symptom that should not be ignored. Read about what causes vomiting and when to go to a doctor. Click To Know More!

Treatment Of Nausea

Mild episodes of Nausea and vomiting do not require medical treatments as they often resolve on their own. For chronic or severe nausea, the following treatment options are available.

1. Symptomatic relief for nausea

Antiemetic medicines: Antiemetic medicines help to control nausea and prevent vomiting. These are the first choice of treatment suggested to provide relief from the symptoms of nausea. They work by blocking the action of the neurotransmitter receptors involved in causing vomiting. Some of the common examples of antiemetic medicines include: Domperidone Ondansetron Prochlorperazine Aprepitant

Antiemetics for morning sickness: To treat morning sickness, which is a common symptom seen in early stages of pregnancy, a combination of anti-nausea medicines are recommended. For example, doxylamine + Vitamin B6 (Pyridoxine), a combination drug which is used to treat and prevent nausea and vomiting during pregnancy. Doxylamine is an antihistamine that blocks the action of certain natural substances in the body that may contribute to nausea and vomiting. Vitamin B6 is also known to have anti-nausea action. Your doctor may recommend the dose based on the severity of your symptom.

Antihistamines: This class of medicines reduces or blocks the chemical histamine which is associated with allergy. These are helpful in treating nausea caused due to motion sickness or vertigo. Examples include: Promethazine Meclizine

Anticholinergic medications: This class of medicines acts by blocking the action of the neurotransmitter acetylcholine. This chemical is known to play a key role in managing numerous body functions. It also helps to control nausea and vomiting.

Prokinetic drugs: This class of medicines comes under prescription medicines. They promote normal contraction of the intestine and help in the emptying of the stomach. These are commonly recommended for people with GERD and given mostly in combination with medications that lower acid production in the body such as PPIs and H2 receptor blockers. Examples include: Metoclopramide Itopride

1. Treatment of underlying cause

This includes treating the underlying cause of nausea such as:

Stomach infections with antibiotics Vertigo with antivertigo drugs Hyperacidity with antacids Migraine with triptans Chemotherapy side effects with anti-nausea drugs

1. Supportive Care

This includes supportive care with fluids and Oral Rehydrating Solutions (ORS) to replenish the loss of electrolytes in the body. These help in cases where the patient has lost excessive fluids due to vomiting and shows signs of dehydration.

Did you know? Vomiting is not as bad as you may think. It is basically your body’s way to get rid of toxic substances and bacteria. Whenever a foreign agent like bacteria enters your body, your defense mechanism tags it harmful, and your whole body gets agitated to throw it out – in the form of vomiting. Interesting process right? But in some cases, it can be a symptom of an underlying disease. Click Here To Read More! Home Care For Nausea

Homecare for Nausea depends on whether it is a one-time episode or a chronic occurrence.

Home remedies for acute nausea The following care can be taken when a person starts feeling nauseous: Sucking on ice chips or candies may help suppress nausea. Ensuring appropriate hydration by consuming fluids and electrolytes to prevent dehydration. Lying down in a propped-up position to settle the feeling of retching. Avoiding heavy or spicy foods for at least 24 hours following an episode of nausea. When vomiting cannot be averted, do not vomit while lying down. Vomit with your head positioned forward to prevent the risk of possible aspiration of vomit. Vomit aspiration in the lungs can cause serious health complications such as pneumonia.

Homecare for chronic nausea The following care measures can be taken if a person suffers from chronic nausea in pregnancy, post-chemotherapy, vertigo, or other brain-related conditions: Pregnant women should avoid strong smells or foods that trigger nausea. For procedures like chemotherapy or radiation, take prescribed antiemetic medications on time as advised. Patients with vertigo and motion sickness must avoid activities that worsen the symptoms, like joy rides or road travel. Individuals suffering from gastrointestinal conditions that cause nausea should avoid consuming spicy, oily, or processed food. Feeling nauseated? 6 foods that you can try for instant relief! Click Here To Read More!

Alternative Therapies For Nausea

Relaxation techniques and breathing exercises: Exercises that promote overall body relaxation, such as breathing exercises, can help overcome feelings of nausea. Taking slow and deep breaths and holding breath for a short time after each breath is a simple breathing exercise to help you feel calm and may help ease nausea.

Aromatherapy: Aromatherapy can help reduce the feelings of nausea. It involves inhaling pleasant fragrances, such as peppermint oil fragrances or citrus fragrances which calm the sensation of nausea.

Acupressure and acupuncture: Acupressure and acupuncture techniques can help block the noxious stimuli that cause nausea by applying intense pressure to the peripheral trigger points. Applying pressure on the pressure point called Neiguan or P-6, which is on the inner arm, near the wrist helps reduce nausea.

Natural remedies: Sucking on small portions of certain natural foods, such as ginger candy or a piece of ginger with rock salt sprinkled on it, cumin seeds or powder, a piece of lemon, cinnamon stick, fennel seeds, etc., help overcome the feeling of nausea. These herbs and spices are known for their digestive properties, they help improve the taste sensation in the mouth and thus help suppress the sensation of nausea. Complications Of Nausea

Worsening of acute episodes of nausea can lead to excessive vomiting, which can cause dehydration. In severe cases, it can lead to hypotension, shock, or loss of consciousness. It may result in poor nutrition as patients cannot consume or keep down solid food.

Vomit aspiration in the lungs is another serious complication of nausea. The aspirated fluid may collect in the lungs and cause pneumonia, which may be severe in some cases.

Malnutrition and weight loss is another complication seen in patients with chronic nausea, as they often avoid consuming full meals out of fear.

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Living With Nausea

Nausea can be exhausting for people who experience chronic nausea, such as cancer patients undergoing chemotherapy. With constant nausea, the person may lose interest in eating meals regularly, contributing to malnutrition and other health problems. Nausea in the first trimester of pregnancy is particularly troublesome for some women, and if left untreated, may cause health concerns for the mother and the baby. In such cases, do take precautions and medicines to prevent the condition. Chemotherapy and Nausea: Antiemetics are usually advised prior to chemotherapy as nausea is one of the common side effects of cancer treatments such as chemotherapy or radiation therapy. In addition to taking these medicines, it is wise to keep a control on your diet and lead a stress-free lifestyle to improve your condition. Migraine and Nausea: In some cases, people suffering from migraine can cause symptoms like nausea and vomiting. However, if you experience it on a regular basis or if nausea is worsened during a migraine attack, do consult a doctor and get the right treatment.

Acidity and Nausea: Several gastrointestinal problems are also associated with nausea and vomiting. It is advised to take medications such as prokinetic drugs and follow dietary modifications to help improve the symptoms.

Medications and Nausea: Nausea can occur as a side effect of many nonprescription and prescription medicines. These include antibiotics, NSAIDs such as aspirin and ibuprofen, antidepressants, chemotherapy drugs, opioid pain relievers and vitamins and mineral supplements such as iron. If you think that your nausea or vomiting may be caused by a medicine, call your doctor to know if you should stop taking the medication or need to take a different medication. Do NOT overeat as it can cause nausea When you overeat, your body tries to deal with the extra food by triggering nausea. In severe cases, the body may respond to this trigger by forcibly emptying the stomach through vomiting. Hence, it is important to keep a tab on what and how much you eat. Here are a few simple ways to control overeating. Click To Know! Frequently Asked Questions What is the difference between nausea and vomiting? How to relieve nausea post-chemotherapy? How to overcome morning sickness in pregnancy? Can constant nausea be a sign of something serious? How to prevent motion sickness? References Horn CC. Why is the neurobiology of nausea and vomiting so important?. Appetite. 2008;50(2-3):430-434. Singh P, Yoon SS, Kuo B. Nausea: a review of pathophysiology and therapeutics. Therap Adv Gastroenterol. 2016 Jan;9(1):98-112. William L HaslerWilliam D Chey. Nausea and Vomiting. Clinical Management. Volume 125, Issue 6, P1860-1867. December 2003. Stoicea N, Gan TJ, Joseph N, Uribe A, Pandya J, Dalal R, Bergese SD. Alternative Therapies for the Prevention of Postoperative Nausea and Vomiting. Front Med (Lausanne). 2015 Dec 16;2:87 Feeling sick (Nausea). NHS UK.

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Neck pain Also known as Cervicalgia and Cervical pain Overview Neck pain is an extremely uncomfortable condition that impairs mobility and can interfere with daily activities. With the modern sedentary lifestyle and long hours of working on laptops and scrolling through social media, people seem to ignore sitting in the correct posture. This causes excessive strain on the neck leading to neck pain.

It can also be caused by conditions such as osteoarthritis, cervical spondylosis, degenerative disc disease, a herniated disc, a pinched nerve or neck injury. Neck pain can also be experienced during common infections, such as viral throat infection.

Neck pain can be largely prevented by maintaining a good posture, healthy weight, adequate hydration as well as neck strengthening exercises and neck bracing.

Mild neck pain can be managed at home by alternate use of ice packs and heat, gentle stretching, massage, topical anesthetic creams and over the counter pain relief medications. However, pain that persists even after 1 week should be medically evaluated. Key Facts Usually seen in Adults above 18 years of age Gender affected Both men and women Body part(s) involved Neck Spinal Cord Shoulders Arms Back Jaw Head Prevalence Worldwide: 0.4% to 86.8% (2010) Mimicking Conditions Cervical sprain and strain Cervical myofascial pain Cervical disc disease Cervical fracture Chronic pain syndrome Fibromyalgia Adhesive capsulitis Brachial plexopathy Thoracic outlet syndrome Carpal tunnel syndrome Cubital tunnel syndrome Parsonage-Turner syndrome Multiple sclerosis Vitamin B12 deficiency Amyotrophic lateral sclerosis Guillain-Barre syndrome Vertebral metastasis Discitis/osteomyelitis Necessary health tests/imaging Imaging tests: X-rays, CT scan, Ultrasound, MRI, and Discography Laboratory tests: Electromyography (EMG), Nerve conduction studies (NCS) & Myelogram Treatment Medications: Acetaminophen, Antidepressants, Ibuprofen & Naproxen Injections: Facet joint injections & Cervical epidural steroid injection Surgery: Discectomy Physical therapy See All Symptoms Of Neck Pain

A few of the symptoms associated with neck pain include: 1. Dizziness and unsteadiness Dizziness and unsteadiness can be caused by inflammation or compression of the nerves in the neck. The most common cause of this is an injury after an accident, but it could also be due to repeated stress on the neck muscles. 2. Movement barrier If you notice that you are unable to move your neck as per your normal requirement and there is a distinct stiffness, this is a movement barrier, a symptom of painful issues with your neck. 3. Frequent headaches In the neck, issues of muscle tightness can cause increased tension and lead to headaches on a regular basis.

Read about ways to manage headaches without medications. Read Now!

1. Pain in other areas Any imbalance that puts additional strain on the network of nerves in the neck region, may result in shoulder, chest, arm, wrist, and hand discomfort. What is text neck? Text neck, also known as Turtle Neck syndrome is caused by continuous strain on the neck due to repeated stress from looking down at mobile screens or tablets for a long time. Know more about it. Read To Know! Causes Of Neck Pain

Neck pain is common for individuals who have a bad posture with their shoulders slouched forward and upper back rounded. This puts tremendous pressure on the vertebrae of the neck and can lead to conditions such as cervical spondylosis (wear-and-tear injuries of the spine) and cervical compression fractures (injuries resulting from compression of the spinal cord). Some primary causes of neck pain are as follows: Muscle strain: Excessive use of the muscles in the neck, such as spending too much time crouched over a computer or smartphone, often results in muscular strains. Even activities, such as reading on the bed or grinding teeth, may cause the neck muscles to get strained. Worn joints: As with the rest of the body’s joints, even the neck joints deteriorate with age. Osteoarthritis deteriorates the cushioning (cartilage) between the bones (vertebrae). Following that, the body creates bone spurs that impair joint mobility, leading to discomfort, even in the neck. Compression of the nerves: Herniated discs or bone spurs in the neck vertebrae might compress the nerves that branch from the spinal cord. Injuries: Whiplash damage is often the outcome of rear-end vehicle crashes. Whiplash occurs when the head is jerked backward and then forward, straining the neck’s soft tissues. Other diseases: Neck discomfort may be caused by numerous conditions including rheumatoid arthritis, meningitis, and cancer. Did you know? Prolonged use of tight belts can cause tension in the neck area. It has also been associated with creating both abdominal and neck pressure which turns into uncomfortable individual experiences. In addition, it hurts spinal care. Prolonged sitting and standing led to this type of disease. Long-term usage of phones and laptops must be avoided. Thus, cervical spondylosis, cervical pain, neck pain, neck stiffness, neck muscle, neck sprain, back neck pain, and shoulder abnormalities can be reduced. Read more about spondylosis. Click To Read! Risk Factors For Neck Pain

There are a number of factors that increase the risk of neck pain like a sedentary lifestyle, sitting in front of a computer for prolonged periods of time, and carrying heavy bags around.

One risk factor that many people don’t think about is the number of times they sleep on their stomachs. This increases the likelihood of experiencing neck pain due to poor posture and muscle imbalance between your head and torso.

Other risk factors include:

1. Age: The risk for neck pain increases with age. As you get older, your neck muscles tend to weaken. This makes it more difficult to support the head during rapid changes in posture or movement.
2. Gender: Females are thought to be at a higher risk for getting neck pain.
3. Excessive weight: Obesity is an important risk factor for developing neck pain because excess weight puts pressure on the spine and interferes with its normal function.

Know more about healthy diet plans and weight loss tips that can work for you. Read This!

1. Height: Taller people are more likely to suffer from neck pain than shorter people.
2. History of lower back pain: Neck and back pain can also be related because a problem in one area of the body can lead to changes in posture and movement that negatively affect the other area.
3. Accidents: Any injuries during contact sports, motor-vehicle accidents, horse riding, etc. are a risk factor for neck pain.
4. Occupation: People with desk jobs or manual labor jobs (construction workers, carpenters, etc. have a higher risk of developing neck pain. Studies show that dentists, nurses, office workers, and crane operators have been shown to have a higher prevalence of neck pain.

Do you stare at computers all day? Using laptops, tablets, and smartphones for many hours at a stretch, can cause the weakening of neck muscles over a period of time. Read about ways to manage neck pain naturally. Read Now!

1. Stress and anxiety: Stress is related to pain and disability and perceived as a risk factor for neck pain. Also, neck pain has been found to be comorbid with anxiety.
2. Depression: Mood disorders, especially depression, have been found to be related to chronic neck pain and disabilities. Diagnosis Of Neck Pain

There are a lot of ways to diagnose issues affecting the neck. These include: 1. Complete medical history A thorough medical history is the first step in diagnosing the specific cause of neck pain. It requires the doctor to ask about current symptoms, the patient’s occupation, and lifestyle. 2. Physical examination A key component of the clinical evaluation of neck pain is to identify serious pathology and non-musculoskeletal diseases that may be the source of pain and related symptoms. It consists of examining the patient’s posture, particularly the neck and shoulders, feeling along the neck’s soft tissue for signs of muscle spasms, tightness, or tenderness, checking the range of motion reflexes, muscle power, and any unusual sensations along the extremities. 3. Imaging tests These tests may include: X-rays: X-rays are used to detect places where bone spurs or other degenerative changes might affect nerves or spinal cord. CT scan: CT scan combines X-ray images taken from many different angles to make a detailed cross-sectional view of the inside of the neck. MRI: This technique uses a strong magnetic field and radio waves to make detailed images of bones and soft tissues, such as the spinal cord and the nerves that come from the spinal cord. Discography: A discogram might help the doctor to determine if a specific abnormal disk in the spine is causing back pain or neck pain. 4. Other tests In addition there are certain other tests that can help determine the cause of your neck pain and they include: Electromyography (EMG): Electrodes are inserted into the muscle, or placed on the skin overlying a muscle or muscle group, and electrical activity and muscle response are recorded for pain. Nerve conduction studies (NCS): These measure how fast an electrical impulse moves through your nerve and can identify nerve damage. Myelogram: This test uses a contrast dye and X-rays or computed tomography (CT) to look for problems in the spinal canal. Selective nerve root block (SNRB): It is an injection used to identify the source of nerve pain in the neck and sometimes to also provide longer-term pain relief.

Get your lab tests done with us, where patient comfort and safety are the utmost priority. Book Now! Prevention Of Neck Pain

Neck pain is a common problem. One of the most common causes of neck pain is poor posture. This leads to improper use of muscles in the neck and spine, which leads to chronic pain.

Below are some preventive measures that can be taken to ensure proper posture in order to relieve neck pain: 1) Exercise regularly It is advisable to exercise regularly so that your body doesn’t stiffen up when you are inactive. Aim for a 30-minute cardio workout 5 times a week.

Too lazy to sweat? To understand 7 simple tricks to help you exercise daily. Read Now!

1. Perform stretching exercises for the neck Keep your neck muscles fit by performing short sets of stretching and strengthening exercises throughout the day.
2. Maintain a healthy weight Obesity or being overweight can predispose to neck pain. Hence, it is important to maintain the body mass index (BMI) between 19 and 24.

What is BMI? Read more. Read Now! 4) Stay hydrated Drink an adequate amount of water during the day. It helps to hydrate the discs between the vertebrae in the neck. These discs are mostly made up of water, so staying well hydrated will help keep your discs supple and strong. It is recommended to drink at least 8 large glasses of water per day unless advised otherwise by your doctor. 5) Maintain a good posture Incorrect posture can cause neck pain by straining the muscles and ligaments that support the neck.

The head-and-shoulders-forward posture in which the neck slants forward, placing the head in front of the shoulders is the most common example of poor posture which adds to neck pain. This posture causes the upper back to slump forward as well, putting a strain on the entire spine. 6) Avoid straining the neck Do not try to lift by bending your back. Squat down and reach your load by bending your hips and knees and then straighten your legs. Keep your load near your body and then straighten your legs to lift. People tend to carry their bags on one side resulting in uneven load. This leads to pain in the neck and shoulder area. Whenever you have to carry a bag, make sure that the shoulders are at the same level or else you can use a backpack which will distribute the load evenly. 7) Use electronic gadgets correctly Make sure that your mobile device is at your eye level while working. Avoid texting or looking down at your mobile device for a long duration of time. Use any type of hands-free device, such as a headset or earpiece in case you spend a lot of time on the phone. Put your phone out of reach when you sleep. Adjust the monitor/laptop height. Your vision should be directly in the top-third of your computer screen. If you find you have to look down, raise your monitor up. Laptops most often require you to angle your head downward to see the screen, so connecting your laptop to a separate monitor, or screen, can be beneficial. 8) Make safety a priority Always wear a seat belt while traveling in the car to prevent whiplash injury. Use proper sports equipment to protect the neck while playing sports, that can easily lead to neck injuries eg, football, basketball. 9) Wear a neck brace Neck brace can provide support to the neck and help to prevent any neck injury or pain.

Want to get the right neck brace? Shop from our extensive collection of neck and shoulder support. Visit Now! Did you know? For every inch the head shifts forwards, an extra 4.5 kgs of load is added to the muscles of the upper back and neck. A 5-inch forward shift results in 23 extra kgs of force. Keep your chin tucked inward to avoid this. Specialist To Visit

Doctors that can help in the diagnosis and treatment of neck pain include: General physicians Otolaryngologists Orthopaedists Neurologists

When to call your doctor?

Call your doctor immediately if your neck pain is accompanied by: Neck pain after having an accident. Numbness or tingling in the arms, shoulders, or legs. Weakness in legs or loss of coordination in arms or legs. Headache, dizziness, nausea, or vomiting. Loss of bowel or bladder control. Chills, fever, or unexplained weight loss. Pain does not come down with over-the-counter medications. Pain persists for more than a week.

Make sure that you and your loved ones get the right treatment, you need a reliable and expert doctor. Find the best doctors near you online. Consult Now! Treatment Of Neck Pain

There are different treatments which are as follows: 1. Pain relief medications Various pain relief medications like nonsteroidal anti-inflammatory drugs (NSAIDs), are prescribed for management of neck pain. They should be used under medical supervision as self medicating is never a good idea. Some egs include: Paracetamol/ Acetaminophen Paracetamol/Acetaminophen + Tramadol Ibuprofen Naproxen 2. Physical therapy Physical therapy is one of the most common treatments for managing long term neck pain. It can help in reducing stiffness as well as improving head and neck range of motion. It aids in strengthening the neck and its supporting musculature along with preventing pain from recurring. 3. Injections In case of severe neck pain, a physician may inject a small amount of local anesthetic and/or medication to numb a joint and provide pain relief.

Injection of anti-inflammatory medicine like a corticosteroid might also be used around the nerves in the neck. 4. Surgery Surgery is usually not indicated for neck pain, though it might be considered for alleviating nerves or spinal cord compression. Along with surgery, drugs like non-steroidal anti-inflammatory drugs [NSAIDs], opioids, benzodiazepines, gabapentin, neurontin, and cortisone injections are also used to boost the recovery process. Home-Care For Neck Pain

Neck pain can be disturbing and might interfere with daily activities. Home care, a break from sports, gyming, or any other physical activity is recommended. At the early stage of any neck injury, a doctor must be consulted and heavy lifting must be avoided. Other tips that you can follow include: 1. Gently massage the affected areas You can lower your shoulders and identify the sore spot and then gently massage your neck with essential oils for immediate relief. Essential oils like peppermint or lavender oil are known to be beneficial. 2. Exercise daily Stretching is a great form of exercise that can be very helpful if you have a stiff neck. Moving your head gently will increase the blood flow in a particular area and reduce inflammation. 3. Adjust your sleep positions Sleeping on your back is the best position for your neck. You can also sleep on your side, but never on your stomach. Choose a rounded pillow to support the natural curve of your neck, with a flatter pillow cushioning your head. 4. Apply hot or cold compresses A hot or cold compression can help you to get quick relief from a stiff neck. It is recommended to use ice for the first 24 to 48 hours to reduce swelling, followed by heat to loosen muscles and improve stiffness. 5. Take hot showers Warm water bath can help you relax and soothe the tightened muscles, and nothing is better than adding a little Epsom salt. The salt helps to reduce inflammation and improve blood flow. 6. Try apple cider vinegar Apple cider vinegar is an excellent home remedy to treat a stiff neck as it is loaded with antioxidants and anti-inflammatory agents. Just soak a napkin in some apple cider vinegar and apply it on your neck.

Take A Break! Read more on 6 small steps toward the painless neck and back. Click Here! Complications Of Neck Pain

Neck pain can cause a lot of discomfort and reduces mobility affecting the quality of life. Most common complications of neck pain are discussed below: Loss of productivity: Studies show that most workers with neck/shoulder symptoms or hand/arm symptoms experience productivity loss from a decreased performance at work and not from sickness absence. Nerve damage: Cervical radiculopathy, commonly called a “pinched nerve,” occurs when a nerve in the neck is compressed or irritated where it branches away from the spinal cord. Depression: Living with chronic back or neck pain can lead to depression, feelings of stress, anxiety, sadness, and other mental health-related symptoms. Weight gain: Having excessive weight gain can also lead to a bad posture where your head is slightly pushed forward and your back is curved. This puts more weight on the neck and shoulders, causing them to strain.

Can COVID cause neck pain? Some people with COVID-19 experience neck pain, soreness, and stiffness. In some cases, neck pain can be a persistent symptom of long COVID. Read more on COVID. Read Now! Alternative Therapies For Neck Pain

1. Ayurveda This contributes significantly to the management of neck discomfort by combining a corrected Ahar (diet), Vihar (exercise), and Aushadhi (medicines) program. Pranayama or breathing exercises are recommended. Ayurvedic concoctions made with Rasnairandadikashaya, YogarajaGuggulu, and Sahacharadi Kashaya are highly recommended.
2. Homeopathic medicine Homeopathy has also been regarded as a safe approach to treating neck pain and muscle stiffness. It is devoid of extreme side effects while effectively treating the affected area. Medications such as Bryonia, Causticum, Cimicifuga, and Chelidonium Majus effectively treat stiff neck muscle pain and alleviate sore points.
3. Yoga For ages, yoga has been known to provide effective and long-term relief to critical ailments, and therefore, the same stands true for neck pain. The following yoga poses can be tried. Ear-to-shoulder neck rolls Seated forward bend Crossbody shoulder stretch Two-footed pose, however, the poses are to be done as per expert guidance.

The word ‘Yoga’ is derived from Sanskrit and means ’to unite, symbolizing the union of body and mind. Read more about simple yoga postures to relieve neck pain. Click Now! 4. Gua sha Gua sha typically involves having a trained practitioner use a spoon to apply short strokes down the skin of the painful area. It is from Chinese Traditional Medicine, and it’s applied to areas of the body where blood circulation is believed to be stagnant and blocking energy (called “qi”). While there is no scientific evidence for qi, people have reported neck pain relief from gua sha. Living With Neck Pain

Neck pain can cause serious problems like disability, challenges to daily movement and lack of balance in the body. It is often associated with headaches and shoulder pain, which can be challenging to deal with on a daily basis.

Here are some of the tips to manage living with neck pain: Maintain a good posture by choosing the right support chair for the neck Try water pillows, as they can adjust the firmness by increasing or reducing the amount of water inside Start physical therapy to understand how to reduce the risk of injury, learn exercises targeting the affected area, and identify incorrect postures Start swimming after consulting your doctor. It is a great low-impact exercise for many people who have neck or back pain Maintain a journal to record the intensity and duration of pain so that you can identify your triggers Be careful on how and how much of screen time you are indulging in Manage your stress by using relaxation techniques including yoga, meditation, exercise and running. Start with one and engage for at least half an hour every day in the morning. Did you know? Neck pain is a common symptom caused by persistent stress, and many people have experienced neck pain as a result. The pain can center in our necks as stress and worries build. The most common cause of neck pain is muscle tension. Read more about stress. Read Now! Frequently Asked Questions Who is most affected by neck pain? When should I call the doctor if I have neck pain? What is the most common reason for neck pain? Can neck pain cause headaches? Who is a chiropractor and how can they help with neck pain? References Abu-Naser, S.S. and Al Murshidi, S.H., 2016. A knowledge-based system for neck pain diagnosis. JMRD 2016; 2(4): 12-18. Bier JD, Scholten-Peeters WG, Staal JB, Pool J, van Tulder MW, Beekman E, Knoop J, Meerhoff G, Verhagen AP. Clinical practice guideline for physical therapy assessment and treatment in patients with non-specific neck pain. Physical therapy. 2018 Mar 1;98(3):162-71. Binder AI. Neck pain. BMJ Clin Evid. 2008 Aug 4;2008:1103. PMID: 19445809; PMCID: PMC2907992. Kazeminasab et al. BMC Musculoskeletal Disorders (2022) 23:26. Bobos P, MacDermid J, Walton D, Gross A, Santaguida P. Patient-Reported Outcome Measures Used for Neck Disorders: An Overview of Systematic Reviews. Journal of Orthopedic & Sports Physical Therapy. 2018;48(10):775-788. Cao Y, Wu Y, Yu C. Correspondence: Exercise programs in preventing a new episode of neck pain. Journal of Physiotherapy. 2021 Jul 1;67(3):228. Cherkin DC, Herman PM. Cognitive and mind-body therapies for chronic low back pain and neck pain: effectiveness and value. JAMA internal medicine. 2018 Apr 1;178(4):556-7. Cohen SP, Hooten WM. Advances in the diagnosis and management of neck pain. BMJ. 2017 Aug 14;358. P Cohen et al. Advances in the diagnosis and management of neck pain. BMJ 2017;358:j3221. JOHN D et al. Neck Pain: Clinical Practice Guidelines Linked to the International Classification of Functioning, Disability, and Health From the Orthopedic Section of the American Physical Therapy Association. J Orthop Sports Phys Ther 2008;38(9): A1-A34. Côté P, Yu H, Shearer HM, Randhawa K, Wong JJ, Mior S, Ameis A, Carroll LJ, Nordin M, Varatharajan S, Sutton D. Non‐pharmacological management of persistent headaches associated with neck pain: A clinical practice guideline from the Ontario Protocol for traffic injury management (OPTIMa) collaboration. European journal of pain. 2019 Jul;23(6):1051-70. Seo SY, Lee KB, Shin JS, Lee J, Kim MR, Ha IH, Ko Y, Lee YJ. Effectiveness of acupuncture and electroacupuncture for chronic neck pain: a systematic review and meta-analysis. The American journal of Chinese medicine. 2017 Nov 10;45(08):1573-95. Treleaven J. Dizziness, Unsteadiness, Visual Disturbances, and Sensorimotor Control in Traumatic Neck Pain. Journal of Orthopedic & Sports Physical Therapy. 2017;47(7):492-502. Treleaven, J. and Takasaki, H., 2014. Characteristics of visual disturbances reported by subjects with necSafiri S, Kolahi A-A, Hoy D, Buchbinder R, Mansournia MA, Bettampady D, et al. Global, regional, and national burden of neck pain in the general population, 1990–2017: k pain. Manual therapy, 19(3), pp.203-207. McLean SM, May S, Klaber-Moffett J, Sharp DM, Gardiner E. Risk factors for the onset of non-specific neck pain: a systematic review. J Epidemiol Community Health.2010;64(7):565–72. Jahre H, Grotle M, Smedbråten K, Dunn KM, Øiestad BE. Risk factors for non-specific neck pain in young adults. A systematic review. BMC Musculoskelet Disord. 2020;21(11–12. Jun D, Zoe M, Johnston V, O’Leary S. Physical risk factors for developing non-specific neck pain in office workers: a systematic review and meta-analysis. Int Arch Occup Environ Health. 2017;90(5):373–410. Mäkelä M, Heliövaara M, Sievers K, et al. Prevalence, determinants, and consequences of chronic neck pain in Finland. Am J Epidemiol. 1991;134(11):1356–1367. van der Donk J, Schouten JS, Passchier J, et al. The associations of neck pain with radiological abnormalities of the cervical spine and personality traits in a general population. J Rheumatol. 1991;18(12):1884–1889.

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Neonatal Jaundice Also known as Icterus Neonatorum, Physiological jaundice of the newborn and Neonatal hyperbilirubinemia Overview Neonatal jaundice or neonatal hyperbilirubinemia occurs as a result of elevated total serum bilirubin (TSB) and clinically manifests as yellowish discoloration of the skin, sclera (the white layer that covers the inner surface of the eye) and mucous membrane. This is a very common condition and is seen in about 2/3 of all healthy newborns. However, sometimes it may be a sign of feeding habits, level of hydration, or the lifespan of red blood cells (RBCs). Other rare causes can include metabolic disorders, malfunctioning of the glands, or liver disease.

In most cases, jaundice is a mild, transient, and self-limiting condition and is referred to as “physiological jaundice.” If it becomes more severe due to an underlying cause then it is called “pathological jaundice.” Failure to diagnose and treat pathological jaundice may lead to the deposition of bilirubin in the brain tissues, known as kernicterus.

The treatment of choice depends on the severity of jaundice, the cause for the increase in bilirubin, or the type of bilirubin. It can vary from something as simple as increasing water intake and modifying the feeding to a very complex treatment depending on the cause. Key Facts Usually seen in Newborns within 1st week of their life Gender affected Both men and women Body part(s) involved Sclera of the eyes Palms of hands Soles of feet Prevalence Worldwide: 75% (2022) Necessary health tests/imaging Van den Bergh reaction Bilimeter assessing total bilirubin Transcutaneous bilirubinometer Treatment Phototherapy Exchange transfusion Intravenous immunoglobulins Kasai’s operation Specialists to consult Pediatrician Types Of Neonatal Jaundice

Jaundice can be classified into a few different types in newborns. They are as follows: Physiological jaundice: This is the most common type and is normal. Physiological jaundice develops in most newborns by the 2nd or 3rd day. It occurs after the development of the liver and it starts to get rid of excess bilirubin. Physiological jaundice usually isn’t serious and goes away on its own within two weeks. Pathological jaundice: Jaundice is considered pathologic if it presents within the first 24 hours after birth, with a rise in the total serum bilirubin level more than 5 mg per dL per day or is higher than 17 mg per dL. It can present itself in infants who have signs and symptoms suggestive of serious illness. Breastfeeding jaundice: this type of jaundice is more common in babies that are breastfed and it is the baby’s first week of life. It happens due to a lack of breast milk due to nursing difficulties or because your milk hasn’t come in yet. Breastfeeding jaundice may take longer to go away. Breast milk jaundice: Substances in breast milk can affect how the baby’s liver breaks down bilirubin leading to bilirubin buildup. Breast milk jaundice may appear after your baby’s first week of life and may take a month or more to disappear. Are you a new mom or mom to be? Then, you might have a lot of apprehensions about breastfeeding. Read about 7 things that you must be aware of breastfeeding. Click Here! Symptoms Of Neonatal Jaundice

Babies who are born premature (too early) are more likely to develop jaundice than full-term babies. The main sign is yellowing of the skin and the whites of the eyes which usually appears between the second and fourth day after birth. Bilirubin levels typically peak between the third and seven days after birth.

To check for jaundice in the newborn, press gently on your baby’s forehead or nose. The sign of jaundice is the skin looks yellow in the area that was pressed, in case of mild jaundice. If the baby doesn’t have jaundice, the skin color should simply look slightly lighter than its normal color for a moment.

Along with the skin becoming yellow, other symptoms that are quite rare include: Very light yellow or very dark brown urine. Yellow mustard color (normal) to light beige stool. Always examine the baby in good lighting conditions, most preferably the natural daylight. Read more about 5 essential tips to keep your baby healthy. Tap To Read!

Causes Of Neonatal Jaundice

The causes of neonatal hyperbilirubinemia can be divided into two distinct categories namely: Unconjugated hyperbilirubinemia: Also called direct hyperbilirubinemia usually results from increased production, impaired uptake by the liver, and decreased conjugation of bilirubin. Conjugated hyperbilirubinemia: Pathologic elevation of conjugated or direct bilirubin concentration higher than 2 mg/dL or more than 20% of total bilirubin. Unconjugated hyperbilirubinemia(UHB) or indirect hyperbilirubinemia Based on the mechanism of bilirubin elevation, the etiology of unconjugated hyperbilirubinemia can be subdivided into the following three categories: 1. Increased bilirubin production: This is due to the following causes: Immune-mediated hemolysis - Which includes blood group incompatibilities such as ABO and Rhesus (RH) incompatibility. If the mother’s blood has antibodies that do not work with the blood type of a baby, the newborn will experience blood incompatibility and ABO and RH are the two most common types of incompatibilities. Blood group testing is done to determine a person’s blood group (A, B, AB, or O) and Rh type. Understand better about blood grouping and how it is done. Click Here!

Non-immune mediated hemolysis: That includes : RBC membrane defects like hereditary spherocytosis and elliptocytosis (changes in the shapes of RBCs) RBC enzyme defects like glucose-6-phosphate dehydrogenase (G6PD) and pyruvate kinases deficiency Sequestration like a blood clot or bleeding between the skull and scalp, intracranial hemorrhage; polycythemia (type of blood cancer), and sepsis. 2. Decreased bilirubin clearance: It is due to the following syndromes: Crigler Najjar syndrome: Is a severe condition characterized by hyperbilirubinemia. Gilbert’s syndrome: A common, harmless liver condition in which the liver doesn’t properly process bilirubin. 3. Miscellaneous causes: Other miscellaneous causes include: Congenital hypothyroidism Drugs like sulfa drugs, ceftriaxone, and penicillins Intestinal obstruction Pyloric stenosis (blockage of food from entering the small intestine) Breast milk jaundice Breastfeeding jaundice Diabetes in the mother of the infant Gestational diabetes mellitus (GDM), defined as diabetes diagnosed during pregnancy, affects a significant proportion of women worldwide. Read more about gestational diabetes: causes, risk factors, and symptoms. Click Here!

Conjugated hyperbilirubinemia(CHB) or direct hyperbilirubinemia The causes of neonatal CHB are extensive and can be classified into the following categories: 1. Obstruction of biliary flow Biliary atresia (blockage of the bile duct) Choledochal cysts (congenital bile duct anomaly) Neonatal sclerosing cholangitis (obstructive fibrosis of the bile ducts) Neonatal cholelithiasis (gallbladder stones in infants) 2. Infections Cytomegalovirus (CMV) Human immunodeficiency virus (HIV) Rubella Herpes virus Syphilis, Toxoplasmosis Urinary tract infection (UTI) Septicemia 3. Genetic causes Alagille syndrome: An inherited condition in which bile builds up in the liver because there are too few bile ducts to drain the bile. Alpha-1 antitrypsin deficiency: An inherited condition that raises your risk for lung and liver disease. Alpha-1 antitrypsin (AAT) is a protein that protects the lungs. Galactosemia: A disorder that affects how the body processes a sugar called galactose. Fructosemia: Also called hereditary fructose intolerance is one of the more common errors in metabolism of the newborns. Tyrosinemia type 1: A genetic disorder characterized by elevated blood levels of the amino acid tyrosine. Cystic fibrosis: An inherited disorder that causes severe damage to the lungs, digestive system, and other organs in the body. Progressive familial intrahepatic cholestasis (PFIC): A disorder that causes progressive liver disease, which typically leads to liver failure. Aagenaes syndrome: A form of idiopathic familial intrahepatic cholestasis associated with lymphedema of the lower extremities. Dubin-Johnson syndrome: A condition characterized by jaundice, which is a yellowing of the skin and whites of the eyes. Bile acid synthesis disorders (BSAD): Are a group of rare metabolic disorders characterized by defects in the creation (synthesis) of bile acids. 4. Miscellaneous Idiopathic neonatal hepatitis: An uncommon syndrome of prolonged obstructive jaundice associated with giant cell transformation in the liver and patent bile ducts. Parenteral nutrition-induced cholestasis: is a progressive rise in alkaline phosphatase and/or conjugated bilirubin and is diagnosed in patients who receive nutrition through the veins (IV) to develop cholestasis (reduced flow of bile from the liver). Gestational alloimmune liver disease/neonatal hemochromatosis: Is a clinical condition in which severe liver disease in the newborn is accompanied by extrahepatic siderosis (deposition of excessive iron) Hypotension: Low blood pressure under 90/60 mm/Hg. Risk Factors For Neonatal Jaundice

ABO incompatibility, Rh incompatibility, and G6PD deficiency are the most common risk factors for the development of neonatal jaundice. Other risk factors include: Maternal diabetes Race of the mother Premature birth Height of the mother Polycythemia ( a type of blood cancer) Male sex of the newborn Cephalohematoma (blood clot between the skull and the scalp) Medications like sulfa drugs, penicillin and ceftriaxone. Trisomy 21 ( also known as down’s syndrome) Weight loss during pregnancy Breastfeeding Did you know? Some factors may also contribute to neonatal jaundice, are congenital infections like syphilis, CMV, rubella, toxoplasmosis, and age of the mother being more than 25 years. Here are 10 things you should ask your pediatrician to take care of yourself and the baby. Click To Read More! Diagnosis Of Neonatal Jaundice

Jaundice is mainly diagnosed based on the baby’s appearance. However, it’s still necessary to measure the level of bilirubin to determine the severity of jaundice to decide the course of treatment. Tests to detect jaundice and measure bilirubin levels include:

Clinical physical examination Dermal staining of bilirubin may be used as a clinical guide to the level of jaundice. Dermal staining in newborns progresses in a cephalo-caudal (head to toe) direction. The doctor should follow these to do the physical examination of the newborn: The newborn should be examined in good daylight. The doctor should apply pressure on the skin with the fingers to peel the skin and the underlying color of the skin and subcutaneous tissue should be noted. Newborns who are detected with yellow skin beyond the thighs should have an urgent laboratory confirmation for bilirubin levels. Note: Clinical assessment is unreliable if a newborn has been receiving phototherapy and has dark skin.

Laboratory tests Bilirubin levels can be checked through the following: Biochemical: The gold standard method for bilirubin estimation is the total and conjugated bilirubin assessment based on the van den Bergh reaction. It is a chemical used to measure the levels of bilirubin. Bilimeter: Spectrophotometry is the base of the bilimeter and it assesses total bilirubin in the serum. Spectrophotometry is a method to measure how much a chemical substance absorbs light by measuring the intensity of light as a beam of light passes through a sample solution. Because of the predominant unconjugated form of bilirubin, this method has been found to be a useful method in neonates. Transcutaneous bilirubinometer: This method is non-invasive and uses the bilirubin staining in the skin. The accuracy of the instrument depends on the variation of skin pigmentation and thickness. Clinical approach The first step in the evaluation of any newborn with jaundice is to differentiate between physiological and pathological jaundice. It consists of checking for the following: Dependency on preterm: Babies who are born before their term needs to be evaluated in a different manner based on the degree of prematurity and birth weight. A baby born before the 37th week of pregnancy is considered to be a preemie or premature baby. Here are a few tips to take care of a premature baby at home. Tap To Know!

Evidence of hemolysis: Hemolytic jaundice should be considered if there is: Onset of jaundice within 24 hrs Presence of pallor( pale appearance) and hydrops (swelling) Presence of hepatosplenomegaly (enlargement of spleen and liver) Presence of hemolysis (destruction of RBCs) on the smear of peripheral blood Increased count of reticulocyte (>8%) Rapid rise of bilirubin (>5 mg/dl in 24 h or >0.5 mg/dl/hr) Family history. Prevention Of Neonatal Jaundice

There’s no real way to prevent neonatal jaundice. But certain measures can be taken to create awareness like: Government and public health organizations should arrange seminars, workshops and train mothers regarding neonatal jaundice. Medical scientists should develop new treatments and preventive measures having little or no side effects and capable of recovering babies more effectively. Partners should screen their ABO blood groups as well as Rh factor before marriage. Marriages between closely related individuals should be avoided. After birth, the baby should be tested for blood incompatibilities.If the baby does have jaundice, there are ways to prevent it from becoming more severe. They are: Making sure the baby is getting enough nutrition through breast milk. Feeding the baby 8 to 12 times a day for the first several days. This ensures bilirubin passes through their body more quickly. Giving 1 to 2 ounces of formula every 2 to 3 hours for the first week in case the baby is not on breast milk. Monitoring the baby for the first five days of life for the symptoms of jaundice, such as yellowing of the skin and eyes. Did you know? Breast milk is considered the gold standard for infant feeding. Know more about why breastfeeding is important. Click Here! Specialist To Visit

Most cases of neonatal jaundice are normal, but sometimes it can be an indicator of an underlying medical condition. The doctor to consult in this case is a pediatrician. Contact the doctor if: The spread of jaundice is more severe and rapid. The baby’s yellow coloring gets darker. The baby develops a fever over 38°C (100°F). The baby is not taking milk, appears restless or lethargic, and cries at a high pitch. If your baby is experiencing any such symptoms, seek help from world class doctors at 1mg. Consult Now!

Treatment Of Neonatal Jaundice

Treatment is usually only needed in babies with high levels of bilirubin in the blood. Usually, the condition gets better within 10 to 14 days and will not cause any harm to the baby.

The treatments are recommended to reduce the risk of a rare but serious complication of newborn jaundice and kernicterus, which can cause brain damage. If the baby’s jaundice does not improve over time, or tests show high levels of bilirubin in their blood, they may be treated with the following:

Phototherapy Phototherapy is treatment with a special type of light (not sunlight). It’s sometimes used to treat newborn jaundice by making it easier for your baby’s liver to break down and remove the bilirubin from your baby’s blood.

Phototherapy aims to expose your baby’s skin to as much light as possible. This procedure consists of: Placing the baby under a light either in a cot or incubator with their eyes covered. A break is given after 30 minutes to feed the baby, change their nappy and cuddle them. Intensified phototherapy may be offered if the baby’s jaundice does not improve. This involves increasing the amount of light used or using another source of light, such as a light blanket, at the same time. Treatment cannot be stopped for breaks during intensified phototherapy. During phototherapy, the baby’s temperature is regularly monitored to make sure they’re not getting too hot, and look for signs of dehydration. Intravenous fluids may be needed if the baby is becoming dehydrated and not able to drink enough.

The bilirubin levels will be tested every 4 to 6 hours, in the beginning, to check if the treatment is working and once the bilirubin levels stabilize or start to fall, they will be checked every 6 to 12 hours.

Phototherapy will be stopped once the bilirubin levels fall to a safe level, (which usually takes 2 days). It is generally very effective for neonatal jaundice and has few side effects.

Note: As long as the level of bilirubin is not very high, the phototherapy treatment can be done at home with a special blanket called a “bili” blanket.

Exchange transfusion If the baby has a very high bilirubin level in their blood or phototherapy has not been effective, they may need a complete blood transfusion, known as an exchange transfusion.

During an exchange transfusion, a thin plastic tube will be placed in blood vessels in the umbilical cord, arms, or legs to remove the blood. The blood is replaced with blood from someone with the same blood group. As the new blood will not contain bilirubin, the overall level of bilirubin in the baby’s blood will fall quickly.

The baby will be closely monitored throughout the transfusion process to treat any problems that may arise, such as bleeding. Post the transfusion the baby’s blood will be tested within 2 hours of treatment to check if the process was successful.

The procedure may need to be repeated if the level of bilirubin in your baby’s blood remains high.

Intravenous immunoglobulin (IVIG) If the jaundice is caused by RH incompatibility intravenous immunoglobulin (IVIG) may be used. IVIG is usually only used if phototherapy alone has not worked and the level of bilirubin in the blood is continuing to rise.

Kasai operation (hepatic portoenterostomy) Newborns diagnosed with biliary atresia or Type IVb choledochal cyst require a Kasai operation (hepatic portoenterostomy) to allow for bile drainage. This procedure should preferably be done within two months of life for the best outcomes.

Other treatments Treatment of conjugated hyperbilirubinemia depends on the cause such as: If jaundice is caused by an underlying health problem, such as an infection, this usually needs to be treated. Metabolic causes of cholestasis respond well when there is an improvement in the primary disorder and liver functions. Parenteral nutrition (PN)-induced cholestasis is managed with cyclic PN, reducing the duration of exposure and starting initial feeds as early as possible. Manganese and copper content of PN should be reduced to minimize liver injury. Home-care For Neonatal Jaundice

Neonatal jaundice is quite common here are a few tips to take care of newborns at home: Keep the pediatrician updated about any changes in the baby’s condition and call immediately if the yellowing of the baby’s skin becomes darker than before. Make sure that the baby is well-fed. Even the cause of jaundice may be breastfeeding, continuing to feed the infant in accordance with the doctor’s guidelines. Breastfeeding should be done at least 8 to 12 times a day, whereas bottle-fed infants should be given at least 6 to 10 feedings in a day. Expose the newborn to direct sunlight for prolonged periods. Monitor the baby carefully to see if there is any rise in the temperature, loss of appetite, or restlessness. Ensure that the baby is hydrated sufficiently. Feed the baby frequently with supplementation to prevent weight loss. Complications Of Neonatal Jaundice

Newborns with severe hyperbilirubinemia are at a higher risk of developing the following complications:

1. Bilirubin-induced neurologic dysfunction (BIND) It refers to the clinical signs associated with bilirubin toxicity such as hypotonia (decreased muscle tone) followed by hypertonia (increased muscle tone) and/or opisthotonus (muscle spasm) or retrocollis (repetitive muscle contraction in the neck) and is typically divided into acute and chronic phases. It occurs as bilirubin binds different parts of the brain causing neurotoxicity.
2. Acute bilirubin encephalopathy (ABE) Potentially devastating conditions that can lead to death or life-long neurodevelopmental handicaps. It is characterized by lethargy, hypotonia, and decreased suck. At this stage, the disease is reversible.
3. Chronic bilirubin encephalopathy (kernicterus) If ABE progresses, then the infants can develop kernicterus, which is then irreversible. It occurs due to brain damage as a result of high serum bilirubin levels. It manifests as involuntary twitching, cerebral paralysis, seizures, arching, posturing, gaze abnormality, and hearing loss.
4. Neonatal cholestasis Patients with neonatal cholestasis are at risk of developing liver failure, cirrhosis, and even hepatocellular carcinoma (liver cancer) in a few cases. Long-standing cholestasis may also lead to failure in gaining weight and fat-soluble vitamin deficiencies. Alternative Therapies For Neonatal Jaundice

The common option for treating neonatal hyperbilirubinemia and preventing any neurologic damage is the use of phototherapy and/or exchange transfusion. Some of the alternatives in the treatment of neonatal jaundice are:

Metalloporphyrins Metalloporphyrins (synthetic heme analogs) are competitive inhibitors of heme oxygenase, the rate-limiting enzyme in bilirubin production. Their use has been proposed as an attractive alternative strategy for preventing or treating severe hyperbilirubinemia.

Specifically, tin-protoporphyrin (SnPP) and tin-mesoporphyrin (SnMP) are being used experimentally to prevent and treat neonatal hyperbilirubinemia.

Natural remedies 1. Magnesium: A study showed that pregnant women who took 250 mg of magnesium daily for 6 weeks can reduce the risk of excess bilirubin production.

Try adding magnesium-rich foods to your diet if you’re pregnant or breastfeeding. Read more about tests to detect magnesium deficiency. Click Here!

1. Probiotics: Probiotic supplementation in newborns can help significantly improve jaundice symptoms by decreasing bilirubin levels that cause jaundice and helping the body clear out excess bilirubin.
2. Barely seed flour: Researchers have found that barley seed flour sifted over a baby’s skin along with light exposure improved jaundice in newborn babies. The barley flour acts as an antioxidant and helps decrease indirect bilirubin levels. This is a traditional Iranian remedy. Living With Neonatal Jaundice

Though it may look scary, neonatal jaundice generally clears on its own and is very common in newborns. The way to manage it would be to be aware of it and follow simple steps like: Keep an eye on the newborn to look for yellowing of the skin Make sure that the baby is well-fed and has enough nutrition Expose the baby to direct sunlight (preferably between 7-9 am) Breastfeed the baby adequately Look out for sings like lethargy, restlessness or high pitched cries Keep the baby comfortable Be in constant touch with the pediatrician to monitor baby’s symptoms Frequently Asked Questions How long does neonatal jaundice last? What is the prognosis for jaundice in newborns? How to check for jaundice in neonates? Is neonatal jaundice fatal? When should one see their pediatrician? References Daniel L. Neonatal Jaundice. American College of Gastroenterology. Aug 2006. Ansong-Assoku B, Shah SD, Adnan M, et al. Neonatal Jaundice. [Updated 2022 Feb 19]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan. Mojtahedi SY, Izadi A, Seirafi G, Khedmat L, Tavakolizadeh R. Risk Factors Associated with Neonatal Jaundice: A Cross-Sectional Study from Iran. Open Access Maced J Med Sci. 2018 Aug 11. Boskabadi H, Ashrafzadeh F, Azarkish F, Khakshour A. Complications of Neonatal Jaundice and the Predisposing Factors in Newborns. JBUMS. Aug 2015. Ullah S, Rahman K, Hedayati M. Hyperbilirubinemia in Neonates: Types, Causes, Clinical Examinations, Preventive Measures and Treatments: A Narrative Review Article. Iran J Public Health. May 2016. Neonatal jaundice. Treatment. National Health Service. Feb 2022. Stevenson DK, Wong RJ. Metalloporphyrins in the management of neonatal hyperbilirubinemia. Semin Fetal Neonatal Med. Jun 2010.

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Nose bleeding Also known as Epistaxis Overview

Nose bleeding is characterized by blood flow from one or both nostrils lasting for a few seconds to 15 minutes. It is quite common and many people experience it now and again. But it is most frequently seen in children between 2 to 10 years of age, elderly people, pregnant women, and people taking blood thinning medication.

The common causes of nosebleeds include picking the nose, blowing the nose very hard, a minor injury to the nose, and changes in humidity or temperature causing the inside of the nose to become dry and cracked.

Nose bleeding can be prevented by avoiding picking the nose and keeping the fingernails short, blowing the nose as little as possible, and wearing a head guard during activities in which the nose or head could get injured

It is usually not serious and can be controlled at home. However, recurrent heavy nose bleeding should be medically evaluated for timely diagnosis and treatment. Key Facts Usually seen in Children aged 2-10 years and adults aged 50-80 years Gender affected Both men and women Body part(s) involved Nose Mimicking Conditions Nasal tumor DIC (Disseminated Intravascular Coagulation (DIC) Hemophilia Von Willebrand disease Rhinitis Foreign body in the nose Drug toxicity (Warfarin, NSAIDs) Necessary health tests/imaging Lab tests Complete blood count (CBC) Coagulation studies -prothrombin time & partial thromboplastin time (PPT)

Imaging tests Computed Tomography (CT) Magnetic Resonance Imaging (MRI) Treatment Medications Oxymetazoline and phenylephrine hydrochloride tranexamic acid Nasal packing Cauterization Embolization Septal surgery Ligation Specialists to consult ENT specialist Symptoms Of Nose bleeding

The signs and symptoms of nose bleeding include:

Bleeding from either or both nostrils Sensation of flowing liquid at the back of the throat Excess blood loss from the nose may lead to dizziness, fainting, and confusion Causes Of Nose bleeding

The inside of the nose consists of tiny, delicate blood vessels that can become damaged and bleed relatively easily. Some of the common causes of nosebleeds include:

Dry air can be caused by hot, low-humidity climates or heated indoor air. The environment causes the nasal membrane to dry out and become crusty or cracked and more likely to bleed when rubbed Blowing the nose with force Nose picking A minor injury to the nose Inserting objects into the nose Cold or allergies Blood thinning drugs (aspirin and warfarin) reduce the blood’s ability to clot and hence prolong bleeding Repeated use of nasal sprays to treat allergies can dry out the nasal membrane Inhaling chemical irritants such as ammonia can begin to burn away the lining of the nose if inhaled for a longer time Snorting cocaine can cause nasal problems like permanent physical damage or nose bleeds The deviated septum can block one side of the nose and reduce airflow, leading to crusting or nose bleeding in certain people

Some of the other less common causes of nosebleeds include:

High Blood Pressure (Hypertension): Although there is no direct link between nosebleeds being a signs of high blood pressure, a hypertensive crisis consisting of a sudden, severe increase in blood pressure can cause increased pressure in the blood vessels and lead to nosebleeds.

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Nasal tumors: These tumors can cause blockage in the nose and lead to a decreased sense of smell and nosebleeds

Inflammatory conditions: Various types of inflammatory or granulomatous disease within the nasal cavity can cause bleeding. Some of the common examples include Bacterial sinusitis- A bacterial infection of the sinuses, the hollow spaces in the bones of the face around the nose. Allergic rhinitis- It is inflammation of the inside of the nose caused by allergens, such as pollen, dust, and mold. Nasal polyposis- It is noncancerous growth on the lining of your nasal passages or sinuses. Wegner granulomatosis- Inflammation of the blood vessels of the nose. Tuberculosis- It is an infectious disease that usually affects the lungs.

Hereditary hemorrhagic telangiectasia (HHT): It is a genetic vascular disorder, which leads to the development of small lesions called telangiectasia, which can burst and bleed.

Pregnancy: Nosebleeds can be experienced during pregnancy on account of hormonal changes. Types Of Nose bleeding

Nose bleeding is described by the site of the bleeding. The two main types of nose bleeding are: Anterior nose bleeding It originates towards the front of the nose and causes blood to flow out through the nostrils. Capillaries and small blood vessels in this area of the nose are fragile and can easily break and bleed. This is the most common nosebleed found in children and is usually not serious. Posterior nose bleeding It originates toward the back of the nasal passage, near the throat. Posterior nosebleeds are considered to be more serious than anterior nosebleeds. It causes heavy bleeding, which may flow down the back of the throat and is more common in adults. Risk Factors For Nose bleeding

Atmospheric changes Conditions like high altitudes, dry climatic conditions, and cold weather are known to dry out the nasal membrane and cause nose bleeding. Habits Certain habits like putting a finger in the nose or aggressively picking the nose can lead to tearing of the nasal mucous membrane leading to epistaxis. History of bleeding disorders Individuals having a history of blood clotting disorders can have heavy bleeding in the case of any nasal injury. Inflammatory conditions Individuals with various inflammatory conditions like the common cold, sinusitis, allergies, and nasal polyps are known to have nose bleeding as a common symptom. Blood thinning medications Individuals with prolonged use of anticoagulants (blood-thinning drugs) like aspirin, and warfarin are known to bleed easily as these drugs have blood-thinning properties. Stress Stress and anxiety are risk factors for nose bleeding. Research has shown that individuals having psychological issues are at a higher risk for chronic, recurring, or unexpected nosebleeds. If a person is feeling anxious then he tends to pick his nose which could also trigger bleeding.

Is stress affecting your overall well-being? Try some relaxation techniques to manage stress. Tap to explore Smoking and excessive alcohol intake Nicotine is a dangerous substance in cigarettes that can act as an irritant in the nasal mucosa and cause nose bleeding. Excessive alcohol intake can also lead to epistaxis as alcohol inhibits blood clotting and dilates the blood vessels.

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Diagnosis Of Nose bleeding

History If an individual is experiencing nose bleeding the doctor would ask questions like:

Duration of the nosebleed How often do you experience nose bleeding Amount of blood lost during the incident Drug history to point out the use of drugs that may promote bleeding, including aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs), other antiplatelet drugs heparin, and warfarin. History of smoking or alcohol intake History of bleeding disorders (including family history) and conditions associated with defects in platelets or coagulation, particularly cancer, cirrhosis, HIV, and pregnancy.

Physical Examination Vitals are evaluated. With active bleeding, treatment usually takes place simultaneously with evaluation. Examination of the nose is done to determine the source of the bleeding and what may have caused it. Equipment like a small speculum is used to hold the nostril open. Various light sources like a headlamp or an endoscope (lighted scope) are used to check the inside of the nasal passages. A topical spray with anesthetic and epinephrine is helpful for vasoconstriction to help in controlling the bleeding and to aid in the visualization of the source.

Lab tests Lab tests are rarely required to diagnose nosebleeding. In certain severe conditions following tests are done: Complete blood count (CBC): For individuals having nose bleeding, a CBC is done to map the reduced hemoglobin level for bleeding management in patients with heavy and recurrent nosebleeds. Coagulation studies: Patients with symptoms or signs of a bleeding disorder and those with severe or recurrent epistaxis are evaluated for prothrombin time (measures the time it takes for a clot to form in a blood sample), and partial thromboplastin time (a blood test that looks at how long it takes for blood to clot).

Booking your lab tests just got easier. Get all the tests done in the comfort and safety of your home. Find all the tests here Imaging studies Tests like Computed Tomography (CT) scans and Magnetic Resonance Imaging (MRI) may be rarely indicated in cases where a malignancy or growth is suspected. Prevention Of Nose bleeding

The following pointers can help in preventing nose bleeding: General measures Avoid blowing your nose too forcefully Use a saline nasal spray or drops 2-3 times a day in each nostril to keep your nasal passages moist Avoid picking your nose and keep the fingernails short At night keep the air moist by using room humidifiers Wear protective headgear if involved in activities that could result in an injury to the face and nose

Consider changing medications that increase bleeding Blood thinning medications such as aspirin and ibuprofen can increase bleeding. Consult your doctor for their replacement.

Avoid drinking and smoking Overconsumption of alcohol and smoking can act as an irritant in the nasal mucosa and can cause nose bleeding. Quitting smoking and drinking is always a good idea.

Looking to quit smoking, but finding it very difficult? Read about some practical ways that will help you get rid of this unhealthy habit. Check out Consume vitamin K-rich foods Vitamin K-rich foods like spinach, mustard greens, kale broccoli, and cabbage, are involved in the formation of collagen that helps in creating a moist lining inside the nose. Vitamin K helps keep the blood vessels in good condition preventing them from rupturing easily and green leafy vegetables also facilitate blood clotting.

Load your diet with Vitamin C-rich foods Vitamin C-containing foods or supplements on a daily basis may help make the blood vessels become stronger and thus less vulnerable to rupture and cause nose bleeding.

Fill any gaps in your Vitamin C levels with dietary supplements. Check out our wide range of supplements. Explore now Stay hydrated Not drinking an adequate amount of water in a day can also dry the mucous membranes causing nose bleeds. Therefore, it is recommended to have enough water throughout the day.

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Doctors that can help you diagnose and treat nose bleeding include: ENT specialist

An ENT specialist, also called an otolaryngologist, is a doctor who has special training in diagnosing and treating diseases of the ear, nose, and throat. An ENT specialist can diagnose the condition and, if needed, can also look deep inside the nose using a special camera or endoscope to both treat the problem and ensure there isn’t a more serious condition like a tumor or malignancy causing it.

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The doctor will attempt to stop the bleeding as the first course of action. The doctor may also assess the person’s blood pressure and pulse. Treatment depends on the cause and could include: Medications Nasal sprays can be used at the time of bleeding. Oxymetazoline and phenylephrine hydrochloride (Neofrin) can be used short-term to help with congestion and minor bleeding if a person is not having high blood pressure. Oral or topical tranexamic acid is effective in stopping bleeding for a 10-day period after a single application. Nasal packing A doctor may insert ribbon gauze, nasal sponges, foam, or an inflatable latex balloon into the nose to create pressure at the site of the bleeding. The material is often kept in the nasal cavity for 24 to 48 hours. Cauterization In this procedure heat energy (electrocautery), and a chemical substance (silver nitrate) are used to seal the bleeding blood vessel Embolization It is a procedure in which tiny particles such as gelatin sponges or beads, are used to block a blood vessel. This procedure will stop the bleeding from the nose. However, doctors rarely recommend this for nosebleeds. Septal surgery If a deviated septum is causing frequent nosebleeds, a doctor may straighten it during surgery. Ligation This is a surgical procedure that involves tying the ends of the identified blood vessels or arteries causing the bleeding. Doctors often use this procedure if other treatment options have not worked. Home Care For Nose bleeding

If you find yourself in a situation where blood is bleeding from your nose. Follow the following steps: Relax and make yourself calm Sit upright and lean your body and your head slightly forward Breathe through your nose Pinch together the soft part of the nose to stop bleeding If your nose is still bleeding, continue squeezing the nose for another 5 minutes You can also apply cold compression to the bridge of your nose for a few minutes. This will help constrict blood vessels and stop bleeding. After the bleeding stops, do not bend over, strain, or lift any heavy objects

Here are a few home remedies that can help relieve nose bleeding. It is always better to take consent from your doctor before trying these: Saline water Dryness during the winter season in the nasal membrane is one of the most common causes of nose bleeding. To solve this problem, soothe and moisturize the nasal membranes with saline water. Saline water can be made by adding some water in a bowl and in this adding a few drops of saline solution, and mixing them well. Put a few drops of this solution in your nose to moisten the inner lining of the nasal passages. Apple cider vinegar (ACV) The acid present in the ACV helps constrict the blood vessels, thus stopping the bleeding. Dip a cotton ball in vinegar and place it in the affected nostril for about 5 to 10 minutes, this usually stops bleeding in one go. Nettle leaf Nettle leaves work as a natural astringent and a hemostatic agent. Nettle’s solution helps keep allergy-related nosebleeds in control. The leaves can be brewed and tea is made. Once the solution cools down, dip the cotton pad in the solution and place it on the nose, for 5-10 minutes until the bleeding stops. Complications Of Nose bleeding

Frequent nosebleeds can lead to various complications like Sinusitis: During sinusitis, there is inflammation and swelling in the nose. It leads to damage to the nasal blood vessels resulting in nosebleeds. External nasal deformity: Nasal deformities are abnormalities in the shape or structure of the nose. In some cases, the deformity can be a result of trauma or nose bleeding. Hemorrhage: Sudden nose bleeding if severe with excessive bleeding can lead to hemorrhage. Cardio-vascular compromise: In certain life-threatening cases, especially following surgery, nose bleeding can lead to cardio-vascular shock which can prove to be fatal. Anemia: Episodes of chronic nose bleeding for a long duration can lead to anemia from blood loss. Frequently Asked Questions How long does nose bleeding usually last? What to avoid in the case of nose bleeding? What is the main cause of nose bleeding? Can nose bleeding cause weakness? References Sharathkumar AA, Shapiro A. Hereditary hemorrhagic telangiectasia. Haemophilia. 2008 Nov;14. Seidel DU, Jacob L, Kostev K, Sesterhenn AM. Risk factors for epistaxis in patients followed in general practices in Germany. Rhinology. 2017 Dec. Robinson AE, McAuliffe W, Phillips TJ, Phatouros CC, Singh TP. Embolization for the treatment of intractable epistaxis: 12 month outcomes in a two centre case series. Br J Radiol. 2017 Dec. Tabassom A, Cho JJ. Epistaxis. [Updated 2022 Sep 12]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Beck R, Sorge M, Schneider A, Dietz A. Current Approaches to Epistaxis Treatment in Primary and Secondary Care. Dtsch Arztebl Int. 2018 Jan 8; Morgan DJ, Kellerman R. Epistaxis: evaluation and treatment. Prim Care. 2014 Mar; Erwin SA. Epistaxis. How to control the persistent nosebleed. Postgrad Med. 1987 Sep 15. Nosebleed. NHS inform. 14 March 2023. M, Poetker DM, Riley CA, Schneider JS, Seidman MD, Vadlamudi V, Valdez TA, Nnacheta LC, Monjur TM. Clinical Practice Guideline: Nosebleed (Epistaxis). Otolaryngol Head Neck Surg. 2020 Jan;162(1\_suppl):S1-S38. Randall DA, Freeman SB. Management of anterior and posterior epistaxis. Am Fam Physician. 1991 Jun;4.

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Bipolar disorder Also known as Manic-depression, Bipolar affective disorder, and Bipolar illness Overview

Bipolar disorder is a mental illness that causes unusual shifts in mood, energy, activity levels, concentration, and the ability to carry out everyday tasks. These moods can range from periods of extremely up, delighted, annoyed, or energized behavior (known as manic episodes) to very down, sad, disinterested, or hopeless periods (known as depressive episodes).

People with bipolar disorder experience periods of unusually intense emotions, changes in sleep patterns and activity levels, and uncharacteristic behaviors. The exact cause of bipolar disorder is not known, but a combination of environment, genetics, altered brain structure, and chemistry may play a role in the development of the disorder.

The most common medicines prescribed by the doctor include mood stabilizers and atypical antipsychotics, antidepressants, and anti-anxiety. Bipolar disorder is a lifelong illness, but long-term, ongoing treatment can help control symptoms and enable you to live a healthy life. You can take care of your condition by making certain lifestyle changes and practicing vigorous exercises like swimming, running, and jogging, which can help with depression and anxiety. Key Facts Usually seen in Individuals before 30 years of age. Gender affected Both men and women, but more common in women Body part(s) involved Brain Prevalence World: 40 million (2019) India: 7.6 million (2017) Mimicking Conditions Borderline personality disorder Schizoaffective disorder Unipolar depression Premenstrual dysphoric disorder Attention-deficit/hyperactivity disorders (ADHD) Personality disorders Thyroid disease Lupus Syphilis Necessary health tests/imaging Lab tests: Serum alcohol levels, Urinalysis, and Thyroid panel Treatment 1. Medications: Anticonvulsant medicines: Valproate, Lamotrigine, and Carbamazepine. Antipsychotic medicines: Haloperidol, Olanzapine, Quetiapine, and Risperidone Antidepressants: Citalopram, Fluoxetine, Fluvoxamine, and Paroxetine 2. Cognitive treatment 3. Electroconvulsive therapy

See All Symptoms of Bipolar Disorder

Bipolar disorder is characterized by mood swings. The episodes of mania and depression can last from a few to several days. The intensity of symptoms can range from extreme highs (mania) to extreme lows (depression). They include:

1. Extreme low (depression)

While dealing with a period of depression, the symptoms include: Feelings of guilt and despair Lack of energy Difficulty in concentrating and remembering things Feeling hopeless, sad, or irritable most of the time Loss of interest in everyday activities Difficulty in sleeping Lack of appetite Suicidal or self-harming thoughts Waking up early

Depression is a mood disorder that causes a feeling of extreme sadness, that differentiates it from bipolar disorder, which has its highs and lows. Learn How To Cope With Depression. Tap Here

1. Extreme high (mania)

The mania phase of bipolar disorder may include: Feeling very happy or overjoyed Being more active than usual ‘ Excessive appetite for food, and drinks Talking very quickly Easily irritated or agitated Disturbed or illogical thinking Insomnia (hard to fall asleep) Easily distracted

Note: A person may experience episodes of depression more regularly than mania in bipolar disorder. Individuals may sometimes experience a normal mood, in between these episodes. Types Of Bipolar Disorder

Bipolar disorder is a condition that affects your brain and your mental health. It leads to erratic mood changes that can affect your daily energy and activity levels. The different forms of bipolar disorders include: 1. Bipolar 1 This type of bipolar disorder is characterized by manic episodes, with or without depression symptoms. The manic episode will last longer than a week and the episodes are so bad that the person might require hospitalization to ease the symptoms.

1. Bipolar 2 It is characterized by having both manic and depressive episodes. The mania that occurs in bipolar 2 is less severe than in bipolar 1, hence it is often named hypomania. In bipolar disorder 2 a major depressive episode occurs either before or after a manic attack.
2. Cyclothymic disorder With this type, a person experiences both manic and depressive episodes for two years or longer. The mania and depressive episodes are usually less severe than that of bipolar 1 or bipolar 2. This disorder causes periods of normalcy mixed with mania and depression.
3. Rapid cycling bipolar In the case of rapid cycling, a person experiences episodes of mania or hypomania, followed by episodes of depression. A person may cycle between manic episodes and stable periods that can last months, weeks, or days.
4. Bipolar with mixed features Sometimes people experience both manic and depressive symptoms in the same episode, and this is called an episode with mixed features. A person experiencing bipolar disorder with mixed features may feel very sad, empty, or hopeless while at the same time feeling extremely energized.
5. Other types A person may be considered into other types if he/she experiences symptoms that do not fit into the other bipolar categories. This type of bipolar may be caused by factors in your life that can include drugs, alcohol, or underlying medical conditions.

Your mind needs your attention too. Take care of your mind like you would take care of your body with our extensive range of mind care products. Explore Now Causes Of Bipolar Disorder

The exact cause of bipolar disorder is unknown. But experts believe that there are a number of factors that work together to make a person more likely to develop it. The factors are a complex combination of physical, environmental, and social factors. Risk Factors For Bipolar Disorder Researchers are trying to find the possible risk factors of bipolar disorder. Most of them agree that there is no single cause and it is likely that many factors contribute to a person’s chance of having the illness. Some of the major risk factors include:

1. Genetics Research suggests that bipolar disorder is linked to genetics, as it runs in families. The family members of a person with the disorder have an increased risk of developing it too. A single gene is not responsible for bipolar disorder, instead, a number of genetic and environmental factors act as triggers.
2. Chemical imbalance in the brain The chemical hormones which are responsible for controlling the functioning of the brain are called neurotransmitters and bipolar disorder may be associated with chemical imbalances in the brain.

Note: An episode of mania may occur when levels of noradrenaline( neurotransmitter) are too high, and episodes of depression may occur when the level of noradrenaline becomes too low.

1. Triggering agents A stressful condition or situation can trigger the symptoms of bipolar disorder. A few examples of stressful triggers include the death of a close family member, the breakdown of a relationship, and physical and emotional abuse.
2. Childhood trauma Studies demonstrate that childhood traumatic events are risk factors for developing bipolar disorders. There is a relationship between the development of bipolar disorder with prior physical, sexual, and emotional abuse.
3. Brain structure Some studies indicate that the brains of people with bipolar disorder may differ from the brains of people who do not have bipolar disorder or any other mental disorder.
4. Substance misuse Bipolar is frequently co-existing with misuse of substances, including cannabis, opioids, cocaine, sedatives, and alcohol.
5. Hormonal imbalance Hormones may play a role in the development and severity of bipolar disorder. Studies suggest that late-onset bipolar disorder may be linked with menopause.
6. Medical illness Bipolar is known to be coexisting with several medical and psychiatric conditions. Conditions like asthma, obesity, anxiety disorder, migraine, and head injury are associated with bipolar disorder.

Anxiety can lead to the development of feelings like hopelessness, fear, and several other emotions on the other side bipolar disorder, refer to the development of feelings like both hopelessness and encouragement. Learn more about relaxation techniques to manage stress and anxiety. Click to Know More Diagnosis Of Bipolar Disorder

To diagnose bipolar disorder, a doctor may perform a physical examination, conduct an interview, and order lab tests. The diagnosis is based on the following aspects: 1. History and physical examination A general practitioner will assess the individual at the time of appointment with the following things:

General appearance: A patient with mania is often unpredictable, and erratic. Unnatural happiness can be seen on their face however, irritability is also observed.

Mood: The mood is often elevated or euphoric in mania. While in a depressive state, the patient will appear sad or in an elegiac mood.

Thought process: Patients with mania demonstrate easy distractibility, lack of concentration, and absurd behavior. A depressed patient usually has negative thoughts.

Speech: A depressive patient would talk slowly and softly. In the case of manic, the patient will demonstrate pressured speech that is difficult to interrupt.

1. Lab tests Bipolar disorder cannot be seen on a blood test or body scan, these tests can help rule out other illnesses that can resemble the disorder. But, certain blood tests may be required to rule out drug toxicity and other medical conditions. They include:

Serum alcohol levels Urinalysis Thyroid panel

Note: Diagnosis of children and teenagers with bipolar disorder includes the same criteria that are used for adults. However, children who have bipolar disorder are frequently also diagnosed with other mental health conditions such as attention-deficit/hyperactivity disorder (ADHD) or behavior problems.

Book your tests from the comfort of your home now Tap Here Celebs affected Honey Singh The popular RAP singer recently confessed that he slipped into social isolation following bipolar disorder. He summarized his one-year journey as scary and is now working every day to manage the condition. Prevention Of Bipolar Disorder

There is no way to prevent bipolar disorder. However, getting early treatment is the first sign of preventing bipolar disorder or other mental health conditions from worsening. Some of the things to keep in mind include:

1. Be vigilant about the warning signs Handling the symptoms early can prevent the episodes from getting worse. Involve a doctor if any significant changes are noted in the behavior of a person and seek early intervention.
2. Practice recreational activities Engaging in sports and physical activity can help in improving and managing the symptoms of bipolar disorder. Outdoor activities like hiking, camping, gardening, meditation, and yoga help in effectively controlling mood swings and stress reduction.
3. Avoid alcohol, drugs, and smoking Drug abuse and addiction can cause changes in the brain that lead to bipolar disorder. Alcohol has been known to intensify bipolar disorder due to its sedating effects. Moreover, these substances increase the risk of mood swings, depression, violence, and suicide. Did you know? Every year October 2 is observed as National Anti-Drug Addiction Day. The aim is to make India free from drug abuse and addiction. Know More About Drug addiction Doctor To Visit

The doctors that can be your best option to treat and manage bipolar disorder are: Psychiatric Primary care physicians

A psychiatrist specializes in assessing and treating patients with mental health problems. They help in managing the mental well-being of an individual. A primary care physician plays a vital role in attending to the medical needs of patients with bipolar disorder in addition to providing medical care, by educating and supporting patients and their families.

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Treatment Of Bipolar Disorder

The primary step in the treatment of bipolar disorder is to confirm the diagnosis of mania or hypomania. Most people with bipolar disorder can be treated using a combination of different treatments involving:

A. Medication

1. Lithium: This drug is the gold standard for the treatment of the bipolar disorder, as long-term use has demonstrated a reduction in suicide risk.

Note: Regular blood tests at least every 3 months while taking lithium is mandatory to make sure the lithium levels are not too high or too low.

1. Anticonvulsant medicines: Some anticonvulsant medicines include: Valproate Lamotrigine Carbamazepine
2. Antipsychotic medicines: These classes of drugs are sometimes prescribed to treat episodes of mania. These include: Haloperidol Olanzapine Quetiapine Risperidone
3. Antidepressants: Traditional antidepressants are considered experimental for treating bipolar depression. The class of antidepressants includes; Citalopram Escitalopram Fluoxetine Fluvoxamine Paroxetine

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B. Cognitive treatment

It can be helpful when used alongside medicines to treat bipolar disorder. This may include

Psychoeducation: It is health psychology combined with behavioral counseling and even psychotherapy. This therapy is also important to teach patients some stress management techniques to cope with stressful situations more effectively.

Cognitive behavioral therapy (CBT): It is a talking therapy that helps in managing problems by changing the way you think and behave. It is based on the concept that a person’s thoughts, feelings, physical sensations, and actions are interconnected.

Family Focussed therapy (FFT): FFT therapists work to identify difficulties and conflicts within the family that may contribute to patient and family stress. It also educates all family members about the nature of bipolar disorder, its treatment, and ways that family members can best support their affected members.

1. Electroconvulsive Therapy (ECT)

Electroconvulsive therapy is also known as ECT or electroshock therapy. This is a short-term treatment for severe manic or depressive episodes, particularly in the case of severe psychotic symptoms or when medicines seem to be effective. Complications Of Bipolar Disorder

If bipolar disorder is left untreated, it can lead to longer and more severe mood changes. Someone living with bipolar disorder can also have a higher risk of the following complications:

Anxiety: A person with bipolar disorder will face the symptoms of anxiety at some point in time. Heart disease: It is a leading cause of death among people with severe mental health disorders, including bipolar disorder. Suicidal thoughts: Bipolar disorder has the highest rate of suicide among psychiatric conditions. Obesity: It is common among people with bipolar disorder. Bipolar disorder individuals are more frequently overweight or obese. Migraine: It is a usual complication of bipolar disorder, with close to one-third of people with bipolar disorder experiencing migraine headaches.

COVID-19 took a toll on everyone’s mental health. Individuals with existing mental health conditions like bipolar disorder were affected the most due to the uncertainty of the situation. Enlighten Yourself On COVID-19 Alternative Therapies For Bipolar Disorder

Every mental health disorder needs comprehensive care. s. Several alternative treatments aim to reduce anxiety and stress. They include:

1. Meditation It helps in alleviating depressed mood, and helplessness.. For people with bipolar disorder, meditation, and mindfulness may help in lightening the mood, emotional regulation, and stress management over time.

Meditation is amazing for your soul and body. Read how meditation can improve your life Click Here

1. Interpersonal and Social Rhythm Therapy (IPSRT)

IPSRT is a common adjunctive therapy for people with mood disorders. Its primary focus is on stabilizing the circadian rhythm (a natural, internal process that regulates the sleep-wake cycle).

Acupuncture This therapy is believed to stimulate the central nervous system. It involves inserting very thin needles into the body at different locations and depths. This, in turn, leads to the release of chemicals into the muscles, spinal cord, and brain. This can promote physical and emotional well-being.

Light therapy Also known as phototherapy, is the use of light to treat disorders. It has been to treat seasonal depression and may also be effective for people with bipolar disorder. It amplifies circadian rhythms, reversing the symptoms of depression and anxiety.

Relaxation techniques can refresh your soul and mind. Click To Know More Living With Bipolar Disorder

There is always a taboo and stigma around mental health and communicating your thoughts to your loved ones can be a great relief. Some tips that can help caregivers and individuals suffering from bipolar disorder include:

1. Tips to help yourself Bipolar disorder can exert control over your thoughts, and interfere with relationships if not treated. Here are a few ways that can help in managing your illness:
2. Establish a routine: If a person has been dealing with bipolar disorder, committing to a routine can help in controlling depression and mania. Always keep the energy changes caused by depression and mania under check Have a sound sleep of eight hours every day Indulge in aerobic exercise and walking to keep the stress levels under control Have a sound sleep of eight hours every day

Learn more about six foods that will help you to fall asleep. Click To Know

1. Pinpoint your stressors: Try to find out the times or the events that cause stress or triggers. Addressing the symptoms of mania and depression early can help in preventing a serious episode.
2. Learn from previous episodes: Pattern recognition is essential to spot the early symptoms of an impending manic episode. Taking advice and help from family members who can recognize the early symptoms is very important.
3. Avoid drugs and alcohol: Both these substances cause addiction and can cause emotional imbalance and interact with medications.
4. Helping your loved ones Recognize the early symptoms: The family member should recognize the early signals such as lack of sleep and babbling that can pinpoint mania. This helps in preventing a serious episode of the illness before it happens.

React calmly: Even in situations where the person having an episode of mania or depression may go off, ranting at you or others, it’s important to remain calm. Try to make the person calm by listening to them and making them feel understood.

Communicate well: Make time to talk about problems a person having an episode is facing. Be considerate, sound to them, and try to listen to their feelings, and challenges with empathy.

Remember you are not alone! Understand ways to manage the stress and anxiety that come along with the bipolar disorder. Watch this video now Did you know? You may have problems falling asleep due to frequent episodes of mania and depression. Learn more about six foods that will help you to fall asleep. Click To Know Frequently Asked Questions How does bipolar affect you daily? Who does bipolar affect the most? Can bipolar be seasonal? Is bipolar disorder temporary or permanent? When should I see a doctor? References Rowland TA, Marwaha S. Epidemiology and risk factors for bipolar disorder. Ther Adv Psychopharmacol. 2018 Apr 26 Culpepper L. The role of primary care clinicians in diagnosing and treating bipolar disorder. Prim Care Companion J Clin Psychiatry. 2010;12 Leo RJ, Singh J. Migraine headache and bipolar disorder comorbidity: A systematic review of the literature and clinical implications. Scand J Pain. 2016 Apr;11 Bipolar Disorder. Overview. National Institute of Mental Health. September 2022. Marsh WK, Gershenson B, Rothschild AJ. Symptom severity of bipolar disorder during the menopausal transition. Int J Bipolar Disord. 2015 Dec;3(1):35. Aas et al. Int J Bipolar Disord (2016)4:2. Clark L, Sahakian BJ. Cognitive neuroscience and brain imaging in bipolar disorder. Dialogues Clin Neurosci. 2008;10(2):153-63. Jain A, Mitra P. Bipolar Affective Disorder. [Updated 2022 Nov 5]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Treatment. Bipolar Disorder. National Health Service. January 2023. Soni A, Singh P, Kumar S, Shah R, Batra L, Verma M. Role of age at onset in the clinical presentation of bipolar disorder in the Indian population. Ind Psychiatry J. 2021 Jan-Jun;30 Diflorio A, Jones I. Is sex important? Gender differences in bipolar disorder. Int Rev Psychiatry. 2010;22 Mental Disorders. World Health Organisation. June 2022. Hilty DM, Leamon MH, Lim RF, Kelly RH, Hales RE. A review of bipolar disorder in adults. Psychiatry (Edgmont). 2006 Sep Vieta E, Berk M, Schulze TG, Carvalho AF, Suppes T, Calabrese JR, Gao K, Miskowiak KW, Grande I. Bipolar disorders. Nat Rev Dis Primers. 2018 Mar 8; Miklowitz DJ, Johnson SL. The psychopathology and treatment of bipolar disorder. Annu Rev Clin Psychol. 2006;2:199-235.

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Obesity Also known as Adiposity and Overweight Overview The word obesity comes from the Latin word “obesitas” which means excess of unhealthy fat. In medical terms, obesity is a condition resulting in excess body fat that can have an adverse effect on health. The worldwide prevalence of obesity is reaching pandemic proportions.

There is no single cause of obesity. It is believed to be multifaceted and involves many factors such as genetics, environment, physical inactivity, dietary habits, lifestyle choices, certain health conditions, and use of certain drugs.

Obesity is not just an esthetic concern. It has been linked to a higher risk of diabetes, high blood pressure, heart diseases, osteoarthritis, and a number of cancers.

The goal of obesity treatment is to achieve and maintain a healthier weight and not necessarily an ideal weight. Even though medications and certain surgeries can help, the treatment is a lifelong commitment to healthier eating habits, increased physical activity, and regular exercise. Key Facts Usually seen in All age groups Gender affected Both men and women but more common in women Body part(s) involved Entire body, but more common around the waistline Prevalence Worldwide: 39% (2020) India: 40.3% (2020) Mimicking Conditions Multiple benign symmetric lipomatosis Necessary health tests/imaging Liver function test Fasting lipid Thyroid test Treatment Anti-obesity drugs: Orlistat, Rimonabant & Lorcaserin Surgery: Bariatric surgery See All Symptoms Of Obesity The symptoms of obesity can vary from person to person. Some of the most common symptoms include: A history of weight gain Excess body fat, particularly around the waistline Shortness of breath or chest pain Snoring while sleeping Insomina or trouble sleeping Sleep apnea (breathing is irregular and periodically stops during sleep) Excessive sweating Tiredness or fatigue ranging from mild to severe Inability to perform simple physical tasks that one could easily perform before weight gain Osteoarthritis in weight-bearing joints, especially the knees Pain in joints, especially in the back and knees Swelling and varicose veins in legs Skin infections from moisture accumulating in the folds of skin Stretch marks Psychological issues such as low self-esteem, depression, and social isolation Did you know? According to the American National Heart, Lung and Blood Institute, there are no specific symptoms of obesity as well as overweight. However, a high body mass index (BMI) and an unhealthy distribution of fat across the body are certain signs which are taken into consideration to diagnose obesity. Here’s more about BMI and how to calculate it. Click Here! Causes Of Obesity The root cause of obesity is not restricted to a single cause but many different factors. The leading factors that contribute to obesity are lack of exercise, excessive calorie intake, genetics, emotional stress, and sedentary lifestyle.

Obesity is also caused by energy imbalance (between energy intake and expenditure). This means that there is more food energy coming in than going out. If this continues, the person will gain weight until they are obese or overweight.

Many factors may contribute to obesity such as: 1. Genetic factors Obesity tends to run in families. A child with a single obese parent has a 3-fold risk to become obese while a child with obese parents has a 10-times higher risk of obesity in future.

Genes can affect appetite and thus, how much food you consume. They also control how quickly the body burns calories at rest and during exercise. Genes also influence fat regulation and places of body fat accumulation, particularly fat in the abdomen and around the waist.

Very rarely, mutations in the following genes can cause obesity: The ob gene: This gene controls the production of leptin, a hormone made by fat cells and placenta. Leptin controls weight by signaling the brain to eat less when body fat stores are very high. A mutation in the ob gene prevents leptin production and results in severe obesity in a very small number of children. The gene for the melanocortin 4 receptor: Melanocortin 4 receptors are located mainly in the brain and play a key role in the regulation of energy. A mutation in this gene may account for obesity in 1 to 4% of children.

However, it should be noted that families not only share genes but also environment, and separating the two factors is quite difficult. In other words, you could be genetically predisposed to being overweight, but your genes may not get activated if you have the right environment and lifestyle. 2. Aging Obesity can occur at any age, even in children and teenagers. However, obesity becomes more common with age as the amount of muscle tissue decreases as you age. The result is a higher percentage of body fat and a lower basal metabolic rate (because muscle burns more calories). These changes also reduce the need for calories. So, if you don’t consciously control what you eat and become more physically inactive as you age, you are most likely to gain weight. 3. Physical inactivity A major factor that contributes to obesity is inactivity or lack of physical activity. Technological advances such as elevators, cars, remote controls, and online shopping have reduced the amount of calories burnt. More time is spent doing sedentary activities such as watching television, using the computer, smartphones, and playing video games.

Also, many people have desk jobs where they sit for hours without any breaks. This can lead to obesity in some people because their bodies are not burning enough calories when they are sitting at stretch for hours. 4. Unhealthy diet Modern day diet has significantly shifted to energy-dense foods, which have a large number of calories in a relatively small amount. Most of these foods contain more processed carbohydrates, and trans fat, and less fiber.

Fats, by nature, are energy dense. Carbohydrates increase blood glucose levels, which in turn stimulate the pancreas to release insulin. Insulin promotes the growth of fat tissue and can cause weight gain.

More food advertisements promote high-fat, high-sugar, junk foods like biscuits, namkeen, candy, fizzy drinks, soda, and packaged foods than healthier options like whole grains, vegetables, and fruits. Advertised products are designed to be cheap, have a long shelf-life and are specifically engineered to be addictive and irresistible. These convenience foods significantly contribute to obesity. 5. Frequency of eating It has been observed that people who eat small meals four or five times daily, have lower cholesterol levels and lower weight and/or more stable blood sugar levels than people who eat big two or three large meals daily. Hence, large and fewer meals can predispose you to gain weight. 6. Eating disorders The following eating disorders are associated with obesity: Binge eating disorder is characterized by binging i.e.; eating large amounts of food during a short amount of time and usually by feeling guilty or out of control. Night-eating syndrome involves not eating enough during the day and consuming a lot of food or calories in the evening. It also involves awakening in the middle of the night to eat. 7. Medical conditions Certain medical conditions can lead to weight gain and eventually might lead to obesity. These include: Cushing syndrome is caused by excessive levels of cortisol in the body. It mostly causes fat to accumulate in the face (called moon face), and behind the neck (called a buffalo hump). Polycystic ovary syndrome (PCOS) causes obesity in affected women. Levels of testosterone and other male hormones are increased, which causes fat to accumulate in the waist and abdomen. Hypothyroidism makes the body use less of the energy that one eats as food. The extra energy is more likely to be stored in the body as fat leading to obesity. Insulin resistance is a condition which acts as a precursor for developing type 2 diabetes and can also predispose to obesity. Osteoarthritis causes joint pain that may lead to reduced physical activity and thereby cause obesity. Prader-Willi syndrome, a rare condition, present at birth that causes uncontrolled hunger. 8. Certain drugs Many drugs used to treat certain diseases increase the risk of weight gain. These include: Antidepressants Antiseizure drugs, such as carbamazepine Antihypertensives such as beta-blockers Corticosteroids Some anti-diabetics Oral contraceptives

If this issue concerns you, you should discuss your medications with your doctor rather than discontinuing them, as this could have serious side-effects. 9. Pregnancy and menopause Gaining weight during pregnancy is normal and necessary. However, some women find this weight difficult to lose after the baby is born. This weight gain may predispose to the development of obesity. Having several children close together may compound the problem.

If a pregnant woman is obese or smokes, weight regulation in the child can be disturbed, leading to weight gain during childhood and later.

Many women tend to gain weight after menopause. This weight gain may result from reduced activity and hormonal changes may cause fat to be redistributed and accumulated around the waist. 10. Gut microbiota Normally, the gut bacteria or gut flora help in digestion of food among other functions. However, an altered gut microenvironment such as long term use of antibiotics, may increase the risk of obesity. Changes in the number and types of bacteria in the digestive system may change how the body processes food. 11. Exposure to chemicals Obesogens are chemicals that disrupt normal development and metabolism. Being exposed to obesogens early in life can increase the risk of developing obesity. These include cigarette smoke, bisphenol A, air pollution, flame retardants, phthalates, and polychlorinated biphenyls. 12. Psychological factors Many people eat excessively in response to emotions such as boredom, sadness, stress, anxiety or anger. Adverse childhood events or a childhood history of verbal, physical, or sexual abuse are also associated with a higher risk of obesity. 13. Lifestyle factors Sleep deprivation or lack of the right amount of sleep can result in weight gain. Sleeplessness results in hormonal changes that increase appetite and cravings for energy-dense foods.

Cessation of smoking usually results in weight gain. When nicotine is stopped, people tend to eat more food, and their metabolic rate decreases, so that fewer calories are burned. As a result, body weight may increase, sometimes leading to obesity. 14. Socioeconomic factors Obesity and socioeconomic issues are also related. Lack of money to buy healthy foods or familiarity with healthy ways of cooking can increase the risk of obesity. So does lack of safe places to walk or exercise. Diagnosis Of Obesity

Obesity is a disease that is diagnosed by a physician who will measure the patient’s height, weight, and body mass index. The physician may also do a physical examination, a laboratory test for thyroid function, and other tests to diagnose the cause of obesity.

There are different methods for diagnosing obesity. Body mass index (BMI) The most common way to diagnose obesity is body mass index (BMI). It is calculated by dividing weight in kilograms by height in meters squared. If your BMI is greater than 30 kg/m2, you are considered obese. Being overweight or obese increases the chance of various diseases and chronic conditions.

The BMI categorizes people as underweight, normal weight, overweight, and obese. Underweight: < 18.5 kg/m2 Normal weight: 18.5-24.9 kg/m2 Overweight: 25-29.9 kg/m2 Obese: 30-34.9 kg/m2 Morbidly obese: 35-39.9 kg/m2

But, BMI is considered as an old way of diagnosing obesity because this doesn’t give accurate results for tall people or individuals with a lot of muscle mass. Waist circumference The new way to diagnose obesity is by measuring waist size (waist circumference) instead of BMI. This method is more accurate than BMI because it doesn’t rely on height or muscle mass. Waist circumference greater than 40 inches (102 centimeters) in men and 35 inches (89 centimeters) in women is diagnosed as being obese. People with a larger waistline are at higher risk for cardiovascular disease, diabetes, stroke, and cancer.

Obesity is not the same as being overweight. If someone has a body mass index (BMI) of 30 or more they are classified as obese, whereas someone with a BMI of 27-29.9 will be classified as overweight.

Read more about overweight, obese, morbidly obese: know the difference. Click To Read! Lab tests Many lab tests can be done to diagnose obesity. In most cases, you will need to go through an examination from your doctor or have blood work done. You may also have to take some steps before going through the testing process so that you are prepared for the results of the test. Some of these tests for obesity are: Fasting lipid tests: These are done to understand the build-up of fats in your body. Liver function tests: This test is done to determine whether the liver is functioning properly and to know that obesity is not caused due to liver disease. Thyroid function tests: These tests are done to check whether the person has hyperthyroidism or not. Celebs affected Arjun Kapoor Bollywood actor Arjun Kapoor has emerged victorious twice in his battle against obesity. He has candidly shared about how he has worked doubly hard to achieve a magnificent physical transformation. Sara Ali Khan Sara used to weigh a shocking 96 kgs during her university days. It took a lot of determination and efforts to achieve her current weight that she is now proud of and works hard to maintain. Sonakshi Sinha Sonakshi Sinha has managed to shed those extra kilos by making healthier food choices. She makes sure to have moderate portions and avoid bread, sugar and fried items in her regular diet. Her snacking options include nuts, seeds or a fruit like a banana. Sonam Kapoor Sonam Kapoor has always been open about the struggles she has faced with excessive weight. She managed to get in shape by eating healthier diet, avoiding junk food, and following intensive workout regimen. Prevention Of Obesity

In the past few years, there has been a rise in obesity rates all around the world. That’s why it’s so important to be educated on how we can prevent this from happening and lower the rates of obesity. The question of how to prevent obesity is a difficult one in this modern day. Many factors contribute to the onset and progression of obesity. It’s not an easy problem to solve, but there are ways we can prevent or at least lessen it. 1. Dietary changes Healthier food choices Safe and practical long-term weight reduction and maintenance diet needs to include balanced, nutritious foods to avoid vitamin deficiencies and other diseases of malnutrition. Eat the rainbow diet which is rich in fruits, vegetables, whole grains, nuts, seeds, lean proteins like fish, chicken breast or vegetable protein like soy. Low-fat or fat-free dairy, which is rich in Vitamin D, should also be included in the diet. Eat ‘low energy density’ foods which contain relatively few calories per unit weight. For example, you can consume a large amount of cucumbers or carrots without taking in many calories. These foods reduce hunger pangs and make you full on less. Eat foods with a low glycemic index to keep insulin spikes in check. Switch to healthy fats such as monounsaturated fats (olive and canola oil) and polyunsaturated fats (deep-sea fish and vegetable oil)

Cutting down calories The first step is to review and record how many calories you normally consume. Usually 1,200 to 1,500 calories for women and 1,500 to 1,800 for men are recommended for every day. Your doctor/dietician/nutritionist can help you in guiding your daily calorie intake. It is also important to educate yourself in reading food labels and estimating calories and serving sizes.

Restricting certain foods Avoid or limit sugar intake. Sugar in any form like table sugar, sweets, cookies, pastries, doughnuts, cakes, muffins, sugar sweetened beverages like fizzy drinks, packaged juices, and packaged flavored milk is detrimental for health. Limit ‘energy dense foods’. These food items generally have a high calorie value in a small amount. They are high in saturated or trans fats and simple sugars. Examples include red meat, deep fried foods, packaged foods, sweets, cookies, cakes, pastries, butter, and high-fat salad dressings. Avoid empty calories which are foods that provide calories but almost no nutrition such as alcohol, soft drinks, soda and many packaged high-calorie snack foods like biscuits and namkeen. Avoid food items containing harmful fats such as saturated and trans fats.

Healthier lifestyle habits Eat small, regular meals and limit or carefully choose snacks. Never skip breakfast as it can lead to consuming too many calories later in the day. Be wary of quick fixes. Do not get tempted by crash, fad or popular diets that promise fast and easy weight loss. They might help in the short term, but you’re likely to regain the lost weight when you stop the diet. Consistency is the key. To lose weight and keep it off, one must adopt healthier habits that can be maintained for a long term. 2. Increased physical activity Exercising can help people lose weight in a healthy way and keep it off. People who do not exercise while dieting are more likely to regain the weight they lose. Compared to those who are inactive, physically active people have stronger muscles and better cardiovascular fitness. They also usually have lower body fat and stronger bones. A few exercise recommendations are as follows: Indulge in 20 to 30 minutes of moderate exercise five to seven days a week, and if possible, daily. These include stationary bicycling, walking briskly, jogging, swimming, biking, tennis, skating, and skiing. Exercise can be phased out over small sessions of 10 minutes. Start slowly and progress gradually to avoid any injury or excessive fatigue. Over time, build up to 30-60 minutes of moderate to vigorous exercise every day. Daily activitie such as taking the stairs instead of the elevator and walking instead of driving can burn a considerable number of calories. It is never too late to start exercising. Even elderly individuals can improve their strength and balance by exercising regularly. However, it is always wise to consult your healthcare provider for evaluation of any risks associated with exercising. Parents should also get their children involved in low-intensity physical exercise that will last 20 to 30 minutes per day. This might help children to maintain a healthy weight throughout childhood and adulthood. 3. Get enough sleep You need to make sure that you are getting enough sleep each night because if you’re not sleeping enough, it can affect your metabolism and appetite control, which can lead to weight gain or obesity over time.

1. Reduce screen time Adults and children spend over 7 hours a day on screen time. This includes sitting or laying down with a smartphone, tablet, watching TV, playing video games and even doing office work on the laptops.

Too much screen time is a strong obesity risk factor. It’s associated with low physical activity and poor sleep which predisposes to weight gain. Television also exposes one to incessant marketing of unhealthy packaged foods and sugary drinks.

PARENTS!

Here are a few valuable tips to manage your children’s dietary habits and avoid common traps: Don’t reward your children for good behavior or try to stop bad behavior with candies, chocolates or treats. Junk food used as positive or negative reinforcer can make the child value it more than healthier options. Don’t talk about ‘bad foods’ or completely ban all sweets and junk food. Children might rebel and overeat forbidden foods outside the home or sneak them in on their own. Idea is to serve healthy foods most of the time and offer treats once in a while. Don’t have an empty-plate policy. If children feel full, don’t force them to keep eating. Reinforce the idea that they should eat only when they’re hungry and stop when they’re full.

To know more about simple tips for prevention of obesity in kids. Read Here! 1mg Pro-Tip Opt for a sugar-free day once a week. Take one or two days a week as a “sugar-free” day, where you don’t eat anything with added sugar. The goal is to cut back on added sugar and lose the desire for sweets without feeling deprived all the time. Read more about 10 reasons why you should quit sugar. Click To Read! Specialist To Visit

Most patients will visit their primary care physician first. The primary care physician will rule out any underlying health conditions and provide a diagnosis or refer you to a specialist depending on the severity of your obesity. If you’re overweight and want to get back to a healthy weight, you must talk to a physician. He/she can diagnose the cause of your obesity and help you develop a customized treatment plan. If your weight gain is due to an underlying hormonal issue, then you must visit an endocrinologist. If you suffer from excessive weight due to overeating or eating unhealthy food, then the doctor that will be most helpful for you is a psychiatrist or a health coach. If it is that your body does not properly use the calories from food, then the doctor who will be most helpful for you is a dietitian. Some doctors may only treat severe or mild forms of obesity. For example, bariatric surgeons will only perform surgeries for people with extreme obesity.

If you are facing such an issue, seek advice from our professionals. Consult Now! Treatment Of Obesity

Obesity is a chronic and complex disease with significant health consequences. In case, lifestyle changes don’t work, then consult your healthcare provider to evaluate the need of the next level of treatment – medications and surgery. Medications The drugs that are used to treat obesity are called anti-obesity drugs. These drugs work by decreasing appetite, increasing the rate at which the person burns calories, or decreasing how much food is absorbed from one’s diet. The following drugs are prescribed for obesity:

1. Orlistat Orlistat works by reducing the absorption of fats from food in the gut. It also reduces appetite and promotes feeling of fullness leading to weight loss. It is a prescription medication that can be taken for a long time.
2. Rimonabant Rimonabant is a cannabinoid receptor agonist. It has been found to reduce appetite and body weight and to cause a reduction in the body mass index (BMI).
3. Phentermine Phentermine is a drug that slows down the activity of your brain to reduce your appetite. It also increases the amount of energy that you expend during physical activity, which means that you will burn more calories than you usually would.
4. Lorcaserin Lorcaserin, on the other hand, helps suppress appetite and increase weight loss through serotonin activity in the brain.

These drugs are used in combination with behavioral therapy and other lifestyle changes to reduce weight gain or improve weight loss. One problem with these drugs is that they may lead to side effects like nausea, vomiting, dizziness, dry mouth, etc. Bariatric surgery This surgery reduces the size of the stomach so that it can’t hold as much food as before. Surgery for obesity may be suggested in the following obese patients: Patients with a BMI more than 40 Patients with a BMI more than 35 who have serious medical conditions like sleep apnea that would improve with weight loss

Currently, the following types of bariatric surgeries are advised: Restrictive surgeries: These surgeries restrict the size of the stomach and slow down digestion. Malabsorptive/restrictive surgeries: These surgeries restrict the size of the stomach and also bypass or remove some part of the digestive system to reduce absorption of food. 1mg Pro Tip Exercise and eat nutritious food to reduce obesity. If you want to reduce obesity, you should start by reducing the number of calories that you consume. The next step would be to exercise. In the long term, healthy eating and exercise can help protect against diabetes and heart disease. Read about 5 weight loss tips that can work for you. Click here! Home-care For Obesity

Here are some tips that can help you take care of obese people at home: Monitor their diet and exercise habits by maintaining a diet journal. Educate them on the risks posed by obesity. Take steps to promote healthy living. Improve their self-esteem. Encourage them to eat healthily. Plan the meals together. Exercise together by going on a walk or doing some other physical activity you both enjoy. Give them enough time to rest and sleep every day. Stop their unhealthy habits like smoking or drinking alcohol. Keep them hydrated by drinking plenty of water throughout the day. 1mg Pro Tip Get your proteins to lose weight. Protein is the building block of muscle and overall health. Protein helps keep us feeling full, satisfied, and energized throughout the day. Here is why proteins are good for weight loss! Click To Know! Complications Of Obesity

The complications of obesity are many and varied. The risks range from several serious medical conditions to a poor quality of life. It also has negative effects on the person’s social, physical, mental, and emotional health.

There are many complications of being obese. These include: Hypertension (high blood pressure) Abnormal levels of cholesterol and other fats (lipids), called dyslipidemia Coronary artery disease Heart failure Diabetes or prediabetes Metabolic syndrome, which includes insulin resistance, abnormal levels of cholesterol and other fats in the blood, and high blood pressure Cancer of the breast, uterus, ovaries, colon, prostate, kidneys, or pancreas Gallstones and other gallbladder disorders Gastroesophageal reflux (GERD) Obstructive sleep apnea Skin infections Varicose veins Fatty liver and liver cirrhosis Blood clots (deep vein thrombosis and pulmonary embolism) Osteoarthritis, gout, low back pain, and other joint disorders Low testosterone levels, erectile dysfunction, and reduced fertility in men Menstrual disorders, infertility, and increased risk of miscarriage in women Depression and anxiety

Obesity predisposes the body to a wide range of diseases. Read about 6 health risks of obesity. Click Here! Alternative Therapies For Obesity

Ayurvedic treatment for obesity Many medicinal plants that aid in weight loss include triphala, brahmi, and Garcinia cambogia. Fresh curry leaves, turmeric, mint, and spices like ginger, cinnamon, and black pepper (kalimirch) are all readily available and healthful.

Guggul, a gum resin derived from the Commiphora mukul tree, is a well-known natural ingredient that, once refined and processed properly, can be used to treat fat metabolic issues. It has been demonstrated in studies to break down fat cells.

Other well-known herbs used in Ayurvedic weight loss treatments include kalonji (black cumin) and vijaysar (Kino tree). Homeopathic treatment for obesity Homeopathic remedies for the treatment of overweight and obesity can be divided into two categories: those that can be used in both adults and children, and those that are only for children.

Ammonium bromatum, calcarea arsenicosa, fucus vesiculosus, phytolacca decandra, and thyroidinum are some of the treatments used to treat overweight and obesity in adults, whereas baryta carbonica, calcarea carbonica, and kalium bichchromicum are useful in youngsters.

Before prescribing a treatment, a homeopathic doctor evaluates a patient’s physical and mental features, as well as his or her symptoms and miasms (tendency to suffer from an illness). Yoga for obesity Because every asana in yoga aims to work deeply on the core and the entire body, the positions listed below are some of the easier ones, especially for beginners. These will aid in the elimination of stomach-related ailments such as constipation, indigestion, and bloating, as well as strengthen the abdomen in order to minimize fat.

Some of the yoga asanas to help reduce fat in the body are: Bhujangasana (Cobra pose) Dhanurasana (Bow pose) Kumbhakasana (Plank pose) Naukasana (Boat pose) Ustrasana (Camel pose) Adho mukha svanasana (Downward-facing dog pose)

The word ‘Yoga’ is derived from Sanskrit and means to unite, symbolizing the union of body and mind. Read about 6 benefits of yoga even doctors swear by. Click Now! Living With Obesity

Weight is frequently a very personal and sensitive subject because of our attitudes around body image. As a result, dealing with the issue of weight might be difficult. Overweight people typically have low self-esteem, so telling them they need to lose weight is the last thing they need. Instead, you may encourage them to join you in making healthier lifestyle choices.

Obesity, especially in women, can have a major impact on sexual quality of life. Obesity management that can improve self-esteem, sexuality, and overall quality of life includes: Lifestyle modifications Nutrition Medicines Behavioral therapy Weight loss surgery

The key to managing obesity is being committed to making lifestyle changes. These changes can be difficult at first but they will eventually become second nature. It’s important not to let the difficulties get in the way of your success because you are worth it!

Regular exercise can help people lose weight, as well as maintain a healthy weight. Exercise releases endorphins which make us feel good and eat less. Find an exercise that you enjoy doing or that you don’t mind doing. Some forms of exercise that are effective in reducing weight include aerobic exercises, strength training exercises, and high-intensity interval training (HIIT).

Here is a quick look at some key aspects of obesity that every person should be aware of and why ending the weight stigma is the key to fight obesity. Tap To Read!

Frequently Asked Questions How does a person get obese? What are the negative impacts of obesity? What causes obesity? Is there a cure for obesity? How does obesity affect pregnancy? What are the consequences of obesity? How do you treat obesity? References Blanchard. . AOTA’s societal statement on obesity. The American Journal of Occupational Therapy. Vol 6. Dec 2012. Ansell, J., Hirsh, J., Hylek, E., Jacobson. Et al. Pharmacology and management of the vitamin K antagonists. American College of Chest Physicians evidence-based clinical practice guidelines. Vol 133. Jun 2008. Deane, S., & Thomson, A. Obesity and the pulmonologist. Archives of disease in childhood, 91(2), 188-191. Depp, C. A., Strassnig, M., et al. Association of obesity and treated hypertension and diabetes with cognitive ability in bipolar disorder and schizophrenia. Bipolar disorders, 16(4). Jun 2014. Freedman, D. S., & Centers for Disease Control and Prevention (CDC). Obesity—the United States, 1988–2008. MMWR Surveill Summ, 60(01). Hurt RT, Kulisek C, Buchanan LA, McClave SA. The obesity epidemic: challenges, health initiatives, and implications for gastroenterologists. Gastroenterol Hepatol (N Y). 2010. Nuttall FQ. Body Mass Index: Obesity, BMI, and Health: A Critical Review. Nutr Today. 2015. Venkatrao, M., Nagarathna, R., Majumdar, V., Patil, S. S., Rathi, S., & Nagendra, H. (2020). Prevalence of Obesity in India and Its Neurological Implications: A Multifactor Analysis of a Nationwide Cross-Sectional Study. Annals of Neurosciences, 27(3-4), 153-161. Wollner, M., Roberto, B. B. P., Roncally, S. C. A., Jurandir, N., & Edil, L. S. (2017). Accuracy of the WHO’s body mass index cut-off points to measure gender-and age-specific obesity in middle-aged adults living in the city of Rio de Janeiro, Brazil. Journal of public health research, 6(2).

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Obsessive-compulsive disorder Also known as Neurotic and Psychoneurotic Overview Obsessive-compulsive disorder (OCD) is a mental health condition in which a person gets caught in a cycle of obsessions and compulsions. Obsessions are unwanted, intrusive thoughts, images, or urges that can lead to distressing feelings. Compulsions are behaviors in response to obsessions to decrease distress.

Symptoms vary from person to person and may include the continuous need to keep everything in the right manner, fear of contamination, repeated body movements, and a constant urge to correct things.

OCD can affect people of all ages and walks of life. Though the exact cause of OCD is unknown, risk factors like childhood trauma, genetic changes, family history, and certain changes in the brain structure are linked to the development of OCD.

Treatment of OCD requires being mindful of one’s thoughts and behavior. Cognitive behavioral therapy and medications can help manage the symptoms of OCD. Key Facts Usually seen in Adults from 19 to 35 years of age Gender affected Both males and females Body part(s) involved Brain Prevalence India: 2-3% (2016) Mimicking Conditions Autism Tourette syndrome Social anxiety Schizophrenia Hoarding disorder Body Dysmorphic Disorder Trichotillomania (Hair-Pulling Disorder) Excoriation (Skin-Picking) Disorder Necessary health tests/imaging Screening: NICE guidelines and Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) Psychological evaluation: Diagnostic and Statistical Manual of Mental Disorders (DSM-5) Lab tests: Complete blood count (CBC), Thyroid function test, and Screening for alcohol Treatment Cognitive behavioral therapy (CBT): Exposure and response prevention (ERP) Medications: Clomipramine, Fluoxetine, Fluvoxamine, Paroxetine, and Sertraline Neurological surgery: Gamma ventral capsulotomy Immunological therapies: Celecoxib Psychotherapy: Rational emotive therapy and Third-wave therapies See All Symptoms Of Obsessive-Compulsive Disorder (OCD)

Individuals with OCD may have symptoms of obsessions, compulsions, or both. Obsessions are repeated thoughts, urges, or mental images that cause anxiety. Compulsions are repetitive behaviors in response to obsessive thoughts. Some of the symptoms of OCD are discussed below:

Symptoms of obsession

Fear of contamination or germs Unnatural need to be clean and tidy Forbidden thoughts involving sex, religion, etc Aggressive thoughts toward others or oneself Wanting to have everything aligned and in perfect symmetry Impulsive behavior A need to know or remember everything Not able to throw something out because of fear of losing or forgetting something important Excessive concern about one’s partner, the partner’s flaws, and qualities.

Symptoms of compulsions

Excessive desire to be clean with excessive showering, bathing, tooth-brushing, etc Washing hands excessively or in a certain way Repeating body movements like tapping, touching, or blinking, biting nails, rhythmic neck movements Wanting things in a particular, precise way Repeatedly checking on things, for example, if the door is locked or if the oven is off Compulsive counting

OCD is not just about keeping things clean and tidy. Listen to our experts talk about how OCD can affect your life. Watch this video now

Causes Of Obsessive-Compulsive Disorder (OCD)

OCD is multifactorial, and an inability to cope with uncertainty, an increased sense of responsibility along with overthinking can predispose those to obsessive-compulsive habits. Though the exact cause of OCD remains unknown, certain risk factors can increase your chances of developing OCD. Risk Factors For Obsessive-Compulsive Disorder (OCD) There is an array of factors that can lead to obsessive-compulsive disorder. OCD is characterized by obsessive and compulsive thoughts, and the risk factors can include: 1. Genetic mutations Research shows that there is a genetic predisposition to the development of OCD. Mutations (changes) in certain genes have been linked to OCD. 2. Family history Children with parents or siblings who have OCD are at a higher risk for developing OCD themselves. Research has shown the risk is as high as 45% to 65% in children and 27% to 45% in adults. 3. Environmental factors Childhood trauma and obsessive-compulsive symptoms are interlinked. Studies show that the development of OCD symptoms can be due to trauma during childhood, however, more research is needed to understand this relationship better.

Children get stressed too! Know more about its triggers, symptoms, and what you should do as parents. Enlighten yourself on childhood stress.

Tap here 4. Brain structure There is some connection between OCD symptoms and abnormalities in certain areas of the brain, but it is not clear. It is hypothesized that problems in communication between the front part of the brain and deeper structures of the brain are attributed to OCD. 5. Streptococcal infections Certain studies have shown that earlier onset of OCD is seen after a Streptococcal infection known as PANDAS (pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections). Diagnosis Of Obsessive-Compulsive Disorder (OCD) Diagnosis of any mental health condition can be tricky, it mainly relies on physical examination and psychological evaluation. Steps to help diagnose OCD may include: 1. Screening for OCD

A. NICE guidelines: According to studies, the recently launched NICE guideline recommends six screening questions, that include: Do you wash or clean a lot? Do you check things a lot? Is there any thought that keeps bothering you that you would like to get rid of but can’t? Do your daily activities take a long time to finish? Are you concerned about orderliness or symmetry? Do these problems trouble you?

B. Yale-Brown Obsessive-Compulsive Scale (Y-BOCS): It is the most widely accepted tool to screen for OCD.The Y-BOCS rates on a scale from 0 to 40 (40 being the most severe of symptomatology). It ranks the individual, based on severity: The time occupied by obsessive thoughts and compulsions The interference of obsessive thoughts The distress of obsessive thoughts Resistance against obsessions Degree of control over obsessive thoughts The time occupied by compulsive behavior The interference of compulsive behavior The distress associated with compulsive behavior Resistance against compulsive behavior Degree of control over compulsive behaviors.

1. Physical exam It is done to help rule out other problems that could be causing the symptoms and to check for any related complications.
2. Psychological evaluation This includes discussing your thoughts, feelings, symptoms, and behavior patterns. Recognition of obsessive-compulsive disorder may require direct questions. Also, your doctor may use criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association.
3. Lab tests These are done to check for co-morbidities and other conditions and may include: Complete blood count (CBC) Thyroid function test Screening for alcohol and drugs

Finding it difficult to get all tests under one roof? Don’t worry we have got that covered. Book your lab tests with Tata 1mg. Click here

Celebs affected Deepika Padukone Deepika Padukone, a Hindi film industry superstar is reported to be obsessive about organizing her surroundings. Even a little mess gets on her nerves. David Beckham World-renowned soccer player David Beckham has opened up about his struggle with OCD on a few occasions. In an interview, he said, “I’ve got this obsessive-compulsive disorder where I have to have everything in a straight line or everything has to be in pairs”. Leonardo DiCaprio Oscar Award-winning actor Leonardo DiCaprio struggles with OCD. Though not severe, he’s admitted that he fights different compulsions, like walking through doors several times as well as the urge to step on chewing gum stains. Prevention Of Obsessive-Compulsive Disorder (OCD)

There is no way to predict or prevent OCD as the exact cause is unknown. However, OCD might be linked to problems during pregnancy, so it is important to take care of yourself while pregnant. Even though OCD can not be prevented, early diagnosis and treatment is the key to managing the effect of symptoms on quality of life. Specialist To Visit OCD is a behavioral disorder that needs the right diagnosis and treatment. Doctors that can help with this include: Psychiatrist Psychologist Internal medicine specialist

A psychiatrist is a medical practitioner specializing in the diagnosis and treatment of mental illness. A psychologist is a medical professional who treats mental disorders primarily with talk therapy. An internal medicine specialist diagnoses and treats conditions related to the internal organs of the body.

Take medical advice from our trusted experts to get the right diagnosis and treatment. Consult now Treatment Of Obsessive-Compulsive Disorder (OCD)

The treatment for OCD mainly focuses on improving the quality of life and taming the symptoms to manage daily activities. It mainly consists of the following: Cognitive behavioral therapy (CBT) CBT is a type of talk therapy. The most used form of CBT in the management of obsessive-compulsive disorder is exposure and response prevention (ERP). During this, the individuals are exposed to feared situations or images that focus on their obsessions. However, it can evoke anxiety in some cases. Medications A class of medications used to treat OCD is known as selective serotonin reuptake inhibitors (SSRIs), typically used to treat depression. Research suggests that SSRIs and SRI like clomipramine are recommended as first-line agents for drug treatment. The best treatment for severe symptoms of OCD is a combination of CBT and SSRIs. The U.S. Food and Drug Administration (FDA)-approved SSRIs for the management of OCD include: Fluoxetine Fluvoxamine Paroxetine Sertraline

Get guaranteed delivery of all your medications from India’s largest online pharmacy. Fill your prescription now Neurosurgical treatment Surgical procedures like gamma ventral capsulotomy can be very effective for patients who do not respond to typical treatments. Deep brain stimulation, which involves an implanted device in the brain, has data to support its efficacy. However, it is still highly invasive and complex to manage. Newer advancements A. Immunological therapies: Immunomodulatory therapy represents a new field, however, more research is required on this front. Some drugs used are: Celecoxib Nonspecific nonsteroidal anti-inflammatory drugs B. Pharmacogenetics: It studies how a person’s genes respond to medications. Currently, several pharmacogenetic approaches have been conducted on the association between candidate genes with OCD and drug response. C. Psychotherapy: Recent advances have been made that focus on positive reinforcement, rather than asking the patient to face their fears, as in CBT, they include: Rational emotive therapy: This therapy uses developed danger ideation reduction therapy (DIRT). It focuses on not undergoing exposure for patients with contamination fears. Third-wave therapies: This therapy uses mindfulness in OCD, which teaches individuals to focus on the world around them rather than their internal dialogue. Home care For Obsessive-Compulsive Disorder (OCD) Management of OCD is not a one-time thing but a daily effort. Maintaining a healthy lifestyle can help tackle OCD symptoms better. Apart from this, there are certain supplements and herbs that can provide some relief from the symptoms of OCD. They include: Add the essential supplements Vitamin D: Studies suggest that Vitamin D has a neuroprotective effect and vitamin D deficiency is associated with numerous neuropsychiatric diseases that include autism, major depressive disorder, schizophrenia, and OCD. Vitamin B12, folic acid, and homocysteine: Studies have investigated the association between OCD and vitamin B12, folic acid, and homocysteine levels in adult and child-adolescent patients. Selenium: It is an antioxidant, research shows that decreased selenium levels are found in individuals with OCD. Zinc: it is an antioxidant trace element that is required for many processes such as gene expression, protein synthesis, and enzymatic catalysis. Zinc is essential for the normal functioning of the nervous system. N-acetyl cysteine (NAC): Studies show that a patient with SSRI-refractory OCD showed there was a significant improvement in their symptoms by taking NAC. Glycine: Glycine is an amino acid that is associated with learning and memory. Glycine has the potential to make OCD symptoms better. Myoinositol (MI): It is used in the treatment of psychiatric disorders. High amounts of MI have been found in fruits, grains, nuts, and beans.

Up your nutrition game with our widest range of multivitamin and mineral supplements. Explore now Try herbal remedies A few herbal remedies are known for their effectiveness in managing OCDs. However, it is important to consult your health care provider before trying any of these: St John’s wort (SJW): It is derived from a plant and has been used for centuries as a traditional medicine to treat depression. SJW can be used for OCD due to its antidepressant effects. Milk thistle: It is a medicinal plant, which is grown in the Mediterranean and Persian regions. Studies suggest that it has a positive effect on OCD symptoms. Valerian root: It is a perennial plant, which was used as a perfume. The research found that valerian extract was effective in OCD treatment. Curcumin: It is an active constituent of turmeric. It has multiple benefits, along with a positive effect on neuropsychiatric disorders. Although no human studies examine the benefits of curcumin in OCD treatment.

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Borage: It is a traditional Persian plant, which has anxiolytic and sedative effects comparable to diazepam and also antidepressant effects. It can have a placebo effect in OCD treatment.

Complications Of Obsessive-Compulsive Disorder (OCD)

OCD goes undetected for a long time, due to the stigma and taboo around mental health conditions. It is generally neglected thinking it’s just behavioral. This can lead to complications like: Poor quality of life: Studies show that the quality of life in OCD patients is significantly impaired compared to that in the general population as OCD hampers an individual’s ability to enjoy life. Skin problems: Excessive hand washing can make the skin dry and cause dermatitis (inflammation of the skin).

Is the excessive washing of your hands making them dry? Try our widest range of moisturizers. Click now

Social isolation: OCD often leads to self-isolation. Managing obsessions and compulsions can be tiring, which often leads to avoiding other people and potential triggers. Studies show that self-isolation, due to OCD can lead to depression, anxiety, and loneliness. Difficulty in maintaining relationships: Individuals with OCD are possessive and insecure around romantic relationships leading to doubts, and discomfort. They eventually end up hurting the relationship. Problems with daily activities: Individuals spend way too much time trying to make or do things right, due to their repetitive nature. This makes it difficult for them to concentrate on work or school. Suicidal tendency: Studies have shown that individuals with OCD have other co-morbid disorders like depression and anxiety, which can lead to suicidal thoughts and behavior. Did you know? Fear of COVID infections can aggravate OCD symptoms. Individuals with OCD are generally germaphobes (fear of germs). Studies believe that COVID is affecting people mentally with obsessive-compulsive disorder (OCD), especially those with washing compulsions. Learn more about COVID Alternative Therapies For Obsessive-Compulsive Disorder (OCD)

Management of OCD requires continuous efforts. Along with CBT and medications, there are a few alternative therapies that have shown promising results. They include: 1. Mindfulness It involves making a special effort to give your full attention to what is happening in the present moment, to what’s happening in your body, your mind, or your surroundings. Studies show that practicing mindfulness along with CBT and medications can help manage mild to moderate cases of OCD. 2. Hypnotherapy Hypnotherapy is a type of complementary therapy that uses hypnosis, which is an altered state of consciousness. Hypnosis is widely promoted as a treatment for anxiety, however, it may not be the best option for the treatment of OCD. 3. Cognitive analytic therapy (CAT) CAT focuses on an individual’s relationships. It is used in individuals living with depression, anxiety, or eating problems, who tend to self-harm, and with personal or relationship problems. CAT may help someone with OCD, but only to a certain extent. 4. Eye movement desensitization This is a newer form of therapy that specifically focuses to help people with difficult traumatic memories. EMDR combines talking to a therapist about traumatic experiences with a technique where you make rapid rhythmic eye movements while recalling traumatic events to help you process them. Individuals with OCD can be considered for this therapy if they do not respond to CBT. 5. Interpersonal therapy (IPT) This therapy focuses on relationships with other people and how your thoughts, feelings, and behavior are affected by your relationships. However, there is little evidence that this therapy can work for individuals with OCD. 6. Dialectical behavior therapy (DBT) This therapy is an extension of CBT, that helps individuals experiencing borderline personality disorder. At this time there is little evidence to suggest it can help treat OCD any more than CBT. 7. Emotional freedom technique (EFT) This therapy is commonly known as psychological acupressure, which aims to release emotional blockages within the body’s energy system. Living With Obsessive-Compulsive Disorder (OCD) Having OCD or dealing with a family member or a friend can be challenging. It takes constant effort to keep a check on the symptoms, behaviors, and emotions. Here are a few tips that can help: Things to do if you have OCD Living with OCD can be quite a task as you are trapped in your thoughts and emotions. Maintaining a healthy lifestyle by getting good quality sleep, eating healthy food, exercising, and spending time with others can help with overall mental health. Other important things include:

Learning as much as you can about obsessive-compulsive disorder Knowing what triggers you and avoiding them Focusing on your recovery goals Joining support groups to understand how others with OCD are dealing with it Finding outlets to release all the tension and energy healthily Constantly reminding and motivating yourself Keeping yourself busy

Things to do if your loved ones have OCD Taking care of someone with OCD is a daily chore. They need daily affirmations and motivation. Other ways by which you can help someone with OCD inside:

Constantly communicating with them Creating a supportive environment Recognizing and appreciating their efforts Helping them with their medications and therapies Keeping their daily routine normal sensitively setting limits for them Avoiding comparisons

OCD in children: Tips for parents Parents generally keep on following the rituals to help their children feel less distressed. Unfortunately, this can unintentionally reinforce a child’s symptoms of obsessive-compulsive disorder (OCD). Things to do if your child has OCD:

Not performing a specific routine demanded by their child Not changing your behavior to accommodate your child’s demands Trying not to excessively reassure your child Taking a consistent approach to help your child with OCD Not comparing them with other children Giving your child rewards and brief praise provide on their achievements

Note: If you have OCD symptoms, seek your treatment and be open about it with your child.

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Frequently Asked Questions Is OCD a brain disease? When should I contact my doctor for OCD? Is there a cure for OCD? Is there a difference between OCD and OCPD? Is OCD fatal? References Overview. Obsessive Compulsive Disorder. National Institute of Mental Health. Sep 2022. What is OCD? About OCD. International OCD Foundation. Brock H, Hany M. Obsessive-Compulsive Disorder. [Updated 2022 Aug 15]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Macy AS, Theo JN, Kaufmann SCV, Ghazzaoui RB, Pawlowski PA, Fakhry HI, et al. Quality of life in obsessive-compulsive disorder. CNS Spectrums. Cambridge University Press; 2013;18(1):21–33. Shaw AM, Carbonella JY, Arditte Hall KA, Timpano KR. Obsessive-Compulsive and Depressive Symptoms: The Role of Depressive Cognitive Styles. J Psychol. 2017;151(6):532-546. Chaudhary RK, Kumar P, Mishra BP. Depression and risk of suicide in patients with obsessive-compulsive disorder: A hospital-based study. Ind Psychiatry J. 2016 Jul-Dec;25(2):166-170. Aminabee, Shaik & Jayashree, Dasari & Atmakuri, Lakshmana Rao. (2020). Obsessive-Compulsive Disorder AND ITS CARE-REVIEW. International Journal of Research in Pharmacy and Chemistry. 10. 10.33289/IJRPC.10.1.2020.10(25). Heyman, Isobel & Mataix-Cols, David & Fineberg, N.A.. (2006). Obsessive-compulsive disorder. BMJ (Clinical research ed.). 333. 424-9. 10.1136/bmj.333.7565.424. Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR). American Psychiatry Association. What is Obsessive Compulsive Disorder? Obsessions. American Psychiatry Association. Stein DJ, Costa DLC, Lochner C, Miguel EC, Reddy YCJ, Shavitt RG, van den Heuvel OA, Simpson HB. Obsessive-compulsive disorder. Nat Rev Dis Primers. 2019 Aug 1;5(1):52. Fineberg A et al. Clinical advances in obsessive-compulsive disorder: a position statement by the International College of ObsessiveCompulsive Spectrum Disorders. International Clinical Psychopharmacology 2020, Vol 35 No 4. Kellner M. Drug treatment of obsessive-compulsive disorder. Dialogues Clin Neurosci. 2010;12(2):187-97. Kuygun Karcı C, Gül Celik G. Nutritional and herbal supplements in the treatment of obsessive compulsive disorder. Gen Psychiatry. 2020 Mar 11;33(2):e100159. Introduction. Obsessive Compulsive Disorder. National Health Portal. Feb 2016. Zhang T, Lu L, Didonna F, Wang Z, Zhang H, Fan Q. Mindfulness-Based Cognitive Therapy for Unmedicated Obsessive-Compulsive Disorder: A Randomized Controlled Trial With 6-Month Follow-Up. Front Psychiatry. 2021 Aug 3;12:661807. Jelinek L, Moritz S, Miegel F, Voderholzer U. Obsessive-compulsive disorder during COVID-19: Turning a problem into an opportunity? J Anxiety Disord. 2021 Jan;77:102329.

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Oral cancer Also known as Oral Squamous cell carcinoma, Oral cavity cancer and Oropharyngeal cancer Overview Oral cancer is abnormal growth of body cells in any part of the mouth that includes lips, inner parts of the cheeks, sinuses, tongue, roof of the mouth, the floor of the mouth, and the part of the throat behind the mouth.

Globally, oral cancer is the sixth most common type of cancer with India contributing to almost one-third of the total burden and the second country having the highest number of oral cancer cases. Oral cancer is typically seen in men over the age of 45 years.

Tobacco consumption including smokeless tobacco, betel-quid chewing, excessive alcohol consumption, unhygienic oral condition, and sustained viral infections that include the human papillomavirus are some of the risk factors for oral cancer.

The symptoms usually include a sore that doesn’t heal, difficulty in eating or swallowing, unexplained weight loss, and pain in the mouth and jaws. The treatment options are based on the extent of the cancer and may include surgery, chemotherapy, radiation therapy, or a combination of these. Key Facts Usually seen in Adults above 45 years of age Gender affected Both men and women but more common in men Body part(s) involved Lips Gums Cheeks Tongue Floor of your mouth Roof of your mouth Behind wisdom teeth Prevalence Worldwide: 4 cases per 100 000 people (2022) India: 64.8% (2018) Mimicking Conditions Erythroplakia Leukoplakia Geographic tongue Median rhomboid glossitis Necrotizing sialometaplasia Hairy tongue Oral hairy leukoplakia Oral candidiasis Herpetic gingivostomatitis Aphthous ulcers Traumatic ulcers Herpes labialis Papilloma Lipoma Lingual thyroid Mucocele Ranula Neurofibroma Haemangioma Oral keratoacanthoma Odontogenic tumors Necessary health tests/imaging Histopathological examination: Vital staining techniques, Biopsy & Brush biopsy Imaging techniques: Magnetic resonance imaging (MRI), Computed tomography (CT), Positron emission tomography (PET) & Orthopantomogram (OPG) Biomarker detection Treatment Surgery: For primary tumor & Neck dissection Radiation: Internal beam & Brachytherapy Chemotherapy: Cisplatin, Carboplatin, 5-fluorouracil & Paclitaxel See All Symptoms Of Oral Cancer

Oral cancer presents itself with the following symptoms:

Sore on the lip or in the mouth that doesn’t heal Pain in the mouth Lump or thickening in the lips, mouth, or cheek White or red patch on the gums, tongue, tonsil, or lining of the mouth Sore throat Difficulty in chewing or swallowing Trouble moving the jaw or tongue Numbness of the tongue, lip, or other areas of the mouth Swelling or pain in the jaw Poor fitting of the dentures Loosening of the teeth Pain around the teeth and gums Changes in the voice Lump or mass in the neck or back of the throat Loss of weight Ear pain

Oral cancer if caught early has a high probability of survival. Know more about the early warning signs. Read This

Types Of Oral Cancer

There are multiple types of oral cancer and are generally categorized by the type of cell cancer (carcinoma) starts to grow in. They include: 1. Squamous cell carcinoma This is the most common type of mouth cancer. The earliest form of squamous cell cancer is called carcinoma in situ. This means that the cancer cells are only in the top layer of cells lining cells. 2. Adenocarcinoma Is a cancer that develops inside the tissue of the salivary gland, which grows from abnormalities in bone, cartilage, muscle, or other tissue cancer that starts in the cells that produce skin pigment or color (melanocytes). 3. HPV-related cancers Infection with certain high-risk types of the human papillomavirus (HPV) causes most of the squamous cell cancers of the oropharynx (called HPV-positive cancer). HPV is rarely associated with oral cavity cancer. 4. Verrucous carcinoma This is a rare type of squamous cell cancer that is most often found in the gums and cheeks. It’s slow-growing cancer that hardly ever spreads to other parts of the body. 5. Other types of oral cavity cancers Minor salivary gland cancers: These can start in the glands in the mouth and throat lining. Lymphomas: The tonsils and base of the tongue contain immune system (lymphoid) tissue, where cancers called lymphomas can start. Leukoplakia and erythroplakia: These are possible precancerous conditions where certain types of tissue changes can be seen in the mouth or throat. 6. Benign (not cancer) tumors Many types of benign tumors and tumor-like changes can start in the mouth or throat, such as these: Peripheral giant cell granuloma: Is the most common oral giant cell lesion appearing as a soft tissue purplish-red nodule. Fibroma: These are tumors made up of fibrous tissue that can occur almost anywhere in and on the body. Granular cell tumor: A rare type of soft tissue tumor that usually begins in the cells that hold nerve cells in place. Schwannoma: A rare type of tumor that forms in the nervous system. Neurofibroma: A type of nerve tumor that forms soft bumps on or under the skin. Pyogenic granuloma: It is a noncancerous, raised tumor on your skin or mucous membranes. Oral hemangioma: These are benign tumors that develop due to the proliferation of the inner layers of cells around the oral cavity. Did you know? Head and neck cancers account for 6% of all cases of cancer in the world and are the sixth most common cancer. Know more about cancers of the head and neck. Click Now Causes Of Oral Cancer

Oral cancer occurs when abnormal cells begin to grow within the oral cavity. These abnormal cells develop because of changes (mutations) in their DNA. This mutated DNA dictates the cells to grow uncontrollably and to continue living after normal cells die. These masses of cells can form a tumor and when left untreated, these cells continue to grow out of control and spread to other parts of the body.

Numerous risk factors or possible causative agents for the development of oral cancer. Risk Factors For Oral Cancer

Oral cancer is one of the most common types of cancer and is associated with several risk factors. They include: A. Modifiable factors Tobacco: Using tobacco, including cigarettes, cigars, pipes, chewing tobacco, and snuff, is the single largest risk factor for head and neck cancer and is associated with 85% of head and neck cancers.

Betel quid: Studies have demonstrated that chewing is not only to be a risk factor for cancers of the oral cavity and pharynx and oral potentially malignant disorders (OPMD) but also can cause other cancers and adverse health effects.

Alcohol: Alcohol has been implicated in the development of oral cancer. Alcoholic beverages have been considered carcinogenic to humans causing, in particular, tumors of the oral cavity, pharynx, larynx, esophagus, and liver.

Diet and nutrition: The relationship between diet and nutrition to the risk of cancer development has been established by several epidemiological and laboratory studies.

Mouthwash: The use of mouthwash has also been implicated to cause oral cancer. Mouthwashes usually contain alcohol as a solvent for other ingredients or as a preservative that increases the risk of causing oral cancer.

Maté: It is a tea‑like beverage and has been shown to be an independent cause of the development of oral and pharyngeal cancers.

Poor dental status: Like sharp/fractured teeth due to caries/trauma, and chronic ulceration from an ill‑fitting denture have been suggested to promote cancer in the presence of other risk factors like smoking and alcohol consumption. B. Non- modifiable factors Family history: Genetic predisposition has been shown to be an important risk factor in the development of oral cancer.

Gender: Men are more likely to develop oral and oropharyngeal cancers than women.

Fair skin: Fair skin is linked to a higher risk of lip cancer.

Age: This type of cancer can develop in people of any age, but is seen more in individuals older than 45 years who have an increased risk for oral cancer.

Want to find out if you are at risk of developing cancer? Well, there is a test for that called geneCORE predict – hereditary cancer risk test. This test predicts your risk of up to 22 major cancers. Know More

C. Environmental factors Viral infections: Studies have shown that Human Papilloma Virus (HPV) has been associated as a risk factor in oral cancer, especially HPV type 16. Other oncogenic virus species i.e., Epstein-Barr Virus and Herpes Simplex Virus Type 1 have been proposed to be involved in oral cancers.

Fungal infections: Fungal infections caused by Candida species, in particular, Candida albicans have been implicated in the pathogenesis of oral precancerous lesions that have higher chances of developing into cancer.

Prolonged sun exposure: High exposure to the sun, without sun protection measures, is linked with cancer in the lip area.

Syphilis: Tertiary syphilis has been known to predispose to the development of oral cancer along with other risk factors such as tobacco and alcohol.

Radiation: Studies have shown a relationship between exposure to ionizing radiation and the later development of salivary gland tumors.

Immunosuppression: Individuals whose immune system is compromised due to human immunodeficiency virus (HIV), transplant, and other disorders are more prone to develop oral cancers. Did you know? Individuals suffering from cancer are at a higher risk of contracting the COVID- 19 infection. Strong immunity is needed to fight against the coronavirus infection. Read about how to stay healthy during the COVID-19 outbreak. Click Here Diagnosis Of Oral Cancer

Diagnosing oral cancer at an early stage is the key to a better prognosis. TNM stands for tumor, node, and metastases. It is one of the staging systems doctors use for mouth cancer. It includes: Primary tumor (T) TX: Tumor cannot be assessed T0: No evidence of primary tumor Tis: Carcinoma in situ (CIS)- a group of abnormal cells that are found only in the place where they first formed in the body T1: Tumor 2 cm or less in greatest dimension T2: Tumor more than 2 cm but not more than 4 cm in greatest dimension T3: Tumor more than 4 cm in greatest dimension T4a: A moderately advanced local disease. T4b: Very advanced local disease. Regional lymph nodes (N) NX: Cannot be assessed N0: No regional lymph node metastasis ( spread of cancer) N1: Metastasis in a single lymph node on one side (ipsilateral), 3 cm or less in greatest dimension N2: Metastasis as specified in: N2a: Metastasis in a single ipsilateral lymph node, more than 3 cm but not more than 6 cm in greatest dimension. N2b: Metastasis in multiple ipsilateral lymph nodes, none more than 6 cm in greatest dimension N2c: Metastasis in bilateral or contralateral lymph nodes, none more than 6 cm in greatest dimension. N3: Metastasis in a lymph node more than 6 cm in greatest dimension. Distant metastasis (M) MX: Distant metastasis cannot be assessed M0: No distant metastasis.

Early detection is the key to a good outcome for any cancer. Read about 8 common signs of cancer that you should look out for. Click Now

The diagnosis consists of the following: A. Physical examination The primary and the most crucial assessment for oral cancer is the physical examination, which usually consists of two steps – systematic visual examination and palpation. Primarily, the external parts such as lymph nodes, salivary glands, lips, etc. are inspected, and subsequently, an internal examination of the mouth is performed to look for irregularities, swelling, and thickening. B. Histopathological examination Histopathology is used to assess the aggressiveness of tumors with high invasive potential. It includes: Vital staining techniques: Visual tissue staining is an adjunct technique used in the diagnosis of cancer. Tolonium chloride (also known as toluidine blue) staining is used to detect mucosal abnormalities in the oral cavity.

Biopsy: A tissue sample is removed surgically from the suspected region and sent to the pathological laboratory for a detailed microscopic examination.

Brush biopsy: In brush biopsy, cells from the oral lesion are obtained by scraping the surface mucosa.

Exfoliative cytology: Exfoliative cytology is a simple and noninvasive diagnostic technique for the early detection of oral cancer.

Incisional biopsy: In this type of biopsy, a representative sample of the tissue is carefully chosen for selective diagnosis. C. Imaging techniques Several advanced imaging techniques are used for the diagnosis of oral cancer. Magnetic resonance imaging (MRI): MRI provides the details of the structures in the oral cavity along with adjacent parts. The soft-tissue discrimination by MRI aids in assessing the extent of local and regional spread of the tumor, invasion depth, and extent of involvement of lymph nodes.

Computed tomography (CT): The CT scan uses x-ray radiations and a computer to create pictures of the body to locate the cancerous lesion and determine its spread to the other parts of the body.

Positron emission tomography (PET): The PET scan is used to determine the spread of tumor cells to the lymph nodes or other parts of the body.

Radiological techniques: X-ray is used to determine the spread of cancer to the other organs outside of the mouth and oropharynx. The x-ray done for oral cancer is known as an orthopantomogram (OPG).

Optical imaging techniques: These include optical coherence tomography and tissue fluorescence imaging that can effectively differentiate between cancerous and non-cancerous lesions. D. Biomarker detection Biomarkers are used for the early detection of oral cancer. Biomarkers in general are components of the cells present in body fluid or tumor cells that are overexpressed during the onset of the disease. E. Other methods In recent years, significant advancements have been reported in diagnostic techniques that are rapid and specific for the detection of cancer biomarkers. They include:

Raman spectroscopy: It is a non-destructive chemical analysis technique that provides detailed information about the chemical structure.

Confocal microscopy: This is another light-based technique that provides images of many important cellular and architectural features of squamous cell carcinoma (SCC).

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Celebs affected Rakesh Roshan Filmmaker Rakesh Roshan has shared about his tongue cancer and how he fought the disease. In an interview, Rakesh said, “It all began with a blister which refused to go despite using several applications of prescriptions from my family doctor. It was a small one - no pain, no itching”. Prevention Of Oral Cancer

The exact cause of oral cancer is unknown and there can be multifactorial causes. The best way of preventing any kind of cancer is to lead a healthy lifestyle. Other things to keep in mind include: 1. Get cancer screening for early detection Cancers detected at early stages can be treated more successfully. Delay in diagnosis has an effect on cancer-related morbidity and mortality. Therefore, screening and early clinical diagnosis help to provide more safe and cheap treatments. 2. Always self-examine yourself It is another way to detect oral cancer at an early stage. You can do this by: Looking at the inside of both of your cheeks with your flashlight Feeling those areas with your fingers Checking floor of your mouth (beneath your tongue) with your flashlight Examining the floor of your mouth with your finger Sticking out your tongue, examine the top, both sides, and under the surface using your flashlight. 3. Visit your dentist regularly Seeing your dentist regularly is key to maintaining good oral health. As part of your examination, your dentist can look and feel in and around your mouth and any unusual lumps or sores can be detected early. 4. Stay away from all forms of tobacco Chewing, smokeless, and snuff tobacco, which is placed directly in the mouth, can create gray-white ulcers called leukoplakia in the mouth that can become cancerous. Smokeless tobacco also contains chemicals known to damage a gene that protects against cancer.

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1. Limit your alcohol intake Moderate to heavy alcohol consumption is associated with higher risks of certain head and neck cancers, and reducing the intake can be very beneficial.

Note: Avoid the combination of alcohol and tobacco. Research shows that people who use both alcohol and tobacco have much greater risks of developing oral cancer than people who use either alcohol or tobacco alone. Know more about other cancer-related myths and facts. Watch Now

1. Get vaccinated for HPV Human papillomavirus (HPV), particularly HPV16, is strongly associated with oropharyngeal cancers, especially those at the back of the mouth. The best way to prevent HPV is to get vaccinated before you become sexually active, and also practice safe sex.

Know more about HPV vaccinations, and their types. Click Here

1. Protect your lips from the sun If you have a history of severe sunburns, take extra care with your lips. Just as skin can burn easily, the lips are also sensitive to the sun. Some of the tips include: Limiting sun exposure during the peak hours of 10 a.m. and 2 p.m Wearing a protective lip balm with SPF when stepping out Reapplying lip balms after you eat or drink Using hats that shield your face from the sun.

Protect your lips and skin from all the harmful rays of the sun using our extensive range of sunscreens. Fill Your Carts Now

1. Maintain a healthy lifestyle There are a lot of cancer prevention clinical trials that aim to find out whether actions people take can prevent cancer. These may include eating fruits and vegetables, exercising, quitting smoking, or taking certain medicines, vitamins, minerals, or food supplements.
2. Understand chemoprevention This is a promising plan to inhibit, suppress, or control the growth of cancer cells. Chemoprevention is the use of certain drugs or other substances to help lower a person’s risk of developing cancer or keep it from coming back.
3. Add probiotics to the diet Recently published studies assessed microbial compositions in patients with OSCC. Probiotics are live microorganisms that provide a health benefit to the host. Recent data on probiotic products show a protective effect against cancer cell activity.
4. Take supplements There are some natural products to prevent oral cancer such as: Vitamin C Vitamin E Vitamin A Omega-3 fatty acids Carotenoids

Fill the gap in your diet with our range of vitamin and mineral supplements. Explore Now

Specialist To Visit

Cancer is not a single disease but a group of related diseases. Hence, it requires comprehensive care. Doctors that take care of patients with oral cancer and help in diagnosing and formulating a treatment plan are:

Dentists Otolaryngologists Oncologists Radiation oncologists Medical oncologists

Otolaryngologist is a doctor who specializes in diseases that affect the ears, nose, and throat. An oncologist is a doctor who treats cancer and provides medical care for a person diagnosed with cancer. A radiation oncologist is a doctor who uses radiation to treat cancer whereas a medical oncologist uses chemotherapy and other medicines to treat cancer.

Speak to an expert doctor to find out how you can reduce these risks of developing oral cancer. Book Consultation Here

Treatment Of Oral Cancer

Any kind of cancer requires multidisciplinary treatment that includes surgery, chemotherapy, and radiation, alone or in combination. Oral cancer treatment includes: A. Surgical management Surgery for primary tumors: Surgery is recommended for patients with early-stage tumors and surgery or definitive concurrent chemoradiotherapy for those with advanced-staged tumors. Approaches to the removal of the tumor and the surrounding structures are dictated by the location and extent of invasion. Surgery for neck dissection: Neck dissection detects any spread of cancer in the early stage and removes the majority of affected lymph nodes. In patients with early-stage tumors, the decision to proceed to elective neck dissection (END) is based on a greater than 20% probability of the presence of cancer cells in the lymph nodes. Alternatives to END include Observation Elective radiation Sentinel lymph node biopsy Other surgeries: Glossectomy (partial or total removal of your tongue) Mandibulectomy (surgery for oral cancer in your jawbone) Maxillectomy (removal of a part or all of the bony roof of your mouth). Surgery in case of recurrence Recurrence rates in the oral cavity is 30%, and Salvage (or ‘rescue’) surgery is used to refer to surgical treatment after failure of initial treatment in various scenarios including treatment of delayed neck metastasis, recurrent primary tumors, or even spread of cancer to the lungs. Reconstruction The oral cavity is a complex site made up of several structures critical for speech, swallowing, and appearance. To be deemed successful, reconstruction should attempt to address all three, and it must be tailored to the site of the defect.

Radiation Radiation therapy uses X-rays to destroy or damage cancer cells, making them unable to proliferate. Radiotherapy is mainly used in patients with locally advanced oral cancer.

Although definitive radiation therapy can be used for oral cancer, it is not routinely used because of elevated rates of Osteoradionecrosis (bone death due to necrosis) associated with the higher therapeutic doses required compared with doses for postoperative adjuvant therapy. Types of radiation therapy include: External-beam radiation therapy: The most common type of radiation in which the radiation is given from a machine outside the body. Internal-beam radiation therapy: When radiation treatment is given using implants, it is called internal radiation therapy or brachytherapy. Brachytherapy involves the application of a radioactive source in close proximity to the tumor. Chemotherapy Chemotherapy (chemo) is treatment with anti-cancer drugs that are injected into a vein or taken by mouth, which allows them to enter the blood and reach most parts of the body. Drugs used for chemotherapy include: Cisplatin Carboplatin 5-fluorouracil (5-FU) Paclitaxel (Taxol) Docetaxel (Taxotere) Hydroxyurea

Other less often used drugs include: Methotrexate Capecitabine

Types of chemotherapy include: Adjuvant chemotherapy: It is given after surgery and is sometimes combined with radiation therapy. The goal is to kill cancer cells that might have been left behind at surgery because of the smaller size and also prevents recurrence. Neoadjuvant or induction chemotherapy: This is given before surgery with or without radiation to shrink some larger cancers to make surgery easier and remove less tissue. This can lead to fewer serious side effects and problems from surgery.

Note: For advanced cancer, chemo (with or without radiation therapy) can be used to treat cancers that are too large or have spread too far to be removed by surgery. The goal is to slow the growth of cancer. Chemoradiation Chemoradiation is chemotherapy given at the same time as radiation. It has been shown to shrink oral cavity and oropharyngeal tumors that are not widespread but are too advanced for surgery. Generally, this approach is hard to tolerate, especially for people in poor health. Targeted therapy It is the use of medicines that target or are directed at proteins in cancer cells by destroying cancer cells or slowing their growth. Some targeted drugs, for example, monoclonal antibodies, work in more than one way to control cancer cells and may also be considered immunotherapy because they boost the immune system. Cetuximab is the most commonly used drug for this therapy. Immunotherapy This therapy uses medicines to help boost a person’s own immune system to find and destroy cancer cells more effectively. It typically works on specific proteins involved in the immune system to enhance the immune response. B. Non-surgical management This type of management is used to preserve the organs, although surgery is the mainstay of therapy for advanced-stage oral cancer.

Understand better the treatment options of cancer from a well-renowned doctor.

Home-care For Oral Cancer

The news of oral cancer can be devastating. Cancer not only affects the body but has a serious effect on the mind as well. General treatment guidelines include an early diagnosis, correction of predisposing factors, and maintaining good oral hygiene. Apart from these, some of the things that the patients can do at home that can help manage the symptoms of treatment include:

Quit smoking Stay away from alcohol Take enough rest post any surgical procedure Be physically active Talk to a counselor Adopt a healthy behavior Getting emotional support from loved ones Follow all the instructions given by doctors Eat a well balanced and nutritious diet Find hobbies that make you happy Add nutritional supplements to the diet Always indulge in safe sex

Buy condoms and all your sexual wellness products online. Shop Now

Tips for caregivers There are numerous resources available for the patient and their families, battling with oral cancer. Tips that the caregivers can follow to help the patient in difficult times include:

Encouraging and providing mental support to the patient Understanding the course of treatment Talking with empathy and positive attitude to the patient Helping the patients with household chores Handling insurance and billing issues for them Helping the patient manage their symptoms and side effects Coordinating their medical appointments and giving medications on time Assisting the patient in maintaining personal care and hygiene Taking care of patients’ needs.

Diagnosed with cancer? Read about things you need to know if you are planning on taking a second opinion. Click Now

Complications Of Oral Cancer

Complications occur either due to untreated disease and subsequent spread of the tumor or commonly due to side effects of treatment. These include:

Complications from surgery Surgery involving tumor excision, neck dissection, and free flap reconstruction carries the risk of the following: Failure of the flap Damage to local motor and sensory nerves Paralysis of the vocal cords Restriction of the range of motion of the jaws Difficulty in speaking Improper wound healing Potential long-term requirement of feeding tubes Patients may require an extended stay in intensive care. Complications from chemo or radiotherapy Chemotherapy and radiation can result in a wide range of debilitating, chronic symptoms. Specifically, in the oral cavity, patients may experience the following: Pain Bleeding Osteoradionecrosis Inflammation of the mucosa Dry mouth is also known as xerostomia Difficulty in swallowing and speaking Reduced oral intake and malnutrition Increased infections due to decreased immunity.

Worried if there is any connection between COVID-19 and cancer?

Alternative Therapies For Oral Cancer

When considering alternative and complementary treatments for any kind of cancer, it is very important to communicate with your medical teams as some of the alternative therapies may be contraindicated from the treatment plan. Alternative therapies, that can prove beneficial in managing or preventing early-stage of oral cancer include: Herbal therapy Herbal medicines are plant-based products used as traditional and domestic medicines and food additives. Some of the herbs with anti-cancer effects include: Curcumin or Turmeric (Haldi): It suppresses the tumor activity and consequently reduces tumor growth and metastasis.

Ginger (Adrak): It can be used as a therapeutic agent in UV-induced skin diseases, including cancer of lips.

Saffron (Kesar): Studies have reported the antioxidant, anti-cancer, anti-inflammatory, antidepressant, antihistamine, and memory-enhancer effects of saffron in animal models.

Cinnamon (Chakla): It has numerous biological functions such as antioxidant, antibacterial, anti-inflammation, anti-diabetes, and anti-tumor activity.

There are certain food items that can help fight cancer. Including them in 4-5 servings can work wonders. Read about 5 superfoods that fight cancer and give you a healthy life. Click Here

Photodynamic therapy (PDT) Photodynamic therapy uses a drug that is activated by light, called a photosensitizer or photosensitizing agent, to kill cancer cells. Studies suggest PDT, for superficial tumors (2mm)and for tumors with a depth of more than 10 mm, interstitial PDT (iPDT) can be an alternative. Living With Oral Cancer

Living with oral cancer may seem very difficult, but a good support system along with a positive attitude can help the patients cope with the diagnosis and treatment. Some of the things that can prove to be beneficial include: Getting all the emotional support It is normal to feel depressed, anxious, or worried when you get to know that cancer is a part of your life. Some people are affected more than others, but everyone can benefit from help and support from other people like: Friends and family Religious groups Support groups Professional counselors Take post-treatment follow-up very seriously Patients with oral cancer are at risk for recurrences and cancer in the other parts of the body. After completion of the treatment, patients should be followed up at regular intervals to detect any signs of recurrence. Regular dental visits and endoscopies can help detect any early signs. Endoscopy and other tests are generally done: Every 1 to 3 months during the first year Every 2 to 6 months during the second year Every 4 to 8 months during the 3rd to 5th years Every year after the 5th year Give importance to palliative care Oral cancer causes severe physical, psychosocial and spiritual pain to patients and their families. Palliative care focuses on improving how you feel during treatment by managing symptoms. Palliative care along with treatment for cancer has shown greater results with less severe symptoms, a better quality of life, and more satisfaction with treatment. Palliative treatments vary widely and often include: Medication to relieve the symptoms Nutritional changes Relaxation techniques Emotional and spiritual support Encouraging the patient to do things they love. Quit smoking Smoking is the leading cause of death due to oral cancer and if you had trouble quitting smoking before treatment, your doctor may recommend counseling as well as medication to help you. It is very important to quit smoking because even people with early-stage oral cavity or oropharyngeal cancer are at risk of a new smoking-related cancer if they continue to smoke.

Want to stop smoking? Read about 7practical tips that can help you get rid of this deadly habit. Click Here

Get proper rehabilitation Radiation, surgery, and certain chemo drugs can lead to problems with speech, swallowing, and hearing. Speech, hearing, and swallowing rehabilitation are required to maintain the quality of life. Therapists that can help you include: Speech therapists: Who are knowledgeable about speech and swallowing problems and can help you learn to manage them. Audiologist (a specialist in hearing): Who can help you with devices to improve your hearing if the treatment has affected your hearing capacity. Keep health insurance and copies of your medical records Even after treatment, it’s crucial to keep health insurance, as tests and doctor visits cost a lot, and even though no one wants to think of their cancer coming back, this could happen.

Also if you see a new doctor at some point of the treatment who doesn’t know about your medical history, your medical records can give the new doctor the details of your diagnosis and treatment.

Did you know? Walking for 30 mins can improve the quality of life for people living with cancer. Tap to read more Tap To Read More Frequently Asked Questions What is the prognosis of oral cancer? Is oral cancer treatable? What are the side effects of oral cancer treatment? What is the duration of these side effects? References Rivera C. Essentials of oral cancer. Int J Clin Exp Pathol. 2015 Sep 1;8(9):11884-94. PMID: 26617944; PMCID: PMC4637760. Borse V, Konwar AN, Buragohain P. Oral cancer diagnosis and perspectives in India. Sens Int. 2020;1:100046. Signs and Symptoms of Oral Cavity and Oropharyngeal Cancer. American Cancer Society. Mar 2021. Kumar M, Nanavati R, Modi TG, Dobariya C. Oral cancer: Etiology and risk factors: A review. J Can Res Ther [serial online] 2016 [cited 2022 Sep 13];12:458-63. Mouth cancer. National Health Service. Oral and Oropharyngeal Cancer: Risk Factors and Prevention. Cancer. Net. Feb 2021. Chen PH, Mahmood Q, Mariottini GL, Chiang TA, Lee KW. Adverse Health Effects of Betel Quid and the Risk of Oral and Pharyngeal Cancers. Biomed Res Int. 2017;2017:3904098. Sand L, Jalouli J. Viruses and oral cancer. Is there a link?. Microbes Infect. 2014;16(5):371-378. Irani S. New Insights into Oral Cancer-Risk Factors and Prevention: A Review of Literature. Int J Prev Med. 2020 Dec 30;11:202. Alcohol and Cancer Risk. National Cancer Institute. Jul 2021. Oral cancer. What to do if something unusual shows up. JADA 148(10). October 2017. Sankarapandian V, Venmathi Maran BA, Rajendran RL, Jogalekar MP, Gurunagarajan S, Krishnamoorthy R, Gangadaran P, Ahn BC. An Update on the Effectiveness of Probiotics in the Prevention and Treatment of Cancer. Life (Basel). 2022 Jan 2;12(1):59. Watters C, Brar S, Pepper T. Oral Mucosa Cancer. [Updated 2022 May 3]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Chinn SB, Myers JN. Oral Cavity Carcinoma: Current Management, Controversies, and Future Directions. J Clin Oncol. 2015 Oct 10;33(29):3269-76. Dehghani Nazhvani A, Sarafraz N, Askari F, Heidari F, Razmkhah M. Anti-Cancer Effects of Traditional Medicinal Herbs on Oral Squamous Cell Carcinoma. Asian Pac J Cancer Prev. 2020 Feb 1;21(2):479-484. Lambert A, Nees L, Nuyts S, et al.Photodynamic Therapy as an Alternative Therapeutic Tool in Functionally Inoperable Oral and Oropharyngeal Carcinoma: A Single Tertiary Center Retrospective Cohort Analysis. Front. Oncol. 11:626394 (2021). Gupta B, et al. Oral cancer in India continues in epidemic proportions: evidence base and policy initiatives. International Dental Journal 2013; 63: 12–25. Survival by stage. Survival for mouth and oropharyngeal cancer. Cancer Research UK. Sep 2022. Sharma S, Satyanarayana L, Asthana S, Shivalingesh KK, Goutham BS, Ramachandra S. Oral cancer statistics in India on the basis of first report of 29 population-based cancer registries. J Oral Maxillofac Pathol. 2018 Jan-Apr;22(1):18-26. Oral health. Key facts. World Health Organization. Mar 2022.

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Oral thrush Also known as Oral candidiasis and Oropharyngeal candidiasis Overview Oral thrush is an infection of the mouth caused by yeast-like fungus called Candida Albicans. It causes creamy white lesions, usually on your tongue or inner cheeks. Sometimes oral thrush may spread to the roof of your mouth, your gums or tonsils, or the back of your throat.

The symptoms of this condition include burning in the mouth, loss of taste, cracking at the corners of the mouth, pain or difficulty swallowing, a feeling of food getting stuck in the throat, and fever.

It can affect anyone, but it’s more likely to occur in babies, older adults, and people with suppressed immune systems. Thrush in newborns and infants is common and usually not harmful and the outlook for mild cases of thrush is good. The prognosis for severe cases depends on the underlying cause and the status of the patient’s immune system.

The best way to prevent this is by maintaining immaculate oral hygiene, maintenance of dentures in older patients, and regular visits to the dentist.

The treatment mainly consists of topical or systemic antifungal medications and milder can be managed with home remedies and over-the-counter antifungal mouthwashes and ointments. It is always necessary to diagnose the predisposing factors and treat the cause in case of recurrence. Key Facts Usually seen in Infants below 6 months of age and older people Gender affected Both men and women Body part(s) involved Tongue Inner cheeks Roof of the mouth Gums Tonsils Throat Esophagus Prevalence India: 20% (2018) Mimicking Conditions Erythematous form Oral mucositis Erythroplakia Thermal burns Erythema migrans Anemia Chronic hyperplastic form Leukoplakia Lichen planus Pemphigoid Pemphigus, Oral squamous cell carcinoma (OSCC) Other forms Oral hairy leukoplakia Angioedema Aphthous stomatitis Herpes gingivostomatitis Herpes labialis Measles (Koplik spots) Perioral dermatitis Steven-Johnsons syndrome Histiocytosis Blastomycosis, Lymphohistiocytosis Diphtheria Esophagitis Syphilis Streptococcal pharyngitis Necessary health tests/imaging Blood tests: Serum iron and vitamin B12 Lab tests: Biopsy and Paper point test. Imaging tests: Endoscopy Treatment Topical antifungal drugs: Nystatin, Amphotericin b, Fluconazole & Miconazole. Systemic antifungal drugs: Itraconazole, Voriconazole, Ketoconazole & Posaconazole See All Symptoms Of Oral Thrush

Oral thrush can have many symptoms in the mouth, throat, and food pipe. These include: In adults Thick white or cream-colored deposits on inner cheeks, tongue, the roof of the mouth, and throat Redness or soreness of the mouth Cracking and redness at the corners of the mouth Cotton-like feeling in the mouth Loss of taste Pain while eating or swallowing (if candidiasis is in the food pipe) In children Cottage cheese is like white coating which cannot be rubbed off easily. Difficulty in feeding Rashes on the nappy Did you know? Dandruff, diaper rash, and athlete’s foot are types of fungal infections. Read more on fungal infections of the skin. Tap Now Types of Oral Thrush

Oral thrush can be classified into the following: Primary oral candidiasis (Group I)

Acute Pseudomembranous: It is the most common type and is in newborns and immunocompromised patients, and elderly people. Erythematous: It manifests as a painful localized red area. This type is seen more commonly in HIV patients.

Chronic Erythematous: Also known as “denture stomatitis”, is a chronic inflammation of the mouth underlying a partial or total denture. Pseudomembranous: This is characterized by extensive white patches that occur on the mouth, tongue, and throat. Angular cheilitis: This a variant of oral candidiasis that classically presents as a white patch on the corners of the mouth and has the potential to evolve into cancer. Median rhomboid glossitis: It is a very rare type of oral candidiasis that presents as a rhomboid-shaped erythematous patch in the center of the tongue. Linear gingival erythema: Typically seen in HIV patients and clinically presents as an erythematous (red) line or band over the gums of one or more teeth. Secondary oral candidiasis (Group II) Candidiasis due to diseases such as Thymic aplasia: It is genetic with decreased T-cell receptors compromising immunity. Candidiasis endocrinopathy syndrome: It is a group of disorders characterized by recurrent or persistent superficial infections of the skin, tissue layers, and nails. Causes Of Oral Thrush

A species of yeast like fungus called Candida causes oral thrush. The most common is Candida albicans, isolated from more than 80% of lesions.

Candida normally resides in the skin, mouth, throat, gastrointestinal tract, and vagina, of healthy individuals without creating any issues. It only attacks the body when the opportunity strikes and the immunity is compromised.

Know more about fungal infections of the private parts. Risk Factors For Oral Thrush

Though oral thrush is not a life-threatening condition, it is quite common and can have an effect on general well-being. Various risk factors of oral thrush include: Local factors

1. Saliva: Salivary gland dysfunction predisposes to oral candidiasis. Conditions affecting the quantity (like xerostomia) and quality of salivary secretions may lead to an increased risk of oral thrush.
2. Dentures: They create a favorable environment for candida organisms to thrive. The majority of the people wearing complete dentures are predisposed to candida infection.
3. Topical medications: The use of topical or inhalational corticosteroids and overzealous use of antimicrobial mouthwashes can temporarily suppress local immunity and cause alterations in the oral flora, thereby increasing the risk of candidiasis.
4. Smoking: Studies suggest that smoking alone or in combination with other factors, significantly affects the oral candida environment in the mouth.

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1. Poor oral hygiene: The presence of deposits and tartar on the teeth and adjoining gums increases the risk of developing oral thrush. It was found that most patients with oral thrush maintain their oral hygiene unsatisfactorily.

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1. Diet: Excessive intake of refined sugars, carbohydrates, and dairy products can enhance the growth of candida organisms by reducing the pH levels.

Want to know more about healthy eating habits?

Systemic factors

1. Age: Extremes of age, like infancy or old age, may predispose to oral thrush due to immature or weakened immunity.
2. Malnutrition: The deficiency of iron, essential fatty acids, folic acid, vitamins A and B6, magnesium, selenium, and zinc can help in the overgrowth of the candida species.
3. Medications: Prolonged use of drugs like broad-spectrum antibiotics and immunosuppressants that cause dry mouth (xerostomia) create a favorable environment for candida to grow.
4. Endocrine disorders: A more aggressive form of oral thrush is more prevalent in patients with endocrine dysfunctions such as diabetes and Cushing’s syndrome (a noncancerous benign tumor of the pituitary gland).
5. Immunodeficiency: Conditions such as Acquired Immunodeficiency Syndrome (AIDS) and Severe Combined Immunodeficiency Syndrome (SCID) that severely affect immunity are significant predisposing factors for candidiasis.
6. Cancer: The host defense mechanisms are compromised by chemotherapy and radiotherapy administered for the treatment of cancer. This significantly reduces immunity and leads to oral thrush.
7. Congenital conditions: Individuals affected by congenital conditions associated with the defective immune system are commonly predisposed to candida infections. Did you know? Candidiasis and COVID-19 infections are interlinked. Research has shown that candidiasis is significantly associated with an increased risk for COVID-19 and COVID-19 may be a risk factor for candidiasis. Read more on COVID-19. Read Now Diagnosis Of Oral thrush

Oral thrush is easily noticeable as a white patch in and around the mouth. To confirm the diagnosis or to rule out any other underlying health conditions your doctor will include: Physical examination To diagnose oral thrush, your doctor or dentist may examine your mouth to look at the lesions, where they are located, and if they are scrapable or not. Blood tests Your doctor may sometimes suggest a blood test to look for certain conditions that may make you more likely to develop an oral thrush such as a deficiency of iron, vitamin B12, or folic acid. Laboratory tests

1. Histopathology examination: This consists of taking a small scraping of the active lesions to examine under a microscope.
2. Biopsy: Biopsy specimens should in addition be sent for histopathological examination when chronic hyperplastic candidosis is suspected.
3. Impression culture technique: Taking an impression of both the upper and lower jaw, to estimate the growth of the candida organisms.
4. Saliva collection: This simple technique involves taking the saliva of patients who show clinical signs of oral thrush.
5. Paper points test: An absorbable sterile point is inserted to the depth of the pocket and kept there for 10 sec. It is then treated with a solution to check for any growth. Imaging test In some rare cases endoscopy can be done to check for lesions deeper into the throat and food pipe.

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Prevention Of Oral Thrush

A healthy mouth is one of the keys to a healthy body. Fungal infections can be quite troublesome, but they can be prevented with certain simple practices. These include: Maintaining proper oral hygiene Good oral hygiene practices may help to prevent oral thrush in people with weakened immune systems. Careful mechanical cleaning of teeth and dentures with a toothbrush is the cornerstone of the prevention of candida infections. Using medicated mouthwash Chlorhexidine digluconate and cetylpyridinium chloride are antiseptic mouthwashes that can be used as prophylaxis for patients undergoing both chemotherapy and radiotherapy.

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Rinsing the mouth after using the inhaler People who use inhaled corticosteroids may be able to reduce the risk of developing thrush by rinsing their mouth with water or mouthwash after using an inhaler. Keeping your dentures clean For susceptible denture wearers, it is advisable to remove the denture at night and soak in 0.2% chlorhexidine solution or 15–30 min in white vinegar. Quit smoking Smoking is associated with a variety of changes in the mouth that cause oral thrush, the most common opportunistic fungal infection. So, quitting smoking can help prevent recurrent oral thrush.

According to WHO, smoking is one the leading cause of death in India, causing 1.3 million deaths every year. Know the tips that can help you quit smoking. Read This

Visit your dentist regularly Regular oral and dental checkups by your dentist can help in the diagnosis of any early signs of oral thrush. Professional cleaning of the teeth and reiterating oral hygiene tips by the dental professional can help maintain oral health and limit the chances of developing any infection.

Know your doctors. There are different types of dentists for different oral health issues. Know More

Specialist To Visit

Oral thrush can be easily managed by an over-the-counter antifungal gel. But, if you leave oral thrush untreated, the infection can spread to other parts of the body. Doctors that can help in the diagnosis and treatment include: Dentist General physician Pediatrician

Severe oral thrush infections may require consultation with: Immunologist Infectious-disease specialist Internal medicine specialist

When to visit your doctor without delay? If your baby ( under 4 months) shows signs of oral thrush If there is no improvement after using an antifungal mouth gel for 1 week If you have difficulty or pain while swallowing.

If you are facing any such issue, seek advice from our professionals.

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Treatment Of Oral Thrush

Candida infections today are highly prevalent, especially with the increase in people wearing removable dentures and an overall increase in poor oral hygiene habits. The drugs of choice are antifungal agents which can be classified into: Topical antifungal agents Topical antifungals are usually the drug of choice for uncomplicated, localized forms of oral thrush in patients with normal immune function. They include: Nystatin Amphotericin b Fluconazole Miconazole Systemic antifungal agents Systemic antifungals are usually indicated in cases where there is a wide speed of the disease or in patients with a compromised immune system. These drugs include: Fluconazole Itraconazole Voriconazole Ketoconazole Posaconazole Home-care For Oral Thrush

General treatment guidelines include an early diagnosis, correction of predisposing factors or underlying diseases, and maintaining good oral hygiene. Apart from these, there are certain home remedies that you can try to relieve the oral thrush symptoms. They include: Lukewarm salt water rinses Salt is believed to have antifungal properties, hence, some believe an at-home lukewarm salt water rinse can be soothing for oral thrush symptoms and other oral problems. Probiotics These are nothing but the “good” bacteria that provide many amazing health benefits. Studies show that probiotics restore the balance of flora in your mouth so that Candida Albicans don’t overgrow.

Unsweetened yogurt should be consumed while taking antibiotics. Lactobacillus acidophilus supplements can also help in maintaining a healthy level of Candida. Apple cider vinegar This is essentially fermented apple juice that has natural antifungal properties and may fight the growth of candida. However, the role of apple cider vinegar is unclear in the prevention and treatment of oral thrush.

Always dilute the apple cider vinegar, as it is acidic and can damage the outer layer of the teeth. Try to consume it with a metal straw to minimize exposure to teeth. Check out our range of apple cider vinegar. Buy Now

Lemon (Nimbu) Lemon juice is considered a natural antifungal. You can also use a mixture of lemon juice and a cup of water as a mouth rinse. While more research is necessary on this, lemon juice can be beneficial for people with HIV-related oral thrush. Gentian violet (1%) It is an over the counter antiseptic dye used to fight bacteria, fungi, and parasites. Studies have shown effectiveness against candida Albicans due to its antifungal properties. To use it, apply it on a cotton swab and gently dab the white patch. However, it is advised to consult your doctor before using gentian violet. Baking soda It can kill the candida albicans and maintain a healthy pH in the mouth. You can mix 1-2 tablespoons of baking soda with water to form a paste. Apply this paste with a cotton ball on the affected areas. Let it sit for a few minutes and then rinse with warm water. Repeat this three times a day for several days. You can also mix ½ teaspoon baking soda into a glass of water and use it as a mouth rinse twice daily. Essential oils Using essential oils may be a potential remedy for oral thrush. Some of them with maximum benefits include: Clove oil: It is a natural painkiller and using it as a mouth rinse can prove to be beneficial. Lemongrass oil: This oil has antimicrobial properties, and can inhibit the growth of candida Albicans. Tea tree oil: Rinsing the mouth with 1 tablespoon tea tree oil solution four times daily effectively treats oral thrush in AIDS patients. Coconut oil (Nariyal ka tel) Raw virgin coconut oil is known to inhibit the growth of candida. An ayurvedic practice called oil pulling may be helpful in fighting oral fungus.

Nursing mothers can apply it on their nipples and the baby’s mouth to prevent the spread of this condition. Pomegranate (Anar) Studies have shown that pomegranate peel is a good source of antifungal activity against Candida albicans.

Here are 7 more benefits of pomegranate. Click Now

Complications Of Oral Thrush

Oral thrush is not a very serious condition and it may be managed easily in healthy individuals. But, a main cause of concern is for immunocompromised patients, who are at a greater risk of a widespread disease leading to complications. These include: Dysphagia: This means difficulty in swallowing. The throat develops multiple white patches leading to pain while swallowing, burning or itching in the throat or back of the mouth. Respiratory distress: Thrush can easily spread to other parts of your body, including the lungs which may lead to difficulty in breathing and distress. Candidal esophagitis: Candidiasis in the esophagus (food pipe) is called esophageal candidiasis or candida esophagitis. This is a prevalent complication of oral thrush in those with HIV/AIDS. Did you know? Oral candidiasis is seen in many patients between 1 to 30 days after the emergence of COVID-19 symptoms. Get all your FAQs answered on COVID-19. Click now Alternative Therapies For Oral Thrush

Oral thrush can be irritating, but mild ones do not generally cause a lot of problems. Apart from following certain rigorous oral hygiene and antifungal medications, certain alternate therapies have shown promising results with recurrent infections. Some of them include: Traditional Chinese medicine The use of Chinese herbs is a time-honored approach to strengthen the body and treat disease. In a study, it was discovered that a Chinese herbal formula (Cao Huang Gui Xiang-CHGX) showed potent antifungal activities against the major human fungal pathogen Candida albicans and other clinical Candida species. Homeopathy Although few studies have examined the effectiveness of specific homeopathic therapies, professional homeopathic doctors may consider remedies based on their knowledge and experience in treating candidiasis.

Read about 6 homeopathy facts that everyone should know.

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Frequently Asked Questions Is oral thrush contagious? Can oral thrush spread through breastfeeding? Does oral thrush go away on its own? How long does it take oral thrush to spread? What is the duration of oral thrush? References Candida infections of the mouth, throat, and esophagus. Fungal Diseases. Center for Disease Control and Prevention. Feb 2021. Check if it’s an oral thrush. Oral thrush (mouth thrush). National Health Services- Uk. July 2020. Taylor M, Brizuela M, Raja A. Oral Candidiasis. [Updated 2022 Jul 17]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Patil S, Rao RS, Majumdar B and Anil S (2015). Clinical Appearance of Oral Candida Infection and Therapeutic Strategies. Front. Microbiol. 6:1391. Chattopadhyay A, Patton LL. Smoking as a risk factor for oral candidiasis in HIV-infected adults. J Oral Pathol Med. 2013 Apr;42(4):302-8. Muzurovic S, Babajic E, Masic T, Smajic R, Selmanagic A. The relationship between oral hygiene and oral colonization with Candida species. Med Arch. 2012;66(6):415-417. Katz J. Prevalence of candidiasis and oral candidiasis in COVID-19 patients: a cross-sectional pilot study from the patients’ registry in a large health center. Quintessence Int. 2021;52(8):714-718. Singh, Arun & Verma, Renuka & Murari, Aditi & Agrawal, Ashutosh. (2014). Oral candidiasis: An overview. Journal of oral and maxillofacial pathology: JOMFP. 18. S81-5. 10.4103/0973-029X.141325. Garcia-Cuesta C, Sarrion-Pérez MG, Bagán JV. Current treatment of oral candidiasis: A literature review. J Clin Exp Dent. 2014 Dec 1;6(5):e576-82. Mandala T, Ricci F, Barbetta B, Baccini M, Amedei A. Effect of Probiotics on Oral Candidiasis: A Systematic Review and Meta-Analysis. Nutrients. 2019 Oct 14;11(10):2449. Maley AM, Arbiser JL. Gentian violet: a 19th-century drug re-emerges in the 21st century. Exp Dermatol. 2013 Dec;22(12):775-80. Bassiri-Jahromi S PhD, Pourshafie MR PhD, Mirabzade Ardakani E DVM, Ehsani AH MD, Doostkam A MD, Katirae F PhD, Mostafavi E PhD. In Vivo Comparative Evaluation of the Pomegranate (Punica granatum) Peel Extract as an Alternative Agent to Nystatin against Oral Candidiasis. Iran J Med Sci. 2018 May;43(3):296-304. Yue H, Xu X, He S, Cui X, Guo Y, Zhao J, Peng B, and Liu Q (2022).Antifungal Mechanisms of a Chinese Herbal Medicine, Cao Huang Gui Xiang, Against Candida Species. Front. Pharmacol. 13:813818. Kirti YK. Prevalence of Oral Candidiasis in Indian HIV Sero-Positive Patients with CD4+ Cell Count Correlation. Indian J Otolaryngol Head Neck Surg. 2019;71(1):124-127.

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Osteoarthritis Also known as Degenerative Joint Disease, Wear and Tear Arthritis Overview Osteoarthritis is the most common joint disease that occurs due to age-related degenerative changes in the joints. Although it can affect any joints, the knees, spine, hips, and hands are the most affected.

It is the fourth leading cause of disability globally that affects 10-15% of all adults above the age of 60 years. It is the most common joint disease in India with a prevalence of 22-39%. Before the age of 45, osteoarthritis is more common in men, and as age advances, women are more predisposed to the condition.

It is characterized by breakdown of the cartilage (the tissue that cushions the ends of the bones between joints), bony changes of the joints, deterioration of tendons and ligaments, and various degrees of inflammation of the joint lining (called the synovium). Progressive pain, stiffness, and joint deformities are the primary symptoms of the disease.

Although there is no cure for the disease, medications, surgery, and alternative therapies can slow down disease progression and help patients lead comfortable and productive lives. Staying active, maintaining a healthy weight also helps in slowing the progression of the disease. Key Facts Usually seen in Adults above 50 years of age Gender affected Both men and women, but more common in women Body part(s) involved Knee joint Hip Joint Spine Hands Prevalence Worldwide: 16⋅0% in individuals aged 15 and above and 22⋅9% in individuals aged 40 and above (2020) India: 21% (2020) Mimicking Conditions Avascular Necrosis of Hip Bursitis Synovitis Rheumatoid arthritis Gout Ankylosing spondylitis Necessary health tests/imaging X-Ray Both Knee Standing AP & Lateral Views MRI Both Knee Joints X-Ray Hip Joint AP View MRI Both Hip Joint X-Ray Cervical Spine AP & Lateral X-Ray Lumbar Spine AP & Lateral MRI Screening of Whole Spine CT Scan Head Bone Densitometry Whole Body Calcium Vitamin D (25 - OH) Treatment NSAID analgesics: Ibuprofen, Diclofenac & Paracetamol Narcotics Muscle relaxants: Cyclobenzaprine Corticosteroids: Prednisolone Topical analgesics & sprays Medications for nerve pain Supplements Surgical management and other invasive procedures: Intra-articular injections, Alignment correction surgery & Joint replacement surgery See All Symptoms Of Osteoarthritis

Osteoarthritis is common as age advances. Individuals above the age of 60 have significant wear and tear in their joints, leading to the development of osteoarthritis. The following symptoms are commonly seen with osteoarthritis - Knee Osteoarthritis Chronic pain, tenderness, swelling in the knee joint Reduced range of motion, stiffness in the knee joint Crepitus or abnormal grinding sounds heard on joint movement Bone spurs, which are extra bits of bone, which feel like hard lumps, can form around the affected joint. Bone deformity Hip Osteoarthritis Chronic pain, tenderness, swelling in the hip joint Reduced range of motion, stiffness in the hip joint Crepitus or abnormal grinding sounds heard on joint movement Joint deformity Cervical Spondylosis (Osteoarthritis) Pain and stiffness of the neck Radiating or sharp shooting pain in the upper limbs Tingling and/or numbness in the upper limbs Dizziness Vertigo Grinding noise in the neck when the neck is turned sideways Lumbar Spondylosis (Osteoarthritis) Pain and stiffness of the lower back Radiating or sharp shooting pain in the lower limbs and buttocks Tingling and/or numbness in the lower limbs Inability to stand or walk for longer durations Balance problems Causes Of Osteoarthritis

A lot of factors are responsible for osteoarthritis, such as:

Age-related degenerative changes With increasing age, there is normal wear and tear of the joints, cartilages, ligaments, and other soft tissues in the body. These degenerative changes occur in various joints making them stiff. Degeneration of the joints also leads to formation of osteophytes which are extra bony protrusions and are characteristic to osteoarthritic joints. These can lead to immense pain and stiffness. In advanced stages, joint deformities occur that can severely impact function and mobility.

Heredity Genetic factors likely influence the formation of osteophytes and degeneration of joints. This is likely attributed to polymorphism in genes regulating the inflammatory pathways. For example, Ehlers-Danlos syndrome, which is characterized by joint hypermobility, can contribute to osteoarthritis.

Environmental factors A poor posture, lack of exercise, obesity, occupational hazards, such as lifting heavy weights, previous trauma to the joints cause faster wear and tear of the joints, leading to osteoarthritis.

Post menopause Decreased estrogen as experienced by post-menopausal women increases the risk of knee osteoarthritis as estrogen is protective of bone health specifically reducing oxidative stress to the cartilage. Risk Factors For Osteoarthritis

Certain risk factors may predispose an individual to develop osteoarthritis: Age more than 50 years Obesity/overweight Diabetes Elevated cholesterol levels Hypothyroidism Hyperparathyroidism Acromegaly Paget’s disease Wilson disease History of trauma to the joints Faulty alignment of the joints Occupational overuse of a joint. eg. athletes or people using hand drills Improper weight-bearing History of heavy weight lifting Poor posture Lack of exercise Diagnosis Of Osteoarthritis

The following evaluations are performed by the doctor to confirm the diagnosis of osteoarthritis:

History and physical examination

The doctor will take a detailed history of the onset of symptoms, perform a thorough physical examination, and check for joint stiffness, muscle spasms, muscle strength, and neurological examination to evaluate the affected joints.

Imaging studies X-Ray Both Knee Standing AP & Lateral Views - to study the bony changes in the knee joints. MRI Both Knee Joints - to evaluate soft tissue changes around the knee joint. X-Ray Hip Joint AP View - to study the bony changes in the hip joints. MRI Both Hip Joint - to evaluate soft tissue changes around the hip joint. X-Ray Cervical Spine AP & Lateral - to study the bony changes in the neck. X-Ray Lumbar Spine AP & Lateral - to study the bony changes in the lower back. MRI Screening of Whole Spine - to evaluate in detail the soft tissue and bony changes of the entire spine, such as disc desiccation, disc protrusion, ligament thickening, etc. Bone Densitometry Whole Body - to check for concomitant osteoporosis, a condition where the bones lack calcium and become brittle and weak.

Other tests Serum Calcium is advised to check for calcium deficiency that plays an important role in bone and joint pains. Vitamin D (25 - OH) is to check for calcium deficiency that plays an important role in absorbing calcium in the body. Although there’s no blood test for osteoarthritis, certain tests can help rule out other causes of joint pain, such as rheumatoid arthritis. Joint fluid analysis is a test in which your doctor might use a needle to draw fluid from an affected joint. The fluid is then tested for inflammation and to determine whether your pain is caused by gout or an infection other than osteoarthritis. Celebs affected Tiger Woods Tiger Woods, a celebrated golf player, has arthritis in his knee. Patrick Stewart Famous actor Patric Stewart, known for his role as Professor Charles Xavier in the hit franchise X-Men, suffers from severe osteoarthritis in both his hands. Prevention Of Osteoarthritis

Osteoarthritis is an age-related condition that occurs due to unavoidable degenerative changes and wears and tears of the joints. A few things that can help prevent the occurrence of serious symptoms of osteoarthritis include: Following a healthy diet rich in calcium and other minerals Enough exposure to the morning sunlight to ensure a sufficient level of vitamin D in the body Regular exercise to maintain strength and mobility in the joints Following correct ergonomics while weight lifting and exercising Avoiding sudden jerky and twisting movements of the joints Avoiding squatting position and sitting cross-legged Specialist To Visit

When symptoms of joint pain start to become bothersome, it is essential to visit an orthopedic doctor who will diagnose and treat the condition. Other doctors, such as neurologists, physiotherapists, help with the management of troublesome symptoms of osteoarthritis. The doctors to visit for osteoarthritis are - Orthopedician - specialises in the diagnosis and treatment of disorders of the musculoskeletal system Physiotherapist - for corrective exercises to increase strength and mobility in the joints and reduce pain Neurologist - to manage the complications arising from osteoarthritis of the spine, such as tingling, numbness in the upper or lower limbs, weakness of upper or lower limbs, vertigo, headaches Rheumatologist - for diagnosis and treatment of arthritis and other diseases of the joints, muscles, and bones Treatment Of Osteoarthritis

The treatment of osteoarthritis mainly involves medical management & surgical management.

Medical Management

1. NSAID Analgesics: These include medicines like Ibuprofen, Diclofenac, and Paracetamol that help relieve pain and inflammation. These medicines must always be consumed with meals as taking them on an empty stomach can irritate the gastric lining.
2. Narcotics: This class of drugs may be required for more severe intensity pain, which is not relieved by the first line of medications. These tablets must be used only as prescribed by the physician as they are potentially habit-forming. In 2010, the government (FDA) approved the use of duloxetine (Cymbalta) for chronic (long-term) musculoskeletal pain including from OA. This oral drug is not new. It also is in use for other health concerns, such as mood disorders, nerve pain and fibromyalgia.
3. Muscle relaxants: These drugs help relieve the painful spasms and stiffness associated with osteoarthritis of the spine. One of the most commonly used drugs in this category is Cyclobenzaprine.
4. Corticosteroids: This class includes medicine like Prednisolone which may be prescribed for a short duration or even as an injection to help resist pain. Joint injections with corticosteroids (sometimes called cortisone shots) or with a form of lubricant called hyaluronic acid can give months of pain relief from OA. This lubricant is given in the knee, and these shots may help delay the need for a knee replacement by a few years in some patients.
5. Topical analgesics & sprays: Topical application of analgesic ointments and sprays can help with symptomatic pain relief.
6. Medications for nerve pain: These are useful in providing relief from complications of osteoarthritis of the spine, such as radiating pain, tingling, numbness in the upper and lower limbs.
7. Supplements: Many over-the-counter nutrition supplements have been used for osteoarthritis treatment. Most lack good research data to support their effectiveness and safety. Among the most widely used are calcium, vitamin D and omega-3 fatty acids. Fish oils are also known to have anti- inflammatory properties. However, their use has been established mainly in rheumatoid arthritis. To ensure safety and avoid drug interactions, consult your doctor or pharmacist before using any of these supplements

Surgical Management and Other Invasive Procedures

Intra-articular Injections In cases of severe pain that does not respond to medications, a Hydrocortisone injection may be given in the joint to offer quick relief. Hyaluronic Acid Injections are given in the joint to help with joint lubrication.

Alignment correction surgery Corrective surgeries like osteotomy, laminectomy, spinal fusion are performed in severe joint deformities that cause limitation of function and pain.

Joint Replacement Surgery: For severely damaged knees and hips, a prosthesis may be fitted, and the worn-out joints are completely replaced by mechanical joints. Though some of the joint changes are irreversible, most patients will not need joint replacement surgery. At present, there is no treatment that can reverse the damage of OA in the joints. However, research is going on to find ways to slow or reverse this joint damage.

Transcutaneous electrical nerve stimulation (TENS): This uses a low-voltage electrical current to relieve pain. It provides short-term relief for some people with knee and hip osteoarthritis. Home Care For Osteoarthritis

Along with the medications, following home care tips can help manage symptoms and lead to the best possible disease outcomes: Take a wholesome, balanced diet rich in calcium and other minerals. Follow the exercise routine suggested by the doctor or physiotherapist. Hot fomentation and application of topical analgesic preparations help relieve pain and stiffness. Intermittent hot and cold treatments may provide temporary relief of pain and stiffness. Such treatments include a hot shower or bath and the careful application of heating or cooling pads or packs. Gentle massage performed by a massage therapist can provide relaxation and promote pain relief. Use joint supports, such as knee caps, cervical collar, lumbosacral belt to help support the spine. Walking aids, such as a cane or walker, may help offload the diseased joints and promote safer walking and offer pain relief. Avoid lifting heavyweights, and if done as a part of an exercise program, it must be done with extreme caution and correct ergonomic posture. Change the mattress and sleeping pillow if not proper, and use the ones that offer good support and stabilize the spine. Properly position and support your neck and back while sitting or sleeping. Adjust furniture such as raising a chair or adjust your toilet seat to prevent pressure on the joints. Avoid repeated motions of the joint, especially frequent bending. Complications Of Osteoarthritis

Osteoarthritis is a disease that progresses with age. If enough care is not taken during the early stages of osteoarthritis, the following complications can occur: A complete loss of mobility and extreme stiffness in the joints, rendering a patient bedridden or with severe walking issues. Chronic debilitating pain that may interfere with sleep and be a source of anxiety or depression. Neurological complications, such as paralysis, nerve pain, may occur as a result of advanced spondylosis. Alternative Therapies Of Osteoarthritis

Along with medicines and topical analgesic preparations, various other treatment options help in the management of osteoarthritis:

Exercise and Yoga Regular exercises and yoga focused on strengthening the joints and surrounding musculature and improving mobility are very helpful in managing the pain and stiffness caused by osteoarthritis.

Massage A gentle massage improves blood flow in the affected parts, promotes relaxation, and helps with pain relief. Massages must be performed only by a qualified massage therapist.

Physiotherapy Physiotherapeutic modalities, such as Interferential Therapy (IFT) and Transcutaneous Electrical Nerve Stimulation (TENS), are very useful in offering pain relief even from nerve pain. The rehabilitation exercises focus on strengthening and correcting weight-bearing of the joint and surrounding muscles, improving the overall strength and mobility of the affected joints.

Acupressure and Acupuncture Chronic joint pain may respond to acupuncture or acupressure therapy, an alternative form of therapy that works by applying pressure or noxious stimuli on the peripheral trigger points.

Ayurveda There are various Ayurvedic preparations in the form of oils and liniments. These are usually applied locally at the site of pain. They provide good relief from symptoms and promote joint health. Click here to know more about Ayurvedic remedies for knee pain.

Homeopathy Homeopathic preparations in the form of injections or oral drops/pills, such as Rhus Toxicodendron, Arnica Montana, Solanum Dulcamara, etc., are known to improve pain and other troublesome symptoms of patients with osteoarthritis.

External Orthoses Support Using knee caps, cervical collars, lumbosacral belts, and walking aids like a stick or walker offer much-needed support to the degenerative joints and are useful in alleviating pain due to osteoarthritis. Living With Osteoarthritis

Osteoarthritis has a great impact on an individual’s quality of life. Severe, chronic, and debilitating pain may interfere with basic activities, such as walking, leading to restrictions in movements and travel. Often, chronic pain is a source of anxiety and depression in osteoarthritic patients, and they find themselves withdrawn from society and the community at large. Joining knee care and spine care clubs may help these patients deal with the degenerative changes and bond with others suffering similar pain.

Here are a few lifestyle changes one can incorporate into their routine life to ease off joint pains, especially during winter.

1. Supplement bone & joint healthy foods Stock up dairy products and spend at least 15 minutes in sunlight daily to increase the intake of vitamin D. Include foods rich in omega-3 fats such as salmon, nuts, fish oil in your diet as these ease inflammation. Foods rich in vitamin K are helpful because of its pain-soothing properties. Include greens in your meal such as spinach, fenugreek (methi), cabbage, kale, etc. Foods rich in vitamin C halt cartilage loss associated with arthritis. Add juicy oranges, sweet red peppers, tomatoes, amla and other vitamin C-rich foods in your diet.
2. Exercise regularly Go for a 30-minute walk daily. If cold weather makes you lazy to go out in the mornings, go for an afternoon walk. Also, stretch your muscles as it helps maintain your mobility.
3. Stay hydrated Drink plenty of water in winters as dehydration reduces flexibility and increases stiffness.
4. Get a massage Massage therapy by a professional helps in relaxing the muscles around the painful joints, thereby reducing pain and making you more mobile.
5. Cover Up Try to keep painful joints covered with a sleeve or wrap. Keeping them warm helps reduce pain and increases mobility. Using a muscle relaxant gel on the aching joints and then covering up has been seen to be very helpful.
6. Use hot packs/ice packs Hot packs/hot baths/steam helps to soothe the painful joints. Heat stimulates blood flow, which brings healing nutrients to the affected area and inhibits the pain messages being sent to the brain.
7. Take medication on time Do not forget to take your medications as advised by your doctor. If you suffer from chronic joint pain, consult your doctor for painkillers. Do not self-medicate. Also, go for regular doctor consultation, especially if your symptoms recur/worsen.

Looking for some simple yet effective exercises for knee pain? If yes, then watch this video to know expert-approved exercises and tips.

Frequently Asked Questions Is osteoarthritis reversible? How can I quickly relieve joint pain due to osteoarthritis? Should I use a heat pack or ice pack for my painful joints? How to select the correct size of a knee or spine brace? References Osteoarthritis (OA). Centres for Disease Control and Prevention. Osteoarthritis. National Institute on Aging. U.S. Department of Health and Human Services. Priority Medicines for Europe and the World 2013 Update. The Epidemiology of Osteoarthritis in Asia. Marlene Fransen et al. Int J Rheum Dis 2011 May;14(2):113-21. doi: 10.1111/j.1756-185X.2011.01608.x. Long L, Ernst E. Homoeopathic remedies for the treatment of osteoarthritis: a systematic review. Database of Abstracts of Reviews of Effects (DARE): Quality-assessed Reviews [Internet]. York (UK): Centre for Reviews and Dissemination (UK); 1995. Osteoarthritis. National Health Portal of India. Cui A, Li H, Wang D, Zhong J, Chen Y, Lu H. Global, regional prevalence, incidence and risk factors of knee osteoarthritis in population-based studies. EClinicalMedicine. 2020;29-30:100587.

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Osteomalacia Also known as Soft bones, Hypovitaminosis D osteopathy and Rickets in children Overview The word ‘osteomalacia’ comes from the Greek words ‘osteon’ and ‘malakia’ which mean ‘bone’ and ‘soft’ respectively. It refers to a condition which causes marked softening of the bones due to a decreased ability to harden or mineralize.

Bones are made up of various minerals, including calcium and phosphorus, that give structure and integrity to the bones. Vitamin D controls levels of calcium and phosphorus in the body. An imbalance of these minerals which usually occurs due to deficiency of Vitamin D can interfere with bone health and can cause an individual to develop osteomalacia.

Osteomalacia can cause bone pain, muscle weakness, difficulty in walking, and an increased susceptibility to bone fractures. This condition is mostly seen in adults. In children, it is referred to as rickets, which causes impaired mineralization at the bone growth plate. This results in softening and deformation of bones in children and limits their growth. Osteomalacia is different from osteoporosis. Though both can cause bones to fracture, osteomalacia is a problem with bones not hardening, while osteoporosis is the weakening of living bone caused when balance between bone loss and bone formation is disrupted.

Treatment for osteomalacia involves providing adequate Vitamin D and calcium, both of which are required to harden and strengthen bones, and treating the causing disorders. Key Facts Usually seen in Adults above 18 years of age Gender affected Both men and women Body part(s) involved Long bones Ribs Spine Mimicking Conditions Primary hyperparathyroidism Renal osteodystrophy Osteoblastic bone metastases Osteoporosis Necessary health tests/imaging Blood tests : Serum calcium and phosphorus, Serum alkaline phosphatase, and Serum Vitamin D. Bone radiograph Bone biopsy Treatment Maintaining PTH levels: Levels of serum 25OHD at >30 ng/mL and PTH levels in the reference range. Oral preparations of Vitamin D: 800 to 1200 IU daily oral doses. Vitamin D with calcium: Higher amounts in the range of 2000 to 3000 mg daily are needed in patients with underlying conditions. Specialists to consult General physicians Orthopedic Rheumatologist Endocrinologist Symptoms Of Osteomalacia

Clinical manifestations of osteomalacia are primarily due to the incomplete mineralization of the bone making it weaker and more flexible, resulting in the bowing of the long bones of the lower extremities. Some of the common symptoms include: Bone pain Tenderness Muscle weakness (commonly of the thigh and knee joints) Fragile bones Fractures Myopathy (diseases affecting the muscles) Waddling gait Increased falls Hypocalcemic seizures or tetany Myalgias and arthralgias (pain in the muscles) Muscle spasms Spinal, limb, or pelvic deformities Did you know? The prevalence of Vitamin D deficiency in India ranges from 40% to 99%, which means almost every Indian lacks sufficient Vitamin D. Learn about signs and symptoms of vitamin D deficiency. Click Here To Know! Causes Of Osteomalacia

Osteomalacia is a metabolic bone disease characterized by impaired mineralization of the bone matrix. Bone creation occurs by the deposition of hydroxyapatite crystals on the bone matrix. The causes include:

Decreased production of Vitamin D Vitamin D plays an extremely important role in bone remodeling and is required for strengthening the bone. Some of the causes of decreased Vitamin D production are: Reduced sun exposure due to cold weather climates leading to low levels of Vitamin D . Darker skin and increased melanin hinder Vitamin D ultraviolet-B (UVB) light absorption. Obesity can lead to increased removal of fat, which results in less calcium for activation of Vitamin D. In the elderly vitamin D production decreases as the storage of Vitamin D declines with age. Decreased absorption of Vitamin D Malabsorptive of vitamin D can be due to syndromes such as: Crohn’s disease: It is a type of inflammatory bowel disease (IBD) that causes inflammation of the digestive tract, which can lead to abdominal pain, severe diarrhea, fatigue, weight loss, and malnutrition. Cystic fibrosis: It is an inherited disorder that causes severe damage to the lungs, digestive system, and other organs in the body. Celiac disease: It is an immune reaction to eating gluten, a protein found in wheat, barley, and rye. Cholestasis: It is a liver disease that occurs when the flow of bile from your liver is reduced or blocked. Bile is fluid produced by your liver that aids in the digestion of food, especially fats. Surgical alteration: Like gastric bypass of the gastrointestinal (GI) tract is associated with deficient absorption of fat-soluble vitamins (A, D, E, and K). Alterations in the metabolism of Vitamin D This can be due to the following reasons: Pregnancy is associated with decreased levels of calcidiol (a form of vitamin D), and a dose of 1000 to 2000 international units (IU) per day is identified as Vitamin D deficiency in pregnant women. Liver diseases such as cirrhosis, non-alcoholic fatty liver disease, and non-alcoholic steatohepatitis (inflammation of the liver characterized by fat accumulation in the liver) can lead to deficient production of calcidiol. Chronic kidney disease leads to structural damage and loss of 1-alpha-hydroxylase, an enzyme required for the activation of Vitamin D. Nephrotic syndrome (a kidney disorder that causes your body to pass too much protein in your urine) leads to pathologic excretion of Vitamin D binding protein (DBP), which binds to serum calcidiol. Low levels of phosphorous (hypophosphatemia) or calcium (hypocalcemia) in blood It is seen in the following diseases: Renal tubular acidosis such as seen in Fanconi syndrome alter calcium and other ion absorption and excretion. Tumor-induced osteomalacia (TIO), also known as oncogenic osteomalacia, is a rare acquired paraneoplastic disease (cancer caused due to auto-immune activity) characterized by hypophosphatemia and renal phosphate wasting. Medications Drugs that can cause Vitamin D deficiency leading to osteomalacia are: Phenobarbitone Phenytoin Carbamazepine Isoniazid Rifampicin Theophylline Ketoconazole Long-term steroid Etidronate Fluoride Risk Factors For Osteomalacia

Anyone who has Vitamin D deficiency is at risk of developing osteomalacia. These risks vary across the world and are contingent on geographic location, cultural preferences, and ethnicity. Individuals who are commonly affected in this way include people who: Are too frail or ill to go outside Live in climatic conditions with less exposure to sunlight Usually stay or work indoors during the daylight hours Wear clothing that covers a lot of their skin Have dark skin which processes less Vitamin D from sunlight. This can include people from South Asian, Middle Eastern and Afro-Caribbean races. Use very strong sunscreen Are from low socio-economic status and have poor nutrition Are pregnant and breastfeeding their children Some of the rare risk factors of osteomalacia include: Kidney failure Liver diseases Medications, such as antiepileptics, antifungals, or steroids. Untreated coeliac disease Surgery on the gastrointestinal tract. Vitamin D, commonly known as the sunshine vitamin, is needed not just for the absorption of calcium but also for the proper function of the muscles and nerves. Understand the right way to take it. Click Now!

Diagnosis Of Osteomalacia

Osteomalacia is difficult to diagnose and no single laboratory finding is specific to it. However, the diagnosis of osteomalacia consists of:

History and physical examination When evaluating for osteomalacia, a clinical history should include an understanding of a patient’s family and surgical (like gastric bypass) history. Other relevant questions should focus on activity level, hobbies, diet, and assessment of socioeconomic status.

Blood tests Serum calcium and phosphorous: Patients with osteomalacia will usually have hypophosphatemia or hypocalcemia. Serum alkaline phosphatase: An Increased alkaline phosphatase activity is typically characteristic of diseases with impaired osteoid mineralization. In fact, some sources believe that either hypophosphatemia or hypocalcemia and increased bone alkaline phosphatase level are necessary even to suspect osteomalacia. Serum Vitamin D: The serum level of 25(OH)D (vitamin D)is currently regarded as the best marker of vitamin D status and is usually severely low (<10 ng/mL) in patients with nutritional osteomalacia. Other sensitive biomarkers of early calcium deprivation include increased serum intact PTH (parathyroid hormone) and decreased urinary calcium.

The lack of exposure to the sun is causing a major impact on our body, especially on the Vitamin D levels. Read more about the causes of vitamin D deficiency and when to get yourself tested. Tap Now!

Bone radiograph Some of the significant radiographic findings suggestive of osteomalacia include: Low bone mineral density (BMD) and focal uptake at Looser zones (pseudofractures) that can appear on bone scintigraphy (bone x-ray) Poorly repaired insufficiency fractures are visible as transverse lucencies perpendicular to the osseous cortex. They typically occur bilaterally and symmetrically at the femoral necks, shafts, and pubic and ischial rami. Decreased distinctness of vertebral body trabeculae (bone network) due to the inadequate mineralization of osteoid. Although not required for diagnosis, studies have demonstrated reduced bone mineral density in the spine, hip, and forearm. Bone biopsy Iliac crest bone biopsy is considered the gold standard for establishing the diagnosis but should not be advised when the diagnosis is in doubt, or the cause of osteomalacia can be determined by other noninvasive methods.

Here are some of the definite or possible findings of osteomalacia, that would require further validation: Hypophosphatemia or hypocalcemia High bone alkaline phosphatase Muscle weakness or bone pain Less than 80% BMD of the young-adult-mean Multiple uptake zones by bone scintigraphy or radiographic evidence of looser zones. Prevention Of Osteomalacia

Osteomalacia is generally caused by a deficiency of Vitamin D due to inadequate sun exposure or a diet low in Vitamin D. it can be prevented to a larger extent by: Eating foods high in Vitamin D Adding naturally rich Vitamin D foods like salmon and egg yolks. Maintaining a well-balanced diet that contains fortified items with Vitamin D and calcium, such as cereal, bread, milk, and yogurt. Taking supplements, if needed Getting enough sun exposure Understanding the underlying cause if there is a family history. Did you know? About 83% females and 85% males in India are reported to have low Vitamin D levels. Read more about how to get enough Vitamin D. Click Here! Specialist To Visit

Osteomalacia develops most commonly due to a Vitamin D deficiency often as a result of not getting enough sunlight and sometimes due to a digestive or kidney disorder. The doctors that are required to diagnose and treat osteomalacia are: General physicians Orthopedic Rheumatologist Endocrinologist If you are having pain in the joints or bones or suspect vitamin deficiency seek help from our professionals. Consult Now!

Treatment Of Osteomalacia

The goals of therapy for vitamin D‐deficiency osteomalacia are to alleviate symptoms, promote fracture healing, restore bone strength, and improve quality of life while correcting the abnormalities. The treatment should focus on the healing of osteomalacia and the resolution of secondary hyperparathyroidism. It consists of:

1. Maintaining PTH levels There are no well‐established guidelines for this therapy. Most regimens targeted to maintain levels of serum 25OHD at >30 ng/mL and PTH levels within the reference range. With effective therapy, clinical symptoms begin to improve within a few weeks; however, complete resolution of symptoms may take several months.

Following treatment, certain common findings are observed, like: Increase of serum alkaline phosphatase that gradually decreases; in patients with prolonged Vitamin D deficiency Hyperparathyroidism may persist for a long time In rare cases it may progress to hypercalcemic tertiary hyperparathyroidism Furthermore, depending on the amount of osteoid accumulation, a striking increase in BMD is observed, as seen after curing of osteomalacia. 2. Oral preparations of Vitamin D Therapy consists of vitamin D in the range following range: 800 to 1200 IU daily oral doses 50 000 IU of native vitamin D weekly for 8 to 12 weeks, followed by a maintenance dose of 1000 to 2000 IU daily 10,000 − 50,000 IU may be necessary in cases of impaired GI absorption. Because these regimens may take a long time to reach vitamin D sufficiency, higher loading doses should not exceed 100 000 IU.

1. Vitamin D with calcium: Treatment with Vitamin D must be always accompanied by adequate calcium supplements. One‐thousand milligrams of elementary calcium divided into two or three doses is sufficient in most cases. Higher amounts in the range of 2000 to 3000 mg daily are needed in patients with: Malabsorption: After bariatric surgery or gastric bypass surgery, calcifediol (wherever available) can be utilized because it is a more polar metabolite that is absorbed via the portal system. Hyperparathyroidism: The use of calcitriol along with Vitamin D may be preferred in these cases. The use of another antiepileptic drug that does not interfere with vitamin D metabolism can be a choice. Did you know? The calcium from food can only get absorbed when you have enough vitamin D in the body. Read more about calcium-rich foods and supplements. Click Here! Home-care For Osteomalacia

Osteomalacia can cause problems with the bone formation or the bone-building process making the bones weak and susceptible to fractures. Along with the treatment, here are some tips that can help manage the symptoms:

1. Get adequate Vitamin D The body makes its own Vitamin D when bare skin is exposed to sunlight. This can be enhanced by sun exposure during the morning hours.

While it is very important for bone health to get sunshine like this, you need to be careful not to get sunburned. Read about 5 sunscreen basics that you should know. Tap To Read!

Certain food items also contain small amounts of vitamin D. They are: Egg yolk Oily fish Red meat Liver Butter Cereals Fortified spreads 2. Add calcium for bone health Calcium is needed to make bones strong and a lack of calcium can cause osteomalacia. Good sources of calcium include: Tofu Nuts Soya beans Fortified bread Fish like sardines Milk, cheese and other dairy products Green leafy vegetables, like broccoli, cabbage, and okra, but not spinach 3. Make lifestyle modifications There are many things you can do to promote healthy bones, such as: Moderating the alcohol consumption Eating a well-balanced diet Not smoking Maintaining a healthy weight Taking proper supplements 4. Exercise regularly Exercise helps to strengthen bones and muscles, which places some resistance against it making them stronger. This can include walking, running, or lifting weights. One should avoid intensive exercise while any fractures or cracks in the bones are healing. Complications Of Osteomalacia

Due to poor osteoid mineralization, several complications can occur if osteomalacia is left untreated. Symptoms can return if the deficiency of vitamin D and underlying conditions like kidney failure is not addressed. Here are some of the complications: Insufficiency fractures, also known as looser zones, can present as bone pain and occur with little or no trauma in the legs. Reports also exist of looser zones in the ribs, scapulae, and clavicles. Researchers have also reported kyphoscoliosis (deviation and excessive curvature of the spine)in long-standing osteomalacia Also, in children, osteomalacia and rickets often occur together, which can lead to bowing of the legs or premature tooth loss. Spinal compression fractures are less common and are usually associated with osteoporosis. Osteoporosis is a condition in which bones get thin and weak due to low bone density. This makes bones fragile and increases risk of fractures from slightest trauma. Read more about it. Click Now!

Alternative Therapies For Osteomalacia

Octreotide therapy for tumor-induced osteomalacia Tumor-induced osteomalacia (also known as oncogenic osteomalacia) is a rare disorder characterized by phosphaturia (phosphorus in urine), hypophosphatemia (low levels of phosphorus in the blood), and osteomalacia. Tumor-induced osteomalacia develops because of tumors that are predominantly of benign origin4 but that may occasionally be malignant.

Surgical removal of the tumor may relieve all symptoms. Hemangiopericytoma (a type of rare tumor involving blood vessels and soft tissues)is the most common type of tumor-induced osteomalacia. Paraneoplastic secretion by the tumor of an unknown factor or factors termed “phosphatonins” that causes renal tubular phosphate wasting.

Studies have shown that subcutaneous administration of octreotide, a synthetic somatostatin analog, abolished renal tubular phosphate wasting before subsequent surgical removal of the tumor.

Phosphorus supplements Next to calcium, phosphorus is the most abundant mineral in the body. About 85% of the body’s phosphorus is in bones and teeth. Phosphorus is also needed to help balance and use other vitamins and minerals, including Vitamin D, iodine, magnesium, and zinc.

Most people get plenty of phosphorus in their diets. The mineral is found in milk, grains, and protein-rich foods. Some of the inorganic phosphorus supplements include: Dibasic potassium phosphate Monobasic potassium phosphate Dibasic sodium phosphate Monobasic sodium phosphate Tribasic sodium phosphate Phosphatidylcholine Phosphatidylserine The recommended dosage is as follows: Adults, 19 years and older: 700 mg Pregnant and breastfeeding females: 700 mg Note: Talk to your doctor before taking any supplements. Living With Osteomalacia

Osteomalacia is a disease that weakens bones and can cause them to break more easily. It is a disorder of decreased mineralization, which results in the breaking down of bone matrix faster than its re-formation. It may be several months before any bone pain and muscle weakness is relieved. You should continue taking vitamin D supplements regularly to prevent the condition from returning. Osteomalacia can be managed by: Having a diet rich in Vitamin D and calcium Getting a healthy amount of sunshine Eliminating gluten from the diet Moderating the physical activities Starting physiotherapy Applying hot and cold compressions Avoiding strenuous activities Limiting the use of alcohol and aerated beverages Avoiding certain medications like antiepileptics Maintaining a healthy weight Quitting smoking Getting supplements for vitamins and minerals Did you know? Only meat, poultry and fish are not the only good sources of calcium but there are namely other options for vegetarians as well. Know more about 7 calcium rich foods for vegetarians. Click To Read! Frequently Asked Questions Which population group is at the highest risk for developing osteomalacia? Is it advisable to get a bone density scan for young patients suspected to have osteomalacia? What to expect in the long term if one has been diagnosed with osteomalacia? What is the difference between osteomalacia and osteoporosis? Can osteomalacia cause osteoporosis? Can osteomalacia be reversed?

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Osteoporosis Also known as Silent disease of bone Overview

Osteoporosis literally means porous bone. This condition weakens bones and increases the risk of bone fractures.

Individuals with osteoporosis do not have symptoms until bone fractures occur, hence the name, the silent disease of bone. These spontaneous fractures can cause severe back pain, loss of height, or malformations of the spine, like kyphosis (hunched posture).

Osteoporosis is often seen in older women, usually in the menopausal age, due to decreased estrogen (a hormone responsible for female reproduction). Other significant risk factors include family history, lack of exercise, calcium and vitamin D deficiency, smoking, excessive alcohol consumption, and low body weight.

The diagnosis of osteoporosis is done by X-rays and confirmed by tests to measure bone density.

Treatment usually depends on the severity of the condition. Lifestyle modifications like strengthening exercises, Vitamin D and calcium supplements, quitting smoking, etc., are vital. Prescription medications and hormone therapy may be required in severe cases. Key Facts Usually seen in Adults above 50 years of age. Gender affected Both men and women but more common in women. Body part(s) involved Hips Wrists Spine Prevalence World: 18.3% (2021) Mimicking Conditions Homocystinuria Hyperparathyroidism Imaging in osteomalacia and renal osteodystrophy Mastocytosis Multiple myeloma Paget disease Scurvy Sickle cell anemia Necessary health tests/imaging Bone mineral density (BMD) Calcium test Vitamin D test Treatment Supplements: Vitamin D and calcium Medications: Bisphosphonate and Denosumab Hormonal therapies: Raloxifene, Calcitonin, Teriparatideto, and Testosterone therapy. See All Symptoms Of Osteoporosis

Osteoporosis is also called a “silent” disease" because it has no specific clinical signs and symptoms unless there is a fracture. Spine fractures can induce severe back pain, loss of height, or spine deformities such as a stooped or hunched posture, also known as kyphosis. Bones affected by osteoporosis can become so fragile that fractures occur spontaneously or for the following reasons: Minor falls generally do not cause a fracture in a healthy bone. Everyday stresses such as bending, lifting, or even coughing.

Are you suffering from bone pain? It could be osteoporosis. Know more about the risk factors and if you fall under that category. Read Now

Types Of Osteoporosis

Osteoporosis can be classified into the following categories: 1. Primary osteoporosis: It is the most common form of the disease and is often associated with age and sex hormone deficiency. This type includes: Postmenopausal osteoporosis (type I): This subtype is associated with a deficiency of estrogen (hormones responsible for normal sexual and reproductive development in women) seen in women after menopause. Senile osteoporosis (type II): Occurs in both men and women aged above 70 yrs due to the progressively negative balance between bone formation and resorption. 2. Secondary osteoporosis: It is characterized by a low bone mass due to alterations in bone, leading to fragility fractures in the presence of an underlying disease or medication. Did You Know? Osteoporosis affects men as well. Studies show that men experience 42% of their total lifetime bone loss before age 50. Hypogonadism (when sex glands produce little or no hormones) is men’s primary cause of osteoporosis. Click To Know More Causes Of Osteoporosis

Normal bone turnover involves a balance between bone resorption and bone formation processes. In postmenopausal women, the rate of bone turnover increases dramatically and remains elevated after cessation of ovarian function, leading to continuous bone loss.

Bones are strongest in early adulthood, and you slowly start losing bone from around the age of 35 years. This is a common phenomenon and happens to everyone. However, certain risk factors may increase the risk of the development of osteoporosis or can increase the likelihood that you will develop the disease. Risk Factors For Osteoporosis

Osteoporosis is a multifactorial disease, where no single factor can completely account for its occurrence. The most common risk factors include: Non-modifiable risk factors Family history: Studies have shown that family history is a significant risk factor for fracture, along with low bone density. Race: Osteoporosis is a chronic health condition affecting primarily white women. Advanced age: Research has shown that age is a high-risk factor for osteoporosis, as Vitamin D insufficiency and reduced calcium absorption are common in the elderly. Female sex: Studies suggest osteoporosis is commonly encountered in older women with no underlying risk factors. Women tend to have a younger onset of bone loss compared with men. Amenorrhea: It is the absence of menstruation. This happens to die to low estrogen levels, which can cause osteoporosis. Early menopause: Menopause in less than 45 years of age, surgical removal of both ovaries, and prolonged perimenopausal absence of periods can lead to osteoporosis. Hormone-related disorders: Diseases that can trigger osteoporosis due to overproduction or underproduction of certain hormones include: Overactive thyroid gland Reduced amounts of sex hormones (estrogen and testosterone) Disorders of the pituitary gland Overactivity of the parathyroid glands (hyperparathyroidism). Primary and secondary hypogonadism (when sex glands produce little or no hormones) in men. Diabetes: It can increase bone cell destruction and decrease bone formation, leading to accelerated bone loss.

Do not let diabetes slow you down. Be ahead of your symptoms with our widest range of diabetes care products. Browse Now Malabsorption: This can be due to problems, as in Coeliac disease (an autoimmune disease in which the immune system attacks your tissues when you eat gluten) and Crohn’s disease (an inflammatory bowel disease that causes swelling of your digestive tract). Chronic kidney disease: Studies suggest that chronic kidney disease (CKD) is associated with the development of osteoporosis and fragility fractures. Blood disorders: Studies show that hematological diseases like thalassemia (when the body doesn’t make enough of a protein called hemoglobin) and pernicious anemia (a decreased production of red blood cells due to lack of vitamin B12) represent a frequent cause of secondary osteoporosis. Rheumatoid arthritis (RA): It is an inflammatory disease associated with osteoporosis due to active inflammation and glucocorticoids. Dementia: It is a group of symptoms affecting memory, thinking, and social abilities. Dementia can lead the patients to have decreased activity levels and lower sunlight exposure, predisposing them to osteoporosis. Depression: Research shows that depression is a risk factor for low bone mineral density (BMD) and fractures. This has been shown in middle-aged women and elderly subjects of both genders. Cancer: Bone metastases (spread of cancer) are a common consequence of cancer, leading to decreased bone density and pathologic fractures.

Did you know? Walking can improve the quality of life of individuals who have cancer. Know More Long-term bed rest: Studies have concluded that bone loss is more evident in elderly patients advised with prolonged bed rest. Spaceflight: Astronauts who travel in outer space tend to lose bone mass density due to microgravity, which can lead to osteoporosis. Modifiable risk factors Smoking: Studies have shown a direct relationship between tobacco use and decreased bone density and hence, as a risk factor for osteoporosis and bone fracture.

Get rid of this deadly habit with our smoking cessation range. Try Now Low BMI: Body mass index (BMI) estimates body fat based on height and weight. A low BMI is an important and modifiable risk factor for osteoporosis and osteoporotic fracture development. Inadequate physical activity: This is because a sedentary lifestyle encourages the loss of bone mass, leading to osteoporosis. Low dietary calcium intake: Osteoporosis is more likely to occur in people with low calcium intake, and a lifelong lack of calcium plays a role in the development of osteoporosis.

Do not let low calcium in your diet make your bones weak! Learn about various rich sources of calcium. Click Here Vitamin D deficiency: Vitamin D plays a crucial role in the absorption of calcium and phosphorus from the food you eat, and a lack can lead to osteoporosis.

Why let Vitamin D deficiency stop you from leading a quality life? Explore Vitamin D supplements Alcoholism: Alcohol consumption compromises bone health and increases the risk of osteoporosis as excessive alcohol interferes with calcium balance in the body. Medications: Many drugs can affect bone metabolism. Medications that can cause bone loss include Heparin Warfarin Cyclosporine Glucocorticoids Medroxyprogesterone acetate Cancer drugs Thyroid medications

Did you know? Women can get predisposed to a number of health conditions with advancing age. Watch this video to know about tests for women above 35 years of age.

Diagnosis Of Osteoporosis

Osteoporosis may not show definite symptoms, but recurrent falls can indicate it, as osteoporosis may cause muscle weakness. The diagnosis consists of the following: Screening and history Older adults at higher risk of osteoporosis must be screened periodically and evaluated for fracture risk. During regular check-ups, a patient’s previous history of fractures due to falls, smoking, and alcohol intake details, menopausal status, and medication history must be taken and recorded. Physical examination The physical examination must include height, weight, and body mass index to determine any loss of height. BMI less than 21 kg/m² and loss of 5 cm or more are considered risk factors for osteoporosis. The presence of walking disorders, weakness, and postural instability increase the risk of fractures and falls. Imaging tests 1. Bone mineral density (BMD): This test gives a snapshot of bone health by estimating the amount of calcium and other minerals in bones. This is the gold standard for diagnosing osteoporosis, and it utilizes an x-ray, known as a DXA scan, especially in the hip and spine, to determine bone loss. T-Scores and WHO diagnostic criteria for osteoporosis include: Normal: 1.0 and higher Osteopenia (loss of BMD): 1.0 to −2.5 Osteoporosis: −2.5 and lower Severe osteoporosis: −2.5 and lower with one or more fragility fractures

Note: FRAX (Fracture Risk Assessment Tool) considers risk factors and BMD measurements to predict the probability of major osteoporotic fractures. 2. QCT: Quantitative computed tomography (QCT) is a test to measure bone mineral density d using computed tomography (CT). It is generally used to measure BMD of the spine or peripheral sites. Laboratory tests To determine other causes of osteoporosis, blood tests may be needed. They include: Calcium tests Vitamin D tests Tests for specific hormones(as discussed in risk factors) Biochemical markers of bone turnover These have been used widely in clinical research and help determine the bone formation and resorption products released into the circulation. These include various bone-formation markers and bone-resorption markers.

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Celebs affected Sally Field She is an American actress who has received many awards and nominations. Sally Field is a spokesperson for osteoporosis awareness after being diagnosed with it in 2005. In an interview, she talked about her family history and recommended all women undergo a bone density scan as part of their health regime. Blythe Danner She is an American actor who has become a vocal advocate for osteoporosis awareness. “I am so grateful for it because it has made me do something consistently, to do everything I can to make my bones stronger,” she told CBS News in 2011. Specialists To Visit

Doctors that can help detect and treat osteoporosis include: Rheumatologist Endocrinologist Orthopedic surgeon A rheumatologist is a specialist who treats patients with age-related bone diseases. An endocrinologist sees patients with hormone-related issues, and an orthopedic surgeon fixes fractures.

Do not take your bone health lightly. If you have any risk factors, seek advice from our trusted doctors. Consult Now

Prevention Of Osteoporosis

Your genes may affect your height, weight, and bone density, but a healthy lifestyle can protect your bones. Here are a few tips to prevent osteoporosis: Early screening is vital Early screening can identify the risk factors for osteoporosis, which can help you make the right lifestyle changes to prevent it. Bask in the sunlight Insufficient exposure to sunlight may be associated with many disorders, and getting sufficient and healthy sunlight helps strengthen teeth and bones, which in turn helps in preventing osteoporosis. Optimize calcium and Vitamin D intake Calcium is essential for maintaining bone health. Vitamin D is vital for healthy bones and teeth as it aids in the absorption of calcium in the body. However, it can be hard to get enough from food alone. So, consider taking vitamin D and calcium supplements.

Here is a comprehensive guide to all Vitamin D sources. Click To Read Stop smoking and drink alcohol in moderation Smoking and alcohol are associated with an increased risk of osteoporosis. So quitting smoking and limiting your alcohol intake can help prevent osteoporosis.

Are you trying to quit smoking? Know more about tips that can help you with it. Read This Now No excuses for not exercising Exercises like walking, dancing, low-impact aerobics, elliptical training machines, and stair climbing work directly on the bones in your legs, hips, and lower spine and can slow mineral loss.

Learn more about 6 everyday habits that can prevent osteoporosis. Tap Now

Treatment Of Osteoporosis

Treatment recommendations are often based on the risk of breaking a bone and slowing down the bone loss process. It consists of the following: Non- pharmacological management This includes making specific lifestyle changes like increasing calcium and vitamin D intake, weight-bearing exercise, smoking cessation, limiting alcohol/caffeine consumption, and preventing falls. Pharmacological management The goal of pharmacological therapy is to reduce the risk of fractures. It includes medications like: 1. Antiresorptive agents: These drugs slow down the resorption of the bone. They include: Bisphosphonate: These decrease bone resorption by limiting the activity of bone destruction cells. Note: Oral bisphosphonates should be administered with a full glass of water in the morning on an empty stomach 30 minutes before a meal or other medications. Denosumab: This drug is used as first-line therapy for patients at high risk of fracture and for patients who are not able to use oral therapy as denosumab is available as an injectable formulation 2. Hormonal therapies: These use synthetic hormones to manage osteoporosis. They include: Estrogen agonists/antagonists: This class of drugs is also known as selective estrogen receptor modulators (SERMs). It includes: Raloxifene Conjugated estrogens/bazedoxifene Estrogen-progestin therapy: In osteoporotic management, estrogen therapy is FDA-approved only for the prevention of osteoporosis in high-risk postmenopausal women. Testosterone therapy: This therapy is recommended for those for whom antiosteoporotic treatment is contraindicated, whose testosterone levels are less than 200 mg/dL, or those at borderline high risk for fracture. Calcitonin: It is a synthetic polypeptide hormone with properties similar to natural calcitonin. It is FDA approved treatment for osteoporosis in women who have been postmenopausal for more than five years when alternative therapies are not feasible. Parathyroid hormone analogues: These are synthetic forms of parathyroid hormones used to treat osteoporosis. Drugs include; Teriparatide Abaloparatide 3. Newer drugs: These include: Romosozumab Odanacatib Lasofoxifene

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The best home remedies to reduce the risk of osteoporosis and to strengthen the bones is to eat foods rich in calcium and Vitamin D. These include: 1. Milk: It is a rich source of calcium and vitamin D, the two essential nutrients for bone growth and development. 2. Apple cider vinegar: It is abundant in nutrients like calcium, potassium, and magnesium, which can help enhance your bone health.

Check out our range of apple cider vinegar products to keep your gut happy and healthy. Buy Now

1. Cheese: Studies suggest that cheese, especially Parmesan is an excellent food for bone health and osteoporosis prevention.
2. Eggs: Research demonstrated that whole eggs could prevent osteoporosis and reduce the risk of fractures in the elderly.
3. Fish: Fatty varieties such as salmon, mackerel, tuna, and sardines are rich in Vitamin D and can help individuals with osteoporosis.
4. Citrus fruits: Fruits rich in Vitamin C, like oranges, can help your body produce what it needs for strong bones.
5. Green leafy vegetables: Dark leafy greens like Chinese cabbage, kale, and turnip greens are rich sources of calcium.
6. Sesame (Til): It contains copper, calcium, manganese, magnesium, and selenium and is ideal for people with calcium deficiencies.

Want to know some amazing health benefits of sesame? Read This

1. Soy: Soy sprouts contain coumestrol (a potent phytoestrogen), which can decrease the risk of osteoporosis by increasing estrogen levels. Complications Of Osteoporosis

If osteoporosis is detected early and treated, the outcomes are good. However, if the condition remains untreated, it can lead to chronic pain and fractures. Complications of osteoporosis include: 1. Recurrent falls: Studies show that people with osteoporosis have a higher risk of falls due to muscle weakness, spine kyphosis, or decreased postural control. 2. Pathological fractures: These are the most severe complication of osteoporosis, particularly in the hip or spinal column. Hip fractures often result from falls and can lead to disability and even increased mortality risk in the first following the injury. Vertebral fractures: These can cause kyphosis (hunchback), chronic pain, respiratory issues, and a high risk of developing pneumonia.

Our wide range of support and braces help you in dealing with osteoporosis. Explore Here

Alternative Therapies For Osteoporosis

The main aim of alternative therapies is to work with conventional treatment to provide relief. Always talk to your doctor before starting anything new. Alternative therapies that work best for osteoporosis include: Massage therapy Massages can alleviate symptoms of osteoporosis, like pain and swelling, by relaxing your muscles. According to a study, taking a massage, significantly Thai massage can help you to increase your bone formation. Acupuncture Acupuncture is a therapy used in traditional Chinese medicine that involves placing very thin needles at strategic points on the body. Studies show that acupuncture could be an effective therapy for treating osteoporosis as it promotes healing.

Is acupuncture effective in managing chronic pain? To Know More, Read This Now Tai chi Tai chi improves muscle strength and coordination and reduces muscle or joint pain and stiffness. This ancient Chinese practice uses a series of body postures that flow smoothly and gently from one to the next. However, there needs to be precise data available on the effectiveness of Tai chi for osteoporosis. Melatonin therapy Melatonin is a hormone produced by the brain that is responsible for sleep. Studies have demonstrated that melatonin supplementation can improve perimenopausal- and age-related osteoporosis and avoid bone loss. Living With Osteoporosis

You can lead an active and fulfilling life even if you have osteoporosis. All you need to do is make specific lifestyle changes. Tips that can help you if you are living with osteoporosis include: Prevent falls The major complication of osteoporosis is fracturing due to falls. Things to keep in mind to prevent falls include: Wear shoes with non-slip bottoms Make sure there is nothing slippery on the floor Always grab bars in the bathrooms and railings on stairs Do not keep throw rugs and loose wires and cords lying around Always keep the lighting bright so that you can see well Use hip protectors This is a different approach to the prevention of hip fractures. Hip protectors are rigid inserts used to prevent direct trauma to the hip. Hip protectors must be helpful in the bedridden elderly population. Take extra care of broken bones Fractures usually take 6 to 8 weeks to heal, and osteoporosis does not affect how long this takes. Recovery depends on the type of fracture; while some fractures heal efficiently, others may require more intervention. Note: You may need a physiotherapist’s help to recover as much as possible. Manage your pain Pain is subjective and different for every individual. Ways to manage pain include: Take pain medications Try warm baths or hot packs and cold packs Opt for relaxation techniques and hypnosis.

Try our exclusive bone and joint care products to manage your pain. Explore Now

Frequently Asked Questions Can osteoporosis be reversed? Can strength training prevent osteoporosis? Is there a connection between the endocrine system and osteoporosis? Is osteoporosis different from osteoarthritis? Is it okay to run if you have osteoporosis? References Keen MU, Reddivari AKR. Osteoporosis In Females. [Updated 2022 Aug 7]. In: StatPearls [Internet].Treasure Island (FL): StatPearls Publishing; 2022 Jan-.Available from: Overview of osteoporosis. Osteoporosis. National Institute of Arthritis and Musculoskeletal and Skin Disorders. Dec 2022.Available from: Dobbs MB, Buckwalter J, Saltzman C. Osteoporosis: the increasing role of the orthopaedist. Iowa Orthop J. 1999;19:43-52. PMID: 10847516; PMCID: PMC1888612. Vilaca, T., Eastell, R. and Schini, M. orcid.org/0000-0003-2204-2095 (2022) Osteoporosis in men. Lancet Diabetes & Endocrinology, 10 (4). pp. 273-283. ISSN 2213-8595. Mirza F, Canalis E. Management of endocrine disease: Secondary osteoporosis: pathophysiology and management. Eur J Endocrinol. 2015 Sep;173(3):R131-51. Causes. Osteoporosis. National Health Services (NHS) UK. Oct 2022. Fox KM, Cummings SR, Powell-Threets K, Stone K. Family history and risk of osteoporotic fracture. Study of Osteoporotic Fractures Research Group. Osteoporos Int. 1998;8(6):557-562. Jakob F., Seefried L, Schwab M. Alter und Osteoporose. Auswirkungen der Alterung auf die Osteoporose, deren Diagnostik und Therapie Age and Osteoporosis. Effects of aging on osteoporosis, the diagnosis and therapy. Internist (Berl). 2014;55(7):755-761. Hsu CY, Chen LR, Chen KH. Osteoporosis in Patients with Chronic Kidney Diseases: A Systematic Review. Int J Mol Sci. 2020 Sep 18;21(18):6846. Nancy E et al. Epidemiology, etiology, and diagnosis of osteoporosis.American Journal of Obstetrics and Gynecology (2006) 194, S3–11. Gaudio A, Xourafa A, Rapisarda R, Zanoli L, Signorelli SS, Castellino P. Hematological Diseases and Osteoporosis. Int J Mol Sci. 2020 May 16;21(10):3538. Pouresmaeili F, Kamalidehghan B, Kamarehei M, Goh YM. A comprehensive overview on osteoporosis and its risk factors. Ther Clin Risk Manag. 2018 Nov 6;14:2029-2049. Cizza G, Primma S, Csako G. Depression as a risk factor for osteoporosis. Trends Endocrinol Metab. 2009 Oct;20(8):367-73. Rolvien T et al. Disuse Osteoporosis: Clinical and Mechanistic. Calcified Tissue International (2022) 110:592–604. Facts about osteoporosis. Smoking and bone health. NIH Osteoporosis And Related Bone Disease. National Resource Centre. Dec 2018. J. Barnsley et al. Pathophysiology and treatment of osteoporosis: challenges for clinical practice with older people. Aging Clinical and Experimental Research (2021) 33:759–773. Sözen T, Özışık L, Başaran NÇ. An overview and management of osteoporosis. Eur J Rheumatol. 2017 Mar;4(1):46-56. P Truck et al. Osteoporosis. Postgrad Med J 2002;78:526–532. Chitra V, Sharon S. E. Diagnosis, Screening and Treatment of Osteoporosis – A Review. Biomed Pharmacol J 2021;14(2). Meyer, F., König, H., & Hajek, A. (2019). Osteoporosis, Fear of Falling, and Restrictions in Daily Living. Evidence From a Nationally Representative Sample of Community-Dwelling Older Adults. Frontiers in Endocrinology, 10. Pampaloni B, Bartolini E, Brandi ML. Parmigiano Reggiano cheese and bone health. Clin Cases Miner Bone Metab. 2011 Sep;8(3):33-6. Pujia R, Ferro Y, Maurotti S, Mare R, Arturi F, Montalcini T, Pujia A, Mazza E. Relationship between Osteoporosis, Multiple Fractures, and Egg Intake in Healthy Elderly. J Midlife Health. 2021 Oct-Dec;12(4):287-293. Saetung S, Chailurkit LO, Ongphiphadhanakul B. Thai traditional massage increases biochemical markers of bone formation in postmenopausal women: a randomized crossover trial. BMC Complement Altern Med. 2013 Mar 25;13:69. Pan H, Jin R, Li M, Liu Z, Xie Q, Wang P. The Effectiveness of Acupuncture for Osteoporosis: A Systematic Review and Meta-Analysis. Am J Chin Med. 2018;46(3):489-513. Papadopoulou SK, Papadimitriou K, Voulgaridou G, Georgaki E, Tsotidou E, Zantidou O, Papandreou D. Exercise and Nutrition Impact on Osteoporosis and Sarcopenia-The Incidence of Osteosarcopenia: A Narrative Review. Nutrients. 2021 Dec 16;13(12):4499. Salari N, Ghasemi H, Mohammadi L, et al. The global prevalence of osteoporosis in the world: a comprehensive systematic review and meta-analysis. J Orthop Surg Res. 2021;16(1):609. Published 2021 Oct 17.

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Bloating Also known as Stomach gas, Belching, Flatulence and Abdominal distension Overview A lot of people complain about gas trouble but don’t take it seriously because they think it is embarrassing. But there’s a lot you need to know about this common digestive physiological process. Gas is produced as a by-product of the normal digestion process which occurs in the body. Excess gas escapes either through the intestine in the form of a ‘flatus’ (farting/flatulence) or through the windpipe in the form of a ‘belch’ (belching/burping). In some cases, it may also be retained in the digestive tract and lead to abnormal bloating.

Usually, intestinal gas causes no medical problems and is a normal occurrence. But occasionally, it can be a symptom of an underlying medical condition such as irritable bowel syndrome, malabsorption syndrome, Crohn’s disease, inflammatory bowel syndrome, intestinal obstruction, etc.

An excess gas formation can be treated with over-the-counter (OTC) medications and certain prescription drugs that help reduce bloating and improve digestion. Lifestyle changes in the form of a healthy diet and mild exercise are also known to reduce the symptoms. Key Facts Usually seen in All age groups Gender affected Both men & women Body part(s) involved Stomach Large intestine Small intestine Oesophagus Mimicking Conditions Acidity Indigestion Irritable bowel syndrome (IBS) Inflammatory bowel disease (IBD) Gastroesophageal reflux disease (GERD) Necessary health tests/imaging X-Ray abdomen USG abdomen Dual phase CT abdomen Barium meal follow through Barium swallow Allergy Individual marker Gluten Treatment Anti-flatulence drugs: Simethicone Digestive enzymes Probiotics Antacids Prokinetic agents Lactase Mesalazine formulations Specialists to consult General physician Gastroenterologist Causes Of Bloating

The normal digestive process that breaks down the food, mainly starch and cellulose containing food, into soluble easy to digest form, releases gas as a by-product.

However, certain conditions may result in excessive gas formation, which may cause troublesome symptoms. For example: Consuming higher quantities of certain foods that cannot be easily digested in the small intestine, like beans, cabbage, cauliflower, broccoli, cereal, etc. Eating stale food or undercooked food which leads to over-fermentation in the intestine, resulting in the release of gases with a foul-smelling odor. In people with lactose intolerance, consumption of milk and dairy products leads to indigestion and the formation of excess gas. Swallowing a lot of air while eating food. Air enters the stomach via the mouth and gets mixed with the food, and maybe released by burping. Consuming aerated beverages causes excessive gas to enter the stomach and can be a cause for belching or burping. Certain protein and multivitamin supplements and artificial sweeteners also cause excessive gas. Small intestinal bacterial overgrowth is a condition in which the intestinal microbes increase in number and lead to increased breakdown of food, causing gas, bloating, malabsorption of food, and nutrient malnutrition. Chronic constipation or intestinal obstruction may also lead to excessive gas formation, as the food stays in the bowels for a longer time causing it to degenerate and release a rotten smell. Have a stomach ache? There may be numerous causes behind it. Do not just pop a pill on your own. Here’s a quick read on when to see a doctor for stomach ache. Click Here!

Risk Factors For Bloating

Following things can increase the chances of excessive gas in the gastrointestinal tract.

Increasing age: With age, the body’s digestive system weakens, and chances of flatulence increase, even with the consumption of simpler meals. Heavy meals: Eating large meals at a time instead of eating smaller portions throughout the day. Pregnancy: Pregnancy can lead to excessive gas formation as the uterus grows and presses on the intestines. Sedentary lifestyle: Leading a sedentary lifestyle can also increase the risk of digestive issues and cause increased gas formation.

Usually, intestinal gas causes no medical problems and is a normal occurrence. However, if there is a formation of excessive gas daily along with other gastrointestinal symptoms, such as heartburn, hyperacidity, etc., medical evaluation is necessary. It will help check for the presence of concurrent medical conditions.

Gas is found to be a common presenting symptom in the following medical conditions:

Lactose intolerance: This condition refers to the body’s inability to digest the lactose present in milk and milk products. Consumption of milk and milk products leads to indigestion, bloating, diarrhea, and flatulence. GERD (gastroesophageal reflux disease): This is a chronic condition where acid from the stomach regurgitates up the digestive tract and irritates the esophageal lining. Chronic belching could be a symptom of GERD. IBS (irritable bowel syndrome): Symptoms like bloating, diarrhea, and excessive gas are seen in this condition that affects the large intestine. Celiac Disease: In this condition, the body abnormally reacts to gluten, a protein found in grains such as wheat and barley. Bloating, diarrhea, and excess gas formation are the symptoms of this disease. Crohn’s Disease: It is a type of inflammatory bowel disease that presents with symptoms like abdominal cramps, diarrhea, increased passing of wind, etc. Diagnosis Of Bloating

Passing gas daily, as many as 14-21 times a day, is considered normal. It is not a cause for concern and requires no further evaluation. However, if the flatus is accompanied by other troublesome symptoms and interferes with the person’s daily life and activities, lab investigations and imaging studies may be needed to establish the cause of abnormal flatulence.

Stool test to find out disorders like lactose intolerance, malabsorption syndrome and celiac disease X-Ray Abdomen helps visualize the internal organs of the abdomen and looks for the presence of gas in the stomach or intestines. USG Abdomen, Dual Phase CT Abdomen to visualize the internal organs of the abdomen in greater detail and diagnose any abnormalities. Barium Meal Follow Through, Barium Swallow test helps identify any abnormalities or obstruction of the esophagus, stomach, or intestines. Endoscopy and Colonoscopy are invasive tests in which a probe is inserted via the mouth (endoscopy) or the rectum (colonoscopy) to visualize the inner structures of the digestive tract in real-time. Laboratory studies have a very limited role in diagnosing conditions that may be associated with flatulence. Certain tests like Allergy, Individual Marker, Gluten can help identify if the patient’s symptoms are due to gluten allergy, also known as celiac disease.

A quick call with a doctor can help you prevent serious health complications. Book your appointment for consultation from India’s best doctors online! Consult Now!

Prevention Of Bloating

Passing gas every day is not considered abnormal. Gas formation in certain health conditions, such as GERD, IBD, lactose intolerance, gluten allergy, etc., can be limited by certain lifestyle modifications.

You can prevent excessive gas formation and improve your digestion by making the following lifestyle changes: Eat fresh, home-cooked food, which is simple and easy to digest. Eat smaller portions throughout the day rather than consuming large meals all at once. Limit the consumption of aerated beverages. Quit smoking. Perform light exercises, such as walking after consuming heavy meals to help with the digestion process. Drink plenty of water and fluids throughout the day. Do not consume foods to which you are allergic. Establish a healthy bowel routine. Go to the loo at the same time every day and try to empty your bowels.

Specialist To Visit

If excessive gas becomes a chronic problem and/or is accompanied by diarrhea, vomiting, blood in the stools, change in the color or frequency of stools, unexplained weight loss, severe abdominal pain, chest pain, etc., medical care must be sought. To seek medical care for excessive gas that causes belching or flatulence, you can visit: General physician Gastroenterologist Consult Now! Treatment Of Bloating

The treatment aims to relieve symptoms and treat the underlying causative agent. Symptomatic relief Simethicone preparations are prescribed for bloating and abdominal distension. They help break down gas bubbles and allow easy passage of gas. Some studies have shown that activated charcoal when used along with simethicone is more effective in reducing bloating. Digestive enzymes and probiotics help relieve the symptoms of indigestion and improve the body’s digestive system. Treatment of underlying cause If symptoms of gas are due to an underlying cause, it is necessary to treat the causative condition to provide complete relief. Lactase enzyme preparations are used to treat patients with lactose intolerance. Mesalazine formulations are used to treat Crohn’s Disease and ulcerative colitis. Antacids and prokinetic agents are used to treat gastroesophageal disease (GERD)

Home-Care For Bloating

Most often, symptoms of excess gas, such as flatulence or belching, can be managed at home with simple home remedies and lifestyle changes. Do the following to reduce bloating and gas.

Take OTC preparations containing simethicone to help with faster relief of symptoms. Perform mild exercise, such as walking, as it helps with the passing of gas and reduces bloating. Drink liquids with a straw and limit consumption of aerated beverages and smoking to prevent increased swallowing of air through the mouth. Gently massage the abdomen to help ease the passing of gas and reduce abdominal cramps and bloating. Change your diet to include fewer fatty foods and ingestion-causing foods. Increase the consumption of fiber-rich foods, such as fresh fruits and vegetables. Complications Of Bloating

The average human being can pass gas about 20 times a day. It is an ordinary phenomenon, but it may be embarrassing and occasionally painful. If you have excess gas, you may also experience the following: Flatus or passing gas through the intestine very frequently. It may have a foul-smelling odor. Passing gas through the windpipe by either belching or burping. It may be accompanied by an abnormal taste sensation in the mouth. A feeling of fullness or a sensation of bloating in the abdomen Abdominal cramps Pain along the sides of the stomach Hyperacidity What if bloating is left ignored? Symptoms like excessive gas, flatulence, and belching do not cause any major complications on their own. The underlying disease, however, may worsen and cause health complications like: Ulceration, bleeding in the gastrointestinal tract due to worsening of GERD Malnutrition due to the inability of the body to absorb nutrients Increased risk of gastrointestinal cancers Anal fissures and fistula Intestinal obstruction Alternative Therapies Of Bloating

Apart from prescription medications and OTC preparations, there are alternative therapies that may help provide relief from chronic gas, such as:

Diet modifications: Taking a diet rich in fresh fruits and vegetables and limiting the consumption of spicy foods, fatty foods, and foods that cause allergies help improve the overall health of the digestive system and reduce the formation of excessive gas. In patients without a significant improvement despite exclusion of gas-producing foods, doctors suggest a diet low in fermentable oligosaccharides, disaccharides, monosaccharides, and polyols (also known as FODMAPs).

Exercise and Yoga: Light exercises such as walking and yoga asanas like Pawanmuktasana help pass gas with ease, provide relief from symptoms, and improve digestion. Pawanmuktasana can be performed by lying flat on the back and slowly bending your knees and bringing them close to your chest. The position should be held for at least 30-45 seconds and then you can ease back into the starting position. Vajrasana is another yogasana that can be performed post meals and it helps with the digestion process. To perform Vajrasana, you must sit on the floor, on your knees in a kneeling position. Put your hands on the thighs and maintain the position as long as comfortable.

Massage therapy: Gentle abdominal massage may help ease abdominal cramps and aid with the easy passing of gas. It also helps provide relief from constipation.

Ayurveda: Ayurveda suggests that gas is caused due to an imbalance of Vatta and Pitta Doshas. Natural herbs and spices, such as cinnamon (dalchini), carom (ajwain) seeds, cumin (jeera) seeds, ginger (adrak), asafoetida (hing), fenugreek (methi), etc., help build a strong digestive system and provide relief from flatulence and belching. Frequently Asked Questions Is passing gas normal? What foods to avoid in case of flatulence? Do OTC medicines provide instant relief from gas? What are some home remedies for gas? References Farting (Flatulence). NHS UK Hasler WL. Gas and Bloating. Gastroenterol Hepatol (N Y). 2006 Sep;2(9):654-662. Lacy BE, Gabbard SL, Crowell MD. Pathophysiology, evaluation, and treatment of bloating: hope, hype, or hot air? Gastroenterol Hepatol (N Y). 2011 Nov;7(11):729-39 Foley A, Burgell R, Barrett JS, Gibson PR. Management Strategies for Abdominal Bloating and Distension. Gastroenterol Hepatol (N Y). 2014;10(9):561-571.

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Palpitations Also known as Irregular heartbeat Overview The sensation or feeling of a pounding or racing heart is known as heart palpitations. These palpitations can be felt in the neck, chest or throat. It can make your heart feel like it’s beating too fast or hard. One can also be experiencing a fluttering heartbeat or like the heart is skipping a beat. If you experience palpitations you can feel frightened and it can be bothersome. However, usually, palpitations are not harmful or serious and generally tend to resolve on their own. It’s common for people to experience palpitations due to stress and anxiety or because one has consumed excessive alcohol, nicotine and caffeine. It is also common for pregnant women to experience palpitations.

However, in some cases, palpitations can be caused due to a serious heart condition. If you experience frequent palpitations or have other symptoms that may indicate a heart condition it is advisable to consult a doctor immediately. You should get immediate medical attention in case you experience shortness of breath, chest pain or fainting along with palpitations. Symptoms that can be seen in the case of palpitations include experiencing a heartbeat that seems like it is flip-flopping, pounding or skipping beats.

The treatment for palpitations will depend on the cause of the symptom. Your doctor can suggest relaxation exercises, yoga, aromatherapy and other methods that can help you with staying calm. If the cause behind the palpitations is cardiovascular disease, the treatment will be decided by your doctor after further tests. Key Facts Usually seen in Adults above 30 years of age Children Gender affected Both men and women Body part(s) involved Chest Neck Heart Mimicking Conditions Atrial fibrillation Hyperthyroidism Pregnancy Fever Anxiety Phaeochromocytoma Necessary health tests/imaging Electrocardiogram Holter monitoring Implantable loop recorder Stress test Echocardiogram Treatment Lifestyle management Electrical cardioversion Anti-arrhythmic drugs Radiofrequency ablation (RFA) Specialists to consult General physician Cardiologist Symptoms Of Palpitations

It is important to understand that heart palpitations are a symptom of a condition or a state of the body and not a medical disease in itself. Palpitations are sensations that make a person feel like their heart is pounding or racing. One can feel heart palpitations in the throat or neck too. The symptoms of heart palpitations include the following: Being unpleasantly aware of your own heartbeat Feeling like your heart has skipped a beat or stopped beats Heart is fluttering rapidly Pounding heartbeat Flip-flopping of heat beat Aditionally, symptoms that can be associated with palpitations are: Shortness of breath Chest pain Fainting Dizziness Headache Sweating Palpitation associated with chest pain suggests coronary artery disease, or if the chest pain is relieved by leaning forward, pericardial disease is suspected. Palpitation associated with light-headedness, fainting or near fainting suggest low blood pressure and may signify a life-threatening abnormal heart rhythm. If a benign cause for these concerning symptoms cannot be found at the initial visit, then ambulatory monitoring or prolonged heart monitoring in the hospital might be warranted.

Noncardiac symptoms should also be elicited since the palpitations may be caused by a normal heart responding to a metabolic or inflammatory condition. Weight loss suggests hyperthyroidism. Palpitation can be precipitated by vomiting or diarrhea that leads to electrolyte disorders and hypovolemia. Hyperventilation, hand tingling, and nervousness are common when anxiety or panic disorder is the cause of the palpitations. Causes Of Palpitations

Some common causes of palpitations include the following: Experiencing powerful emotional reactions such as stress, anxiety or panic attacks. A difficult workout Undergoing mental health conditions such as depression or anxiety disorder Drinking excessive amounts of food products containing stimulants such as coffee or tea. Medications that contain nicotine, amphetamines, cold and cough medications containing pseudoephedrine, asthma inhalers and withdrawal from beta blockers. Experiencing hormonal changes during menstruation or pregnancy Too much or too little thyroid hormones. Taking diet pills Fever Low level of oxygen in the blood Blood loss Low blood sugar Sometimes, palpitations can be caused because of an abnormal heartbeat that can be caused due to the following medical conditions:

Abnormal heart valve Conditions such as a mitral valve prolapse affects the flaps or leaflets of the heart that play important roles in the pumping of blood through the heart. The mitral valve is present between the left heart chambers and normally bulges into the hearts upper left chamber when the heart contracts. A defect or a disease that affects the mitral valve can result in an abnormal heartbeat.

Heart arrhythmia Palpitations can be caused by certain conditions that can cause arrhythmia (problem with the rhythm of the heart). Some common heart arrhythmias include atrial fibrillation, a condition in which the heart beats irregularly and at a faster pace than normal. Atrial flutter causes a fast and irregular heartbeat and Supraventricular tachycardia results in an abnormally fast heart rate.

Abnormal level of potassium Potassium is a key nutrient that plays an important role in influencing the heart rate. If a person has low levels of potassium they can experience an irregular heartbeat that is known as heart arrhythmia. Excessive levels of potassium can also lead to irregular heartbeat and a person may experience a fluttering sensation in the chest. This results in palpitations and can indicate a serious heart condition that would need professional medical advice.

Heart diseases Heart conditions such as congenital heart defects (heart problems that develop when a foetus is growing), coronary heart disease (a condition that causes plaque buildup in the arteries responsible for moving oxygenated blood through the body) and cardiomyopathy (a condition that causes the muscle of the heart to grow thick or weak) can cause palpitations.

Congestive heart failure Congestive heart failure or CHF affects the pumping ability of the heart and is often referred to as heart failure. This condition results in a stage where the fluids within the heart build up and results in inefficient pumping of blood. This condition can result in palpitations and irregular heartbeat.

Other medical conditions Sleep apnea: A condition that is caused by the continuous repetitive collapse of the upper airway during sleep. It is one of the most common breathing-related disorders.

Anemia: A condition that occurs due to decreased number of healthy red blood cells in the body resulting in an insufficient supply of oxygen to the body. This can result in palpitations, fatigue and shortness of breath.

Metabolic conditions: There are many metabolic conditions that can result in palpitations including, hyperthyroidism, hypoglycemia, hypocalcemia, hypermagnesemia, hypomagnesemia, and pheochromocytoma

Other etiologies also include excess caffeine, or marijuana. Cocaine, amphetamines, 3-4 methylenedioxymethamphetamine (ecstasy or MDMA) can also cause palpitations. Risk Factors For Palpitations

Some common risk factors of palpitations include the following: Pregnancy Stress An overactive thyroid Taking medications for cold or asthma Anxiety or panic disorder Irregular heartbeats Previous heart surgery or structural heart changes Diagnosis Of Palpitations

To diagnose the cause behind palpitations your doctor will firstly conduct a physical exam and listen to your heartbeat using a stethoscope. If your healthcare provider suspects a medical condition behind your palpitations they will recommend further tests to determine the cause behind the same.

Electrocardiogram or EKG This diagnostic procedure is a test that is quick and painless in nature. It measures the electrical activity of the heart by using sticky patches also known as electrodes. The electrodes are placed on the patient’s chest, arms and legs while the wires connect the electrodes to a monitor that displays the results. An electrocardiogram helps in determining whether a person has a rapid or slow heartbeat.

Holter monitoring This is a portable and easy to use ECG device that can be worn by the patient for a day or more. The device records the heart rhythm and rate while carrying out their daily activities. It helps in determining heart palpitations that aren’t found during an EKG exam. Smartwatches often contain remote EKG monitoring and can be advised by a doctor.

Event recording There might be cases when an irregular heartbeat isn’t recorded while wearing a Holter monitor and the event may occur fewer times than in a week. In such cases, your doctor may recommend you to follow event recording. This requires a patient to press a button when they experience the symptoms and is usually recommended to be worn for 30 days or more until you experience heart palpitations.

Implantable loop recorder An implantable loop recorder is a device that is placed subcutaneously and continuously monitors for cardiac arrhythmias. These are most often used in those with unexplained syncope and can be used for longer periods of time than the continuous loop event recorders. An implantable loop recorder is a device that is placed subcutaneously and continuously monitors for the detection of cardiac arrhythmias. These are most often used in those with unexplained syncope and are used for longer periods of time than the continuous loop event recorders. Electrophysiology testing enables a detailed analysis of the underlying mechanism of the cardiac arrhythmia as well as the site of origin.

Echocardiogram This noninvasive modality uses sound waves to create pictures of the heart in motion. The test helps in showcasing the blood flow and structural problems on the heart and helps a provider in pinpointing the cause behind a heart symptom.

Blood tests Your healthcare provider may recommend blood tests to check your hormone levels because palpitations can be caused due to an increase in the levels of hormone seen in cases of pregnancy or menstruation. The blood tests will also help in determining the levels of certain electrolytes in the blood that influence heartbeat such as potassium & calcium. Complete blood count can assess anemia and infection. Serum urea, creatinine to assess for renal dysfunction. Other blood tests, particularly tests of thyroid gland function, are also important baseline investigations (an overactive thyroid gland is a potential cause for palpitations; the treatment, in that case, is to treat the thyroid gland over-activity) Urine test A urine test will help in determining the levels of electrolytes, hormones, blood cells and blood sugar levels in the body.

Urine metanephrines testing is used to help detect or rule out the presence of a rare tumor called a pheochromocytoma or a paraganglioma that releases excess metanephrines.

Stress test A stress test may be recommended by your doctor to determine the cause of your palpitations. This test allows a doctor to study your heart while the heart rate is elevated. This can be done by making the patient walk briskly on a treadmill or while taking a medication that causes an increase in the heart rate.

Coronary angiography This modality helps in checking how blood flows through the heart. It helps in determining whether you have a blockage in the coronary artery that can result in symptoms such as heart palpitations. In this test, a contrast dye is injected into the arteries while the doctor observes the blood flow through the heart on an X-ray screen. Celebs affected Sir Elton John Sir Elton John is an award-winning musician who suffered from an irregular heartbeat and received a pacemaker for the same. Sir Roger Moore The famous James Bond actor received a pacemaker after losing consciousness in 2003. Prevention Of Palpitations

If your doctor doesn’t suspect a medical condition behind the occurrence of palpitations you can be asked to follow certain guidelines that can help in the prevention of palpitations. This includes the following Trying to identify and avoid triggers that cause palpitations. You can maintain a log of your activities that result in palpitations and try to avoid them. This can include the intake of caffeine or certain medications and foods. You will also be required to keep a note of your emotional state and events that trigger you to feel anxious which results in palpitations. Adding relaxation exercises in your daily routine that can help you in managing stress and anxiety. Avoid stimulants such as nicotine and stimulant recreational drugs. Incorporating regular exercising in your life If you have low blood sugar, take your medications regularly and ensure that your blood sugar level does not fall below the recommended level. Managing blood pressure and cholesterol levels. Following a healthy lifestyle and eating a nutrient-rich diet. Avoiding smoking and using tobacco products. Smoking has severe side effects and can result in many health complications. Worldwide, tobacco use causes more than 7 million deaths per year. Learn how you can stop smoking. Tap To Read!

Specialist To Visit

You should visit a doctor if you are experiencing symptoms such as loss of consciousness, chest pain, unusual sweating, dizziness, lightheadedness, experiencing more heartbeats frequently, pulse more than 100 per minute, shortness of breath and history of cardiac problems or if the palpitations lasts a longer time or gets worsen . These symptoms might indicate the possibility of a medical condition behind the palpitations. You can consult the following doctors for diagnosis: General physician Cardiologist Do not ignore any signs and symptoms. It is best to consult a doctor for the right diagnosis and treatment. Consult India’s best doctors here. Consult Now!

Treatment Of Palpitations

Generally palpitations that aren’t caused by an underlying medical condition tend to resolve on their own. If your doctor doesn’t suspect a medical condition behind your palpitations they might recommend the following steps to avoid the triggers that cause palpitations.

Management of stress and anxiety This will include incorporating relaxation techniques in your daily life that can help you in managing stress and anxiety. You can opt for daily physical activities, breathing exercises, yoga or meditation in your daily life.

Avoiding stimulants Palpitations are often caused after consuming products that stimulate the heart and cause a rapid heart beat. You can be asked to record the triggers that cause palpitations and try to avoid them. Consuming excessive amounts of caffeine is often the reason behind palpitations. You can limit your caffeine intake or choose a decaffeinated beverage. Drugs such as cocaine and ecstasy are also stimulants that cause palpitations. Talk to your doctor if you are taking any medications since some medicines may contain stimulants that cause heart palpitations.

Eat a healthy diet Low blood sugar is a leading risk factor for heart palpitations. Eating nutrient-rich food and replacing simple carbs with complex carbohydrates is a great way of maintaining stable blood sugar levels. You will be asked to swap fruit juices, white bread, and sugary drinks with whole grains and vegetables.

If the cause behind your palpitations is a medical condition such as atrial fibrillation, your treatment will be focused on treating the condition.

Medications to treat arrhythmia Antiarrhythmic medications are used to convert an abnormal heartbeat into a normal rhythm. These medications are also used to prevent the occurrence of arrhythmia.

Some of the common antiarrhythmic drugs are amiodarone, adenosine, beta blockers, ibutilide, flecainide and calcium channel blockers .

Anticoagulant medications such as warfarin or aspirin are used to reduce the risk of blood clot formation.

Electrical cardioversion People with persistent arrhythmias such as atrial fibrillation may require an invasive procedure such as electrical cardioversion. This procedure is performed after administering short-acting anaesthesia. An electrical impulse is delivered through the chest wall that helps in synchronising the heart and stabilising a normal heart rhythm.

Radiofrequency ablation (RFA) Radiofrequency energy is used in heart tissue or normal parts to destroy abnormal electrical pathways that are contributing to a cardiac arrhythmia. It is used in recurrent atrial flutter (Afl), atrial fibrillation (AF), supraventricular tachycardia (SVT), atrial tachycardia, multifocal atrial tachycardia (MAT) and some types of ventricular arrhythmia. The energy-emitting probe (electrode) is at the tip of a catheter which is placed into the heart, usually through a vein. This catheter is called the ablator. The practitioner first “maps” an area of the heart to locate the abnormal electrical activity (electrophysiology study) before the responsible tissue is eliminated. Ablation is now the standard treatment for SVT and typical atrial flutter and the technique can also be used in AF, either to block the atrioventricular node after implantation of a pacemaker or to block conduction within the left atrium, especially around the pulmonary veins. Home-care For Palpitations

Here are a few things that you can follow at home to limit the occurrence or prevent palpitations: Reduce your caffeine intake and note down the stimulants that result in palpitations. Practice relaxation techniques such as yoga and meditation that can help you manage stress and stabilise your mood. Try breathing exercises and deep relaxation techniques such as aromatherapy Incorporate regular exercise in your life Cease or limit smoking and avoid using any products that contain nicotine. Avoid herbal and nutritional supplements that contain stimulants Consult a mental health specialist if you experience mood disorders such as panic attacks, anxiety disorder or depression Avoid eating spicy or rich foods that may cause heart palpitations. Label your drugs and set the alarm to make sure you have the medicines every day at the same time. Stick to the right treatment plan, as decided by your doctor, and incorporating the necessary lifestyle changes can help you take care of your condition and recover faster. Did you know? Yoga comes with significant health benefits and improves flexibility, weight reduction and improves mood and energy. It is one of the oldest physical disciplines in the world and has been practiced for over 5000 years. Understand how yoga can help you. Tap To Read! Complications Of Palpitations

Palpitations that do not resolve on their own and are caused by medical conditions can cause certain complications if left untreated. This includes the following:

Fainting One can experience loss of consciousness if the heart beats too rapidly leading to a drop in the blood pressure. The risk of the same increases in people who are suffering from congenital heart conditions or specific heart valve problems.

Cardiac arrest Sometimes palpitations can be caused due to life-threatening heartbeat problems that can result in the heart stopping beating effectively.

Stroke If the palpitations are caused by a condition that affects the upper chambers of the heart resulting in the heart beating to quiver instead of beating regularly, stroke can occur. This is caused due to pooling of blood that causes clots to form, if a clot breaks it can occlude a brain artery and result in a stroke that can be life-threatening.

Heart failure Specific arrhythmias can effectively reduce a heart’s capacity to pump blood through the body. Heart function can be improved by controlling the rate of an arrhythmia that’s causing heart failure. Alternative Therapies For Palpitations

If you have palpitations, these therapies can help you control the condition. They are:

Exercising Leading a healthy lifestyle and doing light exercises daily such as walking can help in managing your medical condition. Talk to your doctor about what kind of exercises would suit your condition.

Diet changes Choose a diet that is low on unhealthy carbs and follow protein guidelines given by your doctor. The guidelines of what you are supposed to eat will depend on the severity of the condition and the treatment regimen that you are on. It is important to follow the advice of your doctor since your diet influences your health.

Yoga Opting for simple exercises such as yoga can help you avoid stress and anxiety that can further help your health. Living With Palpitations

Experiencing palpitations can be scary and can cause difficulty in carrying out day to day tasks. However, modern science has opened the doors to several possibilities that can allow you to live a healthy life and prevent the occurrence of irregular heart rhythms. Along with your medical treatments, it is important to incorporate lifestyle changes that will help you cope with your condition. Here are a few tips that you can follow:

Follow up with your doctor Make sure that you stay in touch with your doctor and report any changes in your palpitations or if you keep regularly experiencing heart palpitations. Call your doctor if you experience any sudden change in the nature of your palpitations or feel that you are losing consciousness.

Follow a healthy lifestyle Incorporate the changes recommended to you by your doctor. You may be advised to exercise regularly and eat a balanced diet that incorporates fruits, vegetables and whole grains.

Take your medications regularly If you have been given medications to regulate arrhythmia, take the medicines regularly and follow up with your doctor about any change in your condition

Manage stress and anxiety If you are experiencing stress due to a work situation or a personal relationship, practice relaxation techniques that can help you in managing stress and anxiety. Did you know? Stress is a hormonal response of the body and affects women more than men. It can also severely impact your heart health. Learn how stress is affecting your heart. Click To Read! Frequently Asked Questions What are night palpitations? Is it common to experience palpitations during pregnancy? Can food or drink cause heart palpitations? Can panic attacks cause palpitations? Does bending forward cause palpitations? Can excessive thyroid hormone cause palpitations? What other non-cardiac conditions can cause palpitations? References Heart palpitations. National Heart, Lung, and Blood Institute. National Heart, Lung, and Blood Institute. Heart Palpitations. Al-Yaseen E. Al-Na’ar A. Hassan M. Med J Islam Repub Iran. Palpitation in pregnancy: experience in one major hospital in Kuwait. NHS. Heart palpitations and ectopic beats. Aune D, et al. (2018). Tobacco smoking and the risk of atrial fibrillation: A systematic review and meta-analysis of prospective studies. Clementy N, et al. (2018). Benefits of an early management of palpitations. Goyal A, et al. (2021). Palpitations. Heart palpitations and ectopic beats. (2019). Heart palpitations. (n.d.). Heart palpitations and ectopic beats. (2019). Wexlar RK, et al. (2017). Palpitations: evaluation in the primary care setting. Fang JC, O’Gara PT. History and physical examination: an evidence-based approach. In: Zipes DP, Libby P, Bonow RO, Mann DL, Tomaselli GF, Braunwald E, eds. Braunwald’s Heart Disease: A Textbook of Cardiovascular Medicine. 11th ed. Philadelphia, PA: Elsevier; 2019:chap 10. Miller JM, Tomaselli GF, Zipes DP. Diagnosis of cardiac arrhythmias. In: Zipes DP, Libby P, Bonow RO, Mann DL, Tomaselli, GF, Braunwald E, eds. Braunwald’s Heart Disease: A Textbook of Cardiovascular Medicine. 11th ed. Philadelphia, PA: Elsevier; 2019:chap 35. Olgin JE. Approach to the patient with suspected arrhythmia. In: Goldman L, Schafer AI, eds. Goldman-Cecil Medicine. 26th ed. Philadelphia, PA: Elsevier; 2020:chap 56.

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Premature Labor Also known as Early labor, Preterm labor, Preterm birth, Premature birth, and Early delivery Overview A pregnancy usually lasts for about 40 weeks. However, in some cases labor begins prematurely between the 20th and 37th week of pregnancy when uterine contractions cause the cervix, the mouth of the uterus, or womb, to open earlier than normal. The signs of premature labor include regular, painful contractions, fluid or blood leaking from the vagina, dull to severe back pain, and pressure in the pelvic region. In most cases, the causes of premature labor are unknown. However, certain factors like history of preterm labor, less interval between consecutive pregnancies, being pregnant with more than one baby, smoking and certain medical conditions like urinary tract infections(UTIs), diabetes and high blood pressure can increase the risk of preterm labor. Growth happens throughout the pregnancy including the final months and weeks. For example, the brain, lungs, and liver need the final weeks of pregnancy to develop completely. Hence, doctors usually try to delay or stop preterm labor to let the pregnancy continue. Prematurely delivered babies have a higher risk of health complications. While some premature babies do well, others, especially those born many weeks before the due date, need medical intervention and intensive care unit (ICU) care. Key Facts Usually seen in Women between 30-34 years of age Gender affected Women Body part(s) involved Female reproductive organs Prevalence World: 13.4 million (2020) India: 1.7 million (2022) Mimicking Conditions Placental abruption Fetal growth restriction Multiple pregnancies Preeclampsia Premature rupture of membranes Necessary health tests/imaging Lab tests and Imaging tests Ultrasound Transvaginal ultrasound Monitor contractions Fetal Fibronectin Screening Urine tests Treatment Medications Antibiotics: Azithromycin , Erythromycin, Ceftriaxone, Clarithromycin, Metronidazole Tocolytic Agents: Atosiban, Magnesium sulfate, Indomethacin, Nifedipine, and Ritodrine: Corticosteroids: Betamethasone and Dexamethasone Progesterone therapy Cervical Cerclage and Pessary See All Symptoms Of Premature Labor

If a pregnant woman is facing some of the following signs or symptoms before her 37th week of pregnancy, she may be experiencing premature labor: Pressure in the pelvis or lower belly, like the baby is pushing down Menstrual type cramps Constant or low back pain Contractions that occur more than 6 times an hour continuously at a gap of ten minutes apart Painful or hard uterus Increasing pressure in the vagina Vaginal secretion, spotting or light bleeding Blurred or troubled vision Swelling on the hands, feet, and face Preterm rupture of water membranes surrounding the baby breaks or tears Decreased fetal movements Nausea, vomiting, and diarrhea

What are Braxton Hicks contractions? Braxton hicks contractions are mild, irregular, and infrequent contractions, also referred to as ‘false’ or ‘practice’ contractions. They feel like tightness in the abdomen and are relatively less painful. They usually stop on their own or with a change in position, resting or walking.

In contrast, labor contractions typically occur at regular intervals, increase in duration with time, and are much more painful. Watch this video to understand what happens during labor pain and how to identify labor pain. Click Here To Watch

Types Of Premature Labor Premature labor is defined as babies born alive before 37 weeks of pregnancy are completed. There are sub-categories of premature labor, based on gestational age: Extremely premature birth (less than 28 weeks) Very preterm (28 to less than 32 weeks) Moderate to late premature birth (32 to 37 weeks)

Babies are born early because of spontaneous preterm labor or because there is a medical indication to plan an induction of labor or cesarean birth early. Causes Of Premature Labor In cases where labor starts spontaneously before 37 weeks, it’s often hard to tell the exact cause. However, there are several factors discussed in the next section that increase the risk of premature birth. Risk Factors of Premature Labor There are several risk factors for premature labor and birth, including ones that researchers have not yet identified. A few of them are discussed below: Age Mothers younger than 18 years of age and older than age 35 years of age are at a high risk of having preterm infants. History of Preterm Labor Women who have a history of delivering preterm, or who have experienced preterm labor during their previous pregnancies, are considered to be at high risk for preterm labor and birth. Multiple Pregnancy A multiple pregnancy is a pregnancy in which you’re carrying more than one baby at a time. Being pregnant with twins, triplets, or more, is associated with a higher risk of preterm labor and birth. One of the research studies has shown that more than 50% of twin births occurred preterm, compared with only 10% of deliveries of single infants. Short Interpregnancy interval Interpregnancy interval refers to the time between the end of one pregnancy and the conception of another. An interpregnancy interval of less than 6 months increases the risk of preterm birth. The longer the interval between pregnancies, the lesser the risk. Anomalies of the reproductive organs Women with certain anomalies like a shorter cervix (the lower part of the uterus) or weak or incompetent cervix that doesn’t stay closed the way it’s supposed to during pregnancy, increases the risk of preterm labor. Certain medical conditions Certain medical conditions that occur during pregnancy and place a woman at higher risk for preterm labor and delivery include: Sexually Transmitted Diseases (STDs) Urinary Tract Infections (UTIs) Bacterial Vaginosis (infection of vagina) Hypertension (High Blood Pressure) Being underweight or obese before pregnancy Diabetes (high blood sugar) Gestational diabetes (diabetes that occurs during pregnancy) Blood clotting problems Certain developmental anomalies in the fetus Placenta previa (the placenta grows in the lowest part of the uterus and covers all or part of the opening to the cervix) Polyhydramnios (excessive amniotic fluid surrounding the baby in the womb) Premature rupture of the fetal membranes (PROM) (The water bag breaks early and there is not enough amniotic fluid surrounding the baby) Intrahepatic cholestasis of pregnancy (ICP) (a liver disorder during pregnancy) Placental abruption (the placenta starts to separate from the inside of the womb wall) Antiphospholipid syndrome (APS) (an immune system blood disorder) Smoking  
Many studies have shown that maternal exposure to smoke during pregnancy is a key modifiable risk factor for premature birth (birth before 37 weeks gestation), stillbirth, as well as miscarriage.

Want to detach yourself from this deadly habit? Tips to quit smoking Tap Here Drinking alcohol For women who consumed seven or more drinks per week, the relative risk of very premature delivery is increased by many folds as compared to non-drinking women.

Studies have shown that younger mothers may be “At A Higher Risk Of Consuming Alcohol”. Click To Read About This Disruption of the internal clock Research has found that disruption in the 24-hour circadian rhythm (internal clock in the brain that regulates the cycles of alertness and sleepiness) increases the risk of miscarriages, preterm birth, and low birth weights.

Want to fix your dysregulated internal clock? Important Tips To Follow Air pollution Research has found a significant relationship between exposure to air pollution and preterm birth, particularly if the pollutants are sulfur dioxide. Stress Stress seems to increase the risk of preterm birth as it leads to high blood pressure during pregnancy. The high blood pressure further puts at risk of preeclampsia, and premature birth. Is stress affecting your overall well-being? Try some relaxation techniques to manage stress. Read To Explore Lack of social support Lack of social support aggravates mental stress, anxiety, and depression in a female sometimes leading to premature labor. Domestic violence Many studies have shown that women facing issues of physical, sexual, or emotional abuse are at a doubled risk of preterm labor and low birth weight infants. This risk was increased further for women who experienced two or more types of domestic violence during their pregnancy. Did you know? The bacteria that cause infections and inflammation of the gums and bones that support the teeth can actually get into the bloodstream and target the fetus, potentially leading to premature labor and low-birth-weight babies. Follow these tips to take care of your oral health and avoid gum infections. Click Here Diagnosis Of Premature Labor The doctors monitor the signs and symptoms that indicate that the labor may be taking place before the baby’s due date. Physical Examination The doctor will assess the signs and symptoms of whether the woman is entering into labor and decide to watch and wait or allow labor to progress naturally if one is 34 to 37 weeks pregnant. A pelvic examination might be done to evaluate the firmness and tenderness of the uterus, the baby’s size and position, to determine whether the cervix has begun to open, and to check for any uterine bleeding. Lab and Imaging tests Ultrasound: This test is also called a sonogram. During this procedure, high-frequency sound waves are used to check for any problems with the baby or placenta, confirm the baby’s position, check the level of the amniotic fluid, and estimate the baby’s weight. Transvaginal ultrasound: This imaging scan is performed to check the Cervical-length measurement and is an essential part of assessing the risk of preterm labor and delivery. This test is considered to be the gold standard in women who are considered to be at a high risk of preterm birth. Monitor contractions: If a woman is facing contractions, the doctor uses an instrument called a tocodynamometer for monitoring and recording uterine contractions before and during labor. Fetal Fibronectin Screening: This is a protein that helps the amniotic sac (the membrane that cushions the baby during pregnancy) stay attached to the lining of the uterus. This protein begins to break down as the body prepares for birth, and detecting the presence of fetal fibronectin in vaginal discharge in the second and third trimesters of pregnancy signals a high risk of labor. The doctor may swab the cervix and test the secretions for fetal fibronectin protein. Urine tests: If symptoms of labor are experienced before week 37 of pregnancy, the doctor may ask for a urine sample in order to check for bladder or urinary tract infections which often lead to preterm contractions.

Booking your lab tests just got easier. Get all the tests done in the comfort and safety of your home. Find All The Tests Here

Celebs affected Karan Johar Karan Johar was blessed with twins, Yash and Roohi on February 7, 2017, through surrogacy. They were premature babies. He thanked the great team of doctors that helped in the twin’s recovery in NICU. He also added that he wants to help premature babies get the best chance possible. Prevention Of Premature Labor A full-term pregnancy is 40 weeks. The babies’ important organs develop towards the end of pregnancy and a full-term baby faces fewer health issues at the time of birth. While preterm labor cannot be prevented in all cases, its risk can be reduced by following these points: Lead a healthy lifestyle Eat a well-balanced, nutritious diet Keep yourself hydrated Take all the prescribed supplements on time. Gain a healthy amount of weight. Try to stay active every day. Walking is always a good idea. Don’t do strenuous activities that put pressure on the abdomen and cause you significant fatigue. Make sure you take adequate rest and allow the body to adjust during pregnancy. Manage stress levels by engaging in physical and spiritual activities Maintain a healthy relationship with your partner Say goodbye to these vices Don’t drink alcohol while trying to get pregnant and during the full phase of pregnancy Quit tobacco, smoking, e-cigarettes, and vaping. Don’t consume any recreational drugs or nonprescribed medications

Seek prenatal care Seek prenatal care early in the pregnancy, particularly if someone has any risk factors for preterm birth such as having a history of a premature baby in the past, or having issues related to your uterus or cervix Consult with your doctor immediately if you think you are facing any signs of premature labor If both the mother and the baby are healthy and fine, it is best to wait until at least 39 weeks and let labor begin on its own.

Know the signs of preterm labor before it becomes too late Consult your pregnancy care physician immediately if you are facing any issues like Contractions, cramping, or tightening of your uterus Abdominal cramps, with or without diarrhea Pressure in the vagina or pelvic region Lower backache Increased vaginal discharge

Prenatal Probiotics- A breakthrough in preventing preterm birth? Abnormal vaginal microbes and bacterial vaginosis are important risk factors for premature labor. Various studies have shown that the administration of probiotics containing Lactobacillus rhamnosus GR1 and Lactobacillus reuteri RC14 in pregnant women restores the normal vaginal flora and also maintains optimum vaginal pH. Probiotics containing these strains have the potential to reduce vaginal infections and therefore the incidence of Preterm births. They are beneficial and safe for use in pregnancy to prevent preterm birth, if administered at or before 20 weeks of pregnancy. Did you know? It is important to empty the bladder when required. Holding urine increases the risk of urinary tract infections, a major risk factor for premature labor. Read the answers to FAQs of UTIs Specialist To Visit Doctors that can help in the prevention and management of preterm labor are: Obstetrician & Gynecologist Perinatologist

An obstetrician & gynecologist specializes in diagnosing and treating diseases of the female reproductive system along with delivering babies, and providing medical care during pregnancy and after birth. A Perinatologist is an obstetrician who specializes in high-risk pregnancies. They work with mothers and infants to ensure safety before and after birth.

Seek medical help from our trusted team of doctors. Book Your Appointment Now

Treatment Of Premature Labor Management is implemented based on the symptoms and the baby’s gestational age at which the mother presents to the hospital. The doctor might recommend the following medications and procedures to delay or manage early labor: Medications Antibiotics: If a urine test during preterm labor reveals a bladder, kidney, or urinary tract infection (UTI) the doctor may prescribe antibiotics. Sometimes, managing the infection stops premature labor. A few examples include: Azithromycin Erythromycin Ceftriaxone Clarithromycin Metronidazole

Tocolytic Agents: These are the drugs designed to inhibit contractions of smooth muscles and thus inhibit premature labor If a woman is showing signs of preterm labor and is less than 34 weeks pregnant, the doctor may administer a tocolytic medication to suppress labor and give the baby’s lungs more time to mature. They may be given into the vein (intravenously). A few examples include: Atosiban Magnesium sulfate Indomethacin Nifedipine Ritodrine  
Note: Tocolytics should not be prescribed to women with certain health conditions, such as severe bleeding, which may be caused by the placental abruption (placenta detaching from the wall of the uterus.

Corticosteroids: If a woman is less than 34 weeks pregnant and experiencing the symptoms of labor, corticosteroid is injected to help promote the baby’s lung maturity. A few examples include: Betamethasone Dexamethasone

Note: These corticosteroids also benefit patients with PPROM (Preterm premature rupture of the membranes and those with hypertensive syndromes. But the repeated course of corticosteroids is not recommended.

Progesterone Therapy This therapy reduces the risk of spontaneous preterm labor in women who are at an increased risk based on a history of previous spontaneous preterm labor. Progesterone supplementation is beneficial in women starting at 16 to 24 weeks gestation and continuing through 34 weeks gestation. Eg. Hydroxyprogesterone caproate Note: Progesterone is not beneficial in multiple gestation pregnancies Surgical procedure Cervical Cerclage This is a surgical procedure that might be recommended in women with a short cervix (less than 25 mm) and a history of early premature birth. This procedure is performed around 12-14 weeks of pregnancy by closing the cervix with strong sutures that are removed at around 37 weeks.

Cervical Pessary It is a simple, less invasive procedure that involves closing the cervix with a silicone ring that is removed at around 37 weeks. This procedure does not require anesthesia and might replace the invasive cervical stitch operation. Complications Of Premature Labor

A developing baby needs a full term in the uterus to develop. Growth happens throughout the pregnancy including the final months and weeks. For example, the brain, lungs, and liver need the final weeks of pregnancy to develop completely. Hence, premature labor and birth can pose many complications discussed below:

Neonatal Complications Prematurely born babies tend to have heart, brain, lung, or liver issues. They are prone to breathing difficulties, pneumonia, infections, anemia, jaundice, bleeding in the brain, sepsis, and vision problems amongst other complications. However, with improved obstetric and neonatal care facilities, the rate of complications in preterm births has reduced. Infant Complications Infants can have breathing problems, feeding difficulties, impaired cognitive abilities, cerebral palsy, learning disabilities, developmental delays, and vision, and hearing problems. Behavioral issues such as anxiety, depression, autism spectrum disorders, and ADHD (Attention deficit hyperactivity disorder) are also associated with preterm labor.

Maternal Complications Studies have shown that preterm labor has been associated with an increased risk for cardiac complications, typically years after the delivery. Women delivering preterm babies can have a great emotional impact leading to anxiety, postpartum depression, and Post-traumatic stress disorder. Alternative Therapies For Premature Labor

Some of the alternative therapy that has shown some promising results in preventing preterm labor and delivery:

Prenatal yoga Prenatal yoga focuses on positions that are specifically designed for pregnant women’s bodies. These yoga postures should be performed under the guidance of a trainer. This can help improve flexibility and it is great for blood circulation too. This helps in keeping the baby and mother healthy in proper coordination and hence reduces the chances of preterm labor.

Learn about yoga that is safe to practice during pregnancy. Watch Now Massage therapy Massage therapy during pregnancy has been shown to provide many benefits, including a sense of wellness, improved relaxation, and better sleep. This massage helps in reducing stress, anxiety, and emotional disturbance faced by a pregnant woman and hence reduces the risk of preterm labor. Warm baths Warm baths help in calming the body and relaxing the muscles. This is a really great way to calm and de-stress. Living With Premature Labor

If a woman is at risk of premature labor, she may always feel scared or anxious about the pregnancy. This adds on if the woman is having a history of preterm labor. In the above cases, it is advisable to consult your doctor at each step to stay relaxed and calm. If a woman is feeling anxious or depressed, it is important she is accompanied by a loved one or caretaker while visiting your doctor. This would give her moral support and a sense of protection. Ask multiple questions from the doctor. Do not hesitate or be fearful about asking anything about your condition. Premature delivery of a baby also involves high medical expenditure. Hence, it is also important to plan finances accordingly. Frequently Asked Questions Is premature labor genetic? How common is premature Labour? What are the different types of premature labor? What are the three warning signs of premature labor? Can stress cause preterm labor? Can lack of sleep cause premature labor? References Quinn JA, Munoz FM, Gonik B, Frau L, Cutland C, Mallett-Moore T, Kissou A, Wittke F, Das M, Nunes T, Pye S, Watson W, Ramos AA, Cordero JF, Huang WT, Kochhar S, Buttery J; Brighton Collaboration Preterm Birth Working Group. Preterm birth: Case definition & guidelines for data collection, analysis, and presentation of immunization safety data. Vaccine. 2016 Dec 1;34(49):6047-6056. doi: 10.1016/j.vaccine.2016.03.045. Epub 2016 Oct 13. Stock SJ, Bauld L. Maternal smoking and preterm birth: An unresolved health challenge. PLoS Med. 2020 Sep 14. Effect of maternal stress during Pregnancy on the Risk for preterm birth. Caroline Lilliecreutz, Johanna Larén, Gunilla Sydsjö et.al. Albertsen K, Andersen AM, Olsen J, Grønbaek M. Alcohol consumption during pregnancy and the risk of preterm delivery. Am J Epidemiol. 2004 Jan 15. Domestic violence during pregnancy doubles the risk of preterm birth, low birth weight. Wiley. Science daily. Mirabzadeh A, Dolatian M, Forouzan AS, Sajjadi H, Majd HA, Mahmoodi Z. Path analysis associations between perceived social support, stressful life events and other psychosocial risk factors during pregnancy and preterm delivery. Iran Red Crescent Med J. 2013 Jun;15. Manzur Kader and others, Shift and night work during pregnancy and preterm birth—a cohort study of Swedish health care employees, International Journal of Epidemiology, Volume 50, Issue 6, December 2021. Institute of Medicine (US) Committee on Understanding Premature Birth and Assuring Healthy Outcomes; Behrman RE, Butler AS, editors. Preterm Birth: Causes, Consequences, and Prevention. Washington (DC): National Academies Press (US); 2007. What are the risk factors for preterm labor and birth? National Institute of Health. O’Hara S, Zelesco M, Sun Z. Cervical length for predicting preterm birth and a comparison of ultrasonic measurement techniques. Australas J Ultrasound Med. 2013 Aug. Prevention of Premature Births. Healthy Babies are Worth the Wait. Department of Health. April 2022. Suman V, Luther EE. Preterm Labor. [Updated 2022 Aug 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan. ztürk R, Emi Nov A, Ertem G. Use of complementary and alternative medicine in pregnancy and labor pain: a cross-sectional study from Turkey. BMC Complement Med Ther. 2022 Dec 14. Fuchs F, Monet B, Ducruet T, Chaillet N, Audibert F. Effect of maternal age on the risk of preterm birth: A large cohort study. PLoS One. 2018 Jan 31. Effect of preterm birth on Early neonatal, late neonatal, and postneonatal mortality in India. Ajit Kumar Kannaujiya, Kaushalendra Kumar, Ashish Kumar Upadhyay et.al. June 2022. Saini R, Saini S, Saini SR. Periodontitis: A risk for delivery of premature labor and low-birth-weight infants. J Nat Sci Biol Med. 2010 Jul;1. Prenatal Probiotics: The Way Forward in Prevention of Preterm Birth. Karukkupalayam Ramasamy Dhanasekara , Bennur Shilpaa, et.al. Smith GC, Pell JP, Dobbie R. Interpregnancy interval and risk of preterm birth and neonatal death: retrospective cohort study. BMJ. 2003 Aug 9.

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Premenstrual syndrome (PMS) Also known as Premenstrual syndrome, Ovarian cycle syndrome, and Premenstrual tension Overview Premenstrual syndrome, commonly known as PMS is characterized by a set of physical, emotional, and behavioral symptoms that usually occurs a week or two before the menses.

The physical symptoms of PMS may include breast tenderness, bloating or heaviness in the abdomen, headache, constipation or diarrhea, acne, and muscle pains, while the emotional symptoms may present in the form of restlessness, anxiety, anger, irritability, cravings and mood swings.

While a combination of many factors like hormonal changes, chemical changes in the brain and lifestyle factors are considered to cause PMS, some factors that can increase the risk of PMS symptoms include being overweight or obese, smoking, personal or family history of depression or certain nutritional deficiency of vitamins and minerals.

Lifestyle adjustments can help you reduce or manage the signs and symptoms of PMS. The conservative approaches such as exercise, yoga, and meditation, help in alleviating depressive symptoms. Also, your doctor can help you find ways to relieve your symptoms with the help of certain drugs. Key Facts Usually seen in Women between 20 to 30 years of age Gender affected Women Body part(s) involved Uterus Prevalence Worldwide: 47.8% (2020) Mimicking Conditions Depression Anxiety Perimenopause Chronic fatigue syndrome Irritable bowel syndrome (IBS) Thyroid disease Necessary health tests/imaging Pelvic exam test Patient record Treatment Painkillers: Ibuprofen, Naproxen & Aspirin Antidepressants: Fluoxetine, Sertraline, Paroxetine & Escitalopram Birth control pills (oral contraceptives): Drospirenone & Ethinyl estradiol Gonadotropin-releasing hormone (GnRh) agonists: Leuprolide & Goserelin acetate Diuretics: Spironolactone See All Symptoms Of PMS

There are various physical and emotional symptoms associated with PMS. They can also vary from month to month and are sometimes so severe that they affect the daily lives of women. Symptoms usually peak two days before menstruation and disappear within four days of menstruation. Symptoms might include: Physical symptoms Change in appetite Weight gain Back pain Headache Swelling and tenderness of breasts Constipation Tiredness Pain in the genital area (dyspareunia) Nausea Diarrhea Bloating Migraine Drowsiness Poor concentration Insomnia Increased nap-taking Swelling of the hands and feet Bodyache Joint pain Lower tolerance for noise or light Abdominal pain Menstrual cramps

Worried about what’s to come after PMS? Here are 6 effective ways to manage period pain. Read to know

Emotional symptoms Crying Mood swings Irritability Anger Feelings of tension Disinterest in daily activities Fatigue Feeling overwhelmed or out of control In some women with PMS, severe, debilitating symptoms occur which can affect the daily routine activities of women, known as premenstrual dysphoric disorder (PMDD). It causes extreme mood shifts such as: Severe depression Panic attacks Feelings of hopelessness Low self-esteem Anger and irritability Crying spells Suicidal thoughts Did you know? Symptoms of PMS are very similar to the symptoms of early pregnancy. Listen to our experts explain PMS better. Watch this video now

Causes Of PMS

The exact cause of PMS is not known. The hormone fluctuations may play a role in developing symptoms of PMS. Some women react more to these fluctuations than others, which can be linked to genetic factors or chemicals released in the brain. The following changes in the hormones that may cause PMS include: 1. Estrogen The fluctuations in estrogen levels cause mood swings. Studies also suggest that a decreased amount of estrogen stimulates common symptoms of PMS such as insomnia, fatigue, and depression. 2. Progesterone PMS is also influenced by the hormone progesterone. Low progesterone levels or progesterone levels falling too rapidly during the second half of the menstrual cycle can lead to PMS symptoms. 3. Serotonin There is an increase in serotonin precursors between days 7 to 11 and 17 to 19 of the menstrual cycle. This rise in serotonin causes mood swings which is a significant symptom of PMS. 4. Prolactin Women with PMS symptoms have high levels of prolactin, especially in the premenstrual time. Studies suggest that high prolactin levels clubbed with low levels of progesterone can lead to anxiety and depression.

Most of the women have a lot of questions about periods. And one of the most common ones is: Are my periods normal? Have a question about periods? Get answers here

Risk Factors Of PMS

Though the exact cause of PMS is still unknown, there are an array of risk factors that are associated with PMS. They include: 1. Age PMS is a disease that is linked with menstrual cycles, so it affects women after menarche (the first occurrence of menstruation) till menopause. It is mostly seen between mid 20s to late 30s.

There are several changes in the woman’s body as she turns 30. So let’s explore what 30s have in store for every woman! Tap to know

1. Lifestyle factors There are various lifestyle factors that can increase the chances of PMS.  
   Diet: Excess intake of sugar, coffee, packaged and processed food is associated with an increased risk of PMS. Sedentary lifestyle: Some studies also suggest the role of sedentary and inactive lifestyles in PMS. Poor sleep quality: Inadequate and poor quality sleep predisposes women to PMS.

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Stress: Stress increases menstrual pain by stimulating the body’s response.

Read to know more about 10 effective tips to manage stress. Click now

Alcohol consumption: The drinking of alcohol increases the risk of PMS moderately.

Management products to help you in your weight loss journey! Explore them now

1. Hormonal disorders Some hormonal disorders such as deficiency of serotonin – a chemical produced by the brain that aids in digestion, sleeping, and stabilization of mood increase the risk of developing PMS. The increase in another female sex hormone progesterone is also seen in women having PMS symptoms.
2. Family history Some studies also suggest that women who have a family history of depression are at higher risk of PMS.
3. Medical history Women who have a personal history of postpartum depression or other mood disorders are at higher risk of PMS.
4. Certain vitamin and mineral deficiencies Low levels of certain vitamins and minerals particularly magnesium, manganese, Vitamin E and Vitamin D also increases the risk of PMS. Did you know? Vitamin deficiency can also affect your hair and nails. There are numerous reasons for brittle hair and nails and one of those is the deficiency of Vitamin B7, commonly known as biotin. Here are some of the common signs of vitamin deficiency you need to be aware of! Tap to know Diagnosis Of PMS

PMS cannot be diagnosed by any specific tests and it is determined through symptoms experienced by the individual. Diagnosis of PMS includes the following: 1. Tracking the symptoms: PMS is diagnosed through tracking the duration, onset and severity of symptoms. Patients are asked to maintain a diary for at least 2 to 3 months. The patient should keep a record of: Daily symptoms Details of the menstrual cycle First and last day of the menstrual period 2. Pelvic exam: It is recommended to check for any other gynecological problems. Specialist To Visit

Most of the women remain undiagnosed due to lack of knowledge, not reporting, or difficulty in diagnosing the symptoms by the clinician. The specialty of doctor that may help in diagnosing PMS include: General physician Gynaecologist Psychiatrist Psychologist A general physician can be the first point of contact for the patient. If required the patient can be referred to a gynecologist who specializes in the disease of the female reproductive system. A psychiatrist and psychologist help in managing the mental aspect of PMS. When to see a doctor? The symptoms of PMS should not be ignored. The women should consult the doctor if symptoms : Starts 5 days before the start of a period for at least three consecutive cycles End within 4 days after a period starts Interfere in normal daily activities To get the right diagnosis, it is important to consult the right doctor. Consult India’s best doctors online. Consult now Prevention Of PMS

Emotions are a very basic trait of a human being. So, every mood swing or other emotional symptom may not be associated with PMS. It can be part of your behavior as well. To avoid this confusion, symptoms should be discussed with the doctor. PMS is not life-threatening but it can impact overall productivity and health. The following Do’s and Don’ts are helpful in preventing PMS: Do’s Drink plenty of water and fluids, like coconut water, fruit juices, soups and herbal teas to ease abdominal bloating. Eat a well-balanced healthy diet containing whole grains, fruits, vegetables, good fats, and protein. Here’s more on what to have and what to avoid during periods. Read now Consume nutrition supplements such as calcium, magnesium, omega 3, 6 fatty acid and Vitamin B complex, if required. Do consult your doctor before taking these supplements.

Bridging gaps in daily diet can help deal with PMS symptoms. Explore our wide range of nutritional supplements. Fill your cart Do light, regular exercises, yoga, aerobics, swimming, or jogging for at least 30 minutes a day for physical fitness and overall well-being.

Too lazy to sweat it out? These tips might help you get your daily dose of physical activity. Read more

Get sufficient sleep. A sound sleep of around 8 hours, especially during the premenstrual period, can prevent and reduce the symptoms of PMS. Bask in the morning sun. Try to get sufficient vitamin D via natural sunlight. Diet or supplements can also be taken to cover any deficiency. Booking your lab tests just got easier. Get your Vitamin D levels checked from the comfort of your home. Click to book Learn healthy ways to cope with stress. Take a walk in nature, talk to your friends or write in a journal. Deep breathing exercises, massage, or meditation can come in handy too.

Listen to our specialist about several methods to deal with stress. Click to watch Consult a doctor, if general care at home is not relieving the symptoms. Sometimes, your doctor can advise medicines to help you manage the symptoms.

Connect with an expert Don’ts Do not smoke. Women who smoke report more and worse PMS symptoms than women who do not smoke.

Looking to quit smoking? Try our range of smoking cessation products. Explore now

Do not consume excessive alcohol. Too much alcohol can exacerbate PMS symptoms and worsen cramps. Do not include excessive salt or salty foods in your diet as they can cause bloating and fluid retention. Do not overindulge in sugar, packaged, ultra-processed foods, and caffeine. They can worsen the symptoms of PMS.

Early to bed, early to rise is not just a proverb! A few studies have shown that aligning your waking up and sleep time in tune with sunrise and sunset, respectively, holds promise in the management of PMS. Treatment Of PMS

While mild symptoms can be managed with conservative treatment options including home care remedies, regular exercise, relaxation techniques, vitamin and mineral supplementation, etc, severe symptoms require medical intervention. Various treatment options include: Medications Painkillers: They help in easing the pain associated with PMS and periods. The common medications include: Ibuprofen Naproxen Aspirin Antidepressants: Antidepressants are given to ease emotional symptoms. Selective serotonin reuptake inhibitors, or SSRIs are the most commonly prescribed antidepressants. They include: Fluoxetine Sertraline Paroxetine Escitalopram Note: SSRIs are taken for two consecutive months to assess their effect. In case of failure of therapy, alternative medication such as Venlafaxine is recommended. Birth control pills (oral contraceptives): The hormonal preparations of the birth control pills prevents changes in the hormones. This helps in reducing mood swings. Drugs include: Drospirenone Ethinyl estradiol Gonadotropin-releasing hormone agonists: These medications temporarily stop the menstrual cycle by blocking the synthesis of hormones estrogen and progesterone. This helps in improving physical symptoms such as bloating.The common examples include: Leuprolide Goserelin Diuretics: This class of drug is used to reduce symptoms associated with fluid retention such as bloating and breast tenderness. Spironolactone is a common example diuretic used in PMS.

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Home-care Of PMS

For home care of PMS adhere to all the pointers mentioned in the ‘Prevention’ section. Along with that adding the following to your diet can help in soothing the symptoms of PMS. Do consult your healthcare provider before starting any of the following: Nutritional supplements such as calcium, magnesium, omega 3, 6 fatty acids, Vitamin B complex, and Vitamin D should be consumed in case of specific deficiencies.

Bridging gaps in daily diet can help deal with PMS symptoms. Explore our wide range of nutritional supplements. Fill your cart

Turmeric (Haldi): Turmeric helps in alleviating stomach cramps due to its anti-inflammatory effect.

Want to know more about the health benefits of turmeric? Read this now

Fennel (Saunf): Fennel helps in reducing bloating due to its diuretic effect. It is also found to relieve stomach cramps. Chamomile: This herb has antispasmodic, analgesic, and anti-inflammatory properties. It’s tea relaxes the muscles of the uterus and helps in relieving cramps. Chasteberry extract: This herb is used to manage various hormonal disorders. It is used to get relief from PMS symptoms such as breast tenderness and hot flashes. It reduces the release of prolactin which is a contributory factor of PMS. St. John’s wort: It is a herb that is used to control behavioral symptoms associated with PMS. Ginkgo biloba: It is a well-known herb that has been used for years in Traditional Chinese Medicine. Some studies suggest its role in reducing the severity of PMS symptoms. Complications Of PMS

PMS can aggravate several clinical conditions such as migraine, mood disorders, asthma, epilepsy, multiple sclerosis, systemic lupus erythematosus (SLE), inflammatory bowel disease, and irritable bowel syndrome. Untreated PMS can also disturb sexual life which can lead to relationship issues and psychological distress. Other complications of PMS include: Premenstrual Dysphoric Disorder (PMDD): It is the most severe form of PMS that is characterized by intense mood swings, anger, irritability, and anxiety. Depression: The intense symptoms of PMS can also lead to depression. Substance abuse: It is seen that cravings for substances such as alcohol, drugs, and nicotine increases in PMS. Did you know? COVID-19 can have an impact on your menstrual health. Certain studies suggest COVID-19-associated depression, anxiety, and stress and the high prevalence of PMS. Get the latest updates on COVID-19 Tap now Alternative Therapy For PMS

Along with the general treatment, there are a few complementary therapies that have proven to be beneficial. They include: Cognitive and behavioral therapy (CBT) It is helpful to manage moderate to severe physical and emotional symptoms. In this, psychotherapists conduct sessions to normalize the individual’s thoughts and behavior. The therapy focuses on memory and judgment to rectify the person’s overall feelings, mood, and behavior. Acupuncture It is a very ancient technique that is used in China and Japan. In this, fine metal needles are inserted into the skin at specific points. This helps in alleviating symptoms of PMS. Sometimes, needles are stimulated by electricity which is known as electro-acupuncture. Acupressure In this, the specific points of the body are stimulated using fingers or thumbs instead of needles. It can be done by the individual itself. Relaxation response This technique is used to reduce stress. It involves methods such as quiet sitting, progressive muscle relaxation, and repetition of a particular word during inhale and exhale. Practicing for 10-20 minutes daily helps in providing emotional stability. Light therapy Exposure to light plays a very important role in improving mood-related symptoms. During light therapy, the individual is exposed to artificial light that mimics natural light. It stimulates the release of serotonin which elevates the mood. A reduction in symptoms such as depression is shown in women who are continuously exposed to bright light. Massage therapy Massage helps in reducing cramps by relaxing the nervous system. Studies suggest that regular massages help in relieving mood swings and pain.  
Biofeedback The technique records the responses of the individuals such as heart rate, muscle tension, brain activity, etc after stimulation. It helps in alleviating physical and emotional symptoms by analyzing the triggers. Homeopathy There are several homeopathic medicines used to calm PMS symptoms. Examples include sepia, Ignatia, pulsatilla, and Lachesis. Living With PMS

PMS is not a life-threatening condition, but it can take a toll not just on your body but your mind as well. PMS can be managed well with certain conscious lifestyle modifications. The physical and emotional symptoms experienced by women during PMS have a negative impact on relationships also. Emotional support from family, friends, and colleagues helps to cope with PMS symptoms. The following measures can be taken to manage a good relationship: Communicate: Effective communication, especially by the partner helps to reduce the stress experienced by the women during this period. Give space: Sometimes, a woman needs emotional and physical space. This helps the women to tackle the PMS symptoms. Help: Family members can ease the life of PMS patients by helping them with their routine work such as household chores.

Note: The symptoms of PMS vary from woman to woman. So, it is very important to keep a record of the timings and types of symptoms. This will help to analyze the triggers that may help to lessen the symptoms.

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Frequently Asked Questions Can vitamin and mineral deficiencies lead to PMS? Can you control emotions during PMS? What is the difference between PMS and PMDD? Does PMS affect fertility? Can PMS have an affect on their health conditions? References ACOG,The American College Of Obstetricians and Gynecologists, Last Updated On: May 2021. OASH, Office On Women’s Health, Last Updated On: February 22, 2022. Gudipally PR, Sharma GK. Premenstrual Syndrome. [Updated 2022 Jul 18]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls. Rad M, Sabzevary MT, Dehnavi ZM. Factors associated with premenstrual syndrome in Female High School Students. J Educ Health Promot. 2018 May 3;7:64. Ford O, Lethaby A, Roberts H, Mol BW. Progesterone for premenstrual syndrome. Cochrane Database Syst Rev. 2012 Mar 14;2012(3). Dinh Trieu Ngo V, Bui LP, Hoang LB, Tran MT, Nguyen HV, Tran LM, Pham TT. Associated factors with Premenstrual syndrome and Premenstrual dysphoric disorder among female medical students: A cross-sectional study. Plos one. 2023 Jan 26;18(1):e0278702. Dutta A, Sharma A. Prevalence of premenstrual syndrome and premenstrual dysphoric disorder in India: A systematic review and meta-analysis. Health Promot Perspect. 2021 May 19;11(2):161-170. Mishra S, Elliott H, Marwaha R. Premenstrual Dysphoric Disorder. [Updated 2023 Feb 19]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Reid RL. Premenstrual Dysphoric Disorder (Formerly Premenstrual Syndrome) [Updated 2017 Jan 23]. In: Feingold KR, Anawalt B, Blackman MR, et al., editors. Endotext [Internet]. South Dartmouth (MA): MDText.com, Inc.; 2000-. Table 1, Diagnostic Criteria for Premenstrual Dysphoric Disorder (PMDD) InformedHealth.org [Internet]. Cologne, Germany: Institute for Quality and Efficiency in Health Care (IQWiG); 2006-. Premenstrual syndrome: Treatment for PMS. [Updated 2017 Jun 14]. Aolymat I, Khasawneh AI, Al-Tamimi M. COVID-19-Associated Mental Health Impact on Menstrual Function Aspects: Dysmenorrhea and Premenstrual Syndrome, and Genitourinary Tract Health: A Cross Sectional Study among Jordanian Medical Students. Int J Environ Res Public Health. 2022 Jan 27;19(3):1439. Armour M, Ee CC, Hao J, Wilson TM, Yao SS, Smith CA. Acupuncture and acupressure for premenstrual syndrome. Cochrane Database Syst Rev. 2018 Aug 14;8(8):CD005290. Chasteberry, NIH, National Center for Complementary and Integrative Health. Last Updated on: July, 2020. Baker FC, Driver HS. Circadian rhythms, sleep, and the menstrual cycle. Sleep Med. 2007 Sep;8(6):613-22. doi: 10.1016/j.sleep.2006.09.011. Epub 2007 Mar 26. PMID: 17383933. Shechter A, Boivin DB. Sleep, Hormones, and Circadian Rhythms throughout the Menstrual Cycle in Healthy Women and Women with Premenstrual Dysphoric Disorder. Int J Endocrinol. 2010;2010:259345. doi: 10.1155/2010/259345. Epub 2010 Jan 18. PMID: 20145718; PMCID: PMC2817387. Abdi F, Ozgoli G, Rahnemaie FS. A systematic review of the role of vitamin D and calcium in premenstrual syndrome. Obstet Gynecol Sci. 2019 Mar;62(2):73-86. doi: 10.5468/ogs.2019.62.2.73. Epub 2019 Feb 25. Erratum in: Obstet Gynecol Sci. 2020 Mar;63(2):213. PMID: 30918875; PMCID: PMC6422848.

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Prostate cancer Also known as Adenocarcinomas Overview The prostate is a small walnut-shaped gland that is a part of the male reproductive system. It facilitates sperm transport and nutrition by producing seminal fluid. The prostate wraps around the male urethra as it exits the bladder.

In prostate cancer, cells in the prostate gland begin to multiply abnormally. The risk of developing it increases with age, with men being affected over 50 years of age. Other main risk factors include family history, ethnicity, genetic mutations and diet.

Poor bladder control, painful urination, weight loss, fatigue and erectile dysfunction are some of the symptoms of prostate cancer. Diagnosis is done using a digital rectal exam, prostate-specific antigen (PSA) test, and prostate biopsy.

Prognosis and treatment of prostate cancer depend on cancer staging. Treatment modalities include observation, active surveillance, surgery (radical prostatectomy), radiation therapy, hormone therapy, chemotherapy, immune/vaccine therapy, and other medical therapies that can treat prostate cancer cell growth. Key Facts Usually seen in

Adults above 50 years of age Gender affected Men Body part(s) involved Prostate gland Urinary bladder Urethra Pelvic organs Prevalence Worldwide: 7.1% (2018) India: 5.0-9.1% (2016) Mimicking Conditions Urinary tract infection Benign prostate hyperplasia Erectile dysfunction Cystitis Necessary health tests/imaging Ultrasound MRI scan DRE Prostate specific antigen (PSA) Biopsy CT scan Treatment Surgery: Radical prostatectomy, Pelvic lymphadenectomy & Transurethral resection of the prostate (TURP) Immunotherapy Chemotherapy Hormonal therapy: Abiraterone acetate, Estrogens & Antiandrogens Radiation therapy: External radiation therapy, Hypofractionated radiation therapy & Internal radiation therapy Radiopharmaceutical therapy Biphosphonate therapy See All Symptoms Of Prostate Cancer

In the early stages of prostate cancer, there may be or may not be any signs or symptoms. However, as cancer progresses, some of the symptoms may appear.

Here are some common signs and symptoms of prostate cancer: 1. Poor bladder control A person with early-stage prostate cancer will have a lot of trouble regulating his bladder. He would frequently spill his pants as a result of urine leaking before reaching a bathroom.

Urinary incontinence is a frequent sign of various urinary infections. In case you have this issue, consult a urologist and have your prostate cancer tested. 2. Trouble urinating Urinary trouble is a common presenting symptom of prostate cancer. Some may even find it painful to empty the bladder. 3. Decreased force in the stream of urine Due to an enlarged prostate, pressure increases over the urinary bladder, leading to weak flow when you urinate.

You may feel that your bladder is still full and your urine dribbles after you finish urinating. 4. Urge to urinate Enlarged prostate obstructs easy emptying of the urinary bladder. So you might feel the need to urinate more often than usual. This urge is more especially at night when you may sometimes spill urine before reaching the toilet. 5. Painful urination Having painful urination regularly is a sign that you must seek medical help because this can be a warning sign of prostate cancer. 6. Blood in the urine and semen It’s a symptom of locally advanced prostate cancer. When cancer spreads to other surrounding organs, blood might leak into urine and semen. 7. Bone pain Advanced prostate cancer may present with symptoms like back pain. Pain in the pelvic region and hip pain is felt when prostate cancer begins to spread. 8. Losing weight without trying Like malignancies in other organs, prostate cancer patients have unexplained weight loss. The weight loss could be due to other underlying causes. When it is associated with the other symptoms, it could be a warning sign of prostate carcinoma. 9. Persistent pain in the lower back Persistent pain in the low back, hips, and pelvis is another warning indication. If this symptom is present with the other symptoms listed above, a detailed examination for prostate cancer could be the next step. 10. Erectile dysfunction Erectile dysfunction is another common symptom seen in several medical conditions. Several drugs can lead to erectile dysfunction. If a person has erectile dysfunction and painful urination, he should get tests done for prostate cancer. 11. Reduced semen If an individual notice that the amount of semen ejaculated during sex has decreased, he should get his prostate tested for any signs of malignancy. Reduced semen is especially important if the individual is also experiencing other symptoms that could indicate prostate cancer. Causes Of Prostate Cancer

The specific cause of prostate cancer is unknown. However, it is generally a result of mutation and uncontrolled division in the normal prostate cell.

Oncogenes are genes that aid in the growth, division, and survival of cells. Tumor suppressor genes are the ones that usually regulate cell growth, repair DNA errors, or induce cells to die at the appropriate moment.

Prostate cancer starts to form when cells in the prostate gland have alterations in their DNA. These abnormal cells group together to create a tumor. This tumor can spread and invade neighboring tissue. Some abnormal cells can break away and move to other parts of the body over time. Risk Factors For Prostate Cancer

Some of the factors that elevate the risk of prostate cancer are as follows. 1. Old age After 50 years of age, prostate cancer becomes more common. Old age acts as a risk factor for prostate cancer. 2. Race African American men, West African ancestry from the Caribbean and South American men have an increased risk of prostate cancer than those of other races. The lowest incidence is typically found in Asian men, associated not only with genetic susceptibility but also with the diet, lifestyle and environmental factors. 3. Family history If a blood relative has been diagnosed with prostate cancer, such as a parent, brother, or kid, your risk may increase for cancer. 4. Gene changes Some gene alterations (mutations) appear to increase the risk of prostate cancer.

If you have a gene that increases the risk of breast cancer (BRCA1 or BRCA2), your risk of prostate cancer may increase.

Men with Lynch syndrome (also known as hereditary non-polyposis colorectal cancer or HNPCC), a condition caused by inherited gene mutuations, have an increased risk for prostate cancer. Other possible risk factors

The following factors are also known to affect the risk of getting prostate cancer. However, more research is necessary to confirm the involvement of these factors.

Obesity: Overweight and obese men people may have a higher risk of prostate cancer. Obesity is also thought to be associated with higher prostate cancer progression and mortality.

Alcohol consumption: Alcohol use, particularly heavy use, can be a risk factor of prostate cancer. Alcohol consumption is generally measured in drinks per day, with a usual drink of alcohol containing about 15 g of ethanol irrespective of the type of beverage consumed (beer, wine and liquor, straight or mixed). More than one drink everyday substantially increases the risk of prostate cancer.

Tobacco: Tobacco and cigarette smoke contains over 4,000 chemicals, among which more than 60 are listed as carcinogens. Male smokers are also found to have elevated levels of circulating androsterone and testosterone, which may increase the risk of prostate cancer or contribute to its progression.

Dietary factors: Some of the dietary factors that can increase the risk of prostrate cancer include: Saturated animal fat: A high calorie intake of saturated animal fat is often associated with an increased risk of prostate cancer due to increasing testosterone levels. Meat (red, smoked, and seasoned): High correlation between per capita meat consumption and cancer incidence and mortality has been found. Calcium, milk and dairy products: Studies have reported that high intake of calcium (above the recommended dietary allowance of ~1000 mg/day) or dairy products are associated with increased risk of developing prostate cancer. Choline: A positive association is seen between the dietary choline intake or plasma concentration of choline and the risk of prostate cancer. The main dietary sources of choline are eggs, beef and chicken liver and wheat germ. A study published in American Journal Of Clinical Nutrition found that men with the highest choline intake (~500 mg/day) had a 70 % increased risk of lethal prostate cancer compared with men with the lowest intake (~300 mg/day).

Chemical exposure: A few studies have suggested a link between chemical exposure and prostate cancer. These chemicals include which the firefighters are exposed to and herbicides like agent orange.

Prostatitis: Inflammation of the prostate gland has been related to an increased risk of prostate cancer in certain studies. The link between the two is still unclear, and research is ongoing in this area.

Here’s everything you need to know about prostatitis. Click To Read!

Sexually transmitted infections: Research has been done to see if sexually transmitted infections like gonorrhea or chlamydia might increase the risk of prostate cancer, because they increase inflammation of the prostate. So far, studies have not agreed, and no firm conclusions have been drawn.

Vasectomy: Vasectomy is a type of male contraception. Few studies have associated it with slightly increased risk of prostate cancer, but other studies have not found this. Research on this possible link is still under way. Diagnosis Of Prostate Cancer

Most doctors advise men in their 50s to talk to their doctors about the benefits and drawbacks of prostate cancer screening. An evaluation of your risk factors and screening preferences should be part of the discussion. 1. Prostate cancer screening tests Digital rectal exam (DRE): Your doctor uses a glove and lubricated finger to inspect your prostate gland during a digital rectal examination. If your doctor perceives any anomalies in the prostate gland’s consistency, shape, or size, you may need more tests. Prostate-specific antigen (PSA) test: PSA is a substance produced naturally by your prostate gland. This antigen is measured in a blood sample collected from a vein in your arm. It’s normal to have a trace quantity of PSA in your blood. A higher-than-normal level could suggest prostate infection, inflammation, hypertrophy, or malignancy. 2. Additional testing after screening If your doctor suspects some abnormality during prostate cancer screening, your doctor may offer additional testing to evaluate whether you have prostate cancer, such as: Ultrasound: A tiny probe of cigar shape is put into your rectum during transrectal ultrasonography. The probe instrument forms an image of the prostate gland using sound waves. Magnetic resonance imaging (MRI): Your doctor may recommend an MRI scan of the prostate in some cases to get a more detailed view. Your doctor may use MRI images to plan a procedure to remove prostate tissue samples. Biopsy: Your doctor may recommend a procedure to obtain a sample of cells from your prostate. A prostate biopsy helps to find if there are cancer cells present. During a prostate biopsy, a tiny needle is inserted into the prostate to collect tissue which is examined for the presence of malignant cells. 3. Tests to determine whether prostate cancer is aggressive Once a biopsy confirms the presence of cancer cells, the next step is to assess the progress of cancer. A doctor examines a sample of your cancer cells in a lab to see how abnormal they are from healthy ones.

A higher grade indicates cancer that is more aggressive and likely to spread quickly. The following are some of the methods used to determine the grade of cancer:

Gleason score: The Gleason score is the most common scale for determining the grade of prostate cancer cells. Gleason scoring is a numeric system of a scale of 1 to 10. In Gleason, score two means non-aggressive cancer, whereas ten means aggressive cancer. Genomic testing: Genomic testing examines your prostate cancer cells to see if there are any gene abnormalities. This test can provide you with more information regarding your prognosis. The genomic tests give additional details that help with a treatment plan. 4. Tests to determine whether cancer has spread Following a prostate cancer diagnosis, your doctor needs to assess the cancer stage. Following imaging tests may be recommended if your doctor feels your cancer has spread beyond your prostate. Bone scan Computerized tomography (CT) scan Ultrasound Positron emission tomography (PET) scan Magnetic resonance imaging (MRI)

Your doctor will use the test results to determine the stage of your cancer. Consult Now! Celebs affected Dilip Kumar A legendary bollywood actor Dilip Kumar had advanced prostate cancer. Prostate cancer had spread to all other parts as well. He was taking regular treatment for it. Warren Buffet The famous businessman and one of the most successful investors, Warren Buffet had prostate cancer. He was diagnosed and treated for stage 1 prostate cancer, which doesn’t spread to other parts of the body. Roger Moore A famous actor who portrayed James Bond, Roger Moore was diagnosed with prostate cancer, and he underwent surgery to remove the prostate. Prevention Of Prostate Cancer

If you’re concerned about the risk of prostate cancer, then prostate cancer prevention may be of interest to you. 1. Switch to a balanced diet Consume all varieties of fruits, vegetables, and whole grains that are known to reduce the risk of prostate cancer. Essential vitamins and nutrients are abundant in fruits and vegetables, which can benefit your overall health.

The possibility of preventing prostate cancer with nutrition has yet to be proven clearly. However, including the following food items have shown to prevent or lower the risk of prostate cancer:

Soy: Soy has been identified as a dietary component that may play an important role in preventing prostate cancer.

Lycopene: Lycopene is a bright red phytochemical that has potent antioxidant properties. Tomatoes are a rich source of lycopene. Cooking tomatoes and consuming them with oil also increases its absorption.

Besides tomatoes and tomato products, other lycopene-rich foods include watermelon, pink grapefruit, pink guava, papaya, dried apricots and pureed rose hips.

Green tea: The incidence of prostate cancer is very low in East Asian countries where green tea is highly consumed. Green tea is rich in polyphenols such as epigallocatechin-3- gallate (EGCG) that has preventive effects in prostate cancer.

Coffee: Coffee is also rich in polyphenols. Coffee consumption is associated with a reduction in the risk of developing lethal prostate cancer and its recurrence or progression. The results are similar for caffeinated and decaffeinated coffee.

Cruciferous vegetables: Cruciferous vegetables include broccoli, cauliflower, cabbage, brussels sprouts, kale, mustard greens, and chard greens. Studies suggest that metabolites of cruciferous vegetables may detoxify carcinogenic compounds and stop cancer cells from growing and dividing, hence lowering the risk of developing aggressive prostate cancer.

Omega-3 fatty acids: Replacing saturated fat with unsaturated fat is beneficial for overall health. Saturated fat intake is associated with an increased risk of developing prostate cancer, while omega-3 fatty acids are associated with lower risk. Fish such as salmon, sardines, mackerel, and herring are good animal sources of omega-3 fatty acids. Plant sources include walnuts and flax seeds.

Folate (Vitamin B9): It occurs naturally in some foods such as green vegetables, beans and orange juice. The risk of prostate cancer is found to be lower in men who had enough folate through their diets and not by taking folic acid supplements.

Vitamin D: Vitamin D acts as a regulatory hormone for multiple cell activities in the human body. It is concluded that Vitamin D production in the skin reduces the risk of several tumors including prostate cancer. 2. Follow an exercise routine regularly Exercise benefits your general health. Exercise is one of the modified lifestyle therapies that appear to offer many benefits and relatively few side effects. Lack of exercise has also been linked to increased risk of prostate cancer.

Here are more reasons why elderly people should opt for a fitness regimen. Tap To Know! 3. Keep a healthy body weight If your weight is healthy, make an effort to keep it that way by eating well and exercising most days of the week. For ideal weight loss, increase your exercise and cut down your daily calorie consumption. Consult your doctor and dietician for guidance in devising a weight-loss plan that is both healthy and effective.

Design the best weight loss regime for yourself with help from our expert nutritionists. Consult Now! 4. Talk to your doctor If you have a high risk of prostate cancer, discuss it with your doctor. Certain health problems can up your risk of prostate cancer. These include a clinical history of diabetes mellitus and hypertension.

Studies have reported that people who have a history of diabetes were four times at a higher risk of cancer as compared to those with normal blood glucose level. Also, the history of hypertension increased the risk of prostate cancer to threefold as compared to those with normal blood pressure readings. Specialist To Visit

One must see a doctor if he experiences one or more symptoms of prostate cancer. As a thumb rule, men over 40 years of age need to consult a doctor if they experience prostate cancer symptoms.

Symptoms like blood in the urine and extreme pain could be alarming signs which need immediate medical advice. One can initially consult a general physician, who might refer the the following specialists: Oncologist Urologist Oncosurgeon

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Patients with prostatic cancer might get a variety of treatments. Some treatments are standard (already in use). However, watchful waiting and active surveillance are treatments for older men who have no indications or symptoms of prostate cancer.

The term “watchful waiting” refers to the practice of closely observing a patient’s status. Here no intervention is done until signs or symptoms arise or change.

Active surveillance is closely monitoring a patient’s status without administering any treatment unless test findings change. It is helpful to detect early indicators that the disease is progressing.

Patients are recommended to have various exams and tests during active surveillance. The tests include DRE, a PSA test, a transrectal ultrasound, and a biopsy to see if cancer is progressing.

When cancer starts to spread, treatment is given to try to cure it. The treatment plan will depend on your age, the stage of cancer, as well as the preferences to side-effects, long term effects and treatment goals. 1. Surgery Patients in good health who simply have a tumor in their prostate gland may be treated with surgery to remove it. The surgical procedures are:

Radical prostatectomy: The prostate, surrounding tissue, and seminal vesicles are all removed during surgery. It is possible to remove surrounding lymph nodes at the same time. The following are the most common forms of radical prostatectomy: Open radical prostatectomy Radical laparoscopic prostatectomy Laparoscopic radical prostatectomy

Pelvic lymphadenectomy: Under a microscope, a pathologist examines the tissue for cancer cells. If cancer is present in the lymph nodes, the doctor will not remove the prostate gland and advise other treatment.

Transurethral resection of the prostate (TURP): This technique is known to treat benign prostatic hypertrophy. It helps to reduce symptoms caused by a tumor before further cancer treatments. In this, a resectoscope (a thin, illuminated tube with a cutting tool) is placed into the urethra, which helps remove tissue from the prostate. 2. Radiation therapy Radiation therapy is a cancer treatment that involves high-energy x-rays or other forms of radiation to kill cancer cells from growing. Different types of radiation therapy include:

External radiation therapy: Radiation therapy uses a machine outside the body to send radiation to the cancerous part of the body. This therapy allows a high dose of radiation to reach the tumor while causing minimal damage to healthy tissue in the surrounding area.

Hypofractionated radiation therapy: It is a type of radiation therapy. A higher-than-usual total radiation dose is delivered once a day for a shorter time (fewer days). This therapy may have more side effects than regular radiation therapy.

Internal radiation therapy: Internal radiation therapy uses a radioactive substance filled in needles, seeds, or catheters inserted into cancer tissue. After the radioactive seeds are implanted in the prostate, the needles are removed after the procedure. 3. Radiopharmaceutical therapy For the treatment of prostate cancer, radioactive material is used. The following are examples of radiopharmaceutical therapy: Alpha emitter radiation therapy treats prostate cancer that has spread deep to the bones. Radium-223, a radioactive material, is administered into a vein and circulated through the bloodstream. It gathers in cancerous parts of the bone and destroys the cancer cells. 4. Hormone therapy Hormone therapy treats cancer by inhibiting cancer cell growth or blocking hormones. They are biological chemicals produced by glands and transmitted through the bloodstream.

Prostate cancer progression is accelerated due to the male sex hormones, and to limit the number of male hormones, drugs, surgery, or other hormones is used. The term for this therapy is androgen deprivation therapy (ADT).

Some of the hormone therapies for prostate cancer are: Abiraterone acetate, which inhibits the production of androgens in prostate cancer cells. Orchiectomy, a surgical treatment that involves the removal of one or both testicles, which are the source of male hormones like testosterone, to reduce the quantity of hormone produced. Estrogens, hormones that promote feminine sex characteristics and can inhibit the production of testosterone in the testicles. Estrogens are unlikely to be used in treating prostate cancer nowadays due to their adverse effects. Luteinizing hormone-releasing hormone agonists, which inhibit testosterone production in the testicles. Leuprolide, goserelin, and buserelin are among the examples. Antiandrogens, which can block the activity of androgens. Flutamide, bicalutamide, enzalutamide, apalutamide, and nilutamide are a few examples of these compounds. 5. Chemotherapy Chemotherapy is a cancer treatment that involves administering drugs to cancer cells to limit their growth, either by killing them or preventing them from growing. Chemotherapy medications enter the blood circulation, reach cancer cells throughout the body, and are administered by mouth or injected into a vein or muscle. 6. Immunotherapy Immunotherapy is a cancer-fighting treatment that makes use of the patient’s immune system. So, to restore the body’s natural defenses, substances manufactured by the body or in the lab are used. 7. Bisphosphonate therapy When cancer has spread to the bone, bisphosphonate medications like clodronate or zoledronate are known to prevent bone damage. Bone loss is more common in men treated with antiandrogen treatment or orchiectomy.

Clinical trials to explore new types of treatment include: Cryosurgery High-intensity–focused ultrasound therapy Proton beam radiation therapy Photodynamic therapy Home-care For Prostate Cancer 1. Drink pomegranate juice For almost 3,000 years, pomegranate (Punica granatum) has been used in medicine to treat everything from hypertension to cancer. Pomegranate is known to inhibit various human cancer cell growth in many types of research. The antioxidant properties of pomegranate extract have an anticancer effect on carcinogenic cells. 2. Reduce stress Prostate health is harmed by stress. When agitated, some men unconsciously tense their pelvic muscles. Chronic tightness of the pelvic floor muscles can produce pelvic floor muscle dysfunction and is one of the reasons for chronic prostatitis. 3. Say no to unhealthy diet Vegetable oil containing omega-6 fatty acids and a diet high in saturated fats can increase the risk and severity of prostate cancer. Processed red meat including foods such as salami, bologna, sausage, bacon, and hot dogs should be avoided. Eating grilled and fried meat or meat cooked at high temperatures may alter DNA. It also increases the risk of cancer. Sugar and carbohydrates correlate with the risk of prostate cancer. Increased intake of food rich in choline such as beef and chicken liver, eggs and wheat germ increases risk of lethal prostate cancer. High intake of dairy/calcium products is also associated with increased risk of prostate cancer.

Note: SELECT (Selenium and Vitamin E Cancer Prevention Trial) was a large clinical trial done to find out whether selenium and/or Vitamin E could help prevent prostate cancer when taken as dietary supplements. Over 35,000 men over the age of 50 years, were randomly assigned to receive one of the following combinations daily for 7 to 12 years: Vitamin E and a placebo Selenium and a placebo Vitamin E and selenium Two placebos

Several factors may have affected study results, including the dose of Vitamin E and the form of selenium used. The researchers concluded that men should avoid selenium at doses that are higher than the recommended dietary intake. Complications Of Prostate Cancer

Prostate cancer, if undiagnosed or untreated in early stages, might spread to surrounding tissues. The spread can further complicate the disease. Few complications are: Spreading of prostate cancer (metastasis) Prostate cancer can spread to neighboring organs, such as your bladder. It can travel to your bones or other organs through your bloodstream and lymphatic system.

Prostate cancer can still respond to treatment and can be limited even after spreading to other parts of the body. But it is unlikely to be reversed and cured. Urinary incontinence Urinary incontinence can be a side effect of prostate cancer and its treatment. Treatment for incontinence varies depending on the kind, severity, and possibility of recovery over time. Medication, catheterization, and surgical intervention are some of the treatment options. Erectile dysfunction Erectile dysfunction is a side effect after surgery, radiation therapy, or hormone therapy. Erectile dysfunction is treated with medications. Vacuum devices also aid in the treatment of erectile dysfunction.

Possible complications after prostate cancer surgery include the following: Sterility Leakage of urine from the bladder Leakage of stool from the rectum Shortening of the penis Inguinal hernia

Probable complications of hormone therapy include: Hot flashes Impaired sexual function Loss of desire for sex Weak bones Diarrhea Nausea Itching Alternative Therapies For Prostate Cancer

It’s important to remember that complementary and alternative cancer treatments cannot replace medical treatment. When you try a supplemental treatment, always tell your doctor. Yoga Yoga may help with weariness caused by cancer therapy, according to some scientific research. Men under treatment for prostate cancer who participated in twice-weekly yoga lessons had fewer sexual side effects and urine issues than those who did not. Meditation People with cancer can benefit from the calming effects of meditation and other relaxation practices. Mindfulness and meditation effectively relieve anxiety, fear, and depression in men with prostate cancer in a small study. Acupuncture Acupuncture, which involves a trained practitioner inserting thin needles into specific points on your body, may help relieve prostate cancer pain. Some cancer patients report that it helps them feel better. Did you know? Body massage could be the best alternative therapy in prostate cancer management. Massage may also aid in the relief of pain, anxiety, and exhaustion. However, it is always advisable to choose a trained oncology massage therapist. Living With Prostate Cancer

Any diagnosis of cancer is not easy physically or mentally. However, a few lifestyle changes can help you sail through the treatment. Here’s how to have a better quality of life even if you have prostate cancer. Managing the complications

Urinary incontinence Prostate cancer and its treatment might make your bladder weak. The fear of urine leaking, smelling of urine, bowel accidents and having to use diapers is humiliating to many men. Both supportive psychotherapy and behavioral therapy can assist a man in coping with this change.

In order to help men cope with this symptom, it is important to identify the etiology of incontinence and educate patients and families about this problem, and offer ideas to improve symptoms.

Certain pelvic and kegel exercises can strengthen the muscles in your bladder and learn to control it. Urinary incontinence can also be alleviated with pelvic muscle reeducation, bladder training, anticholinergic medications and even artificial sphincter surgery.

Erectile dysfunction For men who are bothered by sexual dysfunction, the first step should be a consultation with an urologist who specializes in male sexual dysfunction.

Men also go through the feeling of ‘lack of manliness’, oftentimes increasing their distress or frustration over the loss of erections. Sex therapy with a trained therapist along with psychological help can help a man express and manage the feelings caused by this dysfunction. Making lifestyle changes Living with prostate cancer can be challenging. You can live for a long time. You might even be able to cure it if you get treatment in time. It is essential to maintain a healthy lifestyle. Keep yourself up-to-date. Enquire with your doctor about the chance of cancer returning or worsening. Also, look out for signs and symptoms of cancer. Keep yourself updated about your health status. Inquire with your doctor about the risk of cancer returning. Look out for signs and symptoms of recurrence of cancer. Continue to take follow-up care. Take up the tests recommended by your doctor and attend all of your medical appointments. Exercise regularly. Exercise provides several advantages and is essential for good health. Get a good night’s sleep and manage stress by meditation and mind relaxing exercises. Ensuring diet modifications Consume nutritious foods. Increase frequency and portion sizes of fruits and vegetables. Eat whole grains and avoid processed grains and white flour. Add more fiber to your diet. Avoid high-fat dairy products and processed meats like bacon, sausage, and baloney. Getting emotional support Cancer is a huge change in anyone’s life. Feelings of worry, anxiety and depression are normal when prostate cancer is a part of your life. Work on adapting to the new normal. Work on your masculine identity conflicts. Accept that you can’t do everything like before. Allow your body to adapt with time. Take the help of a psychologist or counselor to deal with self-esteem issues. Take support from other people, whether friends and family, support groups, or others. Frequently Asked Questions When should I test for prostate cancer? Which doctor will diagnose prostate cancer? What is the best treatment for prostate cancer? What are the side effects of cancer treatment? Is radiation therapy an option for me? How much will my cancer progress without treatment? Is drinking alcohol a risk for prostate cancer? Is prostate cancer curable? References Prostate cancer treatment (PDQ®)–patient version [Internet]. National Cancer Institute. [cited 2022May9]. Leslie SW, Soon-Sutton TL, Sajjad H, et al. Prostate Cancer. [Updated 2022 Feb 14]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan.Prostate Cancer - StatPearls Chan, J M et al. “What causes prostate cancer? A brief summary of the epidemiology.” Seminars in cancer biology vol. 8,4 (1998): 263-73. doi:10.1006/scbi.1998.0075. Dunn MW, Kazer MW. Prostate cancer overview. Semin Oncol Nurs. 2011 Nov;27(4):241-50. Hormone therapy for Prostate cancer fact sheet [Internet]. National Cancer Institute. [cited 2022May9]. Hariharan K, Padmanabha V. Demography and disease characteristics of prostate cancer in India. Indian J Urol. 2016 Apr-Jun;32(2):103-8. Home - books - NCBI [Internet]. National Center for Biotechnology Information. U.S. National Library of Medicine; [cited 2022May9]. Iwasaki, Motoki, and Shoichiro Tsugane. Nihon rinsho. Japanese journal of clinical medicine vol. 63,2 (2005): 321-6. Stacewicz-Sapuntzakis, Maria et al. “Correlations of dietary patterns with prostate health.” Molecular nutrition & food research vol. 52,1 (2008): 114-30. doi:10.1002/mnfr.200600296.

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Prostatitis Also known as Prostate infection and Prostate inflammation Overview Prostatitis is a urological condition which causes inflammation of the prostate gland. The prostate is the part of the male reproductive system which aids in the production of sperm-containing fluid, known as semen. The prostate is located below the urinary bladder and surrounds the most upstream region of the urethra.

Prostatitis includes four categories depending on its origin, namely, acute bacterial infection, chronic bacterial infection, chronic pelvic pain with and without signs of inflammation, and asymptomatic prostatitis.

Prostatitis is considered the most common urological disorder in men younger than 50 years. It has a prevalence of 14.2% and tends to increase with age.

The signs and symptoms of prostatitis and the recommended treatment vary depending on the cause and type of prostatitis. If left untreated, it can lead to complications such as prostatic abscess, pyelonephritis, renal damage, and sepsis. Key Facts Usually seen in Individuals above 50 years of age Gender affected Men Body part(s) involved Prostate gland Mimicking Conditions Prostate cancer Benign prostatic hyperplasia Cystitis Urolithiasis Necessary health tests/imaging Urinalysis Urine culture and sensitivity STI testing Complete blood count (CBC) Digital rectal exam Prostate-specific antigen CT scan 2-glass and 4-glass tests Urine flow studies (urodynamics) Transrectal ultrasound Cystoscopy Treatment Antibiotics: Tetracycline, Ciprofloxacin & Azithromycin Alpha-blockers: Tamsulosin & Alfuzosin Anti-inflammatory agents: Aspirin & Ibuprofen Other treatments: Prostatic massages, Pelvic floor physical therapy & Mental health therapy Surgery Specialists to consult Urologist General surgeon Symptoms Of Prostatitis

The term ‘prostatitis’ is used to describe four different conditions that affect the prostate gland. Only two of these are related to urinary tract infections (UTIs).

The signs and symptoms of prostatitis vary depending on the cause. Moreover, many symptoms of prostatitis are common to those of other conditions. Based on the type of prostatitis, the symptoms which a person may experience are:

Type 1: Acute bacterial infection or acute bacterial prostatitis (ABP) Type 1 prostatitis is an acute bacterial infection. Its signs & symptoms have an abrupt onset and it is caused by an ascending urinary tract infection. This means that the bacteria which cause the urinary tract infection travels up the urethra and infect the surrounding areas, including the prostate gland.

The symptoms of type 1 prostatitis include: Fever Myalgia (muscle pain) Malaise (generalized feeling of being unwell) Lower urinary tract symptoms (LUTS) like urgency, frequency, and dysuria (burning sensation) Nocturia (frequent urination during periods of sleep) Nausea and vomiting Pain, which may be severe, in or around your penis, testicles, anus, lower abdomen or lower back – pooing can be painful Pain when peeing, needing to pee frequently (particularly at night), problems starting or “stop-start” peeing, an urgent need to pee and, sometimes, blood in your urine Lower back pain and pain on ejaculation Type 2: Chronic bacterial infection or chronic bacterial prostatitis (CBP) The symptoms of type 2 prostatitis or CBP are similar to ABP (type 1), except the symptoms are chronic, recurrent, and less severe. It is caused by a bacterial infection, specifically by recurrent urinary tract infections and previous ABP. Often, if type 1 prostatitis is not appropriately treated, it develops into type 2 prostatitis.

In this condition, the bacteria may form a biofilm that helps them adhere to tissues of the prostate gland. This gelatinous film also protects the bacteria from antibiotics and immune system attacks.

The symptoms of type 2 prostatitis include: Pain during and after ejaculation Sexual dysfunction Infertility A weak or an interrupted urine stream Urinary blockage An enlarged or tender prostate on rectal examination Sexual problems such as erectile dysfunction or pelvic pain after sex Type 3: Chronic sterile inflammation/chronic pelvic pain syndrome Type 3 prostatitis is the most common prostatitis. It is called sterile prostatitis because it is not caused by bacterial infection, and so it does not have type 1 and type 2 symptoms like increased urgency and frequency of urination.

Chronic sterile inflammation is caused by the obstruction of the urinary bladder outlet or by reflux of urine within the prostate gland due to enlarged prostate or some stone in the way.

Symptoms are similar to type 2 prostatitis but also include: Chronic pelvic pain may affect the penis, scrotum, and perineum areas  
Urinary retention Difficulty in passing urine A weak or an interrupted urine stream Type 4: Asymptomatic inflammatory prostatitis Type 4 prostatitis is asymptomatic, i.e., it has no condition indicating symptoms. There may be some mild inflammation within the prostate gland.

Here are a few common causes of frequent urination and why you should not ignore this symptom. Read Here! Causes Of Prostatitis Prostatitis is more often caused by a bacterial infection resulting from a UTI or procedures like catheter insertion, prostate biopsy, or other urological intervention.

Bacterial prostatitis is generally more difficult to treat than a simple urinary tract infection and often requires a prolonged course of antibiotics.

In certain cases, the underlying cause of prostatitis may not be found, and it may be a reflection of inflammatory changes around the nerves causing pain arising from the pelvis.

In such a situation, treatment often requires a more multidisciplinary approach involving physicians, urologists, and microbiologists, who try to understand the individual’s condition in-depth and ensure that it’s adequately treated.

The common cause for bacterial or nonbacterial prostatitis are: Inflammation of the genitourinary system Chronic pelvic floor tension Muscle dysfunction Autoimmune diseases Pelvic floor muscle spasms Stress Bladder infections or bladder stones Surgery or biopsy requiring the use of a urinary catheter Prostate stones Urinary retention (not emptying the bladder) Urinary tract infections (UTIs) Sexually transmitted infection (STI)

Another problem that could occur in the prostate is prostate enlargement, which is: Most often non-cancerous (also referred to as benign prostatic hyperplasia or BPH) In some patients, enlargement of the prostate is cancerous (prostate cancer) Likely related to hormonal changes in testosterone and estrogen levels.

Benign prostatic hyperplasia or BPH is the most common form of an enlarged prostate. The prevalence of BPH increases with: Increasing age, on an estimate 50 to 60% of male patients in their 60s are affected by BPH, and these rates increase as the patient gets older. There is an increased risk in individuals with metabolic syndrome and obesity.

BPH is a medical condition that commonly occurs in older men. Read more about its causes, symptoms and treatment. Click Here!

Risk Factors For Prostatitis

The prostate is around the size of a walnut and is located near the base of the penis. It encircles the urethra (the tube that urine comes from).

For unknown causes, the prostate continues to get larger as a man ages, which is the source of urinary problems that affect half of the men by the age of 60 and practically all men by the age of 80.

The exact cause of prostatitis isn’t confined to one thing, but the following are some more risk factors for the development of prostatitis: Having experienced prostatitis in the past Having had a recent bladder infection Infections of the bladder or the tube that carries sperm and urine to the penis (urethra) Having pelvic trauma, such as a bike or horseback riding accident Using the tube inserted into the urethra to empty the bladder (urinary catheter) Infection with HIV/AIDS Enlarged prostate gland Having undergone a prostate biopsy Eating a lot of spicy, marinated food Injury to the lower pelvis (often as a result of cycling, lifting weights, etc.) Did you know? COVID-19 has been recognised as a risk factor for prostatitis. However, more research is required to prove this relationship. Perhaps in the coming years, the real effect of the coronavirus on prostatitis cases will be evaluated and factors that cause the disease will be expanded. Read more about COVID-19. Tap To Read! Diagnosis Of Prostatitis

The symptoms will be examined, and a physical exam will be performed by your healthcare professional to rule out the presence of prostatitis.

Less invasive prostatitis testing may include:

1. Urinalysis: A urinalysis and urine culture are performed to look for bacteria and UTIs.
2. Urine culture and sensitivity: Finds which bacteria is causing the infection and the best medicine to treat it.
3. Sexually transmitted infections testing: Some STIs can be confirmed with a urine sample.
4. Complete blood count (CBC): A blood test detects PSA, a protein produced by the prostate gland. High levels may suggest prostatitis, BPH, or prostate cancer.
5. Digital rectal exam: Your doctor inserts a gloved, lubricated finger into the rectum to assess discomfort and inflammation in the prostate gland. This examination may include a prostate massage to get a sample of seminal fluid.
6. Prostate-specific antigen (PSA): The PSA test determines the level of prostate-specific antigen (PSA) in your blood. PSA is a protein made by the prostate gland. High PSA levels indicate prostatitis.
7. CT imaging to assess prostatic abscesses: If the patient is immunocompromised, the doctor may request a CT scan of the urinary system and prostate and a prostate ultrasonography. CT scan pictures reveal more than standard X-rays. The visual image created by ultrasound is known as a sonogram.
8. 2-glass and 4-glass tests: The 2-glass pre-massage and post-massage test and the Meares-Stamey 4-glass test are done to detect and identify pathogens causing chronic prostatitis/chronic pelvic pain syndrome.
9. Urine flow studies (urodynamics): Your urologist may also order urine flow studies or urodynamics. These help measure the strength of your urine flow. These tests also spot any blockage caused by the prostate, urethra, or pelvic muscles.
10. Transrectal ultrasound: Examine for abnormalities in the rectum and surrounding tissues, particularly the prostate. Also known as endorectal ultrasound (ERUS) and transrectal ultrasound (TRUS). An ultrasound probe is inserted into the rectum to examine the prostate.
11. Cystoscopy: A cystoscopy can detect various urinary tract issues but cannot confirm prostatitis. To examine within the bladder and urethra, your physician will use a cystoscope (a pencil-sized lighted tube with a camera at its end).  
    Prevention Of Prostatitis

Prostatitis is a harmless condition (not cancerous). It does not raise your chances of developing prostate cancer. However, prostatitis-induced inflammation raises the level of prostate-specific antigens (PSA) in the blood, precisely as prostate cancer does. Additional testing can be used to discover what is causing the increased PSA levels.

Prostatitis is a condition that doctors aren’t always clear about. The most common causes vary based on whether the condition is acute or chronic, infectious or inflammatory.

An infection in your urinary tract is sometimes to blame. Sometimes, it’s because of an injury or nerve damage. In many situations, doctors are unable to discover the root problem.

As a result, treating prostatitis might be difficult. It might take months, if not years, for some patients to recover. Maintain good hygiene: To avoid infection, keep your pelvic area and the surrounding around it clean. Stand up when possible: Extended durations of sitting put pressure on your prostate gland, which can cause inflammation over time. Move a lot: Make it a habit to exercise at least three times every week. Take regular walks, stretch, or go to the gym for a cardio class to get your blood flowing. Physical exercise can help lower anxiety, which has been related to some kinds of prostatitis. Stay hydrated: Some kinds of prostatitis are caused by bacteria in the urinary tract that invades and infects the prostate gland. Drink plenty of fluids to keep urine diluted and the bladder flushed. If you have a medical condition such as chronic renal disease or congestive heart failure, consult your doctor to know about additional precautions you should follow. Eat more fruits and green vegetables: Fruits and vegetables are high in nutrients to maintain health and fight infections and inflammation. Limit or avoid caffeine and alcohol: Tea, coffee, carbonated drinks, and alcoholic beverages can irritate the urinary system and bladder. Manage stress: Men who experience high stress levels at work or home are more prone to develop prostatitis. Consult with a doctor to manage your emotions. Meditation and relaxation to release the tension of the body and mind may also help.  
Practice safe sex: Prostatitis can be caused by sexually transmitted infections (STIs). Bacterial infection can be caused by oral, vaginal, or anal intercourse with an infected partner without using a condom. Maintain healthy body weight: Being obese puts pressure on the prostate gland. Try to lose weight by eating a good diet, being athletic, and getting adequate rest. See your doctor: Consult with your doctor if you notice signs like increased urinary frequency or painful urination, constipation, or painful bowel movements. These are indicators of bad prostate health.

Urinary tract infections (UTIs) should be treated as soon as possible to prevent the infection from spreading to the prostate gland and preventing prostatitis. Consult the doctor if you get discomfort in your perineum (an area extending from behind the scrotum to the anus) when sitting. You can address this issue before it progresses to chronic pelvic pain syndrome.

Here’s more on who is the right expert to consult for male sexual and reproductive health problems. Click To Know!

Specialist To Visit The signs and symptoms of an enlarged prostate become increasingly noticeable with age. However, the degree of these symptoms does not always correspond to the severity of the prostate enlargement.

In reality, many men with severe prostate enlargement or prostatitis have relatively minor symptoms and vice versa. A doctor should be consulted as soon as the symptoms start showing.

Throughout prostatitis diagnosis, treatment, and follow-up care, you might deal with many specialists such as: Urologist General surgeon Understanding what these physicians do will help you get the right treatment at the right time for your ailment. A visit to the urologist is perhaps the most usual next step when your general practitioner detects an abnormality. Urologists are the most probable surgeons to undertake prostate surgery in most places, although there may be no urologists accessible in some remote areas. In such cases, general surgeons can perform prostate surgery.

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Treatment Of Prostatitis

Treatment for prostatitis varies based on the cause and type. Treatment is not required for asymptomatic inflammatory prostatitis.

Your healthcare practitioner may use a method called UPOINT to categorize symptoms of chronic pelvic pain syndrome (CPPS) and may utilize many treatments at the same time to address only the symptoms you’re experiencing.

With the UPOINT method, the condition of over 80% of males with CPPS has improved. The method is focused on these symptoms and treatments: Urinary: Tamsulosin and alfuzosin are alpha blockers which relax the muscles around the prostate and bladder to increase urine flow. Psychosocial: Stress/anxiety management can be beneficial. Counseling or medicine for anxiety, depression, and negative thinking can help some men. Organ-specific: Quercetin may reduce prostate inflammation and may help to ease an inflamed prostate gland or prostatitis. Infection-related: Antibiotics medicines help kill infection-causing bacteria. Neurological: Prescription pain relievers such as amitriptyline, pregabalin, and gabapentin help treat neurogenic pain. This pain may involve fibromyalgia or pain that spreads into the legs, arms, or back. Tenderness: Gentle massage to ease tension on tight pelvic floor muscles. This treatment can help to lessen or eliminate muscular spasms. To treat acute & chronic bacterial prostatitis Antibiotics like fluoroquinolones, macrolides & tetracyclines are recommended. The dose and duration of treatment depends on the type of prostatitis. Surgical drainage of abscesses can also help in case of inflammation and ease the symptoms. Alpha-blockers are also recommended as they help to relax the muscles around the prostate and the base of the bladder. Anti-inflammatory agents are non-steroidal drugs to reduce pain from inflammation in the prostate or muscles. These are pain medicines (aspirin, ibuprofen, etc.) and muscle relaxers. Other treatments You may also require one of the following therapies at some point: Urinary catheter: If you cannot urinate, a nurse may help empty your bladder by inserting a flexible tube into your urethra (the tube that takes urine from your body). Prostate massage: This helps remove fluid from your prostate ducts (tubes). Getting it done twice or three times a week may be beneficial. Frequent ejaculation (the release of semen during orgasm) may help just as much. Pelvic floor physical therapy: Prostatitis can be linked to problems with your pelvic floor muscles. Pelvic floor physical therapy is a way to learn how to relax certain muscles in your pelvis. It is done with an expert to help you lessen tension in your pelvic floor muscles. These aid with sexual function and support your bladder and intestines. Mental health therapy: Stress, depression, and a sense of helplessness may all play a role in some kinds of prostatitis. Speak with your mental health professional. They can teach you how to regulate your negative thoughts and therefore feel better. If your prostatitis disturbs your mood and you feel down, sad, or worried, your doctor may recommend antidepressant medication or send you to a counselor. Joining a support group and conversing with other people who have prostatitis might also improve your mood. Treatments for sexual dysfunction: Speak with your doctor if your prostatitis creates issues in your sex life, such as trouble getting or maintaining an erection. There is help available, as well as ideas to try that may work well. Your doctor may, for example, prescribe sildenafil or tadalafil. Home-care For Prostatitis

Natural home remedies for prostatitis, in addition to medical therapy, to relieve some of the symptoms of prostatitis at home are: Soak in a warm bath (sitz bath) or apply a heating pad to your body. Avoid or limit alcohol, caffeine, spicy or acidic meals, and other items that might upset your bladder. Prolonged sitting or biking are two activities that might aggravate your prostate. Consuming a lot of caffeine-free drinks will make you urinate more frequently, which will aid in the removal of germs from your bladder. Prostate massage has been demonstrated in a few trials to ease the symptoms in certain people with chronic nonbacterial prostatitis.

Here are 7 superfoods good for maintaining prostate health. Read Now!

Complications Of Prostatitis

Prostatitis complications can include: Bacterial infection of the blood (bacteremia) Inflammation of the coiled tube connecting to the back of the testicle (epididymitis) Prostate cavity filled with pus (prostatic abscess) Infertility and sperm abnormalities can arise as a result of chronic prostatitis Pyelonephritis (UTI where one or kidneys get infected) Renal damage Sepsis (spread of bacteria through the bloodstream) Bladder outlet obstruction/urinary retention

There is no concrete evidence that prostatitis can lead to prostate cancer. Whether chronic inflammation of the prostate can lead to cancer is still under research. Alternative Therapies For Prostatitis

Many men find that complementary treatments help them manage their symptoms and the day-to-day effect of prostatitis, giving them a sense of control. Some men report feeling more comfortable and confident in themselves and their treatment.

Complementary therapies are typically utilized in addition to, rather than in place of, medical treatments. Some complementary remedies have adverse effects, while others may interfere with your therapy for prostatitis. Inform your doctor or urologist about any complementary therapies you are receiving or considering using.

Here are some alternative treatments that have shown some potential in decreasing prostatitis symptoms include: Biofeedback: A biofeedback professional utilizes signals from monitoring equipment to teach you how to manage specific body functions and responses such as muscular relaxation. Acupuncture: This procedure entails putting extremely small needles into your skin at varying depths at various places on your body. Herbal remedies and supplements: Some herbal therapies for prostatitis include ryegrass (cernilton), a substance found in green tea, onions, and other plants (quercetin), and saw palmetto plant extract. However, these lack any scientific backing whether they improve prostatitis or not. Living With Prostatitis

Prostatitis is accompanied by pain which might make you feel uncomfortable and make you want to do nothing. Some of the following suggestions may be useful to you. They may make you feel more at ease and in control of your pain. Follow these tips to live at ease with prostatitis: