Find methods to relax: Stress or anxiety can trigger a flare-up or worsen symptoms. If this is an issue for you, try these relaxation techniques to help you feel more in control such as deep breathing or meditation, having a warm bath, or listening to music are all options. Divert your attention: Take a break from the pain by listening to music, reading, watching T.V, or speaking with somebody. This may appear to be a simple solution, yet it may be quite beneficial. Watch what you consume: Consume plenty of fluids - 6 to 8 glasses of water every day. Reduce your intake of carbonated drinks, artificial sweeteners, alcohol, and caffeine-containing beverages (tea, coffee, and cola), since these might irritate the bladder and aggravate some urinary disorders. There is some evidence that spicy meals might aggravate the symptoms of chronic pelvic pain syndrome (CPPS). Avoid cycling: Cycling, for example, is a good example of an activity that puts pressure on the region between your back passage and testicles (perineum). But they have the potential to exacerbate symptoms. If you want to keep cycling, you may try a different saddle, such as a gel saddle. Keep a journal: This might help you identify items that aggravate your symptoms and can be a great approach to show your doctor what you’re going through. Keep track of everything you eat and drink, how much you exercise, how stressed you are, and your symptoms. Frequently Asked Questions What should you not do with prostatitis? Can prostatitis cause erectile dysfunction? How long does it take for prostatitis to clear up? Is prostatitis serious? What is the best thing to drink for your prostate? Can prostatitis be mistaken for cancer? References Prostate enlargement vs prostatitis vs prostate cancer — what’s the difference? [Internet]. Healthy Male. 2021. Staff f. Prostatitis - familydoctor.org [Internet]. familydoctor.org. 2021. What You Need to Know About Prostatitis - Urology Care Foundation [Internet]. Urologyhealth.org. 2021. Collins MM, Stafford RS, O’Leary MP, Barry MJ. How common is prostatitis? A national survey of physician visits. J Urol. 1998 Apr;159(4):1224-8.

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Psoriasis Overview Psoriasis is a chronic, noncommunicable and debilitating disease. It can occur at any age, but is most common in the age group 50 to 69. The etiology of psoriasis is not clear, though autoimmunity and genetic predisposition are thought to be the main causative factors. Psoriasis can also be provoked by triggers, like trauma, throat infections, sunburn, certain medications, stress etc.

Psoriasis mostly involves the skin and nails. Skin lesions are localized or generalized, raised red plaques which are usually covered with white or silver scales. Lesions can also cause itching and pain. Some patients also develop psoriatic arthritis that leads to joint pain. It can also cause inflammation in the eyes, heart, kidneys, and lungs.

Treatment of psoriasis is based on managing the symptoms. Topical and systemic therapies and phototherapy or a combination of these methods are generally used. The need for treatment is usually lifelong and is aimed at long phases of remission.

Psoriasis causes physical and emotional burden and adversely affects quality of life. Social exclusion and stigma are challenging for people suffering from psoriasis and their families. It is not psoriasis that causes the exclusion, it is largely the people’s wrong perception that the disease is contagious, which needs to change. Key Facts Usually seen in Adults between 50 to 69 years of age Gender affected Both men and women but more common in men Body part(s) involved Skin Joints Scalp Nails Eyes Heart Lungs Kidneys Prevalence Worldwide: 100 million (2016) Mimicking Conditions Eczema Seborrhoeic dermatitis Pityriasis rosea Mycosis fungoides Secondary syphilis Necessary health tests/imaging Blood tests Skin biopsy Treatment Corticosteroids Retinoic Acid Calcineurin inhibitors: Tacrolimus, Pimecrolimus Salicylic Acid Light therapy Methotrexate Retinoids Ciclosporin Steroids: Triamcinolone Thioguanine Hydroxyurea See All Causes Of Psoriasis

While researchers do not know the exact cause of psoriasis, the immune system and genetics are found to be the key factors. The immune system normally attacks disease causing germs, but in psoriasis, like any other autoimmune disease, it begins to attack healthy cells as well. Normally, the skin cells completely grow and shed in about 30 days, however, in psoriasis, this happens in 3 to 4 days. Instead of falling off the skin cells accumulate on the surface of the skin. Genetic factors are also found to influence the type of psoriasis and its response to treatment. Types Of Psoriasis

1. Plaque psoriasis Also called psoriasis vulgaris, plaque psoriasis is the most common type of psoriasis. It causes thick, raised and discolored patches or plaques with a silvery scaly buildup on the skin. These plaques can be itchy and sometimes painful. They sometimes tend to crack and bleed as well. The characteristic feature of this type of psoriasis is smaller plaques joining to become larger plaques. These plaques mostly occur on the elbows, knees, lower back and scalp.
2. Guttate psoriasis Mostly beginning in childhood or teenage years, guttate psoriasis is the second most common type of psoriasis. The word guttate comes from the Latin word “gutta,” meaning drop. The lesions appear as tiny pink colored bumps on the skin that usually appear suddenly. It is mostly linked with a recent streptococcal infection. It can affect the legs, arms and torso and in some cases, can develop on the scalp, face as well as ears. Guttate psoriasis usually clears out in a few weeks or months without any treatment and may never return. Rarely, it may resolve and reappear later as patches of plaque psoriasis.
3. Inverse psoriasis Inverse psoriasis is also known as intertriginous psoriasis or flexural psoriasis as it mostly appears in the skin folds such as armpits, area under the breasts, genitals and buttocks. It is more common in obese people or those with deep skin folds. Inverse psoriasis is characterised by smooth, raw-looking patches which are sore & painful in nature. It is also possible for people with inverse psoriasis to have another type of psoriasis on other body parts at the same time.
4. Pustular psoriasis Pustular psoriasis is a rare type of psoriasis characterised by red swollen skin with pus-filled bumps. The pus is made of white blood cells. This type of psoriasis usually appears on the feet and hands. This is the reason why it may also make it difficult or painful for you to walk or do any activities that involve your hands or legs. In rare cases, these pus-filled bumps can become widespread and cover the whole body along with other symptoms like malaise, fever, chills, severe itching, rapid pulse, and bodyache. These bumps appear as brown dots after drying up.
5. Erythrodermic psoriasis This type of psoriasis leads to burnt skin appearance that causes severe itching along with fever, chills, and muscle weakness. Although this condition is very rare, it can be very serious and life-threatening that requires urgent medical attention.
6. Nail psoriasis As the name suggests, it affects the nails that include both fingernails and toenails. It causes tiny dents (nails pits) in the nails, discoloration (white/yellow) of the nails,and rough nails. It also causes buildup of skin cells beneath one or more nails, which lifts up the nail.
7. Psoriatic arthritis When psoriasis affects the joints, it is known as psoriatic arthritis. It may lead to swollen and tender joints (especially in a finger or toe), heel pain, swelling on the back of your legs, and stiffness of the joints (especially in the morning which usually wears off during the course of the day). Disease can be grave enough to permanently damage the affected joints. Psoriatic arthritis is a systemic rheumatic disease that can not only cause inflammation of the skin and joints, but also in the eyes, heart, kidneys, and lungs. Did you know? Psoriasis can occur in children as well. Most people are of the view that psoriasis occurs only in adults, but it is not true. According to the American National Psoriasis Foundation, approximately 20,000 children under the age of 10 are diagnosed with the condition every year. Here are a few common myths on psoriasis. Check Out Now! Symptoms Of Psoriasis

Some of the common symptoms include: Small or large raised, inflamed patches of skin that appear pink or red on light skin and brown or purple on dark skin Presence of flaky skin with whitish-silver or gray scales Dry skin that may crack, peel or bleed Burning, itching, or soreness near the patches Presence of pus filled boils (pustular psoriasis) The patches may be symmetrical (guttate psoriasis) and are generally seen over large joints Thickened, pitted or ridged nails Painful, swollen joints Rarely, the entire body may have redness and scaling, associated with fever and other symptoms.

Not every patient will experience all of the symptoms. Symptoms usually depend on the type of psoriasis. Many patients with psoriasis go through rhythmic cycles of symptoms. Severe symptoms might be seen for a few days or weeks, and then during the phase of remission the symptoms may disappear for some time. Later, in a few weeks or due to exposure to some trigger, the symptoms may flare up again. However, the duration of both flare ups and remission is difficult to predict. Risk Factors For Psoriasis

Psoriasis is commonly associated with several risk factors and triggers such as: Stress Anxiety and depression Smoking Alcoholism Obesity An injury, cut, scrape or sunburn on the skin Infection, such as streptococcal throat infection Certain medicines, such as interferon, antimalarials, nonsteroidal anti-inflammatories lithium or beta-blockers Stopping oral corticosteroids or strong topical steroids Cold weather, where people have less exposure to sunlight and humidity and stay in hot, dry indoor air. Hormonal changes Immune response of an individual or immune disorders such as AIDS Diagnosis Of Psoriasis

The diagnosis of psoriasis includes physical examination, blood tests and skin biopsy.

1. Physical examination Your doctor may examine your skin, nails, and scalp to check for the presence of lesions and flakes characteristic of psoriasis.
2. Blood tests There are no blood tests or imaging studies that can aid in the diagnosis of psoriasis. However, if your doctor suspects psoriatic arthritis or if you have symptoms of psoriatic arthritis, such as swollen and painful joints, you might be asked to undergo blood tests such as erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) levels.
3. Skin biopsy A skin biopsy, in which a skin lesion is removed from the affected area and sent for microscopic examination, to determine the exact type of psoriasis and to rule out other skin disorders. It is a painless procedure done on an OPD basis.
4. Psoriasis area and severity index (PASI) Additionally, psoriasis area and severity index (PASI) might be recommended. This is the gold standard for assessing the severity of psoriasis. It combines the assessment of the severity of lesions and the extent of the affected area in a single index score. Did you know? Psoriasis is NOT a cosmetic problem. Psoriasis is a chronic autoimmune disease that speeds up the life cycle of skin cells forming raised inflamed patches and scaly lesions, a tell-a-tale symptom of psoriasis. It can affect joints and other body parts as well. It is advised to seek professional help to get the disease diagnosed and treated at the earliest. Consult Now! Prevention Of Psoriasis

As the exact cause of psoriasis is not fully known, the prevention of this skin problem is aimed at controlling the risk factors. These include: Boosting your immunity and lowering your risk of infections Keeping your skin hydrated by drinking loads of fluids Keeping skin moisturised especially those who have extremely dry skin Avoiding sun bathing and extremely cold conditions Managing stress and anxiety Quitting smoking and avoiding heavy alcohol consumption Talk to your doctor when taking lithium, high blood pressure medications, steroids etc. Specialist To Visit

The symptoms of many skin conditions are similar, which makes it difficult to diagnose the root cause of the disease. This is why if you have the early symptoms of psoriasis such as redness and itching of the skin which are similar to that of eczema or atopic dermatitis, then consult a doctor.

Although most people tend to go to a general practitioner (family doctor) to diagnose and get treated, the specialists who can also help in the diagnosis and treatment include are Dermatologist Immunologist

You may also like to read about how to choose your skin specialist. Read More!

Treatment Of Psoriasis

The treatment is aimed at: Stopping the skin cells from growing quickly Removing scales and softening the skin

Creams and ointments are used for mild to moderate psoriasis. In more advanced stages of the disease, topical creams are combined with injectable medicines, oral medicines and light therapy (phototherapy).

1. Topical medications Corticosteroids are the most frequently prescribed medications for treating mild to moderate psoriasis. Topical medications are available as ointments, creams, lotions, gels, foams, sprays and shampoos. Topical corticosteroids might be applied once a day during flares, and on alternate days or weekends only to maintain remission. Retinoic acid is available as a gel and cream and applied once or twice daily. The most common side effects are skin irritation and increased sensitivity to light. These are not recommended when you’re pregnant or breast-feeding. Calcineurin inhibitors such as tacrolimus and pimecrolimus reduce inflammation and plaque buildup. They can be helpful in areas of thin skin, such as around the eyes, where steroid creams or retinoids are too irritating or may cause harmful effects. Other topical medications used are salicylic acid and coal tar. Salicylic acid is used to get rid of dead skin cells while coal tar works by reducing inflammation and scaling.
2. Light therapy This psoriasis treatment uses natural or artificial ultraviolet light. It involves exposing your skin to controlled amounts of natural sunlight. Other forms of light therapy include the use of artificial ultraviolet A (UVA) or ultraviolet B (UVB) light either alone or in combination with medications. Ultraviolet (UV) light, which is found in sunlight, slows the rapid growth of skin cells.
3. Oral and injectable medications When psoriasis becomes severe, the doctor may prescribe oral or injected drugs. These include: Methotrexate: Usually administered weekly as a single oral dose, methotrexate decreases the production of skin cells and suppresses inflammation. People taking methotrexate long term need ongoing testing to monitor their blood counts and liver function. Men and women should stop taking methotrexate at least three months before attempting to conceive. This drug is not recommended when you’re breast-feeding. Retinoids: Retinoids are pills used to reduce the production of skin cells. These are not recommended when you’re pregnant or breast-feeding. Ciclosporin: It treats psoriasis by suppressing the immune system. Cyclosporin increases your risk of infection and cancer. People taking cyclosporine need ongoing monitoring of their blood pressure and kidney function. These drugs are not recommended when you’re pregnant or breast-feeding. Steroids: Injection of steroids such as triamcinolone are given right into the lesions if the psoriatic patches are persistent. Other medications: Thioguanine and hydroxyurea are medications that can be used when other drugs can’t be given.

In severe cases, surgical treatment may also be recommended.

Home-care For Psoriasis

Since psoriasis is a chronic disease, there are various measures that can be taken to keep the disease in control and to improve the quality of life. Here are some simple things that you can do:

1. Take bath daily Having a bath daily helps to remove scales and also calms inflamed skin. You can add bath oil, colloidal oatmeal, Epsom salts or Dead Sea salts to the water and soak. Avoid hot water and harsh soaps and use lukewarm water and mild soaps.
2. Use a moisturizer Make sure you apply a heavy, ointment-based moisturizer while your skin is still moist. For very dry skin, oils may be preferable. During cold, dry weather, you may need to apply a moisturizer several times a day.
3. Talk to your doctor about sun exposure Exposing your skin to a controlled amount of sunlight can significantly improve lesions. But remember that too much of the sun can trigger or worsen outbreaks and increase the risk of skin cancer. Always consult your doctor for advice on sun exposure.
4. Use sunscreen It is very important that you protect your healthy and unaffected skin from sun damage. Make sure that you apply sunscreen with an SPF of 30 and above and reapply every two hours.
5. Avoid alcohol Since alcohol intake can worsen the symptoms, it is best to restrict your alcohol intake or give it up altogether. Complications Of Psoriasis

People who are diagnosed with psoriasis can develop various complications such as psoriatic arthritis. This is a rheumatic disease leading to swollen joints and a loss of function in some joints. Other complications include Obesity High blood pressure Type 2 diabetes Heart diseases Metabolic syndrome Inflammatory bowel disease Eye problems like conjunctivitis, blepharitis, and uveitis Other autoimmune diseases such as celiac disease, sclerosis and Crohn’s disease Cancer like lung and skin cancer

People with psoriasis also go through discrimination, self-image issues and low self confidence. Along with discomfort and pain of psoriasis, these issues can lead to anxiety and depression. Alternative Therapies For Psoriasis

Home remedies You can try natural remedies to help in keeping your psoriasis in control. However it is always advisable to consult your doctor before trying any home remedies for psoriasis. Some of the remedies include: Aloe vera is known to provide relief from the symptoms of psoriasis when applied externally as well as when consumed internally. Epsom salts/ Dead sea salts have been found to alleviate itching and burning. Add dead sea salt to warm water and soak for about 15 minutes. Vinegar, a strong disinfectant, helps in relieving scalp itch. Dilute vinegar with water in 1:1 ratio and apply on the affected regions. Turmeric (in the form of supplement or sprinkled on the food) has been found to be effective in controlling the flare-up of the disease. Homeopathy Homeopathy is a safe and reliable method of treatment for Psoriasis. It uses natural medicine, which is free from side-effects, and a majority of cases can be treated with these remedies.

1. Arsenic album It is indicated for silver scales in people with psoriasis. The chief indicator for using arsenic album is the presence of dry, rough, red papular eruptions with scales on it. The eruptions cover most parts of the body, except face and hands. Arsenic album also works well in cases of guttate psoriasis (a type of psoriasis that shows up on your skin as red, scaly, small, teardrop-shaped spots).
2. Graphites naturalis Graphites naturalis is useful for scalp psoriasis and cracked skin. In such cases, eruptions with scales appear on the scalp. Cases where graphites naturalis works well tend to have patches of sore, dry, rough skin with scales. Arsenic iodatum: Arsenic Iodatum is used when there is shedding of large scales from the skin eruptions. Sulphur: Sulphur helps in cases with severe itching and burning in the psoriatic skin lesions. Sulphur is also a remedy for skin ailments with a history of excessive use of ointments in the past. Petroleum oleum: Petroleum oleum is a very suitable remedy for psoriasis where deep cracks appear on the skin. Merc sol: Merc Sol is a medicine for Psoriasis of the scalp.In typical cases, the scalp is covered with abundant white scales. The base underneath the scales is raw. Sepia succus: Sepia Succus is a beneficial medicine for psoriasis characterised by the presence of big oval lesions on the skin. The lesions are reddish papules, the eruptions are present over the face, chest, back, arms and legs. Living With Psoriasis

Here are some practical ways of managing psoriasis

1. Nourish your skin Bathe with care. Do not use hot water or harsh soaps that will deprive your skin of natural oils. Keep skin moist. Moisturize your skin well with essential oils, moisturizers and creams. Wear sunscreen if you have to stay in the sun for a longer span. Sunburns may worsen the condition.
2. Eat healthy Include anti-inflammatory foods in your diet. These include foods rich in omega 3 fatty acids such as fish, flax seeds, walnuts, chia seeds, soy beans. Add colorful veggies and fruits such as spinach, carrots, bell peppers and blueberries to reduce inflammation. Avoid foods such as red meat, processed foods, fatty foods, milk products and foods that are a rich source of arachidonic acids.

Here’s more on foods that can be helpful in psoriasis. Read Here!

1. Talk to your doctor about sun exposure Exposing your skin to a controlled amount of sunlight can significantly improve lesions. But remember that too much sun can trigger or worsen outbreaks and increase the risk of skin cancer. Always consult your doctor for advice on sun exposure.
2. Tackle triggers Try and figure out your triggers and then take steps to minimize their occurrence. For example if smoking is causing the flare ups, consider quitting it, if sun exposure makes your lesions worse avoid going out during peak hours or wear protective clothing . Since alcohol intake can worsen the symptoms, it is best to restrict your alcohol intake, or give it up altogether.
3. Stick to your treatment plan

It is important to stick to your medications that have been prescribed by your doctor. These include topical medicines, light therapy (phototherapy) and oral and injectable medications.

1. Manage stress Psoriasis can take a toll on your mental well being, making you prone to stress, anxiety and even depression. Take out time each day to practice yoga or meditation for 10-15 minutes. You could also do some deep breathing exercises to help relieve your stress You could join yoga classes or practice some simple yoga postures at home. These therapies have a positive influence on coping with psoriasis. Myth: Summer is the ONLY season that causes flaring-up of psoriasis. Fact: The hot and humid climate during summers can worsen the symptoms, however, dry weather in winters can make things worse. The cold winds, low humidity, wet weather, and less sunlight can make the skin dry and itchy, causing the symptoms to flare-up. So take care of your skin irrespective of the season with our skincare range. Explore Now Frequently Asked Questions Is psoriasis contagious? What’s the difference between eczema and psoriasis? Can psoriasis be cured? Can psoriasis be prevented? Is psoriasis an inherited disease? Does psoriasis only cause skin-related problems? References Shenefelt PD. Herbal Treatment for Dermatologic Disorders. In: Benzie IFF, Wachtel-Galor S, editors. Herbal Medicine: Biomolecular and Clinical Aspects. 2nd edition. Boca Raton (FL): CRC Press/Taylor & Francis; 2011. Chapter 18. Thappa DM, Munisamy M. Research on psoriasis in India: Where do we stand?. Indian J Med Res. 2017;146(2):147-149. Parisi R, Iskandar IYK, Kontopantelis E, et al. National, regional, and worldwide epidemiology of psoriasis: systematic analysis and modelling study. BMJ. 2020;369:m1590. Nair PA, Badri T. Psoriasis. [Updated 2021 Aug 11]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan. Psoriasis resource center. American Academy of Dermatology Association. Rendon A, Schäkel K. Psoriasis Pathogenesis and Treatment. Int J Mol Sci. 2019;20(6):1475. Published 2019 Mar 23. Kim WB, Jerome D, Yeung J. Diagnosis and management of psoriasis. Can Fam Physician. 2017;63(4):278-285. Raharja A, Mahil SK, Barker JN. Psoriasis: a brief overview. Clin Med (Lond). 2021;21(3):170-173. Kimmel GW, Lebwohl M. Psoriasis: Overview and Diagnosis. Evidence-Based Psoriasis. 2018;1-16. Published 2018 Jul 1.

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Pulmonary embolism Also known as Lung blood clot, and Embolus Overview

A pulmonary embolism is a blood clot that blocks and stops blood flow to an artery in the lung. In most cases, the blood clot starts in a deep vein in the leg and travels to the lung. It can damage parts of the lungs due to restricted blood flow and decreased oxygen levels in the blood.

The most common symptoms of PE include chest pain, irregular heartbeat, weak pulse, palpitations (heart racing), sweating, and low blood pressure. It is generally seen in older individuals and men are more commonly affected by men. The risk factors for pulmonary embolism include genetic conditions that increase the risk of blood clot formation, family history, older age, obesity, cigarette smoking, and obesity.

The treatment of PE depends on the size and severity of the symptoms. If the problem is small, the doctor may recommend medication. But, in a few cases, minimally invasive procedures or surgery may be necessary. Following a healthy lifestyle, quitting smoking, and doing daily physical activity can decrease the risk of developing pulmonary embolism. Key Facts Usually seen in Individuals after 60 to 70 years of age. Gender affected Both men and women, but more common in women Body part(s) involved Lungs Prevalence World: 10 million (2019) Mimicking Conditions Acute coronary syndrome Stable angina Acute pericarditis Congestive heart failure Malignancy Cardiac arrhythmias Pneumonia Pneumonitis Pneumothorax Vasovagal syncope Necessary health tests/imaging Imaging tests: Computed Tomographic Pulmonary Angiography (CTPA), Ventilation-perfusion scan (V/Q scan), Electrocardiogram (EKG, & Pulmonary angiogram

Lab tests: Arterial blood gas (ABG) analysis & Brain natriuretic peptide (BNP). Treatment Medications: Heparin and Fondaparinux Reperfusion strategies: Catheter-directed treatment, Vena cava filter, thrombolytic therapy, and Pulmonary embolectomy Compression stockings Supportive treatment See All Symptoms Of Pulmonary Embolism

The symptoms may vary depending on the size of the clots, involvement of the lungs, and depending upon underlying medical conditions. The following are the most common symptoms of pulmonary embolism (PE):

Shortness of breath Chest pain Rapid or irregular heartbeat Sweating Pain or swelling in the leg Anxiety Low blood pressure Coughing blood Palpitations Cold clammy and discolored skin (cyanosis) Lightheadedness Fainting Wheezing

Chest pain is the most common symptom of pulmonary embolism. It is a sharp, stabbing, and aching pain that is difficult to manage an individual facing. Learn about first aid for chest pain. Click Here Types Of Pulmonary Embolism

Pulmonary embolism can be classified as follows:

1. Acute pulmonary embolism An acute pulmonary embolism, or embolus, is a blockage of an artery in the lung. It develops due to the formation of blood clots in the legs or another part of the body (deep vein thrombosis) that travels to the lungs.
2. Chronic pulmonary embolism This type is characterized by blockage of the pulmonary arteries that occurs when prior clots in the vessels do not dissolve over time. This can also happen despite treatment of an acute PE, or as a result of an undetected acute PE. Causes Of Pulmonary Embolism

PE occurs when a blood clot gets stuck in an artery in the lungs, blocking blood flow. These blood clots most commonly come from the deep veins of your legs, a condition known as deep vein thrombosis. In most cases, multiple clothes can block a significant portion of the lungs leading to pulmonary infarction (where the portion does not get enough blood and dies). This makes it more difficult for your lungs to provide oxygen to the rest of your body. Risk Factors For Pulmonary Embolism

Any individual can develop blood clots, which lead to pulmonary embolism. Certain factors that increase the risk of the disease are:

1. Genetics Individuals having parents or siblings with venous blood clots or pulmonary embolism are at the highest risk of developing this condition.
2. Inactivity Blood clots are more likely to form during longer than usual periods of inactivity. Sitting at one place for a longer period can lead to slower blood flow in the legs causing blood clots leading to pulmonary embolism.
3. Medical conditions Some medical conditions often increase the risk of pulmonary embolism. These include:

Cancer: Various types of cancers like brain, ovary, stomach, lung, and kidney cancers, can increase the risk of blood clots. People undergoing cancer treatment (chemotherapy) further increase the risk of forming blood clots. Surgery: This is a significant cause of blood clot formation. In many surgeries, medicine is prescribed both before and after, to prevent blood clots. Heart disease: Patients with cardiac disease, such as coronary artery disease, atrial fibrillation (AF), and heart failure (HF), display a higher risk for PE. COVID-19: Individuals with severe symptoms of coronavirus, often display pulmonary embolism as one of the complications. The condition occurs when a blood clot formed in the legs travels through the bloodstream to the lungs.

Understand COVID-19 better Click Here

1. Bone fractures Sometimes in the case of a bone fracture, the fat particles from inside the bone can release into the bloodstream. In a few cases, blockages in the blood vessels are caused by substances other than blood clots, such as fat from the inside of a broken long bone, and air bubbles.
2. Mutations Factor V Leiden is a genetic mutation that increases a person’s risk of forming blood clots. The most common complications of this mutation include DVT and PE. But, in many cases, people with this mutation may not develop a blood clot.
3. Other factors Pregnancy: Women are at a higher risk for PE during pregnancy by five times when compared to nonpregnant women. Smoking: It increases the activation of platelets by a hundred times, which can lead to a significant increase in blood clot formation.

Trying to get rid of this deadly habit? Buy smoking cessation products now Buy Now

Obesity: Being overweight or obese can increase the chances of blood clots and deep vein thrombosis. Weight gain changes lead to the thickness of the blood, making it harder to force through the veins and therefore increasing the risk of PE.

Know more about 6 other health risks of obesity. Read this now Diagnosis Of Pulmonary Embolism

Timely diagnosis of pulmonary embolism can prevent several major health complications. Diagnosis mainly consists of the following:

1. History and physical examination A detailed family and medical history can help evaluate the risk factors for pulmonary embolism.

During the examination, patients with PE might have tachycardia (irregular heart rhythms), which is a common but nonspecific finding. Some of the other findings of PE include calf swelling, tenderness, redness, decreased breath sounds, and signs of pulmonary hypertension (which happens when the pressure in the blood vessels l from the heart to the lungs is too high) such as elevated neck veins.

1. Imaging tests

With physical and medical examination, a few imaging tests may be required to confirm pulmonary embolism. They include:

Computed tomographic pulmonary angiography (CTPA):.A CTPA is a CT scan that looks for blood clots in the lungs (mainly PE). A CT pulmonary angiogram takes pictures of the blood vessels that run from the heart to the lungs.

Chest radiograph (chest X-ray): This imaging test is used to assess the lungs and heart.

Ventilation-perfusion scan (V/Q scan): In this test, a small radioactive material is injected into the vein which helps in evaluating the movement of air into and out of the lungs along with the blood flow into the lungs.

Electrocardiogram (EKG): This is one of the simplest tests used for the evaluation of the heart. An EKG is recorded to detect the electrical activity of the heart to diagnose conditions of pulmonary embolism. Duplex ultrasound (US): The duplex or doppler ultrasound test examines the blood flow in the major arteries and veins in the arms and legs to detect clots.

Magnetic resonance imaging (MRI): This test is a medical imaging technique that uses a magnetic field to create detailed images of the organs and tissues in your body. MRI has better sensitivity and specificity in detecting PE.

Pulmonary angiogram: A pulmonary angiogram is an imaging test to check the blood vessels of the lungs. The procedure is done with a special contrast dye administered into the blood vessels.

1. Lab tests Arterial blood gas (ABG) analysis: ABG is a blood test that is used to indicate ventilation, gaseous exchange, and acid-base status. It is rarely used to diagnose PE.

Brain natriuretic peptide (BNP): This is a blood test that measures the levels of a protein called BNP that is made by the heart and blood vessels. In a few individuals, there have been elevated plasma BNP levels in acute pulmonary embolism (APE).

Get all the tests done in the comfort and safety of your home. Book your tests now Celebs affected Brian Vickers He is an American professional stock car and sports car racing driver. He got diagnosed with PE in the year 2010. At a very young age, he was out of breath on a bike ride, and by the next day, he was in pain with every single breath. He recovered and returned to racing in 2014. Serena Williams Serena Williams was diagnosed with pulmonary embolism as a result of deep vein thrombosis in 2011. Further complications arose after giving birth to her daughter in 2018 when she was experiencing shortness of breath and encountered another pulmonary embolism. Later after a successful recovery she again participated in the 2018 U.S. Open. Prevention Of Pulmonary Embolism

Pulmonary embolism is often caused by a blood clot that originally forms in the legs, and it is often difficult to detect a DVT before problems start. Therefore, preventing clots in the deep veins will help prevent pulmonary embolisms. It includes things such as:

1. Manage your weight Obesity puts additional pressure on the veins in the legs, which can contribute to poor blood flow and the development of blood clots. Eating a balanced diet will help in maintaining a healthy weight, and reduces the risk of blood clot formation.

Here is a list of 7 weight loss foods to lose weight naturally. Click now to know more

1. Use compression stockings These stockings fit tightly around your lower legs and encourage the blood to flow more quickly around your body. This is a very safe, simple, and inexpensive way that squeezes or compresses the veins and prevents blood from flowing backward.

Check out our widest range of compression support products to meet all your needs. Buy Now

1. Start moving after surgery There is a misconception that you need to lie in bed post-surgery. But, the main reason why doctors and nurses push you to get up and move is to prevent clots from forming by stimulating blood circulation.
2. Try pneumatic compression devices Intermittent pneumatic compression (IPC) devices are used to help prevent blood clots in the deep veins of the legs. These are the inflatable sleeves that you wear on your calves (lower legs) that are connected to a machine that provides alternating pressure on the legs to improve blood flow.
3. Say no to tobacco Toxic chemicals in cigarettes harm red and white blood cells and blood vessels and make you more susceptible to deep vein thrombosis and pulmonary embolism.

Want to quit smoking? Here are a few tips that can help you achieve your goal. Know more

Note: Along with these make sure to keep your legs elevated at least for half an hour, twice a day, avoid sitting with crossed legs and wear loose-fitting clothes for better blood flow. Doctor To Visit

The doctors that can be your best option to treat and manage pulmonary embolism are: Pulmonologists Cardiologists

A pulmonologist is a doctor who specializes in treating lung conditions. The doctor diagnoses and treats diseases of the respiratory system. A cardiologist is a doctor who specializes in the study or treatment of heart diseases and heart abnormalities.

Note: The treatment of PE may include medication management by a cardiologist, which may help in prescribing one or more blood thinning or clot-dissolving medications. Get a consultation from our team of the best and most trusted doctors. Book your appointment now Treatment Of Pulmonary Embolism

Treatment choices for pulmonary embolism (PE) include:

1. Anticoagulants In most cases, the treatment involves administering anticoagulant medications (blood thinners). This medicine decreases the blood’s ability to clot and prevents future blood clots from forming. These include: Heparin Fondaparinux

Newer oral anticoagulants (NOACs) and vitamin K antagonists (VKA) have also been used for anticoagulation in PE. Order medicines now

1. Reperfusion strategies Reperfusion therapy is used to restore blood flow through a suspected or known blocked coronary artery immediately upon diagnosis. These include:

Catheter-directed treatment: This technique involves the insertion of a catheter into the pulmonary arteries, which is then used for ultrasound-assisted thrombolysis.

Vena cava filter: This treatment is used when a person cannot go for anticoagulation treatment due to medical reasons. It involves placing a small metal device in the vena cava (the large blood vessel that returns blood from the body to the heart) to keep clots from traveling to the lungs.

Thrombolytic therapy: This therapy is called clot busters which use medications or a minimally invasive procedure to break up blood clots and prevent new clots from forming.

Pulmonary embolectomy: This is a rarely used surgery conducted to remove a PE. This surgery is performed in cases, where the embolism is large enough and medicines or thrombolytic therapy cannot be used.

1. Compression stockings These are designed to apply pressure to the lower legs and help to maintain blood flow and reduce discomfort and swelling. These stockings are usually knee-high in length and squeeze the legs to prevent the blood from pooling.
2. Supportive treatment The treatment given to the body to cope with the ill effects of PE. These include oxygen support being given to the patient to reduce breathlessness, and in a few cases, intravenous fluids being administered to support circulation. In some cases, close monitoring and care are given to the patient depending upon the state of the patient. Home Remedies For Pulmonary Embolism

Home remedies might not cure the blood clots permanently, but they can provide relief from the symptoms of PE. These include:

Garlic(Lahsun): Garlic helps in blood thinning and reduces blood clot formation in the arteries. It is advisable to eat garlic bulbs on an empty stomach in the morning.

Neem: A few studies have demonstrated that neem has good or moderate clot-breaking properties. Small leaves of neem can be consumed daily to see the results.

Turmeric (Haldi): Turmeric extract has shown benefits in dissolving blood clots in some studies. Turmeric can be taken by adding it to a glass of warm milk and consumed immediately.

Read more about 5 other benefits of turmeric for a healthy body Click here

Tulsi: Tulsi extract has shown moderate to good activity in breaking down clots. Tulsi can be taken by chewing fresh tulsi leaves or drinking tulsi tea for its benefits. Tulsi tea can be prepared by boiling fresh or dried tulsi leaves in some water and straining the leaves.

Cayenne pepper: It has a high amount of salicylates. These salicylates have powerful blood-thinning effects and can be used to treat blood clots. Complications Of Pulmonary Embolism

If left untreated, pulmonary embolism can lead to the following complications:

1. Pulmonary infarction (PI) Pulmonary, or lung, infarction (PI) refers to the death of lung tissue due to a lack of blood supply. According to research in 2021, it has been noted that 30 percent of individuals having PE show signs of PI.
2. Pleural effusion PE is one of the most common causes of pleural effusion (water on the lungs). Pleural effusion is a buildup of fluid between the layers of tissue that line the lungs and chest cavity. The symptoms include sharp chest pain, cough, and shortness of breath.
3. Cardiogenic shock It is a life-threatening condition in which your heart is unable to pump enough blood suddenly. This can ultimately lead to a drop in blood pressure and pulse rate leading to brain injury or organ failure.
4. Bleeding by taking blood thinners Treatment of PE involves the administration of anticoagulants for resolving blood clots. In cases, where the blood becomes too thin, a minor cut can cause too much bleeding.
5. Cardiac arrest A PE increases the risk of cardiac arrest by many folds. Cardiac arrest further increases the risk of death by 95%.

Do not let your heart suffer! Up your cardiac care game with our exclusive range of products to keep your heart healthy. Fill your carts now Living With Pulmonary Embolism

Recovery from pulmonary embolism can vary based on the severity of the condition and the treatment. The major treatment takes place in the hospital and after leaving the hospital, a patient may be required to take medicines for six months or longer. Certain tips to keep in mind if you have PE include:

1. Following up regularly Studies suggest that individuals with pulmonary embolism should visit their doctors every 2 weeks for 3 months post-PE.

The routine follow-up visits scheduled by the doctor should never be missed as this can help the doctor to conduct imaging tests. This helps the doctor to check for signs of new blood clots forming in the legs that can lead to PE. Taking all the medicines prescribed by the doctor on time.

1. Preventing recurrence The doctor may recommend combining medication and lifestyle changes simultaneously to manage the long-term risks of a recurrence of deep vein thrombosis which leads to PE. To prevent recurrence the doctor may include: Staying physically active Drinking more fluids Maintaining a healthy weight Quitting smoking Avoiding the use of oral contraceptives.
2. Avoiding injuries Suitable caution must be taken if you are taking anticoagulants as this can lead to serious bleeding risk. Your doctor may suggest avoiding foods rich in vitamin K, alcohol, and over-the-counter medicines (such as aspirin). Frequently Asked Questions What are the side effects of the treatment for PE? What happens if a pulmonary embolism clot doesn’t dissolve? When should one see their doctor? What questions should one ask their doctor? Is pulmonary embolism fatal? References Tanabe Y, Yamamoto T, Murata T, Mabuchi K, Hara N, Mizuno A, Nozato T, Hisatake S, Obayashi T, Takayama M, Nagao K. Gender Differences Among Patients With Acute Pulmonary Embolism. Am J Cardiol. 2018 Sep 15 Vyas V, Goyal A. Acute Pulmonary Embolism. [Updated 2022 Aug 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan Tarbox AK, Swaroop M. Pulmonary embolism. Int J Crit Illn Inj Sci. 2013 Jan;3 Turetz M, Sideris AT, Friedman OA, Triphathi N, Horowitz JM. Epidemiology, Pathophysiology, and Natural History of Pulmonary Embolism. Semin Intervent Radiol. 2018 Jun Huisman MV, Barco S, Cannegieter SC, Le Gal G, Konstantinides SV, Reitsma PH, Rodger M, Vonk Noordegraaf A, Klok FA. Pulmonary embolism. Nat Rev Dis Primers. 2018 May 17 Venous Thromboembolism (Blood Clots). Centers for Disease Control and Prevention. Jun 2022. Pulmonary Embolism. National Health Service. April 2020. Lavorini F, Di Bello V, De Rimini ML, Lucignani G, Marconi L, Palareti G, Pesavento R, Prisco D, Santini M, Sverzellati N, Palla A, Pistolesi M. Diagnosis and treatment of pulmonary embolism: a multidisciplinary approach. Multidiscip Respir Med. 2013 Dec 19 Freund Y, Cohen-Aubart F, Bloom B. Acute Pulmonary Embolism: A Review. JAMA. 2022 Oct 4 Rivera-Lebron B, McDaniel M, Ahrar K, Alrifai A, Dudzinski DM, Fanola C, et al. Diagnosis, treatment and follow up of acute pulmonary embolism: Consensus practice from the Pert Consortium [Internet]. Clinical and applied thrombosis/hemostasis : official journal of the International Academy of Clinical and Applied Thrombosis/Hemostasis. U.S. National Library of Medicine; 2019 [cited 2023Feb10].

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Pancreatic cancer Also known as Cancer of the pancreas Overview The pancreas is a small, spongy, hockey stick-shaped gland located between the stomach and the spine, deep within the abdomen. The major function of the pancreas is to release enzymes that help in digestion and produce hormones, insulin and glucagon, that help control blood sugar levels.

Pancreatic cancer occurs when the body’s normal process of removing old cells and forming new cells, breaks down. The pancreatic cells continue to grow out of control and form tumors. The cancerous cells can also spread to other parts of the body. The most common type of cancer that forms in the pancreas begins in the cells that line the ducts that carry digestive enzymes out of the pancreas, called pancreatic ductal adenocarcinoma.

Pancreatic cancer is typically a disease of the elderly. 90% of newly diagnosed patients are aged over 55 years. It is more common in men than in women. Various risk factors associated with the disease are smoking, obesity, excessive consumption of alcohol, diabetes and hereditary factors amongst others.

It is generally not detected at an early stage, when it is curable, because it often doesn’t show any symptoms until it has spread to other organs. The treatment options are based on the extent of the cancer and may include surgery, chemotherapy, radiation therapy, or a combination of these. However, mostly due to late detection, the prognosis or outcome of the disease is generally poor. Key Facts Usually seen in Adults above 55 years of age Gender affected Both men and women but more common in men Body part(s) involved Pancreas Lymph nodes Liver Peritoneum Prevalence Worldwide: 458,918 new cases (since 2018) Mimicking Conditions Acute pancreatitis Chronic pancreatitis Cholangitis Cholecystitis Choledochal cyst Peptic ulcer disease Cholangiocarcinoma Gastric cancer Necessary health tests/imaging Imaging tests: CT scan, PET-CT scan, Ultrasound, and Magnetic resonance imaging (MRI) Blood tests: Bilirubin total Biopsy: Fine needle aspiration cytology (FNAC), and core needle biopsy Treatment Surgical management: Pancreatectomy, Laparoscopic surgery & Vascular resection. Adjuvant chemotherapy: Modified Leucovorin, 5-Fluorouracil, Irinotecan & Oxaliplatin. Radiotherapy: External beam radiation therapy & Brachytherapy Targeted therapy: Pembrolizumab See All Symptoms Of Pancreatic Cancer

Most people don’t experience early signs of pancreatic cancer. The doctor may suspect pancreatic cancer if the patient has recently developed diabetes or pancreatitis (a painful condition due to the inflammation of the pancreas). As the disease progresses, people may notice symptoms like: Pain in the upper abdomen, radiating to the back Jaundice (yellowing of the skin and the whites of the eyes) Tiredness and fatigue Loss of appetite Light-colored stools Dark-colored urine Loss of weight Formation of blood clots in the body Dry and itchy skin Worsening diabetes or a new diagnosis Nausea and vomiting Some symptoms of pancreatic neuroendocrine cancer may be different from the traditional pancreatic cancer symptoms because some PNETs overproduce hormones. These symptoms include: Zollinger-Ellison syndrome (in which the stomach makes too much acid) causing stomach ulcers Irritations on the tongue and corners of the mouth Malnutrition Shortness of breath Rashes or blisters on the skin Excessive thirst Excessive thirst can be alarming. Frequent thirst or excessive thirst could be a symptom of a serious health condition. Read about 5 common causes of excessive thirst or polydipsia. Click To Read!

Types Of Pancreatic Cancer

Pancreatic tumors are either exocrine or neuroendocrine (endocrine) tumors based on the type of cell they start in. Every pancreatic cancer patient is different and the treatment is based on the type. Types of pancreatic cancer are:

Exocrine pancreatic cancer Most of the pancreatic tumors are exocrine tumors (about 93 percent). They start in the exocrine cells (that produce enzymes for digestion) of the pancreas and include:

Adenocarcinoma: The most common type of pancreatic cancer is adenocarcinoma (9 out of 10 cases of pancreatic cancer). It is an exocrine tumor that starts in the cells lining the pancreatic duct, which make enzymes for digestion. Mucinous cystic neoplasm: This is an invasive adenocarcinoma and is a cyst filled with thick fluid. Mucinous cystic neoplasms can be non-cancerous (benign) if they are not invasive. Other rare exocrine tumors include: Squamous cell carcinoma: This extremely and forms in the pancreatic ducts, and is made purely of squamous cells, which are not typically seen in the pancreas. Adenosquamous carcinoma: This rarest type of pancreatic cancer (1-4 percent). It is a more aggressive tumor with a poorer prognosis. Colloid carcinoma: These tumors are very rare and tend to develop from a type of benign cyst called an intraductal papillary mucinous neoplasm (IPMN). Neuroendocrine pancreatic cancer Neuroendocrine tumors (pancreatic NETs or PNETs) are rare (about 7 percent). They often grow slower than exocrine tumors. PNETs come from the abnormal growth of endocrine cells in the pancreas called islet cells, responsible for controlling blood sugar levels (hence they are also called islet cell tumors).

PNETs are classified by the hormones they make and common types include: Gastrinoma: A gastrin-producing tumor usually located in the pancreas or the duodenal wall. Gastrin is a peptide hormone that stimulates the secretion of gastric acid. Glucagonoma: Glucagonoma is a very rare tumor of the islet cells of the pancreas, which leads to an excess of the hormone glucagon in the blood. Insulinoma: Pancreatic tumor that leads to extra insulin production causing hypoglycemia (low blood sugar). Somatostatinoma: They start in neuroendocrine cells that make the hormone somatostatin. VIPoma: A non-beta pancreatic islet cell tumor secreting vasoactive intestinal peptide (VIP), resulting in a syndrome of watery diarrhea, hypokalemia, and achlorhydria (absence of hydrochloric acid in gastric secretions). Nonfunctional islet cell tumor: Tumor arising from the pancreatic islet cell that is rare and no hormone is involved. Note: Benign precancerous lesions are cysts and other benign tumors in the pancreas and can be precursors to pancreatic cancer, including intraductal papillary-mucinous neoplasms (IPMNs). Causes Of Pancreatic Cancer

The exact cause of pancreatic cancer is unknown.

Pancreatic cancer occurs when abnormal cells begin to grow within the pancreas. 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. When left untreated, these cells continue to grow out of control and metastasize (spread to other parts of the body).

Anyone can get pancreatic cancer. Though it’s not always clear what causes it, research has identified some of the risk factors that can lead to it. Risk Factors For Pancreatic Cancer

Despite other gastrointestinal tumors, evidence of risk factors for the development of pancreatic cancer is poor and can be classified into environmental factors and genetic factors (10%).

Environmental factors These can be further classified into modifiable and non-modifiable factors that increase the risk of an individual developing pancreatic cancer. They include:

Modifiable factors

1. Smoking: It is the main modifiable risk factor for the development of pancreatic cancer. Tobacco smoking habits are considered responsible for 20-35% of pancreatic cancer cases.
2. Alcohol consumption: Pancreatic cancer is associated with heavy alcohol consumption of > 30 gm per day. This risk is strongest in heavy male drinkers and heavy drinkers of spirits. Excessive alcohol consumption is also the main cause of chronic pancreatitis, which is a known risk factor for pancreatic cancer.
3. Chronic pancreatitis: Chronic pancreatitis is a progressive inflammatory condition of the pancreas leading to fibrosis and loss of functional cells. Studies investigating chronic pancreatitis have found a significantly 13-fold higher risk of pancreatic cancer.
4. Obesity: Some studies had demonstrated a relative risk increase of 1.12 for each increase in 5 kg/m2 in the BMI. Obesity since childhood has a higher risk relative to pancreatic cancer development.
5. Diet: There is limited evidence that consumption of red and processed meat is associated with pancreas cancer development. These foods lead to DNA damage and the formation of carcinogens such as N-nitroso compounds. Other dietary items that can increase the risk include foods and beverages containing fructose or foods containing saturated fatty acids.
6. Infection: Increased risk has been observed in patients with Helicobacter pylori (H. pylori) or hepatitis C infections. Further research is necessary to strengthen this relationship.
7. Exposure at workplace: Working with certain chemicals, particularly those used in metalworking and pesticides, has been recognised as a potential risk factor for pancreatic cancer.

Non-modifiable factors

1. Age: Pancreatic cancer generally occurs in patients over 55 years old, mostly between 70-80 years. It is extremely rare for patients to be diagnosed before the age of 30. The age at which the incidence peaks also tends to vary from country to country. For example, In India, there is a peak in incidence in patients in their sixth decade of life whereas in the United States this is in the seventh decade of life.
2. Sex: The incidence is lower in women than in men globally. This difference is even more evident in developed nations.
3. Geographic location: The incidences of development of pancreatic cancer varies in different parts of the world. The incidence rate in Africa is the lowest, and higher cases of development of cancer are seen in China.
4. Blood group: The ABO blood group antigen is present on the entire surface of red blood cells. Recent studies have shown that people with type A, AB, or B blood groups have a higher risk of developing pancreatic cancer than those with type O.
5. Diabetes mellitus: Diabetes significantly increases the risk of developing pancreatic cancer. However, it must be noted that although diabetes is a risk factor, pancreatic cancer can also present itself as a new onset of diabetes. This has led to interest in HbA1c as a potential biomarker of early detection in pancreatic cancer.
6. Gut microflora: Studies have also shown that lower levels of Neisseria elongata and Streptococcus mitis, and higher levels of Porphyromonas gingivalis and Granulicatella adiacens are associated with an increased risk of pancreatic cancer. However, further research is needed to validate these studies and also to establish if targeted treatment can be a possibility.

Genetic factors It is difficult to understand the effect-causing relationship of some risk factors, however, genes and their mutations have a strong role and interconnection with the development of pancreatic cancer. These risk factors include:

1. Hereditary breast cancer and ovarian cancer syndrome (HBOC): The genes BRCA1 and BRCA2 mutations can cause early-onset malignant tumors, most of all breast and ovarian cancer, including pancreatic cancer, especially if in BRCA2 mutation.
2. Hereditary non-polyposic colorectal cancer or Lynch syndrome (HNPCC): People who have Lynch syndrome (MSH2, MSH6, MLH1, PMS2, and EPCAM gene mutations) are predisposed to early-onset colorectal cancer without polyposic lesions and other-site neoplasia, including pancreatic cancer.
3. Familial atypical multiple mole melanoma syndromes (FAMMM): This syndrome is characterized by malignant melanoma in one or more first-degree or second-degree relatives. In 38% of cases, this pathology is caused by a p16INK4a gene mutation.
4. Hereditary pancreatitis (HP): In 80% of cases of hereditary pancreatitis it is possible to identify a PRSS1 gene mutation. This condition is characterized by recurrent acute pancreatitis starting in childhood, that can be evolved into early pancreatic failure.
5. Familial adenomatous polyposis (FAP): This syndrome, caused by a mutation in the APC gene, is characterized by early-onset polyps in the gastrointestinal tract that can develop into cancer.
6. Peutz-Jeghers syndrome (PJS): The STK11/LKB1 gene mutation characterizes hamartomatous polyposis syndrome and this condition can determine gastrointestinal neoplasia (cancer) and other tumors like pancreatic cancer.
7. Cystic fibrosis (CF): This pathology, caused by CFTR gene mutation, has the same pathogenetic mechanisms because recurrent acute pancreatitis can be involved in pancreatic cancer onset. 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 COVID-19 outbreak. Click Here! Diagnosis Of Pancreatic Cancer

Pancreatic cancer poses a significant diagnostic challenge and the majority of cases present late, with either locally advanced or metastatic disease. The diagnosis of pancreatic cancer depends on the size and location of the tumor and whether or not the cancer has spread. Depending on this the cancer is divided into 5 stages. There are: Stage 0: Also known as carcinoma in situ and is characterized by abnormal cells in the lining of the pancreas. The cells could become cancerous and spread to nearby tissue. Stage 1: Presence of tumor (cancerous cells) in the pancreas. Stage 2: Presence of tumor in the pancreas and has either spread to nearby tissues, organs, or lymph nodes. Stage 3: Spread of cancer to major blood vessels near the pancreas. It may have also spread to nearby lymph nodes. Stage 4: In this stage, cancer has spread to distant organs in the body like the liver, lungs, or abdominal cavity along with tissues or lymph nodes near the pancreas.

Cancer is one of the most dreaded diseases and can be difficult to treat if it has progressed to an advanced stage at the time of diagnosis. Read more about 8 common signs of cancer that you should know. Click Now!

The diagnosis consists of the following:

Physical examination The doctor will examine the patient’s skin, tongue, and eyes to see if they are yellow, which is a sign of jaundice. An abnormal buildup of fluid in the abdomen, called ascites, may be another sign of cancer.

Blood tests The doctor may take samples of blood to check for abnormal levels of bilirubin and other substances. Bilirubin is a chemical that may reach high levels in people with pancreatic cancer due to blockage of the common bile duct by a tumor.

Imaging tests These tests help doctors find out where the cancer is located and whether it has spread from the pancreas to other parts of the body.

1. Computed tomography (CT or CAT) scan: Many cancer centers use pancreatic protocol CT scans that involve taking pictures of the pancreas at specific times after the intravenous (IV) injection of contrast medium to find out exactly where the tumor is in relation to nearby organs and blood vessels.
2. Positron emission tomography (PET) scan or PET-CT scan: A PET scan is usually combined with a CT scan or MRI scan to produce images of the inside of the body. The combination provides a more complete picture of the area being evaluated.
3. Endoscopic retrograde cholangiopancreatography (ERCP): This procedure is performed by a gastroenterologist to o place bile duct stents and not commonly used for diagnosis. The doctor will put a thin, lighted tube called an endoscope through the mouth and stomach into the small intestine.
4. Ultrasound: An ultrasound uses sound waves to create a picture of the internal organs. There are 2 types of ultrasound devices: A transabdominal ultrasound (ultrasound is to see inside the abdomen). The endoscopic ultrasound (EUS - ultrasound with the help of an endoscope).
5. Percutaneous transhepatic cholangiography (PTC): This is a x-ray procedure used to detect any blockage in the bile duct due to the tumor. A thin needle is inserted and a dye is injected before taking the x-ray.
6. Magnetic resonance imaging (MRI): An MRI uses magnetic fields to produce detailed images of the body and to measure the tumor’s size. Cholangiopancreatography (MRCP) is a specialized type of MRI using computer software developed specifically to examine pancreatic issues, such as ductal blockages and cysts.

Biopsy A biopsy is the removal of a small amount of tissue for examination under a microscope. It can make a definite diagnosis for most cancers. There are a couple of different ways to collect a tissue sample: Fine needle aspiration cytology (FNAC): It is the removal of the tissue sample by aspiration from the needle. Core needle biopsy: The doctor uses a hollow needle to take out pieces of pancreatic tissue from a suspicious area. Testing for potential biomarkers Investigation of potential biomarkers including liquid biopsy, to aid in screening, diagnosis, and treatment of pancreatic cancer has been an area of intense research. These include: Serum cancer antigen 19-9 (CA 19-9): It is the only marker approved by the United States Food and Drug Administration for use in the routine management of pancreatic cancer. Volatile organic compounds (VOC): This is a non-invasive method for early detection biomarker research. This compound is present in exhaled air. DNA mutations:The presence of DNA mutations in pancreatic juice has also been an area of study. Mutant P53 was found in the pancreatic juice of individuals with intermediate and high-grade invasive malignancy. Prevention Of Pancreatic Cancer

Cancer prevention is an action taken to lower the chance of getting cancer. Many things in our genes, our lifestyle, and the environment around us may increase or decrease our risk of getting cancer. Some of the ways to prevent pancreatic cancer include: Avoiding or controlling things known to cause cancer Changing diet and adopting a healthy lifestyle Finding precancerous conditions at an early stage Taking medicines to treat a precancerous condition or to keep cancer from starting (chemoprevention) Planning risk-reducing surgery Avoiding tobacco smoking Reducing alcohol consumption Minimizing risk factors associated with chronic pancreatitis Individuals with a high-risk genetic background may require: Counseling Genetic testing if appropriate (BRCA2 mutation or p16INK4A inactivity) Secondary screening for pancreatic cancer Did you know? You can prevent certain types of cancer with vaccines. Like BCG vaccines, cancer vaccines protect our body from viruses that can cause diseases which can develop into cancer. Read to know more about it. Click 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 pancreatic cancer and help in diagnosing and formulating a treatment plan are: Gastroenterologist Oncologist A gastroenterologist is a doctor who treats diseases of the esophagus, stomach, small intestine, colon and rectum, pancreas, and gallbladder. An oncologist is a doctor who treats cancer and provides medical care for a person diagnosed with cancer.

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

Treatment Of Pancreatic Cancer

Pancreatic cancer requires multidisciplinary treatment and requires surgery, chemotherapy, and radiation, alone or in combination.

Surgical management Surgical treatment is considered the best way to cure pancreatic cancer as it can significantly prolong survival. The surgical procedures include:

1. Pancreatectomy It consists of the Whipple procedure (pancreaticoduodenectomy), which is an operation to remove the head of the pancreas. Along with this, the distal or total pancreatectomy (removal of the pancreas) is the best surgical option for the resection of pancreatic cancer depending on the anatomical location of the tumor or tumors. It requires: Preoperative biliary drainage: A significant proportion of patients with pancreatic cancer present with jaundice and pre-operative drainage relieves the obstruction and may reverse the pathophysiological dysfunction caused by obstructive jaundice. Anastomotic technique: A major source of death following Whipple’s procedure is a leak from pancreatic anastomosis and the formation of a pancreatic fistula. It consists of anastomosing (suturing) the pancreatic duct to the jejunum (middle part of the small intestine) or stomach.
2. Laparoscopic surgery Laparoscopy is a type of surgical procedure that allows a surgeon to access the inside of the abdomen (tummy) and pelvis without having to make large incisions in the skin. This minimally invasive surgery requires laparoscopic distal pancreatectomy for the resection. There was no difference in the rate of positive resection margins and outcomes.
3. Vascular resection The relationship between any pancreatic tumor and the surrounding vasculature is an important determinant of how much resection needs to be done. Pancreatic cancer resection includes total pancreatectomy, distal pancreatectomy plus splenectomy (removal of the spleen).

Medical management 1. Adjuvant chemotherapy Chemotherapy is an important part of the comprehensive treatment of pancreatic cancer. The overall survival rate after radical resection and adjuvant chemotherapy improves in most cases. Generally, used chemotherapy regimens after radical resection are: Modified leucovorin, 5-fluorouracil, irinotecan, and oxaliplatin (MFOLFIRINOX) for 6 months Gemcitabine and capecitabine combined for 6 months Folfirinox regimen, gemcitabine, and Pac-Nab in combination with chemotherapy in patients with metastasis (spread of cancer to other organs) Gemcitabine is the first choice if the patient is not suitable for combination chemotherapy Gemcitabine (with or without erlotinib) combined with 54 Gy (radiation dose) is used for patients with locally advanced pancreatic cancer 2. Neoadjuvant treatment It is treatment given as a first step to shrink a tumor before the main treatment, which is usually surgery since a relapse of symptoms is usually seen in 71% and 76% percent of patients within two years. Furthermore, due to complications associated with surgery up to 40% of patients are not suitable for progression to adjuvant therapy. A good success rate with neoadjuvant treatment in several other cancers including rectal, oesophageal, and gastric cancer have led to the exploration of the impact of neoadjuvant treatment in pancreatic cancer as well.

Radiotherapy 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 pancreatic cancer. It uses: External beam radiation therapy: This uses external radiation therapy sources that emit X-rays, gamma rays, electrons or heavy particles. Brachytherapy: It is a type of internal radiation therapy in which seeds, ribbons, or capsules that contain a radiation source are placed inside the body, or near the tumors. It is mainly used for internal radiotherapy by surgery or laparoscopy in the pancreas or adjacent to the pancreas. Targeted therapy This is very successful in many types of cancer, though, to date, all other targeted drugs have failed in pancreatic cancer patients, including affrecept, cetuximab, sorafenib, bevacizumab, and axitinib. Recently the Food and Drug Administration (FDA) has approved pembrolizumab as a targeted treatment for pancreatic cancer.

Latest treatment protocols A lot of research and studies on the latest treatment options are going on. Some of them are: Gene therapy: Gene therapy is the delivery of specific genes to cancer cells, which are often carried by specially designed viruses. Cancer stem cells: Research is currently focused on identifying treatments that may specifically target the pancreatic cancer stem cells. Genetic/molecular studies: Many new research developments are based on identifying damaged genes and proteins and repairing them or changing how they work. Circulating tumor (ct)DNA: The ctDNA is being studied as a tool for monitoring response to treatment, for observing early signs of disease recurrence, and as a way to determine the disease’s resistance to the ongoing treatment. Other treatment modalities Patients with pancreatic cancer need palliative care at some point, it is as important as other treatments themselves. Some of the procedures done for the management of patients with gastric outlet obstruction include: Percutaneous bile duct drainage: A procedure to drain bile to relieve pressure in the bile ducts caused by a blockage. Surgical gastrojejunostomy: A surgical procedure in which an anastomosis is created between the stomach and the proximal loop of the jejunum. Endoscopic duodenal stents: A stent is a small metal mesh tube that is placed in the narrowed or blocked area of your duodenum (first part of the small intestine). Diagnosed with cancer? Getting diagnosed with cancer can be shocking and it can be a better idea to get a second opinion before starting the treatment. Read about things you need to know if you are planning on taking a second opinion. Click To Learn! Home-care For Pancreatic Cancer

A pancreatic cancer diagnosis can be shocking and life-changing. It not only takes a toll on the body but the mind as well. Certain things that the patient can do that will help them cope with the diagnosis and treatment include: Joining a support group for people with pancreatic cancer Spending time with others who are going through the same things Empowering and strengthening their mental and emotional health Talking to a counselor, therapist or social worker about the feeling Meditating and keeping the mind calm Finding hobbies that make them happy Knowledge is power, and there are several helpful resources available for the patient and their family. Here are a few tips that the caregivers can follow to help the patient in the difficult times: Provide as much as emotional support and encouragement Talk with the health-care team and understand the course of treatment Help the patient manage their symptoms and side effects Assist the patient in maintaining personal care and hygiene Coordinate their medical appointments Stay with them throughout the appointments Assist their meals and grocery shopping Help them with household chores Handle insurance and billing issues for them Give them medications on time Always talk with empathy and a positive attitude Did you know? Walking may improve the quality of life for people with advanced cancer. Click To Know! Complications Of Pancreatic Cancer

Pancreatic cancer progresses unchecked for a long time before symptoms are recognized. Complications of pancreatic cancer include:

Common complications Upon progression of the tumor, the complications that arise include: Jaundice: Pancreatic cancer that blocks the liver’s bile duct can cause jaundice. Signs include yellow skin and eyes, dark-colored urine, and pale-colored stools. Jaundice usually occurs without abdominal pain. Weight loss: Many people with pancreatic cancer lose their appetite and lose weight. People in the last few weeks of life will gradually feel less like eating. Muscle wasting: Cancer cachexia is a highly debilitating condition characterized by weight loss and muscle wasting that contributes significantly to the morbidity and mortality of pancreatic cancer. Abdominal pain: A common symptom of pancreatic cancer is a dull pain in the upper abdomen (belly) and/or middle or upper back that comes and goes probably caused by the tumor Diabetes: Diabetes or impaired glucose tolerance is present in 50-80% of patients with pancreatic cancer due to pancreatic insufficiencies. General complications after resection of the pancreas Medical complications that require another surgery as a consequence of surgery include: Cardiac problems like angina (chest pain), infarction (heart attack) and arrhythmias Cardiovascular accidents like stroke Cardiorespiratory distress (increase in the number of breaths) Kidney dysfunction Pneumonia Thrombosis (blood clots) Pulmonary embolism (blood clot gets lodged in an artery in the lung) Psychological disturbances Hepatic (liver) and metabolic dysfunction. Surgical complications following pancreatic resection Many postoperative complications respond to medical treatment, radiological intervention, and endoscopic intervention without the need for surgical intervention. They are: Intra-abdominal abscess (collection of pus in the inner lining of the stomach) Hemorrhage (bleeding) Fistulae of the pancreatointestinal anastomosis (abnormal connection between pancreas and intestinal sutures) Alternative Therapies For Pancreatic Cancer

The limitations of current treatment for pancreatic cancer have led to the need for new therapeutic approaches that have promising results. These include:

Microbial therapy There is now a piece of strong evidence that the human microbiota plays a key role in regulating cancer development and response to cancer treatment. To date, the results of intestinal microflora forming systemic immunity and tumor-specific immunity in pancreatic cancer have been confirmed, but the mechanism remains to be studied.

Immunotherapy Immune checkpoint blockade (ICB) therapy is now approved for various types of cancer such as melanoma, lung cancer, renal cell carcinoma, and head and neck squamous cell carcinoma. However, pancreatic cancer is considered to be less immunogenic and the microenvironment of pancreatic tumors is thought to create an environment that suppresses immunity. Therefore, there is currently no immunotherapy approved for patients with pancreatic cancer.

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!

Living With Pancreatic Cancer

Pancreatic cancer has only a five-year survival rate for pancreatic cancer when compared with many other cancers. This is because most people are diagnosed with stage IV when the disease has metastasized.

Living with pancreatic cancer means different things to different people. Whether you are a patient who has been diagnosed with pancreatic cancer or care for someone who has the disease, it will have a large impact on their lives. Things that the caregiver and the patient should take into consideration include:

Managing the emotions It may be difficult to cope with a diagnosis of cancer both practically and emotionally. These may include dealing with a variety of emotions such as sadness, anxiety, or anger, or managing the stress level. The following information may provide some help: Getting all the information needed to go about with the treatment Talking to the loved ones Joining support groups Understanding the physical limitations Starting palliative care to get relief from other symptoms Coping with practical issues like financial expenses, childcare, and work issues Surviving the physical side effects Changes to the physical health depend on several factors including cancer’s stage, the length and dose of treatment, and the patient’s general health. Things to keep in mind are: Talk to the doctors and healthcare team regularly about the feelings Know about any new side effects or changes in existing side effects Inform the healthcare team about the side effects so that they can potentially keep any side effects from worsening Keep track of the side effects so it is easier to explain any changes to the healthcare team Get treatment for long-term side effects and late effects as it is important to survive post the completion of treatment Supervising the costs of cancer care Cancer treatment can be expensive. It may be a source of stress and anxiety for people with cancer and their families. In addition to treatment costs, many people find they have extra, unplanned expenses related to their care. This can stop many patients from continuing the treatment. This can be managed by: Understanding the cost of the treatment Encouraging the patients and their families to talk about financial concerns with a member of their healthcare team Knowing about federal healthcare law and how it can be used Getting support from organizations that help with treatment, housing, travel, and other cancer-related costs Focusing on diet Having cancer of the pancreas will affect your eating and drinking habits, whatever your stage of cancer or treatment. Here are things that need to be considered from a dietary aspect. Sticking to smaller and lighter meals throughout the day Avoiding very high fiber foods such as cereal and dried fruit in case of diarrhea Sipping a nutritional supplement between meals to boost the calorie intake Maintaining blood sugar levels Taking enzyme supplements Preparing for the treatment The diagnosis can leave the patient worried and overwhelmed, but there are things that can be done to help the patients feel more in control of their physical and mental health during this time. This includes: Understanding prehabilitation (getting ready for cancer treatment in whatever time you have before it starts) Preparing mentally and physically for the treatment Eating a wide range of foods in the right proportion Getting follow-up care Post the completion of the treatment, the doctors will still want to watch the patient closely. It’s very important to go to all of the follow-up appointments. These visits consist of exams and lab or imaging tests to look for signs of cancer or treatment side effects.

Some side effects might last a long time or may not even show up until years after you have finished treatment. It’s important for all pancreatic cancer survivors to let their health care team know about any new symptoms or problems because they could be caused by cancer coming back or by a new disease or second cancer.

Cancer can drain a person physically and mentally. Gaining knowledge and awareness about cancer and the myths that surround it is necessary to enable timely diagnosis and treatment. Click To Know!

Frequently Asked Questions Which is the common location for the spread of pancreatic cancer? Is there a cure for pancreatic cancer? What is the life expectancy of any individual with pancreatic cancer? What is the stage 4 pancreatic cancer survival rate? When should someone see their doctor about pancreatic cancer? References McGuigan A, Kelly P, Turkington RC, Jones C, Coleman HG, McCain RS. Pancreatic cancer: A review of clinical diagnosis, epidemiology, treatment, and outcomes. World J Gastroenterol. 2018. Midha S, Chawla S, Garg PK. Modifiable and non-modifiable risk factors for pancreatic cancer: A review. Cancer Lett 2016; 381: 269-277. Pancreatic Cancer Types. Health. Johns Hopkins Medicine. ZhiYu Zhao, Wei Liu. Pancreatic Cancer: A Review of Risk Factors, Diagnosis, and Treatment. Sage Publications. Dec 2020. Diagnosis of Pancreatic Cancer. Pancreatic Cancer: Diagnosis. Cancer.Net. Sep 2021. Vimalachandran D, Ghaneh P, Costello E, Neoptolemos JP. Genetics and prevention of pancreatic cancer. Cancer Control. 2004. Capasso M, Franceschi M, Rodriguez-Castro KI, et al. Epidemiology and risk factors of pancreatic cancer. Acta Biomed. 2018. Halloran C.M, Ghaneh P, Bosonnet L, et al. Complications of Pancreatic Cancer Resection. Digestive Surgery. 2002. Follow-up care. Living as a Pancreatic Cancer Survivor. American Cancer Society. Jun 2020. Living with pancreatic cancer. Pancreatic cancer. Pancreatic Cancer Action. Apr 2022. Pancreatic Exocrine Tumors. Types of Pancreatic Tumors. Pancreatic Cancer Action Network. Li D. Diabetes and pancreatic cancer. Mol Carcinog. 2012.

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Pancreatitis Also known as Inflammation of pancreas Overview

The pancreas is a small organ located behind the stomach and below the ribcage. Pancreatitis is a condition that is characterized by irritation or inflammation of the pancreas. It happens when digestive juices or enzymes attack the pancreas. Pancreatitis can be acute or chronic depending on the onset. Either form is serious and can lead to complications.

The main symptom in patients with acute pancreatitis is constant stomach pain. It often spreads to the back, chest, waist, and lower abdomen. It can extend to diabetes, infections, bleeding, and kidney problems The symptoms of chronic pancreatitis can be diarrhea, vomiting, weight loss, and constant stomach pain on the upper side.

Pancreatitis is generally seen in individuals after 30-40 years of age. The risk factors can be gallstones, alcoholism, infections, genetic disorders, injury to the pancreas, and pancreatic cancer.

The strategy for pain management is lifestyle modifications and medications. Avoiding alcohol and smoking, eating small, frequent meals, and eating foods high in antioxidants like folate can also prove to be very beneficial in managing the symptoms. Treatment is generally based on the type and severity of the condition. Key Facts Usually seen in Individuals between 30 to 40 years of age Gender affected Both men and women but more common in men Body part(s) involved Pancreas Prevalence Worldwide: 3.2% (2022) Mimicking Conditions Peptic ulcer disease Cholangitis Cholecystitis Bowel obstruction Bowel perforation Mesenteric ischemia Acute hepatitis Diabetic ketoacidosis Basilar pneumonia Myocardial infarction Aortic dissection Renal colic Necessary health tests/imaging Laboratory tests: Serum amylase, Complete blood, count, Serum lactate, Serum triglycerides & HbA1c level Imaging tests: X-rays, Abdominal ultrasound, and Computed tomography (CT) scan Treatment Medications: Paracetamol, Morphine, and Corticosteroids. Surgery: Pancreas resection and Total pancreatectomy. Supportive care: Fluid resuscitation NG tube (nasogastric tube), and Oxygen administration See All Types of Pancreatitis

When digestive juices or enzymes attack the pancreas it causes redness and swelling (inflammation) of the pancreas. Types of pancreatitis include: 1. Acute pancreatitis Acute pancreatitis is a serious condition where the pancreas becomes inflamed over a short period of time. In acute pancreatitis, inflammation lasts for a short duration (a week). In this condition, the pancreas returns to normal afterward. Note: Acute pancreatitis is more common in middle-aged and elderly people, but it can affect people of any age.

1. Chronic pancreatitis This is a condition where the pancreas becomes permanently damaged from inflammation. In chronic pancreatitis, inflammation lasts for a long duration that comes and goes over time. It often causes scarring of pancreatic tissue. It may also cause the pancreas to stop making enzymes and insulin in severe cases.

Try our extensive range of immunity-boosting products to upgrade your immune system to fight infections and inflammation. Shop now Symptoms Of Pancreatitis

Pancreatitis symptoms vary depending on the type. The main symptom is generally pain due to the upper left side or middle of the stomach that may spread to your back. Symptoms based on the type include:

1. Symptoms of acute pancreatitis In acute pancreatitis pain begins slowly or suddenly in your upper abdomen, and usually spreads to the back. This pain can be mild or severe and may last for several days. Other symptoms include: Fever Nausea and vomiting Jaundice (yellowing of the skin and the whites of the eyes) Tenderness or swelling of the stomach (abdomen) Rapid heartbeats
2. Symptoms of chronic pancreatitis In chronic pancreatitis pain is present in the upper abdomen that may spread to your back, which is constant and severe. The intensity of pain may become worse after eating. Other symptoms include: Diarrhea Nausea Greasy, foul-smelling stools Vomiting Weight loss Back pain Do you know that there is an association between covid-19 and pancreatitis? A study has shown that 17% of patients suffering from severe COVID-19 have a pancreatic injury. Learn more about Covid 19 Causes Of Pancreatitis

The pancreas is a gland that plays two important roles: Helps in making enzymes and sends them into your small intestine. These enzymes help break down food. Makes the hormones insulin and glucagon and releases them into your bloodstream. These hormones control your body’s blood sugar level.

Most of the time, the enzymes are active only after they reach the small intestine.

These enzymes can degrade pancreatic tissue if they start to function inside the organ. This harms the organ’s blood arteries and produces swelling, bleeding, and damage.

In acute pancreatitis, the pancreas’s digestive enzymes are not effectively secreted, which causes auto-digestion and pancreatic inflammation (swelling). Certain diseases, surgeries, and habits make you more likely to develop this condition. Did you know? As per a study, 35% to 40% of cases of acute pancreatitis are linked to gallstones and 30% of cases are linked to alcohol abuse. Risk Factors For Pancreatitis

The most common causes of both acute and chronic pancreatitis are:

1. Gallstones Gallstones are the most common cause of pancreatitis. Gallstones obstruct the bile and enzyme drain when they exit the gallbladder and enter the bile ducts. The bile and enzymes “back up” into the pancreas and cause swelling.

Do you suffer from gallstones? Here is a list of 5 foods that you need to add to your diet if you have gallstones. Know more

1. Heavy alcohol use Alcohol is the second most common factor associated with acute pancreatitis after gallstones. Excessive alcohol consumption can initiate an episode of acute pancreatitis and increase the susceptibility to chronic pancreatitis.
2. Genetic disorders of your pancreas Some people also have a genetic susceptibility to pancreatitis. Mutations (changes) in the number of genes disrupt the normal function of the pancreas and make the pancreas more vulnerable to the harmful effects of alcohol.
3. Infections Mumps, hepatitis A or B, and certain bacteria or viruses (such as varicella-zoster virus, herpes simplex virus, salmonella, aspergillus, etc.) are also responsible for pancreatitis.
4. Injury to your pancreas Accidental damage or injury to the pancreas or stomach (for example during a procedure to remove gallstones or examine the pancreas) can lead to pancreatitis.
5. Pancreatic cancer Cancerous tumors in the pancreas can sometimes block the pancreatic duct, which hinders the entry of pancreatic enzymes to the gut to digest food. This ultimately may lead to chronic pancreatitis.
6. Certain diagnostic procedures Some of the procedures used to diagnose gallbladder and pancreas problems like endoscopic retrograde cholangiopancreatography (ERCP) or ultrasound-guided biopsy damage the pancreas leading to chronic pancreatitis.
7. Pancreas divisum This is a birth defect in which parts of the pancreas do not join together. This congenital defect has been associated with chronic pancreatitis.
8. Medications Specific medications like some antibiotics or chemotherapy medication (especially estrogens, corticosteroids, sulfonamides, thiazides, and azathioprine) have been linked to acute pancreatitis as their side effects.
9. Blockage in pancreatic duct Blockage of the bile ducts or pancreatic ducts (that form an important part of the digestive system) can cause pain and may lead to chronic pancreatitis. .
10. High levels of lipids Elevated level of lipids (body fat) in the blood and may cause harm to the pancreatic cells due to continuous inflammation. This ultimately leads to pancreatitis.

Check your lipid levels with a simple test called the lipid profile test. Know more about this test

1. High calcium levels High levels of calcium can cause depositions in the pancreatic duct leading to pancreatitis.

Understand what serum calcium test is and why it is important. Watch this video now

1. Autoimmunity People with other autoimmune conditions are at higher risk of getting autoimmune pancreatitis. These are uncommon disorders that cause your immune system to attack healthy cells in your pancreas.
2. Smoking The number of cigarettes a person smokes and the number of years they have smoked affect a person’s chances of incurring pancreatitis. Smoking accelerates disease progression. It is advisable to quit smoking at any age to reduce the risk of developing pancreatitis.

Here are a few practical ways to quit smoking Click Here Diagnosis Of Pancreatitis

The detailed evaluation of a patient is required to diagnose pancreatitis. It includes:

1. History The doctor in charge of your care will ask you about the history of your symptoms. They may also carry out a physical examination. If you have acute pancreatitis, certain areas of your abdomen will be very tender to touch. The doctor may ask about a detailed history of medical conditions such as:

Gallbladder stones Alcohol abuse Medication use History of weight loss History of diabetes Previous surgery or trauma Hypertriglyceridemia or hypercalcemia (high levels of lipids and calcium) Autoimmune disease Genetic causes

1. Laboratory evaluation Blood test: A blood test will be carried out to detect signs of acute pancreatitis which involves the release of pancreatic enzymes. These include:

Elevated amylase level in the blood Elevated serum blood lipase level (a more specific indicator of pancreatitis than amylase levels) Increased urine amylase level Other tests include: Complete blood count, serum lactate, serum triglycerides, c-reactive protein (CRP), blood urea nitrogen (BUN).

Pancreatic function test (PFT): This test measures how your pancreas responds to secretin, a hormone made by the small intestine. Stool test: This test is done to find out if a person has a problem with the absorption of fats. HbA1c level: It is a blood test that measures your average blood sugar levels over the past 3 months. Genetic testing: It is done to know the genetic history or if the patient has any kind of genetic disorder.

Book your tests here

1. Imaging Tests The following imaging tests that can show swelling of the pancreas may be done, such as-

Ultrasound: This test involves the use of high-frequency ultrasounds to visualize the organs and structures within the pancreas.

Computed tomography (CT) scan: These are the standard non-invasive imaging techniques used to assess people who may have chronic pancreatitis.

Magnetic resonance imaging (MRI) scan: MRI and MR cholangiopancreatography (MRCP) are recommended, especially in patients without specific changes detected on CT scans.

Endoscopic retrograde cholangiopancreatography (ERCP): It is carried out to look for fibrosis (thickened and stiff tissues) in patients with chronic pancreatitis.

Magnetic resonance cholangiopancreatography (MRCP): It involves injecting you with a substance known as a contrast agent that makes your pancreas and surrounding organs show up very clearly on a magnetic resonance imaging (MRI) scanner. 4. Biopsy A biopsy involves taking a small sample of cells from the pancreas and sending it to a laboratory, so it can be checked under a microscope for the presence of cancerous cells. Celebs affected Travis Barker Musician Travis Barker, most famously known as the drummer for Blink-182, was recently hospitalized with a severe case of acute pancreatitis. It was previously reported that Barker’s pancreatitis was the result of a colonoscopy, not an endoscopy." George Clooney Oscar-winning actor George Clooney suffered from pancreatitis. Clooney put it down to his severe weight loss and not taking care of himself. Prevention Of Pancreatitis

A healthy lifestyle can reduce your chances of developing this medical condition. Acute pancreatitis is often caused by gallstones or excessive alcohol consumption. You may lower your risk of new or repeat episodes of pancreatitis by taking the following steps:

1. Eat right The most effective way of preventing gallstones is eating a healthy balanced diet that includes fresh fruits and vegetables. Try to include wholegrains as they lower the bad cholesterol level in the blood and avoid eating too many fatty foods with a high cholesterol content.

Understand how to reap benefits from your diet. Click Here

1. Focus on your weight Try to maintain a healthy weight, otherwise, it may increase the risk of forming gallstones. It is advised to have regular exercise to avoid developing this condition.

Want to know the health risks of being overweight or obese? Click Here

1. Cut down your alcohol You can reduce your risk of developing acute pancreatitis by limiting your alcohol intake. This helps to prevent damage to the pancreas and other medical conditions also such as liver cancer.
2. Get the necessary treatment High cholesterol levels are associated with the development of pancreatitis. Hence. treat medical problems that lead to high blood levels of triglycerides to prevent the condition.
3. Do not neglect vaccinations Make sure children receive vaccines to protect them against mumps and other childhood illnesses so that the chances of development of pancreatitis are reduced.
4. Say Yes to No smoking According to studies, smoking is related to increasing the risk of developing gallstones which can cause pancreatitis.

Want to quit this dangerous habit? Try our widest range of smoking cessation products to help you with it. Buy now Specialists To Visit

The specialists you can visit to get the diagnosis and treatment include:

General surgeon Radiologist Gastroenterologist Intensivist Pulmonologist Endocrinologist

A radiologist is a doctor who uses X-rays or other high-energy radiation, especially a doctor specializing in radiology. A gastroenterologist is a specialist who treats all the organs in your digestive system. An intensivist is a board-certified physician who provides special care for patients who are critically ill. A pulmonologist is a doctor who has special training in diagnosing and treating diseases of the lungs. An endocrinologist is a doctor who has special training in diagnosing and treating disorders of the glands and organs that make hormones.

To get the right diagnosis, it is important to consult the right doctor. Consult India’s best doctors online. Book an appointment now. Treatment Of Pancreatitis

Acute pancreatitis is treated in hospital, where you’ll be closely monitored for signs of serious problems and given supportive treatment, such as fluids and oxygen. The treatment consists of:

1. Medications The doctor may prescribe you some medications such as steroids (like corticosteroids), and mild to strong painkillers (like paracetamol, morphine, etc.) to get relief in severe abdominal pain.

Note: You may also need pancreatic enzyme supplements to help digest your food.

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1. Management of alcoholism and tobacco abuse After recovering from acute pancreatitis, you should completely avoid alcohol if this was the cause of the condition. For this, you can have one-to-one counseling with a doctor or medicine such as acamprosate that helps to hinder alcohol cravings. For smokers, anti-smoking treatment, such as nicotine replacement therapy (NRT) or bupropion (a medication used to reduce cravings for cigarettes), is recommended.
2. Surgery Depending on the exact cause of your pain, there are a variety of surgical techniques that may be used to treat chronic pancreatitis, such as-

For gallstone-associated pancreatitis: You may need a procedure called endoscopic retrograde cholangiopancreatography (ERCP), or gallbladder removal surgery (to remove your gallbladder).

Endoscopic surgery: It is done for patients with stones in the pancreatic duct. This treatment is called lithotripsy (it involves using shock waves to break the stone into smaller pieces).

Pancreatic resection: In this procedure, specific parts of the pancreas that are inflamed and causing severe pain are removed surgically. It is used if endoscopic treatment is ineffective.

Total pancreatectomy: In serious cases of chronic pancreatitis, the whole pancreas is damaged, in such a situation the entire pancreas is removed.

1. Supportive care Fluid resuscitation: Fluid resuscitation or fluid replacement is the medical practice of replenishing bodily fluid lost through sweating, bleeding, or other pathological processes.

NG tube (nasogastric tube): It can be used to remove fluid and air and give your pancreas more time to heal. It can also be used to put liquid food into your stomach as you heal.

Oxygen administration: To ensure your vital organs have enough oxygen, it will usually be supplied through tubes into your nose. The tubes can be removed after a few days, once your condition is improving. Home-care For Pancreatitis

If you are suffering from pancreatitis pain, natural methods along with your medical treatment can bring you greater comfort and relief. Home care remedies for pancreatitis relief includes:

1. Turmeric (Haldi): It is a powerful antioxidant that reduces inflammation and provides relief from the symptoms of an inflamed pancreas.
2. Ginger (Adrak): It also contains antioxidants that help control swelling and boost the enzymes needed for proper digestion.

Want to know about other health benefits of ginger? Read this

1. Coconut oil (Nariyal ka tel): It is rich in omega-3 fatty acids. It not only reduces swelling, and repairs damaged tissue but also boosts nutrient absorption.

Know more about Omega 3 supplementation. Tap Here

1. Spinach (Palak): Apart from being rich in antioxidants, spinach also contains vitamins A, B, C, and E, iron, and selenium, which is very essential for pancreas health.
2. Mushrooms: It has an anti-inflammatory and analgesic effect that helps in relieving the symptoms of pancreatitis.

Read about 6 surprising reasons to add mushrooms to your food more often Click Here Complications Of Pancreatitis

Pancreatitis, if left untreated may lead to various complications, such as:

Pseudocysts (fluid that can develop on the surface of the pancreas) Infected pancreatic necrosis (interruption to the blood supply of your pancreas) Systemic inflammatory response syndrome (SIRS- inflammation affecting the pancreas spreads throughout the body) Chronic pancreatitis Diabetes Pseudoaneurysms (when a blood vessel wall is injured) Splenic vein thrombosis (blood clotting within splenic vein) Recurrent acute pancreatitis Risk of progression to pancreatic cancer Acute respiratory distress syndrome (ARDS- fluid collects in the air sacs of the lungs) Compartment syndrome (pressure builds up within the muscles) Acute kidney injury (AKI) Disseminated intravascular coagulation(DIC- blood’s inability to clot and stop bleeding) Alternative Therapies For Pancreatitis

It is suggested that no one should begin an alternative therapy without speaking with their physician. Alternative therapies that can help manage symptoms of chronic pancreatitis include:

1. Yoga Studies show that practicing yoga at least 3 times a week improves pain, reduces the need for pain medication, and also improves the quality of life.

Want to know the other benefits of yoga that even doctors swear by? Read this now

1. Therapeutic touch It is a process of energy exchange, in which the practitioner uses the hands as a focus to help the healing process. It helps in relaxation giving a sense of comfort and well-being that is effective in decreasing anxiety and altering the perception of pain.
2. Massage therapy It involves part of a body or a full body massage using different techniques of stroking or kneading the muscles of the body. It improves blood circulation, reduces swelling, and helps manage pain.
3. Physical exercise It improves the overall functioning of the body and quality of life.Reduces stress, pain, nausea, fatigue, and depression, and affects hormonal balance.
4. Acupuncture It involves the stimulation of points on the body by a variety of techniques to relieve pain from pancreatitis and pancreatic cancer. Living With Pancreatitis

Pancreatitis symptoms can appear unexpectedly and be painful, uncomfortable, inconvenient, and embarrassing. Eating healthy, exercising regularly, reducing weight, limiting alcohol intake, quitting smoking, etc. can go a long way in managing the condition. Pancreatitis patients may experience a wide range of emotions as a result of their condition. It can be managed by the following:

Talking to the loved ones Joining support groups Understanding the physical limitations Starting palliative care to get relief from other symptoms Coping with practical issues like financial expenses, childcare, and work issues

Role of caregivers Caregivers play a very important role in the overall disease outcome of the patient diagnosed with Pancreatitis. The important role of caregivers is:

Making decisions about disease management options. Participating in doctor appointments and keeping regular follow up with the doctor. If the surgery has been carried out, giving the medicines to the patient on time, changing dressings, helping to take bath, and checking the surgery sites. Helping with meals. Frequently Asked Questions What are the causes of pancreatitis attacks? Does pancreatitis go away on its own? Will smoking impact pancreatitis? Can pancreatitis be fatal? How can pancreatitis be avoided? References Treatment for pancreatitis.National Institute of Diabetes and Digestive and Kidney Diseases. U.S. Department of Health and Human Services. Available at: StatPearls (2022) Acute pancreatitis, StatPearls. StatPearls Publishing. Available at: What is Pancreatitis? Pancreatitis. | Johns Hopkins Medicine. Available at: Zheng Z et al. Review article a narrative review of the mechanism of acute.Am J Transl Res 2021;13(3):833-852. Available at: Mohy-ud-din N, Morrissey S. Pancreatitis. [Updated 2022 Jul 11]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: Complementary pancreatitis therapies - National Pancreas Foundation (2017) National Pancreas Foundation -. Available at: Sareen S, Kumari V, Gajebasia KS, Gajebasia NK. Yoga: a tool for improving the quality of life in chronic pancreatitis. World J Gastroenterol. 2007 Jan 21;13(3):391-7. Lifestyle Changes. Treatment. Pancreatitis.National Health Services (NHS UK). Available at: Parenti DM, Steinberg W, Kang P. Infectious causes of acute pancreatitis. Pancreas. 1996;13(4):356-371. Available at: Keim, Volker & Klar, Ernst & Poll, Michael & Schoenberg, Michael. (2009). Postoperative care following pancreatic surgery: Surveillance and treatment. Deutsches Ärzteblatt international. 106. 789-94. 10.3238/arztebl.2009.0789. Fiore, V., Beretta, R., De Vito, A., Barac, A., Maida, I., Joeseph Kelvin, D. D., Piu, C., Lai, V., Madeddu, G., Rubino, S., Stevanovic, G., Korica, S., & Babudieri, S. (2022). Emerging Clinical Features of COVID-19 Related Pancreatitis: Case Reports and Review of the Literature. Frontiers in Medicine, 8.

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Peptic ulcer disease Also known as Peptic ulcer, PUD, Stomach ulcer, Gastric ulcer, Duodenal ulcer and Esophageal ulcer Overview Peptic ulcer disease (PUD) is a condition in which one or more sores or ulcers develop on the lining of the stomach, beginning of the small intestine (duodenum) or lower part of the food pipe (esophagus). Normally, a thick layer of mucus protects the digestive tract from the erosive effect of digestive acids. But many factors can reduce or damage this protective lining, allowing stomach acid to dissolve this lining, and thereby causing ulcers.

Peptic ulcers are fairly common. Worldwide, it is estimated that up to 10 percent of adults are affected by it at least once in their lifetime. In most cases, PUD occurs due to a bacterial infection (H. pylori) or due to the excessive use of non-steroidal anti-inflammatory drugs (NSAIDs) that damage the digestive system. Symptoms of peptic ulcers include stomach ache, indigestion, nausea, vomiting, loss of appetite and unexplained weight loss.

Treatment of peptic ulcers is focussed on lowering stomach acid levels to aid in healing of ulcer, or eliminating the H. pylori infection. The medications include proton pump inhibitors (PPIs) to help reduce stomach acid and antibiotics to help fight infections. Key Facts Usually seen in Adults between 30 to 50 years of age Gender affected Both men and women but more common in women Body part(s) involved Stomach Intestine Prevalence Worldwide: 0.7% (2011) India: 7.8 % (2012) Mimicking Conditions GERD Acidity Achalasia Gastritis Indigestion (dyspepsia) Gastroparesis Gastric tumors Gallstone disease Chronic pancreatitis Necessary health tests/imaging Urea breath test Stool antigen test Blood test Gastroscopy Treatment Antibiotics: Amoxicillin, Clarithromycin, Metronidazole & Tetracycline Proton pump inhibitors (PPIs): Omeprazole, Pantoprazole & Rabeprazole H2-receptor antagonists: Famotidine & Nizatidine Antacids Surgery: Vagotomy, Antrectomy & Pyloroplasty See All Symptoms Of Peptic Ulcer Disease

The symptoms of peptic ulcer disease may vary from person to person, depending on the site of the ulcer and age. Ulcer in the stomach is called a gastric ulcer whereas the ulcer in the duodenum (part of the small intestine) is called a duodenal ulcer.

One of the most common symptoms of peptic ulcer disease is gnawing pain in the abdomen. However, not everyone with this condition experience symptoms. Some people do not notice any signs of the disease until complications such as internal bleeding or abdominal perforation develop.

The tell-a-tale signs and symptoms of peptic ulcer disease include the following:

Pain in the stomach Peptic ulcer-related pain radiates from the middle of your stomach and travels to the neck region and down to the naval area or your back. It is characterized by a gnawing or burning sensation.

One can differentiate between gastric ulcer and duodenal ulcer based on the timing of the appearance of their symptoms on meal consumption. Pain occurs shortly after meals in case of gastric ulcer and 90-180 minutes after meals in case of duodenal ulcer. People with duodenal ulcers also often experience nocturnal pain (pain during the night).

Bloating Bloating can make you feel like your stomach is full of air or gas. It can be a very uncomfortable feeling.

Blood in vomit Also known as hematemesis, it is a severe condition that requires immediate medical attention.

Blood in stool If your stools are black, it might indicate gastrointestinal bleeding.

Other gastric ulcer symptoms include: A feeling of fullness in the abdomen Vomiting and nausea Weight loss The warning symptoms that require urgent medical care include: Unexplained weight loss Deficiency of iron Gastrointestinal bleeding Dysphagia or difficulty swallowing Excessive vomiting

Here’s more on the common causes of a stomach ache and when to consult a doctor for a stomach ache. Click To Know!

Causes Of Peptic Ulcer Disease

Peptic ulcers develop when digestive acid works against the defense mechanism of the stomach and eats up the protective lining covering it. The common causes of peptic ulcers are helicobacter pylori (bacteria) infection and excessive consumption of NSAIDs.

H. pylori Infection H. pylori can affect people of all ages and is one of the most common causes of PUD. The infection can go unnoticed as it doesn’t cause any symptoms in its early course of infection. The bacteria is present in the stomach lining. It generally causes no problems; however, in some cases, it can irritate the lining and make it weak and prone to stomach acid to get through the stomach lining leading to the development of ulcers.

Non-steroidal anti-inflammatory drugs (NSAIDs) Although doctors prescribe these medications to treat pain, inflammation, and fever; some take them without symptoms. Unnecessary consumption of NSAIDs for a long time or in high doses can lead to side effects such as stomach ulcers.

Lifestyle factors Some lifestyle factors may also lead to the formation of ulcers in your stomach or duodenum. These include: Eating spicy food Drinking alcohol Stress Did you know? A Cushing ulcer, named after Harvey Cushing, is a type of gastrointestinal ulcer associated with stressful medical conditions of the brain like accidents, operations, or strokes. Risk Factors For Peptic Ulcer Disease

The risk factors of peptic ulcer disease include the following: H. pylori infection Advanced age Frequent and unnecessary intake of NSAIDs Long term use of glucocorticoids and anticoagulant medications Health conditions such as lung, kidney, or liver disease Smoking Heavy alcohol consumption Family history of peptic ulcers Hispanic or African American ethnicity Diagnosis Of Peptic Ulcer Disease

To begin with, your doctor will ask you about your symptoms and whether you have been taking NSAIDs. They may also test you for H. pylori infection.

Medical examination for H. pylori infection If your doctor suspects you have an H. pylori infection, they will suggest taking the following tests. Urea breath test: It is a breath test in which your doctor will ask you to have a special drink containing urea and then analyze your breath for the bacteria based on the amount of carbon dioxide you exhale after drinking the solution. Stool antigen test: In this test, the doctor will test your stool sample for the bacteria. Helicobacter pylori IgG test: Your doctor will take your blood sample and test it for antibodies against the H. pylori bacteria.

Gastroscopy During this procedure, your doctor uses an endoscope (flexible and thin) with a camera fitted on its end. They will administer a mild sedative and spray a local anesthesia and then insert this tube inside your mouth to see the inside pictures of your stomach and intestine. As it is usually an outpatient procedure, you can go home the same day as the test.

In addition to permitting direct visualization of the gastric mucosa, endoscopy facilitates photographic documentation of any mucosal defect and tissue biopsy to rule out malignancy or H. pylori infection. Did you know? Two Australian researchers, Barry James Marshall and Robin Warren, discovered the Helicobacter pylori bacterium in 1982. They have also been awarded the Nobel Prize in Physiology or Medicine. Here’s more on why the H. pylori test is recommended and what it might indicate. Check Out Here! Prevention Of Peptic Ulcer Disease

Prevention of peptic ulcers can be difficult sometimes. We still don’t completely know the mechanism of how the bacteria spread and how some people develop peptic ulcers without H. pylori infection. Researchers and medical experts from all over the world are working on developing a vaccine to cure peptic ulcer disease. Some preventive measures you may practice include the following:

Avoid irritants The food you eat goes straight to your stomach. Therefore, make sure to avoid the food items that can irritate it. Especially, stay away from common food items you know can upset your stomach such as spicy foods, oily foods and citrus fruits.

Quit smoking If you are a heavy smoker, your risk of developing duodenal ulcers is higher compared to a person who does not smoke. Therefore, you should quit smoking. If you are unable to stop smoking even after making deliberate attempts, you may consider consulting a counselor.

Tobacco is injurious to health. Explore our range of smoking cessation products.  
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Control alcohol consumption Heavy intake of alcohol can lead to the development of peptic ulcers and many other health complications. Therefore, you should drink alcohol in moderation. And, if you can stop drinking, there could be nothing better.

Limit intake on painkillers Many people take pain killers, especially NSAIDs, unnecessarily. Some people take these medications without food, which increases their risk of developing peptic ulcers. To prevent the condition from damaging the protective lining of your stomach, take NSAIDs with food and only when necessary.

Control stress Practice guided meditation and exercise regularly to relax your mind and body. This will also help you cope with increasing stress levels.

Is stress affecting your work-life balance? Try out our mind care products for a healthy mind and body. Explore Now!

Also, lifestyle modifications such as eating the right food at the right time, keeping yourself hydrated, and having quality sleep, are some other ways that can prevent peptic ulcers. Specilaist To Visit

If you experience the signs and symptoms of peptic ulcers, make sure not to ignore them and consult your doctor. If you take acid blockers and over-the-counter (OTC) antacids for relief from the pain, but the pain keeps coming back, seek immediate medical attention.

Specialists you should visit include the following: General physician Gastroenterologist Gastrointestinal surgeon Pediatrician (in case of children)

Consult India’s best doctors from the comfort of your place. Consult Now! Treatment Of Peptic Ulcer Disease

If you are diagnosed with a peptic ulcer disease, your doctor will decide the treatment plan based on the cause of the disease. With the appropriate treatment, it may take around a month or two to heal.

If Helicobacter pylori infection or/and taking NSAIDs is the reason for your ulcer, your doctor is likely to prescribe a course of antibiotics and proton pump inhibitor (PPI)

If the use of NSAIDs is the only cause for your peptic ulcer, your doctor is likely to recommend a course of PPI medicine. Occasionally, the doctor may also prescribe H2-receptor antagonists instead of proton pump inhibitors. For short-term relief from ulcer symptoms, your doctor might prescribe antacids.

Your doctor may also recommend another gastroscopy procedure, 4 to 6 weeks after treatment to check whether your ulcer has healed.

Medicines

Antibiotics If H. pylori infection has caused the ulcer in your stomach, your doctor will probably prescribe antibiotics. Antibiotics may cause mild side effects, including diarrhea, not feeling well, and a metallic taste in your mouth. These medications kill the bacteria to help you heal faster. Some widely prescribed antibiotics include: Amoxicillin Clarithromycin Metronidazole Tetracycline Nitroimidazole Levofloxacin Doxycycline Proton pump inhibitor (PPI) This class of medication helps reduce the amount of acid production by your stomach to prevent more damage to the ulcer. The course of treatment generally lasts for 4 to 8 weeks.

Some examples of protein pump inhibitors include: Omeprazole Pantoprazole Rabeprazole Lansoprazole

Although PPIs do not have any severe side effects, they may include the following: Feeling sick Diarrhea Constipation Headache Pain in the stomach Dizziness

Long term intake of PPIs may lead to development of the following potential adverse effects: Acute kidney disease Chronic kidney disease Hypomagnesemia Clostridium difficile infections H2-receptor antagonists H2-receptor antagonists, also known as histamine H2-receptor antagonists and H2 blockers, are a group of medications that help reduce the amount of acid production in the stomach as PPIs do.

Some examples of H2 blockers include: Famotidine Nizatidine

Although not very common, some of its side effects that can occur include: Pain in the stomach Dizziness Headaches Constipation or diarrhea Rashes Antacids As the medications mentioned above generally start their action after several hours of administration, your doctor may recommend antacids to get short-term but immediate relief.

Antacids help neutralize the acid present in your stomach to provide relief from acidity. Some antacids may also contain alginate, a drug that creates a protective coating over your stomach’s lining.

You can get these medications as over-the-counter (OTC) drugs. Some side effects of these drugs include the following: Feeling sick Flatulence Constipation (caused by aluminum containing preparations) Diarrhea (caused by magnesium containing preparations) Stomach cramps

Note: If taking NSAIDs is the reason for your stomach ulcer, your doctor is likely to review how you use these medicines. They might suggest you take an alternative painkiller like paracetamol, as it is not associated with ulcers. Your doctor may also prescribe another class of NSAIDs known as a COX-2 inhibitor.

If you have been taking a course of low-dose aspirin to minimize the possibility of blood clots, inform your doctor. Your doctor is the right person to tell you if you should keep taking it.

Surgery If you are unresponsive to the treatment options given above or not compliant, your doctor may prescribe surgery to heal the peptic ulcer. Surgical procedures include: Vagotomy: It is a surgical procedure which involves cutting off one or more branches of the vagus nerve to reduce the rate of gastric secretion. Antrectomy: This procedure involves surgical removal of the walls of the gastric or pyloric tantrum in the stomach. Pyloroplasty: It is a procedure to widen the opening in the lower part of the stomach to allow the food to empty directly in the small intestine. Artery tying off: If an ulcer in the stomach is bleeding, your doctor may cut off an artery to stop the blood supply to the region. Did you know? The Food and Drug Administration (FDA) requested removing all forms of OTC and prescription ranitidine, a widely used drug for treating peptic ulcers. The reason behind this move was the presence of unacceptable amounts of N-nitrosodimethylamine (NDMA) in ranitidine. NDMA is a possible cancer-causing chemical. If you are still taking this medicine, make sure to stop right away and get in touch with your doctor. Consult Now! Home-care For Peptic Ulcer Disease

What you eat and how you eat play a crucial role in peptic ulcer management at home. Here are some do’s and don’ts for people with peptic ulcer disease.

Do’s Make sure to eat food at regular intervals. For example, eat small meals in small portions every 3 hours. Have your meal 2 to 3 hours before hitting the bed. Make sure to chew your fluid slowly and properly. Eat fresh fruits and vegetables. Drink lots of water. Don’ts Do not eat too much of sour, fried, and spicy foods. Avoid caffeinated beverages such as tea and coffee, excessively. Do not drink alcohol, chew tobacco, or smoke. Never self-medicate. Avoid painkillers such as NSAIDs. Complications Of Peptic Ulcer Disease

Usually, peptic ulcer disease do not cause any complications. However, the condition, if not diagnosed and treated on time, can cause severe complications. Following are the possible complications with peptic ulcer disease.

Internal bleeding It is the most prevalent complication of PUD. It mainly occurs if you have got an ulcer near a blood vessel. Internal bleeding is of two types: Long-term and slow bleeding: It can lead to many other complications including anemia, pale skin, breathlessness, increased heartbeat, and fatigue. Rapid bleeding: It can lead to blood in vomit and passing black stools.

Perforation Although rare, it can be painful. It happens when the protective lining of your stomach perforates and breaks, allowing bacteria to live in your stomach and infect the peritoneum (lining of your abdomen). The condition is known as peritonitis. This health condition, if not treated on time, can spread into the blood and cause sepsis. It can also lead to multiple organ failures.

Gastric outlet obstruction Sometimes, a scarred or swollen ulcer can block the passage of food in your digestive system leading to gastric outlet obstruction. The symptoms include: Feeling bloated or full all the time Bouts of vomiting contain undigested food Unexplained weight loss Cancer Helicobacter pylori as the etiological factor increases the chances of getting stomach cancer from the ulcer. Alternative Treatments For Peptic Ulcer Disease

Here are some quick home remedies for peptic ulcers:

Fenugreek (Methi): Fenugreek seeds are enriched with antioxidants that help in reducing the severity of gastric ulcers. Boil a cup of fenugreek leaves in water. Add salt to taste. Drink this concoction two times a day. Here are few more health benefits of fenugreek seeds.

Cabbage (Bandha gobi) juice: Cabbage juice strengthens the lining of your stomach and aids in healing the condition. You may drink fresh cabbage juice before going to bed regularly.

Banana (Kela): Bananas are loaded with antibacterial benefits that slow down the progression of the PUD. Eat a banana after breakfast every day.

Honey (Shehed/Madhu): Honey has antimicrobial properties, and it is a natural healer. It keeps inflammation at bay and keeps your stomach healthy. Have one tablespoon of honey before your breakfast, or add it to the food you eat to let it work wonders.

Garlic (Lehsun): Garlic has antibacterial and antimicrobial properties that help fight infections. Have 2 to 3 cloves of garlic every day early in the morning to get the best possible benefits.

Slippery elm (Indian elm): The bark of the slippery elm plant helps calm the mucus membranes lining the stomach and the duodenum. Take the bark of slippery elm and grind it to powder. Add one cup of warm water to the powder, mix, and drink the concoction thrice a day.

Yoga for peptic ulcers Practicing yoga asanas helps improve blood circulation in your digestive organs. Therefore, these can help you heal properly from stomach ulcers. Some common yoga poses for peptic ulcers include the following: Mandukasana Sasakasana Yoga Mudrasana Ardhamatyendrasana Vakrasana Pawan Muktasan Gomukhasana Living With Peptic Ulcer Disease

With adequate treatment and care, PUD heals over time. However, you need to monitor your diet and habits to reduce the chances of relapse.

Determine your personal tolerance There is no proof that spicy or citrus foods influence ulcer disease. However, some people report worsened symptoms after consuming these kinds of foods. It is critical to discover what works best for you. If you discover that specific foods make your symptoms worse, restrict or avoid them so you can feel your best, but don’t remove an entire food category.

Take care of your mental health Peptic ulcers can be caused indirectly by stress, worry, and depression. Ulcers can be exacerbated by poor eating habits and harmful lifestyle choices that might occur as a result of mental health issues.

Change your diet In addition to medicines, physicians frequently advise patients with ulcers to make lifestyle and dietary modifications until complete healing occurs. Although patients were previously recommended to eat a bland diet, recent evidence does not support this dietary adjustment to be useful. Although spicy foods might aggravate ulcers in certain people, medical practitioners are increasingly emphasizing a high-fiber diet rich in vegetables and fruits. The following can be added to the diet: Fiber and Vitamin A: Liver, carrots, broccoli, sweet potatoes, kale, spinach, and collard greens are all high in Vitamin A. Flavonoid-rich foods and green tea: Garlic, onions, and colorful fruits and vegetables including cranberries, strawberries, blueberries, broccoli, carrots, and snap peas, have high flavonoid content. Cranberry juice: Only two 250 ml cups of cranberry juice each day may lower the risk of H. pylori proliferation in the stomach. Cranberry aids in preventing inflammation by either not allowing bacteria to adhere to it or disengaging it from the body after it has attached.

Individuals suffering from ulcers should avoid or limit coffee and alcohol. Coffee: Caffeinated and decaffeinated coffee can both increase acid production and aggravate symptoms in people with peptic ulcers. Alcoholic beverages: Alcoholic drinks can damage the protective mucosal lining of the gastrointestinal system, resulting in further inflammation and bleeding. Frequently Asked Questions How do I know if I have a peptic ulcer? What is the most frequent peptic ulcer treatment? How long does it take to cure a stomach ulcer? What is the distinction between a peptic and a gastric ulcer? What should I eat for breakfast if I have a stomach ulcer? Is lemon beneficial in case of ulcers? Is cheese harmful to stomach-ulcer patients? Is turmeric capable of curing ulcers? Is apple cider vinegar beneficial to stomach ulcers? Is it painful to drink water if you have an ulcer? References Malik TF, Gnanapandithan K, Singh K. Peptic Ulcer Disease. [Updated 2021 Jul 29]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan. Ankolekar C, Johnson D, Pinto Mda S, et al. Inhibitory potential of tea polyphenolics and influence of extraction time against Helicobacter pylori and lack of inhibition of beneficial lactic acid bacteria. J Med Food. 2011 Nov;14(11):1321-9. Lee SY, Shin YW, Hahm KB. Phytoceuticals: mighty but ignored weapons against Helicobacter pylori infection. J Dig Dis. 2008 Aug;9(3):129-39. Cohen S, Booth GH Jr. Gastric acid secretion and lower-esophageal-sphincter pressure in response to coffee and caffeine. N Engl J Med. 1975 Oct 30;293(18):897-9. Zhang L, Ma J, Pan K, Go VL, Chen J, You WC. Efficacy of cranberry juice on Helicobacter pylori infection: a double-blind, randomized placebo-controlled trial. Helicobacter. 2005 Apr;10(2):139-45. Aldoori WH, Giovannucci EL, Stampfer MJ, Rimm EB, Wing AL, Willett WC. Prospective study of diet and the risk of duodenal ulcer in men. Am J Epidemiol. 1997 Jan 1;145(1):42-50. Garrigues-Gil V. Antacids in the treatment of peptic ulcer disease. Methods Find Exp Clin Pharmacol. 1989;11 Suppl 1:73-7. PMID: 2657291. Zhang L, Ma J, Pan K, Go VL, Chen J, You WC. Efficacy of cranberry juice on Helicobacter pylori infection: a double-blind, randomized placebo-controlled trial. Helicobacter. 2005 Apr;10(2):139-45. Mandal MD, Mandal S. Honey: its medicinal property and antibacterial activity. Asian Pac J Trop Biomed. 2011;1(2):154-160.

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Period pain (menstrual cramps) Also known as Dysmenorrhea, Menstrual pain, Painful Menstruations and Menstrual cramps Overview

Painful periods have a poor effect on day to day work or activities of females. It is reflected in regular short-term absences from school, college, or work. Medically known as dysmenorrhea, it impacts performance in terms of concentration, socialization, and achievement. The effects clearly extend beyond an individual woman to society, resulting in an annual loss of productivity.

Symptoms of dysmenorrhea include mild to severe lower abdominal cramps, sometimes associated with nausea, vomiting, diarrhea, low back pain, migraines, dizziness, fatigue, and insomnia.

Dysmenorrhea is classified as primary dysmenorrhea (menstrual pain without any underlying disease) or secondary dysmenorrhea (menstrual pain associated with some pelvic pathology).

Nonsteroidal anti-inflammatory medications are the initial therapy of choice in patients with primary dysmenorrhea. If NSAIDs alone are not sufficient, oral contraceptives might be combined with them. Progestin-only therapies or surgery may also be considered in case of secondary dysmenorrhea depends on the cause.

Home and alternative therapies like the use of topical heat, dietary supplements, including vitamins B1, B6, E, and omega 3 fatty acids, a low-fat vegetarian diet, and acupressure have shown great promise in the management of painful periods. Key Facts Usually seen in Women between the age of 20 and 24 years. Gender affected Women Body part(s) involved Reproductive organs Prevalence Global: Between 28% and 71.7% India: Between 50 to 87.8% Mimicking Conditions Gynecological conditions: Endometriosis Obstruction of the reproductive tract such as Imperforate hymen, transverse vaginal septum, vaginal agenesis, and cervical stenosis. Functional and nonfunctional adnexal cysts such as para ovarian cysts, endometrioma, or malignant tumors (germ cell, granulosa cell, or epithelial tumors). Adnexal torsion Adenomyosis Pelvic inflammatory disease / sexual transmitted infections Endometrial polyps Asherman syndrome Ectopic pregnancy Chronic pelvic pain Membranous dysmenorrhea Non-Gynecological conditions: Irritable bowel syndrome Urinary tract Infections Interstitial cystitis Musculoskeletal causes such as abdominal wall muscles, the abdominal wall fascia, the pelvic and hip muscles, the sacroiliac joints, and the lumbosacral muscles Necessary health tests/imaging Blood tests Complete blood count (CBC) Erythrocyte sedimentation rate (ESR) Differential count (DC) Urine Tests Sexually transmitted diseases Tests Ultrasonography Magnetic resonance imaging (MRI) Laparoscopy Treatment NSAIDs Diclofenac Ibuprofen Ketoprofen Mefenamic acid

Combined oral contraceptive pills Estrogen and Progestin

Progestin-only methods Desogestrel Medroxyprogesterone Intrauterine levonorgestrel-releasing device (IUS) Subdermal implant with etonogestrel release See All Types Of Dysmenorrhea

Mild pain and discomfort during menstrual periods are normal. However, excessive pain and cramping that interfere with your daily activity or work are not normal. Dysmenorrhea can be classified into two types: Primary dysmenorrhea. This type of dysmenorrhea occurs due to menstrual pain that’s not only a symptom of an underlying gynecologic disorder. It is the most common type of dysmenorrhea, affecting more than 50% of menstruating women. It is generally seen in younger girls soon after they attain menarche (puberty). It can cause mild to severe menstrual pain and cramping which usually gets maximum at the starting of the cycle and then reduces in severity. Secondary dysmenorrhea. This type is a result of menstrual pain that’s a symptom of an underlying gynecologic disorder such as endometriosis, uterine fibroid, or pelvic inflammatory disease (PID). Generally, it starts later in life as compared to primary dysmenorrhea and its symptoms tend to get worse over time. During the menstrual cycle, the severe pain and cramping begin even 2 or 3 days before the cycle starts and may continue even after it ends. Symptoms Of Dysmenorrhoea

Menstrual cramps usually begin 2 to 3 days before your periods, peak 24 hours after the onset of your period, and subside in a day or two. Some of the common signs and symptoms of dysmenorrhea include the following: Cramping in the lower abdomen Pain in the lower abdomen Low back pain Pain radiating down the legs Breast tenderness Vomiting or nausea Feeling emotional or tearful Diarrhea or constipation Faintness Fatigue or tiredness Bloating Headache Signs and symptoms of secondary dysmenorrhea are: Irregular periods Heavy bleeding during periods Vaginal discharge with a foul smell Pain during sexual intercourse Pain in your back passage (rectum)

While discussing painful periods, it is also important to know what normal periods are. It is equally prudent to know out for any red flags and check timely with your doctor. To read more Click Here

Causes Of Dysmenorrhoea

Primary dysmenorrhea Prostaglandins are hormone-like substances that control the contractions of the uterus (womb). The cells that form the lining of the uterus begin to break down during periods and release large levels of prostaglandins.

Vasopressin is another hormone that is responsible for vasoconstriction which causes uterine contractions.

Women with primary dysmenorrhea are found to have excessive levels of prostaglandins and vasopressin. These naturally occurring chemicals constrict the blood vessels in the uterus, cutting off the oxygen supply to muscle tissue. This leads to muscle contractions and painful cramps. Secondary dysmenorrhea Various conditions that are associated with secondary dysmenorrhea include: Endometriosis: This is a condition in which the cells that form the lining of the uterus (the endometrium) grow outside the uterus. It causes internal bleeding, infection, and pelvic pain. Uterine growths: Fibroids, cysts, and endometrial polyps (benign growths in the wall of the uterus) are the most common noncancerous tumors in women of childbearing age. They can cause severe abdominal pain and excessive bleeding during periods. Adenomyosis: This condition occurs when the lining of the uterus grows into the muscle of the uterus (womb). It can cause the uterus to get much bigger than it should be, along with abnormal bleeding, cramping, and pain. Pelvic inflammatory disease (PID): It is a severe female inflammatory reproductive organs disorder caused by bacterial infection of the genital tract such as a sexually transmitted infection. Structural differences: Some women are born with structural differences in size and shape of their wombs that cause more painful periods. Is it normal to have irregular periods? Why do periods change dates every month? Are you worried about your menstrual cycle and always wanted to ask these types of questions? Here you can clear some doubts about your menstruation cycle by watching this video till the end.

Risk factors

Several risk factors associated with dysmenorrhea are:

1. Non-modifiable risk factors: Early age at menarche (started puberty at age 11 or younger) Heavy bleeding during periods (menorrhagia) Irregular menstrual bleeding (metrorrhagia) Family history of dysmenorrhea Age less than 30 years Infertility Nulliparity (miscarriage, stillbirth, elective abortion or never given birth to a live baby)
2. Behavioral risk factors: Smoking tobacco Less intake of omega 3 fatty acids Body mass index (BMI) < 20 or > 30 High consumption of caffeinated beverages Depression and anxiety High levels of stress Alcohol intake during menstruation cycle

Smoking causes many other diseases such as cancer, heart diseases, lung diseases, diabetes, and many chronic conditions. Don’t wait for the right time to quit it. Here we have an anti-smoking cessation range that will help you to stop your craving for smoking. Explore Here

Diagnosis Of Dysmenorrhea To diagnose dysmenorrhea, your doctor will likely take your medical history and perform a physical exam (pelvic exam). If they think an underlying disorder is causing your symptoms, they may perform other tests like: Blood tests: These tests rule out any infectious process in the pelvic organs. These might include a complete blood count (CBC), erythrocyte sedimentation rate (ESR), and differential count (DC). Urine tests: This test helps diagnose urinary tract infections (UTIs). Sexually transmitted diseases tests: This panel of tests help determine any sexually transmitted diseases, such as chlamydia and syphilis. For a bacteria culture test, your doctor may take a sample of blood, stool, urine, skin, or mucus. Ultrasonography: This imaging test uses high-frequency sound waves to create an image of the internal organs present in the lower abdomen of the body, including the pelvic cavity and reproductive system. This test helps in the evaluation of unexplained pelvic pain, inflammation, abnormal bleeding, or infection. Magnetic resonance imaging (MRI): This test uses large magnets, radiofrequency, and a computer to make detailed images of internal organs and structures. It is particularly helpful in diagnosing endometriosis and adenomyosis of the uterus. Laparoscopy: It is required when all non-invasive investigations fail to lead to a diagnosis. In this procedure, a thin fiber tube (which has a lens and a light) is inserted into an incision in the abdominal wall. This tube relays images of the inside of the abdomen or pelvis to a television screen. This procedure is also known as keyhole surgery or minimally invasive surgery. Celebs affected Priya Bapat She is an Indian actress and model who works in Hindi and Marathi films. She shared about her massive menstrual cramps and mentioned that exercise and workouts helped her to control them. Leona Lishoy The South Indian actress was diagnosed with endometriosis. She mentioned her severe menstrual pains in her social media post and requested women not to neglect them. Prevention Of Dysmenorrhea Following are a few tips that can help you prevent dysmenorrhea: Quit smoking Smoking tobacco can cause severe menstrual cramps and is associated with a higher risk of dysmenorrhea. Quitting will not only help with dysmenorrhea but also improve your overall health. Lose the extra kgs Research has shown that overweight women are more at risk for dysmenorrhea. Losing and maintaining a proper weight may help reduce the severity of cramps. Stay active Light exercises, such as walking, jogging, or stretching, can help you produce chemicals that block pain. Therefore, make exercise a part of your lifestyle to prevent menstrual cramps in the long run and have pain-free periods. A study also found that exercise helps reduce stress, which is also one of the factors linked to dysmenorrhoea. Deaddict from alcohol and caffeinated beverages Avoid or limit the intake of alcohol and other caffeinated drinks and beverages like sodas, coffee, and tea. They can increase vasoconstriction (the narrowing of blood vessels), which can further worsen the cramps during your menstruation cycle. Practice yoga and meditation Holistic living that includes yoga and meditation provides relief to the symptoms of dysmenorrhea. To know what to eat and what to avoid during periods. Click Here

Specialist To Visit

If you experience any of the symptoms of dysmenorrhoea it is important to visit your gynecologist and obstetrician at the earliest. These specialists can help you treat any conditions affecting the reproductive system.

Get a consultation from our team of trusted doctors. Book Consultation Now Treatment Of Dysmenorrhea Dysmenorrhea can be treated with medicines and in a few cases with surgery. It depends on the severity and underlying cause of your pain. Here are some of the common treatment options for dysmenorrhea: Pain relief medications: NSAIDs are usually the first-line therapy for painful periods and should be tried for at least three menstrual cycles. They act by decreasing prostaglandin production. This consequently reduces prostaglandin concentration in menstrual fluid, leading to decreased uterine contractility and menstrual volume. The most commonly used nonsteroidal anti-inflammatory drugs (NSAIDs) are: Diclofenac Ibuprofen Ketoprofen Mefenamic acid These drugs are most effective when started before the onset of symptoms and continued for 3 days. These are usually safe and well tolerated. Side effects might include gastrointestinal symptoms, such as nausea, vomiting, and heartburn. Combined oral contraceptive pills: This is the second line of treatment. If NSAIDs alone are not sufficient, oral contraceptives might be combined with them. These medicines contain hormones (estrogen and progesterone) which prevent ovulation (the monthly release of an egg) and reduce the release of prostaglandins. This in turn, brings almost immediate relief from symptoms associated with menstruation: heavy periods, painful periods, and irregular bleeding. These hormones are available as a pill, skin patch, flexible ring inserted into the vagina, or an intrauterine device (IUD). Progestin-only methods: Progestins-only hormones show efficacy in the treatment of menstrual pain by causing endometrial atrophy and inhibiting ovulation. These are more suitable for patients with secondary dysmenorrhea related to endometriosis. Various drugs and methods of delivery include: Desogestrel Medroxyprogesterone Intrauterine levonorgestrel-releasing device (IUS) Subdermal implant with etonogestrel release

Managing underlying conditions: In the case of secondary dysmenorrhea, it is important to identify and treat the root cause of menstrual cramps. Generally, in this type, the menstrual cramps are caused by underlying disorders, such as endometriosis, fibroids, adenomyosis, etc. For example, to treat endometriosis (the lining of the endometrium grows outside of the uterus), removal of the endometriotic tissue is done through surgery which can provide great relief in menstrual cramps. Home-care For Dysmenorrhea

The following home care remedies and tips can go a long way in managing dysmenorrhea: Use A Heating Pad Topical heat is an effective and low-cost natural method to manage dysmenorrhea. You can place a heating pad or a hot water pack over your lower abdominal area. The application of heat helps to improve the blood flow to the site of application and thus, aids in relieving pain.

If you do not have a heat pack at home, you can soak a towel in slightly hot water, squeeze it to drain excess water and apply it on the abdomen. You can also use a hot water bottle to do the same. Exercise Exercise helps to release the pain-relieving chemicals called endorphins and helps you to fight pain and cramps during periods. Moreover, exercising increases the circulation to the pelvic region and releases hormones to counteract the pain-inducing prostaglandins. Make certain tweaks to your diet Arachidonic acid is a fatty acid and works as a precursor in the production of prostaglandins. Intake of a low-fat diet, beans, fruits, and vegetables helps to lower the production of arachidonic acid. Therefore, switching to a healthy, clean diet may help to control symptoms of dysmenorrhea. It is equally significant to be informed about what all food items to avoid during periods. Foods that worsen your period pain! Tap Here

Augment your diet with supplements Vitamin E, omega-3 fatty acids, vitamin B1, vitamin B6 and magnesium supplements have also been found to be highly effective in giving relief from pain associated with menstrual cramps. Drink more water It is a common myth that drinking water during periods causes more blood flow. In fact, drinking 6-8 glasses of water is the best way to not only prevent bloating but also to manage period pain. You can also add some lemon or mint to water or load up your intake of foods rich in water such as cucumbers and watermelons to increase your water intake. Consume Herbal Teas The following ingredients are easily found in Indian kitchens. Make herbal teas from them to combat period pain: Fenugreek (Methi): Fenugreek consumption has shown positive results in many problems related to the menstrual cycle and reproduction. It is considered to relieve menstrual cramps and helps to treat irregular periods. You can consume fenugreek tea by boiling it in water and then straining its grains. You can add it to your meal too.

Cumin (Jeera seeds): It is an Indian spice that helps to reduce period pain. Due to its relaxing effect, antioxidant, antispasmodic, and anti-inflammatory properties, it can relieve pain and spasms.

Ginger (Adrak): It has anti-inflammatory and analgesic properties that help to relieve menstrual pain associated with primary dysmenorrhea. It has great efficacy with no side effects.

Turmeric (Haldi): The use of curcumin for the treatment of different diseases is mentioned in Ayurveda. It also helps to reduce the production of prostaglandins which are involved in the pathogenesis of dysmenorrhea.

Apple Cider Vinegar: It contains a good amount of potassium and calcium that help to ease muscle cramping during periods. You can have it by mixing one teaspoon of apple cider vinegar in a glass of water. However, make sure to consume it using a stainless steel straw as it can erode teeth.

Cinnamon (Dalchini): It is another Indian spice that has excellent antispasmodic properties that help to reduce menstrual cramps and pain. It also helps in regulating menstrual irregularities, heavy menstrual bleeding, nausea, and vomiting with primary dysmenorrhea. You can have cinnamon powder with lukewarm water. You can also sprinkle it on your meals.

Chamomile: It is rich in antioxidants and helps to relieve pain originating from primary dysmenorrhea. It has antispasmodic, analgesic, and anti-inflammatory properties. You can simply have it by boiling it in hot water and then straining it. It also improves mood swings during periods.

A quick perusal of more home care Do’s and Don’ts to deal with pain and cramps during your periods. Read Here

Alternative Therapies Of Dysmenorrhea

Women who experience severe menstrual cramps can try alternative therapies to ease their symptoms. However, it is always better to consult your healthcare provider before starting any of these. Massage with essential oils Massage therapy shows effective results in women suffering from dysmenorrhea. In this therapy, essential oils such as Lavender oil, Cinnamon oil, Roman chamomile oil, Clary sage oil, and Marjoram oil are used which have antispasmodic, analgesic, and anti-inflammatory properties.

You can massage your lower back and abdomen around bedtime for a restful sleep and relief from cramping. Acupuncture and Acupressure therapy Acupuncture is a traditional Chinese medicine therapy that involves pointed fine needles inserted in areas of the body known as acupuncture points. Acupuncture may improve to ease the symptoms associated with menstrual cramps and stimulate specific nerves and muscles, which in turn release natural pain-relieving hormones in the body.

However, more research is required for their recommendation, and further studies are needed to prove their effectiveness. They may be an alternative in women not interested in pharmacological management. Transcutaneous Electrical Nerve Stimulation (TENS) It is a noninvasive, inexpensive and portable therapy that delivers electrical currents through the skin.

Several studies have investigated the effectiveness of TENS in reducing pain, decreasing the use of analgesics, and improving the quality of life in primary dysmenorrhea patients. Yoga and meditation Practicing yoga and meditation regularly has proven to relieve stress, manage anxiety, and pain management. A study shows that practicing yoga for 60 minutes once a week may also help to reduce period cramps. Complications Of Dysmenorrhea

Primary dysmenorrhea presents with mild to severe abdominal pains and cramps which can affect the overall well-being and quality of life of a woman. However, primary dysmenorrhea is not linked to any underlying conditions and therefore shows no complications.

In the case of secondary dysmenorrhea, complications depend on the cause. These might include: Infertility: One of the problems caused by secondary dysmenorrhea is infertility or the inability to conceive a child. Endometriosis, for example, is an underlying condition associated with secondary dysmenorrhea which can change the shape of the pelvis and reproductive organs. It can make it difficult for the sperm to find the egg or deform the fallopian tubes in such a way that they are not able to pick up the egg after ovulation. Miscarriage: Serious hormonal imbalance can also lead to miscarriage or other complications associated with pregnancy. Psychological stress: Irregular periods can be stressful, especially for women who are trying to conceive and plan a family. Osteoporosis: Levels of estrogen play a vital role in overall bone health. Lack of estrogen production may cause a high risk of brittle or weak bones and joints. Anemia: If any structural problem such as the size and shape of the uterus is causing dysmenorrhea, it may cause heavy bleeding during periods which may lead to anemia. Insomnia: Painful cramps can severely affect the sleep cycle or cause insomnia.

Consulting the right expert for your reproductive health issues can help you get the right medical advice. Here is a list of types of medical experts you can consult. Read On

Living With Dysmenorrhea

Painful periods poorly affect daily work or activities of females. Young girls end up missing school. It also impacts academic or work performance in terms of concentration, socialization and achievement. Dysmenorrhea could also limit women’s participation in sports or social events. Sleep disturbances due to menstrual pain further hurt the productivity of women. Painful periods are the main cause of recurrent short-term school absence in adolescent girls and a common problem in women of reproductive age.

If you are experiencing symptoms of dysmenorrhea or it is very challenging for you just simply follow these tips to ease your menstrual cramps: During menstruation, getting a good amount of rest is essential. You can use a heating pad or hot bottle of water to ease the pain. A warm bath can also help to reduce the overall pain. Certain foods can help to ease your cramps such as fruits, vegetables, whole grains, legumes, nuts, and seeds. Eating a healthy diet decreases inflammation in the body and also helps to tame menstrual cramps. Constipation, bloating and an upset stomach are other common problems for women with dysmenorrhea, therefore it is advised to hydrate yourself and include fiber-rich food to relieve the symptoms. Diet rich in vitamin E, omega-3 fatty acids, vitamin B1, vitamin B6 and magnesium has been found to be highly effective in giving relief from pain associated with menstrual cramps. Regular exercise such as walking, jogging, and stretching improves blood circulation and helps nutrients and oxygen flow to all the systems of the body. Certain chemicals (endorphins) are released during exercise which helps to block the pain. Avoid caffeinated drinks and beverages as they may increase vasoconstriction (the narrowing of blood vessels), which can further worsen cramps during your menstruation cycle. Mild and moderate dysmenorrhea usually responds well to NSAIDs. Menstruation comes with its own share of myths and misconceptions. They only add to the confusion surrounding periods. Time to get period myths busted. Tap Here

Frequently Asked Questions What do cramps feel like during menstruation? Does chocolate help with period cramps? Does dysmenorrhea feel like labor? Do bananas affect your period? References Dysmenorrhea synonyms, Dysmenorrhea. National Library Of Medicine. Kural M, Noor N, Pandit D, Joshi T, Patil A. Menstrual characteristics and prevalence of dysmenorrhea in college going girls. Published online 2015 Jul-Sep. Causes of dysmenorrhea, Uterine fibroids.NICHD. Updated on 2018 February 02. Pakpour A, Kazemi F, Alimoradi Z, Griffiths M. Depression, anxiety, stress, and dysmenorrhea: a protocol for a systematic review. Published online 2020 Mar 26. Zafra M, Martinez E, Sanchez A, Lopez M,Padilla F, Gonzalez M, Fernandez M. Relationship between Diet, Menstrual Pain, and other Menstrual Characteristics among Spanish Students. Published online 2020 Jun 12. Jaafarpour M, Hatefi M, Najafi F, Khajavikhan J, Khani A. The Effect of Cinnamon on Menstrual Bleeding and Systemic Symptoms With Primary Dysmenorrhea. Published online 2015 Apr 22. Woo H, Ji H,Pak Y, Lee H, Heo S,Lee J,Lee J, Park K. The efficacy and safety of acupuncture in women with primary dysmenorrhea. Published online 2018 Jun 18. Valiani M, Ghasemi N, Bahadoran P, Heshmat R. The effects of massage therapy on dysmenorrhea caused by endometriosis. Published online 2010 Fall. Yang N, Kin S. Effects of a Yoga Program on Menstrual Cramps and Menstrual Distress in Undergraduate Students with Primary Dysmenorrhea: A Single-Blind, Randomized Controlled Trial. Published online 2016 Jun 17. Hosseinlou A, Alinejad V, Alinejad M, Aghakhani N. Effects of Fish Oil Capsules and Vitamin B1 Tablets on Duration and Severity of Dysmenorrhea in Students of High School in Urmia-Iran. Published online 2014 Sep 18. Naz M, Kiani Z, Fakari F, Ghasemi V, Abed M, Ozgoli G. The Effect of Micronutrients on Pain Management of Primary Dysmenorrhea: a Systematic Review and Meta‐Analysis. Published online 2020 Mar 1. Ju H,Jones M,Mishra G. A U-Shaped Relationship between Body Mass Index and Dysmenorrhea: A Longitudinal Study. Published online 2015 Jul 28. Unsal A, Ayranci U, Tozun M, Arslan G, Calik E. Prevalence of dysmenorrhea and its effect on quality of life among a group of female university students. Published online 2010 Apr 7. Omidvar S, Bakouei F, Amiri F, Begum K. Primary Dysmenorrhea and Menstrual Symptoms in Indian Female Students: Prevalence, Impact and Management. Published online 2015 Dec 17.

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Piles Also known as Hemorrhoids, Hemorrhoidal disease and Varicose veins of the anus and rectum Overview Piles also known as hemorrhoids refers to the swollen veins in anus and lower rectum. They can develop inside the rectum (internal hemorrhoids) or skin around the anus (external hemorrhoids). The common symptoms of piles include bleeding and pain during passing the stool, presence of lumps in the anal area, and feeling of incomplete defectaion.

Factors that increase the risk of piles include constipation, pregnancy, being overweight/obese, persistent diarrhea, prolonged sitting on the toilet, and straining to lift heavy objects.

In most cases, piles resolve with conservative medical management with lifestyle modifications and self care which includes eating a high fiber diet, staying hydrated, maintaining a healthy weight, staying physically active, and avoiding excessive straining.

Certain medical procedures and/or surgery may be required in some cases when the size of the hemorrhoids is very large. Key Facts Usually seen in Adults between 45 to 65 years of age Gender affected Both men and women Body part(s) involved Anus Rectum Mimicking Conditions Perianal abscess Fistula Anal/rectal cancer Anal fissures Anorectal abscesses Proctitis Necessary health tests/imaging Medical history and physical examination Rectal examination Anoscopy Proctoscopy Colonoscopy Barium enema test Other tests: Hemoglobin, Complete blood count (CBC), Blood coagulation tests & Liver function test (LFT). Treatment Topical treatments Painkillers: Paracetamol Laxatives: Ispaghula husk, Polyethylene glycol & Lactulose Phlebotonics: Diosmin, Troxerutin, & Calcium dobesilate Hospital based treatments: Rubber band ligation, Injection sclerotherapy, Electrotherapy, Cryotherapy & Infrared coagulation (IRC) Surgery: Hemorrhoidectomy, Stapled hemorrhoidectomy & Haemorrhoidal artery ligation. Specialists to consult General physician Gastroenterologist Colorectal surgeon Proctologist Symptoms Of Piles

Many people do not initially realize that they have piles because of not experiencing any symptoms. When symptoms occur, patients may have: Bleeding during passing the stool (the blood is usually bright red) Prolapse (protrusion of skin during passing the stool) Pain during passing the stool Itching in the anal area Presence of lumps in the anal area, which may require pushing back after passing the stool Mucus discharge especially while passing a stool which may be seen in your underwear or on toilet paper after wiping Redness and swelling around the anus Fecal seepage (the inability to control bowel movements, causing stool to leak unexpectedly from the rectum) Feeling of incomplete defecation even after going to the toilet Sitting for long periods to pass stool Abdominal pain Bloating

These symptoms usually get worse by excessive straining (pushing too hard to pass the stool), rubbing, and cleaning around the anus.

Piles are often mistaken as some other gastrointestinal disorders because various anal symptoms of piles such as abdominal pain, bloating, and bleeding resembles other medical conditions? Did you know? Although piles are the most common cause of these symptoms, the symptoms may also indicate some other digestive tract problems such as irritable bowel syndrome, Crohn’s disease, ulcerative colitis, or cancer of the colon or rectum. So what else can piles be? Let’s find out. Consult Now Causes Of Piles

Piles, also known as hemorrhoids and hemorrhoidal disease involves the disturbances in the naturally occuring cushions like structure in the anal canal. These cushions are naturally present in the anus and are known as hemorrhoids. It comprises loose connective tissue, smooth muscle and blood muscles. The main function of hemorrhoids is to hold stool.

The main cause of piles is exerting excessive pressure in the lower rectum which leads to increase in the size of anal cushions and degeneration of supportive tissues. This can be due to some disease conditions such as chronic obstructive pulmonary disease (COPD), enlarged prostate, constipation, ovarian tumor, etc. The anal cushions can also be affected by other conditions such as low fiber diet, pregnancy, advancing age etc.

Some studies also suggest that abnormalities in the quality and quantity of collagen present in anal cushion can also cause piles. Types Of Piles

Piles can be classified into four main categories: 1. Internal hemorrhoids These types of piles develop deep within the rectum in the lining of anus and lower rectum. Due to their location, they are not visible and often remain asymptomatic. In most cases, they go away on their own. However, larger hemorrhoids can cause several symptoms such as pain, itching, burning sensation, rectal bleeding, etc. 2. Prolapsed hemorrhoids Internal hemorrhoids are pushed into anal opening by passing stool or putting pressure on the anus leading to the formation of prolpased hemorrhoids. They can be graded according to the extent of protrusion: Grade 1: In this stage, internal hemorrhoids bulge into anal canal but do not prolapse . Grade 2: This grade is characterized by prolapse of the swollen veins in the presence of increased pressure in the rectal or anal area such as during defecation or straining. The protruded hemorrhoids reduce spontaneously on their own after passing stool. Grade 3: This grade is similar to grade 2 except that in this case, hemorrhoids do not go inside on their own. Instead, they require manual reduction. Grade 4: The prolapse hemorrhoids cannot be pushed back into their normal position and can lead to intense and sudden pain. 3. External hemorrhoids Most people think of external hemorrhoids when they hear the word piles. These are the visible lumps that are formed under the skin around the anus. They cause more severe pain due to their external appearance which can disrupt daily activities such as sitting etc. 4. Thrombosed hemorrhoids As the name suggests, it refers to the internal or external hemorrhoids with a blood clot called thrombus. It is usually a complication of an untreated hemorrhoid and causes more severe symptoms such as intense pain, burning, itching, redness and swelling. Do piles lead to colon cancer? Piles do not increase the risk of colon cancer. However, a more serious form of piles can cause similar symptoms as colon cancer. Know more about colon cancer in detail. Click To Read Risk Factors For Piles

Anything that can increase the pressure in the lower rectum for a long period of time increases the risk of piles. Various risk factors are discussed below: 1. Long term constipation Constipation in the long run increases the chances of straining which can cause swelling of the veins of anus and lower rectum. This can lead to piles. Watch this video by our expert to know the simple ayurvedic remedies to relieve constipation. 2. Age As we age, the fibers of the muscles that support normally existing hemorrhoids become weaker. This makes them less supportive and can lead to prolapse of piles. 3. Diet Low fiber diet leads to hardening of stools and increases the chances of straining. The constant straining can cause piles by injuring the local tissues. 4. Chronic diarrhea Chronic diarrhea is also associated with an increased risk of piles. In a study, patients suffering from diarrheal conditions such as colitis, malabsorption, intestinal bypass, and chronic pancreatitis were more prone to piles. 5. Overweight/obesity The excess weight especially in the abdominal or middle region puts an extra pressure on anal veins which can lead to piles.

Obesity is one of the most complex and largely preventable diseases that affects around one-third of the world’s population. Here are some of the common health complications due to obesity in women. Click Here

1. Pregnancy It is the most common risk factor for piles as increased baby’s weight puts pressure on the pelvic blood vessels and anal region.

Constipation is a common symptom during pregnancy which also increases the chances of piles. Here’s a quick guide with tips that can help to manage constipation in pregnancy. Read To Know

1. Family history The chances of piles also increases, if someone in the family had piles in the past.

Other factors that might increase the risk of piles include: Lifting heavy objects Persistent cough Repeated vomiting Sitting down for longer periods Sitting on the toilet for long periods Living in developed countries Straining during bowel movements Faulty bowel function due to overuse of laxatives or enemas Spending long periods of time on the toilet Sedentary lifestyle Higher socioeconomic status Injury to the spinal cord Rectal surgery Anal sex Inflammatory bowel disease

Note: The prevalence of piles is more common in developed countries due to their dietary habits which include low fiber intake. The posture during defecation which is opposite of squatting is another reason that contributes to higher incidence of piles in these countries. Diagnosis Of Piles

Piles is often confused with other anorectal disease such as fissures, fistulas, and abscesses. The complete diagnosis is important to confirm piles before initiating the treatment. The external hemorrhoids are usually diagnosed by physically analyzing the area around the anus whereas procedures such as digital rectal exam are performed to confirm internal hemorrhoids. 1. Medical history The first step in diagnosing piles includes enquiry about the symptoms and medical history. The doctor also asks about the patient’s eating habits, toilet habits, laxative use, and current medical condition. 2. Physical examination Rectal examination involves the inspection of a person’s lower rectum, pelvis, and lower belly. The test is performed by inserting the gloved finger into the rectum. This test checks external hemorrhoids, skin tags, prolapsing internal hemorrhoids, fissures, fistulas, and abscesses. The examination is also done by pressing the surface of the rectum to assess abnormal masses and tenderness. The technique is not usually painful, but you may feel some slight discomfort. 3. Anoscopy It involves examination of the anus and lower rectum with the help of a device called anoscope. It is used to rule out other possible causes of rectal bleeding. The procedure requires the insertion of a tube into the rectum through the anus. The anal region is then inspected using a light. Patients are instructed to sit on a commode and strain during the exam to give an accurate idea about the degree of prolapse. 4. Proctoscopy This test is used to examine the internal organs of the rectum and anus using an instrument, known as protoscope. A protoscope is a straight, hollow metal or plastic tube, sometimes with light at the end. The instrument is a little larger than anoscope and helps in examining the entire anal canal. It is usually performed in case of red flag symptoms which includes bleeding, weight loss, change in bowel habits, or anemia. 5. Colonscopy Colonoscopy is a procedure in which a doctor uses a colonoscope to look inside your rectum and colon. It is considered in patients with red flag symptoms. 6. Barium enema The test includes the injection of barium enema (radio contrast fluid, barium sulfate) into the rectum from the anus. 7. Other tests In some cases, other tests such as hemoglobin, complete blood count (CBC), blood coagulation studies, liver function tests (LFT) are also performed. Celebs affected Kishwer Merchant Kishwer Merchant, an Indian television actress disclosed through a video that she suffered from piles during her pregnancy. She managed the condition by remedies suggested by her doctor. Whitney Houston The American singer, actress, and music producer who was also reported to suffer from piles. George Brett This American baseball player also suffered from plies. He managed to treat the condition with surgery. Specialist To Visit

Piles is very common due to dietary habits and sedentary lifestyle. Various people experience symptoms but do not visit the doctor due to embarrassment. This worsens the condition of the patient and significantly impacts quality of life. You should immediately consult the doctor if:

Are constantly losing weight Your bowel habits have changed Your stool become dark or sticky You are experiencing rectal bleeding You have a feeling of sitting on a foreign object

The symptoms of piles often resolve on their own or with simple treatments. However, speak to your doctor, if you have piles and there’s no improvement after 7 days of treatment at home.

The specialist doctors that can help in this condition include: General physician Gastroenterologist Colorectal surgeon Proctologist (specializes in performing surgeries and treatment of the diseases related to the anus, colon, and rectum)

To get the right diagnosis, it is important to consult the right doctor. Consult India’s best doctors online. Consult Now Prevention Of Piles

The proper education about the piles, its triggers and proper diet is vital for preventing piles. The following measures can aid in preventing piles:

Maintain a healthy weight Eat fiber rich food Keep the bottom clean and dry Exercise regularly Avoid excessive consumption of tea and coffee Avoid long periods of sitting Go to the bathroom immediately when there is an urge to defecate Avoid taking mobile phones to the bathroom Elevate your feet on a support while defecating Avoid pushing too hard while passing stool Stay physically active Treatment Of Piles

The very first line therapy involves lifestyle modifications and self care. Patients should adopt dietary modifications with adequate fluid and fiber intake. The treatment regimen is based upon symptoms and grade of piles which can be grouped as: A. Non-surgical treatment It includes medications and office based treatments. They are initiated, if simple home remedies fail to resolve symptoms and includes:

1. Medications Medications are generally prescribed to ease the symptoms such as pain, irritation, swelling, and to soften the stool.

Topical treatments: Creams, ointments and suppositories are given to relieve discomfort. These medications are to be applied only for 5 to 7 days in a stretch as they may irritate the sensitive skin of the anus. In case of severe inflammation in the anal region, corticosteroid cream that contains steroids is also given. Pain relief medications: The common painkillers such as paracetamol are also used to relieve pain associated with piles. However, medications such as ibuprofen are avoided in case of excessive bleeding.  
Laxatives: These medications soften the stools and help in emptying the bowel. Commonly used laxatives are ispaghula husk and lactulose. Phlebotonics: Phlebotonics are a class of drugs consisting of plant extracts. They are available as dietary supplements and include diosmin, troxerutin, hydroxyethylrutoside, and calcium dobesilate. They have shown to reduce bleeding, itching, and discharge in piles.

1. Hospital-based treatments These therapies are used in case home remedies and medications fail to resolve symptoms. The various hospital-based treatment include:

Rubber band ligation: It is one of the most popular non-surgical methods to treat piles due to its safety and cost effectiveness. The procedure involves inserting a band at the end of the internal hemorrhoid. The band restricts the blood supply to the hemorrhoid tissue. This helps in reducing and fixing the internal hemorrhoid. This method has a very high cure rate with very less chances of recurrence. This therapy is effective for first, second, and third-degree hemorrhoids. Multiple treatments may be necessary for large and bulky hemorrhoids. Injection sclerotherapy: It involves injecting sclerosants at the base of hemorrhoids. Sclerosants are chemical agents that lead to an inflammatory response and kill the hemorrhoid tissue. The commonly used agents include 5% phenol in an oil base, hypertonic saline, 5% quinine, and urea. Electrotherapy: This therapy coagulates the blood supply in the hemorrhoids which causes shrinkage of the swollen tissue. Cryotherapy: It is a rarely used technique and involves freezing of the piles using liquid nitrogen. Infrared coagulation (IRC): In this procedure, few bursts of infrared light are delivered using a small probe. This helps in the coagulating of the blood supply to the hemorrhoids. B. Surgical treatment The surgical intervention is required in case: Inability to tolerate the hospital procedures Large external hemorrhoids Failure of non-operative procedures Mixed hemorrhoids with prolapse Grade 3 and 4 hemorrhoids Coagulopathic patients requiring management of hemorrhoidal bleeding

Surgery involves either removing the hemorrhoid or restricting their blood supply which causes them to shrink. The various surgical procedures include:

Hemorrhoidectomy: It involves removal of extra tissue that causes bleeding and protrusion. It is done for both internal and external hemorrhoids under anesthesia using sutures. Hospitalization and rest is required as postoperative care. Stapled hemorrhoidectomy: In this, a stapler like device is used to reposition the hemorrhoids which eventually cut off their blood supply. Haemorrhoidal artery ligation: In this procedure, the arteries supplying blood to the hemorrhoids are tied and cut off. Home-care For Piles

1. Follow good toilet practices There are various toilet behaviors such as excessive straining, pushing, and prolonged time on the toilet that can contribute to piles. The following measures should be taken to follow good toilet practice: Limit the toilet time to 3 to 5 minutes to prevent protrusion Avoid excessive wiping Avoid straining to pass the stool to reduce the pressure on piles Use moist toilet paper to clean your bottom after passing stool Avoid rubbing the area around the bottom
2. Do sitz baths Sitting in warm water for at least 15 minutes in a stretch is very helpful for relieving itching, pain, and burning sensation in the anal region. It should be practiced 2-3 times to help the healing process. Avoid adding any salts, lotions, or oils to the water as it can cause inflammation. A warm bath also helps in relieving itching and pain.
3. Take high fiber diet/supplements It is very important to keep the stool soft and regular in piles to avoid straining as excessive straining can worsen the condition. This can be done by keeping a good amount of fiber in the diet by including foods such as whole grain bread, cereal, fruit and vegetables. High fiber diet i.e 25g/day for women and 38g/day for men is recommended in piles.

OTC supplements such as ispaghula husk can also be taken to soften the stool. Low fiber foods such as white bread, red meat, processed foods, and fried foods should be avoided.

Here, have a look at what foods to avoid when you are suffering from piles. tap To Know 4. Maintain proper hydration The patient should also take an adequate amount of water to keep stool consistency.

Watch this video by Dr. Suchin Bajaj in which he addresses the importance of water, the amount of water to drink each day, and the benefits of drinking water.

1. Avoid caffeinated beverages It is advised to avoid or limit caffeinated beverages (tea and coffee) as they may harden the stools and make the process of defecation even more painful.
2. Indulge in some physical activity Exercise is found to be related to the regular bowel habit. The light physical activity also helps in relieving constipation. The patient of piles should spare some time for physical activity.
3. Avoid spicy and processed foods Spicy foods can aggravate the symptoms of piles such as pain, burning sensation, and discomfort and hence should be avoided.
4. Avoid certain medications Painkillers such as codeine should be avoided as it can cause constipation. NSAID such as ibuprofen should also be avoided as it can increase rectal bleeding.
5. Use ice packs Ice packs are an excellent tool for reducing swelling and pain associated with piles. Ice pack wrapped in a soft towel is kept for at least 15 minutes on the affected area. The procedure should be repeated on an hourly basis for immediate relief.
6. Sit right The people having piles should elevate their feet while passing stool. This changes the position of rectum that allows easy passage of the stool.
7. Modify your clothing Patients can increase the healing process of piles by wearing loose-fitting, breathable, cotton underwear and pants. This can help prevent the area surrounding the piles from becoming irritated by excess sweat, and help reduce symptoms.

Watch this video by our expert to know the home remedies to ease the symptoms of piles.

Complications Of Piles

Most of the hemorrhoids are resolved with the treatment but it can rarely lead to following complications: 1. Skin tags It refers to the flap of tissue that hangs off from the skin of anus. It develops when the clot of a thrombosed hemorrhoid dissolves. It often irritates the patient. 2. Anemia The patient’s blood count can also drop due to bleeding from a chronic hemorrhoid. 3. Infection Untreated external hemorrhoids can also get infected due to the presence of sores. 4. Strangulated hemorrhoid Sometimes, blood flow is cut off from the prolapsed hemorrhoid. This can be very painful and cause bleeding. 5. Blood clots In various cases, a blood clot is formed in the piles. It is extremely painful and sometimes needs to be drained. 6. Hemorrhage It is the most common complication of piles in which hemorrhoids can rupture and can cause serious rectal bleeding. This requires immediate medical attention. Passing a very hard stool can aggravate this process. Patients may also come across various complications due to various procedures that are performed to treat piles. Complications of hemorrhoidectomy Patients who have undergone surgery usually experience pain and fullness within the first week following hemorrhoidectomy. The other complications include:

Early complications: Bleeding Urinary retention Thrombosed external hemorrhoids

Late complications: Anal stenosis (narrowing of the anal canal that makes it difficult to pass stools) Skin tags Recurrent hemorrhoids Delayed hemorrhage Fecal or bowel incontinence

Rare complications: Sepsis Abscess formation Excessive bleeding Peritonitis (inflammation of the inside of abdomen) Complications of rubber band ligation This procedure can be associated with delayed hemorrhage. The immunocompromised patients can develop sepsis that can be characterized as fever, perineal edema, and pain. Alternative Therapies For Piles

1. Nutrition and dietary supplements

* Psyllium: It is a very well known fiber that is known for its stool softening effect. It reduces the pain associated with piles and makes the process of passing the stool smooth. It can be consumed with water or milk. Patients with inflammatory bowel disease should consult their doctor before consuming it. The dose of the psyllium should be gradually increased as excessive fiber can cause bloating.

Looking for fiber supplements? Shop Now

* Probiotics: They are the good bacteria that helps in maintenance of gut health. Regular consumption of probiotics rich food like curd, buttermilk, etc helps in reducing the symptoms of piles. They also speed up the process of healing and aids in preventing recurrence.

1. Herbs

The use of herbs in treating is a very well known and old practice. However, one should start taking the herbs under the supervision of a doctor. Some of the herbs that are used to manage piles are:

Witch hazel (Hamamelis virginiana): This herb is either applied topically or used as a sitz bath. It is known to reduce the pain by temporarily shrinking piles. The various pads that are available in the market to treat piles contain witch hazel. Goldenrod (Solidago virgaurea): It is used to reduce inflammation of hemorrhoids through topical application. Gotu kola (Centella asiatica): It is used for venous insufficiency or varicose veins Yarrow (Achillea millefolium): It is used to treat bleeding that is associated with hemorrhoids. 3. Other home remedies

Castor oil: It reduces the size of the piles and eases the pain. It can be taken by adding in milk or can be applied topically on the affected region. Tea tree oil: It possesses antimicrobial properties and helps in keeping the inflamed site of piles germs free. It is applied topically on the affected area. Coconut oil: It acts as a moisturizer and helps in relieving symptoms of piles such as swelling and inflammation. It also helps in reducing the urge of itching. Myrtle essential oil: This oil improves bleeding, pain, irritation and itching for low-grade piles. Aloe vera: Aloe may provide relief from the burning, itching, and swelling caused by piles, when applied to the anus. 4. Homeopathy

The following homeopathic preparations are also used in piles. Aesculus: It is used to manage piles that have a burning sensation. Collinsonia: It is used for chronic, itchy hemorrhoids with constipation. Living With Piles

The treatment of piles is not always satisfactory despite its easy diagnosis. It is best managed by a team of people dedicated to anorectal conditions. Piles are not life-threatening but seriously affect quality of life. Managing postoperative pain

The overall result of surgery varies from good to poor. The patient should expect pain and anal fullness in the first week after hemorrhoidectomy. The adequate pain control is achieved by using oral narcotics in addition to NSAIDs, muscle relaxants, and sitz baths. The use of stool softeners is also advised to avoid straining that may aggravate pain. Patients who have undergone surgery should reconsult their doctor, if their pain is getting worse as it may indicate a soft tissue infection. Educating patient

Patient education plays a very vital role in the post operative care and preventing recurrence. The nurse, dietitian, and pharmacist should encourage the patient to avoid constipation, drinking sufficient water, taking a stool softener, reducing body weight , avoiding prolonged seating, eating a high fiber diet, and avoiding excessive pain medication. These simple measures not only reduce the risk of hemorrhoids but also decrease healthcare expenses. Managing relapse

The surgery for piles, especially for those who do not change their lifestyle are not always satisfactory. Pain, urinary retention, and recurrence are very commonly seen postoperatively. Individuals experiencing recurrence, prolapse, and bleeding of internal piles should immediately refer to a colorectal surgeon. Frequently Asked Questions How long will it take to recover from piles? How to cope up with piles during pregnancy? Is there a loss of stool control after piles surgery? How squatting helps prevent piles? Can you cure piles permanently? References Cristea C, Lewis CR. Hemorrhoidectomy. [Updated 2022 Jul 4]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan. Fontem RF, Eyvazzadeh D. Internal Hemorrhoid. [Updated 2021 Aug 9]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan. Andler RS, Peery AF. Rethinking What We Know About Hemorrhoids. Clin Gastroenterol Hepatol. 2019 Jan;17(1):8-15. doi: 10.1016/j.cgh.2018.03.020. Epub 2018 Mar 27. PMID: 29601902; PMCID: PMC7075634. Hemorrhoids, American Society of Colon and Rectal Surgeons. Lawrence A, McLaren ER. External Hemorrhoid. [Updated 2021 Aug 11]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan. Piles, NHS, Last updated on: 28th March, 2022. Hemorrhoids, National Institute Of Diabetes and Digestive and Kidney Diseases.

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Pneumonia Also known as Lung infection, Respiratory infection, Lower respiratory tract infection (LRTI) and Bronchopneumonia Overview Pneumonia is a disease of the lungs that makes breathing difficult and limits oxygen levels in the body. It is mostly caused due to an infection by microbes such as bacteria, viruses, and fungi. In pneumonia, the air pouches which usually fill with air when breathing, gets filled with infective material, mucus and fluid. This can lead to symptoms such as cough, fever, shortness of breath, and chest pain.

Worldwide, pneumonia is one of the leading causes of morbidity and mortality in children under five years of age despite being easily preventable and treatable. Community-acquired pneumonia (CAP) is the leading cause of morbidity and death in adults across the world. India contributes to 23% of the global pneumonia burden. Due to the high risk, it is advised that people above 65 years of age and those above 18 years of age with risk factors for pneumonia must take pneumococcal vaccines routinely.

Pneumonia is more common during the winter months and can affect people of any age. However, the risk is high in patients with compromised immunity like young children upto 2 years of age, people older than 65, and people with underlying medical problems such as heart disease, diabetes, or chronic lung disease. Mild pneumonia can usually be treated at home with rest and use of antibiotics prescribed by a doctor. More severe cases may need hospital treatment. Key Facts Usually seen in Children below 5 years of age Adults above 65 years of age Gender affected Both men and women Body part(s) involved Lungs Prevalence Worldwide: 14 cases per 1000 children (2018) India: 403 cases per 1000 children (2015) Mimicking Conditions Asthma Lung abscess Bronchitis Atelectasis Croup Respiratory distress syndrome Necessary health tests/imaging Sputum test Chest X-ray Complete blood count (CBC) Pulse oximetry Arterial blood gas test Bronchoscopy Urine test (Streptococcus pneumoniae) Chest CT scan RT-PCR Treatment Antibiotics: Ciprofloxacin, Cefepime, Azithromycin & Levofloxacin Antifungals: Fluconazole, Itraconazole & Amphotericin B Antivirals: Oseltamivir Mucolytics: Acetylcysteine See All Symptoms Of Pneumonia

The signs and symptoms of pneumonia can have some common presentation or vary from person to person depending on the type of pneumonia, age, and overall health.

Some of the common pneumonia symptoms in adults are: Cough with sputum Fever Shaking & chills Rapid shallow breathing Shortness of breath Chest pain Low energy Loss of appetite Nausea & vomiting The symptoms of pneumonia in adults above 65 years of age include confusion, changes in mental awareness and lower than normal body temperature. Pneumonia symptoms in children may include intercostal breathing (where the child uses the chest muscles to breathe), not taking any feed and high-grade fever. Also, children with very severe pneumonia may show symptoms such as unconsciousness, hypothermia (dangerously lower than normal body temperature), and convulsions.

Moreover, the symptoms also vary based on the cause of the infection. For example, bacterial pneumonia can cause symptoms such as a very high-grade fever (around 105 degrees F) along with severe sweating and increased breathing and pulse rate. In some cases, bluish coloration of the lips and nails is also seen due to lack of oxygen in blood. Whereas, in case of viral pneumonia, symptoms usually develop over a period of time and are similar to influenza symptoms which include fever, headache, weakness, muscle pain and, dry cough. These symptoms often worsen in a day or two. Causes Of Pneumonia

Pneumonia is caused by a number of infectious agents and is classified based on the organisms that cause the infections. The common causes and types of pneumonia include: Bacterial pneumonia, caused by bacteria such as Streptococcus pneumoniae, Haemophilus influenzae type b (Hib) and Klebsiella pneumoniae. Viral pneumonia, caused by viruses such as the respiratory syncytial virus and coronavirus. Fungal pneumonia, caused by fungi such as candida, aspergillus, and mucor. Atypical pneumonia or mycoplasma pneumonia, caused by mycoplasma (organisms that have traits similar to bacteria and viruses but do not belong to either category). Pneumonia can spread via airborne droplets when a person coughs or sneezes. These droplets when inhaled can infect the lungs. It can also be transmitted through saliva and blood. Types Of Pneumonia

Pneumonia can be acquired during hospital stay (known as hospital-acquired pneumonia) or outside any medical setting (known as community-acquired pneumonia). Other forms of pneumonia can be aspiration and atypical pneumonia.

1. Hospital-acquired pneumonia (HAP) Also known as nosocomial pneumonia, hospital-acquired pneumonia can be serious because the bacteria causing it may be more resistant to antibiotics and because the people who get it are already sick. People who are on breathing machines (ventilators), often used in intensive care units, are at higher risk of this type of pneumonia. It is mostly caused by bacteria such as staphylococci & pseudomonas aeruginosa.
2. Community-acquired pneumonia (CAP) If you get pneumonia not related to your hospital stay, then it is known as community-acquired pneumonia. It is usually caused by organisms present in the environment like pneumococcus bacteria.

Note: Aspiration pneumonia, although rare, can occur when food, drink, vomit or enters into your lungs. Aspiration is more common in comatose patients, people with brain injury or who have swallowing problems. Did you know? Atypical pneumonia, also known as walking pneumonia, is a condition in which pneumonia isn’t severe enough to require bed rest or hospitalization. People with walking pneumonia may not even know they have pneumonia as their symptoms may feel more like a mild respiratory infection than pneumonia. The symptoms are generally so mild that you don’t feel you need to stay home from work or school, so you are out walking around, hence the name “walking pneumonia”. Click To Read More! Risk Factors For Pneumonia

Pneumonia causes more than a million hospitalizations each year. It is one of the most common infectious killers in children, claiming one child every 39 seconds.

Anyone can get pneumonia, however the risk is higher in people: Above 65 years of age With chronic lung diseases like COPD, cystic fibrosis, bronchial obstruction, or lung cancer or those with a previous episode of pneumonia Suffering from conditions that cause any alteration in level of consciousness (eg stroke, seizure, anesthesia, drug or alcohol intoxication) or dysphagia With immunocompromised conditions like HIV infection, organ/stem cell transplantation, diabetes or those on immunosuppressive medicines Suffering from metabolic disorders like malnutrition, uremia, and acidosis With lifestyle risk factors such as smoking, alcohol & toxic inhalants With intubation or bronchoscopy With viral respiratory tract infection like influenza Can pneumococcal vaccines keep you safe during winters? Click To Read!

Breastfeeding can lower the chances of pneumonia in kids Studies suggested that exclusive breastfeeding during the first six months of life as well as breastfeeding upto 24 months of age can lower the chances of pneumonia in infants and young children. This is attributed to the presence of numerous immunoprotective and immune boosting compounds in the breast milk. Here are more reasons why it is important to breastfeed. Click To Read! Diagnosis Of Pneumonia Based on your symptoms and clinical history, your doctor will perform a physical examination and may even order several investigations. Typically, pneumonia can be diagnosed with a physical exam (to hear the sound of your breathing) and X-ray. However, depending upon the severity of the symptoms, your doctor may even order other tests such as:

1. Sputum test: It is recommended to detect various respiratory tract diseases caused by fungi or bacteria including pneumonia.
2. Chest X-ray: It is used to diagnose any problems like infections, inflammations or abnormal growth in the lungs.
3. Complete blood count (CBC): This test may be required to evaluate if the patient is suspected of having a severe infection or inflammation.
4. Pulse oximetry: It helps to check the oxygen levels of the blood in a non-invasive way that too within seconds.
5. Arterial blood gas: This test measures the acidity (pH) and the levels of oxygen and carbon dioxide in the blood from arteries.
6. Bronchoscopy: It provides direct visualization of the lungs including the bronchioles and airway passages to detect for any infection or tumors.
7. Urine test: This test is used to check for the presence of the bacteria streptococcus pneumoniae in the urine.
8. Imaging tests: It includes tests such as chest CT scan and lung ultrasound might be recommended to check for any damage in the lungs.
9. RT-PCR: It is the most reliable and accurate test to diagnose COVID-19 infection complicated with pneumonia. It helps to detect the genetic material of the virus present in the sample (usually a throat or nasal swab).
10. Viral serology: It helps to detect viral pneumonia and confirm the presence of antibodies targeted against the virus. It also helps to measure the quantity of the viral antigens in the blood sample confirming the presence of viral infection. Celebs affected Naseeruddin Shah The veteran Bollywood actor Naseeruddin Shah was hospitalized in June 2021 after being diagnosed with pneumonia. Dilip Kumar The late Bollywood actor was known to suffer from bronchial pneumonia. He was admitted due to a chest infection and was known to be experiencing recurrent pneumonia. Oprah Winfrey The popular producer and host of a talk show, Oprah Winfrey, said in an interview that she was diagnosed with pneumonia. She visited a lung specialist on experiencing a little rattling in her chest, who confirmed she has pneumonia after checking up with a stethoscope. Prevention Of Pneumonia

Pneumonia can be prevented in many cases. There are few ways to prevent pneumonia such as: Washing your hands frequently, especially before touching your face and handling food Using a hand sanitizer, if soap and water aren’t available, to clean your hands Quitting smoking and avoiding secondhand smoke Covering your mouth when coughing or sneezing Getting adequate sleep, exercising regularly & eating a well-balanced diet Avoiding close contact with people who have pneumonia or other contagious illnesses Getting vaccinated if you belong to the high risk group such as above 65 years or age or are above 18 years of age but have several risk factors for pneumonia Pneumococcal vaccine Pneumococcal vaccine protects from pneumococcal diseases caused due to Streptococcus pneumoniae bacteria. This vaccination can help prevent the respiratory infection caused by bacteria.

The pneumococcal vaccine is indicated in special high-risk groups only such as: People who underwent splenectomy People with low immunity People suffering from diabetes People with chronic organ failure Note: Pneumonia vaccination won’t prevent all cases of pneumonia, however, it can lead to a milder and shorter course of the disease and lower risk of complications.

Pneumococcal vaccine can be given to children below 5 years of age. It is given in three doses, starting at 1.5 years. The second and the third dose, also known as booster doses, are recommended after a month and two month post first dose, respectively.

Make sure you consult your child’s doctor to make sure which vaccines are best for your child. Remember, vaccinations given at the right time can help you give the best quality healthcare to your child. Specialist To Visit Call your doctor immediately if you have: Difficulty breathing Develop a bluish color in your lips and fingertips Chest pain High fever Cough with mucus While your family doctor or a general physician can help in the diagnosis of the condition, if you want to go to a specialist then you can consult: Pulmonologist or lung specialist Pediatrician Worried about your child’s health? Consult India’s best doctors here. Consult Now!

Treatment Of Pneumonia

The treatment for pneumonia depends on the type, severity, and overall health. In most cases, antibiotics, antiviral, or antifungal medications are prescribed to treat pneumonia based on its type along with other medications to treat symptoms like fever & cough.

1. Antibiotics Your doctor might recommend antibiotics if he/she suspects bacterial infection. Some of the commonly prescribed antibiotics include: Amoxycillin + clavulanic acid Ciprofloxacin Cefepime Cefuroxime Azithromycin Levofloxacin
2. Antifungals These medicines are recommended if you have fungal infection along with pneumonia, which is mostly seen in patients with comorbidities such as diabetes. Fluconazole Itraconazole Amphotericin B
3. Antivirals These medicines help to fight the viruses that are responsible for worsening the condition thereby improving the effectiveness of the treatment. Oseltamivir (influenza virus) Remdesivir (COVID-19)
4. Mucolytics Acetylcysteine is one of the commonly used mucolytics that helps to treat respiratory diseases with excessive mucus such as pneumonia, COPD, and bronchitis. It loosens and thins mucus in the respiratory tract or airways thereby making it easier to cough out.

In severe cases, most people respond to treatment and recover from the condition. However, in some cases, such as diabetes, a weak immune system, or heart failure, complications can arise. This is why it is important to consult your doctor the moment you spot the symptoms of pneumonia.

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Home-care For Pneumonia

Most cases can be treated at home by taking the prescribed drugs, taking enough rest, and drinking lots of water. However, if it’s not being managed at home, your doctor may advise hospitalization for appropriate treatment.

Some of the common measures to follow at home to treat and manage pneumonia include: You can take antipyretics and painkillers to control fever and pain. Do not take any medications without consulting your doctor first. Drink lots of fluids as this not only helps you to keep your body temperature in control but also aids to loosen up the secretions and help to manage cough. If you suffer from a severe cough or if your cough is preventing you from getting sleep, then talk to your doctor about what medications can help. Use a humidifier, take warm baths and drink warm beverages as this helps to open up your airways and also ease your breathing. If you smoke, then make sure to stay away from smoking (this includes secondhand smoke or vehicular smoke). This is because smoke can further impair your lungs and hasten your healing process. Take sufficient rest and eat a healthy diet. Make sure to limit your daily chores and not overdo any activity until you feel fully recovered. You can try some chest exercises that help to clear up mucus from the respiratory tract and also improve your breathing. Here are a few simple breathing exercises to increase your oxygen level. Watch the video to know.

Complications Of Pneumonia

The common complications due to pneumonia include: Impaired breathing Acute respiratory distress (a severe form of respiratory failure) Lung abscesses (pus in the lungs) Bacteremia (bacteria in the blood) Pleural effusion (fluid in the lungs) Septic shock Empyema Renal failure Respiratory failure Pneumothorax COVID-19 and pneumonia The second wave of COVID-19 in India has been known to cause detrimental consequences across the nation. Not only the number of positive cases increased spirally but it also led to drastic reduction in the essential treatment supplies and a significant increase in the hospitalization due to lung complications. One of the severe complications seen during this phase was COVID-19 related pneumonia, especially in people with chronic diseases and lung problems.

This also led to an increase in the demand of various medicines and use of novel treatment options to improve the overall lung function and reduce the viral load. Some of the commonly used medicines include fabivirapir, ivermectin, tocilizumab, steroids, montelukast and levocetirizine. Also, treatment options such as remdesivir, plasma therapy, antibody cocktail, and 2-deoxy-D-glucose (2-DG) were also used to treat COVID-19.

To know more about COVID-19, its treatment & latest updates/news, check out our coronavirus section. Click Here! Alternative Therapies Of Pneumonia

As cough is one of the most common symptoms of pneumonia, here are a few remedies for cough, other than your conventional medicines. Lavanga (clove) can be fried in ghee and should be kept in mouth for sucking. This preparation is quite useful for relieving cough. For relieving cough you can also take 60 mg powdered fruit of pippali (long pepper) and 120 mg of saindhava namak (rock-salt), mix it with hot water & take it two times in a day. Take 3-6 g of fruit and root of pippali (long pepper) and shunthi (dried ginger) in equal proportion. Mix this with honey and take this mixture two times in a day. Prepare ghrta also called ‘ghee’ from equal part of fruit of maricha (black pepper), ardraka (ginger) and sharkara (raw sugar). It is to be taken twice a day in a dose of around 12-24 gm. Taking 1-3gm of sitopaladi churna with 4 to 6 gm of honey twice a day may also help. You can also take 300mg of karpooradi churna along with equal parts of sugar candy, twice a day. You may take a juice of ardraka (ginger) 14 ml with equal quantity of honey, twice a day. The decoction of tamarind leaves (14 to 28 ml) is to be taken with 2 gm of saindhava namak (rock salt) and 500 mg of hing (asafoetida) fried in ghee. This preparation can be taken twice a day. Did you know? Approximately 30% of patients who receive mechanical ventilation can develop Ventilator-associated pneumonia (VAP). As the name suggests, it is a type of pneumonia that occurs in patients who have been intubated or mechanically ventilated by means of a tracheostomy for at least 48 hours. Mechanical ventilation allows oral and gastric secretions to enter the lower airways, which can trigger the bacteria in the lower respiratory tract to cause pneumonia. Consult our professional and seek help. Consult Now! Frequently Asked Questions What happens in pneumonia? Is pneumonia contagious? Is pneumonia in kids serious? What increases the risk of pneumonia in kids? How to improve breathing with exercises? What exercises remove mucus from lungs? References Pneumonia. Key Facts. World Health Organization Eshwara VK, Mukhopadhyay C, Rello J. Community-acquired bacterial pneumonia in adults: An update. Indian J Med Res. 2020;151(4):287-302. Gothankar J, Doke P, Dhumale G, et al. Reported incidence and risk factors of childhood pneumonia in India: a community-based cross-sectional study. BMC Public Health. 2018 Sep 11;18(1):1111. Sharma BB, Singh V. Indian pneumonia guidelines. Lung India. 2012 Oct;29(4):307-8. Gupta D, Agarwal R, Aggarwal AN, et al; Pneumonia Guidelines Working Group. Guidelines for diagnosis and management of community- and hospital-acquired pneumonia in adults: Joint ICS/NCCP(I) recommendations. Lung India. 2012 Jul;29(Suppl 2):S27-62. Kumar K J, Ashok Chowdary K V, Usha H C, Kulkarni M, Manjunath V G. Etiology of community acquired pneumonia among children in India with special reference to atypical pathogens. Lung India 2018;35:116-20. Five Facts You Should Know About Pneumonia. Lung Health & Diseases. American Lung Association. Stop Pneumonia. Every Breathe Counts. Grief SN, Loza JK. Guidelines for the Evaluation and Treatment of Pneumonia. Prim Care. 2018;45(3):485-503. Pneumonia Treatment and Recovery. American Lung Association. Last updated in August 2021. Wahl B, Knoll MD, Shet A, et al. National, regional, and state-level pneumonia and severe pneumonia morbidity in children in India: modelled estimates for 2000 and 2015. Lancet Child Adolesc Health. 2020 Sep;4(9):678-687. Pneumonia. Data. UNICEF. Last updated April 2021. Overview of Pneumonia. BMJ Best Practice. Lamberti LM, Zakarija-Grković I, Fischer Walker CL, et al. Breastfeeding for reducing the risk of pneumonia morbidity and mortality in children under two: a systematic literature review and meta-analysis. BMC Public Health. 2013;13 Suppl 3(Suppl 3):S18.

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Polio Also known as Poliomyelitis Overview

Polio is a highly infectious disease caused by polioviruses. It is transmitted only from person to person through the fecal-oral route or, less frequently, by contaminated water or food.

Signs and symptoms of polio range from no symptoms to limb deformities, paralysis, and even death. Not receiving the polio vaccine, weak immunity, and travel to areas endemic to the disease are the main risk factors for getting infected with poliovirus.

Diagnosis of polio is based on the patient’s history, physical exam, and symptoms. The virus may be isolated from the patient’s throat, feces, and cerebrospinal fluid (CSF) to confirm the diagnosis. There is no cure for polio. Treatment of polio is mainly supportive and focuses on limiting and alleviating symptoms.

For most patients, the prognosis is good because there are few or no symptoms; however, the prognosis is severely limited if the patient develops more severe symptoms such as limb deformity, paralysis, difficulty breathing, and inability to swallow foods.

Polio can only be prevented by immunization. The vaccine, given multiple times, can protect a child for life. Due to the launch of a few initiatives like Global Polio Eradication, more than 18 million people who would otherwise have been paralyzed can walk today. Key Facts Usually seen in Children under 5 years of age Gender affected Both men and women, but more common in men. Body part(s) involved Brain Spinal cord Prevalence World: 6 (2021) India: 1 (2011) Mimicking Conditions Flu-like symptoms Acute flaccid myelitis Guillain-Barre syndrome Necessary health tests/imaging Virus isolation and detection Cerebrospinal fluid analysis Electromyogram (EMG) Blood tests Treatment No cure. Only supportive treatment: Pain relief medications: aspirin, paracetamol or ibuprofen, gabapentin Physical or occupational therapy Mobility aids See All Symptoms Of Polio

The effects range from asymptomatic (most common) to the most severe forms of debilitating paralysis. Various symptoms are discussed below:

1. Non-Paralytic Polio About 95% of people who get infected with polio won’t have any symptoms. They are able to fight off the infection without even realizing they are infected. In approximately a few cases, 4%–8% of polio infections result in a minor illness without any evidence of central nervous system invasion. This is known as abortive poliomyelitis. Complete recovery usually occurs in less than a week. Few people experience a flu-like illness for 3 to 21 days after they are infected. The symptoms observed in this type of infection are: High temperature (fever) of 100.4F or above Headache Abdominal pain Sore throat Gastrointestinal disturbances (nausea and vomiting)
2. Paralytic Polio Around 1 percent of cases can lead to paralytic polio. Paralytic polio causes paralysis of the spinal cord, brainstem, or both. The early symptoms are related to nonparalytic polio. But after a week, severe symptoms appear like Muscle weakness Tight joints (contractures) Shrinking of the muscles (atrophy) Deformities, such as twisted hips, feet, or legs Loss of reflexes Sudden paralysis (temporary or permanent) Many people with paralytic poliomyelitis recover completely, and muscle function returns to some degree in several cases.
3. Post-Polio syndrome (PPS) Polio can return even after 15 to 40 years of recovery. Some common symptoms of Post Polio syndrome include Easily exhausted or fatigued Low tolerance to cold temperatures Worse muscle pain Muscle atrophy Trouble with concentration and memory

It has been estimated that 25-50 percent of people who survive polio will get PPS. Causes Of Polio

Polio is a highly infectious disease caused by the poliovirus. Poliovirus only infects people. An infected individual can spread the virus to others before or up to 2 weeks after symptoms appear. An asymptomatic carrier can also infect others. The poliovirus can survive in an infected person’s intestines for many weeks. This can lead to the contamination of food and water in an unclean environment. Transmission can occur in the following ways: Contact with the feces of an infected person Droplets from a sneeze or cough of an infected person Touching contaminated surfaces. Close contact with an infected person. Risk Factors For Polio

Polio tends to affect the most vulnerable members of the population. This includes pregnant, young children, and those with weakened immune systems. Various risk factors for contracting the infection are as follows: Not vaccinated against polio Travel to countries where polio is widespread or endemic, like Pakistan or Afghanistan. A weakened immune system Tonsillectomy or having tonsils removed Handling of a laboratory specimen of the virus Diagnosis Of Polio

A general practitioner diagnoses polio by a detailed medical history, performing a physical exam, and testing samples of body fluids. Medical history This includes taking information like any travel to an area where polio is endemic or any contact with a person infected with polio. Physical examination This involves a complete body check-up. The function of respiratory muscles is examined as polio affects the spinal cord and the brain stem, which may infect the respiratory muscles. The muscle reflexes are also evaluated as there may be stiff neck and back muscles or difficulty lifting the head or legs while lying flat on the back. Laboratory diagnosis The following tests help in the diagnosis and confirmation of polio infection:  
Virus isolation and detection Virus isolation in culture is the most reliable method for diagnosing poliovirus infection. Poliovirus is usually isolated from stool specimens or throat swabs. Two samples are collected at least 24 hours apart from patients with suspected poliomyelitis to increase the chances of isolating poliovirus. Cerebrospinal fluid analysis The cerebrospinal fluid (CSF) can also be used for diagnostic testing of the virus. CSF is collected using a lumbar puncture (also called a spinal tap), in which a needle is inserted into the spinal canal to collect CSF. Blood tests Blood is tested for antibodies for poliovirus, produced by the body in defense against an invading virus or bacteria. Electromyogram (EMG) EMG measures electrical activity in response to a nerve’s muscle stimulation. This test is used to help detect any neuromuscular abnormalities and differential diagnosis of muscle weakness in post-polio syndrome. Fingerprinting the polio virus Poliovirus is isolated and tested by a particular test called oligonucleotide mapping (fingerprinting) or genomic sequencing. This test helps look at the virus’s genetic sequence to screen if the virus’s origin is wild-type or vaccine-like. Wild-type viruses naturally occur in the environment, whereas a vaccine-like virus is derived after a spontaneous mutation of the virus’s genes.

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Celebs affected Frida Kahlo Renowned artist Frida Kahlo contracted polio at the age of 6 years. She had to spend months in bed recovering from the disease. Although she was not paralyzed, her right leg was left noticeably shorter and thinner than her left one. Ulcers developed on her foot in the years that followed. Joni Mitchell Joni Mitchell, a Canadian-American musician, producer, and painter, contracted polio at the age of 9 years in the early 1950s. Her spine got twisted, and she couldn’t walk and be paralyzed. After 40 years, she suffered from a resurgence of her symptoms in the year 1995. She started feeling extreme fatigue and muscle weakness for the second time. Specialist To Visit

There’s currently no cure for polio, so treatment focuses on managing symptoms and improving the quality of life. A team often treats patients with different healthcare professionals. This is called a multidisciplinary team (MDT) of doctors. The multidisciplinary team of doctors includes General physician: Diagnoses polio by taking a detailed medical history, performing a physical exam, and advising necessary diagnostic tests. Neurologists: Specialize in the treatment of problems affecting the nervous system. Mobility specialist: Advice about mobility aids, such as walking sticks and wheelchairs. Physiotherapist: Help patients improve their range of movement and coordination Respiratory consultant: Deal with problems affecting breathing Rehabilitation consultant: A specialist in managing complex disabilities

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Prevention Of Polio

There is currently no treatment for polio. However, it is a vaccine-preventable disease. Vaccination is usually done in childhood. If you are not vaccinated as a child, ask your healthcare provider about your vaccination. A healthcare professional will recommend four polio shots in childhood:

First shot at 2 months Second shot at 4 months Third shot between 6 and 18 months Booster shot between 4 and 6 years

If a person is not vaccinated in childhood and is recommended to get vaccinated as an adult, that person will get three shots:

Two doses 1-2 months apart A third dose is 6-12 months after the second

There are two types of vaccines: Inactivated polio vaccine (IPV): The IPV contains poliovirus that is treated (“killed”) so that it cannot multiply anymore. It has an inactive version of polio strains types 1, 2, and 3. IPV is administered as a series of shots (injections). Oral polio vaccine (OPV): This is also known as the live attenuated polio vaccine. It uses a live virus that has been weakened (attenuated) and cannot make you sick. However, it creates an immune response in the intestines called mucosal immunity, which protects from polio infection. It is given in a liquid form orally. Did you know? April 24th – April 30th (The last week of April) is observed as World Immunization Week every year. The aim is to promote vaccines across all age groups to protect against diseases. Read Now Treatment Of Polio

There is no cure for polio. The management of this condition focuses on increasing comfort, speedy recovery, and preventing complications. Supportive treatments include: Pain relief medications Over-the-counter medication such as aspirin, paracetamol, or ibuprofen, and stronger NSAIDs and opiates can be prescribed by the doctor to help relieve pain. But these medications should not be taken for a long time as they can cause side effects, such as stomach ulcers. If these medications don’t work, the physician may prescribe medicines like gabapentin for pain. Rest and exercise Staying active is beneficial for most people with post-polio syndrome, as it may slow down progressive muscle weakness. However, patients may find it challenging to stay active as symptoms may worsen over some time. To overcome this issue, “pacing” techniques may be recommended. This involves Prioritizing tasks Taking regular breaks and rest during the day Doing regular gentle exercise Physical or occupational therapy Physical therapy aims to ease pain and helps to function, move, and live better. This can help alleviate arm or leg weakness caused by polio and improve long-term outcomes, primarily if implemented early in the illness. Mobility aids Mobility aids are designed to assist in walking or improve the mobility of people with a mobility impairment. These include Wheelchairs Walking sticks Braces to support weakened muscles or joints Shoe inserts The physical deformities with polio tend to affect the extremities and limbs. The physical effects of polio can lead to changes in gait and bone structure, and shoe inserts help move around without causing pain. Using cold and heat compression Alternate applications of heat and cold can help to relieve muscle pain and tension. Managing the psychological impact PPS can lead to a significant psychological impact as it can trigger anxiety, isolation, stress, and depression. Therefore, managing the symptoms and improving the quality of life is essential. Healthy eating and managing weight Being overweight can further strain weakened muscles and hurt energy levels and general health. A well-balanced and nutritious diet will help control weight and improve your overall health. Here are a few practical weight loss tips. Click To Read Complications Of Polio

The most significant complications of polio infection include paralysis, fatal respiratory and cardiovascular collapse, and Post-polio syndrome (PPS). It has been estimated that up to 30 to 40% of the 15 to 20 million known polio survivors worldwide develop some form of PPS. It has been characterized by new-onset or progressive muscle weakness in a patient previously diagnosed with poliomyelitis. The other symptoms include myalgias, respiratory distress, joint pain, atrophy, dysphagia, and generalized fatigue. Paralysis can often cause problems with breathing, swallowing, and bowel and bladder functioning. Alternative Therapies of Polio

Massage Therapy Massage under medical supervision can help a great deal to relieve muscle aches and pains. Targeting the right muscle areas for a perfect massage to relieve the symptoms is imperative. Applying herbal oils can also help enhance the effects of a massage and add to the relaxing effect. Hydrotherapy Hydrotherapy can do wonders for polio survivors due to reduced gravity and buoyancy, especially when the body is undergoing a lot of strain. A few hours in a swimming pool or tub for sore and aching joints relieve the muscles. Living With Polio

Polio can have various adverse effects on the patient’s lifestyle, depending on the severity of the symptoms. The challenge or ease of living with polio varies for each survivor, subject to the availability of medical care and rehabilitation opportunities and their family and social support. Various forms of rehabilitation and support include: Polio patients often require assistive devices for movements, such as braces, canes, orthotics, and wheelchairs, so they can individually also take care of the daily chores of life. Physical or occupational therapy can also help ease pain and enable them to function, move, and live better. Emotional and caretaking are also required by the person dealing with polio. As this ailment can also lead to lifelong impairment, a helping hand or support from the family on the emotional ground can do wonders in recovery. Frequently Asked Questions How long does polio last? At what age does polio affect? Is polio temporary or permanent? Can polio come back? Does polio cause pain? Where was polio most common? Which part of the body does polio affect? References Wolbert JG, Higginbotham K. Poliomyelitis. [Updated 2022 Jun 21]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Diagnosis. Post Polio Syndrome. National Health Service (NHS). 5 july 2022. Overview. Poliomyelitis (polio). 4 July 2022. India Polio Factsheet. Poliomyelitis: For Healthcare Providers. August 10, 2022. Centers for Disease Control and Prevention (CDC). MILLS M. Possible home care in poliomyelitis. Calif Med. 1952 Jul;77(1):29-31. Global immunization. Diagnostic Methods.September 28, 2021.Centers for Disease Control and Prevention (CDC). Mehndiratta MM, Mehndiratta P, Pande R. Poliomyelitis: historical facts, epidemiology, and current challenges in eradication. Neurohospitalist. 2014 Oct;4. Polio Disease and Poliovirus. July 12, 2022.Centers for Disease Control and Prevention (CDC). Introduction.Poliomyelitis. National Health Portal. Sep 16, 2015. Wolbert JG, Higginbotham K. Poliomyelitis. 2022 Jun 21. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan. Minor PD. An Introduction to Poliovirus: Pathogenesis, Vaccination, and the Endgame for Global Eradication. Methods Mol Biol. 2016. Nomoto A. Molecular aspects of poliovirus pathogenesis. Proc Jpn Acad Ser B Phys Biol Sci. 2007 Dec;83(8):266-75.

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Polycystic ovarian syndrome (PCOS) Also known as PCOS, Functional ovarian hyperandrogenism, Hyperandrogenic anovulation, Polycystic ovary disease, Ovarian hyperthecosis, Stein-Leventhal syndrome and Sclerocystic ovary syndrome Overview Polycystic ovary syndrome (PCOS) is a hormonal disorder in which ovaries produce large amount of male sex hormones or androgens which interfere with the development and release of the eggs. Some of these eggs develop into cysts, which are the little sacs filled with liquid, hence the name, polycystic ovary syndrome. However, some women suffering from PCOS do not develop cysts, while some women not having this disease might develop cysts due to some other conditions.

The exact PCOS causes are not known yet. However, it has been observed that most women with PCOS have insulin resistance. Another factor that can affect the occurrence of PCOS is obesity, as it can result in high levels of inflammation in the body, leading to higher levels of androgen. PCOS is also mostly thought to be hereditary, running through the genes, into different generations.

Women suffering from this condition may experience irregular menstrual cycles, excess growth of facial hair, hair thinning, acne, and sleep disorder. PCOS can also increase the risk hypertension, high cholesterol, diabetes, heart diseases, and endometrial cancer.

The symptoms of PCOS are manageable under proper medical guidance. Medications that regulate the menstrual cycle can help to ovulate, reduce hair growth and also help to manage other PCOS symptoms. Along with the help of a nutritious diet, a healthy lifestyle, and regular exercising, one can maintain healthy blood glucose levels and a healthy weight. These go a long way in the management of PCOS. Key Facts Usually seen in Women between 20 to 30 years of age Gender affected Women Body part(s) involved Ovaries Prevalence Worldwide: 3.4% (2016) India: 20% (2019) Mimicking Conditions Hyperprolactinaemia Thyroid disorder Endocrine disorders Ovarian cancer Adrenal hyperplasia Necessary health tests/imaging Polycystic ovarian disease panel (PCOS Panel) Treatment Diet and weight control Oral contraceptive agents: Ethinyl estradiol & Medroxyprogesterone acetate Antiandrogens: Spironolactone, Leuprolide, & Finasteride Selective estrogen receptor modulators: Clomiphene citrate Topical hair-removal agents: Eflornithine Topical acne agents: Benzoyl peroxide, Tretinoin, Adapalene, & Clindamycin Hypoglycemic agents: Metformin & Insulin Surgery: Ovarian drilling See All Symptoms Of Polycystic Ovarian Syndrome (PCOS)

The symptoms of PCOS vary among women as per their age. While younger women experience irregular, light, or missed menstrual periods along with mood swings; older women suffer from metabolic disorders such as weight gain and insulin resistance. The severity of the symptoms also varies as per one’s health.

Some of the common signs and symptoms of polycystic ovarian syndrome (PCOS) include the following:

1. Hair growth Most women affected with PCOS experience excessive hair growth on their face and body due to excess male hormone androgen. The issue of excess hair growth, known as hirsutism, can occur on their face, belly, back, and chest.
2. Acne The presence of increased androgen levels also result in oil breakouts which in turn can cause oily skin and acne on the face and the upper body.
3. Skin darkening Women with PCOS may also experience a condition called acanthosis nigricans. It is characterized by patches of thick, dark and velvety skin, especially in the skin folds and creases like neck, under the breast, and in the groin area due to insulin resistance.
4. Weight gain One of the most evident symptoms of PCOS is sudden weight gain. Insulin resistance, which occurs due to PCOS, increases the levels of male hormones called androgens. High androgen leads to weight gain.
5. Headache Hormonal imbalances may also cause headaches and a feeling of heaviness in the head. Although, it is difficult to differentiate if a headache is caused due to PCOS.
6. Irregular menstrual cycle Women with PCOS ovulate only occasionally, hence their uterine lining does not shed every month, causing irregular or missed menstrual periods. Because of lack of ovulation, polycystic ovary syndrome is one of the most common causes of infertility in women.
7. Sleeping disorders Women with PCOS may also experience sleeping disorders such as feeling sleepy throughout the day, finding it difficult to fall asleep at night, or waking up frequently in the middle of the night due to disturbed sleep.
8. Mood swings Due to hormonal imbalances, women suffering from PCOS tend to experience sudden mood changes and feel low. This could include sudden episodes of feeling irritated or depressed.
9. Fatigue PCOS can also result in low levels of energy and a feeling of tiredness in women. This can majorly be experienced at night with pain in the calves and arms.
10. Pelvic pain It is a less common symptom of PCOS which is attributed to the presence of cysts in ovaries. It usually causes a dull, sharp pain in the lower abdominal area which often comes and goes.
11. Infertility Lack of ovulation from a long time can cause difficulty in getting pregnant and thus, infertility.

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Causes Of Polycystic Ovarian Syndrome (PCOS)

The exact causes of PCOS are not known yet. However, hormonal imbalances are considered the most potential cause of this medical condition. Following are some of the probable PCOS causes that have been proposed as the major factors resulting in the occurrence of PCOS in women after their puberty.

1. Hormonal imbalance Hormonal imbalance is considered as one of the most probable causes of PCOS. Women suffering from the following hormonal imbalances may experience PCOS during their reproductive age. Increased prolactin levels: Prolactin is the hormone that stimulates the production of milk in the breast glands. Increased prolactin levels may cause PCOS. Increased testosterone levels: Testosterone is a male hormone that is usually present in small quantities in women. Higher levels of testosterone in women may result in PCOS. Increased luteinizing hormone (LH) levels: Luteinizing hormones are meant for stimulation of ovulation; their presence in increased amounts may cause heavy bleeding and irregular menstrual periods. Decreased sex hormone-binding globulin (SHBG) levels: SHBG is a protein that binds testosterone in blood to reduce its effect. The presence of SHBG in decreased amounts may result in an increased concentration of testosterone in women.
2. Genes It is believed that PCOS may pass from one generation to another because this condition has been observed among women with a family history of the disease. Researchers have not yet identified the exact genes which causes PCOS. However, the role of genes is considered one of its potential causes.
3. Inflammation Inflammation is a normal phenomenon of the body’s immune system to fight infections by producing white blood cells. It has been seen that women suffering from PCOS have low grade inflammation in their bodies, causing polycystic ovaries to produce excessive amounts of the male hormone. However, the link between inflammation and PCOS has not been established concretely yet. Risk Factors For Polycystic Ovarian Syndrome (PCOS)

Several factors can increase your risk of having PCOS. Some of the notable factors which accelerate your risk quotient towards the medical condition are as follows:

1. Family history of PCOS You may have a higher risk of getting PCOS if your sister, mother, or grandmother had it. A woman is most likely to have PCOS if her mother or sister suffers from the same. However, the severity of this medical condition may vary on an individual level.
2. High stress levels Psychological stress is another factor that exposes women to the risk of developing PCOS. It is often observed that women suffering from PCOS also experience depression, anxiety, and frequent mood swings.
3. Higher insulin levels An increased amount of insulin in the body also puts women at a higher risk of suffering from PCOS. This is because higher insulin levels may stimulate increased production of androgen in the body.
4. Obesity It is observed that women who are obese or are overweight are more likely to suffer from PCOS. This happens because obesity can cause imbalance in hormonal levels. It has been seen that the risk of suffering from PCOS complications is low if you manage your weight.
5. Use of birth control pills The use of contraceptive pills also puts women at an increased risk of getting bilateral polycystic ovaries due to altered hormonal activities in the body. It is a condition that involves infrequent, irregular, or extended menstrual cycles. Women who may not have any problems might experience some PCOS symptoms after discontinuing the contraceptive pill.
6. Endocrine disrupting chemicals PCOS may be related to or worsened by exposure to endocrine disrupting chemicals such as bisphenol A (BPA) and certain phthalates. Diagnosis Of Polycystic Ovarian Syndrome (PCOS)

Polycystic ovary syndrome is one of the common causes of infertility and pelvic pain in women. It can also trigger diabetes if left untreated. If you are experiencing specific symptoms such as irregular or missed periods, frequent mood changes, or abnormal hair growth on your face or upper body, then consult a doctor to ensure whether or not you are suffering from PCOS.

Your doctor may ask you to get the Polycystic ovarian disease panel done, which includes the following tests to ascertain the presence of the medical condition. Fasting glucose level: In this test, a blood sample is collected after overnight fasting. A test result of less than 100 mg/dL is considered normal whereas, results ranging between 100 and 125 mg/dL indicate that the individual is prediabetic, and the presence of 126 mg/dL or more shows that the person has diabetes. Women are prone to high glucose levels if they suffer from PCOS. Insulin fasting: This test measures the level of insulin in the body and thus, diagnoses if the individual is insulin resistant or not. This test also requires overnight fasting before sample collection. A typical insulin level ranges between 2.6 - 24.9 mcIU/mL. Insulin resistance is common in women with PCOS. Luteinising hormone (LH): This test measures the amount of the luteinizing hormone in the blood to check the normalcy of the woman’s menstrual cycle. The amount of luteinizing hormone increases in the body with ovulation. Higher levels may indicate PCOS. Testosterone total: This test helps your doctor know the testosterone level in your blood, which is the primary sex hormone present in males. High levels of testosterone may indicate the presence of PCOS. Thyroid stimulating hormone (TSH): This blood test measures the thyroid-stimulating hormone (TSH) in the blood. PCOS is associated with a high incidence of hypothyroidism or low thyroid level. Follicle stimulating hormone (FSH): This test measures the level of the FSH in your blood which plays a significant role in the control of menstruation and growth of eggs in women. If you have PCOS, then your FSH level may be lower than normal.

Other tests Gynecologic ultrasonography: This imaging test specifically looks for small ovarian follicles. According to the Rotterdam criteria, which are widely used for diagnosis, 12 or more small follicles should be seen in an ovary on ultrasound examination. More recent research suggests that there should be at least 25 follicles in an ovary to designate it as having polycystic ovarian morphology (PCOM) in women aged 18–35 years. Laparoscopic examination: This may reveal a thickened, smooth, pearl-white outer surface of the ovary. This would usually be an incidental finding if laparoscopy were performed for some other reason, as it would not be routine to examine the ovaries in this way to confirm a diagnosis of PCOS. Celebs affected Sonam Kapoor National Award Winning Bollywood actress Sonam Kapoor shared the story of her fight against PCOS. She shared how she decided to become fit, how she changed her diet, gave up sugar, and practiced yoga and meditation to manage her condition. Sara Ali Khan In a chat show in 2018, the popular Bollywood Actress, Sara Ali Khan, shared her story about PCOS with all her fans. She told how she gave up junk food, incorporated a healthy diet, and followed a disciplined lifestyle, added sports and workouts to her routine to manage her condition. Victoria Beckham The former Spice Girl, Victoria Beckham, has always been open about her diagnosis of PCOS and her irregular menstrual cycles. The mother of 4 kids also publicly talked about how PCOS can be easily managed with a nutritious diet, healthy lifestyle, and regular exercising. Prevention Of Polycystic Ovarian Syndrome (PCOS)

Following are a few tips and tricks which can help you prevent and manage PCOS.

1. Make healthy changes to your diet A nutritious and healthy diet helps you manage PCOS symptoms and complications. The right diet changes help you regularize your menstrual cycle as you keep away abrupt mood changes by helping you maintain your hormonal levels. Following diet changes can help you with the PCOS issues. Add anti-inflammatory foods: To keep a check on the inflammation in your body, you should increase the intake of anti-inflammatory foods such as tomatoes, leafy greens, olive oil, and tree nuts in your diet. Increase your iron intake: Some women experience heavy bleeding while battling PCOS, resulting in a lack of iron in the body, causing anemia. Thus, you must up your iron intake with iron-rich food like eggs, spinach, beans, seafood, peas, and dried fruits in your diet. Balance carbohydrates and proteins: Right amounts of carbohydrates and proteins help you stimulate your insulin production. To manage PCOS symptoms, you must balance low carbs with high protein intake to optimize your energy and hormone levels. Add whole foods: Whole foods are unprocessed and free from added sugars and preservatives. You must add whole foods like fruits, nuts, legumes, and green vegetables to your diet to maintain your hormone and sugar levels. Increase fiber intake: Fiber-rich foods help you with digestion and keep a check on your metabolism. To avoid PCOS symptoms, you must include fiber-rich foods like nuts, bananas, curd, broccoli, sprouts, and avocados. Reduce caffeine consumption: Caffeine affects the hormonal activities in your body. You can substitute your caffeine intake with herbal tea, green tea, or lemon-ginger water.
2. Maintain a healthy weight The right body mass index (BMI) helps you regulate your insulin levels and menstrual cycle. Therefore, you must aim at maintaining a healthy weight to get some relief from the PCOS symptoms. However, you must note that you should not work out too much also as the same can hamper your hormonal functions. You can try some gentle exercises such as pilates, yoga, light aerobics, and swimming.
3. Have at least 8 hours of sleep Your sleep routine significantly affects your stress and energy levels. It also affects your hormones. You must try to get 8-9 hours of sleep every day. Setting a routine for your sleep can be beneficial. You may go to bed light on your stomach to help with a sound sleep.
4. Avoid stress Stress is not good for your health, especially if you are suffering from polycystic ovarian disease. Stress adversely affects your hormonal balance and state of mind. To avoid stress, you can practice meditation, yoga, or go for a walk. You can also keep your stress levels low by taking sound sleep and cutting down your coffee consumption. Another way of navigating yourself from stress includes becoming a part of social support groups.

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Mild PCOS symptoms can be treated with the help of lifestyle changes. However, if you are experiencing severe symptoms or even mild symptoms of polycystic ovaries from a prolonged period, you must consult a doctor. Specialists who can help you with PCOS symptoms and issues include: Gynecologist Endocrinologist

Here is a list of types of gynecologist you can consult. Click To Know!

Treatment Of Polycystic Ovarian Syndrome (PCOS)

PCOS treatment depends on various factors such as your symptoms, medical family history, other health conditions, and whether you want to get pregnant or not. PCOS can not be cured but can be treated with the help of medications and lifestyle changes.

1. Weight control and healthy diet Before the treatment using hormonal birth control, doctors advise changes in diet and lifestyle to improve overall health. Dietary changes aid in maintaining healthy glucose levels and a healthy weight, which in turn helps regulate menstruation.
2. Medications to regulate ovulation Pharmacological treatments are reserved for derangements such as anovulation, hirsutism, and menstrual irregularities. First-line medical therapy usually consists of an oral contraceptive to induce regular menses.

If symptoms such as hirsutism are not sufficiently alleviated, an androgen-blocking agent may be added. The first-line treatment for ovulation induction when fertility is desired are letrozole or clomiphene.

Medications used in the management of symptoms of PCOS include the following: Hormonal birth control pills like etonogestrel, ethinyl estradiol and medroxyprogesterone acetate Antiandrogens or androgen blocking medications such as spironolactone, leuprolide, and finasteride Selective estrogen receptor modulators such as clomiphene citrate Topical hair-removal agents such as eflornithine Topical acne agents such as benzoyl peroxide, tretinoin, adapalene, erythromycin, clindamycin and sodium sulfacetamide Hypoglycemic agents like metformin and insulin. Other drugs similar to metformin that may be prescribed include repaglinide, canagliflozin, and dapagliflozin. 3. Ovarian drilling It is a surgical process that stimulates ovulation by removing ovarian tissues that produce the male hormone androgen in females. This surgery is recommended for women who do not ovulate even after weight reduction and trying fertility treatments.

1. Supplements Certain supplements such as inositol are often prescribed to help improve ovarian function and regulate periods, which makes it easy to conceive. Inositol is a vitamin-like substance found in citrus fruits, beans, brown rice, and wheat bran. Omega 3 supplements are also recommended to reduce the risk of inflammatory diseases and depression. Chromium supplements are prescribed to help reduce blood sugar levels and increase insulin sensitivity. Quit smoking and alcohol to keep your hormone levels stable Consumption of tobacco or nicotine adversely affects your endocrine system. Thus, you must quit or refrain from smoking and consuming alcohol to keep your insulin and hormone levels undisturbed. Women can double their chances of conceiving each month if they quit smoking. Check out our smoking cessation products. Tap Here! Home-care For Polycystic Ovarian Syndrome (PCOS)

PCOS is a complex health condition that requires immediate attention and complete care. It is possible to take care of your loved one suffering from PCOS at home with the help of the following do’s and don’ts.

Do’s Exercise at least thrice a week to keep a check on your weight. Sleep well. Try to get around 8-10 hours of sleep and go to bed early every day. Enrich your diet with fruits, leafy vegetables, grains, iron-rich foods, fiber, and anti-inflammatory foods like cucumber and curd. Mediate for at least 20 minutes to keep your stress levels low. Include antioxidants like nuts and avocados in your diet. Increase the intake of low-fat dairy products. Don’ts Do not smoke. Do not consume alcohol. Avoid consuming processed foods. Reduce your consumption of carbohydrates. Avoid stress. Complications Of Polycystic Ovarian Syndrome (PCOS)

Unattended PCOS can lead to serious medical conditions and complications. These include:

1. Infertility: It is a medical condition of the reproductive system that affects the chances of a woman getting pregnant.
2. Miscarriage: It refers to a sudden loss of a woman’s pregnancy before the 20th week. It can cause both physical and emotional distress.
3. Premature childbirth: It refers to childbirth that happens before the 37th week of pregnancy. It can result in the birth of a child with immature vital organs like lungs, heart, etc.
4. Type 2 diabetes: It is a chronic medical condition under which the body either does not produce insulin at all or becomes insulin resistant.
5. Dyslipidemia or disorders of lipid metabolism: Dyslipidemia in women with PCOS may be common in women who are insulin resistant.
6. Heart diseases: Common heart diseases include high blood pressure, heart failure, coronary artery disease, heart valve disease, and arrhythmia.
7. Depression and anxiety: These are common mental health conditions in which the individual generally experiences loss of joy.
8. Endometrial cancer: It is a type of cancer that affects the lining of the uterus (womb) in females.
9. Abnormal uterine bleeding: It refers to irregular and heavy bleeding between and/or during menstrual periods.
10. Stroke: PCOS is associated with significantly higher risk for stroke which is a condition in which the blood supply to the brain is disrupted.
11. Sleep apnea: Patients with PCOS are at higher risk to develop sleep apnea. This condition is characterized by pauses in breathing while sleeping that last for a few seconds and can occur multiple times throughout the night, depending on the severity of the conditio.
12. Non-alcoholic fatty liver disease: It can be seen in women with PCOS, particularly if they are obese. Alternative Therapies For Polycystic Ovarian Syndrome (PCOS)

Home remedies for PCOS Following are some of the home remedies which you can try for treating PCOS. Fenugreek (Methi): Fenugreek can help reduce the cyst size and regulate the menstrual cycles in females. You can have fenugreek by boiling it in water and then straining its grains. You can also add methi leaves to your vegetables or parathas. Cinnamon (Dalchini): Cinnamon is a known ingredient for regulating menstrual irregularities. You can have cinnamon powder with a spoon of honey. You can also have it with lukewarm water. Flax seeds (Alsi): These are small seeds that are high in fiber, protein, and omega 3 fatty acids. Flax seeds consumption helps in the reduction of testosterone levels in the body. Cumin seeds (Jeera): Jeera is an Indian spice that is an excellent antioxidant. It also helps manage the blood glucose levels in the body. Green tea: It is full of antioxidants, green tea helps in relaxing the hormone levels in the body. It is known to be effective for PCOS symptoms. Apple cider vinegar: It helps you manage PCOS symptoms by regulating the insulin levels in the body. You can mix one teaspoon of apple cider vinegar in lukewarm water and have it empty stomach. It also helps in losing and controlling weight.

Yoga for PCOS Symptoms of bilateral polycystic ovaries can also be treated with the help of the following yoga asanas. Garland pose, also known as malasana, helps strengthen the pelvic and abdominal muscles. Bridge pose, also called setu bandhasana, helps in PCOS by reducing stress levels and anxiety. Bow pose, popularly known as dhanurasana, helps relieve pelvic pain and menstrual discomfort by stimulating normal menstrual flow. Cat-Cow pose also known as the chakravakasana, helps relieve muscle pain. Eat fermented foods to up the count of good bacteria If you are suffering from polycystic ovaries, you must eat fermented foods to accelerate the number of good bacteria in your body. According to research, women with PCOS have a lesser number of healthy gut bacteria. You can consume probiotics to speed up the production of good bacteria and positively affect your metabolism, hormones, and weight. Here are 7 more reasons to add prebiotics to your diet. Click To Read! Living With Polycystic Ovarian Syndrome (PCOS)

Living with PCOS is not easy. The abrupt mood swings, fatigue, and physiological distress further add to the agony caused by hormonal and menstrual disturbances. However, its effects can be managed and reduced with simple lifestyle changes if you are experiencing mild PCOS symptoms. It includes: Eat a filling breakfast: Breakfast is the first meal of the day, and it must be a good one so that you can keep yourself energized the entire day. Substitute cups of coffee with green tea: Today, green tea is available in a wide array of flavors to meet the different taste preferences of different individuals. Choose your favorite flavor and start substituting your high caffeine consumption with it. Supplement your food with curd, yogurt, and probiotics: These dairy products are rich in fiber, which ease your digestion process and enhance the number of good bacteria in your gut. Go for a morning walk: You can begin by walking for 15 minutes and then gradually translating it into 30 minutes or in an hour. If a morning walk is not possible, try going for short walks after meals. Alternatively, you can also start running on a treadmill. Get a hobby: Hobbies are one of the finest and most effective ways of keeping yourself happy and in a good mood. For this, you can sing, dance, or join a sport of your choice. Join a support group: This is where you can meet others suffering from the same condition. Sharing your experiences with them will provide emotional support.

If you have been suffering from polycystic ovaries for a long time and have not experienced any improvement in the condition, it would be prudent to consult a doctor and seek professional advice to get some relief from the physical and emotional discomfort.

Long term PCOS affects the psychological health of women, too. It increases the risk of depression, anxiety, bipolar disorder, and obsessive-compulsive disorder. It is, therefore, essential to follow a personalized mental healthcare program that will help women deal with their psychological issues and lead a healthy life.

They could consult a psychiatrist who may prescribe antidepressants or anti-anxiety medications to control their anxiety symptoms. Or, they could try alternate therapies such as acupuncture, yoga, mindfulness techniques, guided relaxation techniques, and breathing exercises that help control the mind and reduce symptoms of anxiety and depression.  
Frequently Asked Questions What is the difference between PCOS and PCOD? Can one live life normally with PCOS? Does PCOS affect breast size? Can PCOS be cured permanently? Can PCOS cause death? What is the best age to get pregnant with PCOS? Can PCOS result in a hoarse voice? How do I know if I have PCOS? Can removal of ovaries cure PCOS? Can I consume coffee if I have PCOS? References StatPearls [internet]. [Internet]. National Center for Biotechnology Information. U.S. National Library of Medicine; [cited 2022Jan29]. NHS choices. NHS; [cited 2022Jan29]. Polycystic ovary syndrome (PCOS) [Internet]. Johns Hopkins Medicine. [cited 2022Jan29]. Richard Scott Lucidi MD. Polycystic ovarian syndrome [Internet]. Practice Essentials, Background, Etiology. Medscape; 2022 [cited 2022Jan29]. PCOS symptoms and treatment: Why are some symptoms more severe? [Internet]. Medical News Today. MediLexicon International; [cited 2022Jan29]. TSH (thyroid-stimulating hormone) test: Medlineplus medical test [Internet]. MedlinePlus. U.S. National Library of Medicine; 2020 [cited 2022Jan29].

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Postpartum depression Also known as Peripartum depression Overview

Pregnancy and childbirth are significant turning points in a woman’s life. Most new mothers experience the “baby blues” after childbirth. These include a range of emotions from joy and pleasure to sadness and crying bouts, mood swings, irritability, anxiety, being overwhelmed,etc.

While women experiencing baby blues tend to recover quickly, around one in seven women can develop postpartum depression (PPD). PPD tends to last longer and severely affects women’s potential to return to normal function. The onset of PPD can occur either during pregnancy or in the four weeks following delivery.

Also, postpartum depression is not a condition that is exclusive to mothers. Fathers can experience it as well. Many biological, psychological, emotional and social factors play an important role in predisposing to the development of this illness.

PPD may present as feelings of profound anger, sadness, irritability, guilt, lack of interest in the baby, changes in eating and sleeping habits, trouble concentrating, thoughts of hopelessness and sometimes even thoughts of harming the baby or themselves.

There is a growing need to incorporate mental health screening into routine primary care for pregnant and postpartum women, followed by treatment or referral and follow-up care. Treatment usually includes psychotherapy and antidepressant medications. Key Facts Usually seen in Individuals above 25 years of age Gender affected Both men and women but more common in women Prevalence Worldwide:10-20% Mimicking Conditions Baby Blues Hyperthyroidism or Hypothyroidism Postpartum Psychosis Necessary health tests/imaging Clinical/psychiatric evaluation Edinburgh Postnatal Depression Scale (EPDS) Treatment Antidepressants: Citalopram, escitalopram, fluoxetine, paroxetine, sertraline, desvenlafaxine, duloxetine, diazepam, lorazepam, bupropion etc. Psychotherapy: Cognitive behavioral therapy (CBT) & Interpersonal therapy (IPT) Surgical and other interventions: Electro-convulsive therapy (ECT), (TMS)Transcranial magnetic stimulation (TMS) Specialists to consult General physician Psychiatrist Obstetrician and gynecologist Symptoms Of Postpartum Depression

After childbirth, a mother can experience a range of emotions, from joy and pleasure to sadness and crying bouts, mood swings, irritability, anxiety, being overwhelmed, appetite problems, etc. These mild depressive feelings are called "baby blues’’ and may include the following: Having doubts that you can be a good mom Putting pressure on yourself to be a perfect mom Feeling that you’re no longer the person you were before you had your baby Feeling that you’re less attractive after having your baby Having no free time for yourself Feeling tired and moody because you aren’t sleeping well or getting enough sleep Baby blues typically develop within two to three days of delivery, peak over the next few days, and tend to decrease over the first two weeks after delivery. While women experiencing baby blues tend to recover quickly, around one in seven women can develop postpartum depression (PPD). PPD tends to last longer and severely affects women’s potential to return to normal function. The onset of postpartum major depression can occur either during pregnancy or in the four weeks following delivery. The symptoms of postpartum depression are similar to symptoms of depression and the duration and intensity can vary from person to person. The symptoms of postpartum depression may include: Depressed mood Loss of interest Agitation Anxiety Changes in sleep patterns or insomnia (lack of sleep) Change in appetite Feelings of worthlessness or guilt Loss of energy or fatigue Inability to concentrate or indecisiveness Recurrent thoughts of death, which may include thinking about or even planning suicide Change in weight or appetite (weight change 5% over 1 month) Patients may also experience delusions or hallucinations

Postpartum depression needs to be addressed as it interferes with women’s ability to care for themselves and the baby, poor maternal-infant bonds, failure of breastfeeding, negative parenting practices, marital discord, as well as worse outcomes concerning the child’s physical and psychological development. Did you know? Some women experience postpartum psychosis, a mental health emergency that needs immediate medical attention. This condition disrupts a woman’s sense of reality after childbirth. Symptoms may include hallucinations, delusions, mania, and paranoia. Causes Of Postpartum Depression

Postpartum depression is linked to the various chemical, social, and psychological changes that occur during childbirth.

It has been found that changes or alterations in hormone levels during and after pregnancy are more likely to affect a woman’s mood. However, all mothers experience these hormonal changes in their body during pregnancy, but only about 10–15% suffer from PPD (Postpartum Depression).

The female reproductive hormones progesterone and estrogen are ten times more abundant during pregnancy.

Within 48 hours following birth, the level of these hormones dramatically lowers. The levels usually return to their normal levels within three days following childbirth. The rapid changes in these reproductive hormones following delivery can be a potential stressor in susceptible women and lead to the onset of PPD.

Oxytocin and prolactin hormones regulate the milk let-down reflex as well as the synthesis of breast milk. Low levels of these hormones, failure to lactate and unwanted early weaning are associated with PPD. Risk Factors For Postpartum Depression

The time following the birth of a child is one of intense physiologic and psychological change for new mothers. There is no single cause of postpartum depression, but genetics, physical changes and emotional issues may play a role.

1. Age Having a child before the age of 20 years predisposes the woman to PPD
2. Genetics Having a family history of depression or postpartum depression
3. Emotional factors Lack of sleep makes it difficult to deal with even small issues. Worried about being able to take care of a newborn. Feelings of being less attractive, identity issues, or lack a sense of control over your life. A poor relationship with one’s own mother. Stressful life events (eg, marital conflict, emigration, or the COVID-19 pandemic) during pregnancy or after delivery Lack of emotional support from the partner or family
4. Social factors Lack of support from family or friends Unemployment, low income or lack of financial support Domestic violence, verbal abuse etc. Intimate partner violence and lifetime history of physical and/or sexual abuse
5. Psychological factors History of depression and anxiety, or depression during pregnancy A prior episode of PPD Premenstrual syndrome (PMS) Unplanned pregnancy Fear of childbirth Negative attitude towards the baby The reluctance of the baby’s gender Childcare stress such as inconsolable infant crying, difficult infant temperament, or infant sleep disturbance Body image dissatisfaction (preconception, antenatal, and/or postpartum)
6. Obstetric factors Complications during pregnancy, like premature birth, being pregnant with multiples, birth defects and pregnancy loss. Previous miscarriage
7. Overall health status Poor perinatal health eg, obesity at the time of conception, pregestational or gestational diabetes, antenatal or postnatal hypertension, or infection following delivery Rapid alteration of reproductive or thyroid hormones post-delivery. This makes one feel tired, depressed, agitated etc.
8. Lifestyle choices Smoking or drinking excessive alcohol Less sunlight exposure. This can lead to a drop in serotonin and melatonin levels in the body and disrupt mood and sound sleep. Working late till night and getting up late or spending less time outdoors. This can disrupt the circadian rhythm and may trigger depression. Did you know? As per research, COVID-19 outbreaks appear to be linked to an increase in psychological problems like depression and anxiety in pregnant women and the postpartum period as a result of stress. Read more about COVID-19 Diagnosis Of Postpartum Depression (PPD)

There is no one specific test that can definitively diagnose PPD. Therefore, doctors diagnose this condition by gathering comprehensive medical, family, and mental health history along with an assessment of lifestyle habits:

1. Discussion of symptoms The healthcare provider will ask about your symptoms, their duration, and severity. They will inquire about your mood, energy levels, sleeping patterns, appetite, and any thoughts of self-harm or harm to the baby.
2. Medical history and physical examination The doctor will ask questions about symptoms and medical histories including drug and alcohol history, smoking habits, and all prescription and over-the-counter-drug medications. They may also request blood tests to rule out other causes of depression.
3. Psychological assessment The most commonly used screening tool for PPD is the Edinburgh Postnatal Depression Scale (EPDS). It is a simple 10-item questionnaire, including a question on suicidal ideation. Patients must have an EPDS cutoff score of 13 or higher in order to be considered at risk for PPD. This screening test provides the basis for additional clinical tests to rule out other psychiatric illnesses.

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Did you know? Postpartum depression is not just limited to women! 1 in 10 Dads can suffer from postpartum depression. Parents of any race, culture, age, income level can develop perinatal mental health disorders. Celebs affected Sameera reddy Sameera Reddy is an Indian actress and model who has been open about her experience with postpartum depression. Reddy highlighted the significance of a strong support system, including family, friends, and healthcare professionals, in overcoming this condition. Drew Barrymore Drew Barrymore, an American actress, has been candid about her experiences with postpartum depression. In one of her interviews she mentioned- ‘I didn’t have postpartum the first time [I had a baby] so I didn’t understand it because I was like, ‘I feel great!’" “The second time, I was like, ‘Oh, whoa, I see what people talk about now. I understand.’ Gwyneth Paltrow Gwyneth Paltrow is an American actress and businesswoman. She wrote on her website about post depression on how she was confronted with one of the darkest and most painfully debilitating chapters of her life after childbirth. Courteney Cox Courteney Cox, an American actress and filmmaker, widely recognised for her role as Monica Geller on the famous sitcom Friends once shared her experience with postpartum depression. In an USA Today interview she mentioned- ‘”I went through a really hard time — not right after the baby, but when (Coco) turned 6 months,“. Brooke Shields Brooke Shields is an American actress and model who has been open about her experience with postpartum depression. In 2003, she published a memoir called”Down Came the Rain: My Journey Through Postpartum Depression," where she shared her personal story and brought attention to this condition. Prevention Of Postpartum Depression

Postpartum depression may not be entirely preventable. However, knowing the symptoms of postpartum depression can help you manage the condition and get treatment sooner if necessary. The following tips can help prevent postpartum depression to some extent:

Keep in touch with family and friends, don’t isolate yourself before your baby is born Take antenatal and postnatal educational classes Have an arrangement for childcare in place so you can take a break Maintaining a balanced diet and try to get some exercise and fresh air every day Avoid alcohol and caffeine Getting adequate sleep and general rest Reducing alcohol intake or avoiding it altogether Your doctor can prescribe medical counseling and even some medicine even during pregnancy if you feel any kind symptoms associated with depression. After delivery, the doctor might recommend an early postpartum checkup to look for symptoms associated with depression.

Additionally, psychological and psychosocial methods help prevent PDP. It includes interpersonal therapy and cognitive behavioral therapy (helps to modify negative patterns of behavior) during and after pregnancy may reduce the risk of postpartum depression in those at an increased risk of developing it.

Note: If you have a history of depression or if you are taking an antidepressant, tell your ob-gyn or health care professional early in your prenatal care.

Want to know more about prenatal care? Browse Here

Doctor To Visit

If you think you may be depressed or not feeling yourself, you should contact a healthcare professional such as- General physician Psychiatrist Obstetrician and gynecologist

Immediately contact your OB/GYN or primary care doctor or psychiatrist to discuss treatment and address your physical symptoms like:

The symptoms last longer than two weeks. You are unable to manage daily tasks or behave properly. You’ve considered hurting your baby or yourself. Most of the day, you feel incredibly nervous, afraid, and panicked. If you have any physical conditions, especially any kind of mental health condition, let your doctor know. You must also disclose all current medications you are taking, including OTC, herbal, and other supplements with dosage information.

Book a consultation with our doctors now to discuss any health issues. Consult Now

Treatment Of Postpartum Depression

Management of PPD involves a non-pharmacological and pharmacological component. Non-pharmacological treatment is usually the first line of treatment and if need be followed by pharmacological treatment.

A. Non Pharmacological treatment

Psychotherapy helps to talk through your concerns with a psychiatrist, psychologist or other mental health professional. This involves sessions which help a patient understand and deal with feelings of anxiety, modify behavior, and improve responses to particular situations.

The two most commonly used psychotherapies that have been found to be beneficial are:

Interpersonal therapy (IPT) -This approach focuses on improving the symptoms of depression and mood disorders. In this, a therapist emphatically engages the patient to work on their communication with others and solve their issues.

Cognitive behavioural therapy (CBT)- This psychological therapy helps teach the patient various coping skills to manage difficult situations. It helps the patient to change their thoughts about a particular situation and the behavioral component further helps them to change their reactions to any situation.

For mild to moderate postpartum depression psychotherapy is an effective treatment. Psychotherapy can also be used as adjunct therapy with medications for moderate to severe postpartum depression.

B. Pharmacological Treatment

A combination of therapy and antidepressant drugs is recommended for women with moderate to severe depression.

Antidepressant medications include-

1. Selective serotonin reuptake inhibitors- SSRIs are the first choice of drugs, which includes Citalopram, escitalopram, fluoxetine, paroxetine, sertraline etc.
2. Serotonin-norepinephrine reuptake inhibitors (SNRIs)- If SSRIs are not effective, then SNRIs are prescribed. These include desvenlafaxine, duloxetine, venlafaxine etc.
3. Other medications- It may require a combination of medicines such as antidepressants, antipsychotic medicines, mood stabilizers and benzodiazepines to control your signs and symptoms. Examples include diazepam, lorazepam, bupropion etc.

NOTE: Many women are worried about exposing their children to these medications via breastfeeding. While the risk of breastfeeding while taking a serotonin reuptake inhibitor is relatively low, it is important for lactating women to discuss the benefits of breastfeeding and the risks of antidepressant use during lactation with their healthcare provider. It is best that all apprehensions are adequately addressed and an informed decision is made.

Have a lot of questions and doubts regarding antidepressants? Here are 8 things about antidepressants you need to know. Click to read

C. Other Treatment options

Transcranial magnetic stimulation (TMS)- This treatment is an alternative option for women who do not want to take antidepressants while breastfeeding or for those who haven’t responded to psychotherapy and antidepressants. It is a non-invasive procedure in which a coil placed against the scalp sends brief magnetic pulses to stimulate and activate nerve cells in the brain.

Electroconvulsive therapy (ECT)- For patients with severe PPD or postpartum psychosis who do not respond to medications, ECT may be recommended. Previously called electroshock therapy or shock treatment, it involves inducing seizures by placing electrodes on the person’s head while the person is fully sedated. ECT seems to cause changes in brain chemistry that can reduce the symptoms of psychosis.

Many studies have suggested ECT as a safe option for lactating mothers with fewer side effects on both the mother and the infant. Home-care For Postpartum Depression

In addition to pharmacological and non-pharmacological treatment, you can do some things for yourself that build on your treatment plan and help speed recovery.

Build a secure bond with your baby- Emotional bonding is the secure attachment that forms between parents and children. It may include skin-to-skin contact with the baby, baby massage, smiling with the baby etc.

Pay attention to your diet- Consuming a diet rich in omega-3 fatty acids during pregnancy and after delivery can lower the risk of postpartum depression. Omega-3s can easily travel through the brain cell membrane and interact with mood-related molecules inside the brain. Fish, salmon, nuts and seeds, plant oils, walnuts, flaxseeds, chia seeds etc. are rich sources of Omega-3s.

Cover any gaps in your diet with Omega fatty acids supplements Fill your cart now

Folic acid - It also provides beneficial effects in depressive symptoms. Rich sources include beans, peanuts, sunflower seeds, whole grains, liver, seafood etc.

Maintain a healthy lifestyle- Exercise regularly, take a walk with your baby, get enough rest and avoid alcohol and smoking.

Take out time for yourself- Indulge in self-care, visit friends, or spend time alone with your partner, or do something that makes you happy such as a hobby or some form of entertainment.

Avoid being isolated- Keep in touch with family and friends. Don’t isolate yourself. Talk to your partner or any family member and share your feelings with them.

Set realistic expectations- Expect some good days and some bad days. Do not pressure yourself to do everything on your own.

Reduce your screen time- Reduce spending much time on phone calls or television. Rather, go outside in the fresh air.

Time management- Try to take sleep or rest when your baby sleeps. Otherwise, sleep deprivation may lead you to other problems. Try getting at least 7–8 hours of sleep each night.

Talk to your partner- Try to nurture the relationship with your partner. Take out time for yourselves and spend some quality time together. Talk about your feelings with your partner, supportive family members, and friends.

Ask for help- Don’t try to do too much or to do everything by yourself. Ask your partner, family, and friends for help. Try to open up to the people close to you and let them know you need help. If someone offers to babysit, take them up on it. Do proper planning- Proper planning before conceiving and during pregnancy goes a long way in reducing stress after delivery.

Follow up with doctors- Keep up with all your medical appointments and follow-ups about your health concerns. Complications Of Postpartum Depression

Postpartum depression not only affects the mother but the infant and the father as well in the following ways:

1. Mother- If postpartum depression is not treated timely, it can last for months or longer, even turning into a chronic depressive disorder. Even after the treatment of PDP, it can make you more likely to have depression episodes in future as well.
2. Father- If the mother is in depression, it can be a precipitating factor for depression in the father as this will be a stressful event for the entire family. The symptoms may include irritability, restricted emotions, and depression.
3. Infant- Babies or infants born to women with a medical condition of postpartum depression are at risk of prematurity, low birth weight, problems with sleeping, cranky, crying more than usual, delays in language development, eating difficulties, attention deficit/hyperactivity disorder (ADHD) etc. Alternative Therapies For Postpartum Depression

Some alternatives that can help your postpartum depression symptoms may include-

1. Bright light therapy It is an inexpensive therapy that can be done at home and has a low risk of side effects. When you are exposed to this type of light, your brain undergoes a chemical change that improves your mood and reduces symptoms such as fatigue.
2. Acupuncture It offers great relief from the symptoms associated with anxiety and depression. It regulates the nervous system and enhances blood flow to bring one to a place of calm, inner peace, and strength.
3. Yoga There is plenty of evidence that suggests yoga can help improve a person’s mood and induce feelings of happiness, positivity, and exhilaration.

Here are some yoga postures to help you fight depression and anxiety. Check Out Now

1. Massage A light touch massage or a deeper massage can help relax muscles, improves blood circulation and reduces stress hormones.

Learn more about some age-old practices like meditation, tai chi (a form of exercise), and breathing exercises that can help reduce stress and anxiety. Click Here Did you know? Herbal preparations derived from St. John’s wort can help reduce stress and improve mood and support emotional well being. It is natural over-the-counter medication which is popularly assumed to be safe. However, always consult your healthcare provider before starting them. Explore our supplements containing St. John’s wort Living With Postpartum Depression

Living with postpartum depression is often very challenging as it interferes with a person’s day-to-day life and affects work and social interactions. Here are a few tips that will help you cope with depression effectively:

Speak up- Seek social help, connect with your friends, and share your feelings or burden.

Engage in activities that make you feel happy- Stay active by opting for activities that relax and energize you, it will help to fight depression effectively.

Don’t be harsh on yourself- To overcome this condition, it is important for you to love your own self. Take others’ help but do not stretch yourself for any activity.

Seek medical help- If all the tips mentioned above fail to get results it is better that you seek help from a therapist. Medical help will help you combat the situation and keep your symptoms in check.

Here are some ways you can help women with postpartum depression- Help her get an appropriate diagnosis and treatment. You may need to make an appointment and go with her to see her healthcare provider. Be a good listener. Let them know you’re there to listen and help. Offer to help watch their baby while they sleep or rest. Frequently Asked Questions What are baby blues? What is postpartum psychosis? Is it safe to take antidepressants while having postpartum depression? Does a father get postpartum depression? When should I go to a healthcare provider for medical treatment for symptoms associated with postpartum depression? References StatPearls. Postpartum depression [Internet]. StatPearls. StatPearls Publishing; 2022 [cited 2023Jan2]. Available from: (PDF) postpartum depression: A review - researchgate [Internet]. [cited 2023Jan2]. Available from Stone K, Katherine Stone on September 11, Becky Schroeder on March 3, Becky Schroeder on April 3, Becky Schroeder on June 15, Heather King on February 5, et al. 6 things to avoid if you have postpartum depression or anxiety [Internet]. POSTPARTUM PROGRESS. 2015 [cited 2023Jan2]. Available from: Scarff JR. Postpartum depression in men [Internet]. Innovations in clinical neuroscience. U.S. National Library of Medicine; 2019 [cited 2023Jan2]. Available from: Postpartum depression [Internet]. Postpartum depression | Office on Women’s Health. [cited 2023Jan2]. Available from: NCBI Bookshelf [Internet]. [cited 2023Jan2]. Available from: Moldenhauer JS. Postpartum Depression - gynecology and obstetrics [Internet]. MSD Manual Professional Edition. MSD Manuals; 2022 [cited 2023Jan2]. Available from: Fitelson E, Kim S, Baker AS, Leight K. Treatment of postpartum depression: Clinical, psychological and pharmacological options [Internet]. International journal of women’s health. U.S. National Library of Medicine; 2010 [cited 2023Jan2]. Available from: Fava M, Mischoulon D. Folate in depression: Efficacy, safety, differences in formulations, and clinical issues [Internet]. Psychiatrist.com. The Journal of Clinical Psychiatry; 2021 [cited 2023Jan2]. Available from: Depression treatment - reproductive health [Internet]. Centers for Disease Control and Prevention. Centers for Disease Control and Prevention; 2022 [cited 2023Jan2]. Available from: Deligiannidis KM, Freeman MP. Complementary and alternative medicine therapies for perinatal depression [Internet]. Best practice & research. Clinical obstetrics & gynaecology. U.S. National Library of Medicine; 2014 [cited 2023Jan2]. Available from: MGH Center for Women’s Mental Health. Can bright light therapy be used for the treatment of depression during pregnancy? [Internet]. MGH Center for Women’s Mental Health. 2021 [cited 2023Jan2]. Available from: Acupuncture for postpartum depression and anxiety [Internet]. Phoebe. 2021 [cited 2023Jan2]. Available from: staff THR. Celebrity moms who battled Postpartum Depression [Internet]. The Hollywood Reporter. 2015 [cited 2023Jan2]. Available from: Safi-Keykaleh M;Aliakbari F;Safarpour H;Safari M;Tahernejad A;Sheikhbardsiri H;Sahebi A; (no date) Prevalence of postpartum depression in women amid the COVID-19 pandemic: A systematic review and meta-analysis, International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics. U.S. National Library of Medicine. Available at:

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Blood cancer Also known as leukemia Overview Blood cancer, also known as leukemia, is a condition in which there is an uncontrolled growth and multiplication of blood cells in the bone marrow and lymph nodes. Although blood cancer can affect people in any age group, for various subtypes of blood cancers, there is a tendency to occur more commonly in a particular age group. For example, acute lymphocytic leukemia, a type of blood cancer, is common in children.

The exact cause of blood cancer has not been identified yet. It is believed to occur when the blood and bone marrow cells undergo genetic mutations. Blood cancer can be acute (onset is sudden and more severe) or chronic (develop slowly over a long time and less aggressive) based on the duration of symptoms or it can be lymphocytic or myelogenous based on the type of cells affected.

Acute blood cancer may cause symptoms like chronic fatigue, recurrent infections, unintentional weight loss, etc. On the other hand, chronic blood cancer may not show any symptoms initially and symptoms may appear as the condition progresses.

Tests such as blood smear examination and bone marrow aspiration are some of the common diagnostic tests used to detect blood cancer. There are various treatment options available that can improve the life of the patient. Treatment modalities such as chemotherapy, immunotherapy, and stem cell transplant are known to help slow the progression of the disease. Key Facts Usually seen in Children below 15 years of age (ALL) Individuals between 40 to 60 years of age (AML) Individuals above 55 years of age (CLL) Individuals above 65 years of age (CML) Gender affected Both men and women but more common in men Body part(s) involved Blood Spleen Brain Prevalence Worldwide: 5.185 Lakh (2017) Mimicking Conditions Aplastic anemia Agranulocytosis Infectious mononucleosis Bone marrow failure Systemic lupus erythematosus Bleeding disorders Autoimmune thrombocytopenic purpura Leukemoid reaction to infection Viral induced cytopenia, lymphadenopathy and organomegaly Drug induced cytopenias Myelodysplastic syndromes Benign cancer conditions Necessary health tests/imaging Complete blood count (CBC) Flow cytometry Immunohistochemistry Cytochemistry Lymph node FNAC and biopsy Bone marrow imaging PET CT scan (whole body) Peripheral smear examination Coagulation profile Treatment Chemotherapy: Vincristine, Daunorubicin & Cytarabine Monoclonal antibodies: Inotuzumab & Rituximab Tyrosine kinase inhibitors: Imatinib mesylate, Dasatinib & Nilotinib Immunotherapy: Pembrolizumab & Atezolizumab Radiation therapy Stem cell transplant Chimeric antigen receptor (CAR) T-cell treatment See All Causes Of Blood Cancer

Blood cancer is cancer that affects the bone marrow and blood cells. It starts when the DNA of a single cell in the bone marrow gets changed (mutation) and as a result of that, can’t develop, multiply and function normally. This rapid, out-of-control growth of abnormal cells takes place in the bone marrow and lymph nodes of the body. These abnormal cells then spill into the bloodstream. Also, abnormal and excessive production of the white blood cells or leukocytes causes overcrowding and clumping in the blood vessels. These abnormal cells also reduce the count of other normal blood cells, such as red blood cells and platelets. The white blood cells are responsible for fighting off infections and keeping the body’s immune system healthy. With blood cancer, the abnormal white blood cells are unable to function properly, and thus the body becomes susceptible to infections. The exact cause of why blood cancer occurs is not yet identified. It is thought to occur when the blood cells undergo genetic mutations and start behaving abnormally. Types Of Blood Cancer

Based on whether it is an acute or chronic condition and the type of cells affected, blood cancer is divided into the following four types:

1. Acute lymphocytic leukemia (ALL) This is the most common type of blood cancer that affects children. It can affect adults too. Acute lymphocytic leukemia occurs when the bone marrow produces an abnormal amount of white blood cells or leukocytes. This blood cancer can worsen very rapidly.
2. Acute myelogenous leukemia (AML) This is the most common type of acute blood cancer. It is more common in adults (those between 40-60 years of age) and in men compared with women. In this type of blood cancer, the bone marrow produces an abnormal amount of immature white cells called myeloid blast cells that later divide into abnormal RBCs, WBCs, or platelets.
3. Chronic lymphocytic leukemia (CLL) This type of cancer is most commonly seen in people above the age of 55. Children and adolescents are rarely affected by this type. It is more common in men than women and especially in white men. This is a slowly progressive cancer where the bone marrow produces an abnormal amount of white blood cells over a period of time. CLL is the most common chronic adult leukemia.
4. Chronic myelogenous leukemia (CML) This is a slowly progressive type of cancer that often does not cause many symptoms. This blood cancer is more common in older adults (most common in those over 65 years of age) and in men. It rarely occurs in children. A person with CML may have few or no symptoms for months or years before entering a phase in which the blood cancer cells grow more quickly. It may be detected during a routine examination. In this type, the body continues to produce abnormal myeloid cells.

There are other rare types of blood cancers such as hairy cell leukemia, multiple myeloma, myelomonocytic leukemia, granular lymphocytic leukemia, etc. Symptoms Of Blood Cancer

Certain chronic blood cancers may not cause any noticeable symptoms at first, and symptoms may appear as the condition progresses. Acute types of blood cancer can cause aggressive symptoms such as: Recurrent fevers Recurrent infections Enlarged lymph nodes Joint pains Unintentional weight loss Fatigue and tiredness Abdominal pain due to spleen enlargement Easy bruising and bleeding Nosebleeds and bleeding gums Tiny red spots in skin (called petechiae) Purplish patches in the skin Breathlessness Confusions Headaches Risk Factors For Blood Cancer

Certain factors can increase the risk of a person developing blood cancer. These include:

1. Family history There is a higher risk of developing blood cancer if a close family member has suffered from blood cancer. This is particularly true for chronic lymphoid leukemia, where there is a threefold to fourfold increased risk of getting the disease if a first-degree relative such as mother, uncle or brother has it.
2. Smoking Smoking tobacco products and cigarettes increase the risk of blood cancer. 20% of all acute myeloid leukemia cases are linked to smoking.
3. Chemotherapy and radiation Exposure to chemotherapy or radiation can increase the risk of developing blood cancer in later life.
4. Genetic syndromes Down’s syndrome, Fanconi’s anemia, Li Fraumeni syndrome, etc., are diseases caused due to genetic abnormalities and have been associated with a higher risk of blood cancer.
5. Viral infections Exposure to certain viruses such as the Epstein Barr virus, human T-cell leukemia virus, etc., can increase the chances of blood cancer.
6. Exposure to carcinogens Certain chemicals such as benzene are known carcinogens which increase the risk of blood cancer. Did you know? Some cancers can be prevented by vaccination. There are currently no vaccines that can prevent all cancers. However, vaccines against some viruses have proven extremely effective, thereby providing a certain degree of protection against cancers caused by these viruses. Here’s more on the cancers that can be prevented with vaccination. Read To Know! Diagnosis Of Blood Cancer

The doctor usually performs a detailed physical examination and notes the history of symptoms.

Laboratory tests, bone marrow studies, and imaging studies are useful in diagnosing and identifying the subtype of blood cancer.

1. Physical examination Your doctor will look for physical signs of blood cancer such as pale skin from anemia, swelling of your lymph nodes, and enlargement of your liver and spleen.
2. Laboratory tests Flow cytometry aids in the detection of antigens present on or inside the cells based on their specific characteristics. It also helps in monitoring the recurrence of the disease, assessing the extent of cancer, and checking the efficacy of ongoing treatment. Cytochemistry helps in the diagnosis of different types of acute blood cancers with the use of cytochemical stains. Complete blood count (CBC) is required to study the quantities and morphology of the different blood cells. Peripheral smear examination is necessary to evaluate the blood cells in greater detail. Supportive tests like coagulation profile, kidney function test, liver function test, etc., may be essential to evaluate the overall health status.
3. Bone marrow studies & biopsy Bone marrow biopsy is a procedure in which a needle is used to withdraw a sample of the cancerous cells or tissue from the bone marrow. It uses the immunohistochemistry technique which helps in the diagnosis of abnormal cells such as those found in cancerous tumors or tumor markers. Bone marrow aspiration is a procedure in which a sample is drawn from the fluid portion in the bone marrow with the help of a fine needle. It uses the cytochemistry technique to check cancerous cells. Lymph node FNAC & biopsy is used to examine lesions or lumps inside the body observed by touch or during a scan to detect tumors in different parts of the body.
4. Imaging studies A PET CT scan (whole body) may be performed to check for signs of blood cancer in the body. CT Scan not only helps to check for the presence of cancerous cells but also plays a vital role in the treatment of blood cancer such as bone marrow transplant. Your doctor may order a chest X-ray or magnetic resonance imaging (MRI) scan if you have symptoms that indicate a complication of leukemia.
5. Lumbar puncture A lumbar puncture (also called a spinal tap) may be ordered to see if cancer had spread to the spinal fluid surrounding the brain and spinal cord. Celebs affected Rishi Kapoor Famous Bollywood actor Rishi Kapoor was diagnosed with blood cancer. Jill Clayburgh Award-winning actress Jill Clayburgh battled chronic myelocytic leukemia for 20 years. Prevention Of Blood Cancer

Avoiding exposure to known risk factors such as benzene, radiation, smoking, etc., may reduce the chances of developing blood cancer.

Although cancer cannot be prevented, there are some simple and effective lifestyle changes that you can make now to ward off the cancer risk. Want to know how to reduce cancer risk? Click Here!

Specialist To Visit

If you suspect that you may have blood cancer or suffer from symptoms like bleeding easily, chronic fatigue, unintentional weight loss, and recurrent fever or infections, it is essential to seek expert medical advice from a team of: Hematologist Hemato-oncologist Medical oncologist Pediatric oncologist Bone marrow transplant specialist Did you know the Philadelphia chromosome? The Philadelphia chromosome, named for the city in which it was discovered in 1960, is a marker in almost all cases of CML and some cases of ALL. The discovery of the Philadelphia chromosome was a game changer in treatment of leukaemia. Genetically targeted treatments were based on this. These targeted treatments kill unhealthy cells more precisely and leave healthy cells undamaged. Don’t ignore any symptoms and get tested from a doctor. Consult Now! Treatment Of Blood Cancer

Treatment of blood cancer depends on the type of disease and the patient’s overall health condition. Majorly, the treatment approaches are as follows:

1. Chemotherapy Chemotherapy medicines are the mainstay of treatment used to kill cancer cells. Chemotherapy agents are either given as an intravenous drip into a vein or a central line or given in shots under the skin (subcutaneously) or as oral medications on a regular basis or in a pattern of fixed chemotherapy cycles. In chemotherapy cycles, a certain number of days of treatment are followed by days of rest to allow the body to recover. The chemicals kill leukemia cells or stop them from dividing. Often, a combination of chemotherapy agents is used to treat cancer.

The length of time for treatment can vary by regimen ranging from six months to indefinite treatment. These include drugs such as: Vincristine Daunorubicin Cytarabine Mercaptopurine Ifosfamide

1. Targeted therapy With targeted therapy, drugs are given against a cancer cell-specific target. These targets of drugs are generally not present in normal dividing cells of our body. In this way, adverse effects of drug treatment on normal cells can be avoided. Examples of targeted therapy include: Monoclonal antibodies such as inotuzumab, gemtuzumab, rituximab, ofatumumab obinutuzumab, and alemtuzumab Tyrosine kinase inhibitors such as imatinib mesylate, dasatinib, nilotinib, ponatinib, ruxolitinib, and fedratinib. These therapies are generally expensive but more specific in their action.
2. Immunotherapy As the name suggests, immunotherapy works by helping the immune system work to fight cancer cells. This therapy uses substances that activate the body’s immune system to work against the cancer cells. Common examples are: Pembrolizumab Atezolizumab
3. Radiation therapy This therapy uses radiation (high-energy rays similar to X-rays) to kill the cancer cells. This treatment uses strong beams of energy to kill the focus present in the body forming cancer cells (lymph nodes) blood cancer cells or stopping them from growing. Radiation is directed to exact sites in your body where there is a collection of cancer cells or can be given over your whole body as part of a hematopoietic cell transplant. This therapy can also be used along with other treatment modalities such as chemotherapy and surgery.
4. Stem cell transplant Also known as hematopoietic stem cell transplant or bone marrow transplant, this procedure replaces the cancerous blood-forming cells with new, healthy hematopoietic cells. These healthy cells are taken from the patient itself (before exposure to chemotherapy or radiation therapy) or from a donor’s blood or bone marrow and are infused into the patient’s blood. Healthy hematopoietic cells grow and multiply forming new bone marrow and blood cells that develop into all the different types of cells your body needs (red blood cells, white blood cells, and platelets).
5. Supportive care Supportive care is required for patients to help stimulate the production of blood cells, combat infections, and manage side effects such as nausea and vomiting. Antiemetic drugs such as ondansetron and palonosetron provide relief from nausea and vomiting.  
   Recombinant human erythropoietin alpha preparations help produce red blood cells and help treat anemia due to blood cancer or post-chemotherapy. Various antibiotics and antiviral medications are used to prevent and treat infections. .
6. Chimeric antigen receptor (CAR) T-cell treatment This is a new form of therapy where the patient’s own T-lymphocyte cells are harvested and engineered in the laboratory to make them capable of fighting the blood cancer cells. These cells are then reinserted into the body.

Note: A treatment plan will be developed specifically for you. Several of the treatment methods described above will be a part of your treatment plan. Your treatment depends on your age, overall health, type of blood cancer and other unique features of the blood cancer, response to initial treatment, and many other factors. Your doctor (oncologist) will determine a treatment plan they think will be most successful for you. Living With Blood Cancer

Most people who are diagnosed with blood cancer tend to enjoy a healthy and long life after being treated successfully. Thanks to the recent advances in treatment, the chances of survival for blood cancer are fairly improving. Although getting detected with cancer can impact the emotional health of both the patient and their families, with early diagnosis and effective treatment, the patient can lead a good life. As blood transfusions, chemotherapy, and their side effects become part and parcel of life, several lifestyle changes are essential to keep fatigue and infections at bay. Anxiety can be overwhelming at times, and initially many people feel a sense of loss of control and uncertainty about the future. It is important that you talk about how you feel with someone you trust or feel comfortable with. This might be a friend or relative or it might be your doctor or nurse. Counselling and antidepressant drugs can also be very useful for some people.

Here are a few tips that may help blood cancer patients to stay happy and positive:

1. Learn about your diagnosis Don’t be afraid to ask your healthcare team about anything you don’t understand. It is best to ask your doctor about your health and the condition rather than search online or depend on other people for help.
2. Join a support group Staying positive during cancer treatment can be a lot easier if you have other people cheering you on. A support group can keep you cheered up since the other participants will have their own insights into cancer treatment. You can even find inspiration from the other members, or strategies for coping with pain or other side effects of treatment.
3. Surround yourself with supporters When you’re feeling low, one of your friends or family members can provide some much-needed encouragement. When you’re feeling distressed, a trained mental health counselor can be of great help.
4. Pursue a passion or hobby Engage yourself in the hobbies which have given you pleasure in the past. It could be reading, writing, dancing, travelling, etc.
5. Make sleep a priority Sleep can be elusive when you’re feeling anxious or depressed, or even just exhausted from your cancer treatment. But a lack of sleep can make you feel even more anxious or despairing. You’re more likely to feel positive if you’re well rested. Home-care For Blood Cancer

Patients with blood cancer suffer from chronic fatigue and are at risk of getting recurrent infections. Also, the chemotherapy sessions bring about various side effects. There are a few things you can do to care for yourself or a loved one suffering from blood cancer. Eat fresh home-cooked meals and drink plenty of water or energy drinks daily. Embrace the side effects of chemotherapy, like loss of hair. Counselling and connecting with other people who are going through the same can help with the acceptance. Nausea and vomiting due to chemotherapy can be managed with medications or home remedies like sucking on peppermint lozenges. Infections must be kept at bay. Follow good hand hygiene. Avoid crowded places and unhygienic places. Wear a surgical mask when visiting the hospital. Engage in light physical activity as it will help boost energy levels and help with symptoms of chronic fatigue. Did you know? September 22 is Chronic Myeloid Leukemia (CML) Day. 9/22 represents the genetic change of chromosomes 9 and 22 that causes the disease. The hidden cancer cells are a reason why leukemia comes back or relapses. Cancer can be treated effectively if diagnosed early. Know the symptoms of cancer. Click To Read! Complications Of Blood Cancer

In the terminal stages, the patient sleeps through most of the day, has reduced appetite, extreme muscle wasting and feeble heartbeat.

It may also cause other complications such as: Recurrent and serious bacterial or fungal infections. Tumor lysis syndrome is a side effect of chemotherapy where the tumor cells die quickly and result in dangerously high levels of metabolites, harming the kidneys. Disseminated intravascular coagulation is a condition in which the blood clots abnormally and leads to thrombosis or hemorrhage. Blood cancer survivors are at a higher risk of getting other types of cancers as well. Alternative Therapies Of Blood Cancer

Alternative therapies can be used to provide symptomatic relief for patients with blood cancer.

1. Yoga and exercise Yoga and exercise can help boost energy levels and combat chronic fatigue. Breathing exercises can help with relaxation. It can also induce feelings of positivity and help deal with the diagnosis.
2. Massage Foot and body massages can help with relaxation and provide symptomatic relief.
3. Diet Taking a balanced diet rich in fresh fruits, vegetables, certain herbs, and spices can boost energy levels and help with fatigue. Patients with blood cancer must take care to eat well and on time regularly. Do not skip any meals as it may lead to increased fatigue levels. Always stay hydrated by drinking plenty of water and fresh fruit juices. Avoid eating spicy, unhygienic, or raw, uncooked food as it may cause gastrointestinal upset.

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 adding fruits that have cancer-fighting and preventing abilities. These include apples, kiwis, oranges, and many more. Click To Know More!

1. Aromatherapy Aromatherapy is the use of certain scents to induce relaxation of the mind and body. It promotes a feeling of calmness and positivity.
2. Acupressure and acupuncture Acupressure and acupuncture techniques also help combat pain, fatigue, and other symptoms.
3. Meditation Meditation techniques like focused breathing and positive imagination help deal with stress and anxiety post diagnosis. It helps increase mental strength and willpower, which is essential to fight such grave diseases. Frequently Asked Questions Can blood cancer be cured? How can one stop the progression of blood cancer and its complications? How can I find a stem cell donor for my child who has blood cancer? Will my child survive normally after a stem cell transplant for blood cancer? Is blood cancer genetic? Will it pass down from parent to child? References Lyengar V, Shimanovsky A. Leukemia. StatPearls Publishing; 2021 Jan. Terwilliger T, Abdul-Hay M. Acute lymphoblastic leukemia: a comprehensive review and 2017 update. Blood Cancer J. 2017 Jun 30;7(6):e577. K Lechner et al. Treatment of acute leukemia. Annals of Oncology. Volume 10, Supplement 6, S45-S52, January 1999. Jennifer Goy et al. The clinical and diagnostic pathway for adults with acute leukemia. BCMJ, vol. 59 , No. 1 , January February 2017 , Pages 22-28 Clinical Articles. M Mohammadian et al. A study on the incidence and mortality of leukemia and their association with the human development index (HDI) worldwide in 2012. World Cancer Research Journal. WCRJ 2018; 5 (2): e1080. Wesa KM, Cassileth BR. Is there a role for complementary therapy in the management of leukemia? Expert Rev Anticancer Ther. 2009 Sep;9(9):1241-9. Dong Y, Shi O, Zeng Q, et al. Leukemia incidence trends at the global, regional, and national level between 1990 and 2017. Exp Hematol Oncol. 2020;9:14.

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Q fever Q fever pneumonia, Atypical pneumonia, Rickettsial pneumonia, Balkan grippe, Coxiellosis and Nine mile fever Overview Q fever is a zoonotic disease that is transmitted from animals to humans. It is caused by the bacterium Coxiella burnetii which is mainly found in cattle, sheep, and goats. The bacteria is present in the milk, urine and feces of the infected animals. Moreover, large numbers of bacteria are shed in the birth products like placenta and amniotic fluid during birthing. When these products dry over time they contaminate the air. Inhalation of this contaminated air can cause infection in humans.

Q fever is mostly considered as an occupational disease associated with slaughterhouse workers, dairy workers, farmers, veterinarians or researchers involved in animal studies. The infection causes flu-like symptoms however, many people do not have symptoms at all or could be asymptomatic. If the Q fever persists or reoccurs, it can cause complications that can severely damage organs such as heart, lungs, liver, and brain.

The disease is prevalent globally, however, remains under-reported in many countries such as India. The disease can be prevented by avoiding close contact with animals when they are birthing, and practicing good hygiene at the workplace (farms and barnyards).  
Key Facts Usually seen in Individuals above 50 years of age Gender affected Both men and women but more common in men Body part(s) involved Heart Lungs Liver Brain Necessary health tests/imaging Antibody test Polymerase chain reaction (PCR) test Complete blood count (CBC) Liver function Kidney function tests Chest X-rays Echocardiography Treatment Antibiotics: Doxycycline Anti-inflammatory drugs Hydroxychloroquine Specialists to consult General physician Infectious disease specialist Types of Q fever

The infection can cause two types of Q fever that vary by severity and nature. The two types are:

Acute Q fever This form of Q fever usually begins two to three weeks after exposure to the bacterium. Acute Q fever is characterized by flu-like symptoms which include high fevers, chills, muscle pain, and headaches. Acute Q fever is usually self-limited which means it can resolve itself without treatment.

Chronic Q fever This form of Q fever may occur months to years after acute disease or without a previous history of acute Q fever. It has been observed that predisposing conditions such as pre-existing heart valve or vascular abnormalities or an immunocompromised immune system increases the risk for chronic Q fever. Did you know? Q fever is also known as “Query” fever. It was named Query fever by Edward Derrick who was the first one to isolate the bacteria from one of his patients in 1930. Back then, the causative agent of the disease was still unknown and therefore was named “query”. Consult Now! Causes of Q fever Q fever is caused by the bacterium Coxiella burnetii. It is primarily found in cattle, sheep and goats. The bacteria pass into milk, urine and feces of infected herd animals. Infected aerosols can also travel, affecting people living downwind of an infected goat or sheep farm.

Other causes include contact with contaminated clothing, wool, hides or straw, dressing infected animals or consuming infected raw or unpasteurized dairy products. Usually, Q fever is an occupational disease seen in slaughterhouse and dairy workers, livestock farmers, rendering-plant workers, herders, woolsorters, veterinarians or those involved in animal studies or research.

The bacterium is highly infectious in nature and remains viable in dust and stool for months. Even a quick exposure to the bacterium can cause an infection. However, person-to-person spread is extremely unlikely. Very rarely, Q fever can spread through blood transfusion, from a pregnant woman to her fetus, through sexual intercourse or by the bite of an infected tick. Symptoms of Q fever The symptoms of Q fever can vary significantly from person to person. Many people infected with Q fever do not show symptoms for a long time or are asymptomatic. About 5 out of 10 people infected with the bacteria get sick.

For symptomatic cases, symptoms show between two to three weeks after exposure to the bacteria. Symptoms can be mild or severe depending on the level of infection.

Signs and symptoms include: High fever (upto 105°F) Severe headache Malaise or general feeling of being unwell Fatigue Chills or sweats Non-productive cough Shortness of breath Muscle aches Nausea Vomiting Diarrhea Chest pain while breathing Stomach pain Drowsiness or confusion Weight loss Sensitivity to light Jaundice Risk Factors For Q fever Q fever can infect men more often than women and adults more often than children. However, it has been commonly reported in elderly males. Certain factors can increase your risk of getting infected with Q fever, which include:

1. Occupation The following are at high risk as they are exposed to animals and animal products: Workers in cattle, sheep, and goat abattoirs Farmers, stockyard workers, and livestock transporters Dairy workers Wool shearers and sorters Agricultural college staff and students Wildlife and zoo workers exposed to high-risk animals Veterinarians, veterinary nurses, and students Tanning and hide workers Professional dog and cat breeders Laboratory workers handling veterinary products or working with Coxiella burnetii Others who are exposed to cattle, camels, sheep and goats or their products
2. Location If you are located close to a farm or farming facility or live on a farm that may increase your risk towards the disease.
3. Season Though there is no specific time of year when one can get infected, it seems to be more common in the spring and early summer.
4. Consumption of unpasteurized milk or dairy products Not often, but rare cases were reported by consuming infected raw, unpasteurized milk or dairy products.
5. Immunocompromised individuals A weak immune system can increase the risk for a severe form of the infection. Some of the common reasons that lead to weakening of the immune system include: Malnutrition Certain diseases such as acquired immunodeficiency syndrome (AIDS) and cancer Genetic disorders Excessive consumption of medicines such as steroids, anti-cancer drugs, and painkillers Lifestyle habits such as smoking, excessive drinking, and unhealthy eating Diagnosis Of Q fever In case of an infection, not every patient shows symptoms and many patients can be asymptomatic. Moreover, symptoms do not readily suggest the diagnosis of Q fever. In the early stages, Q fever resembles infections like influenza, other viral infections, salmonellosis, malaria, hepatitis, and brucellosis. Later, it resembles many forms of bacterial, viral, and mycoplasmal and other atypical pneumonias. Therefore, the diagnosis of the disease can be difficult at times based on the symptoms alone.

When a patient is symptomatic and shows flu-like symptoms, your doctor may suspect you to have the infection if you live or work in an environment that can put you at high risk for exposure. Your doctor might ask you about the whereabouts of your close contacts or similar exposure.

Based on your answers, your doctor might recommend you to get some blood tests along with additional tests done. The tests include:

Antibody test: Individuals infected with Q-fever develop specific antibodies against Q fever including immunoglobulin G (IgG), immunoglobulin A (IgA) and immunoglobulin M (IgM). Measuring the levels of these classes of antibodies can help confirm a diagnosis of Q fever.

During the acute phase of Q fever, IgG and IgM antibodies may be detected. In chronic Q fever, IgG or IgA levels may be detected.

The most common serological tests for Q fever that detects the presence of specific antibodies or antigens in the blood or other fluids are: Indirect immunofluorescence Complement fixation Enzyme-linked immunosorbent assay (ELISA) Polymerase chain reaction (PCR) test: A PCR test is a highly sensitive test to detect the presence of C. burnetii infection in biopsy specimen. It can detect infection earlier than the antibody test, but it is less readily available. However, a negative PCR result does not rule out the diagnosis.

Complete blood count (CBC): It is done to check for low red blood cells (anemia) and levels of white blood cells.

Liver function or kidney function tests: They are done to diagnose any liver or kidney malfunction.

Prolonged infection with the bacteria can eventually damage the lungs and heart. The doctor might suggest a few imaging tests to confirm if the infection has caused damage to other organs.

Chest X-rays: Q fever can damage the lungs and cause pneumonia in some people. A chest X ray produces images of the heart, lungs, blood vessels, and bones of the chest, spine, and airways. The test confirms the presence of fluid in or around the lungs, which can be indicative of a concern. The chest x-ray can be performed to see if the lungs are healthy and have no obstruction.

Echocardiography: An echocardiography is a test that uses sound waves to produce images of the heart called an echocardiogram (ECG). The images show the heart beat and pumping of blood. Your doctor may recommend you to get an ECG done to identify if the heart valves are healthy and confirm the absence of a heart disease.

Tests to rule out other causes for symptoms such as tick-borne disease or more common viral or bacterial infections. Prevention Of Q Fever

If your occupation involves close contact with cattle, vaccination would be the best preventive measure. However, the Q fever vaccine is not available globally. If you are not vaccinated, primarily, Q fever can be prevented by being extra cautious if you are in close contact with cattle, sheep, pigs, and horses.

Vaccination There is a vaccine available for Q Fever named (Q-VAX®) which can help prevent the occurrence and severity of the infection. But it is only commercially available in Australia.

However, pre-vaccination screening with skin and blood tests should be done to identify preexisting immunity to Q fever as vaccinating people who already have immunity can cause severe local reactions.

If you are not vaccinated and are at a high risk for Q fever you must follow these preventive measures: Disinfect and decontaminate areas in the workplace or house where you suspect an exposure to the infection Avoid unnecessary contact with animals, especially the ones giving birth Dispose of all birth materials after a livestock animal has given birth properly Avoid dogs, cats, birds, and other animals from scavenging birthing products Wash your hands properly at regular intervals Perform regular tests and inspection on animals and farms Avoid consumption of unpasteurized milk or milk products Pregnant women should avoid helping with livestock birth Minimize or restrict the airflow from facilities that house animals to residential areas Quarantine infected and exposed animals Practice safe workplace practices, protocols and procedures to minimize risk of infection Specialist To Visit If you are asymptomatic or showcase mild infection, the symptoms may resolve within a few weeks without any treatment. However, if you have a severe infection and you have an underlying heart condition or are immunocompromised, you are recommended to see a doctor at the earliest. Also, if you are pregnant, consult a doctor.

Specialists that can help to manage and treat Q fever include: General physician Infectious disease specialist Treatment Of Q Fever

The severity of the disease and symptoms plays a key role in deciding the treatment regime for Q fever.

In most cases, asymptomatic cases and people with a mild infection showing symptoms usually resolve within a few weeks without any treatment. However, in case of a severe infection your doctor will have to prescribe a medication – an antibiotic.

1. Antibiotic therapy Doxycycline is the most commonly prescribed antibiotic for treating Q fever. People with chronic Q fever usually are prescribed a combination of antibiotics for a span of 18 months. Once the chronic Q fever is treated, your doctor may ask you to come back for follow up tests to confirm the absence of recurrence.
2. Anti-inflammatory drugs Some individuals might not respond to the antibiotic treatment, in that case, the doctor will prescribe some anti-inflammatory drugs. Hydroxychloroquine, a drug used for treating malaria, has been found to be effective against Q fever.

If you are pregnant and show symptoms of the disease, your doctor will recommend an antibiotic treatment. The medication type may vary depending on your condition.

1. Multiple/combination drugs Chronic Q fever, the severe form of the infection, can be difficult to treat. Endocarditis, inflammation of the inner lining of the heart’s chambers and valves, may require the patient to undergo multiple drug treatments. People with heart conditions require an early diagnosis and antibiotic treatment for at least 18 months. Home-care For Q Fever

Q fever is a bacterial infection and in most cases the infection is self limited. In case of severe symptoms, the disease can be managed using antibiotics and anti-inflammatory drugs. Some tips to manage the symptoms of Q fever include: Stay home and avoid contact with anyone. Eat healthy, nutrient dense and easy to digest food. Consume fluids (water, coconut water, electrolytes, soups, and fresh juices) to stay hydrated, if you have diarrhea as one of the key symptoms. Take plenty of rest as it will help the body fight against the infection and cope with the condition. Living With Q Fever

In some cases, people may get a reinfection or the severity of the disease may lead to chronic Q fever and related complications. Here are some tips that will help you get better: If you have mild flu-like symptoms, your symptoms may resolve in a few weeks (1-2). If you don’t feel better, book an appointment and see your doctor. If you are immunocompromised or have a heart or lung condition, take extra care until the symptoms resolve. Your doctor may even call you frequently for follow up tests even after the infection has been treated. Q fever and other diseases Below is a list of some other bacterial diseases which cause similar symptoms and therefore it is important to understand how these diseases seem to be similar to Q fever yet are different.  
Legionnaires’ disease is a rare infectious bacterial disease caused by Legionella pneumophila. The infection is contracted by inhaling contaminated water from showers and whirlpool baths. Some of the common symptoms of the disease include severe pneumonia, chills, fevers, cough and a sharp pain in the side of the chest. Rocky mountain spotted fever is a bacterial disease caused by R. rickettsii. The disease is characterized with mild to serious symptoms such as headache, fever, chills, muscle aches (myalgia), joint pain (arthralgia), extreme exhaustion (prostration), and/or a characteristic skin rash. Brucellosis is an infectious disease that affects livestock and can get transmitted to humans. The infection is caused by the bacteria that belongs to the genus Brucella. Common symptoms of the infection include fevers, muscle pain, headache, loss of appetite, profuse sweating, and physical weakness. Similar to Q fever, brucellosis can be prevented by avoiding consumption of unpasteurized milk. Tularemia is a bacterial infection that commonly affects small mammals such as rabbits, rodents and hares. It is a highly transmissible disease and gets transmitted when the diseased animal bites a human or it gets bitten by a tick or fly. Complications Of Q Fever

In most cases, the symptoms of Q fever are mild flu-like and resolve within a few days to week. If the Q fever persists or reoccurs, it can cause complications that can severely damage organs such as heart, lungs, liver, and brain. Chronic Q fever is the severe form of Q fever which develops months or years after the first diagnosis. Complications caused due to chronic Q fever are: Pneumonia, which affects 30%-50% of patients can lead to acute respiratory distress and may sometimes cause a medical emergency Hepatitis (inflammation of the liver) Myocarditis or endocarditis (inflammation of heart) Meningitis (inflammation of the membrane around the spinal cord and brain) or encephalitis (inflammation of the brain) Osteomyelitis (bone inflammation) Acalculous cholecystitis (inflammation of the gallbladder) Persistent fatigue (also called post-Q fever fatigue syndrome, which lasts more than a year after the infection) Pregnancy problems such as miscarriage, low birth weight, premature birth, and stillbirth could be seen due to severity of Q fever Many patients with Q fever may also develop long term complications such as chronic and persistent fatigue. Alternative Therapies For Q Fever

Since Q fever is an infectious bacterial disease, it can only be treated with antibiotics. There are no alternative therapies available for the disease.  
Frequently Asked Questions Where is Q fever most common? Why is Q fever called Q fever? Who is at maximum risk for Q fever? What animals can carry Q fever? What type of disease is Q fever? Can Q fever affect your liver? References Signs and Symptoms. Q Fever. Centers for Disease Control and Prevention (CDC). Last reviewed in Jan, 2019. Q Fever Control Guidelines. NSW Health. Last reviewed in July, 2019. Overview. Q Fever. Mayo Clinic. Last reviewed in July, 2020. Rare Disease Database. Q Fever. National Organization for Rare Disorders. Last reviewed in Jan, 2012. What Is Q Fever? WebMD. Last reviewed in Nov, 2021. Maurin M, Raoult DF. Q fever. Clinical microbiology reviews. 1999 Oct 1;12(4):518-53. Dhaka P, Malik SV, Yadav JP, Kumar M, Barbuddhe SB, Rawool DB. Apparent prevalence and risk factors of coxiellosis (Q fever) among dairy herds in India. PLoS one. 2020 Sep 15;15(9):e0239260. Pradeep J, Kumar S, Stephen S, Kamboj DV, Gunasekaran D, Hanifah M. Detection of acute Q fever human cases by indirect immunofluorescence & real-time polymerase chain reaction in a tertiary care hospital in Puducherry. The Indian Journal of Medical Research. 2018 Oct;148(4):449.

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Body Ache Also known Body pain Overview A feeling of generalized, dull aching pain all over the body that may or may not be accompanied by weakness and tiredness is known as body ache. In this, a person is not able to recognize the origin of the pain or the exact location of the pain. Instead, it is characterized generally by dull aching pain or a feeling of soreness all over the body.

Body aches can vary in intensity and frequency with sharp, intermittent pains or a dull but persistent ache. Body aches often occur in the presence of other symptoms like weakness, fatigue, shivers, and fever.

Body ache is very common and can affect individuals at any age and time. Lifestyle factors such as stress, poor diet, lack of sleep, or strenuous workouts can cause generalized body aches. These can be managed by dietary and lifestyle modifications. However, certain health conditions, such as viral fevers, anemia, fibromyalgia, lupus, etc., can also cause body aches and require medical intervention.

Over-the-counter painkillers are often used to get symptomatic relief from body aches. However, it is essential to seek medical care when body aches are chronic or associated with any signs of an infection, such as fever, chills, etc. Key Facts Usually seen in All age groups Gender affected Both men and women but more common in women Body part(s) involved Whole body Mimicking Conditions Spasmodic pain Fibromyalgia Rheumatoid arthritis Joint pains Disuse atrophy Vitamin D deficiency Vitamin B12 deficiency Peripheral nerve lesions Soft tissue cancers Blood cancer Chronic fatigue syndrome Imbalance of electrolytes Hypothyroidism Peripheral artery disease Stress Necessary health tests/imaging Complete Hemogram Serum Electrolyte Urine Routine and Microscopy Glucose - Fasting Blood Glycosylated Hemoglobin (HbA1c) HRCT Chest - Plain X-Ray Chest PA View Liver Function Test Kidney Function Tests Iron Studies ECG Lipid Profile PET CT EMG - All 4 Limbs NCV - All 4 Limbs MRI Brain MRI Screening of Whole Spine Treatment Antipyretics and analgesics: Paracetamol Antibiotics and Antivirals Folic Acid Vitamin C supplements Recombinant Human Erythropoietin Alfa Specialists to consult General Physician Internal Medicine Specialist Neurologist Immunologist Symptoms Of Body Ache

Following symptoms are commonly associated with body aches: A dull aching, low-intensity pain that occurs all over the body. Not having enough energy to perform routine activities or a feeling of discomfort while performing routine activities. Not feeling refreshed even after taking ample rest. Sometimes, fever and chills occur along with body ache. Causes Of Body Ache

There are numerous reasons why a person can get body aches such as:

Lifestyle factors

1. Stress: A constant stressful lifestyle predisposes the body to fatigue and increases wear and tear. The person may become weak and have an increased risk of infections due to a reduced immune response. All this may cause the patient to have body aches. Stress is also known to cause other types of muscular pain, such as tension headaches, stiff and painful shoulders, etc.
2. Heavy exercise: An intense full-body workout session may leave the muscles sore and tired. Sore muscles cause pain. When a large number of muscles are involved, it can cause pain in the whole body.
3. Lack of sleep: Around 6 to 8 hours of sleep is essential for the body. While sleeping, the body regenerates its energy resources and refreshes you. A lack of sleep can hamper the overall health of the body.
4. Dehydration: The human body is made up of about 70% water. When you don’t drink enough water or lose more water than you consume (such as diarrhea), your body gets depleted of its stock of water. All these factors can lead you to feel tired and achy.
5. Nutritional deficiencies: If you do not consume a healthy and balanced diet, you are at risk for nutritional deficiencies. A deficiency of essential nutrients like calcium, vitamin D, vitamin B complex, iron, and potassium can cause your body to feel weak, tired, and achy.
6. Medications: Certain medications such as statins (lipid-lowering medicine) or a few blood-pressure relieving medications are known to cause body aches. Most of us are aware of the effects of stress on our mood, emotions, and behaviors. However, very less is known about the negative impact of stress on key organs and systems of the body. Here is a brief on the effects of stress on the body and how different organs react to stress.

Read To Know More!

Health Conditions

1. Viral fever: Body aches are a common symptom of viral infections such as the common cold or the flu. Body ache is also a symptom of the novel coronavirus infection which has caused the Covid-19 pandemic.
2. Pneumonia: Infections in the lung, known as pneumonia, can be viral or bacterial. Body aches are a predominant symptom in the early stages of pneumonia.
3. Anemia: Anemia is a health condition caused by the deficiency of the pigment hemoglobin in the blood. It is characterized by weakness, fatigue, body aches, and many other symptoms.
4. Hypothyroidism: This occurs when your thyroid gland doesn’t make enough of certain key hormones. It can cause muscle and joint aches, as well as swelling and tenderness. It can make you tired and lead to memory problems, thinning hair, dry skin, high cholesterol, slowed heart rate, and other issues.
5. Multiple sclerosis: This is a chronic neurological disorder that occurs due to demyelination (inflammation that destroys the protective covering of nerve cells). It causes periods of flare-ups characterized by extreme fatigue, weakness, and generalized pain.
6. Fibromyalgia: In this disease, the entire musculoskeletal system of the body gets affected. The muscles feel tired, weak, and achy. The exact cause of this disease is not yet known.
7. Arthritis: Arthritis or inflammation of joints in the body can also cause generalized aches and pains.
8. Lupus: Systemic lupus erythematosus is an auto-immune disorder that affects the skin, joints, and internal organs. It is known to cause muscle and body pain.
9. Chronic fatigue syndrome: It is a complicated disorder characterized by extreme fatigue that lasts for at least six months and that can’t be fully explained by an underlying medical condition. The fatigue worsens with physical or mental activity, but doesn’t improve with rest.
10. Peripheral neuropathy: A neurological condition that causes numbness, aches, and pains throughout the body. This condition is frequently caused by a traumatic injury to the nervous system or exposure to certain toxins and leads to burning and tingling sensations in the hands and feet.
11. Depression: Negative emotions, including sadness and anxiety, seem to aggravate chronic pain. Depression is an overwhelming feeling of sadness or loss of interest. It leads to difficulty in sleeping, lack of energy, feelings of worthlessness, or thoughts of commiting suicide. Depression mentally drains the body and predisposes to body aches and pains. Risk Factors For Body Ache

If you have a poor and stressful lifestyle or are suffering from any active infections or chronic diseases, you are at an increased risk of suffering from body aches. Women, in general, are at a higher risk for certain diseases, such as fibromyalgia and multiple sclerosis. These are some of the known causes of body aches.

Pain is nature’s way to protest when something is not right with your body. Rather than snuffing the voice of the body, pay attention to what it is trying to convey. Here are a few easy and manageable techniques to conquer four common types of pains before it troubles you more. Read To Know More!

Diagnosis Of Body Ache

If you experience body ache occasionally, you can associate it with lifestyle factors or a bout of recent infection. But in either of the cases, there is no need to investigate it in further detail. However, if you have a chronic body ache that may or may be accompanied by other symptoms, it is necessary to perform tests to identify the underlying health conditions that may be causing these aches.

Along with a detailed history and physical examination, the following tests may be essential to establish a cause of the body aches: Complete hemogram and serum electrolyte to screen for overall health, presence of infections, electrolyte imbalance, etc. Urine routine and microscopy to check for latent urinary tract infections. Glucose - fasting blood and glycosylated hemoglobin (HbA1c) to evaluate diabetes mellitus. HRCT chest - plain and X-Ray chest PA view to check for suspected pneumonia. Liver function test and Kidney function test to check the metabolic health of the body. Iron studies in cases of suspected anemia. ECG and lipid profile to check the heart’s health. PET CT in cases of suspected malignancy. EMG - All 4 limbs to evaluate the health of the muscles and NCV - All 4 Limbs to evaluate whether the nerves are carrying impulses to and from the brain correctly. MRI brain and MRI screening of whole spine to evaluate possible neurological causes of muscle weakness. The doctors may order additional tests based on the preliminary test results to further evaluate suspected causes of body ache. Celebs affected Selena Gomez Famous American pop star Selena Gomez was diagnosed with Systemic Lupus Erythematosus, which often causes body aches along with other symptoms Lindsay Lohan In 2014, American actress Lindsay Lohan contracted the Chikungunya virus and reportedly had fatigue and body aches. She recovered with timely treatment. Prevention Of Body Ache

Making healthy lifestyle choices can help prevent body aches arising from lifestyle disorders. While it is not possible to completely prevent a body ache arising from health conditions, lifestyle changes may help reduce the intensity of the symptoms.

The following lifestyle modifications can help prevent body aches: Take a wholesome diet rich in protein, vitamins, and minerals. Cut back on processed foods. Drink plenty of fluids throughout the day, especially during the summer season. Establish a sound sleep schedule. Do not sleep during the day. Exercise daily, but do not over-exercise.

To prevent catching an infection, wash your hands regularly and thoroughly with soap and water, especially before meals. Do not constantly touch your face, eyes, and nose with contaminated or unclean hands. Also, having a warm bath, as the heat can help relax muscles and ease tension in the body. Specialist To Visit

If you experience a constant body ache and suspect it is not because of lifestyle factors, such as strenuous workouts or stress, it is better to get evaluated by your physician who will diagnose you himself or refer you to other specialist doctors: Immunologist Internal medicine specialist Infectious disease specialist Neurologist

Consult India’s best doctors online with a single click. Book your appointment now. Click Here! Treatment Of Body Ache

Treatment for body ache is broadly divided into:

1. Symptomatic relief Antipyretics and analgesics: Drugs like paracetamol can help with pain relief. In severe body aches, NSAID painkillers may be used for pain relief.
2. Treatment of underlying cause Treatment for body ache varies according to the cause. Fever and infections: Antibiotics and antivirals are used to treat bacterial or viral infections, respectively. Anemia: The treatment for anemia covers a very broad area and is mostly based on the type of anemia. Common formulations used to treat anemia are folic acid supplements, Vitamin C supplements, recombinant human erythropoietin alfa, etc. Neurological and related disorders: The treatment for neurological and other related causes of body ache, such as multiple sclerosis, fibromyalgia, chronic fatigue syndrome, etc., is vast and complex. It usually consists of a combination of neurotonics, multi-vitamins, and neurotransmitter enzyme regulators wherever applicable. Home Care For Body Ache

If you have a chronic body ache, it is essential to identify what is causing the pain so that the cause may be addressed and treated accordingly. There are certain things you can do at home that may help combat body aches- Take a wholesome and balanced diet rich in vitamins and minerals. Drink plenty of fluids and energy drinks throughout the day. Do not over-exercise to a point where your muscles become exceptionally sore. Take a cold shower immediately post your workout to reduce muscle soreness and aches. If you are stressed out, have a low-intensity body ache or try to sleep better at night. You may take a bath in a hot tub with Epsom salts or a hot shower to help you relax and ease the pain. Avoid daytime naps. It is better to get 8 hours of sound sleep at night rather than catching up on sleep in bits and parts. Reduce excessive consumption of caffeinated drinks (especially in the evening) and alcohol. Quit smoking and recreational drugs. Do you know? A good massage relaxes your muscles and improves muscle tone, circulation, and blood flow. It also relieves any physical tension and mental stress. Here are 6 top essential oils that you can use for an oil massage for body ache. Click To Read! Complications Of Body Ache

Worsening body ache is usually a sign of the worsening of the underlying health condition. If you have a fever and body ache and your symptoms are worsening, it may suggest a possible case of a severe infection, such as pneumonia. However, if your pain worsens after a workout, it can be a sign of a muscle injury. In conditions like multiple sclerosis, worsening body ache usually signals the onset of a flare-up or aggravation of the disease. Alternative Therapies Of Body Ache

Along with the medical treatments for the underlying health conditions, you can overcome body aches with several alternative therapies like:

Diet Consuming a balanced diet rich in essential nutrients is an excellent way of providing the body with the fuel it needs to perform activities. A balanced diet ensures there are no vitamin or mineral deficiencies that often cause body aches. Drinking plenty of water and fluids, like buttermilk, herbal teas, soups, coconut water, etc., keeps your body hydrated and refreshed.

Meditation Meditation techniques like focusing on breathing awareness, progressive relaxation, etc. can help channel and conserve the body’s energy. It may help overcome chronic pain and also boost energy levels.

Massage and relaxation Gentle body massage has been known to promote relaxation and improve blood flow to various parts of the body. This may help relax muscle soreness and provide pain relief while rejuvenating the body. Soaking in a hot tub with Epsom salts is another great way to promote relaxation and reduce body aches.

Aromatherapy Inhaling soothing fragrances like rosemary, lavender, chamomile, etc helps calm your mind and can soothe an ache.

Exercise and yoga Light exercises and yoga help boost the body’s energy levels and are a great way of combating muscle aches. However, care must be taken not to overdo the physical activities as it may lead to soreness and become an indirect cause for body aches. Strenuous exercises followed by a cold shower may help reduce the onset of muscle soreness.

Ayurveda Certain ayurvedic herbs, like Ginseng, Ashwagandha, Shatavari, Licorice, etc., are known for their medicinal properties. They can help increase the body’s overall strength and stamina. They may even help to an extent in combating body aches. Massage with ayurvedic oils or panchakarma is useful in promoting relaxation and reducing muscle and body ache.

Homeopathy Homeopathic preparations in the form of oral drops/pills, such as Rhus Toxicodendron, Arnica Montana, Solanum Dulcamara, etc., are known to improve pain, especially joint pains. Living With Body Ache

Body aches are typically a sign that your body is feeling down and out. In most cases, this pain is dull and will resolve on its own and is rarely severe. However body pain is usually accompanied by weakness, low endurance, sleep disturbances, and fatigue which drain the body further. This can lead to a vicious cycle. Conditions such as traveling long distances, over exertion, dehydration, or emotional stress also influence pain. Adequate rest, good sleep cycle, balanced nutritious diet along with stress management can go a long way in managing body aches and pains.

Hence, an occasional episode of body ache has no severe impact on a patient’s quality of life. But chronic body aches may interfere with daily activities, leading to restrictions in movements and travel. Often, chronic pain can be a source of anxiety and depression in patients. Proper and in depth diagnosis and relevant treatment of the underlying cause is of utmost importance in such cases. Do not hesitate to visit your doctor in case you have been tackling body aches for a long time. Do you know? Excessive tiredness or feeling tired even after a good night’s sleep could indicate an underlying health problem. There are various health conditions that can manifest in the form of tiredness and body aches in addition to other symptoms. Click To Know! Frequently Asked Questions What is the difference between body ache and muscle ache? Does body ache always occur with viral fevers? What are some home remedies for body ache? Why do our bodies ache? Why does a body ache when a person wakes up? References González Plaza JJ, Hulak N, Zhumadilov Z, Akilzhanova A. Fever as an important resource for infectious diseases research. Intractable Rare Dis Res. 2016 May;5(2):97-102. Crofford LJ. Chronic Pain: Where the Body Meets the Brain. Trans Am Clin Climatol Assoc. 2015;126:167-83. Nathaniel Katz, The Impact of Pain Management on Quality of Life, Journal of Pain and Symptom Management, Volume 24, Issue 1, Supplement 1, 2002, Pages S38-S47. Widyadharma, I.P.E., Sari, N.N.S.P., Pradnyaswari, K.E. et al. Pain as clinical manifestations of COVID-19 infection and its management in the pandemic era: a literature review. Egypt J Neurol Psychiatry Neurosurg 56, 121 (2020). Di Stasi SL, MacLeod TD, Winters JD, Binder-Macleod SA. Effects of statins on skeletal muscle: a perspective for physical therapists. Phys Ther. 2010;90(10):1530-1542.

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Rabies Also known as Hydrophobia or Lyssa Overview Rabies is a vaccine-preventable viral disease that is usually transmitted by the bite of a rabid animal. Dogs are the main source of infection, contributing up to 99% of all rabies transmissions to humans.

The virus usually attacks the brain causing several symptoms such as confusion, agitation, paralysis, and coma. Once symptoms start developing, the disease can be life threatening in the absence of prompt treatment.

Fortunately, the onset of symptoms can be prevented by extensive washing of the wound with soap and water after a bite from a suspected rabid animal followed by timely administration of rabies immunoglobulin and rabies vaccines.

The best way to avoid the transmission of rabies is by vaccination of dogs and preventing dog bites. Children should be adequately educated about rabies and protected from dogs. Pre - exposure vaccines are also recommended for the high risk people such as veterinarians, scientists working on rabies virus, and people working with wild animals. Key Facts Usually seen in Children under 15 years of age Gender affected Both men and women Body part(s) involved Salivary glands Brain Spinal cord Mimicking Conditions Psychosis Seizures Poisoning with belladonna alkaloids Stroke Jacob Creutzfeldt disease Brain tumor Encephalitis Tetanus Necessary health tests/imaging Lumbar puncture Nuchal skin biopsy Real time polymerase chain reaction (RT-PCR) Blood tests: Fluorescent antibody virus neutralization FAVN) test & Rapid fluorescent focus inhibition (RFFIT) test Imaging tests: Magnetic resonance imaging (MRI) of head & Computed tomography (CT) scan of head Treatment Wound cleansing Rabies immunoglobulin(RIG) Rabies vaccine Specialists to consult General physician Infectious disease specialist Neurologist Neurosurgeon Causes Of Rabies

Rabies is caused by the rabies virus that usually gets transmitted from infected animals. The virus lives in the saliva, brain and spinal cord of the infected animal. Rabies can infect mammals such as dogs, cats, bats, monkeys, foxes, raccoons, skunks, jackals and mongooses. The most common cause of transmission in humans are dogs. Transmission The salivary glands play a very important role in spreading the infection. When an infected animal bite, the virus is released through saliva into the person’s body. The infection can spread through: Bite of an infected animal Scratches by claws of infected animal Exposure of the infected saliva to nose, eyes, mouth, or cut skin

Rabies virus can also be transmitted from human to human through transplantation of the cornea or other organ. Although this transmission is rare, it is possible. Therefore, the corneas and other organs of a person who died of rabies should not be used for transplantation.

Note: Rabies is not spread by petting or touching dried saliva, blood, urine, or feces of a rabid animal.

After entering into the bloodstream, the virus enters into the central nervous system. After establishing the infection in the brain, the virus travels down the nerves from the brain and multiplies in different organs causing several complications. Did you know? 28th September, is established as World Rabies Day (WRD) by the Global Alliance for Rabies Control (GARC) and recognized by the World Health Organization (WHO). This date is chosen as on this date, back in 1895, the inventor of the rabies vaccine, Louis Pasteur, passed away. His discoveries are still saving countless lives. Symptoms Of Rabies

Symptoms of rabies can be divided into the following stages:

Stage 1 (Incubation): It is the period from exposure of virus to the onset of symptoms and differs from person to person. This time is generally 2 to 3 months but may range from 1 week to 1 year. It is dependent on factors such as site of entry of the virus and the viral load

Stage 2 (Prodrome): This stage consists of non-specific symptoms that mostly resemble the flu with several gastrointestinal symptoms: Fever Headache Malaise Decrease in appetite Pain, numbness, tingling, and itching at the wound site

Stage 3 (Neurological): In this stage, the virus reaches the central nervous system. It causes fatal inflammation of the brain and spinal cord which can be experienced as the following symptoms: Anxiety Confusion Agitation Delirium Disturbed behavior Hallucinations Hydrophobia (fear of water) Insomnia Muscle aches Weak arms and legs Difficulty in swallowing Aerophobia (fear of fresh air)

Stage 4 (Coma): This stage usually develops within ten days of stage 3. Patients may have consistent hydrophobia and can develop paralysis.

Stage 5 (Death): The stage 4 can lead to death within 2 to 3 days without supportive care. Did you know? The “frothing” in rabies, as portrayed in the movies Cujo and Old Yeller, is due to hypersalivation. The victims suffer from intense throat muscle spasm at the mere sight, taste, or sound of water. Types Of Rabies

Rabies can be divided into two types depending upon the symptoms. These are: Encephalitic (furious) rabies It is the most prevalent form of rabies and affects 85% of the population infected with the rabies virus. In this type, patients experience symptoms such as: Hyperactivity Excitable behavior Hydrophobia(fear of water) Aerophobia(fear of flying) Tachycardia (increase in heart rate) Tachypnea (abnormal rapid breathing)

It can also be life threatening due to cardio-pulmonary arrest. Paralytic rabies As the name suggests, it causes paralysis of muscles that usually starts at the site bitten by the animal. Almost 20% of cases of rabies are of the paralytic type. It may also result in coma and eventually death of the patient. This form is often misinterpreted as normal paralysis and Guillain-Barre syndrome due to the absence of classical symptoms of rabies which include hydrophobia. Patients may also feel: Ongoing fevers Weakness Bladder dysfunction Classic form This form of rabies is rare, generally associated with seizures and more profound motor and sensory symptoms. Risk Factors For Rabies

Low knowledge levels regarding rabies Rabies is highly prevalent in the areas where people are having low knowledge regarding rabies and dog bites. The cases are especially seen in rural areas where people are unaware about the measures taken to prevent and manage rabies. Exposure to unvaccinated dogs Dogs are the main source of spreading rabies. Exposure to stray dogs or unvaccinated dogs can be a source of infection. Living in rabies endemic countries People living in rabies endemic countries with a poor control on dogs and wildlife are more prone to rabies infection. Age Children are at high risk of catching the virus as they are more prone to be attacked by animals. Most cases of rabies are seen in children who are bitten by dogs, especially on their arms and faces. Diagnosis Of Rabies

An immediate medical attention is essential, if anybody is suspected to be bitten or scratched by an animal as there is no direct way to recognise a rabid animal.

However, the diagnostic tests can confirm the infection but it usually takes time and the dependency on the results can delay the treatment process.  
Testing the animal The animal that is caught biting or scratching is first tested for rabies. This testing may save a patient from unnecessary physical, psychological, and financial stress if the animal is not found to be rapid.

The rabies is usually diagnosed by direct fluorescent antibody (DFA) test. The DFA test detects the rabies virus antigens in brain tissue of the euthanized (put to death humanely) animal.

Animals that are found to be healthy such as a vaccinated dog or cat are not usually tested and kept under observation for 10 days. After this period, a doctor usually decides what to do after discussing with the local health department. Testing in humans Rabies can be confirmed by various tests that detect the whole virus, viral antigens, or nucleic acids in infected tissues. Some of the tests are discussed below: Lumbar puncture In this, a sample of cerebrospinal fluid is taken for detection of the virus. The sample is taken using a thin needle from the lower part of the lumbar spine. Nuchal skin biopsy It is the most reliable method of detecting the rabies virus during the first week. In this, a sample is collected from the skin of the back of the neck. The virus is detected using immunofluorescent antibody staining under a microscope. Real time polymerase chain reaction (RT-PCR) In this, the saliva is tested for the presence of rabies virus. The method amplifies the genetic material of the virus (RNA) for the ease of identification. The test usually has high sensitivity and is used as a confirmatory test for detection of rabies infection. Blood tests These tests are not used often for detection of rabies virus as the virus specific antibodies take time to reflect in the blood. They are mainly used to check the efficacy of the rabies vaccines given to the patient. The most common antibody test used is virus neutralization test which can be performed in two ways: Fluorescent antibody virus neutralization FAVN) test Rapid fluorescent focus inhibition (RFFIT) test Imaging tests These tests are usually done to diagnose rabies encephalitis. The tests include: Magnetic resonance imaging (MRI) of head: This imaging technique uses magnetic fields and radio waves to create detailed pictures of the brain. Computed tomography (CT) scan of head: In this, X-rays are used to create detailed pictures of the head.. Specialist To Visit

Rabies is a medical emergency as it can lead to fatal consequences in the absence of timely treatment. Any bite or scratch of an unfamiliar or wild animal should not be ignored. Patients should wash the wounds immediately with soap and water and consult the doctor for the assessment of the risk of rabies.

Doctors usually decide the course of treatment after checking the wound developed due to an animal attack. The following doctor can help in the diagnosis and treatment of rabies: General physician Infectious disease specialist Neurologist Neurosurgeon

If you are noticing any of the symptoms, seek advice from our world-class medical professionals. Consult Now! Prevention Of Rabies

Eliminating rabies in animals Rabies is a vaccine-preventable disease. It is important to keep the vaccinations of your dogs, cats, ferrets, and selected livestock up-to-date. A booster vaccination is also recommended in case your dog and cat is attacked or bitten by a wild animal. Vaccination The same vaccine that is used in animals is also used to immunize people after an exposure. In some cases, vaccination is also required in humans before exposure to rabies.

The vaccines for rabies have been available for more than 125 years. Earlier nerve tissue vaccines were used which have now been replaced with various modern cell culture and embryonated egg-based vaccines (CCEEVs). CCEEVs are more effective than earlier vaccines and have lesser side effects.

Vaccinations of high risk people (Pre-exposure vaccination) Vaccination is also recommended for the people who are at high risk of getting the disease. These include: Veterinarian or an animal handler Veterinary student People who study or explore animals Students working on rabies virus People traveling to the rabies prevalent countries

Vaccination is also recommended for children and infants living in an area with a high incidence of rabies and where the supply of immunoglobulin is limited. The vaccine can be given in 2 schedules, either via intramuscular route or va intradermally at days 0, 7, and 21 and 28.

The booster doses are required only in some cases where there is a continuous exposure of the rabies virus. In case of exposure to rabies virus to vaccinated people, still post-prophylaxis is required.

Vaccination after an animal bite The vaccination is required if a person is bitten by a rabid animal. In this case, a doctor usually decides if you need the rabies vaccine. The vaccine is given in 4 doses, if you have not previously been vaccinated for rabies. The first dose is given immediately after the bite, followed by additional 3 doses which are given after 3 days, 1 week, and 2 weeks after the first dose.

The person who has already received the rabies vaccine, requires only 2 doses. The first dose is given immediately after the bite and the second dose is given after 3 days.

Vaccines lower the immunity for a period of time. So, it is necessary to tell your doctor if: Had an allergic reaction to the rabies vaccine in the past Have severe other allergies Have HIV infection Have cancer Are on some medications that can affect your immune system Are pregnant or breastfeeding

But in case, if it is confirmed that you are bitten by a rabid animal, you need to get vaccinated even in the presence of these conditions.

Side effects of vaccination The side effects of rabies vaccines are very mild and usually go away on their own. The common side effects include: Pain, swelling, and redness at the injection site Headache Upset stomach Pain in the stomach Muscle aches Dizziness

Some of the rare side effects include: Itchy spots on the skin Joint pain Fever Avoiding animal exposure The best protection against rabies is to avoid any wild animal that can transmit rabies. The following measures should be taken to avoid the exposure: Do not touch injured animals. In case you find an injured animal, contact the local authorities immediately for assistance. Do not feed, play or pat unknown animals, especially in areas where rabies is known to occur. Do not touch stray dogs and cats while traveling. Do not allow your pets to roam free as they may be infected by other animals. Do not leave garbage or pet food outside. It may attract wild or stray animals. Do not keep wild animals as pets. Do not ignore the strange behavior of your pet. Any change in behavior of the pet should be immediately reported to the veterinarian. Do not allow kids to touch or feed stray cats and dogs that may be wandering around them. Educate and remind kids to stay away from stray animals. Awareness on rabies It is very important to understand the risk of rabies. Rabies is a fatal disease which is transmitted through animals, especially dogs. But, rabies in humans can be prevented through prompt vaccination and appropriate medical care. If you are bitten or scratched by an animal, immediately inform your doctor.

Educating both children and adults about rabies and its prevention plays a very important role in limiting the exposure. Increasing awareness of rabies prevention and control in communities includes education and information on responsible pet ownership, how to prevent dog bites, and immediate care measures after a bite. Treatment Of Rabies

What to do after a bite or scratch by an animal, particularly a dog? Wash the wounds with soap and water, immediately as it will reduce the chances of infection. Flush the wound thoroughly for about 15 minutes with water.  
Give first aid to the wound that includes applying an iodine-containing or anti-viral medication Capture the animal in a large box, or atleast identify it, if possible. Do not risk further injury to yourself. Call your family doctor immediately and explain to him/her about the bite. Call the Department of Health and animal control officer and provide them the accurate description of the animal. Avoid covering the wound with dressings or bandages. Keep the biting animal under observation for 10 days. What to do if your pet is bitten or scratched by another animal, particularly a dog? Wear rubber gloves while washing your pet’s wounds. Call your pet’s veterinarian immediately. Post-exposure prophylaxis (PEP) There is no specific treatment for rabies, if symptoms start to develop. Therefore, the focus is given on preventing the exposure. Even if rabies is not confirmed, treatment should start straight away. This is called post-exposure prophylaxis (PEP) and is done to prevent the infection. PEP refers to the prompt treatment of a bite that might expose the person to rabies. This helps in preventing the entry of viruses into the brain and consists of: Extensive wound washing: It includes immediate washing of the wound with water, soap, detergent and povidone iodine for at least 15 minutes. This may help in removing or killing the virus. Administration of rabies immune globulin: This gives immediate protection before the vaccine starts to work. Administration of rabies vaccine: The vaccine is injected immediately after a bite. It is given in 4 doses at 0,3rd, 7th, and 14th day of the bite. An extra dose at day 28 is also given to the patient with a weak immune system. Home-care For Rabies

Rabies is a serious disease that involves the nervous system. Most of the patients are admitted to hospitals for the treatment. The caregivers or the family plays a very important role in maintaining the overall health of the patient. The following measures can be taken by the people that are taking care of the person.  
Keep the patient calm, comfortable, and free from emotional upset Avoid contamination from saliva and broken skin of the patient by taking special precautions Keep the patient in a quiet room Keep the patient away from triggers (loud noise, intense light, and cold air) of muscle spasms and convulsions Allow the patient to take proper sleep to control excitability Keep the patient hydrated. Complications Of Rabies

The rabies virus travels through the peripheral nervous system and targets the central nervous system (brain) which can cause neurological complications such as encephalomyelitis. This can also cause anxiety, agitation and delirium. The virus can travel back to the PNS and can attack various peripheral organs such as salivary glands.

The virus can cause the complete failure of the entire nervous system which can even cause death of the infected person. All these changes can develop following complications in patients. Seizures Fasciculations Psychosis Aphasia Autonomic instability Paralysis Coma Cardiopulmonary disorders Multiple organ failure Cardiac arrest Hypotension Confusion Paralysis of lower legs Problems swallowing due to painful throat and voice box spasms Insomnia Apnea Death Frequently Asked Questions What should be done immediately in case of a dog bite? What is the life of the rabies virus outside the rabid animal? How can you distinguish a rabid animal from a normal animal? What should not be done in case of animal bite? Can the rabies vaccine and immunoglobulin be given to a pregnant woman or a lactating mother? References World Rabies Day 2021, Pan American Health Organization, World Health Organization. Rabies VIS, Center For Disease Control and Prevention, Last updated on: June 2, 2022. Rabies, World Health Organization. Last Updated on: May 17, 2021. Rabies, Division Of Disease Surveillance. Rabies. Department Of Health. Rabies, National Foundation For Infectious Diseases Last Updated On: March 2022. Rabies, Australian Government. Department Of Health and Aged care. Last updated on: 14th June. 2022. Rabies, HHS.gov., Last Updated on: 29 April 2021. Treatment Of Dogs and Cats Scratches, Health. Rabies, John Hopkins Medicine. Rabies Control, VDH, Virginia Department Of Health. Diagnosis Of Rabies. Rabies- Bulletin Europe. Koury R, Warrington SJ. Rabies. [Updated 2021 Nov 9]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan.

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Rheumatoid arthritis Overview Rheumatoid arthritis (RA) is an autoimmune disease in which the immune system starts attacking healthy cells of the body and causes chronic joint inflammation.

Rheumatoid arthritis affects the joints, such as wrists, hands, and knees, and causes painful swelling. Symptoms include tender and swollen joints and stiff joints which worsen in the morning. The patient experiences fatigue, followed by fever and loss of appetite.

It’s still unclear as to what starts off this process. However, genetic factors along with family history, age, obesity, smoking, and an unhealthy lifestyle increase the risk of developing this disease.

Rheumatoid arthritis does not have a permanent cure but early treatment can result in a better prognosis. This disease can be managed with the help of medications and occasionally with surgery as they can slow down the spread of the disease, control its symptoms, and prevent deformity of the joints.

Lifestyle changes, such as being physically active, maintaining a healthy weight, and managing the symptoms through self-care strategies, can help RA patients lead productive lives. Key Facts Usually seen in Adults above 30 years of age Gender affected Both men and women but more common in women Body part(s) involved Joints Prevalence Worldwide: 0.6% - 1.27% (2019) India: 0.5% - 0.75% (2022) Mimicking Conditions Osteoarthritis Lyme disease Systemic Lupus Erythematosus Gout Reactive arthritis Psoriatic arthritis Necessary health tests/imaging Blood tests: Rheumatoid factor (RF), C-reactive protein (CRP) & Antinuclear antibody Joint scans: X-rays & MRI Treatment NSAIDs: Ibuprofen DMARDs: Methotrexate, Leflunomide, and Hydroxychloroquine. Steroids: Prednisone Biological DMRADs: Rituximab, Abatacept, Tocilizumab, and Anakinra Targeted synthetic DMARDs: Barticinib, Tofacitinib and Upacitinib Physical/occupational therapy Surgery See All Symptoms of Rheumatoid Arthritis Symptoms of rheumatoid arthritis tend to fluctuate. There are times when the symptoms are severe, known as ‘flares’. The symptoms might go into ‘remission’ when they become mild.

Signs and symptoms include:

1. Fatigue: Fatigue or the feeling of tiredness and exhaustion is the first sign of RA which affects a person’s everyday routine and productivity.
2. Fever: Fatigue is followed by a rise in temperature which further leads to a feeling of sickness and exhaustion.
3. Loss of weight: Occurrence of fever and fatigue results in the loss of appetite and this can lead to weight loss and weakness.
4. Pain and stiffness: Pain and stiffness are first felt in the smaller joints like joints of the fingers or the toes. The intensity of these symptoms increases over time. The pain often lasts for several days and is followed by a gradual stiffness in the body. This stiffness intensifies after periods of inactivity for eg.after getting up from sleep in the morning.
5. Swelling: Swollen hands and feet are the most common signs of rheumatoid arthritis. The inflammation in the joints causes the lining of the joints to thicken, leading to excess production of fluids in the joints. This excess fluid production puts pressure on the area surrounding the joints, leading to irritation of the nerve endings and pain and swelling of the joints. Did you know? May 20th is observed as World Autoimmune Arthritis Day with the aim to spread awareness about different types of arthritis. Know more about the myths and facts related to rheumatoid arthritis. Click To Read! Causes Of Rheumatoid Arthritis The immune system safeguards the body from infections and diseases by producing antibodies. However, sometimes antibodies tend to attack the thin layer that covers the joints. This thin layer becomes inflamed and affects the surrounding bones, cartilage, tendons, and ligaments, resulting in rheumatoid arthritis.

Genes play a role in causing rheumatoid arthritis. They make us vulnerable to infections caused by certain viruses and bacteria. This sometimes triggers the development of autoimmune diseases like rheumatoid arthritis. Risk Factors For Rheumatoid Arthritis

The exact cause of rheumatoid arthritis is yet unknown; however, the researchers have pointed out a few factors that could increase its risk:

1. Genetic factors: Genes play an important role in the development of autoimmune diseases, like rheumatoid arthritis. Therefore, if a close family member has this disease, then an individual has an increased risk of developing it.
2. Age: Although rheumatoid arthritis can develop at any age, it has an increased chance of developing during middle age. Its onset is mostly noticed among senior citizens or those in their 60s.
3. Sex: Women are more prone to developing RA than men because the hormonal changes during prenancy and menopause might increase one’s susceptibility to this disease.
4. Obesity/Excessive weight: Obese individuals are at a higher risk of developing rheumatoid arthritis. The excess fat tissue releases cytokines (proteins that cause inflammation) into the body. This aggravates the pain and increases the progression of the disease.
5. High birth weight: Research has shown that high birth weight (>4 kg) is associated with an increased risk of RA.
6. Smoking: It is the most substantial known environmental risk factor for RA. The risk of RA increases with the amount and duration of cigarette use.
7. Diet: Many dietary factors, such as red meat intake and vitamin D deficiency, have been found to increase the risk of RA. Excessive coffee consumption and salt intake can also be a risk factor for ACPA-positive RA (the most aggressive form of RA with a worse prognosis).
8. Infections: Microbes, like Mycoplasma, Enteric bacteria, and Epstein-Barr virus, are the commonly implicated infective agents that cause infections and predispose to RA. In India, an epidemic of chikungunya virus infection also contributed to the increase in the prevalence of RA in the susceptible population.
9. Periodontitis: It is a chronic inflammatory disease of the gums in which gums pull away from the teeth and form pockets that become infected. Various studies have shown that the occurrence and severity of periodontitis were found to be higher in people suffering from RA, suggesting a positive correlation between these two chronic inflammatory diseases. Are you suffering from bleeding from gums? Try these home remedies and to get rid of bleeding gums. make sure to visit the dentist in case the bleeding doesn’t stop. Tap To Know! Diagnosis Of Rheumatoid Arthritis The signs and symptoms of rheumatoid arthritis are very similar to some other joint disorders, which make the diagnosis of this disease difficult in the early stages. But, if you experience any of the symptoms, consult a doctor at the earliest. It is essential to get a check-up done within six months of noticing the symptoms. This helps in slowing down the damage to the joints and in better management of the disease.

The doctor will conduct a physical examination during which they will check the joints for redness, swelling, and warmth. They may also check the muscle strength and reflexes.

There are specific blood tests and imaging tests/X-rays that help in the diagnosis of RA. The doctor will prescribe the tests depending upon the symptoms and the results of the physical examination. 1. Blood tests Rheumatoid factor (RF): The rheumatoid factor is an autoantibody that attacks joints in people with rheumatoid arthritis. This rheumatoid factor (RF) test measures the level of RF in the blood. C-reactive protein (CRP): This test checks for any kind of inflammation throughout the body. It helps detect rheumatoid arthritis and psoriatic arthritis. Antinuclear antibody: This test helps in identifying abnormal antibodies for detecting rheumatoid arthritis. Erythrocyte sedimentation rate (ESR): This test helps determine how fast the red blood cells cling together and settle at the bottom of a test tube. It helps indicate any inflammation in the body. Anti cyclic citrullinated peptide (Anti-CCP): This test helps to detect autoantibodies (associated with joint damage) which are usually present in most patients with rheumatoid arthritis. Human leukocyte antigen tissue typing (HLA): This test helps detect the presence of specific genetic markers that indicate the possibility of developing rheumatoid arthritis. 2. Imaging techniques: Apart from blood tests, scanning of joints is also conducted to detect rheumatoid arthritis. These scans detect the inflammation of the joints and the damage caused due to this inflammation. They also help in identifying the type of arthritis and how much the disease has progressed. X-rays: They help to detect any damage to the joints or bones due to rheumatoid arthritis. MRI: An MRI of the joints and the musculoskeletal system can help get a clear picture of the extent of inflammation and damage to the joints.

Get your lab tests done with us at the comfort and safety of your home. Book Now! Celebs affected Hrithik Roshan Hrithik Roshan was diagnosed with rheumatoid arthritis. It took the help of modern medicine and a fighter’s attitude to overcome his debilitating pain. Kathleen Turner Mary Kathleen Turner is an American actress, who is known for her distinctive voice. Turner has won two Golden Globe Awards. She refused to let RA defeat her and stays active by doing pilates twice a week. Megan Park Megan Park is a Canadian actress and director. She is known for her portrayal of Grace Bowman in the television series ‘The Secret Life of the American Teenager’. She shared her diagnosis of RA with the public to let others know they weren’t alone. Prevention Of Rheumatoid Arthritis

Various genetic and environmental factors are responsible for rheumatoid arthritis. While the genetic factors can’t be changed, modifications in one’s lifestyle and incorporation of healthy habits will go a long way in reducing the risk and the damaging side effects of this disease.

Here are a few ways to stay safe and to prevent the worsening of this condition:

1. Quit smoking: Smoking increases the risk of developing rheumatoid arthritis in people who are genetically prone to developing this condition as this activity triggers a faulty immune system functioning. It causes the symptoms to advance at a faster pace.

Quitting smoking is one of the best ways to prevent damage to your overall health. If you cannot quit smoking by yourself, you could use the help of family or friends to hold you accountable for quitting the habit.

Here are some practical tips that can help quit smoking! Click To Know!

1. Lose weight: People with excess weight experience faster disease progression, pain, and disability. Obesity also increases the susceptibility to other diseases in people with rheumatoid arthritis.

Low-intensity exercises (thirty minutes of physical activity), such as walking, swimming, and yoga, help reduce weight,pressure on the joints, and the chance of developing joint diseases. These activities also increase energy levels and improve flexibility, making one leaner and fitter and healthy in body and mind.

Finding it challenging to lose weight? Here are some weight loss tips that can work for you! Tap To Read!

1. Change the diet: Changing the diet also goes a long way in preventing a disease or reducing the chances of damage to the body.

Foods to consume: Foods rich in antioxidants help fight free radicals that damage the body. Increase the consumption of fiber and vitamin-rich foods and foods that help fight inflammation, like: Fruits Green vegetables Nuts and seeds Whole grains Low-fat dairy Lean proteins Small amounts of saturated fats Foods rich in omega-3 fatty acids Spices, such as turmeric, are known to fight inflammation. Include them in the recipes to reap their benefits.

Foods to avoid Red meat and protein Caffeine Sweetened beverages Excessive salt Processed, packaged, and junk food

1. Vitamins and supplements: Supplements containing Vitamin D, Vitamin C, and antioxidants have been shown to reduce the risk for RA.
2. Dental health: There is a potential link between gum infections, like periodontitis, and RA. Getting regular checkups from the dentist, maintaining good oral hygiene, and not neglecting bleeding gums can help prevent the progression of minor gum diseases into periodontitis.
3. Seek timely help: If any signs or symptoms of rheumatoid arthritis, such as pain, tenderness, or swelling in the small joints of your hands and feet, are noticeable, then consult a doctor immediately. Seeking timely help will prevent damage to the joints and help in better management of the condition. A rheumatologist can guide towards the proper treatment and prescribe tests and scans to study the progress of the disease. Protect your joints! Choose activities that are easier on the joints and don’t cause further harm. Low-impact activities, such as walking and swimming, are safer. Always remember to wear protective equipment to prevent injury to the joints. To read more about 5 simple ways for keeping joints healthy. Tap To Read! Specialist To Visit

Early detection of rheumatoid arthritis helps in getting better treatment and in preventing damage to the joints. Specialists who will make the perfect diagnosis and prescribe the right treatment are: Rheumatologist General physician Orthopaedist Orthopedic surgeon

A rheumatologist specializes in arthritis, hence, is the ideal doctor to consult.

If not a rheumatologist, one may also consult a general physician who has treated patients with rheumatoid arthritis and who can also work closely with a rheumatologist. It is essential to consult a rheumatologist periodically as they will prescribe blood tests,joint scans, MRIs, or X-rays to inspect the joints and a suitable treatment based on the study.

If the symptoms intensify, consultation from an orthopedist or an orthopedic surgeon can also be considered. Orthopedic surgeons specialize in joint replacement surgery. So, if the damage to the joints is severe and is hampering your daily life, they will recommend surgery, or any other treatment, as per requirement.

Seek advice from our world-class medical professionals in case of any symptoms. Consult Now! Treatment Of Rheumatoid Arthritis

Rheumatoid arthritis has no cure. However, an early diagnosis can help in selecting a treatment to keep the symptoms under control. Some medications, such as disease-modifying antirheumatic drugs (DMARDs), work in slowing down the progression of the disease and saving the joints from damage.

There are three methods of treating rheumatoid arthritis related pain and symptoms:

A. Medications These are given depending upon the intensity of the symptoms and the progression of the disease.

1. NSAIDs: Nonsteroidal anti-inflammatory drugs (NSAIDs) are prescribed for reducing pain and inflammation. NSAIDs, like ibuprofen, are available as an over the counter drug, but for stronger NSAIDs, a doctor’s prescription is needed.
2. DMARDs: Disease-modifying antirheumatic drugs (DMARDs) slow down the progression of this disease. This action helps save the joints and tissues from damage and disability. Methotrexate: It is an immunosuppressant. It slows the activity of the body’s immune system and reduces pain, swelling, and stiffness. Leflunomide: It blocks the chemical messengers that cause inflammation and swelling. Hydroxychloroquine: It eases the progression of the disease and reduces pain, swelling, and redness. Sulfasalazine: It suppresses the overactivity of the immune system and blocks the chemical messengers that cause inflammation.
3. Steroids: Corticosteroids reduce inflammation and damage to the joints and provide relief from pain. These drugs have specific side effects, such as weight gain, diabetes, and thinning of the bones. Therefore, they are prescribed for a short duration and the dose is decreased gradually. Prednisone is one such corticosteroid that is prescribed to patients with rheumatoid arthritis.
4. Biological DMRADs: These are some of the latest DMARDs that are prescribed for swelling and redness. These are also known as biologic response modifiers. They block the chemical messengers that cause inflammation and give relief from swelling and redness. This category includes drugs like: Rituximab: This drug works by targeting the unwanted activity of immune cells (B cells) in rheumatoid arthritis. Abatacept: It blocks the action of certain chemical messengers that are responsible for inflammation, swelling, and redness associated with certain joint diseases. Tocilizumab: This is an anti interleukin-6 (IL-6) medication. IL-6 plays a key role in driving the inflammation that is responsible for joint destruction in rheumatoid arthritis. Anakinra: Interleukin-1(IL-1) is another important chemical messenger responsible for the development of RA. This drug works by blocking interleukin-1.
5. Anti-TNF drugs: Tumor necrosis factor (TNF) is a cytokine involved in systemic inflammation which plays a major role in the pathogenesis of RA. Some anti-TNF drugs which can be used in this condition are: Infliximab Etanercept Adalimumab
6. Targeted synthetic DMARDs: If the conventional DMARDs and the biological agents do not work, then targeted synthetic DMARDs are prescribed. Take these as per the doctor’s prescription to notice their effect. Doctors can also advise regular blood tests to monitor the liver, kidneys, and blood count. Examples of these drugs include: Bariticinib Tofacitinib Upacitinib B. Therapy Physical or occupational therapy helps improve flexibility and eases joint pain. A therapist may teach ways to simplify tasks and to reduce mental and physical strain and stress. They may also guide in selecting gadgets that don’t strain the painful joints. C. Surgery It is advised when medications and therapy fail to slow the damage. It improves the functioning of joints and restores one’s ability to lead a productive life. A rheumatologist will advise some of the following procedures: Tendon repair: This consists of repairing the tendons around the joints. Synovectomy: It’s a surgery to remove the inflamed lining of the joints. Joint fusion (arthrodesis): Fusing of two or more bones in a joint to get relief from pain. Total joint replacement surgery: It consists of removing the damaged parts of the joint and replacing them with a metallic or plastic prosthesis. Did you know? Healthy eating habits can help reduce weight and ease the pressure on joints. As per a study, developing healthy eating habits can prevent weight gain, which may also be beneficial to reduce the effects of RA. Read more about healthy diet plans and weight loss tips. Click To Read! Home-care For Rheumatoid Arthritis

Although painkillers help ease the pain and the inflammation, there is no cure for this condition. Therefore, making lifestyle changes, dietary changes, and managing stress are crucial in reducing the discomfort and slowing down the progress of the disease.

Here are a few changes that will provide relief and help live a comfortable life: 1. Home remedies Rheumatoid arthritis (RA) involves inflammation; therefore, adding anti-inflammatory herbs and spices will have health benefits. However, these should be taken after consulting a healthcare provider. These herbs include: Turmeric (haldi): This golden spice has anti-inflammatory properties and analgesic (pain relieving) effects. Ginger (adrak): It has anti-inflammatory properties and may improve RA symptoms by affecting the expression of certain genes. Green tea: It is rich in antioxidants. It can help reduce inflammation and can protect joints.op Cinnamon (chakla): This ancient spice is filled with antioxidants that can prove beneficial for tender and swollen joints. Garlic (lehsun): This spice can liven up any meal and has anti-inflammatory properties that reduce cytokines (known to cause inflammation) and relieve pain due to RA. Black Pepper (kalimirch): This simple and household spice has antioxidant, antimicrobial, anti-inflammatory, and gastro-protective effects. Willow bark: This spice has significant anti-inflammatory properties and reduces various markers of inflammation. Indian frankincense: It is derived from the bark of the Boswellia tree, which has strong anti-inflammatory as well as analgesic properties. Ashwagandha: It is also called Indian ginseng and is known to ease pain and joint swelling in people with rheumatoid arthritis. However, the supplement can cause an additive effect if taken with diabetes or thyroid medications. Hence, do not consume it without consulting a physician. Moreover, pregnant women should talk to their doctors before taking ashwagandha. 2. Physical activity This is the most important and effective way of reducing pain and discomfort associated with rheumatoid arthritis.

Tailor an exercise program according to the schedule and health benefits that are needed with the help of a doctor or physiotherapist. Half an hour of physical activity every day is enough to increase stamina and flexibility. This will also improve one’s sleep pattern and will ease depression and anxiety related to rheumatoid arthritis. 3. Dietary changes Make informed choices about diet with the help of a nutritionist to not just reduce weight but to also improve the overall health. The necessary nutrients supplied through a tailored diet will improve one’s energy levels as their weight decreases. Having a well-balanced diet rich in antioxidants can lessen the pressure on the joints and give comfort from pain. Make sure to consult a doctor or dietician before starting any supplements. The food or supplements rich in the following can be beneficial: Omega-3 fatty acids Zinc Iron Folate B vitamins Calcium Vitamin D Fluoride 4. Sleep It is of utmost importance in one’s fight against any disease. Eight hours of sound sleep every night helps maintain a positive mindset and also eases pain. Consult a doctor if you have difficulty sleeping. Also try taking short naps in the afternoon to energize you for the remaining part of the day. 5. Massage Massages increase the fresh oxygenated blood supply to the muscles and organs and aid in removal of waste products from the body, which alleviate rheumatic disorders. It also improves flexibility and reduces soreness of the joints.

Castor oil or essential oils, like black currant seed, evening primrose, lemongrass, and borage seed, can be used for massages. However, they should be used only after testing on your skin to ensure there is no irritation. 6. Heat and cold Ice packs help bring down the swelling and the inflammation. One can use them during the flares but only for 15 minutes. Alternately, use a hot water bag or a warm towel to relax the muscles and to increase blood flow to the treatment area. Hot tub baths also provide relaxation to stiff, painful muscles. Complications Of Rheumatoid Arthritis

Rheumatoid arthritis affects the lining of the joints and causes gradual bone erosion and deformity. Besides these side effects, rheumatoid arthritis increases the risk of developing other ailments, such as:

1. Osteoporosis: Rheumatoid arthritis and the medications used to treat it increase the risk of developing osteoporosis. In this condition, our bones become weaker and are prone to fractures. Lack of exercise due to pain and swelling and insufficient calcium intake are other factors that lead to loss of bone density, which further leads to osteoporosis.

Osteoporosis is a disease condition in which bones get thin and weak due to low bone mass (bone density). This makes bones fragile and increases the risk of fractures from the slightest trauma. Read More!

1. Carpal tunnel syndrome: When the nerve that serves the hand and the fingers get compressed due to inflammation, it is referred to as a condition known as carpal tunnel syndrome. As rheumatoid arthritis typically affects the hands, it will also affect the wrist, putting it at a greater risk of developing carpal tunnel syndrome.
2. Lung diseases: Rheumatoid arthritis increases the chances of inflammation and scarring of the lung tissues. This could lead to shortness of breath, dry cough, fatigue, loss of appetite, and weakness. Due to the inflammation, obstruction in the walls of the airway in the lungs can also cause shortness of breath and chronic dry cough.
3. Heart problems: Inflammation due to rheumatoid arthritis causes plaque build-up in the arteries, leading to narrow blood vessels. This blocks the blood flow and affects the heart. Furthermore, the drugs used to treat RA symptoms and the lack of exercise due to pain and swelling increase blood pressure. People suffering from this disease tend to have high LDL (bad cholesterol) levels and low HDL levels (good cholesterol). All of these factors increase the risk of cardiovascular diseases in these patients.
4. Dry eyes: Rheumatoid arthritis also affects eye health. Dry eyes are the most common side effect of this chronic disease. Dry eyes increase the risk of damage to the cornea and cause inflammation in the sclera or the white part of the eyes. Therefore, eye pain or change in the vision needs to be addressed as soon as possible to prevent further damage to the eyes.
5. Nodules on the skin: Rheumatoid arthritis can cause rheumatoid nodules under the skin. These typically appear on the fingers, forearms, elbows, and heel and are a sign of the progression of the disease.
6. Depression or anxiety: Rheumatoid arthritis dramatically affects the patient’s emotional health. Feelings of sadness, anxiety, loss of interest, and lack of sleep can all lead to depression. Support groups and emotional bonding with family and friends can help patients deal with the condition better. Did you know? Rheumatoid arthritis (RA) increases the chance of getting COVID-19. Moreover, the symptoms could be more severe than someone who does not have RA. Conversely, there is also some evidence that COVID-19 can also raise the risk of getting RA. Read More About COVID! Alternative Treatment For Rheumatoid Arthritis

Apart from taking prescribed medications, one may also follow some alternative therapies to relieve pain and stiffness. Examples of these therapies are:

1. Homeopathy: Studies suggest use of homeopathy for relief from pain and stiffness. It strengthens the immune system and controls the symptoms without the risk of side effects. However, it is essential to consult a doctor before beginning any alternative treatment.
2. Acupuncture: It uses needles to heal chronic pain. It lowers the levels of chemicals that cause inflammation in the body. Since this method uses needles that need to be sterile and correctly used, ask a doctor to suggest the right acupuncture practitioner.
3. Chinese medicine: Thunder god vine is a herb that is used as a natural remedy to ease inflammation and tenderness of joints in people with rheumatoid arthritis. However, one needs to be sure about its quality. It also has certain side effects that could harm pregnant women. Therefore, caution is advised during its use.
4. Tai chi: It is a Chinese martial art that has several health benefits. Its slow and gentle movements improve strength, flexibility, and balance. This form of martial art has statistically shown significant benefits on lower extremity range of motion, in particular ankle range of motion, in people with RA.
5. Yoga: This low-intensity, ancient Indian workout is perfect for improving flexibility, easing pain, and bringing relief from mental stress. A few simple yoga asanas that help improve muscle strength and posture are mentioned below: Virabhadrasana II (Warrior Pose 2) Marjaryasana - Bitilasana (Cat pose - Cow pose) Vrikshasana (Tree pose) Setu bandha sarvangasana (Bridge pose) Viparita-Karani (Legs-up-the-wall pose)

Read more about various alternative treatments to deal with long term pain. Read Now! Living With Rheumatoid Arthritis

Rheumatoid arthritis is an autoimmune disease. Although it doesn’t have any permanent cure, one can get the right treatment to keep the symptoms under control if detected early. Therefore, seeking early medical attention is crucial.

The symptoms of this chronic disease aren’t constant. At times, they flare, while other times, they are in remission. Here are some essential things to remember when living with rheumatoid arthritis: 1. Health care Start an exercise program to increase your stamina and to improve flexibility. Maintain the right posture while sitting, standing, and walking. Do not lift heavy objects. Avoid kneeling or sitting down. Buy an ergonomic chair for work. Make changes in the diet to help relieve inflammation and to improve overall health. Seek physical or occupational therapy. Do not miss medications or doctor’s appointments. 2. Lifstyle changes Plan the day ahead, but allow space for changes in the tasks. Simplify daily routine and everyday tasks. Cook simple meals. Shop online. Buy toothbrushes and combs/hair brushes with wide handles. Use a chair in the shower and install a handrail for support. Buy easy-to-wear clothes with large fasteners, such as buttons and zippers. Pick easy-to-wear footwear over ones with laces or buckles. 3. Self care Make self-care a priority. Avoid being homebound. Take care of both emotional and mental health. Manage stress using stress management techniques, like meditation, mindfulness practices, or deep breathing. Indulge in a hobby. Spend time with the loved ones. Join support groups. Meditation is the key to a healthy life! Practicing meditation for just 10-15 minutes a day can go a long way in protecting against diseases and has numerous other benefits. Click To Know! Frequently Asked Questions What are the early warning signs of rheumatoid arthritis? What are the five signs of rheumatoid arthritis? What is the difference between osteoarthritis and rheumatoid arthritis? What foods are bad for rheumatoid arthritis? At what age does rheumatoid arthritis start? Can rheumatoid arthritis go away? Which organs are affected by rheumatoid arthritis? References Rheumatoid arthritis (RA) | Arthritis | CDC [Internet]. Cdc.gov. 2021 [cited 9 October 2021]. Malaviya, A N et al. “Prevalence of rheumatoid arthritis in the adult Indian population.” Rheumatology international vol. 13,4 (1993): McInnes IB, Schett G. The pathogenesis of rheumatoid arthritis. N Engl J Med. 2011 Dec;365((23)):2205–19. Jacqueline Bullock, Syed A.A. Rizvi, Ayman M. Saleh, Sultan S. Ahmed, Duc P. Do, Rais A. Ansari, Jasmin Ahmed Med Princ Pract. 2019 Mar; 27(6): 501–507. Published online 2018 Sep 2. Agarwal SK. Core management principles in rheumatoid arthritis to help guide managed care professionals. Journal of Managed Care Pharmacy. 2011. Han A, Robinson V, Judd M, Taixiang W, Wells G, Tugwell P. Tai chi for treating rheumatoid arthritis. Cochrane Database Syst Rev. 2004;(3). Paul BJ, Kandy HI, Krishnan V. Pre-rheumatoid arthritis and its prevention. Eur J Rheumatol. 2017 Jun;4(2):161-165. Liao KP, Alfredsson L, Karlson EW. Environmental influences on risk for rheumatoid arthritis. Curr Opin Rheumatol. 2009 May;21(3):279-83. Deane KD, Demoruelle MK, Kelmenson LB, Kuhn KA, Norris JM, Holers VM. Genetic and environmental risk factors for rheumatoid arthritis. Best Pract Res Clin Rheumatol. 2017 Feb;31(1):3-18. Zaccardelli A, Friedlander HM, Ford JA, Sparks JA. Potential of Lifestyle Changes for Reducing the Risk of Developing Rheumatoid Arthritis: Is an Ounce of Prevention Worth a Pound of Cure?. Clin Ther. 2019;41(7):1323-1345. Pradeep Kumar and Snehashish Banik. Pharmacotherapy Options in Rheumatoid Arthritis. Rheumatology Diseases Unit. Clinical Medicine Insights: Arthritis and Musculoskeletal Disorders 2013:6. Köhler BM, Günther J, Kaudewitz D, Lorenz HM. Current Therapeutic Options in the Treatment of Rheumatoid Arthritis. J Clin Med. 2019 Jun 28;8(7):938. Basisht GK, Singh RH, Chandola H. Management of rheumatoid arthritis (Aamavata) using symbio health healthcare system. Ayu. 2012 Oct;33(4):466-74. Patil, Rajkala. (2016). Management of Rheumatoid Arthritis through Ayurveda. Journal of Traditional Medicine & Clinical Naturopathy. 5. 1-4. 10.4172/2573-4555.1000189.

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Rickets Also known as Vitamin D-dependent rickets, Phosphopenic rickets, Calcipenic rickets, Acquired rickets and Nutritional rickets Overview Rickets is a medical condition commonly seen in children. It is characterized by bowed legs and a curved spine, which causes a lot of pain and discomfort. Depending on the type of rickets your child develops, it can be hereditary (genetic in nature) or acquired (because of low consumption of essential nutrients).

Mainly, a lack of essential nutrients such as Vitamin D, calcium, and phosphorus have been attributed to the development of rickets. Other factors such as living in cold countries, having dark skin, and genetics can also increase the risk of developing rickets.

Mostly seen in children between the ages of 6 months to 2 years, your child can combat the symptoms of rickets with Vitamin D and calcium supplements and high exposure to sunlight.

Rickets can be prevented by proper exposure to sunlight and having a diet rich in Vitamin D, calcium, and phosphorus. It can also be treated by taking Vitamin D supplements and exposure to sunlight. Key Facts Usually seen in Children between 6 months to 2 years of age Gender affected Both men and women Body part(s) involved Spine Bones Legs Skeleton Mimicking Conditions Osteomalacia Osteogenesis imperfecta Primary hypoparathyroidism Lowe syndrome Fanconi syndrome Scurvy Necessary health tests/imaging Bone X-rays Blood tests Bone biopsy Treatment Stoss therapy Multiple doses of Vitamin D Phosphorus supplements Calcium supplements Symptoms Of Rickets Rickets is described as the weakening and softening of bones, which is caused by prolonged lack of exposure to Vitamin D. Look out for the following rickets symptoms in your child to get quick and effective treatment.

1. Fragile bones A symptom that is commonly associated with rickets and severe calcium and Vitamin D deficiency can lead to very weak bones, increasing the risk of fractures. Your child could have fragile bones, if they suffer from fractures frequently.
2. Pain in the spine and legs Due to the bones being soft and weak, they become sore, making it very painful for a child. This might make your child reluctant to walk, so they may waddle and tire easily after a few steps.
3. Teeth problems A child with rickets may show abnormalities in teeth structure, holes in the enamel, increasing cavities, and delay in teeth growth and formation.

Good dental care helps your children develop good dental habits. Read more about how to manage dental problems in children. Click To Know More!

1. Skeletal deformities When your child’s body has a deficiency in the required nutrients, rickets lead to many skeletal abnormalities. These include bowed legs or rickets leg, which refers to a curve in the spine, protruding breastbone, an oddly shaped skull, and pelvic deformities.

Nutritional rickets usually presents in infancy or preschool age, usually as widened wrists or bowing of legs.

1. Retarded growth and development Delay in the development of bones and growth can lead to your child having short stature and stunted growth.
2. Craniotabes This is a disorder where the bones of the skull are soft, and the fontanels are wide. This is frequently seen in infants who are older than three months.
3. Rachitic chest In this case, a child is seen with a wide costochondral junction, which is the joint between the ribs, and Harrison’s groove, a depression at the lower side of the rib cage that develops when the diaphragm pulls the soft ribcage.

A condition known as rachitic rosary can result in the thickening caused by nodules forming on the costochondral joints. This appears as a visible bump in the middle of each rib in a line on each side of the body. This somewhat resembles a rosary, giving rise to its name.

1. Hypocalcemia Defined as low calcium levels in the blood, infants with hypocalcemia may show signs and symptoms such as muscle spasms and convulsions. Causes Of Rickets Rickets is a bone disorder in children that leads to weak bones, muscle pain, and skeletal deformities. Today, nutritional rickets or rickets caused by the deficiency of Vitamin D, calcium, or phosphorus are the most common bone diseases affecting children. But other than this, rickets can be caused by genetics, drugs, or lack of mineralization.

These are the common types of rickets caused due to several deficiencies. These include:

1. Calcipenic rickets This is the most common form of rickets, along with Vitamin D deficiency that is reported in children. This type of rickets develops due to a deficiency of calcium in the body. This can occur due to trouble in absorbing calcium seen in diseases such as celiac diseases.
2. Phosphopenic rickets As the name suggests, this type of rickets is caused by the deficiency of phosphorus in your body. This can not only be due to low intake of phosphorus-rich food but also due to factors such as problems in phosphorus absorption by the intestine or high renal loss.
3. Vitamin D-dependent rickets Vitamin D-dependent rickets is the most common type of rickets that children all over the world suffer from. This is the type of rickets caused by the deficiency of Vitamin D. This can be due to problems in the synthesis of Vitamin D, a defect in the Vitamin D receptor, low consumption of Vitamin D-rich food, and low exposure to sunlight.
4. Genetics Other than the lack of nutrients in the body, rickets can also be genetic in nature. This is attributed to the genetic mutation of certain genes that stop the synthesis of Vitamin D in the body.
5. Familial hypophosphatemic rickets This is the most commonly inherited form of refractory rickets, being inherited as X-linked dominant with variable penetrance. Sporadic instances are frequent and an autosomal recessive inheritance has also been reported. The gene responsible for X-linked hypophosphatemic rickets is termed as PHEX gene (phosphate regulating gene with homology to endopeptidases on the X chromosome)
6. Renal tubular acidosis (RTA) Proximal or RTA are important causes of refractory rickets in children. The conditions are characterized by hyperchloremic metabolic acidosis with normal blood levels of urea and creatinine. Patients with proximal RTA may show low levels of phosphate, aminoaciduria (amino acids in the urine), and proteinuria (proteins in the urine). The use of bicarbonate and phosphate supplementation results in the healing of rickets.
7. Chronic kidney disease Refractory rickets may occasionally be the presenting manifestation of chronic kidney disease. The features of the mineral bone disease depend on the patient’s age and duration of disease. Elevated blood levels of creatinine, phosphate, and parathormone are characteristic. Therapy consists of restricting phosphate intake and providing supplements of calcium and active Vitamin D analogs.
8. Oncogenic rickets Mesenchymal tumors may secrete fibroblast growth factors that result in phosphaturia (phosphates in urine), hypophosphatemia (low level of phosphorous), rickets, and muscle weakness.
9. Secondary to other diseases McCune-Albright syndrome: It is a disorder in which the bones, skin and several hormone-producing (endocrine) tissues are affected. Epidermal nevus syndrome: The presence of skin lesions known as epidermal nevi that are associated with additional extra-cutaneous abnormalities, affecting the brain, eye, and skeletal systems. Dent’s disease: It is a chronic kidney disorder that causes, kidney problems as a result of damage to the structures called proximal tubules. Did you Know? Chronic kidney diseases can cause premature deaths, lower quality of life, and increased medical expenses. Learn more about chronic kidney diseases and their management. Click To Read! Risk Factors For Rickets

There are certain factors that can make your child more vulnerable and at risk of developing rickets. They are: People with dark skin are more prone to developing rickets due to high levels of the pigment melanin, which reduces the skin’s ability to produce Vitamin D from the sun. Lack or low exposure to sunlight in colder regions of India. Low consumption of food rich in Vitamin D, calcium, and phosphorus. Infants who are fed only breast milk, which has a low amount of Vitamin D. Individuals who stay more indoors during the daylight hours. Note: Our bodies produce more Vitamin D when they’re exposed to sunshine, so you’re more at risk for rickets if you live in an area with little sunlight. Did you know? Children with poor intake of Vitamin D-rich foods have a higher risk of developing rickets. So increase the intake of foods such as fish, meat, dairy products, and mushrooms in your child’s diet to boost the Vitamin D level. Here’s more on Vitamin D and the right way to take it. Click To Read! Diagnosis Of Rickets

You must go to a pediatrician as the first point of contact. They will first conduct a physical examination to check for tenderness or pain in the bones by lightly pressing on them. During the examination, the doctor will gently press on your child’s bones, checking for abnormalities. He or she will pay particular attention to your child’s:

Skull: Babies who have rickets often have softer skull bones and might have a delay in the closure of the soft spots (fontanels).

Legs: While even healthy toddlers are a little bowlegged, exaggerated bowing of the legs is common with rickets.

Chest: Some children with rickets develop abnormalities in their rib cages, which can flatten and cause their breast bones to protrude.

Wrists and ankles: Children who have rickets often have wrists and ankles that are larger or thicker than normal.

Once that is done, your pediatrician may order certain tests to help make a definitive rickets diagnosis. These tests include: Blood tests: These blood tests will be done to measure the levels of calcium, phosphorus, parathyroid hormone, and alkaline phosphatase (ALP) in your blood. Urinary calcium: In the diagnosis of rickets, establishing an inappropriately high urinary calcium excretion in the face of low serum calcium levels is important. Bone X-rays: X-rays will be conducted to check for any deformities in the bones. Bone biopsy: In rare cases, if the situation demands it, a bone biopsy will be performed, which involves the removal of a small part of the bone, which is sent to a laboratory for analysis. DEXA scan: Also known as bone densitometry, it is a means of measuring bone mineral density (BMD) using spectral imaging. Celebs affected OJ Simpson OJ Simpson is a famous footballer who came from very humble beginnings. At the age of two, he was diagnosed with rickets, which left him with bow legs. It was his interest in sports that helped him overcome this affliction. Prevention Of Rickets

Here are a few tips or suggestions that can go a long way in preventing the development of rickets. These include:

1. Sun exposure The National Health Service of England suggests that exposing your hands and face to the sun every day can prove useful in preventing rickets. Don’t let your child in the sun for more than 60 minutes (depending on their skin type); if you do so, you must apply sunscreen to prevent sunburns. Also, reduce the amount of time of exposure to the sun between 10 AM to 4 PM as sun rays are intense during this period of time.

Here’s more on how to choose the right sunscreen and the right way to use it. Tap To Know!

1. Diet rich in phosphorus, calcium, and Vitamin D Eating food filled with essential nutrients such as Vitamin D, calcium, and phosphorus, is important for healthy bone development and growth. Different types of fish, meat, egg yolks, and mushrooms can also help your child to prevent acquiring Vitamin D deficiency. It is also suggested to add foods rich in calcium and phosphorus to the diet.

Exposure to ultraviolet B light (most easily obtained when the sun is highest in the sky), cod liver oil, halibut-liver oil, and viosterol are all sources of Vitamin D.

1. Vitamin D supplements Adults, pregnant women, and children over the age of 1 year and older are suggested to take 10 mcg of Vitamin D supplements every day, while children at birth, up to 1 year old, can take 8.5 mcg to 10 mcg of Vitamin D tablets every day or 500 ml of infant formula every day.

Vitamin needs of the body are generally met through your diet, but Vitamin D is an exception. Read more about it. Click To Know More!

Specialist To Visit

If your child has any signs or symptoms of rickets such as bone pain, delayed growth, muscle weakness, or skeletal problems, take them to your doctor for a check-up.

If you are an adult and are experiencing bone pain or muscle weakness, see your doctor to get it checked.

Specialists that can help in the treatment and management of rickets include: Pediatrician General physician Orthopedic specialist Take medical advice from world-class professionals if you notice any symptoms. Consult Now!

Treatment Of Rickets

For the treatment of rickets, a diet rich in Vitamin D, calcium, and phosphorus can help. Other treatment options include:

1. Surgery Deformed bones due to rickets can be treated without surgery. However, in severe cases, surgery may be the only option to correct severely bowed legs, among other bone deformities. Chest or pelvic deformities and growth retardation may be permanent and can not be treated through surgery.
2. Stoss therapy In this type of treatment, a single large dose of Vitamin D is administered orally or intramuscularly for infants less than a month old. Oral treatment is advised because it restores Vitamin D levels quickly. This regimen is generally both safe and effective in treating Vitamin D deficiency rickets.
3. Multiple doses of Vitamin D In this regimen, small, daily doses of Vitamin D are given depending on the age of the child. The daily dose for infants less than a month old, 1-12 months, more than 12 months are 1000 IU, 1000 – 5000 IU, and 5000 IU, respectively, for a period of 2 to 3 months. Eventually, a dose of 400 IU is recommended for daily consumption.
4. Calcium and phosphate supplements For rickets resulting from genetics, treatment by a pediatric endocrinologist and orthopedic specialist is suggested. For Vitamin D-dependent rickets, children are treated with high doses of calcitriol and calcium. If your child is diagnosed with familial hypophosphatemic rickets, oral administration of phosphate supplements along with Vitamin D is prescribed as treatment. Home-care For Rickets

Doctors have pointed out that diet plays an incredibly important role in the prevention and treatment of rickets. Follow these steps to fight rickets: You must give your child 400 IU/day of vitamin D supplementation to fight Vitamin D-dependent rickets. If your child is still on breastmilk, completely or partially, 400 IU/day Vitamin D should be introduced into the diet until he/she starts receiving at least 1 liter of formula per day. Your child should be given 400 IU/day of Vitamin D, if he/she is receiving less than 1 liter of formula per day and is not consuming mother’s milk. Include foods such as milk, yogurt, cheese, meat, and fish to help increase the levels of Vitamin D, calcium and phosphorus levels. If your child is lactose intolerant, you can give orange juice or soy milk as both contain high concentrations of Vitamin D. When you hear calcium, all you can think of is a glass of milk. However, there’s much more to calcium than just milk and milk products. Read more about calcium-rich foods and supplements. Click Here!

Complications Of Rickets

Rickets caused due to deficiency of calcium may lead to a child getting seizures, breathing problems, and cramps. But in the long run, it can lead to serious complications, including complications like: Short stature Multiple bone fractures Pneumonia (lungs become filled with fluid) Dental hypoplasia (poor formation of enamel)) Cardiomyopathy (disease of the heart muscle where the heart muscle is unable to pump enough blood to the muscle) Hydrocephalus (fluid buildup in the cavities of the brain) Seizures Cavities in the teeth Irregularities in the bones Alternative Therapies For Rickets

Ayurveda has been treating various medical conditions for centuries, and many people have seen the effect of that. Find below a few ayurvedic remedies that can help in the treatment of rickets. Consult an Ayurvedic practitioner for proper guidance.

1. Pearl ash Administer up to 125 mg of moti bhasma or pearl ash with two teaspoons of honey to your child twice a day. In case of a critical condition, consult an Ayurvedic practitioner.
2. Oatstraw bath Take dried oatstraw herb and boil it in 4 liters of water and use it for bathing twice every week.
3. Dandelion tea Dry dandelion leaves and add them to a cup of boiling water. Let the leaves sit for about 5 minutes. After 5 minutes, strain the water and serve the tea to your child.
4. Nettle herb Add an ounce of dried nettle herb to a jar and pour one-quarter of hot water into it. Cover the jar and let it sit overnight. Strain the water and drink two cups daily.
5. Horsetail tea Add one teaspoon of horsetail tea leaves to 2 cups of hot water along with oat straw herb. Let it steep for 5 to 7 minutes. Strain the water and drink the tea after every meal. Living With Rickets

If your child has been diagnosed with rickets, you can follow these tips to effectively manage the disease: Give Vitamin D supplements every day after consulting your doctor. Make your child sit under the sun for 10-15 minutes (depending on their skin type) every day. Give the child a diet that is rich in meat, fish, milk, and dairy products. Make the child engage in any form of physical exercise every day to strengthen their bones. Take your child to a qualified physiotherapist on a regular basis to ensure better pain management and mobility. It will help in managing rickets better. If you see your child still suffering from muscle pain and cramps, please consult your doctor for further treatment. You should also take your child to a qualified physiotherapist who can help in improving physical functioning and pain management.

Doctors might suggest applying braces in some cases to ensure straighter longitudinal growth and provide support to limbs. Braces are also applied post-surgery. However, there is no valid study confirming the validity of bracing to treat or manage rickets. If your doctor advises bracing, make sure that your child wears braces properly and on a regular basis.

Rickets can be very painful for a child. While the symptoms may be severe and scary, they can be treated easily with the proper vigilance of the caregiver. Caregivers should ensure proper diet, physiotherapy, and outdoor activities for the child.

To get sufficient Vitamin D from sunlight, expose your back to the sun. Read about more ways to give your body the Vitamin D it needs. Click Here!

Frequently Asked Questions Can adults get rickets? How long does my child need to stay in the sunlight to prevent the development of rickets? Which specialist should I take my child to for rickets treatment? Does orange juice help in the prevention of rickets? If your child is lactose intolerant, what are the other food sources for obtaining Vitamin D? How long does it take before we can see improvement in the symptoms of rickets? Can rickets be confused with any other diseases? References Al-Sharafi BA, Al-Imad SA, Shamshair AM, Al-Faqeeh DH. Severe rickets in a young girl caused by celiac disease: the tragedy of delayed diagnosis: a case report. BMC Res Notes. 2014;7:701. Published 2014 Oct 8. Chatterjee D, Gupta V, Sharma V, Sinha B, Samanta S. A reliable and cost-effective approach for radiographic monitoring in nutritional rickets. Br J Radiol. 2014. Dahash BA, Sankararaman S. Rickets. [Updated 2021 Aug 10]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan. Ekbote, Dr. Veena, Khadilkar, Anuradha, Mughal, M et al. Sunlight Exposure and Development of Rickets in Indian Toddlers. Indian journal of pediatrics. Nov 2001. Antony R.Young, Kylie A.Morgan, Tak-WaiHo,et al. Melanin has a Small Inhibitory Effect on Cutaneous Vitamin D Synthesis: A Comparison of Extreme Phenotypes. Journal of Investigative Dermatology. Volume 140, Issue 7, July 2020. Singleton, Rosalyn ; Lescher, Rachel ; Gessner, Bradford D, et al. Rickets and Vitamin D Deficiency in Alaska Native Children. J Pediatr Endocrinol Metab. 2015 July. Tønnesen R, Schwarz P, Hovind PH, Jensen LT. Physical exercise associated with improved BMD independently of sex and vitamin D levels in young adults. Eur J Appl Physiol. 2016.

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Ringworm Also known as Tinea, Dermatophytosis and Dermatophyte infection Overview Ringworm is a common fungal infection that affects millions of people worldwide. Despite its name, ringworm is not caused by any worm. The disease gets its name from the occurrence of round and circular worm-like rashes on the skin. Several species of fungi such as Trichophyton, Microsporum, and Epidermophyton are known to cause ringworm.

The fungi can infect the skin of any part of the body like scalp, beard, hands, nails, groin, inner thighs, and feet. Ringworm is highly contagious and can spread from infected person and even pet animals. The symptoms usually develop between 1-2 weeks post infection and generally include itchy skin, ring-shaped rash and hair loss.

Due to its easy transmission to other body parts and to people, it is very important to take proper preventive measures such as keeping your body clean, drying off the body completely after taking shower, wearing loose clothes, and not sharing objects like brushes and combs with anyone.

Ringworm can be treated easily with the right topical and oral antifungal medications available in the form of creams, gels, sprays, shampoos, lotions, tablets, and capsules. For the complete recovery and to avoid reoccurrence, it is necessary to complete the duration of therapy as per the recommendations of the doctor even in the absence of symptoms. Key Facts Usually seen in All age groups but more often in adults Gender affected Both men and women but more common in men Body part(s) involved Skin Nails Scalp Mimicking Conditions Annular psoriasis Atopic dermatitis Cutaneous candidiasis Erythema annulare centrifugum Erythema multiforme Erythrasma Granuloma annulare Granuloma faciale Gyrate erythema Seborrheic dermatitis Eczema Spider bites Nummular eczema Lyme disease Necessary health tests/imaging Physical examination Microscopy Fungal culture Polymerase chain reaction Wood’s lamp examination Treatment Topical antifungals: Ketoconazole, Clotrimazole, Ciclopirox & Selenium sulphide Oral antifungals: Griseofulvin, Itraconazole, Terbinafine & Fluconazole Surgery Specialists to consult General physician Dermatologist Types Of Ringworm

Ringworm can attack any part of the body and can also cause extensive infection all over the body. However, it commonly affects: Skin folds. Areas prone to sweating like armpits and back. Flexures like underbust, armpits, and groin. Areas between the fingers and toes get affected, especially in the rainy season. Depending upon the affected body site by the fungi, ringworm can be classified into following types: Tinea capitis: It occurs on the scalp causing itchiness and loss of hair. Tinea barbae: This is when the infection affects the beard area. Tinea manuum: It occurs on the hands or in between the fingers. Tinea cruris: Also known as jock itch, this infection affects the groin area due to excessive sweating and poor hygiene. Tinea pedis: Commonly known as athlete’s foot, it affects the feet and is commonly found between the toes. Tinea unguium: Also known as onychomycosis, this fungal infection affects the nails and nail plates causing them to deform and break easily. Tinea corporis: This affects the torso, back and upper portions of the limbs. Tinea imbricata: Another variant of tinea corporis and is recognized clinically by its distinct, scaly plaques arranged in concentric rings. Tinea incognito: This is tinea corporis with an altered presentation due to corticosteroid treatment. Here’s everything you need to know about fungal skin infections. Click To Know!

Symptoms Of Ringworm

The symptoms of the ringworm depend upon the location of the body invaded by the fungi but they broadly include: Itchy or scaly patches that are red, brown, or grey, or raised areas of skin called plaques Patches that develop blisters or pustules Patches that resemble a ring with deeper colour on the outside Patches with edges that are defined and raised Overlapping rings Hair loss Depending upon the site of infections, a person may experience following clinical manifestations:

1. Feet (tinea pedis or athlete’s foot) It is the most common type of tinea infections. It usually occurs in men and young adults but children, women, and older people can also be affected. It is characterised by: Red, swollen, peeling & itchy skin between the toes Whitening of the skin between the toes Scaling of the feet Blisters on the foot
2. Scalp (tinea capitis) This type of infection involves skin and hair, usually affects children more than adults. Symptoms include: Hair loss Dry scaly areas on the scalp Itching on the scalp Bald patches on the scalp
3. Beard (tinea barbae) This infection affects beard and moustache areas of the face, and usually affects only adult men. The infections can be recognized by the following symptoms: Presence of lumps around the hairs Easily pulling out of the hairs Presence of bald patches & itchy red spots on the cheeks, chin and around the neck Fatigue Swollen lymph nodes
4. Body (tinea corporis) This type of fungal infection can affect any part of the body except the hands, feet, scalp, face, beard, groin, and nails. The typical symptoms of tinea corporis include: Pink to red round patches on the skin Itching
5. Nails (tinea unguium) It is also known as onychomycosis, it is the fungal infection of the fingernails or toenails. Onychomycosis affects toenails more often than fingernails and is most common among persons who have tinea pedis. Onychomycosis is more common in older adults and in persons with vascular disease, diabetes mellitus and trauma to nails. The nails of the person infected with tinea unguium are: Discolored Thick Fragile Cracky
6. Hands (tinea manuum) It refers to the fungal infection of the hands & involves following changes on the hands: A ring-shaped, scaly rash Itchiness Clear, scaly, or bumpy center of the ring rash Slightly raised rings A round patch of itchy skin
7. Groin (tinea cruris) This type of fungal infection often affects skin of the genitals that can spread to the upper inner thighs. The symptoms includes: Rash that can be painful or painless Burning sensation in the groin area Continuous itching Causes Of Ringworm

The causative organism behind ringworm infection is fungus. Approximately 40 different species of fungi are known to cause ringworm. Some of the common species that causes ringworm are: Trichophyton Microsporum Epidermophyton Once the fungi attach to the outer layer of the skin, they trigger an allergic reaction causing certain blood cells like eosinophils and chemicals called histamines to rush to the infected site. These cause the characteristic itching sensation. Scratching the area causes further damage to the skin. It helps the infection spread deeper and wider.

A person gets ringworm mainly from these three sources: Humans: This is called anthropophilic transmission. It involves parasites that prefer humans to animals. This is the most common form of transmission. Animals: Known as zoophilic infection, this happens when animals become the preferred source of food for the fungus. The infected animal then goes on to infect a human. Soil: Ringworm-causing fungi can also be the earth-loving variety that cause geophilic ringworm infection. Risk Factors For Ringworm

Your risk of getting ringworm increases, if you: Live in a tropical area Spend time in hot, humid weather Sweat heavily Wrestle, play football, or participate in another contact sport Live in close contact with infected person or animal Share towels, clothes, razors, and other things with infected person Are obese Have diabetes Wear tight clothes Have weak immune system Use public showers or locker rooms Note: Ringworm can easily transfer from animals to humans. You can get the infection through touching the skin and belongings of the infected animal. Did you know? Fungal infections such as ringworm develop more in wet environments like sweaty sites of the body. Sweating can be generalised sweating or can result from some other reasons. Read more about sweating and its most unpopular causes. Click To Read! Diagnosis Of Ringworm

To confirm a ringworm infection, your healthcare provider can perform following tests:

1. Physical examination Ringworm are characterised by its specific lesions which are examined by the doctor. The severity and the stage of the infection can also be diagnosed by examining the lesions under black light.
2. Microscopy In this, scrapings of the lesions are placed in potassium hydroxide (KOH) solution and examined under the microscope. The method is highly specific and cost effective.
3. Fungal culture It is the most reliable method to diagnose ringworm wherein scrapings taken from the infected area are allowed to grow in an artificial medium. The method is more specific than any other tests but requires more time.
4. Polymerase chain reaction (PCR) If KOH and fungal culture clinical evaluations are inconclusive, a polymerase chain reaction (PCR) test for fungal deoxyribonucleic acid (DNA) identification can be done.
5. Wood’s lamp examination In this, the skin is examined under ultraviolet (UV) light using a wood lamp in a dark room. The fungal infection is confirmed through the colour changes of the skin under UV rays.  
   Celebs affected Lindsay Lohan Lindsay Lohan, an American actress, suffered from athlete’s foot. She successfully managed her condition with proper treatment and hygiene. Prevention Of Ringworm

Proper preventive measures help the patient in speedy recovery. One can prevent the ringworm infection by practicing following measures such as: Maintaining good hygiene by regular bathing. Wearing fresh socks and undergarments daily. Avoiding tight clothes. Drying off the upper body followed by drying the lower body (feet) after taking a shower. Regularly trimming and cleaning of nails. Washing infected clothes in hot water with antifungal agent. Taking shower after playing sports that involves skin to skin coat. Avoiding sharing personal items of infected people such as clothes, towels, hair brushes, and combs. Wearing shoes or slippers in locker rooms and public showers Disinfecting exercise machines regularly Wearing gloves while handling infected pets Disinfecting surfaces and pet bedding Wearing loose shoes to allow air to circulate Avoiding sharing of sports gears such as helmets with other players Did you know? The chances of fungal infection increases in the summer season as fungi grow rapidly in hot and humid environments. The excessive sweating in the summer season also provides a favourable condition to the fungi that infects skin. Here’s more on the management of fungal infections in summer. Read Now! Specialist To Visit

Ringworm is a mild condition and usually resolves with OTC medication. However, consult a doctor immediately if: You have been using OTC antifungal medication for 2 weeks without any improvement. You have ringworm infection on the scalp. Your infection is spreading fast affecting larger areas of your body. Your ringworm patches have become inflamed and are painful. You are immunocompromised. Doctors who can help in the diagnosis and treatment of ringworm are: General physician Dermatologist Consult our professional doctors and seek help. Click here to book an appointment. Consult Now!

Treatment Of Ringworm

Ringworm is a fungal infection and can be treated by antifungal creams, lotions, sprays, tablets, and shampoos. The treatment that is given to the patient depends upon severity of the diseases and the affected body part such as hair, skin, and nails.

Some ringworm infections can be treated by over-the-counter drugs whereas some severe forms require prescription medications. The following treatment can be given as per the need and severity of the disease:

Topical antifungal medications These are available in the form of creams, gels, lotions, powders, and shampoos. Shampoos are used for the fungal infections of the scalp and are generally instructed to apply twice a week initially. Topical antifungal formulations such as creams, lotions, gels, and sprays are meant to apply on the affected area of the skin.

Antifungal nail paints are also available in the market for the fungal infections of the nail. Some of the medicines used for ringworm are: Terbinafine (cream or solution) Butenafine (cream) Clotrimazole (cream, solution, or lotion) Econazole (cream) Ketoconazole (cream or shampoo) Miconazole (cream, spray, lotion, or powder) Oxiconazole (cream or lotion) Ciclopirox (cream, lotion or nail lacquers) Tolnaftate (cream, solution, or powder) Selenium sulphide (shampoo) Naftifine (cream or gel) Sulconazole (cream or lotion) Onychomycosis mostly does not respond to topical therapy although ciclopirox nail lacquer applied daily for a year is occasionally beneficial. Itraconazole and terbinafine both accumulate in the nail plate and can be used to treat onychomycosis.

Oral antifungal medications Oral antifungal agents are prescribed in case of severe infection, failed topical treatment or immunocompromised patients. Thses are available in the form of tablets and capsules. Some of the common examples include: Terbinafine Griseofulvin Itraconazole Fluconazole Surgical care Surgical treatment is usually not indicated except for drainage of superficial vesicles, bullae, pustules, or deep abscesses.

Note: Relapse of tinea cruris and tinea pedis are common and should be treated early with creams to avoid development of more extensive disease. Home-care For Ringworm

1. Hygiene Ringworm is a highly contagious disease. Hence, maintaining good hygiene is necessary to prevent spreading of the infection to other parts of the body, to other people and to pets. Practising cleanliness also ensures faster recovery.

The following measures can be taken to adopt a fungus free environment: Wash your hands with a soap and water after applying medication to the affected area. Shower daily and after playing any sports. Wash the belongings of the patients such as towels, clothes, and bedding in hot water. Wear washed clothes everyday. Keep your body and clothes clean and dry. Disinfect your shoes regularly. Take measures to reduce sweat. 2. Duration of treatment Generally, antifungal medications show improvement in the lesions quickly and patients discontinue taking or applying medicines. Take the medications as per the recommendations of your doctor to avoid recurrence of the infection.

1. Consult veterinarian Ringworm can be spread from your pets such as dogs and cats to humans or vice versa. All the preventive measures taken by the patient and family members should be followed for the pets too. If a pet is showing any symptoms of ringworm, consult a veterinarian.
2. Keep in touch with your dermatologist Most of the ringworm infections often started to show improvement with the first treatment within 1 to 2 weeks. If infections persist and are not responding to the treatment, follow up with your doctor.
3. Eat right Diet alone cannot treat fungal infections but some food helps in speedy recovery through their anti-inflammatory properties such as: Protein rich foods like meats, pulses & beans Food rich in omega-3-fatty acids that includes nuts, seeds & fish Green vegetables Yoghourt Garlic in the form of food Avoid excess sugar and processed foods as high sugar serves as a medium for the growth of fungi that may delay your recovery and healing process. Eat green food as it is good for body odor. The green vegetables such as spinach have a powerful deodorising effect. This effect is due to the presence of chlorophyll. Minimise the intake of processed food and move over to green vegetables. Read more ways to avoid excessive sweating and thus body odor. Tap To Read! Complications Of Ringworm

As ringworm is a superficial fungal infection, the complications are rare. As it is highly contagious, leaving it untreated can lead to several complications by spreading to other parts of the body. Some of the possible complications include: Dark spots on the skin known as post inflammatory hyperpigmentation (PIH). Hair loss. Nail deformities such as change in shape of the nails. Deep infections such as Majocchi’s granuloma in which fungi invade deeper skin layers. Secondary bacterial infections, if bacteria penetrates broken skin. Kerion, a type of abscess filled with pus. Interface dermatitis (ID) reaction Fungal reactions can trigger interface dermatitis (ID) reaction. It is characterised by an itchy rash with small, water-filled blisters, usually seen on the sides of fingers. ID reaction is thought to be an allergic or autoimmune reaction in which the immune system starts to attack and target the skin. Alternative Therapies For Ringworm

Some of the alternative therapies that can be easily applied at home include:

1. Tea tree oil Tea tree oil is an essential oil that is extracted from a tree that is found in Australia. Studies have shown that tea tree oil has antibacterial and antifungal properties. It is commonly used to treat ringworm. It is applied directly on the affected area of the skin.

Note: People with sensitive skin should dilute tea tree oil in some medium such as coconut oil.

1. Coconut oil Also known as “tree of life”, it is one of the most popular and widely available home remedies to treat ringworm infections. Studies suggest that there are various fatty acids present in coconut oil that possess antifungal properties.

It can be applied directly on the skin and scalp. It is a convenient way to treat the ringworm of the scalp because of its ease of application.

1. Aloe vera It has been used for many years for its several skin care properties. According to various studies, it also possesses antifungal properties. The gel of the aloe vera can be applied on the affected skin 3 to 4 times daily.

Additionally, it also provides symptomatic relief from itching as it has cooling properties.

1. Garlic (lehsun) It has shown properties against various species of Candida. It is applied in the form of paste that is made by blending crushed garlic cloves with coconut oil.

Note: Do not reapply and rinse off immediately, if you have stinging, swelling or redness after applying the paste. .

1. Turmeric (haldi) It is known to exhibit excellent anti-inflammatory properties. Mix about half a teaspoon of turmeric powder with coconut oil and apply on the infected skin.
2. Epsom salt Studies have shown that epsom salt works as an antifungal agent. For this, it has to be mixed with some warm water and should be applied on the skin.
3. Eucalyptus oil The anti-inflammatory effect of this oil serves as a tool to inhibit the growth of fungus. It has to be applied on the skin with some warm water.
4. Apple cider vinegar It is also known to have antifungal properties against some fungi. It is wiped on the infected area to treat ringworm.

Watch the video to know more about the benefits of apple cider vinegar.

Frequently Asked Questions Is my rash ringworm or something else? Is ringworm an actual worm? Is ringworm contagious? Why is ringworm relapsing? What to do if a ringworm reappears again and again? What is a permanent cure? How to get rid of marks from ringworm infection? Is there any injection medicine for it? When to contact a doctor for ringworm? References About Ringworm, Centers For Disease Control and Prevention, Updated on: 26th Feb, 2021. Ely JW, Rosenfeld S, Stone MS. Diagnosis and management of tinea infections. American family physician. 2014 Nov 15;90(10):702-10. Nenoff P, Haustein UF, Brandt W. Antifungal activity of the essential oil of Melaleuca alternifolia (tea tree oil) against pathogenic fungi in vitro. Skin Pharmacology and Physiology. 1996;9(6):388-94. Noble SL, Forbes RC, Stamm PL. Diagnosis and management of common tinea infections. American Family Physician. 1998 Jul 1;58(1):163. Chapter 3, Diagnosing Ringworm, Ringworm, Shelter Medicine, School Of Veterinary Medicine. Symptoms For Ringworm Infections, Centres For Disease Control & Prevention, Updated on:14th Jan. 2021.

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Rosacea Also known as Acne rosacea, Couperrose, and Facial erythrosis Overview Rosacea is a chronic inflammatory skin disease characterized by repeated episodes of redness, flushing, acne-like breakouts, and small dilated blood vessels on the skin.

Rosacea usually involves the central region of the face, mainly the forehead, cheeks, chin, and the lower half of the nose. It can also cause pink, irritated eyes with an increased sensitivity to light.

The symptoms are usually triggered by various factors such as sunlight, spicy foods, stress, alcohol amongst others. The condition predominantly affects individuals with a lighter skin tone.

Diagnosis is confirmed by identifying the type of rosacea and its triggers. The treatment options include several topical and oral anti-inflammatory medications and antibiotics. Surgery may be recommended in severe cases to remove the thickened skin. Key Facts Usually seen in Individuals between 30 to 50 years of age Gender affected Both men and women but more common in women Body part(s) involved Cheeks Chin Nose Forehead Nose Ears Eyes Prevalence Global: 5.46% (2018) Mimicking Conditions Acne Psoriasis Seborrheic dermatitis Keratosis pilaris rubra Flushing Acute cutaneous lupus erythematosus Drug-induced acneiform eruption Necessary health tests/imaging Physical examination Treatment Topical therapies: Brimonidine, Oxymetazoline, Azelaic acid, Ivermectin, Metronidazole, Minocycline, Tranexamic acid, Benzoyl peroxide, Ciclosporin, Tacrolimus & Pimecrolimus  
Oral therapies: Tetracycline, Doxycycline, Isotretinoin, Erythromycin, Azithromycin, Clarithromycin, Isotretinoin, Carvedilol & Propranolol Laser and light therapies: Intense pulsed light, pulsed dye laser, Potassium titanyl phosphate (KTP) laser, Diode laser & Ablative laser Injectables: Botulinum toxin & Secukinumab Surgery See All Symptoms Of Rosacea

The symptoms of rosacea are complex. The appearance and pattern of symptoms vary among individuals. The symptoms often cycle between occurrence and remission when the individual does not experience any symptoms.

The condition usually affects the face but other body parts such as sides of the face, ears, neck, scalp and chest can also be involved.

The symptoms progress from having red skin of the nose and cheeks to long lasting redness. These symptoms often lead to the appearance of a rash and small blood vessels beneath the skin. Because of the complexity of signs and symptoms, the condition is divided into 4 subtypes. Individuals can have more than one subtype at the same time. The treatment approaches of every subtype are different. Subtype 1: Erythemato-telangiectatic rosacea (ETR) This subtype usually affects the face. Individuals with this subtype have very sensitive skin. The classical symptoms include: Persistent redness of the central face Telangiectasia (visible blood vessels on the face) Stinging and burning sensation on the skin Dry skin Swollen skin Scaling Tendency to blush more easily Increased sensitivity to skin

Subtype 2: Papulopustular rosacea The most common symptom of this subtype is the appearance of acne like breakouts. The spots resemble acne but there are no blackheads and white-heads. The breakouts do not remain permanently and usually come and go. This type is more common in middle aged females. Most of the symptoms are the same as type 1. The other distinguishing symptoms include: Papules (solid raised spots on the skin) Pustules (small, inflamed pus filled lesions on the skin) Plaques (raised scaly patches on the skin) Oily skin

Subtype 3: Phymatous rosacea This subtype primarily affects the nose but may also involve chin, forehead, ears, and eyelids. It is mainly characterized by the thickening of skin. This subtype is rare and include the following symptoms: Bumpy texture of the skin Larger pores on the skin Oily skin Thickened skin on the chin, forehead, cheeks and ears Rhinophyma (thickening of the skin of the nose)

Subtype 4: Ocular rosacea This subtype affects the eye and individual can have one or more of the following symptoms: Bloodshot or watery appearance Feeling of having sand in the eyes Burning/stinging sensation in the eyes Dry eyes Itching in the eyes Increased sensitivity to light Blurred vision Visible broken blood vessels on an eyelid Cyst on the eyelid

Did you know? Earlier, rhinophyma was thought to be caused by heavy alcohol use. But later on studies suggest that rhinophyma occurs in both people who do not consume alcohol and in those who drink heavily. The problem is much more common in men than in women and is usually associated with severe rosacea. Causes Of Rosacea

The exact cause of rosacea is not known. While the causes of inflammation are not fully understood, the following theories have been postulated: Genes Some theories suggest the role of genes in developing rosacea and making some individuals more prone to skin inflammation. Alterations in immunity (first line of defense) Our body has a natural immunity against disease causing microbes. This immunity is provided by specific chemicals, which are released after stimulation of receptors present on the skin. Individuals with rosacea have an increased expression of these receptors, leading to elevated levels of specific chemicals which trigger skin inflammation even in the absence of any microbes. Ultraviolet (UV) light Both UVA and UVB light contribute to the development of rosacea by triggering the inflammatory cascade mentioned above. Abnormalities in the blood vessels Triggers such as sun rays may be responsible for the degeneration of the elastic tissue of the skin and dilation of blood vessels of the face. This may cause rosacea symptoms such as flushing, persistent redness and visible broken blood vessels. Triggers that initiate inflammation External triggers such as ultraviolet rays (UV), spicy food, alcohol, exercise, and stress may stimulate the immune system and nerves to cause dilation of blood vessels. This can lead to inflammation and redness seen in rosacea. Role of mites and bacteria Mites known as demodex folliculorum live harmlessly on the skin of human beings. However, studies suggest that these mites are present in large numbers in rosacea patients. Other microbes that may cause rosacea is Staphylococcus epidermidis. This bacteria is not found on normal skin and triggers an immune response that may cause rosacea. H.pylori, a bacteria known to cause gastritis, gastric cancer, and gastrointestinal ulcers is also known to be associated with rosacea. Defective skin barrier A defective skin barrier function can also lead to symptoms of inflammation, redness, and blisters that are characteristic of rosacea. Risk Factors For Rosacea

The risk factors that are associated with rosacea include: Age Individuals between the age of 30 to 50 years of age are more prone to rosacea. Gender Females are at higher risk of having rosacea. However, the symptoms tend to be more severe in males. Ethnicity People of specific European ancestry such as Celtic or Scandinavian are more likely to have rosacea. Skin tone It is seen that lighter skin individuals are more susceptible to the development of rosacea. Positive family history It is seen that many people with rosacea have a family history of rosacea. Individuals having a familial history of acne are also at a higher risk of developing rosacea. Medical history Individuals who have a lot of acne, acne cysts, and/or nodules are at higher risk of developing rosacea. Sunlight exposure Long term sunlight exposure especially during peak sun hours can increase the susceptibility to rosacea.  
Weather Windburn is a painful skin inflammation that occurs after prolonged exposure to winds. It is commonly associated with rosacea flare-up, especially in the winter. Cosmetics The use of waterproof cosmetics, heavy foundations that require a makeup remover are associated with an increased risk of rosacea. Stress Stress also serves as a trigger for rosacea by increasing the level of hormone cortisol. Consistently high levels of cortisol can lead to inflammation and a weakened immune system, triggering rosacea.

What Happens To Your Body When You Are Stressed? Read Now Menopause The hormonal fluctuations during menopause also serve as a trigger for rosacea. Book this test if you are experiencing irregular periods, vaginal dryness, sleep problems, hot flashes, anxiety, and depression as this can be a sign of menopause.

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Other triggers that can increase rosacea flare ups include: Strenuous exercise Hot baths Humidity Alcohol Spicy food containing capsaicin, mostly found in red chili peppers, cayenne pepper, jalapeno peppers, bell peppers, paprika and green peppers. Food items containing the compound cinnamaldehyde, such as cinnamon, cassia, tomatoes, citrus fruits. Foods high in histamine, such as aged cheese, wine, nuts, legumes, smoked fish and processed meats Hot caffeinated drinks like coffee, tea, cider, and cocoa Chocolate Dairy products Diagnosis Of Rosacea There is no specific diagnostic test for rosacea. Diagnosis is usually made after a physical examination of the skin and eyes. The patients are also asked about any potential triggers, symptoms, and medical history. In some cases, medical tests are performed to rule out the presence of any other disease with resembling symptoms such as lupus and allergic skin reaction. Are Rosacae and Psoriasis the same? While rosacea and psoriasis can both be caused by genetic and age-related factors, they are different conditions. Rosacea usually causes flushing which is limited to the face. In severe cases, acne and thickened skin can be seen in rosacea. On the other hand, psoriasis usually causes red, scaly plaques on the entire body, amongst other symptoms.

Read this detailed account on psoriasis. Click Here Celebs affected Sai Pallavi Sai is an accomplished Indian actress and dancer. She has shared in one of her interviews that she is photosensitive and turns pink in front of the camera and light. Bill Clinton Former US president Bill Clinton reportedly suffered from rosacea flare-ups. Sun exposure and stress were reported as the most important triggers for his condition. Sofia Vargera Sofia is an American and Colombian actress. She suffers from rosacea and has managed the condition by switching from her favorite beauty products to ones that are more suitable for sensitive skin. Specialist To Visit The early recognition and treatment can help in the prevention of permanent changes in the face. The following speciality of doctor might help in preventing the same: General physician Dermatologists: The doctor who specializes in conditions of the skin, hair, and nails. Ophthalmologist (in case of ocular rosacea): The specialist who manages and treats eye problems.

Consult India’s best doctors online from the comfort of your home. Consult Now Prevention Of Rosacea Avoidance of triggers Rosacea can have multiple triggers such as: Sunlight Humidity Cold winds Strenuous exercise Hot baths Stress Alcohol Spicy food Caffeinated drinks Dairy products Makeup and cosmetic

Avoiding and limiting these triggers are helpful in preventing the flare-ups but not the occurrence of disease. However, limiting sun exposure can play an important role in preventing the disease. The following measures can be taken to prevent exposure of sun: Spend less time in direct sun The exposure to the sun should be restricted to prevent rosacea. The person should avoid going outdoors when the sun is at its peak, which is usually 11 am to 3 pm. Additionally, sunbathing should be avoided at all costs. Cover yourself up in the sun 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 Wear dark colored clothes as they absorb more UV rays Wear clothes with ultraviolet protection factor (UPF) above 30 Use shade while going out Staying under an umbrella, tree, or any surface also protects the skin to get exposed to the sun when needed. Wear sunglasses Sunglasses should be used while moving out under the sun. They not only protect eyes but also the soft skin around the eyes. Use sunscreens diligently A strict sunscreen regimen is the cornerstone of sun protection. All individuals, especially people with high risk should wear a high quality sunscreen with Sun protection factor (SPF) 30 or more to protect their skin under the sun. Tips to use sunscreen effectively! How much to use: An FTU o Fingertip Unit is used to measure the amount of cream that covers the end of the finger to the first crease of a finger. For the face and neck, use 2.5 FTU. To cover the other exposed parts of the body, you need an ounce of sunscreen, which is sufficient to fill a shot glass. When to apply: Always apply sunscreen around half an hour before going out because it takes at least 30 minutes for the chemicals in sunscreen to get absorbed and start working. When to reapply: If you are going out, playing sports or exercising outdoors, it is advised to re-apply the sunscreen every 2 hours. The same rule applies when you go swimming. How to store: Usually, it is recommended to store in a cool, dry place, away from sunlight. Also, do remember to close it properly after every use. When to discard: Do not use sunscreen that has passed its expiry date or if there are any visible changes in the sunscreen such as a change in color, smell or consistency. It is advised to buy a new one every year.

Looking for the right sunscreen? Watch our doctor discuss how to choose the best sunscreen for yourself. Click Here

Treatment Of Rosacea

The treatment approach of rosacea depends upon its type and symptoms and is individualized for every patient. The following points are taken into consideration before initiating treatment: Symptoms Triggers Patient’s wish of the appearance Psychological aspect Goals of the treatment Easing the discomfort Preventing rosacea from worsening Due to the multiple symptoms observed in rosacea, there is a stepwise approach to combat them. It includes:

Step 1: Controlling the inflammatory lesions through anti-inflammatory medications and antibiotics Step 2: Getting rid of the blood vessels using laser technology Step 3: Minimizing the background redness by using brimonidine

The best treatment outcome is offered by a combination of the following therapies: Topical therapies These are the first line of therapy and are available in the form of cream, gel, and ointments. The medications that are given via topical therapy include anti-inflammatory medications and antibiotics. US-FDA approved topical agents include: Azelaic acid Metronidazole Sodium sulfacetamide Brimonidine Other topical medications include: Retinoids like adapalene, tretinoin Calcineurin inhibitors like tacrolimus and pimecrolimus Macrolides like erythromycin, azithromycin, and clarithromycin Benzoyl peroxide Permethrin Ivermectin Clindamycin Oxymetazoline Minocycline Tranexamic acid

Note: Ciclosporin ophthalmic emulsion is usually recommended for ocular rosacea.

Oral therapies Oral therapies are generally used in combinations to treat moderate to severe papulopustular rosacea. US-FDA-approved oral medications include: Tetracycline, doxycycline, and minocycline Other oral medications include: Macrolides like erythromycin, azithromycin, and clarithromycin Beta- blockers like Carvedilol and propranolol Isotretinoin Oral Ivermectin Laser and light-based therapy Some clinical symptoms of rosacea such as telangiectasias, persistent facial erythema, and phymas (especially rhinophyma) do not respond well to the above-mentioned approaches. Lasers and light-based therapies are used to destroy the dilated blood vessels present in the superficial skin.

Commonly used lasers include: Intense pulsed light laser Pulsed dye laser Potassium titanyl phosphate (KTP) laser Diode laser Ablative laser Surgery It is used rarely to remove the thickened skin in phymatous rosacea. The skin is excised with razor blades and tangential excisions using scalpel under either local or general anesthesia. Radiofrequency ablation (uses heat to target the affected tissue) is very effective in the treatment of rhinophyma. It has a better safety profile than lasers as it produces less heat in the tissues. Injectables are also used to treat severe rosacea, resistant to topical and oral medications. Examples include: Intradermal botulinum toxin Secukinumab Home-care For Rosacea

Incorporate lifestyle interventions Rosacea remains for life as there is no permanent cure of the condition. Some lifestyle interventions are important to prevent the flare-ups and to improve the overall quality of life.

Do’s Wear sunscreen daily Choose low-intensity workouts in an air-conditioned gym Cleanse your face at least twice a day gently Apply moisturizer daily, especially after taking a shower

Don’ts Do not go out in the sun, if not necessary Do not try cosmetics without consulting dermatologist Do not consume alcohol

Eat consciously

Foods to limit/avoid Spicy food containing capsaicin, mostly found in red chili peppers, cayenne pepper, jalapeno peppers, bell peppers, paprika and green peppers. Food items containing the compound cinnamaldehyde, such as cinnamon, cassia, tomatoes, citrus fruits. Foods high in histamine, such as aged cheese, wine, nuts, legumes, smoked fish and processed meats Hot caffeinated drinks like coffee, tea, cider, and cocoa Chocolate Dairy products Artificial sweeteners Processed foods containing preservatives, dietary emulsifiers or additives

Foods to include Foods that promote a healthy gut microbiome should be included in the diet. This includes a fiber-rich diet and probiotics (foods containing good bacteria). The examples of such food include: A variety of vegetables including beans, broccoli, cauliflower, cabbage Whole grains like wheat, oats and barley Yogurt Pickled vegetables Kale Kefir (fermented milk drink) Kombucha tea Kimchi Sauerkraut Try home remedies Some traditional and old age home remedies can give respite from rosacea. However, it is important to take consent from your doctor before using any of these in rosacea:

Lavender: It is known from centuries for its use in rashes and other skin ailments such as rosacea. The topical application of lavender oil eases inflammation and shrinks blood vessels. Licorice (Mulethi): The strong anti-inflammatory activity of licorice can be used to control redness of rosacea. It can be applied in powdered form directly on the skin. Feverfew: This plant prevents blood from pooling in facial capillaries and reducing the appearance of facial blood vessels in rosacea. The dried leaves of the feverfew can be directly consumed. The extract of feverfew (made by boiling the leaves with water followed by straining) can also be applied topically. Green tea: It is loaded with anti-inflammatory properties and helps reduce sun-triggered rosacea flare ups. Studies have also shown that consumption of green tea is associated with the prevention of papules and pustules associated with rosacea.

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Oatmeal: The application of oatmeal reduces itchiness and dryness in rosacea patients. Oatmeal can be easily prepared at home by boiling oats with water for about 20 minutes. Chamomile: It has several active compounds that reduce inflammation. According to studies, chamomile-based creams are effective in managing mild to moderate rosacea. Aloe vera: It minimizes inflammation of the skin in rosacea. Aloe vera can be directly applied on the skin for the effect. Coconut oil (Nariyal tel): It is a wonderful remedy for rosacea due to its anti-inflammatory, antioxidant, and moisturizing benefits. The coconut oil can be directly applied on the affected skin. Raw honey (Shehad): Raw honey keeps the skin moist which is helpful in rosacea patients as dry skin worsens rosacea. Tea tree oil: The application of tea tree oil is associated with reducing inflammation and itching associated with rosacea. Turmeric (Haldi): It possesses anti-inflammatory properties and is used to reduce pain and inflammation in rosacea. It can be consumed in food or can be applied on the skin as a thick paste.

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Complications Of Rosacea

In most of cases, rosacea does not lead to any complications. But, if left untreated, it can develop permanent scarring and persistent redness. The prevalence of rosacea is also found to be associated with a series of cardiovascular diseases, gastrointestinal diseases, neurologic disorders, and psychiatric disorders. Alternative Therapies For Rosacea

Plant-based therapies Ginkgo biloba: It is a herbal supplement that possesses antioxidant properties. It is also known to reduce redness of the skin by reducing blood circulation. Chrysanthellum indicum: This plant has been found to possess anti-inflammatory properties. Its extract protects the skin from UVB induced skin damage. In a study, a reduction in the redness and overall improvement of rosacea was seen after the application of C. indicum cream. Quassia extract: Quassia amara is a small South American tree thought to have anti-inflammatory properties. Studies have shown that application of quassia gel is associated with an improvement in rosacea. Living With Rosacea

Living with rosacea is challenging due to its longer duration. The relapses and remissions of the condition also makes the journey exhausting. It also affects psychological and mental health due to changes in the facial appearance. The following measures are prove to be helpful in easing symptoms: Avoid triggers Rosacea is triggered by several factors such as spices, caffeinated drinks, sunlight, stress, strenuous exercise, waterproof cosmetics, and heavy foundations. Patients should understand these triggers and should avoid them. This will help in relieving symptoms that are aggravated by the triggers. Establish a good cleansing regimen Patients should clean the skin regularly with a cleanser before going to bed. The skin cleansing regimen should also be followed after coming home from outside. This helps in removing oil and dirt that might irritate the skin. The following tips proves to be helpful in reducing the symptoms: Choose mild cleanser Avoid soaps as they are harsh which can further damage the skin Rinse off the cleanser with lukewarm water Use only fingertips to clean the face Moisturize your skin regularly The dry skin is more prone to sun damage. So, use a good moisturizer after applying serum to restore the lipid barrier of the skin. Studies have also shown that moisturizers improve the results of treatment.

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Protect your skin from the sun every day Sun is the most important trigger for rosacea. 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. Add to cart

Choose gentle skin care products Many skin care products and cosmetics can irritate the skin. Waterproof and opaque makeup should be used. The products containing the following ingredients should be avoided: Alcohol Camphor Fragrance Glycolic acid Lactic acid Menthol Sodium lauryl sulfate (often found in shampoos and toothpaste) Urea Witch Hazel To reduce irritation, it’s also best to: Use a cream instead of lotion or gel Creams containing allantoin Avoid astringent or toner Test skin care products Individuals having rosacea should test skin care products before applying to the face. This can be done by applying a very small amount of product near rosacea prone skin. The product should be avoided if it irritates the skin within 72 hours.

Consider cosmetic camouflage Makeup products like green color correctors can be used to mask or camouflage the red appearance of the skin in rosacea patients.

And last but not the least! Cope with mental stress Rosacea has a significant psychosocial impact due to the changes in the appearance of the individual. It has an overall impact on self-esteem which can lead to anxiety and embarrassment in some individuals. Studies suggest that rosacea affects 77.7% patients emotionally, 67% patients socially and 53% are affected in their relationships and dating behavior. 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 rosacea to clear up. Be diligent. Rosacea 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 How long does it take for rosacea to improve? Is rosacea contagious? Can rosacea be diagnosed before you have a major flare-up? How long does rosacea last? Is oily skin common for rosacea sufferers? Are rosacea sufferers more likely to get skin cancer later in life? References Rosacea Resource Center, American Academy Of Dermatology Association, AAD. Rosacea, NIH, National Institute Of Arthritis and Musculoskeletal and Skin, Last Updated On: May 2021. Mikkelsen CS, Holmgren HR, Kjellman P, Heidenheim M, Kappinnen A, Bjerring P, Huldt-Nystrøm T. Rosacea: a Clinical Review. Dermatol Reports. 2016 Jun 23;8(1):6387. doi: 10.4081/dr.2016.6387. PMID: 27942368; PMCID: PMC5134688. Zhang H, Tang K, Wang Y, Fang R, Sun Q. Rosacea Treatment: Review and Update. Dermatol Ther (Heidelb). 2021 Feb;11(1):13-24. doi: 10.1007/s13555-020-00461-0. Epub 2020 Nov 10. PMID: 33170491; PMCID: PMC7858727. Sarkar R, Podder I, Jagadeesan S. Rosacea in skin of color: A comprehensive review. Indian J Dermatol Venereol Leprol 2020;86:611-621. Farshchian M, Daveluy’s. Rosacea. [Updated 2023 Apr 19]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan. van Zuuren, E.J., Arents, B.W.M., van der Linden, M.M.D. et al. Rosacea: New Concepts in Classification and Treatment. Am J Clin Dermatol 22, 457–465 (2021). Mikkelsen, Carsten & Holmgren, Helene & Kjellman, Petra & Stangeland, Katarina & Karpinnen, Ari & Heidenheim, Michael & Nystrøm, Theis & Bjerring, Peter. (2016). Rosacea - review. Weather, Rosacea Society, National Rosacea Society, Last Updated On: Rosacea, National Institute Of Dall’Oglio F, Fusto C, Micali G. Intrafamilial Transmission of Rosacea Spanning Six Generations: A Retrospective Observational Study. J Clin Aesthet Dermatol. 2022 Feb;15(2):35-39. PMID: 35309876; PMCID: PMC8884184. Rainer BM, Kang S, Chien AL. Rosacea: Epidemiology, pathogenesis, and treatment. Dermatoendocrinol. 2017 Oct 4;9(1):e1361574. doi: 10.1080/19381980.2017.1361574. PMID: 29484096; PMCID: PMC5821167. Goswami PK, Samant M, Srivastava R. Natural sunscreen agents: A review. Sch. Acad. J. Pharm. 2013;2(6):458-63. Donglikar MM, Deore SL. Sunscreens: A review. Pharmacognosy Journals. 2016;8(3). Latha MS, Martis J, Shobha V, Shinde RS, Bangera S, Krishnankutty B, Bellary S, Varughese S, Rao P, Kumar BN. Sunscreening agents: a review. The Journal of clinical and aesthetic dermatology. 2013 Jan;6(1):16. Gabros S, Nessel TA, Zito PM. Sunscreens and Photoprotection. [Updated 2023 Mar 7]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls. Yang, X. Relationship between Helicobacter pylori and Rosacea: review and discussion. BMC Infect Dis 18, 318 (2018). Weiss E, Katta R. Diet and rosacea: the role of dietary change in the management of rosacea. Dermatology practical & conceptual. 2017 Oct;7(4):31. Gether L, Overgaard LK, Egeberg A, Thyssen JP. Incidence and prevalence of rosacea: a systematic review and meta-analysis. Br J Dermato. (2018) 179:282–9. doi: 10.1111/bjd.16481

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Rubella Also known as German measles, Three-day measles and Epidemic roseola Overview Rubella is a contagious infection caused by the rubella virus. It mostly affects children and young adults.

Symptoms usually appear 2 to 3 weeks after exposure to the virus. The symptoms include rash, fever, nausea, and conjunctivitis. The rashes which occur in majority of cases, usually start on the face and neck, before progressing down the body. They can last from 1 to 3 days. The most infectious period is usually 1–5 days after the appearance of the rash.

Rubella infection during pregnancy, especially during the first trimester, can result in miscarriage, fetal death, stillbirth, or congenital malformations in children, which is also known as congenital rubella syndrome (CRS).

The diagnosis of rubella includes detection of antibodies in blood like IgM for new rubella infection and IgG antibodies for a past infection or immunization against it.

Rubella 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 rubella.

There is no specific treatment for rubella. However, symptomatic care including good nutrition, adequate fluid intake, rest along with Vitamin A supplements can help in alleviating symptoms. Key Facts Usually seen in Children and young adults Gender affected Both men and women Body part(s) involved Skin Mimicking Conditions Kawasaki disease Infectious mononucleosis Scarlet fever Measles Rocky Mountain spotted fever Chickenpox Dengue Malaria Drug reactions Adenovirus infection Meningococcemia Necessary health tests/imaging IgM antibody Real-time polymerase chain reaction IgG antibody Urine sample Molecular analysis Treatment Paracetamol Ibuprofen Specialists to consult General physician Pediatrician Infectious disease specialist Symptoms Of Rubella The main symptom of rubella is a red or pink spotty rash. Once a person is infected, the virus spreads throughout the body in about 5-7 days. The symptoms of rubella usually appear after 2 to 3 weeks after exposure. The most infective stage is usually 1–5 days after the appearance of the rash.

In children, the symptoms of the disease include: Rashes Mild fever Nausea Mild conjunctivitis Lymphadenopathy (swollen lymph glands) behind the ears and in the neck Runny nose General discomfort Cough The rashes occur in 50–80% of cases, and it usually starts on the face and neck before progressing down the body and lasts 1–3 days.

Lymphadenopathy (swollen lymph glands) may be noted during the second week after exposure. It is usually the earliest and characteristic symptom of rubella infection. It can be more severe if the rash is present but may also occur even in the absence of a rash.

The infected adults are majorly women who may develop arthritis and painful joints that usually last from 3 to 10 days.

Congenital rubella When a woman is infected with the rubella virus early in pregnancy (especially in the first trimester), she has a 90% chance of passing the virus to her baby. Pregnant women getting rubella have a high chance of miscarriage, premature delivery or fetal death. Also, their babies can have birth defects such as: Heart problems Intellectual disabilities Loss of hearing or eyesight Liver or spleen damage Microcephaly (baby’s head is much smaller than normal) Central nervous system sequelae like mental and motor delay, autism Thrombocytopenia with purpura/petechiae (blueberry muffin syndrome) Intrauterine growth retardation Meningoencephalitis  
The classic triad of congenital rubella syndrome – cataracts, hearing impairment and heart defects is seen in 10% of infants with congenital rubella syndrome. Hearing impairment is the most common single defect.

Rubella infection of children and adults is usually mild, self-limiting and often asymptomatic. The prognosis in children born with CRS is poor. Causes Of Rubella Rubella is a ribonucleic acid (RNA) virus of the genus Rubivirus within the Togaviridae family. Humans are its only known reservoir. It is transmitted through droplets and contact with an infected person. An infected person can spread the infection 2 weeks prior to the symptoms of infection appearing. One can spread the rubella virus infection through various modes like: Contaminated droplets that are spread 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 rubella. Kissing someone with rubella. Shaking hands or hugging someone having rubella. Pregnant women can pass on to their babies during the pregnancy, delivery, or while breastfeeding. A person with rubella may spread the disease to others up to one week before the rash appears, and remain contagious up to 7 days thereafter. Risk Factors For Rubella

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

1. Being unvaccinated Unvaccinated young children are prone to rubella and its complications including death. Unvaccinated pregnant women and nonimmune people can become infected.
2. International traveling Traveling to countries where rubella is common and less controlled puts you at a higher risk of developing the disease.
3. Countries experiencing a rubella outbreak Countries experiencing or recovering from a natural disaster. Damage to health infrastructures interrupts routine immunization and greatly increases the risk of infection.
4. Being in close contact with people suffering from rubella Since it is a droplet infection, the infection can spread from an infected person to a non- infected person. Diagnosis Of Rubella

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

1. Clinical evaluation Healthcare providers should consider rubella in patients a pink or red-spotted rash which is often the first sign of infection. These spots are especially helpful because they appear early. If the child has recently traveled or is unvaccinated, rubella is even more likely. Sometimes, other diseases can be complicated with rubella, but rubella rashes are easy to differentiate from other rashes. The rash starts on the face and spreads to the rest of the body.
2. Lab tests Laboratory confirmation is important after the clinical evaluation is done by the doctor. IgM antibody: Detection of rubella-specific IgM antibody in serum. The antibody is usually present soon after the rashes appear. The level of antibodies is highest during the 14th day and is not present after the 30th day. IgG antibody: A four-fold or greater increase in measles virus-specific IgG antibody levels is seen between acute and convalescent-phase serum specimens. Cell culture: Rubella can also be diagnosed by isolation of the virus in cell culture from respiratory secretions, nasopharyngeal or conjunctival swabs, blood, or urine. Biopsy: 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): Rubella RNA by RT-PCR is a common method for confirming rubella. Serum samples as well as the throat swab are used for sample collection. RT-PCR is now a common assay that can detect 3 to 10 copies of rubella virus RNA. This test can sometimes be necessary since many specimens have small amounts of rubella RNA. Urine sample: A urine sample can also contain the virus. Collecting urine samples can increase the chances of detecting the rubella virus. Did you know? According to the World Health Organization (WHO), around 830 women die every day because of issues related to childbirth or pregnancy. So here is a list of a few medical tests that can help you go through a smooth sailing pregnancy and healthy delivery. Read more about this and aware yourself as it is always said prevention is better than cure. Click Here! Specialist To Visit

Patients exhibiting the signs and symptoms of rubella should visit a general physician. The doctor will be able to diagnose rubella 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: A doctor who is trained in internal medicine and specializes in diagnosing, treating, and managing infectious diseases. Pediatrician: A pediatrician is a children’s specialist who diagnoses and treats malignancies, infections, genetic defects, and organic diseases. Consult India’s best doctors online with a single click. Consult Now!

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

The following people should get themselves vaccinated to safeguard themselves. People who never had rubella. The immunization for measles includes 2 doses wherein the first dose should be given between 12-15 months of age followed by the second dose after an interval of 4 weeks, usually up to 4-6 years. If you are not sure if you are vaccinated in the past. 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 rubella in your area. Exposure to rubella. Planning to travel where rubella is widespread. 3. Isolation To prevent rubella, 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.

1. Practice hygiene and cleanliness To prevent rubella keep yourself clean and free of infections. The steps to be taken care of: Avoid touching your nose and mouth as much as possible. Use tissue paper while coughing and sneezing. Always use a sanitizer. Did you know? You can wash away illnesses by simply following a simple and easy hygiene technique. Improved hand hygiene is one of the most important steps you can take to avoid getting sick and spreading germs to others. Here’s more about how, when and why you should wash your hands. Click Here! Treatment Of Rubella There is no specific treatment for rubella 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 for at least 4 days when the rubella rash first appears.

The treatment includes relieving the symptoms and 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. Drinking plenty of fluids If your child is having a high temperature drink a lot of fluids to eliminate the risk of dehydration.
3. Treating sore eyes Cleaning your child’s eyelids and closing curtains or dimming lights can help in soothing the eyes.
4. Treating cold-like symptoms If your child has cold-like symptoms then make them sit in a hot bathroom or make them drink warm liquids containing honey to relax the airway and soothe a cough.
5. Dealing with other illnesses Medical care is necessary to avoid serious complications because of the rubella virus. Some serious problems are: Shortness of breath Convulsions Sharp chest pain
6. Role of immunoglobulins Immunoglobulins do not prevent rubella virus infection after exposure and therefore are not recommended as a routine treatment. However, administration of immunoglobulins can be considered only when a pregnant woman who has had exposure to a person with rubella will not consider termination of pregnancy under any circumstances. In such cases, administration of immunoglobulins within 72 hours of rubella exposure may reduce, but not eliminate the risk of rubella infection. Home-care For Rubella

The following home remedies can help in recovery from rubella.

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, apply them to the affected area and let them dry.
3. Licorice (mulethi) herb: It is an ancient herb to cure rubella. Tea can be prepared by adding licorice herb and it helps in reducing the cough caused by rubella.
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 (nariyal paani): 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 (haldi): 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 rubella.
7. Green tea: Green tea can be consumed for antioxidant, anti-inflammatory, and immune effects. Try to consume caffeine-free green tea. Complications Of Rubella

Rubella can cause the following complications:

1. Common complications The development of polyarthritis and polyarthralgia is the most common complication of rubella infection, affecting up to 70% of adolescents and adult women.
2. Severe complications in children and adults The most serious complication of rubella infection is the harm it can cause to a pregnant woman’s developing baby.

When a pregnant woman is infected with rubella, she is in danger of miscarriage or stillbirth, and her developing fetus is in danger of being born with severe birth defects known as congenital rubella syndrome (CRS). Passing on the virus to the developing baby can develop serious birth defects such as heart problems, loss of hearing and eyesight, and liver or spleen damage.

1. Rare complications Some rare complications include: Thrombocytopenia: It is a condition in which a person has a low blood platelet count. Platelets are tiny blood cells that are made in the bone marrow from larger cells. Platelets help in blood clotting (stopping bleeding). Hemolytic anemia: It is a blood condition that occurs when your red blood cells are destroyed faster than they can be replaced. Myocarditis: Myocarditis is inflammation of the heart muscle (myocardium). The inflammation can reduce the heart’s ability to pump and cause rapid or irregular heart rhythms. Pericarditis: It is the inflammation of the pericardium, a thin, two-layered sac that surrounds your heart. Pericarditis often causes sharp chest pain. Hepatitis: It is a condition in which inflammation of the liver takes place. The liver is a vital organ that processes nutrients, filters the blood, and fights infections. Orchitis: It is an inflammation of the testicles. Retinopathy: It is a disease that damages the retina. The retina is the part inside the eye that senses light. Uveitis: It is the swelling and irritation of the uvea, the middle layer of the eye. Uveitis can affect one or both eyes with inflammation. Guillain-Barré syndrome: It is a rare and serious neurological disorder in which the body’s immune system attacks your nerves. Post-infection encephalitis: This condition results from a faulty immune system reaction to an infection elsewhere in the body. Instead of attacking only the cells causing the infection, the immune system also mistakenly attacks healthy cells in the brain. Alternative Therapies For Rubella Dietary modifications Drink a minimum of 8 glasses of water daily. Avoid refined foods, such as white bread, pasta, 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, cakes, etc. Limit caffeine-containing beverages like coffee Avoid alcohol and tobacco. Nutritional supplements A multivitamin should be taken daily containing antioxidants, vitamins A, B, C, E, and minerals such as magnesium, calcium, zinc, and selenium. 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. Living With Rubella

There is no specific home care treatment for rubella. The patient requires care and time to time medicines and few precautions since it is a contagious disease. 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. Talking with a doctor openly in case of any questions related to the disease. Lowering the stress levels. Taking adequate sleep. Frequently Asked Questions Is the rubella vaccine safe? How is rubella transmitted? What should I do if I get rubella? How can I prevent getting rubella? References SIMMONS SW, RASMUSSEN WA. LABORATORY DIAGNOSIS OF RUBELLA. Br Med J. 1965 Feb 27. Lambert N, Strebel P, Orenstein W, Icenogle J, Poland GA. Rubella. Lancet. 2015 Jun 6;385(9984):2297-307. doi: 10.1016/S0140-6736(14)60539-0. Epub 2015 Jan 8. Camejo Leonor M, Mendez MD. Rubella. [Updated 2021 Aug 11]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan. Figueiredo CA, Yu AL, Afonso AM, Curti SP, Oliveira MI. Molecular analysis of rubella virus in travelers suspected of measles infection in São Paulo, Brazil. Rev Assoc Med Bras (1992). 2012 Sep. Key Facts. Rubella. October 2019. Rubella. National Health Service. September 2018. Introduction. Rubella. National Health Portal India. Leung AKC, Hon KL, Leong KF. Rubella (German measles) revisited. Hong Kong Med J. 2019 Apr;25(2):134-141. doi: 10.12809/hkmj187785. Epub 2019 Apr 10. Parkman PD. Togaviruses: Rubella Virus. In: Baron S, editor. Medical Microbiology. 4th edition. Galveston (TX): University of Texas Medical Branch at Galveston; 1996. Chapter 55.

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Breast cancer Also known as Breast tumor and Breast carcinoma Overview Any changes in the breast or nipples, lumps in the armpit, pain in the breast or nipples should not be ignored as it could be a symptom/s of breast cancer. Breast cancer affects breast tissue that contain milk producing glands called lobules and thin tubes called ducts. In breast cancer, the cells start growing and dividing in an uncontrolled way. These cancerous cells often invade other healthy breast tissue and lymph nodes, and can spread to other parts of the body.

Breast cancer usually affects women but can also occur in men and children, though it is very rare. It is beleived that 1 in 22 women in urban areas and 1 in 60 women in rural areas are likely to develop breast cancer during their lifetime. Breast cancer can be detected with the help of screening tests. These tests do not prevent cancer but can help you to diagnose breast cancer early which in turn can make the treatment easier and more effective.

The treatment of breast cancer does not always involve removal of the whole breast by surgery. In some cases, only a part of the breast tissue or a lump in the breast is removed. Apart from surgery, cancer can be treated with the help of medications (known as chemotherapy), radiation and hormonal therapy. Key Facts Usually seen in Adults above 40 years of age Gender affected Both men and women but more common in women Body part(s) involved Breast Prevalence Worldwide: 2.1 million (2018) India: 0.13 million (2015) Mimicking Conditions Circumscribed breast lesions Benign breast disease (fibroadenomas and cysts) Breast lymphoma Metastasis to the breast from other primary sites (neuroendocrine or extramedullary acute myeloid leukemia) Necessary health tests/imaging CA 15.3 CA 27.29 (Breast cancer marker) Mammography MR Mammogram Treatment Chemotherapy: Cyclophosphamide, Vinblastine, Fluorouracil & Gemcitabine Radiation therapy Hormonal therapy: Tamoxifen, Fulvestrant, Letrozole & Megestrol Targeted therapy: Trastuzumab, Pertuzumab, Neratinib & Alpelisib Immunotherapy: Pembrolizumab, Atezolizumab & Pertuzumab Surgery: Mastectomy, Breast conserving therapy & Breast reconstruction therapy See All Symptoms Of Breast Cancer

Although breast cancer may not show symptoms in the early stage, there are certain changes that happen in the breast as you age. Knowing about these changes in the breast can help in the early detection and treatment of cancer.

Here are some of the common signs and symptoms of breast cancer every woman needs to be aware of: Presence of a lump in the breasts that feels different from the rest of the breast tissue Changes in the size, shape, or appearance of the breast Inverted, painful, or enlarged nipple Any discharge or bleeding from the nipple Skin dimpling or appearance of folds on breast skin Pain around the breast/s Swollen lymph nodes (in underarms and around the collarbone) may indicate that the cancer has spread. Watch the video to know more about the symptoms and stages of breast cancer explained by our expert Dr. Priya Tiwari (in Hindi).

Risk Factors For Breast Cancer

Most people believe that genes put you at risk of breast cancer and it cannot be prevented. But in reality, only 5-10% of the cases of breast cancer have genetic predisposition. In the remaining 90% which are known to be sporadic breast cancers, the identified risk factors can be managed.

The factors that increase the risk of breast cancer include: Being woman as they are much more likely to develop breast cancer than men. Old age as the risk increases with age. Most breast cancers are diagnosed after the age of 50. A personal history of breast conditions like lobular carcinoma in situ (LCIS) or atypical hyperplasia of the breast. A personal history of breast cancer. Also a history of cancer in one breast, increases the risk of developing cancer in the other breast. A family history of breast cancer or ovarian cancer. The risk for breast cancer increases if your mother, sister, or daughter or any family members have had breast or ovarian cancer. Also having a first degree male relative with breast cancer elevates the risk. Presence of certain harmful mutations of genes [BReast CAncer genes 1 and 2 (BRCA1 and BRCA2)]. For example, BRCA2 mutation in women carries a lifetime risk of approximately 26% to 84%. Having dense breasts. Early menarche (before 12 years) or delayed menopause (after 55 years). Never being pregnant or having the first child after 30 years of age. Smoking and excessive alcohol consumption. Obesity. Hormone therapy after menopause (estrogen with progestin). A personal history of radiation therapy especially to the head, neck or chest. Myth: A lump in your breast means you have breast cancer. Fact: Only a small percentage of lumps in the breast are cancerous. A lump can be a non-cancerous fibrous growth as well. Consult a doctor for a clinical breast examination. This examination becomes all the more important for if there is any discharge or change in the size and/or shape of a lump. Consult Now! Diagnosis Of Breast Cancer

The best way to know about breast cancer is through early screening. The different types of breast cancer screening tests include:

1. Physical examination of the breast Breast self-examination (BSE), as the name suggests, is a breast cancer screening test that can be done by oneself and at home. It usually takes 5-10 minutes and should be done every month by all women above 15 years of age. Stand topless in front of a mirror with your hands on your sides and shoulders straight. Look at your breasts in the mirror for any visual changes in the breasts such as dimpling, inverted nipple, puckering, and changes in the size, shape or symmetry. Lift your hands and place the palms on the back of the head to look for changes in the breast. Repeat this by lifting one breast at a time. Feel your breasts by using the pads of your fingers (not the tips). Apply pressure and move your fingers over the breasts in a circular motion just like massaging the area. As you do this, make your way to the collarbone, center of the breastbone and near the armpits. Inspect your breasts when lying down and again in the shower. The use of water and soap while taking a shower makes it easier for your fingers to glide over the skin and make it easy to feel the breasts. Repeat the procedure by placing one hand over the back of the head and massaging the breast with the other hand. Lastly, gently squeeze the nipple to check for any discharge.
2. Clinical breast examination (CBE) A clinical breast exam is done by a doctor or a nurse. During this exam, the clinician uses his/her hands to feel any lumps, hardness, nipple discharge or any other changes in the breast. It should be done once in six months in women who are at a high risk of breast cancer or at the earliest sign of any abnormality or symptoms of breast cancer. If you observe any abnormality during BSE, it’s advised to get a CBE done immediately to investigate further.
3. Blood marker tests Also known as blood tests for tumor markers, these tests help to detect cancer activity in the body. In addition to being diagnostic tests, these can also help to determine whether the cancerous cells have moved to other areas of the body or to assess how the treatment is working. If you have already recovered from cancer, then these tests can help to check if the cancer has come back (recurrence). Some of the common blood markers that your doctor might recommend: CA 15.3 CA 27.29 (Breast cancer marker) Carcino Embryonic Antigen (CEA)
4. Mammography Mammography is basically an X-ray of the breast tissue. It should be done by all women once a year after the age of 40 years or as advised by your doctor. Mammography alone is not useful in women with dense breasts. In these women, it has to be done in conjunction with ultrasonography or as advised by your doctor.
5. Magnetic resonance mammogram This method uses magnetic and radio waves to take pictures of the breast and check for abnormalities. It is considered to be better than mammograms and CBE for screening women with a high risk of breast cancer such as those with BRCA gene mutation. For women in high-risk groups, MRI along with mammography and CBE is used as a screening tool. As breast MRIs may appear abnormal even if there is no cancer, they are not advised for women who have an average risk of cancer.
6. Other tests In case of any abnormality being detected in the screening tests, the woman might be directed to take further tests to diagnose the condition. This includes: Excision biopsy: A mass of tissue is removed for examination. This is used to determine the types of cells involved in breast cancer. FNAC (fine needle aspiration cytology): A fine gauge needle is used to remove fluid from the breast tissue for microscopic evaluation. CT scan: It helps to check whether breast cancer has spread to other regions. Did you know? Breast cancer is the leading cause of death due to cancer in Indian women. According to the National Cancer Registry Programme, 1 in 22 women in urban areas and 1 in 60 women in rural areas is likely to develop breast cancer during her lifetime. So get tested if you have any doubts about symptoms of breast cancer. Book Test Here! Celebs affected Mumtaz In 2000, Yesteryear’s Bollywood diva Mumtaz was diagnosed with breast cancer. She was 54 years-old when a malignant lump was detected in her breasts. She underwent 6 chemotherapies and 35 radiation sessions. Tahira Kashyap Tahira Kashyap was diagnosed with breast cancer. She underwent chemotherapy, mastectomy and reconstruction to bounce back hail and hearty from the disease. Shreyl Crow Sheryl Crow is an American actress and musician who was diagnosed with a non-invasive form of breast cancer, at the age of 44. She underwent lumpectomy and seven weeks of radiation therapy before she was declared cancer-free. Cynthia Nixon “Sex and the City” star Cynthia Nixon was diagnosed with breast cancer in 2002. She discovered the lump herself and it was biopsied only to be diagnosed as cancerous. Kylie Minogue Australian pop star Kylie Minogue was diagnosed with breast cancer in the year 2005 when she was just 36 years old. She underwent chemotherapy and surgery before getting cancer-free. Prevention Of Breast Cancer
7. Go for regular physical activity A sedentary lifestyle and physical inactivity increase the risk of breast cancer. Women who get regular physical activity have a 10%-20% lower risk of breast cancer compared to women who are inactive. This could be attributed to the effect of exercise on systemic inflammation, hormones, and energy balance. Even walking seems to exert beneficial effects. So make sure you go for moderate-intensity exercise 30 minutes a day for at least 4 days a week for better personal health.
8. Quit smoking Heavy smoking over a long-time is linked to a higher risk of breast cancer. Moreover, it is also reported that exposure to secondhand smoke may increase the risk of breast cancer, particularly for premenopausal women.
9. Restrict alcohol intake Cut down on your alcohol intake as excess intake can increase the risk of breast cancer. If you have to, then restrict the alcohol consumption to only social gatherings.
10. Get rid of excess body weight Obesity is an important risk factor for breast cancer. Postmenopausal breast cancer risk is about 1.5 times higher in overweight women and about 2 times higher in obese women than in women with healthy weight. This might be due to higher estrogen levels as fat tissue is the largest source of estrogen in postmenopausal women. Therefore, it is important to maintain your weight within the normal range.

Opt for a regular fitness program and try to stay active throughout the day. Make healthy dietary choices and cut down on refined, processed and oily foods.

1. Do breast self examination once a month It is important to do a regular self-examination of the breasts since they might help in early detection. First of all, look at your breasts in the mirror with your shoulders straight and arms on your hips. Look for any dimpling, bulging of the skin, or inverted nipple. Now, feel your breasts using the first few finger pads of your hand moving in a circular motion. The easiest way to feel breasts is when the skin is wet and slippery while taking a shower.
2. Get clinical examination done yearly After the age of 35, it is recommended to get a clinical examination done by an experienced breast surgeon every year. In women with a family history of breast cancer, it is recommended to get an annual clinical examination done after the age of 25.
3. Get mammography/ultrasound done A mammogram is an X-ray picture of the breast. It can be used for screening purposes when you have no symptoms of cancer. It can also be used if you have a lump or other sign of breast cancer. It is recommended to get regular mammograms done yearly after the age of 40 years. But if you are below 40 years of age, then an ultrasound of the breast is the recommended test to know the changes in your breast.
4. Take special care in case of family history If there is a family history of breast cancer, do consult your oncologist to discuss your risk of breast cancer. If you or any woman in your family is above 40 years of age, then get mammography done. Remember, early lump detection can aid in early detection of breast cancer which in turn can help in a complete recovery from breast cancer. Myth: Wearing underwire bras can cause breast cancer. Fact: Those who claim that underwire bras cause cancer believe these bras restrict the lymph system, resulting in a build-up of toxins in the breasts. However, there is no scientific evidence that proves compression of the lymph nodes by bras can cause cancer. In reality, body fluids travel up and into the underarm lymph nodes, not towards the underwire. Click to know more myths. Click To Read! Specialist To Visit

See a doctor if you feel a lump in your breast or have a discharge from the nipple. It is wise to opt for regular mammography (once a year) if you have a family history of breast cancer.

When it comes to the treatment of breast cancer, there is not just a single doctor but a team of specialists who work together to create a comprehensive plan known as a multidisciplinary approach. Doctors specializing in different areas of cancer treatment include: Oncologist Oncosurgeon Radiation oncologist

These experts along with radiologists, pathologists, nutritionists, counsellors and physicians create a patient’s overall treatment plan which includes different treatment options. In case you are above 65 years of age, then a geriatric oncologist or a geriatrician might also be involved to take care of your health. Treatment Of Breast Cancer

There are different types of breast cancer. For example, some tumors are small but grow rapidly whereas some are big in size but grow at a very slower pace. This is why the treatment for breast cancer needs to be customized as per the patient’s profile. Some of the common parameters that need to be taken into account before deciding the type of treatment include: The location of the cancer in the breast The size of the tumor Whether it has spread to other sites of the body The type of the cancer The stage/grade of the cancer Menopausal status of the woman The age of the patient The presence of any genetic mutations The presence of hormonal receptors or proteins on the cancer cells The general health & fitness of the patient

The treatment options for breast cancer might involve one or more of the following:

1. Chemotherapy It involves the use of medications/drugs to shrink or kill the cancerous cells. These medicines can be given either in the form of pills or as injections (through intravenous mode) or both. Usually, chemotherapy involves intravenous administration of the drugs either through a central line (long tube attached to the large vein in the chest) or a cannula (thin short tube attached to the vein in the arm).

Chemotherapy is found to be most effective when these drugs are used in combinations. It can be given before surgery (neoadjuvant) or after surgery (adjuvant). Chemotherapy before surgery aims to shrink the tumour down & lower the chances of recurrence of the cancer. Chemotherapy after surgery might be recommended if: There is a presence of cancer cells in the lymph nodes under your arm There is a large tumour in your breast The cancer cells were of a high grade (grade 3 or more) Hormone therapy fails to work (due to absence of hormone receptors on the cancer cells)

How many cycles? A chemotherapy schedule involves use of a combination of drugs in a specified number of cycles set over a specific time by your doctor. The regimen can be once a week, 2 weeks, 3 weeks or 4 weeks. In most cases, you can have chemotherapy cycles in a day & come back home. In some cases, you may need to stay in the hospital overnight or for a few days.

Some of the common examples of chemotherapy drugs include: Cyclophosphamide Vinblastine Vinorelbine Fluorouracil Capecitabine Gemcitabine The common side-effects of chemotherapy includes fever, loss of appetite, weight loss, extreme fatigue, risk of infections, bleeding/bruising easily, diarrhoea or constipation & hair loss.

Note: Consult your doctor if you have any signs of an infection following the treatment.

1. Radiation therapy This therapy uses radiation (high-energy rays similar to X-rays) to kill the cancer cells. This therapy can also be used along with other treatment modalities such as chemotherapy and surgery. The radiotherapy team will work out the radiotherapy which includes the dose of the radiation, where you need it & also the dose of the surrounding tissue.

Types of radiation therapy External-beam radiation therapy: Radiation given from a machine outside the body Intraoperative radiation therapy: Radiation given using a probe in the operating room Brachytherapy radiation: Given by placing radioactive sources into the tumor External-beam therapy is the most common one which is used for whole breast & partial breast radiation therapy.

What happens during radiotherapy? The radiographers will tell you to lie on a special board called a breast board. If you have had a shell (mould) made, it will be fixed over your breast & you might need to raise your arms over your head. After this, the experts will line up the machine using the marks on your body or shell to place you in the right position.

As you lie still on your back, multiple images will be taken before your treatment to make sure you are in the right position. Your radiographer might ask you to hold your breath for a few seconds (at times) during the treatment.

Radiation therapy can cause side effects such as fatigue, swelling of the breast, redness and/or skin discoloration, pain or burning in the skin (at the site of radiation) & pneumonitis (very rare).

How many cycles? A radiotherapy schedule involves a specified number of cycles set over a specific time by your doctor for example 5 days a week for 3 to 6 weeks. The daily treatment of radiotherapy is known as a fraction.

It is recommended: When the cancerous mass is huge enough that it can’t be removed with surgery To treat metastatic breast cancer (cancer that has spread to other parts of body such as bones or brain) After breast-conserving surgery (BCS) to lower the risk of cancer recurrence in the same breast or nearby lymph nodes After mastectomy (breast removal surgery), if cancer is found in nearby lymph nodes or is larger than 5 cm in size or has spread to nearby skin or muscle

1. Hormonal therapy This treatment approach works by either lowering or blocking the production of the hormones needed for the growth of the cancer cells. This therapy is often used as an adjuvant therapy post surgery to help lower the risk of recurrence. Most types of hormone therapy either lower estrogen levels or stop estrogen from acting on the breasts thereby aiding in the treatment.

Who should take it? Hormone therapy is only likely to work if the breast cancer cells have estrogen receptors (ER). It is seen that around 70% of breast cancers have estrogen receptors. These types of breast cancers are known as estrogen receptor positive cancer or ER positive cancer. The type of hormone therapy used depends on the status of menopause, chances of cancer recurrence & side-effects of the drug.

How to take it? The medicines used for hormonal therapy are available in the form of tablets or injections. The drugs such as tamoxifen or aromatase inhibitors such as anastrozole are usually advised for a period of 5 years (or more depending on the need), whereas fulvestrant is given in the form of an injection once every month.

Examples of these class of drugs include: Tamoxifen acts as selective estrogen receptor modulator (SERM) that blocks estrogen receptors Fulvestrant acts like an anti-estrogen which blocks and damages estrogen receptors Letrozole acts as aromatase inhibitors which lowers the level of estrogen by blocking the production of the hormone estrogen Megestrol acts as progesterone-like drug which lowers progesterone level in the body

The side-effects of hormonal therapy might vary based on the drugs used, however some of the common side-effects include hot flushes and sweating, irregular periods, low sex drive, vaginal dryness or discharge, feeling sick, joint pain, mood changes & tiredness

1. Targeted therapy Targeted therapy is a treatment in which the drugs are targeted to the cancer’s specific genes, proteins, or the environment that contributes to cancer growth and survival. Unlike chemotherapy, this treatment works in a focussed manner & limits the damage to the healthy cells. As tumors might have different targets, your doctor might need to run a few tests to identify the target before initiating the treatment.

Hormonal therapies were the first approved targeted therapy for breast cancer. Recently, HER2 (human epidermal growth factor receptor 2) targeted therapies were approved for HER2-positive breast cancer. HER2 is a gene that can play a role in the development of breast cancer.

Targeted therapy is usually recommended: Before surgery (to shrink a cancer) After surgery (to reduce the risk of recurrence) For secondary breast cancer (if cancer has spread to other parts of the body) If cancer recurs

Examples of drugs Some of the common examples include: Trastuzumab approved for non-metastatic HER2-positive breast cancer Pertuzumab approved for HER2-positive breast cancer in combination with trastuzumab & chemotherapy Pertuzumab, trastuzumab, and hyaluronidase–zzxf approved for people with early-stage HER2-positive breast cancer Neratinib approved for higher-risk HER2-positive, early-stage breast cancer Alpelisib used hormone receptor-positive, HER2-negative metastatic breast cancer along with fulvestrant

The side effects of targeted therapy for breast cancer is dependent on the type of drug, dose of the drug, overall health & other drugs used for the therapy (along with it). Some of the common side-effects seen include feeling sick, breathlessness, allergic reactions, fatigue & tiredness, diarrhea or constipation, body pain, hot flushes, muscle spasms, soreness & loss of appetite

1. Immunotherapy As the name suggests, immunotherapy works by helping the immune system work to fight cancer cells. This therapy uses substances either made naturally by the body or chemically (in the form of medicines) to: Stop or slow down the growth of cancer cells Prevent the spread of cancer other parts of the body Aid the body to kill cancer cells Some of the approved immunotherapy drugs to treat breast cancer are: Pembrolizumab Atezolizumab Pertuzumab

How does it work? One of the immune cells produced by our body is T-cells. These cells fight infection by analyzing and identifying the proteins present on a cell’s surface. If the surface proteins signal that the cell is normal & healthy, then T cells leave it alone. However, if the surface proteins indicate that a cell is cancerous or abnormal, then T cells attack the cell. These specialized proteins that keep healthy cells and tissues safe are called immune checkpoints. Immunotherapy drugs are targeted to these proteins to help identify cancerous cells & attack them.

Immunotherapy medicines are very new and have not been studied as long as other cancer treatments such as surgery, chemotherapy, radiation therapy, and hormonal therapy. However, research has revealed that there is a risk that medicines targeted to specific proteins may help to attack the healthy cells. This in turn can lead to various effects on the major organs of the body such as the lungs, liver, pancreas, kidneys and the intestines.

Watch Dr. Priya Tiwari, expert oncologist, explaining the treatment of breast cancer.

1. Surgery Some of the common surgical treatments for breast cancer include:
2. Mastectomy It involves surgical removal of the entire breast and not just the lump as in the case of lumpectomy. Depending upon the type and the stage of breast cancer, your doctor might decide whether you need to undergo mastectomy or lumpectomy. Your doctor is most likely to recommend mastectomy if you have: a large lump (tumour), particularly in a small breast a tumour in the middle of your breast more than one area of cancer in your breast large areas of DCIS in your breast had radiotherapy to the breast before

The type of surgery depends on how big the cancer is, where it is in the breast and whether you have a breast reconstruction. The scar from a simple mastectomy extends across the skin of the chest and into the armpit. Breast reconstruction surgery can be performed at the same time after mastectomy or later as per the convenience.

You may also go for prophylactic mastectomy which is preventive removal of the breast to lower the risk of breast cancer in high-risk people.

1. Breast-conserving therapy Also known as lumpectomy, this technique involves the excision of the tumor and some of the normal tissue that surrounds the cancer cells. Technically, a lumpectomy is a partial mastectomy, because part of the breast tissue is removed.

Before the surgery, your surgeon or a nurse may draw markings on your breast that show where the incision will be made. It is followed by radiation of the entire breast area. The lumpectomy surgery itself should take about 15-40 minutes.

You may be advised to rest at home followed by instructions to take medications, care for the incision area/stitches, exercise the arm & report any signs of infection at the earliest to the doctor. A follow-up is mandatory as it helps in a prompt detection of local recurrence of the cancer (if any) post the therapy.

1. Breast reconstruction therapy It is mostly considered by women who have a mastectomy or lumpectomy. It is a surgical procedure in which a plastic surgeon helps to recreate a breast. There are two main techniques for reconstructing your breast. These are: Implant reconstruction involves inserting an implant which is a saline-filled or silicone gel-filled forms to reshape the breast Autologous or “flap” reconstruction involves use of tissue transplanted from another part of the body such as your belly, thigh, or back

Breast prostheses come in many shapes, sizes, and materials such as silicone gel, foam, or fiberfill interior. The common ones inculde a lightweight model (polyfill or foam) and a silicone prosthesis (look more realistic & feel natural).

Here’s more on cancer treatment options by a medical oncologist.

Note: The prognosis of breast cancer depends on: Stage of cancer (lymph node status and tumor size) Expression of certain proteins such as estrogen receptor and progesterone receptor (ER and PR) and human epidermal growth factor receptor 2 (HER2) If the woman is still menstruating or has had menopause Regular examination and screening through mammography can help in early detection of breast cancer. Home-care For Breast Cancer

There are certain changes that happen in the breast as you age. But these changes should not be ignored as they could indicate an underlying breast cancer. This is the reason why every woman above 25 years of age or those with a family history of breast cancer are recommended to do a self-breast examination as it could indicate early changes that happen in the breasts.

In addition to following your treatment routine such as radiation and chemotherapy, here are a few tips you need to keep in mind. Eat foods rich in antioxidants as they help the body to fight free radicals Stay away from processed and oily foods Check your weight as obesity is also a risk factor for breast cancer Exercise daily without fail as it helps you to stay active and strong Stay away from stress Boost your immunity to fight free radicals which can put you at risk for various illnesses Quit smoking & limit your intake of alcohol as it is known to up the risk of breast cancer Complications Of Breast Cancer

If left untreated for a long period of time, breast cancer can be life threatening. In case of metastatic breast cancer, there is a high risk that the cancer can spread to the lungs known as lung metastasis. It often does not cause any symptoms but is discovered only on chest CT scan.

That’s why it is recommended that you should consult a doctor if you experience any symptoms of breast cancer to diagnose it at an early stage and get appropriate medical treatment. There have been various treatment advances against breast cancer, bringing new hope and excitement for better self care. And, the silver lining is that if detected early, it has high chances of cure. Living With Breast Cancer

Breast cancer can affect daily life in different ways, depending on what stage it is and the treatment received. How a woman copes with her diagnosis and treatment varies from person to person, but there are several forms of support needed. Talk to your friends and family as they are your biggest support system. Communicate with other people in the same situation and make time for yourself and engage more in physical and spiritual activities that calm your mind. Tiredness and lethargy can be a problem during treatment but some gentle physical activity can help in alleviating the pain and symptoms. Avoid doing too much work or overexerting yourself when the body feels low. Breast cancer and its treatment are likely to cause a few physical problems. Changes to the shape of one or both breasts and scarring after surgery can affect self-esteem and confidence. If possible join support groups and activities that divert your mind and make you happy. You may find it helpful to talk to a trained counselor or psychologist, or any expert. Taking to a professional can be helpful in getting all the information about breast cancer and post-treatment queries. Talking openly and knowing everything about what’s happening with you and your body, gives a sense of confidence.

Recovery and follow-up after treatment As most women with breast cancer undergo surgery, getting back to their normal life can take time. During recovery, avoid lifting things such as heavy shopping bags, doing excessive household chores. Post treatment, a regular follow-up with routine blood tests and mammogram is necessary. Frequently Asked Questions How does breast cancer start? What are the different types of breast cancer? Do negative screening test results indicate no risk of cancer? How quickly does breast cancer grow? What is the most aggressive type of breast cancer? What is breast cancer pain like? How can I test my breast cancer at home? Do deodorants cause breast cancer? References Breast Cancer. India Against Cancer. the National Institute of Cancer Prevention and Research (NICPR). Malvia S, Bagadi SA, Dubey US, Saxena S. Epidemiology of breast cancer in Indian women. Asia Pac J Clin Oncol. 2017 Aug;13(4):289-295. What Are the Symptoms of Breast Cancer?. Breast Cancer. The Centers for Disease Control and Prevention (CDC). Breast cancer Symptoms: What you need to know. The American Cancer Society. Chaurasia V, Pal S. A Novel Approach for Breast Cancer Detection using Data Mining Techniques.; 2014 International Journal of Innovative Research in Computer and Communication Engineering.; 2(1); 2456-65. Moo TA, Sanford R, Dang C, Morrow M. Overview of Breast Cancer Therapy. PET Clin. 2018;13(3):339-354.

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Scabies Also known as Crusted scabies, Norwegian scabies Overview Scabies is an parasitic infestation that occurs due to an 8-legged mite called Sarcoptes scabiei. It is estimated that about 200 million people suffer from scabies worldwide at any given time and upto 10% of children from poor economic backgrounds tend to be affected by it. Scabies is a highly contagious disease that spreads through prolonged and close physical contact with an infected patient.

Scabies outbreaks are more commonly seen in crowded places such as nursing institutions, daycare centers, prisons, etc., where people live in close proximity to each other. The symptoms of scabies range from a severe itching sensation to the formation of skin lesions such as burrows, papules, crusts, etc. The urge to itch may be especially strong at night.

Scabies is contagious and can spread quickly through close physical contact. Since scabies is a contagious disease , physicians often recommend treatment for entire families or contact groups. Scabies is treated with topical application of anti-scabies creams or lotions. Oral tablets might be required in some cases. It is recommended to simultaneously treat all members living in close proximity to the patient to prevent reinfection. Key Facts Usually seen in All age groups Gender affected Both men and women Body part(s) involved Skin Genitals Prevalence World: 200 million (2020)

Mimicking Conditions Psoriasis Impetigo Atopic dermatitis Contact dermatitis Bites from other insects mosquitoes, fleas, bedbugs Urticaria Folliculitis Necessary health tests/imaging Complete Blood Count (CBC) Treatment Antiparasitic medications Antipruritics (or anti-itch drugs) Permethrin Crotamiton Sulphur Benzyl Benzoate Ivermectin See All Symptoms Of Scabies

If you have had scabies before, signs and symptoms may develop within a few days of exposure. If you’ve never had scabies, it can take as long as six weeks for signs and symptoms to begin. A person may have scabies if the following symptoms are present: A severe itching sensation in the affected areas of the skin that usually worsens at night. Rash or bumps on the skin with a burrow-like appearance. Although scabies can affect any part of the skin, common sites of infestation are - armpits, between fingers, inner elbows, around the waist, scalp, palms, soles of feet, etc. Occasionally, there may be scaly patches on the skin that resemble eczema. A severe type of scabies, called Norwegian scabies, leads to the formation of thick crusts on the skin. NOTE: In infants and young children, common sites of infestation usually include the scalp , palms of hand, and soles of feet.

Causes Of Scabies

Scabies is not an infection. It is an infestation that occurs due to an 8-legged mite called Sarcoptes scabiei. This mite can enter your skin through direct human-to-human contact with a person with scabies or by sharing personal items, such as bed sheets, towels, linen, etc.

Once the mite comes in contact with human skin, it starts burrowing into the skin’s upper layer and lays eggs. The eggs hatch in a couple of days and develop into adult mites within two to three weeks and spread to other parts of the body.

A severe infestation of scabies known as crusted scabies or Norwegian scabies occurs when the mites and eggs are present in huge numbers. This condition is seen in people with poor or weakened immune systems.

Risk Factors For Scabies

The following conditions increase the risk of contracting scabies - Living in close proximity to people in overcrowded places, such as nursing homes, prisons, daycare centers, etc. Sexual relationships with multiple partners. Sharing toiletries, bed sheets, linen, etc., with other people in the surroundings.

Did you know? Severe form of scabies can spread even through short contact with a patient : In common scabies, the scabies mite is transmitted during sufficiently long-lasting skin-to-skin contact—at least 10 minutes. In contrast, for crusted scabies, with millions of mites on the skin, short contact with patien Shop Now! Diagnosis Of Scabies

The physician takes a detailed history of the onset of symptoms and performs a thorough physical examination to identify the site and type of skin lesions. Usually, the close contacts of the person are also examined to check for the spread of scabies. Scabies can be confirmed by the following tests - Microscopic examination of a skin scraping Direct visualization of magnified skin lesions or Dermatoscopy Burrow ink test to evaluate the burrowing lesions of scabies Routine laboratory tests or imaging studies play very little role in establishing a diagnosis of scabies. Occasionally, if a patient presents with crusted lesions or Norwegian scabies, routine laboratory tests like Complete Blood Count (CBC) may be performed to get a general idea of the person’s health and immunity status.

Prevention Of Scabies

Scabies is a highly communicable disease that spreads very rapidly by prolonged, close human-to-human contact. It can also spread through fomite contact, such as sharing of items of a personal nature. To prevent the reinfestation or transmission of scabies, the following precautions must be followed: Do not share items of a personal nature, such as bed sheets, linen, pillow covers, etc., with others, especially anyone with an active infestation of scabies. Avoid visiting overcrowded areas which have reported an outbreak of scabies. If you live with someone who has scabies, take care to wash all clothing, towels, etc., with hot water and detergent. Items that cannot be washed must be kept isolated in a separate room for 2-3 days. When the scabies mites cannot be transferred to humans, they eventually die, and the cycle of transmission breaks. All members of the household must undergo scabies treatment simultaneously if someone in the house has scabies to prevent the reinfection and transmission of the disease in close proximity. Specialist To Visit

It is essential to seek prompt medical care in presence of symptoms, such as severe itching which worsens at night especially, accompanied by rashes, or other characteristic skin lesions like burrows. A dermatologist and general physician can diagnose and treat scabies. Consult India’s best doctors online. Click here to book an appointment now. Book Now!

Treatment Of Scabies

Scabies is treated with topical application of anti-scabies creams or lotions. The creams or lotions must be applied all over the body and not just the area of itch as the scabies mite may be present in different areas of the body. It is recommended to simultaneously treat all members living in close proximity to the patient to eradicate the parasite completely. The following medicines are used to treat scabies. Antiparasitic medications and antipruritics (or anti-itch drugs) are commonly recommended drugs to treat scabies. In some cases, lotions are also advised to relieve itching. 5% Permethrin topical preparations are the first line of treatment for scabies and are highly effective in killing the scabies mites. Crotamiton formulations are also used which can be applied to scabies lesions. 0.5% malathion, 5-10% Sulphur ointment, 10-25% Benzyl Benzoate emulsion are other compounds used for topical application to treat scabies. Ivermectin preparations may occasionally be given orally or may be prescribed for topical applications. Over-the-counter (OTC) preparations in the form of lotions can be used to provide relief from the skin itch.  
Tips to apply anti-scabies topical medications After taking a tepid bath or shower and patting your body dry, apply a thin layer of cream/lotion to the whole body from neck down. Avoid applying on your face due to risk of medicine side effects. Make sure to carefully wash off the ointment after 12 hours. Reapply the medication topically after 24 hours and follow the same instructions. Did you know permethrin is also used for head lice treatment? Permethrin, the drug which is prescribed for the treatment of scabies is also used for the treatment of head lice. However, it is not available over the counter, rather, it can be used only if prescribed by a doctor. Do not self-medicate and use it only under the supervision of a healthcare professional to get maximum benefit of Permethrin. Buy Now! Home Care For Scabies

It may take 4-8 weeks for the symptoms of scabies to appear after coming into contact with the mite. As the symptoms start to appear, the severity of the itching sensation starts increasing. Care must be taken to avoid scratching the skin aggressively as it may lead to further irritation, breaking, and bleeding in the skin.

Application of topical emollient creams and lotions may help the sensation of severe itching subside. Apply the medicine all over your body from the neck to the toes. Take a bath before applying the prescribed lotions. As scabies is a highly contagious disease, special care must be taken to break the transmission chain and prevent others around you from getting infected. It is advisable to seek anti-scabies treatment for all close contacts simultaneously. At the same time, it is necessary to thoroughly wash all items of personal nature, such as clothes, towels, bed sheets, etc., that you have used in the three days preceding scabies treatment. Complications Of Scabies

Scabies infestation leads to a severe itching sensation. If the patient does not refrain from scratching aggressively, it may lead to breaking of the skin, which can result in secondary bacterial infection. Crusted scabies or Norwegian scabies is a type of severe scabies that affects those with weaker immune systems such as HIV patients. There may be millions of scabies mites affecting larger areas and causing a crusty appearance of the skin. Crusted scabies is highly contagious and resistant to treatment.

Alternative Therapies For Scabies

Ayurveda: Ayurvedic formulations, such as lotions, creams, soaps, etc., made from naturally-occurring substances, such as tea tree oil, aloe vera gel, neem oil, camphor oil, eucalyptus oil, turmeric, etc., may provide symptomatic relief to patients with scabies.

These herbal remedies are known for their medicinal properties, and they also give a soothing effect when applied to the skin, reducing the itching sensation.

If you are suffering from scabies, you may get symptomatic relief by applying tea tree oil or aloe vera gel directly to the lesions. You can bathe with soaps made from neem oil extract or eucalyptus oil extract as they are known for their antimicrobial action.

Living With Scabies

Constant itching can considerably hamper the quality of life of a scabies patient. Scabies itch usually worsens at night, and this may disturb the sleep schedule of the patient and leave them feeling restless and tired.

There is also a risk of transmission of scabies from one person to another. Thus, a scabies patient needs to take considerable precautions to avoid the disease transmission. This is especially important if the scabies patient is living in close proximity with other persons in confined spaces.

It is understandable that scabies can lead to isolation and lot of frustration. Proper medical treatment with psyclological support from family and friends can help the patient overcome the condition.

Frequently Asked Questions I shook hands with a scabies patient. Will I get scabies? Can scabies spread by sharing bed sheets or towels? I cannot resist itching myself due to scabies. What should I do? Will scabies leave scars on my skin? Will my family get scabies if I am diagnosed with scabies? References Scabies. American Academy of Dermatology. Scabies. World Health Organization. Banerji A; Canadian Paediatric Society, First Nations, Inuit and Métis Health Committee. Scabies. Paediatr Child Health. 2015 Oct;20(7):395-402. Dressler C, Rosumeck S, Sunderkötter C, Werner RN, Nast A. The Treatment of Scabies. Dtsch Arztebl Int. 2016 Nov 14;113(45):757-762. J S McCarthy, D J Kemp, S F Walton, B J Currie. Scabies: More than just an irritation. Post graduate medical journal. BMJ Journals. Volume 80, Issue 945. Karthikeyan K. Crusted scabies. Indian J Dermatol Venereol Leprol 2009;75:340-347 Nair PA, Vora RV, Jivani NB, Gandhi SS. A Study of Clinical Profile and Quality of Life in Patients with Scabies at a Rural Tertiary Care Centre. J Clin Diagn Res. 2016 Oct;10(10):WC01-WC05 Treatment. Scabies. Parasites. Centers for Disease Control and Prevention (CDC). Johnston G, Sladden M. Scabies: diagnosis and treatment. BMJ. 2005;331(7517):619-622. Micali G, Lacarrubba F, Verzì AE, Chosidow O, Schwartz RA. Scabies: Advances in Noninvasive Diagnosis. PLoS Negl Trop Dis. 2016;10(6):e0004691.

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Stroke Also known as Brain stroke, Brain attack, Cerebrovascular accident (CVA), Transient ischemic attack (TIA), Ischemic stroke and Hemorrhagic stroke Overview Stroke is a condition in which the blood supply to the brain is disrupted. This mainly occurs due to either blockage in any of the blood vessels that supply blood to the brain (known as ischemic stroke) or due to rupture or leaking of the blood vessels in the brain (known as hemorrhagic stroke).

Stroke often occurs suddenly. However, symptoms that can help in identifying a stroke are face drooping, arm & leg weakness, lethargy, slurred speech, and loss of balance. There are several factors that can increase your risk of stroke. These include old age, sedentary lifestyle, stress, obesity, smoking, uncontrolled hypertension, uncontrolled diabetes and coronary artery disease.

The treatment approach consists of medications such as statins, anticoagulants, and procedures like thrombectomy. Recovery after stroke depends on severity of stroke, which part of the brain is affected, extent of damage and how quickly the treatment was initiated.

A stroke is a medical emergency and there is a better chance of recovering from a stroke if emergency treatment is started right away. Remember, during a stroke, every minute counts. Key Facts Usually seen in Adults above 65 years of age Gender affected Both men and women but more common in men Body part(s) involved Brain Blood vessels Neurons Prevalence India: 44.54 to 150/100000 Mimicking Conditions Transient ischemic attack (TIA) Cerebral neoplasm Syncope Hyponatremia Hemiplegic migraine Encephalitis Brain abscess Conversion disorder Hepatic encephalopathy Uremia Bell’s palsy Hypertensive encephalopathy Necessary health tests/imaging ABC monitoring CT scan (Head) Magnetic resonance imaging (MRI) Magnetic resonance angiography (MRA) Electroencephalography (EEG) Lipid profile Cardiac markers Blood glucose test Treatment Fibrinolytics: Alteplase & Reteplase Antiplatelets: Aspirin & Clopidogrel Anticoagulants: Warfarin, Apixaban & Rivaroxaban Anti-hypertensives: Angiotensin receptor blockers, Calcium channel blockers, Beta-blockers & ACE inhibitors Statins: Atorvastatin, Rosuvastatin & Pitavastatin Thrombectomy Carotid endarterectomy Surgery See All Symptoms Of Stroke

Following are the common signs & symptoms one may experience during a stroke: Sudden dizziness & loss of balance: A person suffering from stroke tends to lose balance and might feel dizziness or lightheadedness. Visual disturbances: Vision troubles in one or both eyes are common with stroke. Face drooping: If you suspect someone in your family is having a stroke, ask them to smile. If the face droops to one side, it could be a potential sign of a stroke. Paralysis (weakness in the arms & legs): If the arms drift downwards after raising, it can be a sign of stroke. Slurred speech: The person having a stroke finds it difficult to pronounce a simple sentence. Confusion: The person might have confusion or difficulty in understanding others while having a stroke. Headache: A sudden severe headache with no known cause could be a warning sign of stroke. Did you know? F.A.S.T = Spot the signs of stroke and save a life. FAST stands for what you need to do and how to recognize the signs of a stroke. F stands for face drooping, A stands for arm weakness or arm drifting downwards, S stands for slurring of speech and T stands for time to call your nearest medical help. Know about the first-aid tips to follow in case of a suspected attack of stroke/paralysis. Click Here To Know! Causes Of Stroke

The cause of a stroke depends on the type of stroke. Stroke is broadly classified into 3 major types namely:

1. Ischemic stroke: Most of the strokes are ischemic strokes. These types of strokes occur when the oxygen-rich blood supply to some parts of the brain gets blocked or severely restricted. As a result of the deprived blood and oxygen, the cells of that part of the brain die, and the part of the body that it controls stops working. Restriction of blood supply can happen by the following: Clogged arteries: Fat, cholesterol, and other deposits can accumulate on the walls of blood vessels. With time, these deposits calcify or harden and this build up is called plaque. The plaque clogs the blood vessels thereby narrowing the passage for blood. Blood clots: When a clot forms in a blood vessel of the brain that is already very narrow, it leads to a thrombotic stroke. When a blood clot that has formed somewhere else in the body, breaks away and travels to a blood vessel in the brain, the result is an embolic stroke or cerebral embolism. An embolic stroke can also result from an air bubble or other foreign substance in the blood that moves and blocks a blood vessel in the brain.
2. Hemorrhagic stroke: In hemorrhagic stroke, a weakened blood vessel in the brain gets ruptured allowing blood to leak into the brain. This blood accumulates and compresses the surrounding brain tissue. Two types of weakened blood vessels which usually cause hemorrhagic stroke are aneurysms (balloon-like bulges in an artery that can stretch and burst) and arteriovenous malformations (tangles of blood vessels).

There are two types of hemorrhagic strokes: Intracerebral hemorrhage is the most common type of hemorrhagic stroke. “Intracerebral” means “within the brain”, it occurs when a blood vessel in the brain bursts, flooding the surrounding tissue with blood. Intracerebral strokes are usually caused by high blood pressure. Subarachnoid hemorrhage is a less common type of hemorrhagic stroke. It refers to bleeding in the space between the brain and the skull. Factors like head injury, overtreatment with blood thinners, and bleeding disorders can cause subarachnoid hemorrhage. 3. Transient ischemic attack (TIA): Also known as “mini-stroke” or a “warning stroke”, it usually does not occur for more than a few minutes. A TIA is a warning sign of a future stroke, so should be considered a medical emergency, just like a major stroke. Like ischemic strokes, blood clots often cause TIAs. More than a third of people who have a TIA and don’t get treatment have a major stroke within 1 year. Recognizing and treating TIAs can lower the risk of a major stroke in the future. Did you know? A single stroke attack can damage millions of neurons and brain cells. An acute ischemic stroke (AIS) without timely treatment leads to the loss of 4 million neurons, 12 million brain cells, and 15 billion synapses every minute! Hence, it is important to recognize the signs and get the treatment immediately to prevent severe brain damage. In case of emergencies, here is what you need to do. EMERGENCY! What to do? Risk Factors For Stroke

Some of the common risk factors of stroke are: Age: Aging tends to narrow down the arteries, therefore increasing the risk of stroke. Gender: Stroke occurs more commonly in men, but more casualties are seen in women than men due to a stroke. Family history: Heredity or genetics can influence the risk of getting a stroke. Sedentary lifestyle: Long sitting hours with very little movement or exercise is a major risk factor for stroke Excessive alcohol consumption: Excessive consumption of alcohol with more than 2 drinks per day raises blood pressure. Uncontrolled drinking can lead to stroke. Obesity: Obesity or excessive weight is a major risk factor for stroke or other cardiovascular complications. Tobacco: Narrowing of blood vessels is a common consequence of chronic use of tobacco in any form. Nicotine also increases blood pressure, which also increases the risk of stroke. Diabetes: Diabetes can lead to pathological changes in the blood vessels, therefore increasing the risk of stroke. Uncontrolled hypertension: Blood pressure of 140/90 mmHg or higher can damage blood vessels that supply blood to the brain. Elevated red blood cell (RBC) count: High levels of red blood cells thicken the blood and predispose to formation of clots. This raises the risk for stroke. Elevated blood cholesterol and lipids: High cholesterol levels can increase buildup of plaque and lead to atherosclerosis or thickening or hardening of the arteries. This can decrease the amount of blood flow to the brain and cause a stroke. Heart conditions: Heart conditions like heart valve defects and arrhythmias (irregular heart rhythm) can cause long term damage to the heart thereby increasing risk of a stroke. Birth control pills: Also known as oral contraceptives, these drugs can also increase the risk of stroke. Extreme weather conditions: Stroke casualties occur more often during extreme temperatures or weather conditions. History of prior stroke: The risk of a second stroke increases if someone already had a stroke in the past. History of transient ischemic attacks (TIAs): TIAs are called mini-strokes. If someone has had one or more TIAs, they are at a very high risk of suffering from a stroke. ABCD2 score is a prediction rule used to determine the risk for stroke after a transient ischemic attack. The ABCD2 score is based on five parameters - age, blood pressure, clinical features, duration of TIA, and presence of diabetes. Scores for each item are added together to produce an overall result ranging between zero and seven. People found to have a high score often need to visit a specialist sooner.

Interpretation of ABCD2 score is Score 1-3 (low) Score 4-5 (moderate) Score 6–7 (high) Higher the score, the higher the risk of stroke in the near future. Take care of your life. Don’t let diabetes control you. Explore our diabetes care range.

Click Here!

Diagnosis Of Sroke

ABC monitoring When a patient arrives at the hospital with the suspicion of stroke, the first step is the stabilization of airways, breathing, and circulation. Complete medical history is recorded and a physical exam is done.

Initial evaluation In terms of initial evaluation, The National Institutes of Health Stroke Scale or NIH Stroke Scale (NIHSS) is the most frequently used score worldwide for assessing the clinical severity and prognosis of a stroke. The NIHSS is composed of 11 items, each of which scores a specific ability between 0 and 4. For each item, a score of 0 typically indicates normal function in that specific ability, while a higher score is indicative of some level of impairment. The maximum possible score is 42, with the minimum score being 0. Score 0: No stroke symptoms Score 1 to 4: Minor stroke Score 5 to 15: Moderate stroke Score 16 to 20: Moderate to severe stroke Score 21 to 42: Severe stroke The following blood and imaging tests help in diagnosing the cause of a stroke:

1. Blood tests Blood tests can help to diagnose the factors that might have disrupted the normal flow of blood and in drafting a proper treatment plan. Blood tests are used to determine the following: Blood sugar should be detected early and both hyperglycemia and hypoglycemia need be treated accordingly in time Presence of any infections Platelet counts Blood coagulation profile Lipid profile Cardiac markers
2. Imaging tests Cranial (head) CT scan: This imaging technique is usually the initial test used to diagnose stroke as it shows clear, detailed images of the brain. It can display bleeding in the brain or damage to brain cells caused by a stroke. It can also detect any abnormalities along with the location or type of stroke. Computed tomographic angiography: This test uses CT technology to visualize detailed images of blood vessels. Magnetic resonance imaging (MRI): It uses magnetic fields to find small changes in brain tissue that help to detect and diagnose stroke. It is more sensitive than CT to see the soft tissues of the brain and to localize the area of the brain affected. Magnetic resonance angiography: This technique uses MRI technology and is regarded as the gold standard for detecting blood flow through the blood vessels involved. Carotid doppler or doppler sonography : In this test, ultrasound waves help to visualize blood flow in the carotid arteries. It helps to detect the formation of plaques and fatty deposits in walls of carotid arteries. Electrical activity test: Two tests, namely electroencephalography (EEG) or evoke tests show the electrical impulses in the brain. The following heart tests are used to diagnose any heart conditions that may have caused a stroke: Electrocardiography (ECG): An ECG records the heart electrical activity and can determine any heart conditions that may have led to a stroke such as atrial fibrillation or irregular heart rhythms. Echocardiogram: An echocardiogram uses sound waves to find a source of clots in the heart that may have traveled from the heart to the brain and caused a stroke. It also checks the function of the heart valves. Celebs affected Rahul Roy Bollywood actor Rahul Roy, who acted in the film Aashiqui, suffered a stroke in the year 2020, while shooting in Kargil. Emilia Clarke Game of Thrones, actress, Emilia Clarke is known to suffer her first stroke in 2011. She recovered after the surgery without any lasting cognitive or physical deficits. Sharon Stone American actress Sharon Stone suffered a stroke at the age of 43. After the right treatment and years of rehabilitation, she has reemerged as a next-level version of her former self. Specialist To Visit

Stroke should be treated as early as possible, ideally within 3 to 4.5 hours of the first symptoms. If you think someone may be having a stroke use the F.A.S.T test.

Face: Check their face. Has their face fallen on one side? Arms: Can they raise both arms and keep them there? Speech: Is their speech slurred? Time: It is critical to act in time. If you notice any of these signs, call the nearby hospital immediately.

Once you spot any signs of stroke, you can consult: General physician Neurologist If it is a hemorrhagic stroke, then a neurosurgeon should be consulted as well. Also, during the recovery process post a stroke attack, you may also need help from a physiotherapist and a speech therapist. Treatment Of Stroke

The treatment of stroke depends upon the type of stroke.

A. Treatment for ischemic stroke

1. Fibrinolytics/thrombolytic medications: Medications that break down or dissolve the clot can restore the blood flow to the brain. Some of the common examples that belong to this class are: Alteplase Reteplase Note: Citicoline, a neuroprotective drug, is approved for the treatment of acute ischemic stroke. However, its efficacy over the currently used fibrinolytics is not known. Also, piracetam has been shown to improve learning and memory, and it may facilitate recovery and rehabilitation after a stroke.
2. Antiplatelet medications: Antiplatelet medications help to prevent the formation of a clot in the blood vessels, thereby aiding in the management and prevention of stroke. Examples are: Aspirin Clopidogrel
3. Anticoagulants: Anticoagulants prevent clot formation by altering the chemical composition of the blood. Novel oral anticoagulants (NOACs) are alternatives to warfarin for high-risk patients (including those with a history of stroke) who have atrial fibrillation. The advantage of these drugs is that they dont require frequent monitoring like warfarin. Examples of NOACs include: Apixaban Rivaroxaban Dabigatran Edoxaban
4. Blood pressure medications: Antihypertensives are given in stroke to maintain normal blood pressure. Some of the commonly prescribed drugs that belong to this category include: Angiotensin receptor blockers (ARBs) Calcium channel blockers (CCBs) Diuretics Beta-blockers Angiotensin-converting enzyme (ACE) inhibitors
5. Statins: This class of drug is known to help in the treatment of stroke and prevention of a second attack by reducing the cholesterol levels in the blood. Examples include: Atorvastatin Rosuvastatin Pitavastatin
6. Thrombectomy: Thrombectomy refers to the procedure of removing the clot to ensure normal blood flow to the brain.
7. Carotid endarterectomy: Carotid stenosis or narrowing of the carotid artery may occur due to the deposition of fatty substances. This is a surgical procedure where an incision is made on the carotid artery to remove the deposited fatty substances.

B. Treatment for hemorrhagic stroke

1. Surgery: Surgery is needed in a hemorrhagic stroke to reach the source of bleeding. Sometimes, a catheter or small tube is inserted in the arm or leg artery, guiding it to reach the brain tissue and to evaluate the problem.
2. Endovascular procedures: Endovascular procedures may be used to treat certain hemorrhagic strokes. The doctor inserts a long tube through a major artery in the leg or arm and then guides the tube to the site of the weak spot or break in a blood vessel. The tube is then used to install a device, such as a coil, to repair the damage or prevent bleeding. These are details of endovascular procedures: Surgical clipping: A surgeon places a tiny clamp at the base of the aneurysm to stop blood flow to it. This clamp can keep the aneurysm from bursting. Coiling (endovascular embolization): Using a catheter inserted into an artery in the groin and guided to the brain, the surgeon will place tiny detachable coils into the aneurysm to fill it.
3. Surgery for hydrocephalus: In hydrocephalus, fluid accumulates around the brain. This can be treated with the help of a tube, called a shunt, to drain the excess fluid.

C. Supportive treatment In some cases, supportive treatment measures might be required to improve the overall condition of the patient such as: Inserting a feeding tube into your stomach through your nose (nasogastric tube) to provide nutrition, if you have difficulty swallowing. Intravenous administration of fluids (fluids given directly into a vein), if you’re at risk of dehydration. Did you know? If you get to the hospital within 3 hours of the first symptoms of an ischemic stroke, you may get a type of medicine called a thrombolytic (a “clot-busting” drug) to break up blood clots. Tissue plasminogen activator (tPA) is a thrombolytic. Timely administration of thrombolytics in a suitably selected patient can result in quick recovery of the patient, hence the phrase “time is brain” is rightly justified. Read about warning signs of stroke. Click Here! Prevention Of Stroke

Prevention is a must, especially in people who have suffered from stroke, once as they have a higher chance of having another stroke in the future. The following measures can be taken to prevent stroke:

1. Dietary modifications: Eat a wholesome diet rich in green leafy vegetables, fruits, and nuts. Consume foods low in saturated fats, trans fat, and cholesterol and high in fiber to prevent high cholesterol. Limiting salt in the diet can also lower blood pressure. Also, avoid red meat and other greasy and fatty junk foods to lower the risk of stroke.
2. Maintain healthy weight: If you are overweight/obese or have high cholesterol levels, then it is advised to lose weight to attain body mass index (BMI) between 18.5 and 24.9. This can lower the risk of stroke in the future.
3. Stay active: Sedentary lifestyle is a major factor in progression of cardiovascular and cerebrovascular complications. Hence, it is recommended that you try to move as much as possible and indulge in some form of exercise most days of the week. For adults, 2 hours and 30 minutes of moderate-intensity aerobic physical activity such as a brisk walk is recommended for each week.
4. Keep your blood pressure in check: High blood pressure can increase your risk of having a stroke. High blood pressure usually has no symptoms, so make sure to have it checked on a regular basis. If you have high blood pressure, proper medication, some changes in lifestyle, or foods with lower sodium can help in managing the condition.
5. Control diabetes: Uncontrolled diabetes can lead to higher risk of development of stroke, it is of paramount importance to watch your blood sugar levels. In case you have diabetes, your doctor may recommend some lifestyle changes like more physical activity or choosing healthier foods along with necessary medications. These steps will help keep blood sugar under good control and hence help lower the risk for stroke.
6. Cut down on alcohol: If you consume alcohol, it is advised either to quit or decrease it to a minimum to avoid the risk of stroke. Men should not consume more than two drinks per day, and women should have no more than one drink.
7. Quit smoking: Smoking is a strict no-no when it comes to prevention of stroke. If you don’t smoke, don’t start. If you do smoke, quitting will greatly reduce the risk for stroke. Your doctor can advise ways to help you quit smoking.
8. Evaluation of risk factors: If you are at high risk for stroke, appropriate lifestyle changes along with bi-annual health checkups can go along way in preventing a stroke. Additionally, here are a few tips to prevent another stroke: Work with your doctor to identify the cause of it. Always ensure to keep up with the follow-up appointments. Consult your doctor if you are changing/stopping any medications. Do not ignore the warning signs and symptoms of stroke. Did you know? Up to 50% of strokes are preventable by managing risk factors such as high blood pressure, heart diseases, uncontrolled diabetes, high cholesterol, smoking, excessive alcohol intake, and obesity. Stroke can be prevented by making healthy lifestyle changes. Here are ways by which you can prevent stroke. Read Now! Complications Of Stroke The complications of stroke vary from person to person. They depend on the severity of the stroke along with which part of the brain is affected by it. Some of the complications associated with stroke are as follows: Vision problems Cognitive impairment including dementia (forgetfulness) Reduced mobility or ability to control certain muscle movements Sensory changes Loss of bladder and bowel control Deep venous thrombosis Epileptic seizures Pneumonia Pulmonary embolism Shoulder pain Mood or emotional changes Anxiety and depression  
   Pressure or bed sores Recurrent stroke Living With Stroke

Although, it is estimated that 1 in 4 stroke survivors will have another attack, not many know that up to 80% of strokes can be prevented with simple measures. These include a combination of medication, healthy diet, physical activity, and controlling comorbidities.

Here are a few tips for stroke survivors as well as caregivers to help identify and handle the condition.

Learn about the condition Whether it is the warning signs and symptoms, the cause of stroke, or the side effects of medications, it is important to be well aware of the condition & its impact on the overall health.

Control risk factors If the risk factors, modifiable ones like cholesterol, blood pressure, and diabetes are not controlled, then the risk of stroke striking again is high. So, make sure you eat a healthy diet, stay active, take medications as advised and keep up with the follow-up appointments. Also, avoid any smoking and drinking as they can severely hamper the road of recovery.

Keep a tab on recovery Recovery post stroke is influenced by many factors like which part of the brain was affected, how much was affected, general health of the survivor before the stroke, etc. Although, most people tend to show improvement 3-4 months after a stroke, for others it may take a year or two.

Maintain regular checkups This helps to monitor your blood pressure, blood sugar, lipid profile and overall recovery.

Do not ignore falls/injury It is seen that falls after stroke is a common occurrence. So, it is important to follow measures to prevent the same. Also, if a survivor has had minor falls more than twice in six months or has bruising or bleeding or pain after a fall, then please consult your doctor without fail.

Rehabilitation Successful recovery from a stroke often requires some specific therapies and support systems including: Speech therapy: A stroke can sometimes cause deranged speech. A speech and language therapist can help with problems producing or understanding speech. In case verbal communication is difficult after a stroke, they can help in finding new and innovative ways of communication. Regular practice along with change in communication style can make communicating simpler. Physical therapy: Loss of muscle tone and strength after a stroke restricts certain movements of the body. A physical therapist can help to regain strength and relearn movement and coordination. New ways to learn to adjust to any limitations can go a long way in rehabilitation. Occupational therapy: Sometimes, stroke can dull the senses. It means that the sensation of temperature, pressure, or pain are significantly reduced. An occupational therapist can help to adjust to this lack of sensation. They can also help a person improve their ability to carry out daily activities such as bathing, dressing, eating, and reading. Cognitive therapy: After a stroke, many patients may experience changes in their thinking or reasoning skills. This can also lead to behavioral and mood swings. Cognitive therapy can help to regain former patterns of behavior, along with management of emotional responses. Take care of your mental health Sound mental health plays an important role in recovery and rehabilitation. So if needed, seek help. Joining a support group to cope with any mental health issues. Many people find it helpful to share their experiences and exchange ideas and information. Family along with close friends and relatives should provide comfort and practical support after a stroke. Letting family and friends know how they can help is very important. With the right help and the support of loved ones, attaining a decent quality of life is usually possible, depending on the severity of the stroke. Frequently Asked Questions Is stroke life-threatening? Can stroke be cured? What are the warning signs of a stroke? What is a silent stroke? What foods to avoid after a stroke? References Louella B. Amos.Cough.Nelson Pediatric Symptom-Based Diagnosis. 2018 : 15–38.e1. Sharma Sandeep, Hashmi Muhammad F, Alhajjaj Mohamed S. Treasure Island (FL): StatPearls Publishing; 2021 Jan Arinze Johnmary T, Roos Emmely W. de, Karimi Leila, Verhamme Katia M.C.Prevalence and incidence of, and risk factors for chronic cough in the adult population: the Rotterdam Study.ERJ Open Res. 2020 Apr; 6(2): 00300-2019. Li Jun, and Ye Ling. Effect of pregabalin for the treatment of chronic refractory cough.Medicine (Baltimore). 2019 Jun; 98(23): e15916. Janardan Pandey.Shushka-Kasa(Sukhi khansi)Dry cough.National health portal. 2016 Jun < Hemorrhagic Stroke. American Stroke Association. Secades JJ, Alvarez-Sabín J, Castillo J, et al. Citicoline for Acute Ischemic Stroke: A Systematic Review and Formal Meta-analysis of Randomized, Double-Blind, and Placebo-Controlled Trials. J Stroke Cerebrovasc Dis. 2016 Aug;25(8):1984-96.

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Stye Also known as sty a hordeolum Overview A stye is a painful red bump on the rim of the eyelid that may look similar to a boil or a pimple. They are often caused by a bacterial infection in the hair follicle of an eyelash.

Risk factors for developing a stye include poor eyelid hygiene, rubbing or touching the eyes, wearing contact lenses for an extended period, and certain underlying medical conditions such as diabetes.

Most styes resolve on their own within a few days to a week. It is important to avoid squeezing or popping them since the infection may reach to other parts of the eyelid or eye. Warm compresses applied to the affected area might help reduce inflammation and facilitate healing. Antibiotic eye drops or ointments may be recommended in some circumstances to speed up the healing process and prevent complications.

If a stye does not improve after a week, gets very painful, or interferes with vision, it is best to see an eye doctor. Key Facts Usually seen in Adults between 30- 50 years of age. Gender affected Both men and women Body part(s) involved Eyes Mimicking Conditions Basal Cell Carcinoma Chalazion Pneumo-Orbita Preseptal Cellulitis Sebaceous Gland Carcinoma Squamous Cell Carcinoma Necessary health tests/imaging Patient history and physical examination Treatment Use warm compresses Antibiotic treatment: Erythromycin ointment and eye drops Pain relief medications: Ibuprofen, Acetaminophen Surgery Specialists to consult General Physician Ophthalmologist Symptoms Of Stye A painful red bump on the edge of the eyelid may look similar to a boil or a pimple. Tenderness, swelling, or pain in the eyelid A gritty, scratchy sensation, as if there is a foreign body in the eye Sensitivity to light Excessive tearing Types of stye There are two kinds of styes: 1. External stye It develops at the base of the eyelash due to an infection in the hair follicle resembling a pimple. It can be pus-filled and is painful to touch.

1. Internal stye It grows inside the eyelid due to an infection in a meibomian gland (oil-producing gland)and is considerably more painful than an external stye. It can produce continual pain and irritation in the eye, as well as the sensation that something is stuck in the eye.

Did you know? People generally confuse stye with chalazion. While a stye is a painful swelling that usually occurs at the edge of the eyelid and is caused by an infected eyelash root, a chalazion is usually not painful and appears further back on the eyelid than a stye. It occurs when the oil gland in the eyelid clogs. Causes Of Stye Stye is a bacterial infection caused by the bacterium staphylococcus. Our eyelids include numerous oil glands that produce an oily film on the surface of the eye, which aids in the maintenance of healthy eye lubrication. However, these oil glands might become clogged due to old oil, debris, dead skin cells, or germs. When this occurs, debris accumulates, resulting in gland clogging. Stye can also be caused by blepharitis (swelling of eyelid). This condition causes the eyelids at the base of the lashes to become red and puffy. Risk Factors For Stye

Anyone can have stye but there are the following reasons which can make you more prone to have stye, such as: Skin conditions such as seborrhoeic dermatitis Medical conditions such as diabetes, high serum lipids etc. History of stye or chalazion Poor hygiene of eyes Blepharitis (irritated, swollen eyelids) Using old and contaminated eye makeup Wearing contact lenses

Do you wear contact lenses? Have a look at some of the common mistakes that contact lens wearers make! Read Now

Did you know? Wearing masks led to a rise in cases of stye during the COVID-19 pandemic.Research has shown that wearing a mask or breathing upward while wearing a mask, improperly-fitted masks, and fogging glasses, can cause the skin around the eyes to become oily and congested, increasing the risk of styes. Diagnosis Of Stye

An ophthalmologist can diagnose a stye by conducting a physical examination of the affected eye. During the examination, the ophthalmologist will inspect the eyelid to look for any visible signs of a stye, such as redness, swelling, or a small bump on the eyelid. The ophthalmologist may also ask the patient about their symptoms, such as pain or discomfort in the affected eye, and whether they have had styes in the past. In some cases, the ophthalmologist may also conduct a culture test to determine the exact type of bacteria causing the stye. Celebs affected Selena Gomez The singer and actress have been photographed with a visible stye on her eye on several occasions. Kim Kardashian The reality TV star Kim Kardashian once tweeted about having a stye and asked her followers for home remedies. Sam Smith The famous English singer and songwriter, Sam Smith revealed his experience with stye. He underwent a 15-minute procedure to remove a stye on his right eye. Prevention Of Stye There are several tips that can be done to maintain eye hygiene and prevent stye, such as: Before touching your eyes or the skin around your eyes, always thoroughly wash your hands. Disinfect your contact lenses on a regular basis. Before going to bed, remove any eye makeup. Use only cosmetic eye products that are not outdated or expired. Avoid sharing a towel with someone having stye or chalazion. You can also take fish oil supplements to prevent clogging of oil glands.

Explore our wide range of omega and fish oil supplements. Buy Now Preventive measures to prevent stye in children: A stye is a common eye infection that can occur in children of all ages. Here are some precautions you can take to prevent stye in children: Teach children to avoid rubbing their eyes as it can spread bacteria from the hands to the eye area. Encourage children to wash their hands frequently to prevent the spread of bacteria that can cause stye. Ensure children use a clean towel and washcloth when cleaning their face or eyes. Teach children to avoid sharing towels, washcloths, and eye makeup with others, as this can spread bacteria. If your child wears contact lenses, ensure that they follow proper hygiene practices and avoid sleeping in contact lenses. Ensure that children do not share eye drops or other eye medications with others. Consult with your child’s healthcare provider if your child is experiencing recurring styes or if the stye does not improve after a few days. Specialist To Visit

Usually, a stye begins to improve over a few days. However, it is very important to consult a doctor in case: You experience vision problems. The eyelid bump worsens and there is no improvement after a week or two of self-care. Eyelid lumps can grow to be exceedingly huge or painful. You have a blister on your lower eyelid. You have crusting or scaling of your eyelids. Your whole eyelid is red, or the eye itself is red. The redness or swelling extends to the upper eyelid or other portions of your face. The whites of your eye become red. You are very sensitive to light or have excessive tears. Another stye comes back soon after successful treatment of a stye. Your eyelid bump bleeds. The doctors that may help to diagnose stye include: General Physician Ophthalmologist

Consult with our experienced team of doctors Book an appointment now Did you know? Most people are unaware of the right eye specialist. Know about different eye specialists in detail. Tap To Know Treatment Of Stye

A stye is usually a self-limiting condition that resolves itself within a week. But your eye doctor may recommend treatment, including: 1. Use warm compresses Apply a warm, damp towel to the affected region for at least 15 minutes four times each day. Massage the afflicted region carefully with clean fingers. It may also aid in the opening of clogged pores, allowing them to drain and repair themselves. Twice daily, use a wet cotton bud to clean the base of the eyelashes. However, do not pinch a stye or any other sort of eyelid lump. Allow it to drain on its own. Note: If you have a stye carefully brush out extra oils from the edges of your lids. You can use warm water and no-tears baby shampoo.

Explore our wide range of baby skincare shampoo. Tap here 2. Antibiotic treatment Your ophthalmologist may prescribe erythromycin ophthalmic ointment, or antibiotic eye drops for 7-10 days. Systemic antibiotics are sometimes used when local antibiotics are not effective or when the infection is not localized. 3. Use over-the-counter (OTC) pain relief Take over-the-counter pain medication like ibuprofen or acetaminophen to reduce pain and discomfort. 4. Surgery to drain the area Surgical incision and drainage may be advised if medicinal treatment does not relieve your stye. This procedure is frequently performed in the doctor’s office under local anesthesia. 5. Intense Pulsed Light Therapy (IPL) This is a form of heat therapy that involves light with specific wavelengths to stimulate the meibomian glands and reduce inflammation around the eyes. Depending on the severity of the meibomitis, several sittings may be required. Home-care For Stye

There are the following tips that will reduce e the duration of a stye and prevent recurrences: A stye can be treated and cured quicker when you apply a warm compress to the eye. Don’t wear eye makeup or contact lenses until the area has healed. Try warm tea bags. It helps reduce swelling around the affected area of the stye. Avoid popping, squeezing or picking at a stye. Otherwise, it can lead to further irritation and infection, which prolongs the healing process. Gentle massage and apply light pressure. It can help encourage the stye to drain on its own. Complications Of Stye

It is extremely rare for any complication to occur with respect to the development of stye. Possible complications are discussed below: 1. Chalazion (meibomian cyst) A stye occurs when the meibomian gland (which secretes sebum to moisturize the eye) becomes inflamed and congested. Stye formation inside the eyelid on a regular basis may result in cyst formation near the aperture of the meibomian gland.  
2. Preseptal or periorbital cellulitis Since stye is a bacterial infection, if left untreated or just partially treated, it can spread to the surrounding tissues around the eye, including the periorbital tissues. This type of infection is known as preseptal or periorbital cellulitis, and it causes the skin around the eye to grow red and swollen. Antibiotics are essential to treat this condition. 3. Orbital cellulitis If the preseptal cellulitis progresses further inward it can cause orbital cellulitis. Given the severity of the illness and the seriousness of the condition, hospitalization and intravenous antibiotics may be necessary. It may require immediate surgery to drain the pus. Alternative Therapies For Stye

Alternative therapies include: 1. Bloodletting therapy This technique aids in eliminating “Heat” and Qi/Blood stagnation (a slowing or pooling of the blood due to a disruption of heart qi) that can help recover stye. 2. Acupuncture Acupuncture is a traditional Chinese medicine technique that involves sticking finely pointed needles in areas of the body known as acupuncture points. Applying gentle pressure using your fingertips on the infraorbital foramen and near the base of the thumb, can help tackle the symptoms of a stye and provide relief from the pain and inflammation. Styes usually resolve on their own, but acupuncture can speed recovery and lessen symptoms. It is also believed that the needles stimulate specific nerves and muscles, which in turn release natural pain-relieving hormones in the body.

Note: To help support the acupuncture treatment, maintaining a healthy simple diet is recommended. Hot, stimulating foods such as coffee and hot peppers are not recommended. Living With Stye

A stye can significantly impact a person’s quality of life, both physically and emotionally. Here are some of the ways a stye can impact your quality of life: 1. Physical impact A stye can cause pain, redness, and swelling, making it uncomfortable to open or close the affected eye. This can interfere with daily activities such as reading, working, and driving. In some cases, a stye may also cause blurred vision or sensitivity to light, further affecting a person’s ability to perform tasks. 2. Emotional impact A stye can lead to self-consciousness and embarrassment, particularly if it is visible to others. People with styes may feel uncomfortable interacting with others or may avoid social situations altogether. Additionally, the discomfort and inconvenience of a stye may lead to feelings of frustration and irritability. While a stye is usually a minor condition that resolves on its own, seeking prompt treatment and practicing good eye hygiene can help to prevent styes and minimize their impact on daily life. Frequently Asked Questions Are styes contagious? Can a stye turn into a chalazion? How long does it take for a stye to leave? How many times a day should I treat a stye? Can styes keep coming back? References Stye - StatPearls - NCBI Bookshelf [Internet]. [cited 2023Apr26]. Available from: Boyd K. What are Chalazia and Styes? [Internet]. American Academy of Ophthalmology. 2022 [cited 2023Apr26]. Available from: Hordeolum (Stye) [Internet]. AOA.org. [cited 2023Apr26]. Available from: Risk factors [Internet]. Stanford Health Care (SHC) - Stanford Medical Center. 2020 [cited 2023Apr26]. Available from: Stye in eyelid: Types, symptoms & treatment [Internet]. Eye Solutions. [cited 2023Apr26]. Available from: Medicine SIUF. What is the best treatment for a hordeolum (stye)? : Evidence-based practice [Internet]. LWW. [cited 2023Apr26]. Available from: Qiao H-W, Liu N-W, Wang J, Huang S, Yu L, Chen Z. Bloodletting at EX-HN6 as an adjunctive therapy to eye drops for Stye: A meta-analysis [Internet]. Medicine. U.S. National Library of Medicine; 2020 [cited 2023Apr26]. Available from: Acupuncture and oriental medicine for Styes [Internet]. Acupuncture and Oriental Medicine for Styes - Acufinder.com. [cited 2023Apr26]. Available from: Silkiss, R.Z., Paap, M.K. and Ugradar, S. (2021) Increased incidence of Chalazion associated with face mask wear during the COVID-19 pandemic, American journal of ophthalmology case reports. U.S. National Library of Medicine. Available at: Styes in children (no date) Styes in Children - Health Encyclopedia - University of Rochester Medical Center. Available at:

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Sunburn Overview

Sunburn is a prevalent skin condition that arises when the skin is subjected to excessive ultraviolet (UV) radiation from the sun or artificial sources like tanning beds.

It mainly impacts the outer layer of the skin and is characterized by redness, pain, inflammation, and in severe cases, blistering and peeling. Sunburn serves as a clear indication of skin damage and escalates the risk of developing skin cancer.

Appropriate measures of sun protection, such as avoiding sun or seeking shade, particularly during peak sun hours (10 a.m. to 4 p.m.), wearing protective clothing and wide-brimmed hats, and using a broad-spectrum sunscreen with a high sun protection factor (SPF), can significantly decrease the likelihood of getting sunburned.

Keep in mind that sunburn can occur even on overcast days, as UV radiation can permeate cloud cover and reflect off surfaces. Therefore, it is vital to remain vigilant and take precautions whenever you are exposed to the sun. Nurturing and protecting your skin today will guarantee a healthier and happier skin in the future. Key Facts Usually seen in All age groups Gender affected Both men and women Body part(s) involved Skin Mimicking Conditions Rosacea Acne Stasis dermatitis Seborrheic dermatitis Lupus erythematosus Cellulitis Infections such as herpes simplex virus (HSV) infection Photosensitive drug eruption Phototoxic reactions Polymorphous light eruption Solar urticaria Necessary health tests/imaging Physical examination Treatment Cool compresses NSAIDs: Ibuprofen, naproxen sodium Topical creams: Aloe vera, 0.5%-1% hydrocortisone cream Specialists to consult General physician Dermatologist Symptoms Of Sunburn

The symptoms of sunburn usually start developing within a few hours after exposure and may vary in severity. The full impact of a sunburn may take up to 24 hours or more to become apparent.

Common symptoms of sunburn:

Skin color changes, ranging from pink to red and even purple Redness Warmth Tenderness, Pain and/or itching Swelling Peeling and flaking Blistering

Symptoms of severe sunburn: Nausea Fevers Chills Types of Sunburn

Here are some types of sunburn based on their severity:

1. Superficial (First-degree) sunburn This is the mildest form of sunburn and affects only the outermost layer of the skin (epidermis). It typically causes redness, pain, mild swelling and causes negligible tissue damage. The area that has been impacted may exhibit a sensation of warmth when touched. This type of burn does not necessitate medical intervention, and its consequences could potentially be reversed within a span of 1 to 2 days.
2. Partial-thickness (Second-degree) sunburn This type of sunburn goes beyond the epidermis and affects the deeper layers of the skin (dermis). It is characterized by more intense symptoms such as blistering, severe redness, swelling, and pain. This kind of burn requires medical treatment to heal the damaged area and may take longer to heal than first-degree burns.
3. Full- thickness (Third-degree) sunburn Severe sunburns are often referred to as sun poisoning. They occur when the sunburn is extensive and affects the full thickness of the skin. Symptoms can include intense pain, blistering, swelling, severe redness, headache, fever, chills, nausea, and dizziness. These types of burns are more vulnerable to infections. Sun poisoning requires medical intervention. Causes Of Sunburn Sunburn occurs when the skin is exposed to an excessive amount of UV rays (in the form of UV-A and UV-B rays) emitted by the sun, leading to a radiation burn. This exposure triggers the production of melanin in the outer layer of the skin, causing the skin to tan as a protective response against harmful UV radiation.

UV radiation is classified into three categories based on its wavelength, each having distinct effects on the skin:

1. UV-A rays: These rays have the ability to break down collagen in the skin and damage the cells responsible for generating new skin cells. As a result, they contribute to roughness, dryness, blotchiness, wrinkles, and sagging. Additionally, high doses of UV-A radiation can lead to sunburn, harm the genes within skin cells, and increase the risk of developing skin cancer.
2. UV-B rays: This type of radiation is even more hazardous than UV-A. It causes tanning, burning, premature aging, and significant damage to the skin, thereby significantly increasing the likelihood of developing skin cancer.
3. UV-C rays: Fortunately, the Earth’s atmosphere absorbs nearly all UV-C radiation, which is the most dangerous type, before it reaches the ground. Risk Factors For Sunburn

The primary factors that contribute to the risk of sunburn include the duration of skin exposure to UV rays and the level of intensity.

Here are some other common risk factors:

Skin tone: Individuals with light skin are more prone to sunburn compared to those with deeper skin tones. Lighter skin has less melanin, which provides some natural protection against UV radiation. Having blue or green eyes and blond or red hair also increases susceptibility to sunburn.

Outdoor activities: Engaging in outdoor activities for prolonged periods especially between 10 am and 4 pm when the sun’s rays are at their strongest, without sun protection increases the risk of sunburn. This includes activities like sunbathing or sitting in the sun, working outside, socializing, vacationing, transportation, hiking, swimming, sports etc

Environmental factors: Factors such as ozone depletion, high altitude, and clear skies with decreased cloud coverage can intensify UV radiation, thereby increasing the risk of sunburn.

Certain Medications: Medications such as some antibiotics, diuretics, acne medications, and exfoliating agents can heighten skin sensitivity to the sun, making individuals more prone to sunburn. It is essential to be aware of any potential side effects and consult a doctor for guidance.

Sunscreen effectiveness: If enough sunscreen is not applied regularly, it may not provide enough protection from UV radiation, increasing the risk of sunburn.

Are you making these common sunscreen mistakes? Read Along Diagnosis Of Sunburn

Minor cases of sunburn typically do not necessitate a visit to the doctor. Nevertheless, if the sunburn is severe and accompanied by other symptoms, it is crucial to promptly seek medical assistance.

Your doctor will assess the affected area and inquire about your symptoms, medications, exposure to UV rays, and past experiences with sunburn. In certain situations, they may advise you to consult a specialist in skin disorders or a dermatologist for comprehensive recovery. Celebs affected Gwyneth Paltrow The actress and businesswoman has admitted to getting sunburned. She emphasizes the importance of using sunscreen and protecting the skin from the sun’s harmful rays. Hugh Jackman The actor, known for his role as Wolverine in the X-Men movies, has shared his battle with skin cancer due to sunburn. He has undergone multiple surgeries to remove basal cell carcinomas from his nose and has been an advocate for sun protection. Prevention Of Sunburn To prevent sunburn, you can take the following preventive measures:

1. Use sunscreens generously and regularly Using the right sunscreen product is your first step in lowering the chances for sunburn. The information regarding sunscreens with the use of various scientific terms can be overwhelming. The following points can help you decipher these terms as well as help you choose the right sunscreen.

A. Types 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)

1. 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

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 the 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.

Different skin types need different sunscreens. How to find the right sunscreen that suits your skin type? Tips to choose wisely!

Tips to use sunscreen effectively

How much to use: An FTU o Fingertip Unit is used to measure the amount of cream thatcovers the end of the finger to the first crease of a finger. For the face and neck, use 2.5 FTU.To cover the other exposed parts of the body, you need an ounce of sunscreen, which issufficient to fill a shot glass.

When to apply: Always apply sunscreen around half an hour before going out because it takes at least 30 minutes for the chemicals in sunscreen to get absorbed and start working.

When to reapply: If you are going out, playing sports or exercising outdoors, it is advised to re-apply the sunscreen every 2 hours. The same rule applies when you go swimming.

How to store: Usually, it is recommended to store in a cool, dry place, away from sunlight. Also, do remember to close it properly after every use.

When to discard: Do not use sunscreen that has passed its expiry date or if there are any visible changes in the sunscreen such as a change in color, smell or consistency. It is advised to buy a new one every year.

Still, looking for the right sunscreen? Watch our doctor discuss how to choose the best sunscreen for yourself. Click Here

1. Seek shade Minimize your exposure to direct sunlight, particularly between 10 a.m. and 4 p.m., as these are the hours when the sun’s rays are most powerful.

Follow the shadow rule as a guide: if your shadow is shorter than your height, it indicates that the sun’s rays are at their strongest, and you should seek shelter in the shade under an umbrella, tree, or any available form of protection.

1. Wear protective clothing 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-coloured clothes. They prevent more rays overall from reaching your skin. Within the same color, more saturated hues outperform paler ones.

To assess sun protection provided by clothing, the ultraviolet protection factor (UPF) is used, similar to the SPF rating for sunscreens. UPF measures a fabric’s ability to filter both UVA and UVB rays. For good sun protection, seek clothing with a UPF rating above 15.

INTERESTING HAT FACTS!

What level of sun protection do hats offer? It’s worth noting that the level of protection provided by hats depends on the width of their brims.

A brim width exceeding 7.5 cm provides an SPF of 7 for the nose, 5 for the neck, 3 for the cheeks, and 2 for the chin. A brim width ranging from 2.5 to 7.5 cm offers an SPF of 3 for the nose, 2 for the neck and cheeks, and 0 for the chin. A brim width less than 2.5 cm provides an SPF of 1.5 for the nose, with minimal protection for the chin and neck.

1. Wear sunglasses Sunglasses not only protect the eyes but also protect the soft skin around the eyes. They should be used while moving out under the sun.
2. Be cautious of reflective surfaces The presence of water, sand, snow, and similar reflective surfaces can amplify the impact of UV radiation. Such surfaces can reflect the harmful rays emitted by the sun, thus elevating the risk of sunburns.
3. Be mindful of the UV index Check the UV index for your location before heading outside. The UV index provides information on the intensity of UV radiation and can help you plan outdoor activities accordingly. When the UV index is above 8, avoid stepping out. If the UV index is between 3 and 7, follow all sun protection steps before stepping out.
4. Avoid tanning beds and lamps A tanning bed is a device that emits ultraviolet radiation to give people a tan. These beds produce stronger UV rays even than sunlight. Steer clear of tanning beds, which can increase skin cancer risk and accelerate wrinkling. If you desire a tan appearance, consider using a self-tanning product in conjunction with sunscreen.
5. Stay hydrated Drink plenty of water to stay hydrated, especially when spending time outdoors in the sun. Sunburn can dehydrate your body and increase the risk of heat-related illnesses.
6. Be mindful of certain medications Certain medications such as specific types of antibiotics, anti-inflammatories, antifungals, blood pressure medications, and chemotherapies, acne treatments, and some herbal remedies can increase your skin’s sensitivity to sunlight. Check with your doctor or read the medication labels for any warnings about sun exposure.

Prevention of sunburn in children The best way to prevent sunburn in children over 6 months of age is to follow these A, B, C’s of sun safety rules:

Avoid: Avoid being in direct sunlight during the peak hours of the day when the sun is the strongest and can harm the skin the most.

Block: Ensure the safeguarding of the skin by using sunscreen that has a sun protection factor (SPF) of 30 or above. Apply it half an hour prior to stepping outside and consistently reapply it throughout the day.

NOTE: Keep in mind that sunscreen should not be used on infants younger than 6 months.

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Cover up: Keep your kids safe by wearing protective clothing like long-sleeved shirts and wide-brimmed hats when you’re out in the sun. Choose clothes with a tight weave to block out as much sunlight as possible. Also, make sure to keep babies under 6 months old away from direct sunlight at all times. You think your lips do not need sunscreen? Studies show that most sunscreen users don’t protect their lips. However, the delicate skin of lips need more protection by application of an SPF lip balm or lip sunscreen alone or under your usual lipstick or gloss. Shop SPF lip products Doctor To Visit Sunburns usually heal on their own. However, it is important to consult a doctor if you experience severe sunburn which is not improving within a few days along with any of the following symptoms:.

Large blistering or extensive skin peeling Signs of infection such as increased pain, redness, warmth, swelling, or pus-filled blisters High fever (>101°F), chills, nausea, vomiting, dizziness, or confusion Sunburns that affect an area of the body greater than 15%. Intense and enduring pain lasting beyond 48 hours. Dehydration Sunburn in an infant below the age of 12 months.

The doctors you can visit include: General physician Dermatologist

A dermatologist can provide medical treatment and advice for sunburn, including prescribing medications or recommending topical treatments to relieve pain, reduce inflammation, and promote healing.

If you notice any symptoms discussed above, seek medical advice immediately, and consult our trusted team of doctors. Consult Now

Treatment Of Sunburn Although sunburn is often a temporary condition, it’s important to take appropriate measures to alleviate the symptoms and promote healing. Here are some steps you can take to treat sunburn:

1. Cooling relief: To ease minor sunburn, cooling baths and the gentle application of cool wet cloths on the burned area are the first line of action.

Here are some tips for soothing sunburn: Use cold, wet compressions on the affected area. Avoid direct ice application as it can harm the skin. Take a cool bath or a very gentle shower. Set the water to a cool temperature that’s just below lukewarm (not extremely cold). If blisters are forming, opt for a bath instead of a shower to prevent popping them. Avoid using soap, bath oils, or detergents while bathing. After bathing, let your skin air dry or pat it gently with a towel. Avoid rubbing. Repeat the cool baths/showers as needed for relief.

1. Moisturize skin while it is damp: Use a gentle, fragrance-free moisturizer or aloe vera gel to soothe the sunburned skin. Avoid using heavy creams or oil-based products, as they can trap heat and irritate the skin further.
2. Topical applications for relief: Apply a suitable anti-inflammatory paste-like aloe vera or low-dose (0.5%-1%) hydrocortisone cream to soothe irritated and sunburned skin, reduce the burning sensation and swelling and speed up healing.

Tips for application: You can use gels or lotions that contain aloe vera, or you can cut a chunk off the aloe vera plant itself. Using the pads of your fingers, gently apply aloe to the sunburned area. Do not “rub it in”. Leave it a bit gooey and moist on top of the burn, as this helps prevent drying out of skin and becoming more irritated. Reapply as often as required.

Note: Do not use hydrocortisone cream on young children. Ask your healthcare provider for advice if you have any doubts or concerns about using this cream. 4. Take over-the-counter pain relievers: Nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen or naproxen sodium can help reduce pain, swelling, and inflammation associated with sunburn.

1. Blister management: If blisters develop, avoid popping them unless necessary. They act as a natural barrier against infection and help the skin heal. If a blister does break on its own, clean the area gently and apply an antibiotic ointment to prevent infection.

Here are some guidelines to follow when dealing with blisters: Apply aloe vera or low-dose (0.5%-1%) hydrocortisone ointment on blisters. Cover blisters with a loosely-wrapped gauze bandage. Change the bandage daily or when it gets wet or dirty. Wear loose cotton clothing over blisters. Wash your hands with soap and water before touching blisters.

1. Replenish fluids: Sunburn can cause dehydration, so drink plenty of water. Aim for at least 8 glasses (8 ounces/236ml each) per day, or even more.
2. Protect sunburned skin: Protect the sunburned area from further sun exposure until it has fully healed. Further exposure to UV rays will only worsen the condition. If you need to go outside, wear loose-fitting clothing that covers the affected area, use a wide-brimmed hat, and apply a broad-spectrum sunscreen with a high SPF to other exposed areas. Can sunscreen application reduce Vitamin D levels? Sunlight plays a crucial role in generating Vitamin D in the skin, accounting for over 90% of its production. Some worry that using sunscreen could hinder Vitamin D production, but studies indicate that regular sunscreen use does not impede Vitamin D production in healthy individuals. However, individuals with photosensitivity disorders should consider screening for Vitamin D levels and may require supplementation. Explore our wide range of vitamin D supplements. Fill your cart now Home-care For Sunburn

For mild sunburns, the following herbal remedies can help soothe the skin. However, it is always advisable to take consent from your healthcare provider before initiating any of these home remedies:

Aloe vera: Apply pure aloe vera gel to the sunburned area. Aloe vera possesses hydrating and anti-inflammatory qualities, making it effective in soothing and healing the skin.

Moisturizers: Apply a gentle, fragrance-free moisturizer or lotion to keep the skin hydrated. Opt for products that contain beneficial components such as aloe vera, chamomile, or cucumber.

Cold milk compress: Soak a cloth in cold milk and gently apply it to the sunburned skin. The proteins in milk can help soothe the burn.

Essential oils: Essential oils such as peppermint, lavender, chamomile and tea tree oil can all reduce inflammation and cool your skin. Mix a few drops of essential oil with a carrier oil, such as coconut oil, and gently apply it to the sunburned skin.

Oatmeal: Oatmeal can help alleviate itching and inflammation associated with sunburn. Grind oats into a fine powder and mix it with cool water to create a paste. Apply the paste to the affected areas for 15-20 minutes and then rinse off with cool water.

Witch Hazel: Witch hazel has a cooling effect and can help reduce inflammation. Apply pure witch hazel extract to a cotton ball and gently dab it on the sunburned skin.

Baking Soda: Baking soda has antibacterial properties that prevent infections and also help to smoothen the burnt area. Mix half a spoon of baking soda and water. Using a soft cloth, dip it in the solution and gently rub over the affected areas. Rinse off after a couple of minutes.

Gram Flour (Besan): Gram flour or besan can soothe the sunburned skin. You can prepare a thick paste of gram flour and water/rose water. Apply the paste on the affected area or rashes and keep it on for 10-15 minutes. Wash away with cold water.

Raw Potato: A raw potato is a rich source of starchy compounds and helps to reduce the burning sensation of sunburn. Slice a raw potato and place it on the affected area. Leave the potato slice on for 15 minutes and then rinse the face with cold water.

Papaya: Papaya is a rich source of antioxidants and enzymes that have healing abilities and helps to treat sunburns and rashes. Slice the papaya and mash it. Apply the paste on the affected area for a few minutes and let it dry. Wash it with cold water.

Coconut Oil: Renowned for its moisturizing qualities, coconut oil can be applied to sunburned areas for skin soothing and relief. Opt for organic and unrefined coconut oil for best results.

Explore our wide range of coconut oils. Fill your cart now Complications Of Sunburn Sunburn can lead to several complications, especially if it is severe. Here are some of the potential complications of sunburn:

1. Sun stroke: Severe sunburn can cause a condition called sun poisoning or sunstroke. Symptoms may include fever, chills, nausea, vomiting, headache, dizziness, and dehydration. Sun poisoning requires medical attention.
2. Infections: When the skin is damaged due to sunburn, it becomes more susceptible to bacterial or fungal infections. Scratching the affected area or popping blisters can also introduce bacteria and increase the risk of infection.
3. Premature skin ageing: Repeated sunburns can cause long-term damage to the skin, including premature aging, wrinkles, dark spots, and a rough or leathery texture. Even tanning without experiencing a sunburn can result in skin damage and premature aging.
4. Skin cancer: Sunburn damages the DNA in skin cells, which can increase the risk of skin cancer, including both melanoma and non-melanoma types. Melanoma is the most dangerous form of skin cancer and can be life-threatening if not detected and treated early.
5. Eye complications: Prolonged exposure to the sun’s ultraviolet (UV) rays can lead to various eye problems such as Photokeratitis, commonly known as snow blindness, is a temporary condition characterized by the inflammation of the cornea due to intense exposure to UV rays. Cataracts, a condition where the lens of the eye becomes cloudy, can also be caused or exacerbated by UV exposure.

The scorching sun can cause sunburns and its associated complications. Right sun protection is key! Tips to protect your skin this summer! Read Here

Living With Sunburn

Living with sunburn can significantly impact one’s quality of life in several ways, such as

Physical discomfort: Sunburns can make daily activities difficult due to pain, itching, and inflammation, affecting tasks like dressing, bathing, and sleeping.

Limited mobility: Severe sunburns limit mobility and hinder daily activities, exercise, and work.

Impact on appearance and emotional and psychological effects: Sunburns can negatively affect appearance, leading to self-consciousness, lower self-esteem, and reduced confidence, impacting social interactions and overall well-being.

Sleep disturbances: Sunburns can disturb sleep, leading to fatigue, irritability, and poor concentration.

Increased Sensitivity: Sunburned skin becomes more sensitive to touch, heat, and clothing, which can limit daily activities and social interactions.

To mitigate the impact on quality of life, it is crucial to practice proper sun protection measures, including using sunscreen, wearing protective clothing, seeking shade, and avoiding excessive sun exposure.

Additionally, managing pain and discomfort with appropriate over-the-counter remedies, staying hydrated, and applying soothing creams or aloe vera can help alleviate some of the symptoms. Seeking medical attention for severe sunburns or complications is also advisable.

Burns cause pain and anxiety, even during recovery. Complementary therapies that may help alleviate such pain and anxiety include:

1. Massage Therapy: Massage therapy involves the manipulation of soft tissues in the body, such as muscles and skin, using various techniques. When applied to burn patients, it can help improve blood circulation, reduce muscle tension, and promote relaxation. This can lead to pain relief and a decrease in anxiety levels.
2. Hypnosis: Hypnosis is a state of focused attention and increased suggestibility that allows individuals to access their subconscious mind. In the context of burn pain, hypnosis can help manage pain perception by redirecting attention, promoting relaxation, and reducing anxiety and distress. It can also help individuals develop coping mechanisms and enhance their overall well-being.
3. Therapeutic Touch: It is a gentle touch therapy promoting relaxation and a sense of calm. This therapy aims to rebalance and harmonize the body’s energy, which can help reduce pain and promote relaxation and healing. It may also enhance the overall sense of well-being and emotional stability in burn patients.
4. Transcutaneous electrical nerve stimulation (TENS): TENS is a non-invasive treatment that involves controlled, low-voltage electrical stimulation of the skin to relieve pain at specific points on the body. By stimulating these points, it can help release endorphins (natural pain-relieving chemicals), improve blood circulation, and modulate the nervous system. This can result in pain relief and a reduction in inflammation and swelling associated with burns. Frequently Asked Questions Does repeated sunburn raise the risk of developing skin cancer? How is the UV index related to sunburn? What skin type is more prone to sunburn? What should I look for before using any sunscreen? Is a high-number SPF better than a low-number one? Are sunburn scars permanent? References Guerra KC, Crane JS. Sunburn. [Updated 2022 Aug 28]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: Sánchez-Pérez JF, Vicente-Agullo D, Barberá M, Castro-Rodríguez E, Cánovas M. Relationship between ultraviolet index (UVI) and first-, second- and third-degree sunburn using the probit methodology [Internet]. U.S. National Library of Medicine; 2019 [cited 2023 Jun 12]. Available from: Department of Health & Human Services. Sunburn [Internet]. Department of Health & Human Services; 2018 [cited 2023 Jun 12]. Available from: Thoonen K, Schneider F, Candel M, de Vries H, van Osch L. Childhood Sun Safety at different ages: Relations between Parental Sun Protection Behavior towards their child and children’s own Sun Protection Behavior [Internet]. U.S. National Library of Medicine; 2019 [cited 2023 Jun 12]. Available from: What are the risk factors for skin cancer? [Internet]. Centers for Disease Control and Prevention; 2023 [cited 2023 Jun 12]. Available from: van Kuijk FJ. Effects of ultraviolet light on the eye: Role of Protective Glasses [Internet]. U.S. National Library of Medicine; 1991 [cited 2023 Jun 12]. Available from: Protecting your skin from the sun [Internet]. 2022 [cited 2023 Jun 12]. Available from: What can I do to reduce my risk of skin cancer? [Internet]. Centers for Disease Control and Prevention; 2023 [cited 2023 Jun 12]. Available from: Sun Safety [Internet]. 2021 [cited 2023 Jun 12]. Available from: Sun exposure - sunburn [Internet]. Centers for Disease Control and Prevention; 2018 [cited 2023 Jun 12]. Available from: Sunscreen faqs [Internet]. [cited 2023 Jun 12]. Available from: Maenthaisong R, Chaiyakunapruk N, Niruntraporn S, et al. The efficacy of aloe vera used for burn wound healing: a systematic review. 2007. In: Database of Abstracts of Reviews of Effects (DARE): Quality-assessed Reviews [Internet]. York (UK): Centre for Reviews and Dissemination (UK); 1995-. Available from: Srivastava, J. K., Shankar, E., & Gupta, S. (2010). Chamomile: A herbal medicine of the past with bright future. Molecular medicine reports, 3(6), 895–901. Available from: Orchard, A., & van Vuuren, S. (2017). Commercial Essential Oils as Potential Antimicrobials to Treat Skin Diseases. Evidence-based complementary and alternative medicine : eCAM, 2017, 4517971. Available from: Thring, T. S., Hili, P., & Naughton, D. P. (2011). Antioxidant and potential anti-inflammatory activity of extracts and formulations of white tea, rose, and witch hazel on primary human dermal fibroblast cells. Journal of inflammation (London, England), 8(1), 27. Available from: Thosar, N., Basak, S., Bahadure, R. N., & Rajurkar, M. (2013). Antimicrobial efficacy of five essential oils against oral pathogens: An in vitro study. European journal of dentistry, 7(Suppl 1), S071–S077. Available from: Savoye, I., Olsen, C. M., Whiteman, D. C., Bijon, A., Wald, L., Dartois, L., Clavel-Chapelon, F., Boutron-Ruault, M. C., & Kvaskoff, M. (2018). Patterns of Ultraviolet Radiation Exposure and Skin Cancer Risk: the E3N-SunExp Study. Journal of epidemiology, 28(1), 27–33. Available from: Complementary therapies at Willow Burn [Internet]. [cited 2023 Jun 12]. Available from: Lee S. Complementary therapies for pain [Internet]. [cited 2023 Jun 12]. Available from: Teoli D, An J. Transcutaneous Electrical Nerve Stimulation. [Updated 2023 Jan 22]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: How does the Sun and UV cause cancer? [Internet]. 2021 [cited 2023 Jun 12]. Available from: Wacker, M., & Holick, M. F. (2013). Sunlight and Vitamin D: A global perspective for health. Dermato-endocrinology, 5(1), 51–108.Available from: Review article natural sunscreen agents: A review - saspublishers.com [Internet]. Priyanka Kantivan Goswami1*, Mayuri Samant2 , Rashmi Srivastava3; [cited 2023 Jun 22]. Available from: Evaluation and management of Sunburn - ijrpc.com [Internet]. Roshni PR*,Remya Reghu, Meenu Vijayan and Parvati Krishnan; [cited 2023 Jun 22]. Available from: Default - Stanford Medicine Children’s health [Internet]. [cited 2023 Jun 23]. Available from:

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Syphilis Also known as Lues, Lues venerea, Pox and Syph Overview Syphilis is a sexually transmitted disease (STD) caused by the bacteria treponema pallidum. Symptoms of syphilis can be grouped into three stages. In primary syphilis, symptoms appear after 10 days to three months after one has been exposed to infection. The first sign is a small painless sore called a chancre found on the genitals, rectum, or mouth. In secondary syphilis, the chancre disappears but the rash spreads from the trunk to the whole body. The last stage is tertiary syphilis which begins after years of an initial infection. Some complications of syphilis are numbness, blindness, paralysis, and heart disease.

Syphilis can be prevented by having safe sex, avoiding multiple sexual partners and promoting sex education. Syphilis is mainly treated with antibiotic therapy such as penicillin G. However, in cases of penicillin allergy, penicillin desensitization or use of other medications like doxycycline, tetracycline or ceftriaxone is recommended. Key Facts Usually seen in Individuals between 20 to 29 years of age Gender affected Both men and women Body part(s) involved Genitals Rectum Anus Mouth Brain (neurosyphilis) Prevalence Worldwide: 10.6 Million (2018) Mimicking Conditions Connective tissue disease Lupus vulgaris Chancroid Herpes simplex infection Donovanosis Traumatic injury Psoriasis Tinea corporis Necessary health tests/imaging The treponemal test The non-treponemal test VDRL test Direct testing Treatment Benzathine Penicillin G Tetracycline Doxycycline Ceftriaxone See All Symptoms Of Syphilis

The symptoms of syphilis are common for both men and women. It is usually unrecognizable for some time and can be passed to others without knowing it. The symptoms of syphilis change with time and stage.

Generally, syphilis can be categorised in three stages namely: Primary syphilis Secondary syphilis Tertiary syphilis 1. Primary syphilis The first symptoms of syphilis usually develop 2 to 6 weeks after one has been exposed to the bacterium. The most common symptom is the appearance of a small, painless sore called a primary chancre. The sores are painless therefore one can overlook them without realizing they have an infection. The sore is typically seen on the penis, vagina, or around the anus or sometimes appears on the mouth and the lips.

Usually a single painless lesion (primary chancre) occurs, but multiple lesions can be seen in a minority of patients.

Regional lymph node swelling accompanies the primary syphilitic lesions. The nodes are firm, painless and appear within 1 week of the onset of lesion. Inguinal lymphadenopathy (swollen lymph nodes in the groin or lower extremities) is bilateral and may occur with anal as well as with genital chancres.

These sores disappear after two to six weeks, but lymphadenopathy may persist for months. If the condition is not treated, it moves on to the second stage.

1. Secondary syphilis These symptoms develop a few weeks after the initial symptoms have passed. The secondary stage usually includes lesions involving the skin and mucous membranes along with generalized non-tender lymphadenopathy. The healing primary chancre may still persist in some of the cases, more frequently in people with concurrent HIV infection.

The symptom of secondary syphilis are:

A blotchy red rash develops anywhere on the body but usually develops on the palms of the hands and soles of the feet White patches in the mouth Severe necrotic lesions may appear, more commonly in HIV infected individuals Swollen glands Headache, tiredness, and joint pain Involvement of hair follicles may result in patchy alopecia (hair loss) of scalp hair, eye brows, or beard.

Signs and symptoms that may accompany or precede secondary syphilis include sore throat, fever, weight loss, malaise, anorexia, headache, and meningismus (symptoms similar to meningitis without inflammation of the membranes lining the brain). Eye symptoms include pupillary abnormalities, optic neuritis, & uveitis.These symptoms may disappear within a few weeks, and can again come and go after some time.

Secondary syphilis is often mistaken for other conditions such as: Pityriasis rosea Lichen planus Psoriasis

Note: Because the symptoms of syphilis can be so nonspecific, people experiencing these may ignore them. For this reason, syphilis has been known as the “great imitator.”

Latent phase: During the latent phase, a person experiences no symptoms, even though the person is infected. Early latent syphilis is limited to the first year after infection, whereas late latent syphilis is defined as that of >1 year’s duration or of unknown duration. During the first year, the infection can be passed on to the other partner through physical close contact. However, after a couple of years, one cannot pass the infection. Without treating the disease, it can be passed to the most dangerous stage called the tertiary stage.

Tertiary stage The symptoms of tertiary syphilis appear after years of initial infection. The symptoms are manifested based on the part of the body affected such as the brain, nerves, eyes, and heart. People with tertiary syphilis may experience vision problems or blindness, meningitis, stroke, dementia, heart problems, and co-ordination problems. Syphilis is still treatable at this stage but the damage caused cannot be reversed. Congenital syphilis Babies born to women who have syphilis can become infected during pregnancy or birth. Most newborns with congenital syphilis have no symptoms, although some show a rash on the palms of their hands and the soles of their feet.

Later signs and symptoms may include deafness, teeth deformities, and saddle nose, where the bridge of the nose collapses.

Neurosyphilis At any stage of infection, syphilis can invade the nervous system and it is called neurosyphilis. Signs and symptoms of neurosyphilis can include: Severe headache Trouble with muscle movements Muscle weakness or paralysis (not able to move certain parts of the body) Numbness Changes in mental status (trouble focusing, confusion, and personality change) Dementia (problems with memory, thinking, and/or making decisions) Are condoms effective against preventing STDs? According to the CDC, the correct and consistent use of a condom is around 97% efficient in offering protection against certain sexually transmitted diseases (STDs). Here’s more on the use of condoms to prevent STDs. Click To Know! Causes Of Syphilis

Syphilis is caused by a bacterium called Treponema pallidum. The only known natural hosts for T. pallidum are humans. Routes of transmission of syphilis are: The most common route of transmission is through sexual contact with the infected person. It can also enter the body through minor cuts in the skin or mucous membrane or direct unprotected contact with an active lesion. Infected mothers can pass it to their babies during pregnancy or birthing. Less common modes of transmission include blood transfusion and organ transplantation. Risk Factors For Syphilis

The risk of acquiring the infection is high, if you: Engage in unprotected sex. Have sex with multiple partners. Have human immunodeficiency virus (HIV) infection. Have sexual contact with someone having syphilis. Engage in sexual activity with someone from a region of the high prevalence of syphilis. Note: The chances of getting an infection increase if a man has unprotected sexual contact with other men. Diagnosis Of Syphilis

The doctor will ask about your symptoms and health history. A physical examination is done to confirm certain risks that make your chances of infection higher.

1. Physical examination The doctor will examine the genitals. For men, it involves examining the penis, foreskin, and urethra and for women, it involves the internal examination of the vagina. The other parts of the body are also examined for the appearance of any rashes.
2. Blood tests If someone is detected with syphilis, then his/her body produces antibodies against the syphilis bacteria. Serological tests for syphilis can be classified into two types: treponemal and nontreponemal. The treponemal test is useful in detecting an antigen or antibody of the T. palladium bacterium and includes the fluorescent treponemal antibody absorbed test (FTA-ABS) and the T. pallidum particle agglutination test (TPPA), both of which are more sensitive for primary syphilis than the non-treponemal tests.

A positive result can be indicative that the person can have the infection or used to have it before. A negative result does not always prove that the person is free of infection as the antibodies are not detectable after three months of infection.

The non-Treponemal test or lipoidal tests looks for indirect indications of the infection like the cardiolipin (released when treponema damages the cells). When cardiolipin is found in the sample, it is indicative of an active infection.

1. Venereal Disease Research Laboratory (VDRL) test This is a screening test for syphilis. It measures antibodies that the body has produced at the time of infection. This test in combination with specific antibody testing also checks whether the person is having an active infection or not. This minimizes the risk of complications and the spreading of disease.
2. Direct testing of chancre The following tests can be done directly from a chancre: Dark field microscopy Direct fluorescent antibody (DFA) Polymerase chain reaction (PCR) DFA uses antibodies tagged with fluorescein, which attach to specific syphilis proteins, while PCR uses techniques to detect the presence of specific syphilis genes. These tests are not as time-sensitive, as they do not require living bacteria to make the diagnosis.
3. Cerebrospinal fluid (CSF) evaluation Diagnosis of neurosyphilis depends on a combination of CSF tests like CSF cell count, protein, or reactive CSF-VDRL in the presence of reactive serologic test (nontreponemal and treponemal).

Get tested if you are sexually active or have come in contact with an infected person with our sexually transmitted diseases panel. Book Test Here! Prevention Of Syphilis

There is no vaccine for syphilis. However, to prevent the spread of syphilis following measures can be adopted such as: Having protected physical contact by using condoms. Condoms can reduce the risk of contracting syphilis only if it covers the sores. Promoting sex education among the population. Mainly among the teenagers and high-risk population like laborers, truck drivers, and migrants. Avoiding recreational drugs and alcohol, which can inhibit safe sexual practices. Abstaining from sexual contact or being in a mutually monogamous relationship with a person who is tested and does not have any infection. Specialist To Visit

In most cases, the best place to visit is a sexual health clinic also called a genitourinary medicine clinic (GUM). They tend to have easier access to tests and treatments for syphilis.

If a person develops symptoms like rashes, sores on the moist areas like genitals, mouth, throat, or anus then that person should visit a doctor and confirm the presence of syphilis or any other infection. The doctors to visit are: General physician Dermatologist Gynecologist Infectious disease specialist If you are facing such an issue, seek advice from our professionals. Consult Now!

Treatment Of Syphilis

The treatment of syphilis depends on the stage of the disease.

Early syphilis Penicillin G benzathine is the most widely used agent for the treatment of early syphilis. Preventive treatment is also recommended for individuals who have been exposed to infectious syphilis within the previous three months. Penicillin G benzathine cures >95% of the cases of early syphilis, although clinical relapse can occur especially in HIV infected patients. Secondary or tertiary syphilis If the CSF examination is normal or not examined, the recommended treatment is Penicillin G benzathine. If the CSF abnormalities are found, then they should be treated as a case of neurosyphilis. The same is the treatment option for late syphilis or syphilis of unknown duration.

Neurosyphilis Penicillin G benzathine, even at high doses does not kill the treponema concentrations in CSF and should not be used for the treatment of neurosyphilis. Both symptomatic and asymptomatic neurosyphilis should be treated with aqueous penicillin. Pregnancy Parenteral penicillin G is the recommended therapy for syphilis during pregnancy. Pregnant women with syphilis at any stage who report penicillin allergy should be desensitized and treated with penicillin.

Syphilis in penicillin-allergic patients A 2 week (for early syphilis) or 4 weeks (for late syphilis) course of therapy may be considered with doxycycline or tetracycline. Ceftriaxone has also been found to be effective for early syphilis.

Jarisch-Herxheimer reaction The Jarisch-Herxheimer reaction is an acute febrile reaction frequently accompanied by headache, myalgia, and fever that can occur within the first 24 hours after the initiation of any syphilis therapy. It is a reaction to treatment and not an allergic reaction to penicillin. Patients should be informed about this possible adverse reaction and how to manage it if it occurs. The Jarisch-Herxheimer reaction occurs most frequently among persons who have early syphilis, presumably because bacterial loads are higher during these stages. Antipyretics can be used to manage symptoms; however, they have not been proven to prevent this reaction. The Jarisch-Herxheimer reaction might induce early labor or cause fetal distress in pregnant women; however, this should not prevent or delay therapy. Management of sex partners Person who has had sexual contact with someone who receives a diagnosis of primary, secondary, or early latent syphilis <90 days before the diagnosis should be treated presumptively for early syphilis, even if serologic test results are negative. Person who has had sexual contact with someone who receives a diagnosis of primary, secondary, or early latent syphilis >90 days before the diagnosis should be treated presumptively for early syphilis if serologic test results are not immediately available and the opportunity for follow-up is uncertain. If serologic tests are negative, no treatment is needed. If serologic tests are positive, treatment is based on evaluation and stage of syphilis. Long-term sexual partners of people who have late latent syphilis should be evaluated for syphilis and treated on the basis of the findings. Did you know? There are condoms for women as well. Understand the difference between male and female condoms. Tap To Read! Home-care For Syphilis

1. Talk and understand the situation Understanding the condition of the person is the first step in managing the disease. Caring can involve several skills such as emotional support, dealing with medical equipment, and recognizing the warning signs if the disease worsens. Caring for someone with syphilis involves different things depending upon the infection.
2. Take medication When syphilis is treated in the early stages it is easy to cure. Help the patient in making routines and following the treatment.
3. Encourage treatment If an individual is diagnosed with syphilis, have periodic blood tests and follow-ups. Make sure that the person is responding to the penicillin treatment.
4. Support the patient Finding out you have syphilis can be upsetting. Listen to your loved ones and reassure them that it is a manageable health condition.
5. Eat a balanced diet To recover from the condition and side effects related to the medications a healthy diet is beneficial and rest to cope with the stress. Is syphilis not curable? Syphilis is a curable disease. However, early treatment is the key because if left ignored, the bacteria can cause irreparable damage. So do not ignore its symptoms and consult the right doctor at the right time. Consult Now Complications Of Syphilis

Syphilis causes damage to internal organs during the latent and tertiary stages. Tertiary syphilis causes various complications like: Mental disorders Loss of vision Bone damage Liver damage Nervous system breakdown Sores on the skin Syphilis has a greater risk of contracting HIV infection because of the existence of open sores Birth defects like mental retardation, stillbirths, and premature death, if the infection spreads from mother to the unborn child during pregnancy Late-stage syphilis, if left untreated, can be life threatening Frequently Asked Questions Can a person with syphilis pass it on to their baby? Can Treponema pallidum infect the brain? How common is syphilis? Can you get syphilis again after treatment? How can you reduce the risk of getting syphilis? References Sexually Transmitted Disease(STDs).Centers for Disease Control and Preventions (CDC). Last Updated April 2021. Overview Syphilis. National Health Service (NHS).Last Updated February 2022. What Healthcare Providers can do. Centers for Disease Control and Preventions.Last updated July 2021. Congenital Syphilis.Centers for Disease Control and Preventions. Last Updated July 2021. Syphilis. National Health Portal (NHP). Last Updated February 2016. Syphilis CDC Fact Sheets. Centers for Disease Control and Preventions. Last Updated April 2021. Syphilis: Risk factors and Manifestation. Government of Canada. Last Updated August 2020. Henao-Martínez AF, Johnson SC. Diagnostic tests for syphilis: New tests and new algorithms.

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Schizophrenia Also known as Psychosis, Mental Illness, Mental Disorder Overview Schizophrenia is a mental disorder that affects a person’s thoughts, emotions, and behaviors. It can significantly interfere with the ability to think rationally, control emotions and make decisions. Some of the common symptoms of schizophrenia include delusions, hallucinations, altered behavior, thought process, alterations in speech, and mood changes. The type and severity of these symptoms can vary over time. There may be periods of intermittent worsening and remission of symptoms.

The treatment for Schizophrenia primarily aims to control the psychotic symptoms with antipsychotic drugs and provide supportive care to the patient. There are many misconceptions regarding the disease, and patients battling Schizophrenia face a lot of social stigma. But thanks to the increase in awareness and improved treatment options, patients are able to lead a better quality of life at home and close to their loved ones. Key Facts Usually seen in Individuals between 16 to 30 years of age Gender affected Both men and women but more common in men Body part(s) involved Brain Prevalence Worldwide: 20 Million (2018) Mimicking Conditions

Bipolar disorder Major depressive disorder Post-traumatic stress disorder Autism spectrum disorders Substance abuse Temporal lobe epilepsy Necessary health tests/imaging CT Scan (Head) MRI Brain Treatment Conventional antipsychotics or first-generation antipsychotics: Chlorpromazine, Haloperidol & Fluphenazine Atypical antipsychotics: Aripiprazole & Ziprasidone Long-acting injectable antipsychotics Nutritional supplements: Vitamin B Complex See All Symptoms Of Schizophrenia

Schizophrenia is a chronic mental disorder that affects how a person thinks, feels, behaves, and interacts with his/her surroundings. Symptoms such as mood changes, alterations in behavior, altered thinking, and abnormal social functioning often appear gradually before a major episode of psychosis or hallucinations. The symptoms of Schizophrenia can vary in type and severity over time, with alternating periods of worsening of symptoms and remission in symptoms.

The symptoms of Schizophrenia can be broadly classified into the following subtypes:

1. Psychotic symptoms Delusions: False beliefs with no base in reality, even when there is evidence to the contrary. For example, a person with schizophrenia has thoughts such as someone out there wants to hurt him/her even when no such threat exists. Hallucinations: Hearing, seeing, or feeling things that do not exist. For a person with schizophrenia, these altered experiences feel absolutely real. Abnormal or disorganized behavior: A person with schizophrenia may behave abnormally, and the behavior spectrum can range from childlike silliness to unpredictable rage and agitation. Abnormal motor behavior: A person with schizophrenia often does not make eye contact, lacks facial expressions, makes bizarre postures and unnecessary or excessive movements. Disordered thinking and speech: Often people with schizophrenia are unable to communicate effectively and may use meaningless words or out-of-context replies to questions.
2. Negative symptoms These are symptoms that affect a person’s ability to function normally. In this, a person may typically - Neglect personal hygiene Lose interest in everyday activities Lack the ability to experience pleasure in everyday life Show reduced ability to express emotions Be unable to effectively communicate thoughts and struggle to frame words.
3. Cognitive symptoms This subset of symptoms affects memory, concentration, and attention. This includes: Difficulties in processing information to make decisions Learning new things Remembering information Did you know? Interestingly, men tend to experience their first episode of schizophrenia in their late teens to early 20s, whereas women typically experience their first episode in their late 20s or early 30s. Consult NOW Causes Of Schizophrenia

There is no single established cause of schizophrenia. It is likely to occur due to a complex interaction between genetic factors (such as having a family history) and certain alterations in brain structure and function. Environmental factors, such as exposure to certain toxins, neuro-viruses, substance abuse or stressful surroundings, may also contribute to the condition. Risk Factors Of Schizophrenia

Schizophrenia is quite prevalent, however, it is difficult to estimate the exact number of people with schizophrenia due to the complexities involved in diagnosing the illness and overlap with other psychiatric disorders. As of 2019, 20 million people in the world are affected by schizophrenia and 3 out of every 1000 Indians suffer from it.

The definite cause of schizophrenia is not yet known. However, certain factors increase a person’s risk of developing schizophrenia, such as: Family history of schizophrenia; however, no single gene is yet identified which can be linked directly to the disease. Pregnancy and birth complications. Exposure to toxins or viruses that affect brain development in early life or before birth. Consumption of psychoactive drugs during teen years or early adulthood. Alterations in the brain structure and function. Alterations in the interaction of chemical messengers called neurotransmitters. Did you know? Environmental and social factors play a role in increasing risk of schizophrenia. Although not much talked about, studies have revealed that environmental stressors such as childhood trauma, social isolation, and minority ethnicity are linked to this mental disorder. Keep a tab on your stress with our range. Order Now! Diagnosis Of Schizophrenia

Schizophrenia is usually suspected when a person has a major episode of psychosis and has been displaying other symptoms of schizophrenia. Diagnosis involves ruling out other psychiatric illnesses and disorders occurring due to substance abuse or medications. Establishing a diagnosis of schizophrenia involves the following:

1. History and clinical examination A physician usually performs a detailed examination, reviews the patient’s history, looks for characteristic schizophrenia symptoms, finds out social and occupational dysfunction, verifies the onset of symptoms to rule out other potential causes, and screens health-related complications. It is essential to rule out other conditions that may mimic the symptoms of Schizophrenia before confirming the diagnosis.
2. Lab tests and imaging studies The following tests may be prescribed to evaluate the overall health status, screen for potential substance abuse, and study brain functioning. CT Scan (Head) - to study any structural changes in the brain. MRI Brain - an in-depth study to identify if any pathology in the brain is causing symptoms, such as brain tumors. Alcohol Screen Blood - to rule out alcohol intoxication as a cause of the psychotic symptoms. Alcohol Screen Urine - to rule out alcohol intoxication as a cause of the psychotic symptoms. Drugs of Abuse Panel - 9 Drug Panel - to rule out psychotic drug abuse as a cause of the psychotic symptoms. Complete Blood Count (CBC) - to evaluate general health status. Comprehensive Health CheckUp - to evaluate overall health status.
3. Psychiatric evaluation A detailed psychiatric evaluation comprising a study of the patient’s mental status, thoughts, moods, delusions, hallucinations, and family and personal history is essential to diagnose the disease.

The diagnosis of schizophrenia may be considered if signs and symptoms, such as delusions, hallucinations, disorganized thoughts and speech, abnormal behavior, lack of emotions, lack of attention, etc., began more than 6 months ago and have been in an active phase for at least one month. Also, diagnosis of schizophrenia can be confirmed only when all other factors, such as substance abuse, alcohol abuse, other psychiatric disorders like bipolar disorder, have been ruled out.

DSM-5 guidelines for diagnosis of schizophrenia The American Psychiatric Association has laid down criteria for diagnosis in the Diagnostic and Statistical Manual of Mental Disorders, also known as DSM - 5. which states that a diagnosis of schizophrenia can be made if:

Criterion A: At least two of the following (at least one must be 1, 2 or 3) indications for at least 1 month: 1. Delusions, 2. Hallucinations, 3. Disorganized speech, 4. Grossly disorganized or catatonic behavior, 5. Negative symptoms

Criterion B: Level of functioning has to be lowered significantly and for long term compared to the previously achieved level

Criterion C: Signs of the disturbance persist for at least 6 months, must include criterion A symptoms for at least 1 month

Criterion D: Schizoaffective disorder and depressive or bipolar disorder with psychotic symptoms ruled out

Criterion E: The disturbance is not caused by substance use or medical conditions

Criterion F: If a patient has a history of autism spectrum or communication disorders from childhood, schizophrenia diagnosis can be made in case of prominent delusions/hallucinations and other required symptoms of schizophrenia are present for at least 1 month

Celebs affected Parveen Babi Parveen Babi, a well known Bollywood actress, struggled with Schizophrenia through much of her career John Nash Late mathematician and professor John Nash is known to have suffered from schizophrenia. His struggles with the disease were also depicted in the 2001 film ‘A Beautiful Mind’. Specialist To Visit

Patients exhibiting symptoms of schizophrenia are generally incapable of making informed health-related decisions. Thus, their family or caregivers must approach their primary healthcare physician if they suspect or observe any unexpected symptoms which last for a prolonged period of time.

The primary healthcare physician can then refer the patient to specialist doctors for detailed evaluation and treatment. Such patients may be referred to: Psychiatrist Psychologist Neurologist For an active episode of psychosis, treatment at a hospital may be essential. Treatment Of Schizophrenia

Treatment with antipsychotic medications can help alleviate symptoms and reduce the chances of unexpected complications. Lifelong treatment is essential even if the symptoms seem less or controlled. The medications consist primarily of first or second-generation antipsychotic drugs. Other medications such as antidepressants or anti-anxiety drugs, or a combination of these drugs are also used to treat this condition.

1. Conventional antipsychotics or first-generation antipsychotics: Also known as typical antipsychotics or first-generation antipsychotics, these drugs help to control psychotic symptoms of schizophrenia such as delusions and hallucinations. They work by blocking the action of the neurotransmitter dopamine in the brain.

They can potentially cause frequent and significant neurological side effects such as movement disorders. They are significantly cheaper than the newer second-generation antipsychotics and this may be an important consideration in long-term treatment.

Examples include: Chlorpromazine Haloperidol Fluphenazine

1. Atypical antipsychotics or second generation antipsychotics These are newer antipsychotic medicines with fewer body movement-related side effects but can affect other body mechanisms contributing to their side effect profile than the traditional first-generation antipsychotic medications. They work by blocking the receptors for neurotransmitters like serotonin (stronger blocking) and dopamine (moderate blocking).

Common examples are: Aripiprazole Ziprasidone Sulpiride Asenapine Clozapine

1. Long-acting injectable antipsychotics Certain formulations of typical or atypicals are also available as long-acting intramuscular injections that need to be given every 2-4 weeks. This is useful in patients who are resistant to taking daily pills and can help with adherence.
2. Nutritional supplements Taking Vitamin B Complex and Omega-3 fatty acid supplements like fish oil capsules can help ease the symptoms in Schizophrenic patients. Vitamin B complex is essential for normal functioning of the nervous system. Omega-3 fatty acid supplements contain DHA and other fatty acids which are important for brain health. Did you know? A ketogenic diet can help in schizophrenia. A study by Włodarczyk A, et al suggested that a gluten-free or a low-carb ketogenic diet may help ease symptoms of schizophrenia. Ketogenic diet helps increase the levels of a neurochemical named GABA. Increased levels of GABA are beneficial for the brain and can help with schizophrenic symptoms. Explore our range of ketogenic products. Tap To Order! Living With Schizophrenia

Living with someone who has been diagnosed with schizophrenia may be challenging for the family and the caregivers as the patient needs constant care and support. However, here are a few tips that can help you to take care of someone with the condition.

1. Understand the condition Understanding and accepting what your family member or relative is going through is the first step in managing the disease. Information about the condition will help the caregivers understand the importance of therapy and recognize warning signs if the disease worsens.
2. Stay focused on goals of therapy The therapy goals are different for each patient and are adjusted to suit individual requirements. Managing the condition is an ongoing process. Help your loved ones adjust to the therapy and encourage them to take responsibility towards their goals.
3. Help the patient abstain from vices Alcohol and recreational drugs worsen the symptoms of Schizophrenia and make the condition difficult to treat. Hence, the family or caregivers need to ensure that the patient does not indulge in such activities.
4. Try relaxation and stress management techniques It is not unusual for the family or caregivers to be stressed and anxious along with the patient themselves. Learning relaxation techniques and stress management will help cope with the disease.
5. Join schizophrenia support groups Connecting with other people facing similar challenges may help a person come to terms with the disease. There are a few societies in India working in the field of mental health and wellness, offering support to those diagnosed with life-changing mental health disorders like schizophrenia.

Mental illnesses are quite common these days. Just being there with someone who needs help is one of the simple ways to help a patient. Need more help? Here are 6 ways you can help your loved ones struggling with mental illness. Click To Read Complications Of Schizophrenia

If left untreated, Schizophrenia may severely hamper a patient’s quality of life and can potentially cause complications like: Suicidal thoughts, suicide attempts, and suicide Anxiety disorder Depression Drug and alcohol abuse Aggressive behavior Social isolation Severe cases may need hospitalization for treatment. Did you know? The risk of schizophrenia is around 10% if a person has a first-degree relative with the condition and around 3% if they have a second-degree relative. If both parents suffer from schizophrenia, then there is a 40% chance that the kid might suffer from the condition. Consult Now! Alternative Therapies For Schizophrenia

1. Psychosocial interventions In addition to medication, psychological therapy helps normalize the patient’s thought patterns and also helps cope with stress and anxiety. Social rehabilitation helps the patient interact with society and participate in daily activities. These are important interventional programs in managing a patient with schizophrenia.
2. Cognitive behavior therapy (CBT) This type of psychological therapy helps teach the patient coping skills to manage their difficult conditions. The therapy focuses on the cognitive component. This helps the patient to change their thinking about a particular situation and the behavioral component which further helps them to change their reactions to any situation.
3. Electroconvulsive therapy For adults who do not respond well to drug therapy, electroconvulsive therapy, or shock therapy (ECT) may be considered. In this, small amounts of electric currents are passed through the brain to help regulate electrical activity in the brain.
4. Deep brain stimulation (DBS) Similar to electroconvulsive therapy, this therapy is useful in patients resistant to standard treatment. This is a type of elective surgical procedure in which tiny incisions are made near the brain to implant some electrodes in the patient’s brain areas. These electrodes generate mild electrical impulses which are thought to regulate abnormal electrical activity of the brain and improve the symptoms.
5. Ayurveda in schizophrenia Ayurveda treatment for Schizophrenia follows a holistic approach, combining natural medicine, massage, diet, and lifestyle regulation. Ayurvedic herbs may be beneficial when used in adjunction with antipsychotic medication. However, no studies have been proved yet on the effectiveness of Ayurvedic herbs to treat or manage this condition.

Frequently Asked Questions Are all psychotic patients schizophrenic? Can schizophrenia be completely cured? Does shock therapy help with schizophrenia? References What is Schizophrenia? American Psychiatric Association. Schizophrenia. National Institute of Mental Health. Schizophrenia. Sarah D Holder, Amelia Wayhs. Am Fam Physician. 2014 Dec 1;90(11):775-782. Schizophrenia fact sheets. World Health Organization. Living with Schizophrenia in India: Gender perspectives. Santosh Loganathan, Srinivasa Murthy. Transcult Psychiatry. 2011 Nov; 48(5): 569–584. Hsu MC, Huang YS, Ouyang WC. Beneficial effects of omega-3 fatty acid supplementation in schizophrenia: possible mechanisms. Lipids Health Dis. 2020 Jul 3;19(1):159. Brown HE, Roffman JL. Vitamin supplementation in the treatment of schizophrenia. CNS Drugs. 2014 Jul;28(7):611-22 Włodarczyk A, Wiglusz MS, Cubała WJ. Ketogenic diet for schizophrenia: Nutritional approach to antipsychotic treatment. Med Hypotheses. 2018 Sep;118:74-77. Patel KR, Cherian J, Gohil K, Atkinson D. Schizophrenia: overview and treatment options. P T. 2014 Sep;39(9):638-45.

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Sciatica Also known as Lumbosacral radicular syndrome, Ischias, Nerve root pain, and Nerve root entrapment. Overview

Sciatica is a serious condition that results from pressure on the sciatic nerve, the largest nerve in the human body, formed by the union of 5 nerves from the lower part of the spine. The most common cause of sciatica is related to discs like disc herniation or bony overgrowths. Causes not related to the disc may include cancer, infections, or compression of the blood vessels.

Individuals with sciatica experience pain, numbness, pricking or stabbing sensation, and muscle weakness in the sciatic nerve distribution. Sciatica pain often is worsened by twisting, bending, or coughing. Sciatica may be triggered by improper posture, too long standing or sitting in the same place, obesity, and increased height.

This condition is usually seen in older adults. Women are more commonly affected by men. Severe injury to the nerve can cause a drop foot effect, i.e. difficulty lifting the front part of the foot. Other complications may include loss of bowel and bladder control.

Treatment generally varies depending on the severity and cause of the condition. Various management protocols include conservative treatment like staying active, painkillers, acupuncture, epidural steroid injections, spinal manipulation, and physical therapy. Surgery may be required in severe cases. Key Facts Usually seen in Adults between 35 to 55 years of age. Gender affected Both men and women but more common in women Body part(s) involved Hips Buttocks Legs Prevalence India: 1-5% (2022) Mimicking Conditions Herniated lumbosacral disc Muscle spasm Nerve root impingement Epidural abscess Epidural hematoma Tumor Pott’s Disease, also known as spinal tuberculosis Piriformis syndrome Necessary health tests/imaging Imaging tests: X-ray, CT scan, MRI, Electromyography (EMG) Treatment Anticonvulsant medications: Gabapentin and Pregabalin Tricyclic antidepressants (TCAs): Amitriptyline SNRIs: Duloxetine and Venlafaxine Opioid analgesics: Tramadol and Morphine sulfate (MST) Surgery: Microdiscectomy and Laminectomy

See All Symptoms Of Sciatica

The sciatic nerve is the largest nerve that branches from the lower back through your hips, buttocks, and down each leg. Sciatica presents itself with pain along the pathway of the nerve, including the lower back, buttock, and the back of the thigh and calf. The symptoms include:

Unilateral leg pain Pain in the lower back Radiating pain to foot or toes Numbness and burning in the distribution of the nerve Increased pain in keeping the lag straight Decreased range of motion of the hip joint. Causes Of Sciatica

Sciatica symptoms occur when there is pathology anywhere along the course of the nerves. Sciatica develops in many ways; among them, the most common are the following:

Herniated discs: This condition occurs when the soft center of a spinal disc pushes through a crack in the more rigid exterior casing of the spine.

Degenerative disc disease: It is a natural aging process that acts as a precursor to disc herniation.

Lumbar (lower back) spinal stenosis: It is the narrowing of the sciatic nerve

Isthmic spondylolisthesis: This condition results from the vertebra slipping forward on the sacral, pinching the nerve root as it leaves the spine.

Piriformis syndrome: This occurs when your piriformis muscle (muscle in the gluteal region of the lower limbs) compresses the sciatic nerve and results in swelling and redness.

Malignancy (cancer): Metastatic (spreading) bone or soft tissue cancer, sciatic nerve cancer, hemangioblastoma (type of brain tumor)

Infection: That can lead to abscess formation and inflammation of the disc.

Vascular compression: Compression of the blood vessels can lead to the formation of a pseudoaneurysm (occurs when blood walls of the blood vessels are injured).

Bony compression: Overgrowth of bones in the sciatic nerve distribution can put pressure on it.

Gynecological cause: Studies have shown that uterine fibroid and endometriosis (overgrowth of the inner lining of the uterus) can also cause sciatica.

Did you know? Sciatica in COVID-19 patients is not uncommon. Studies have suggested that sciatic neuropathy can be seen in patients being treated for COVID-19 and that they need prolonged rehabilitation. Click Here To Know More Risk Factors For Sciatica

Sciatica may be caused due to reasons related to the disc or non-discogenic causes. However, your chances of getting sciatica increase with the following factors:

Age As you age, the changes in your spine can lead to bony overgrowths and herniated discs, the most common causes of sciatica.

Genetic predisposition Studies suggest that lumbar disc disorders, characterized by disc herniation, have a vital genetic component that can lead to sciatica.

Occupation Particularly if associated with physical activity, especially flexion/torsion of the trunk, arms frequently raised above shoulder height, and driving motor vehicles.

Incorrect walking posture While walking, your shoulders should be back, down, and relaxed, as improper posture can compress your lumbar discs and cause sciatic nerve irritation.

Jogging It can predispose you to pain if you have a history of back or lumbar problems. Research shows that joggers have a lower risk for incidental sciatic pain but a higher risk for persistent symptoms.

Smoking Studies demonstrate that smoking is a modest risk factor for lumbar pain and clinically verified sciatica.

Are you trying to quit smoking? Know more about tips that can help you with it. Read This Now Obesity Studies show that being overweight and obese increases the risk of lumbar pain and sciatica in both men and women.

Check out our widest range of weight management products to help you achieve your weight loss goals. Explore Now Tall height This risk factor is relevant for old age groups only. If you are tall, you may be at a higher risk of developing sciatica.

Mental stress Sciatica is linked to feeling overwhelmed or under pressure, and stress can exacerbate musculoskeletal conditions, including nerve pain.

Read about 5 relaxation techniques to keep stress and anxiety at bay. Tap Now Diagnosis Of Sciatica

Sciatic pain can mimic any other nerve pain, and it is essential to diagnose it correctly for the proper treatment. Sciatica is mainly diagnosed by the following:

Medical History

A complete history is required to determine the localization, severity, loss of strength, sensibility disorders, duration, course, influence of coughing, rest, or movement, and consequences for daily activities.

Patients generally mention radiating pain in the leg with sensory symptoms like numbness, burning, or tingling. They may be asked to show the distribution of the pain and whether it radiates below the knee.

Physical examination

It largely depends on neurological testing. The most applied investigation is the straight leg raising test or Lasègue’s sign. Lasègue’s sign is positive if the angle to which the leg can be raised (upon straight leg raising) before complaining of pain is <45°.

Note: Patients with sciatica may also have lower back pain, which is usually less severe than leg pain.

Imaging tests

Imaging may be indicated at this stage only if indications or “red flags” like infections, cysts, tumors, or fractures, rather than disc herniation. These tests include:

X-ray: Radiographs of the spine may reveal any overgrowth of bone that can be pressing on a nerve.

CT scan: A non-contrast computed tomography (CT) scan may be performed to evaluate fracture if plain radiographs are negative. CT is also done to assess any soft tissue anomalies.

MRI: Magnetic resonance imaging (MRI) is indicated if the pain is persistent for more than 6-8 weeks to rule out any neurologic deficit is present or a mass effect is suspected.

Electromyography (EMG): It is a minimally invasive diagnostic test that evaluates how well the electrical signals between nerves and muscles are working. It is done to determine the severity of nerve damage.

Book your tests for a hustle-free experience Click Here Celebs affected Salman Khan Bollywood actor Salman Khan is apparently suffering from sciatica. A source close to the khan family said “The thing that is on top of our mind is not his heart but sciatica. There are days when bhai cannot shoot because of severe pain in the legs and lower back. He needs to go through detailed therapy and for that, he would have to stay at the facility for a few days”. Prevention Of Sciatica

Prevention is always the best course of action for any disorder. The best strategies for preventing sciatica include:

Avoid prolonged rest

Too much rest can aggravate sciatica pain. Stay active as much as possible. Here are a few tips that can help you with it:

Use the stairs instead of an elevator Make sure to get up and move every 30 minutes Switch to a standing desk with an adjustable height Add simple stretches that you can do while sitting on your office chair Go for regular, short walks See a physical therapist and make exercise a part of your daily routine

Exercise regularly

Beneficial exercises to prevent sciatica include walking, swimming, pilates, and yoga. It strengthens the abdomen and back muscles that support the spine.

Sleep in the correct posture

One strategy is to lie flat on the back and bend the knees slightly while keeping the buttocks and heels flat against the bed. You can also practice stretching before sleeping and using a firm mattress to support your back.

Burn that extra fat

Obesity is one of the critical risk factors in the development of sciatica. Losing weight can help relieve sciatica and prevent it in the long run.

Want to lose weight the right way? Read more about weight loss tips that can work for you. Click Now

Be mindful of your postures

When sitting or standing, keep your back straight and shoulders back to relieve the pressure on the back. Sitting in the same position or habitual slouching while working at the desk for a long time can also harm your back.

Lift weights with the proper technique

A sudden lifting injury can herniate your disc, impinging or irritating a sciatic nerve root. We often tend to lift objects improperly, keeping the back straight while rising with the hips and legs.

Say no to smoking

We all know the terrible effect that smoking has on our bodies. Studies show that abstaining from smoking can reduce, but not eliminate, the excess risk of developing sciatica.

Try out an extensive range of smoking cessation products to eliminate this deadly habit. Buy Now

Specialist To Visit

Sciatica is a disorder of the nerve. The doctors who can diagnose and treat sciatica include:

Neurologists Neurosurgeons Orthopedic surgeons A neurologist and neurosurgeon are specialists who treat diseases of the brain and spinal cord, peripheral nerves, and muscles. An orthopedic surgeon is a doctor with special training in diagnosing and treating injuries and conditions of the musculoskeletal system.

When to see a doctor?

See a doctor immediately if:

The pain persists for more than a week or worsens Numbness or weakness in the leg Loss of bowel or bladder control.

If you or your loved ones are experiencing any such symptoms, don’t hesitate and seek advice from our trusted team of doctors. Consult Now Treatment Of Sciatica While sciatica may not be a life-threatening disease, it can severely affect the quality of life, taking a toll on the mind and body. Various treatment options of sciatica include:

Conservative management

This consists of explaining the cause of the symptoms and reassuring the patients that symptoms usually diminish over time, even without specific measures. Advise them to stay active and continue daily activities with yoga or stretches to relieve the pain.

Pharmacological management If there is a lot of pain, certain medications are prescribed to provide relief. These include:

1. Anticonvulsant medications: Research supports the use of anticonvulsants that can relieve pain caused by damaged nerves. These include: Gabapentin Pregabalin
2. Tricyclic antidepressants (TCAs): TCAs are the most studied antidepressants for the treatment of pain related to the nerves. Amitriptyline is most commonly used for management of sciatica.
3. SNRIs: Serotonin and norepinephrine reuptake inhibitors (SNRI) are antidepressants that help relieve depression symptoms and are also used for anxiety disorders and nerve pain. The drugs used in sciatica include: Duloxetine Venlafaxine
4. Opioid analgesics: These are used for pain relief and include: Oxycodone Tramadol Morphine sulfate (MST)
5. Epidural steroid injections: These can temporarily relieve sciatica and help a patient progress with rehab and exercise.

Surgery

Surgical intervention for sciatica focuses on removing herniated discs and, eventually, part of the disc to eliminate the suspected cause of sciatica. Treatment is aimed at easing the leg pain and corresponding symptoms, not reducing the back pain.

Studies suggest that cauda equina syndrome (compression of a collection of nerve roots) is an absolute indication for immediate surgery. Elective surgery is the choice for unilateral sciatica. Surgeries include:

Microdiscectomy: This is a minimally invasive surgical procedure performed on individuals with a herniated lumbar disc.

Laminectomy: It is a surgery that creates space by removing bone spurs and tissues associated with arthritis of the spine.

Epidurioscopy with adhesiolysis

Epidural endoscopic adhesiolysis is a minimally invasive technique for accurately placing the drug injection (generally a local anesthetic) into the epidural space. Studies demonstrate that this technique alleviates pain and reduces sensory nerve dysfunction in patients suffering from sciatica.

Understand sciatica better as our expert explains its causes, symptoms and treatment options. Watch This Now Home care For sciatica Management of sciatica needs care and maintaining the posture right. Some of the home remedies that can prove beneficial in alleviating the pain include:

Use hot and cold packs

Applying ice packs lessens the pain, numbs the area, and decreases inflammation. It is suggested in acute cases when sciatica flares up. A handy tip while using an ice pack is to alternate it with a heat pack once the acute pain subsides.

Browse our exclusive range of hot and cold therapy products online to get instant relief from the pain. Fill Your Cart Now

Support your back

Wear a lumbar or hip brace for short durations, as it can help stabilize and support the lumbar tissues. Lumbar braces limit excessive spinal movement and can help relieve pain from nerve root endings.

Buy products to support your back and enhance your posture. Tap Here

Take out time for stretching

The pain from sciatica generally benefits from a stretching routine that targets the hips and hamstrings that relieves overused or inflamed muscles.

Apply topical pain relieving creams

Topical gels, creams, or patches that contain painkillers or even numbing gels can provide fast and effective pain relief. These medications penetrate your tissues and act locally. Some of the drugs include:

Methyl salicylate Menthol Complications Of Sciatica Sciatica results from pressure on the sciatic nerve, and potential complications of unresolved sciatic nerve compression include:

Increased pain in the nerve distribution over time Weakness in the affected leg Burning or prickling sensation in the affected leg Decreased or loss of bowel or bladder function Permanent nerve damage. Alternative Therapies For Sciatica

Complementary or alternative therapies are quite helpful in managing pain related to sciatica. However, always consult your doctor before starting anything new. Some of the beneficial treatments include:

Physiotherapy

An essential component of conservative treatment is physiotherapy, which aims to promote physical and psychological health for the patient, mainly due to disc problems. Physical therapy generally includes mild stretching and pain relief modalities, conditioning exercise, and an ergonomic program.

Acupuncture

Acupuncture is a form of alternative medicine in which thin needles are inserted into the body at specific points to provide pain relief. Studies suggest that acupuncture therapy is an effective non-drug therapy for sciatica as it allows physicians to facilitate individualized treatment decisions regarding managing sciatica.

Is acupuncture effective in managing chronic pain? To Know More, Read This

Chiropractic therapy

It is a form of alternative medicine used to diagnose, treat, and prevent mechanical disorders, especially of the spine. A chiropractor is a trained person who treats physical problems by pressing and moving the bones in a person’s back, which might be able to help relieve sciatica pain. Living With Sciatica

Sciatica is a common condition that is a significant cause of work absenteeism and a major financial burden to industry and health service providers. Remember, time heals everything, and you can learn to manage pain with time. Some of the things to keep in mind if you are suffering from sciatica include:

Do not sit or stand in the same position for more than 20 minutes Avoid exercises that stretch your hamstrings (muscles from at the back of the thighs from hips to the knee) Always warm up before lifting heavy weights Avoid rowing machines in the gym as they can strain the lower back Do not stress your back by bending over too often Stay away from complete bed rest Make sure your office chair is comfortable Avoid twisting the motion of your spine Try not to lift heavy objects Avoid long car trips Learn to manage stress efficiently Frequently Asked Questions How does sciatica pain feel? Can one experience sciatica on both legs? Does sciatica develop over time, or does it occur suddenly? What is the typical recovery time after spinal surgery? Are there any complications of spinal surgery? Is rest mandatory if one has sciatica? References Koes BW, van Tulder MW, Peul WC. Diagnosis and treatment of sciatica. BMJ. 2007 Jun 23;334(7607):1313-7. Davis D, Maini K, Vasudevan A. Sciatica. [Updated 2022 May 6]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: Swami, Aravinda. (2018). A REVIEW ON SCIATICA. Volume 7 Issue 1. M. A. Stafford, P. Peng, D. A. Hill, Sciatica: a review of history, epidemiology, pathogenesis, and the role of epidural steroid injection in management, BJA: British Journal of Anaesthesia, Volume 99, Issue 4, October 2007, Pages 461–473. Ala-Kokko L. Genetic risk factors for lumbar disc disease. Ann Med. 2002;34(1):42-47. Miranda H, Viikari-Juntura E, Martikainen R, Takala EP, Riihimäki H. Individual factors, occupational loading, and physical exercise as predictors of sciatic pain. Spine (Phila Pa 1976). 2002;27(10):1102-1109. Acharya S, Thibault M, Lee J, Taha O, Morpurgo AJ, Kshetree BK, Regmi K. COVID-19-Induced Left Sciatic Neuropathy Requiring Prolonged Physical Medicine and Rehabilitation. Cureus. 2021 Jun 21;13(6):e15803. Shiri R, Falah-Hassani K. The Effect of Smoking on the Risk of Sciatica: A Meta-analysis. Am J Med. 2016;129(1):64-73.e20. Shiri R et al. Obesity as a Risk Factor for Sciatica: A Meta-Analysis, American Journal of Epidemiology, Volume 179, Issue 8, 15 April 2014. Enke O, New HA, New CH, Mathieson S, McLachlan AJ, Latimer J, Maher CG, Lin CC. Anticonvulsants in the treatment of low back pain and lumbar radicular pain: a systematic review and meta-analysis. CMAJ. 2018 Jul 3;190(26):E786-E793. Sansone RA, Sansone LA. Pain, pain, go away: antidepressants and pain management. Psychiatry (Edgmont). 2008 Dec;5(12):16-9. PMID: 19724772; PMCID: PMC2729622. Sakai T, Aoki H, Hojo M, Takada M, Murata H, Sumikawa K. Adhesiolysis and targeted steroid/local anesthetic injection during epiduroscopy alleviates pain and reduces sensory nerve dysfunction in patients with chronic sciatica. J Anesth. 2008;22(3):242-247. Zhang N, Wang LQ, Li JL, Su XT, Yu FT, Shi GX, Yang JW, Liu CZ. The Management of Sciatica by Acupuncture: An Expert Consensus Using the Improved Delphi Survey. J Pain Res. 2021 Jan 8;14:13-22.

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Sepsis Also known as Septic infection, Blood poisoning, Septic poisoning and Septicemia Overview Sepsis or septicemia is a life-threatening condition where the body starts to damage its tissues as a response to an infection. Sepsis might cause sepsis shock leading to a sudden drop in blood pressure, severe organ failure, or even death.

The risk of sepsis is higher in infants and older adults. People with compromised immunity due to conditions like diabetes, chronic kidney or liver disease are more susceptible to sepsis.

Treatment of sepsis includes antibiotics, intravenous fluids, and vasopressors (drugs constricting blood vessels). Patients with sepsis might also require supportive care such as oxygen or a breathing machine. Early and aggressive treatment increases the chances of recovery from septicemia. In most cases, people suffering from sepsis need treatment in the intensive care unit of a hospital. Key Facts Usually seen in Adults over 18 years of age Gender affected Both men and women Body part(s) involved Blood Stomach Intestine Lungs Kidneys Liver Central nervous system Prevalence Worldwide: 20% of all-cause deaths in hospitals (2017) India: 213 per 100000 people (2020) Mimicking Conditions Pulmonary embolism (PE) Pancreatitis Bowel obstruction Colitis Vasculitis Diabetic ketoacidosis (DKA) Toxin ingestion Adrenal insufficiency Thyrotoxicosis Malignant hyperthermia Distributive shock Necessary health tests/imaging Blood tests: Complete blood count (CBC), Liver function test & Kidney function test Imaging tests: X-ray, Ultrasound, CT, & MRI Treatment Antibiotics: Ceftriaxone, Meropenem& Cefotaxime Vasopressors: Norepinephrine & Dopamine Surgery: Pus drainage and amputation See All Symptoms Of Sepsis

Sepsis progresses through three stages, sepsis, severe sepsis and septic shock. One can even get sepsis while recovering from an illness in the hospital. The symptoms depending on the stage include: Symptoms of sepsis Fever above 101 F Increased heart rate A confirmed infection in the body Increased breathing rate of more than twenty breaths per minute Symptoms of severe sepsis Organ failure due to tissue damage Discolored skin or a hemorrhagic rash in the skin Bone marrow suppression leading to decreased platelet counts Difficulty in breathing Abnormal heart functions causing cardiomyopathy (heart disease leading to difficulty in pumping blood to the body) Reduced body temperature leading to chills Weakness and dizziness Confusion or disorientation Slurred speech Symptoms of septic shock Decreased urination Clammy and sweaty skin Respiratory failure Heart failure Stroke Death Rush to the hospital as soon as you notice symptoms of sepsis. Sepsis or septicemia is a life-threatening disease. Severe sepsis or septic shock can turn fatal if blood pressure levels fall drastically. Therefore, do not wait at home when you notice any symptoms of an infection. Read about step-by-step preparation for medical emergencies. Click Now! Causes Of Sepsis

The most common cause of sepsis or septicemia is a bacterial infection. Other common causes of sepsis are fungal, viral, or parasitic infections in your body. The infection might occur anywhere in the body, but some of the common sites where infection could lead to sepsis include:

The lungs: Lung infections such as pneumonia might lead to sepsis in some patients. Sepsis through the lungs can be fatal if not treated on time.

The abdomen: An infection in the appendix (appendicitis), infection of the abdominal cavity (peritonitis), gallbladder infections, liver infections, or bowel problems might lead to mild or severe sepsis.

The urinary tract: An infection in the kidneys or bladder can also lead to sepsis. This kind of blood infection occurs mostly in patients who have a urinary catheter to drain urine. Urosepsis might cause nausea, vomiting, pain in your lower spine, and abnormal white blood cell count (either too high or too low). Urosepsis can be life-threatening if not treated on time.

Read more about urinary tract infections (UTIs). Click Now!

The skin: Sometimes bacteria might penetrate the skin through open cuts or wounds. They can also enter through intravenous catheters when they are inserted into the body to give or drain fluids. Cellulitis, which is an inflammatory condition of the skin, can also lead to skin sepsis. Risk Factors For Sepsis

Several factors increase the risk of sepsis, some of which include:

1. Infancy: Infants are at high risk of developing sepsis because of infantile birth disorders.
2. Old age: Older people are more susceptible to infections because of weaker immunity. Moreover, older people commonly suffer from diseases such as diabetes or lower respiratory infections, leading to sepsis.
3. A weak immune system: A weak immune system, irrespective of age or gender can also lead to the development of sepsis. Cancer patients who take chemotherapy have a weakened immune system which increases their chances of developing sepsis.
4. Uncontrolled diabetes: Patients who suffer from diabetes mellitus are at a high risk of developing sepsis. Infections are prone to get severe in these patients.
5. Chronic kidney or liver ailments: Patients with chronic kidney disease who undergo regular dialysis are more likely to develop infections and sepsis.
6. Hospitalized patients: Patients with extended hospital stays or who get admitted to the intensive care unit are prone to contracting an infection that might turn into sepsis.
7. Insertion of invasive devices: Breathing tubes or intravenous catheters can potentially increase the risk for infection, including healthcare-acquired infections (HAIs), which can lead to sepsis. Keep open wounds clean and covered to prevent sepsis! Have you ever thought about how infectious open wounds can be? Open wounds anywhere on the body can turn infectious. Therefore, regularly clean them, apply antibiotic ointments and keep them covered to avoid any accumulation of dust particles. Read about first-aid for cuts and bruises. Click Here! Diagnosis Of Sepsis

The doctor will conduct several tests to diagnose the actual cause of sepsis when the body exhibits symptoms of an infection. These diagnostic tests include: Blood tests Blood tests are conducted to test the evidence of an infection, any blood clots, electrolyte imbalance, impaired liver or kidney function, and lower oxygen levels. These include: Complete blood count (CBC) Serum concentrations of electrolytes Liver function test Kidney function test Lab tests Certain lab tests are conducted by collecting samples of urine, respiratory secretions, and wound secretions.

Detection of procalcitonin in the blood is used to diagnose sepsis at an early stage. Procalcitonin is a protein produced by the thyroid gland under normal conditions. Its level rises in the blood in response to microbial infection or an injury to the body. Know More! Imaging tests The following imaging tests are done to locate the exact source of the blood infection:

1. X-ray: Lung infections are identified through x-rays.
2. Ultrasound: Infections in the gallbladder and kidney are identified through ultrasound images. This procedure uses sound waves to create images of the organs on the monitor.
3. Computerized tomography (CT): This procedure gives cross-sectional images of the body’s internal organs. It works by taking x-ray images from various angles and then combining them. It is an advanced form of testing and gives almost perfect images of liver, pancreas, and other abdominal organs to locate the source of the sepsis.
4. Magnetic resonance imaging (MRI): This procedure is used to produce 3D images of the body’s internal organs. The technology uses sound waves and a magnet to produce images. MRI is used to identify sepsis in bones and soft tissues.

Get your lab tests done with us, where patient comfort and safety are the utmost priority. Book Now! Celebs affected Chris Young Chris Young, an American singer, survived sepsis in the year 2013. His sepsis was caused a bacterial infection resulting from a cut on his leg.Lily Allen, a British singer had developed sepsis after a miscarriage and has recovered from it. Lilly Allen Lily Allen, a British singer had developed sepsis after a miscarriage and has recovered from it. Prevention Of Sepsis

Sepsis patients mostly have some underlying health condition that needs frequent medical monitoring. Doctors can prevent the occurrence of sepsis by educating the patients and warning them about the signs of sepsis. For eg. diabetic patients are at a high risk of developing sepsis, therefore doctors should make it a point to ensure that diabetic patients thoroughly check their feet for wounds that could cause infections. One should also take the following steps as prevention against sepsis: 1. Get vaccinated Around thirty percent of sepsis cases are caused by pneumonia. Therefore, annual flu shots can prevent respiratory infections, which lead to sepsis. Many deaths can be prevented if older adults get their annual flu shots on time. 2. Clean open wounds properly Open wounds can lead to skin sepsis, especially in diabetic patients. Therefore, it is essential to clean any dirt with soap and water and always cover open wounds. Diabetic patients need to maintain foot hygiene and prevent any foot infections. 3. Avoid infections Many patients develop sepsis in the hospital while staying in the intensive care unit. Therefore, doctors or healthcare providers must take steps to prevent the occurrence of any such infections. Doctors, nurses, and visitors should maintain hygiene, like washing their hands before touching the patient to avoid any kind of infection. 4. Know the symptoms One must know the symptoms of sepsis to avoid any complications. Sepsis is characterized by fever, chills, shortness of breath, diarrhea, vomiting, rash, pain, rapid heart rate, confusion, and disorientation. 5. Do not delay Sepsis is a life-threatening condition. If an infection or symptoms of sepsis persist and are getting worse, act fast. Get medical care immediately without any delay. 6. Get the right treatment If it is suspected that infection has turned into septicemia, the medical team will try to identify the source of infection and start IV fluids and specific antibiotics.

Worried about respiratory infections in this weather? Learn how to prevent the spread of respiratory infections. Read Now!

Specialist To Visit

Sepsis is a life-threatening disease. It cannot be treated at home and requires immediate hospitalization and life support systems such as breathing machines and oxygen cylinders. Therefore, in case of any symptoms of sepsis, one should visit the hospital immediately.

Specialists who help to manage sepsis are: Primary care provider (PCP) Emergency medicine doctor Infectious disease specialists

Primary care providers (PCP) prevent, diagnose, and treat diseases. An emergency medicine doctor treats patients admitted to the emergency department. Infectious disease specialists are doctors who treat severe sepsis or septic shock.

If you are facing such an issue, or want to get your queries answered, seek advice from our world-class professionals. Consult Now! Treatment Of Sepsis

Immediate and aggressive treatment increases the chances of survival in sepsis. Treatment in time is essential to prevent a septic shock. Patients with sepsis require lifesaving measures such as oxygen and breathing machines. The following treatment options are adopted to stabilize patients with sepsis symptoms. They include: A. Antibiotics Broad-spectrum antibiotics are initially given as they are effective against a wide variety of bacteria. After conducting all the relevant blood tests, antibiotics targeting particular bacterias that are causing the infection are given. These antibiotics include:

1. Ceftriaxone (Rocephin): It is used to control several life-threatening bacterial infections such as pneumonia, meningitis, and E. coli. It is also given to prevention of infection or sepsis after surgery.
2. Meropenem (Merrem): It is an intravenous antibiotic used to treat sepsis arising out of intra-abdominal infections.
3. Cefotaxime (Claforan): It is an intravenous antibiotic used to treat sepsis that may arise from a urinary tract infection, pneumonia, meningitis, or cellulitis.
4. Ampicillin and sulbactam (Unasyn): This combination treats a wide spectrum of bacterial infections that might include skin sepsis.
5. Levofloxacin (Levaquin): This antibiotic is used to treat bacterial infections in the kidney and prostate. It is also used to treat skin infections and pneumonia. B. Intravenous fluids Intravenous fluids are administered as soon as possible to prevent severe sepsis or septic shock. Crystalloid fluids are the most commonly used intravenous solutions given to patients with sepsis and septic shock. C. Vasopressors If the blood pressure doesn’t increase even after intravenous fluids, vasopressor medications are started. The function of vasopressors is to constrict the blood vessels to increase blood pressure. Norepinephrine and dopamine are the most preferred vasopressors used in the treatment of sepsis or septic shock. D. Supportive care Supportive care includes oxygen, a machine to help breathe properly, and dialysis if the kidneys are adversely affected. E. Surgery Surgery might be considered if the source of the infection is pus (abscesses), dead tissues (gangrene), or infected tissues. If there is a soft tissue abscess leading to sepsis, it should be drained as soon as possible. Control diabetes to prevent the occurrence of sepsis. Diabetes can increase the risk of infections. Diabetic patients can develop diabetic neuropathy, which leads to infection and pain. Open wounds can also become infectious if the sugar levels are high. Hence, it is very important to manage diabetes. Here are some tips on how it can be managed with diet. Click Now! Home-Care For Sepsis

Sepsis is life-threatening for all age groups, but it is potentially dangerous for infants and older people. Sepsis can be treated with early diagnosis and proper treatment. But sepsis has several long-term side effects, which require special care even after discharge from the hospital. Therefore, home care is an important part of the recovery from sepsis. Follow certain measures to look after your loved one at home: 1. Complete the antibiotic course Do not miss antibiotics and consume them as directed by your doctor. An incomplete antibiotic course could lead to reinfection. A professional caregiver who can look after the patient at all times can be appointed. 2. Prevent infection from recurring at home Keep the surroundings clean. Personal hygiene should be maintained at all costs, and wounds should be cleaned and covered at all times. The site of the surgery should be cleaned and dressed regularly.

Sepsis might lead to permanent side effects, which might cause loss of mobility or cognitive function. Some people might even lose arms, hands, or legs because of limb amputation. Therefore, appoint a caregiver if needed to help the sepsis patients get around and carry on with daily activities. 3. Stay hydrated Sepsis patients should consume plenty of fluids to avoid dehydration. 4. Stop smoking Sepsis patients should not smoke or consume other tobacco products in the recovery period at home as it can lead to reinfection and delayed recovery. 5. Eat a well-balanced diet A healthy diet is very important for sepsis patients recovering at home. They should be given a nutritious diet as advised by the doctor. Foods such as nuts, soy, tofu, fatty fish, etc can be consumed for quick recovery. The doctor might advise restrictions on certain food items, which must be avoided at all costs. Did you know? A well balanced and healthy diet can take you a long way. Understand how you can reap all the benefits from a diet. Click To Read! Complications Of Sepsis Sepsis can have serious complications, which include:

1. Acute respiratory distress syndrome (ARDS): If sepsis occurs from respiratory infections, respiratory organ dysfunction may be caused due to the lack of oxygen flow to the lungs. It could lead to complications like acute respiratory distress syndrome (ARDS).
2. Thrombosis: Sepsis might lead to microvascular thrombosis (blockage of blood vessels by blood clots) and low blood pressure. As a result, tissue oxygenation is impaired.
3. Organs dysfunction/failure: Sepsis could lead to blockage of blood vessels because of microvascular thrombosis or blood clotting which might lead to organ dysfunction or even failure.
4. Brain damage: The brain is the first organ that might get affected. During sepsis, the body produces nitric oxide, which affects the normal functioning of the brain.
5. Endocarditis: A serious complication of sepsis is endocarditis or damage to the valves of the heart. It could also lead to heart failure.
6. Gangrene: Sepsis might lead to gangrene or tissue death of toes and fingers, which might require amputation.
7. Weakened immune system: The immune system might become weak, which raises the risk of reinfections.
8. Septic shock: Symptoms of septic shock include all the symptoms of severe sepsis with extremely low blood pressure levels along with decreased urination and clammy, sweaty skin. Septic shock leads to respiratory or heart failure, stroke or even death. Did you know? Severe COVID-19 can lead to sepsis. As a viral infection, COVID-19 can lead to sepsis. Moreover, people with COVID-19 are more vulnerable to infections caused by bacteria or other pathogens. The body’s reaction to the additional infection could lead to sepsis. Read More! Alternative Therapies For Sepsis

Sepsis is a life-threatening condition. It requires immediate hospitalization and, in severe cases, life support systems like oxygen and breathing machines. Sepsis can affect all your internal organs such as the lungs, kidneys, abdomen, brain, urinary tract, and even skin and bones. Even wounds from surgery might turn infectious and lead to septicemia.

Home remedies for sepsis are not scientifically proven, but you can try the following home remedies to prevent the initial spread of infection or after discharge from the hospital. It is always advisable to consult your healthcare provider before using any home remedies:

1. Vitamin C: Vitamin C strengthens the immune system and helps the body to fight against infections.

Vitamin C (also known as ascorbic acid) is an essential nutrient that plays a critical role in several bodily functions in a lot of constructive ways. Read More!

1. Turmeric (Haldi): Turmeric has been used since ancient times as an effective means to treat infections. Studies have shown that this home remedy can play an important role in controlling sepsis. It is an anti-inflammatory agent which can reduce pain, redness, and swelling.
2. Garlic (Lahsun): Garlic has extraordinary anti-inflammatory and anti-bacterial properties. It is a storehouse of anti-fungal properties. Studies suggest garlic can play an active role in recovering from sepsis.
3. Honey (Shahad): Honey can strengthen the immune system. Honey and garlic are a great combination for boosting immunity and recovering from an infection.
4. Lobelia and slippery elm: Lobelia and slippery elm can be applied externally to skin infections or wounds which can turn infectious. These herbs are beneficial in treating bacterial infections. A paste of lobelia and slippery elm can be applied to the wound for quick recovery.
5. Potato (Aloo): Potato juice can be applied externally to wounds to control inflammation from sepsis. Living With Sepsis

Many survivors of sepsis are affected with post sepsis syndrome or PSS. The patients suffer from physical and psychological side effects for quite a long term.

The physical effects of post-sepsis syndrome include: Fatigue or lethargy Difficulty in breathing Difficulty in sleeping There might be reinfections within the first few weeks of recovery from sepsis Poor or reduced appetite Hair loss Skin rash Swelling of limbs Reduced function of organs like the kidney, heart, and liver.

The psychological effects of post-sepsis syndrome include: Panic attacks Depression Memory loss Hallucinations Flashbacks Concentration problems Reduced mental functioning Post-traumatic stress disorder (PTSD)

Doctors and healthcare professionals must be able to recognize the symptoms of post-sepsis syndrome. Timely recognition of symptoms leads to better treatment. Here are a few things that can help you to manage post sepsis syndrome or PSS: Survivors of sepsis who are undergoing psychological problems like depression or reduced mental functioning should seek counseling, neuropsychiatric assessment, and cognitive behavioral therapy. If sepsis survivors suffer from physical side effects such as reduced organ functioning or lack of sleep, they should seek physical therapy and neurorehabilitation. Rest is the best medicine for all ailments. Survivors of sepsis should take ample rest to regain their lost strength and vitality. The body undergoes a lot of pain during a sepsis or septic shock. Therefore, it will take time to regain normalcy. Survivors should not isolate themselves in the recovery period. They should not stay in crowded places as it increases the risk of infection. But they should always have someone to talk to, like family or friends. To regain strength, the body needs a nutritional diet. A balanced diet should be given to survivors of sepsis, but according to the doctor’s guidelines.

Always remember to stay in touch with the doctor, especially in the initial few weeks after recovery. Any kind of discomfort of post sepsis syndrome symptoms should be immediately conveyed to the doctor or healthcare professional. Frequently Asked Questions How large a problem is sepsis? What is the difference between sepsis and septic shock? How can anyone get sepsis? Is sepsis contagious? Are some people at higher risk of sepsis? How can I prevent sepsis? Are you prone to sepsis if you had it before? Does sepsis ever leave your body? What is the life expectancy of someone with sepsis? What are the three stages of sepsis? Does sepsis come on suddenly? References Mahapatra S, Heffner AC. Septic Shock. [Updated 2021 Jun 24]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan. O’Brien, James M Jr et al. “Sepsis.” The American journal of medicine vol. 120,12 (2007): 1012-22. doi:10.1016/j.amjmed.2007.01.035 Bullock B, Benham MD. Bacterial Sepsis. [Updated 2021 Jun 26]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan. Font, Michael D et al. “Sepsis and Septic Shock - Basics of diagnosis, pathophysiology and clinical decision making.” The Medical clinics of North America vol. 104,4 (2020): 573-585. doi:10.1016/j.mcna.2020.02.011. Gauer, Robert et al. “Sepsis: Diagnosis and Management.” American family physician vol. 101,7 (2020): 409-418. Karimi A, Ghodsi R, Kooshki F, Karimi M, Asghariazar V, Tarighat-Esfanjani A. Therapeutic effects of curcumin on sepsis and mechanisms of action: A systematic review of preclinical studies. Phytother Res. 2019;33(11):2798-2820. Madineh H, Yadollahi F, Yadollahi F, Mofrad EP, Kabiri M. Impact of garlic tablets on nosocomial infections in hospitalized patients in intensive care units. Electron Physician. 2017 Apr 25;9(4):4064-4071.

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Sinusitis Also known as sinus infection, rhinosinusitis Overview Sinus infection or sinusitis occurs when the air-filled spaces in the skull called sinuses get inflamed or swollen. According to a survey by The National Institute of Allergy and Infectious Diseases (NIAID), an estimated 134 million Indians suffer from chronic sinusitis. These numbers are surprisingly double the number of people with diabetes in India.

The human body has four pairs of sinuses. In a healthy person, each sinus is lined by a membrane that produces mucus. This is a thin, watery fluid that flows freely from the sinuses into the upper part of your nose. However, when sinuses get inflamed by some viral, bacterial infection, allergens or irritants, the mucus gets thick and sticky and cannot flow into the nose. This results in fluid build up in the sinuses, causing pressure, pain and other symptoms.

Home care tips like application of warm compress on your face, use of saline nasal drops, maintaining adequate hydration of the body, steam inhalation and use of a humidifier can provide great relief from symptoms of sinusitis. In case of severe or prolonged symptoms, it is always advisable to visit a doctor for a proper diagnosis and treatment plan. Treatment usually involves use of antibiotics, antiallergics, decongestants and medications for pain relief. Key Facts Usually seen in Children below 15 years of age Adults between 25 to 64 years of age Gender affected Both men and women Body part(s) involved Sinuses Nose Head Prevalence Worldwide: 14.7% (2019) Mimicking Conditions Rhinitis Upper respiratory infection Maxillary toothache Tension headaches Vascular headaches Brain abscesses Epidural abscesses Meningitis Subdural empyema Necessary health tests/imaging CT Scan (PNS Coronal) MRI(PNS) Microbial cultures Nasal endoscopy Tests for Allergies Biopsy Treatment Antibiotics: Amoxicillin, Trimethoprim-sulfamethoxazole, Cefuroxime, Ciprofloxacin, Sulfamethoxazole, & Metronidazole Decongestants: Naphazoline, Oxymetazoline, Adrenaline, Oxymetazoline+Sorbitol & Phenylephrine Antihistamines: Cetirizine, Chlorpheniramine & Clemastine Pain relief medications: Paracetamol & Ibuprofen Nasal corticosteroids: Fluticasone, Fluticasone propionate, Triamcinolone, Budesonide & Beclomethasone Oral or injected corticosteroids: Prednisolone & Prednisone Other options: Saline nasal irrigation, Heat pads on & Vaporizers Surgery See All Causes Of Sinusitis

Your sinuses are hollow spaces or cavities within the bones of the skull that connect to the nose through small, narrow channels. Sinuses are located behind the forehead, nasal bones, cheek bones, and in between the eyes. They contain mucus, which is a thin liquid that traps and moves away any germs, dust, pollutants and allergens entering the body through the nose. They also help to keep the air you breathe in, warm and moist.

Healthy sinuses are filled with air. Sinusitis or inflammation of sinuses happens when fluid builds up in these air-filled sinuses, allowing germs to grow and cause an infection. The causes of sinusitis can include various pathogens, environmental factors to irritants which are: Allergens Irritants (animal dander, polluted air, smoke, and dust) Bacteria Viruses Fungi Types Of Sinusitis

The different types of sinusitis classified according to the timespan of symptoms are:

1. Acute Sinusitis: Symptoms usually last for 4 weeks or less. Cases mostly begin with symptoms of common cold such as a runny nose and facial pain. They are usually caused by viral or bacterial infections, or sometimes even seasonal allergies.
2. Subacute Sinusitis: Symptoms last from 4 to 12 weeks. This condition commonly occurs due to bacterial infections or seasonal allergies.
3. Chronic Sinusitis: Symptoms last more than 12 weeks despite medical treatment, and can continue for months or even years. They are often mild in severity. Bacterial or fungal infection, persistent allergies or structural nasal problems can usually cause this condition.
4. Recurrent Sinusitis: Characterised by several attacks of sinusitis within a year. Symptoms Of Sinusitis

Depending on which sinus is involved, sinusitis causes pain along with a feeling of pressure: In the forehead Over the cheek In the upper jaw and teeth Behind the eyes At the top of the head Other common symptoms that can be seen along with the pain include: Blocked nose Nasal discharge Mucus dripping down the throat (post-nasal drip) Sore throat Cough Bad breath Reduced sense of smell and taste Fever Frequent headaches Fatigue Pain in upper jaw and teeth Ear pain Is it a cold or sinus infection? As the symptoms of both cold and sinus infection are mostly similar, people often get confused between the two. However, both are different conditions. Here are some differences between them which will help you in gauging which one you have.

1. Time duration This is the first and foremost sign of sinusitis. If you suffer from a common cold you may have a runny nose for 1-2 days, followed by a stuffy nose for 2-4 days. Post this, you may start to feel better. But if you have sinus infection, then the symptoms may stay for around seven days or more.
2. Nasal discharge Another potentially helpful sign of sinusitis is the color of the nasal discharge.

Note: A viral infection may produce a colorful discharge. However, bacteria produce greenish or yellow mucus.

1. Sinus headaches The pressure and swelling in the sinus cause a headache. Sinus pain can also lead to dental pain, pain in the jaws and cheek and ear pain.
2. Pain in the sinuses Pain is a very common symptom of sinusitis. The inflammation and swelling in the sinus cause a dull pressure, which leads to pain in your forehead, upper jaws, and teeth, either side of the nose, or between the eyes. This may gradually lead to a headache.
3. Throat irritation and cough The sinus blockage may cause irritation in the throat. This can also lead to a persistent cough, which gets even more annoying when you are lying down to sleep.

REMEMBER! The main difference is the duration of symptoms. You will most probably recover from a cold within 5-10 days. But, sinusitis can make you feel run down for 4 weeks (acute sinusitis) or for over 3 months (chronic sinusitis). Risk Factors Of Sinusitis

Sinusitis is mostly seen in children younger than 15 years of age than in adults as the sinuses in kids are not fully developed. However, even adults in the age group of 25 to 64 years can suffer from sinus infections due to the triggers. Some of the common triggers or factors that increase your risk of sinusitis include: Respiratory tract infections. Infections of the respiratory tract like common colds may produce too much mucus which can block the opening of the sinuses. Nasal polyps or nasal bone spur can block the opening of nasal passages or sinuses. Deviated nasal septum in which the thin wall in the nose that separates the nostrils is displaced to one side thereby blocking or limiting the sinus passages. Seasonal allergies from dust, pollen etc. Conditions that prevent cilia (move back and forth to help the mucus move out of the sinuses) from working properly like dehydration, drying medications like antihistamines, and lack of sufficient humidity in the air. Respiratory diseases such as cystic fibrosis which causes impaired mucus transport. Smoking including passive or secondhand smoke. Enlarged adenoids. Dental infection. Changes in barometric pressure during air travel or scuba diving. Patients with nasogastric or nasotracheal tubes. Weakened immune system from HIV or chemotherapy. Diagnosis Of Sinusitis

In most cases, sinusitis can be diagnosed based on the physical examination done by your general physician. This is usually based on your symptoms which also includes the duration and the severity. In some cases, your doctor might also ask you to get some tests done which includes:

1. CT Scan (PNS Coronal) or MRI (PNS) Images taken using CT or MRI can show details of your sinuses and nasal area. These might pinpoint a deep inflammation or physical blockage, such as polyps, tumors or fungi, that’s difficult to detect using an endoscope. This is why a coronal CT scan or MRI is recommended for the diagnosis of sinusitis.
2. Microbial cultures This test is requested in order to know the cause of the sinus infection in case of a bacterial or fungal infection. It is mostly advised in chronic sinusitis and in cases where the condition fails to improve or worsen even after treatment.
3. Nasal endoscopy In this, a thin flexible tube (commonly known as an endoscope) with a light is inserted through the nose to check the inside of the sinuses.
4. Tests for Allergies If your doctor suspects that the condition might have been triggered due to an allergy, then allergy testing might be advised. It is a simple skin test which helps to detect the allergen that causes a flare-up. It is a quick and safe test that can help you to know about any specific allergen which can trigger a flare-up.
5. Biopsy Although rare, your doctor might advise a biopsy if he/she suspects fungal sinus infection which can even penetrate through the bone. This can only be determined through tissue biopsy or bone biopsy based on the severity and the cause. Celebs affected Malaika Arora According to various reports online, Malaika Arora had to undergo a nasal surgery for the deviated nasal septum to treat sinusitis in the year 2011. Prevention Of Sinusitis

You can lower your risk of suffering from sinus infections as well as relieve the early symptoms of sinusitis by following some simple tips and tricks that not only help to keep your nasal passages clear but also improve your overall ability to fight the infection. Here are some of the best ways to prevent sinusitis and stay healthy according to the CDC.

1. Always keep your hands clean A proper hand hygiene ritual is the single most important and least expensive means of reducing the prevalence of infections. It also helps you to prevent the spread of germs and infections to others and prevent you from getting sick.
2. Be safe with vaccinations The role of vaccines in lowering your risk of infections cannot be underestimated. It is always recommended to receive the flu vaccine and pneumococcal vaccine which help you to prevent seasonal flu and pneumonia respectively. It not only boosts your immune function but also helps you to fight infections.
3. Avoid people who have colds or other upper respiratory infections It goes without saying that people who suffer from viral infections or colds are at a high risk of spreading the infections to others. As these infections can trigger sinusitis, it is highly recommended that one should avoid close contact with people who have cold or other upper respiratory infections to be on a safer side.
4. Stay away from triggers If your sinusitis is triggered by smoking then it is wise to avoid smoking including secondhand smoke. The same rule applies to triggers such as seasonal allergies, dust, etc which are known to trigger a sinus infection.
5. Avoid dry environments As dry air can make things worse for your sinuses, it is recommended to use a humidifier in your home (in particular, by your bed). This is because humidity in air can help prevent nasal passages from drying out and thus, lower your risk of infections. Also, remember to keep humidifiers clean to prevent any growth of mold. Specialist To Visit

If you observe/experience any signs and symptoms of sinusitis, then it’s time to make an appointment with your doctor. Initially, you can visit a general physician and depending on the severity of the diseases or the cause of it, your doctor may refer you to a specialist such as: Otolaryngologist or ENT specialist Internal Medicine specialist Infectious disease specialist Allergist or Immunologist Head and neck surgeon in case of any surgery Treatment Of Sinusitis

The treatment of sinusitis is based on the cause and severity of the condition. Some of the common treatment options for sinus infection include:

1. Antibiotics If you suffer from bacterial sinus infections, then antibiotics are the most preferred and effective treatment that is recommended. Based on the symptoms and severity of the infection as well as the type of the antibiotics, it can be recommended from one week upto two weeks and beyond if there are any complications. In case of chronic infections, the treatment duration might be prolonged as well. However, do not self-medicate as it can increase the risk of antibiotic resistance. Some of the commonly recommended antibiotics include: Amoxicillin Trimethoprim-sulfamethoxazole Cefuroxime Clindamycin Ciprofloxacin Sulfamethoxazole Metronidazole
2. Decongestants These medications help treat sinus infections by causing the swollen nasal passages to shrink. This in turn helps in the proper flow of drainage from the sinuses. These are available in the form of pills, nasal sprays as well as topical ointments. Examples of the commonly used decongestants for sinusitis are: Naphazoline Oxymetazoline Adrenaline Oxymetazoline+Sorbitol Phenylephrine
3. Antihistamines If the cause of the sinus infection is an underlying allergic reaction or due to an allergen, then antihistamines are the preferred medications. These medications work by blocking the inflammation that causes the allergic reaction and help to fight the symptoms. These also help to treat swollen nasal as well as sinus passages, improving the condition. Examples include: Cetirizine Chlorpheniramine Clemastine
4. Pain relief medications As the name suggests, pain relief medications help in treating headaches which often accompany sinus infections. These are also known to help improve the symptoms and are mostly given along with other medications to treat the infection. Examples include: Paracetamol Ibuprofen
5. Nasal corticosteroids These are available as nasal sprays which help to prevent and treat inflammation. Some of the common examples of medicine which belong to this class are: Fluticasone Fluticasone propionate Triamcinolone Budesonide Mometasone Beclomethasone
6. Oral or injected corticosteroids These medications are used to relieve inflammation from severe sinusitis, especially if you also have nasal polyps. Commonly used corticosteroid is: Prednisolone
7. Other options Saline nasal irrigation with nasal sprays or solutions reduces drainage and rinses away irritants and allergies. Additionally, use of heat pads on the inflamed area to soothe the pain or vaporizers to improve flow of mucus from the nose and relieve the symptoms is also recommended.
8. Surgery If drug therapies fail to show any improvement in your condition, then surgery may act as a last resort. It is mostly done in people suffering from sinusitis caused due to underlying anatomical defects. An otolaryngologist (ENT Surgeon) is the right doctor who can fix defects in the bone separating the nasal passages, remove nasal polyps, and open up closed passages. Home-care For Sinusitis

Most sinus infections usually get better on their own without antibiotics by taking proper self-care measures. Talk to your doctor about the best treatment in your case. Here are a few tips to help you feel better. Apply a warm compress on your face to soothe sinus pain. Use saline nasal drops daily to clear off any extra mucus and keep the nasal passages moist. Use a Neti pot or saline squeeze bottle to flush the sinuses. Keep yourself hydrated to thin the mucus. Inhale steam or take a long hot shower to open up your sinuses. Use a humidifier at home or workplace. Keep your head elevated while sleeping. Avoid extreme and sudden changes in temperatures and suddenly bending forward with your head down. Take anti-allergic medicines and decongestants only when prescribed. Complications Of Sinusitis

Sinusitis can be diagnosed based on the symptoms and it can be treated effectively with use of medications such as antibiotics, decongestants, antihistamines and painkillers. However, if left untreated, it can lead to frontal or sphenoid sinusitis which can not only make it difficult to manage the symptoms but also leads to difficulty in swallowing & breathing.

Serious complications of chronic sinusitis are rare but may include: Abscess: collection of pus in the sinus cavity. Eye complications: If your sinus infection spreads to your eye, it can cause orbital cellulitis which is an infection of the tissue surrounding the eyes that can result in reduced vision or rarely loss of vision. Infections: Very rarely, people with chronic sinusitis may develop infections like meningitis (a life threatening infection that can cause brain and spinal cord damage) or osteomyelitis (bone infection). Alternate Treatment For Sinusitis

Blocked sinuses are mostly a result of a bout of common cold or allergic conditions. More often than not, the sinuses can be freed using prescription drugs or nasal sprays. The nasal sprays can have side effects and it is best to limit their use. You can try simple and effective home-made remedies which often work better than these sprays and pills. Here are a few remedies that you can give a try:

1. Carom (Ajwain) seeds Add one tablespoon of carom seeds (ajwain seeds) to a pot of boiling water. Place the bowl under your face and cover your head and neck with a towel so that the steam directly hits your face and does not escape. Take deep breaths to clean your sinuses. You can also add peppermint oil or sage leaves to the water and inhale for 5-10 minutes.
2. Turmeric (Haldi) The quintessential Indian spice, turmeric contains an active compound curcumin which is a very potent anti-inflammatory agent besides being a powerful antioxidant. Chewing a raw turmeric root on an empty stomach will loosen the accumulated mucus in the sinuses and let the blood vessels breathe easily thereby easing the blockage.
3. Garlic (Lehsun) It is one of the most powerful natural antibiotics and helps relieve blocked sinuses when the cause is an infection or allergy. Its active component, Allicin, not only cures the blockage but even prevents it. Have a raw garlic clove on an empty stomach every day.
4. Tulsi Tulsi or holy basil is a revered Ayurveda medicine that boasts of a range of health benefits. Having a few raw tulsi leaves and honey on an empty stomach boosts the immunity and fights conditions like sinus infections, common cold and blockage of sinuses.
5. Eucalyptus (nilgiri) oil Eucalyptus oil is known for its decongestant and anti-inflammatory properties and provides instant relief from blocked sinuses. Add 3 to 5 drops of eucalyptus oil to boiling water in a large pot. Use a towel to cover your head and slowly inhale the steam through your nose for no more than 2 minutes at a time. Keep your eyes closed. Do it 2 times a day. Or else, just pour 1-2 drops of the oil on a clean handkerchief and inhale a few times.
6. Salt water Warm some water and add salt. Take a teaspoonful of the lukewarm water and snort it in with either your left or right nostril. It will come out through the other nostril. Do this a couple of times on each side and your clogging will reduce considerably. Use a Neti pot if you own one. Living With Sinusitis

Living with sinusitis is knowing the right ways to prevent recurrence of the condition, relieving the symptoms and preventing attacks in case you do not have the infection yet. Here are a few tips on living with sinusitis:

1. Avoid foods that can trigger a reaction Dairy products, refined sugars and processed foods should be limited or avoided as these foods tend to increase mucus production and trigger sinusitis.
2. Boost your immune system People with weak immune systems are known to be at higher risks of suffering from the condition. People with weak immunity should take supplements and nutrients like vitamin C, multivitamin, zinc etc.
3. Avoid allergens & smoking If someone has indoor allergies it is recommended to avoid triggers like animal dander and dust mites. Smoking is never recommended, but if you do smoke, strongly consider a program to help you quit, as smoke can also trigger allergies and prevent removal of mucus by the nose.
4. Dealing with the symptoms Relieve sinusitis symptoms by following simple home remedies like using a humidifier, taking steam inhalation, using saline drops and staying hydrated.
5. Take doctor’s advice Sinusitis should be taken seriously, and requires medical intervention, especially if the infection is chronic. It also helps to get treatment for other underlying infections that may be triggering sinusitis. Frequently Asked Questions What are sinuses? What causes sinus infection? How do you know if you have sinusitis? How do you know if you have a sinus infection or a cold? What is the difference between acute and chronic sinusitis? How does a respiratory infection spread? References Javed Ali S, Nasir Abdul A, Mustafa S, Rahman A. A Review of Sinusitis in the Unanai Medicine. Int J Univers Pharm Bio Sci. 2014; 190 p. Battisti AS, Modi P, Pangia J. Sinusitis. [Updated 2020 Nov 20]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. Available from: Worrall G. Acute sinusitis. Can Fam Physician. 2011;57(5):565-567. Kwon E, O’Rourke MC. Chronic Sinusitis. [Updated 2020 Nov 20]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan. Sinusitis. Harvard Health Publishing. Harvard Medical School. Min JY, Tan BK. Risk factors for chronic rhinosinusitis. Curr Opin Allergy Clin Immunol. 2015;15(1):1-13. Alshaikh NA, Alshiha KS, Yeak S, Lo S. Fungal Rhinosinusitis: Prevalence and Spectrum in Singapore. Cureus. 2020;12(4):e7587. Beule A. Epidemiology of chronic rhinosinusitis, selected risk factors, comorbidities, and economic burden. GMS Curr Top Otorhinolaryngol Head Neck Surg. 2015;14:Doc11. Shetty S, Chandrashekar S, Aggarwal N. A Study on the Prevalence and Clinical Features of Fungal Sinusitis in Chronic Rhinosinusitis. Indian J Otolaryngol Head Neck Surg. 2020;72(1):117-122. Sinus Infection. American College of Allergy, Asthma and Immunology (ACAAI).

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Sjogren’s Syndrome Also known as Sicca syndrome, Mikulicz’s disease, Dacryosialoadenopathia atrophicans, Gougerot-Houwer-Sjogren syndrome, Gougerot-Sjogren syndrome, Keratoconjunctivitis sicca, Keratoconjunctivitis sicca-xerostomia, Secreto-inhibitor-xerodermostenosis and Sjogren-Gougerot syndrome Overview Sjogren’s syndrome is an autoimmune disorder that decreases the amount of moisture produced by the eyes and saliva by salivary glands. It is named after Swedish eye doctor Henrik Sjogren, who first described the condition.

The condition is more common in women and most people who are diagnosed are over the age of 40, but it can develop at any age. Sjogren’s syndrome is often associated with other immune system disorders like rheumatoid arthritis and lupus (an autoimmune condition causing inflammation of joints, skin, kidneys, blood cells, brain, heart, and lungs). This syndrome is identified by its two most common symptoms namely dry eyes and dry mouth (also called xerostomia).

Some individuals may be first diagnosed with a rheumatic disorder (such as rheumatoid arthritis or systemic lupus erythematosus) and can later develop the dry eyes and dry mouth (characteristic of Sjogren’s syndrome). In general, almost half the people with Sjogren syndrome also have another autoimmune disorder.

The treatment mostly focuses on relieving the symptoms and complications due to dry eyes, dry mouth, and other other symptoms. Key Facts Usually seen in Individuals above 40 years of age Gender affected Both men and women but more common in women Body part(s) involved Most common: Mouth and eyes Less common: Lungs, kidneys, liver, lymph nodes, and nerves Prevalence Worldwide: 0.01-3% (2017) Mimicking Conditions Immunoglobulin G4-related sclerosing disease Necessary health tests/imaging Schirmer test Cornea and conjunctiva examination Salivary analysis Biopsy of minor salivary gland Additional tests Complete blood count (CBC) Chemistry panel Chest radiography Protein electrophoresis Antinuclear antibodies test Antibodies against Ro/SSA and La/SSB autoantigens Rheumatoid factor Viral testing: Hepatitis C virus & Human T-lymphotropic virus 1 Antibody against thyroid antigens Thyroid function Treatment Dry eyes and eye inflammation: Artificial tears, Eye gel, Eye drops & Punctal occlusion Dry mouth and its related symptoms: Pilocarpine & Cevimeline Other symptoms: Ibuprofen, Prednisone, Hydroxychloroquine, Immunosuppressants & Antifungals See All Symptoms Of Sjogren’s Syndrome

Sjogren’s syndrome can affect the whole body and can cause inflammation of organs like the kidneys or lungs. The symptoms of Sjogren’s syndrome include: Dryness of the eyes, mouth, and skin Dryness of the vagina Tiredness/fatigue Pain in the muscles and joints Swelling of the salivary glands Rashes on the skin, especially after sun exposure Dry nasal passages and throat along with a dry cough Acid reflux Swelling of the glands around the face and neck Trouble sleeping Poor concentration and memory problems Numbness, tingling, and weakness, especially in the extremities Shortness of breath or trouble breathing Muscle weakness Note: The reason for dryness of the mouth (also called xerostomia) can be due to several other causes and not just Sjogren’s syndrome. Read More!

Types Of Sjogren’s Syndrome

Sjogren’s syndrome is classified into two forms, namely:

1. Primary form: In this type, the syndrome is not associated with any type of rheumatic disease. This form develops as a result of any other health condition.
2. Secondary form: This form is associated with other rheumatic diseases, such as rheumatoid arthritis, systemic lupus erythematosus, scleroderma (hardening and tightening of the skin), polymyositis (muscle weakness affecting both sides of the body), or psoriatic arthritis (arthritis associated with psoriasis - red patches of skin topped with silvery scales). Causes Of Sjogren’s Syndrome

Sjogren’s syndrome is mostly thought to be an autoimmune disease, in which the immune system attacks the healthy cells instead of the diseased ones as a result of some triggers. In this syndrome, the immune system attacks the ophthalmic glands in the eyes and salivary glands in the mouth.

Though the exact cause of the syndrome is still unclear, Sjogren’s syndrome is thought to be a result of a combination of genetic and environmental factors. According to several researchers, many genes affect the risk of developing Sjogren’s syndrome, but that development of the condition may be triggered by something in the environment as well.

In particular, viral or bacterial infections can activate the immune system, and cause the development of Sjogren’s syndrome in susceptible individuals. Risk Factors For Sjogren’s Syndrome

Though the explicit cause of this syndrome is still not clear, several kinds of research suggest the abnormal functioning of the immune system causing damage to the healthy cells and tissues. There can be several factors playing a prominent role in it like the environmental and genetic factors. An individual developing Sjogren’s syndrome has most likely inherited the risk from one or both of their parents, along with certain environmental impacts like a viral or bacterial infection.

Some of the common traits most commonly in people that act as risk are:

1. Age: Generally seen in individuals over the age of 40, but it can affect younger individuals, including children.
2. Gender: Several types of research have been done to understand the gender predilection of Sjogren’s syndrome. Women are 10 times more likely to develop this disease than men and it may be due to the effect of sex hormones on a woman’s immune system.

The role of the hormone estrogen that drops after menopause is said to be the major risk factor in the development of this disease in women.

1. Rheumatic disease: The risk of developing Sjogren’s syndrome is more in individuals who already have a rheumatic condition such as lupus, rheumatoid arthritis, scleroderma, polymyositis, or psoriatic arthritis.

About half of all individuals with Sjogren’s syndrome have been diagnosed with another autoimmune disorder.

1. Genes: Scientists are beginning to identify the genes that can be related to Sjogren’s syndrome by analyzing large samples of DNA from the patients suffering from the disease. There are several different genes that have been identified which can increase the risk of developing Sjogren’s syndrome. Did you know? Rheumatoid arthritis can affect the quality of life and it is different from osteoarthritis. Read to know more myths and facts about rheumatoid arthritis. Read Now! Diagnosis Of Sjogren’s Syndrome

The major manifestation of Sjogren’s syndrome is oral and ocular (eye) dryness. In clinical practice, patients who present with these symptoms should be assessed for it with the following tests:

1. Schirmer test It is done to estimate the functioning of the lacrimal glands to measure the production of tears. A wetting paper strip of ≤ 5 mm is placed under the lower lid for 5 mins, after which the paper is removed and checked for its moisture content.
2. Cornea and conjunctiva examination This test is done to check for any punctuate or filamentary keratitis lesions, which is a typical feature of keratoconjunctivitis sicca. It is done using a rose bengal or lissamine green stain.
3. Salivary analysis It is done to estimate the production of saliva from an unstimulated salivary gland. The value is considered normal if there is > 1.5 ml in 15 minutes.
4. Biopsy of minor salivary gland This is done to assess the presence of lymphocytic infiltrates around salivary gland epithelium which is a hallmark of Sjogren’s syndrome.
5. Past medical history If the patient has any pre-existing autoimmune disease, along with dry eyes and dry mouth, it can be concluded that the patient has developed secondary Sjogren’s syndrome.

Along with these, other investigations that may be done include: Complete blood count (CBC): It is a group of tests done to get information regarding the blood cells like red blood cells (RBC), white blood cells (WBCs) and platelets. Chemistry panel: They help evaluate the body’s electrolyte balance and the status of several major body organs. Chest radiography: Chest x-ray uses a very small dose of ionizing radiation to produce pictures of the inside of the chest. Protein electrophoresis: Protein electrophoresis is a test to measure specific proteins in the blood. Antinuclear antibodies test: This test looks for antinuclear antibodies in the blood to detect any autoimmune disorder. Antibodies against Ro/SSA and La/SSB autoantigens: This test is done to detect autoantibodies directed against Ro/SSA and La/SSB autoantigens generally indicative of patients with Sjogren’s syndrome. Rheumatoid factor: Rheumatoid factors are proteins and high levels of it in the blood are most often associated with autoimmune diseases such as rheumatoid arthritis and Sjogren’s syndrome. Viral testing for: Hepatitis C virus can cause liver inflammation, sometimes leading to serious liver damage. Human immunodeficiency virus (HIV) is a virus that attacks the body’s immune system leading to acquired immunodeficiency syndrome (AIDS). Human T-lymphotropic virus 1 was the first oncogenic human retrovirus to be discovered causing adult T-cell leukaemia/lymphoma and HTLV-1-associated myelopathy or tropical spastic paraparesis (a progressive nervous system condition). Antibod against thyroid antigens:These antibodies play a key role in the diagnosis of autoimmune disorders. Thyroid function: Thyroid function is a group of tests that are done together to detect or diagnose thyroid disease and consist of thyroid stimulating hormone (TSH), thyroxine (T4), and triiodothyronine (T3). Once the diagnosis is established, additional investigational tests like cryoglobulins, complement levels, and immunofixation can be done in patients with peripheral purpura, peripheral neuropathy, salivary gland enlargement or in situ demonstration of salivary gland lymphoma. Along with these, upper endoscopies, bone marrow biopsy, and computed tomography scans of the neck, thorax, and abdomen should be performed to detect any potential development of lymphoma. Did you know? Sjogren’s patients are at a higher risk of developing blood cancers like non-Hodgkin B cell lymphoma, hence they should be monitored closely. Know more about blood cancer. Click To Read! Prevention Of Sjogren’s Syndrome

Since the actual cause for any autoimmune condition is still unknown, it is difficult to prevent it. Although Sjogren’s syndrome can be prevented to some extent by monitoring the risk factors and consulting the doctor to understand, if the patient is suffering from any other rheumatic condition like: Lupus Rheumatoid arthritis Scleroderma Polymyositis Psoriatic arthritis Celebs affected Venus Williams After winning her first round in the U.S. Open tennis tournament she withdrew from play and announced that she had Sjogren’s syndrome. “I had issues with Sjogren’s for a while, it just wasn’t diagnosed,” Williams said. She now has become an activist for the disease. Carrie Ann Inaba Carrie Ann Inaba is a well-known judge on ABC’s competition show “Dancing with the Stars” was diagnosed with Sjogren’s syndrome. As an awareness ambassador for the Sjogren’s syndrome foundation, she spreads hope and comfort to others with the condition. Specialist To Visit

Sjogren’s syndrome comes with a varied amount of symptoms. These doctors diagnose and manage oral symptoms like dryness of the mouth, dental caries, periodontal disorders, eye diseases and any other rheumatic diseases that are related to the syndrome. They are: Dentist General physician Ophthalmologist Rheumatologist If you are facing such an issue, seek advice from our professionals. Consult Now!

Treatment Of Sjogren’s Syndrome

Once the diagnosis is done, the doctors will develop a comprehensive treatment plan that will depend on the extent and severity of the symptoms. Most symptoms can be treated with over-the-counter products whereas some may require prescription medications or minor surgical procedures.

While some individuals may only experience dry eyes and dry mouth, there will be systemic symptoms such as difficulty in concentrating, memory lapses, fatigue, and joint pain. In some cases, the disease can also affect the blood vessels and internal organs like the lungs and the kidneys. The treatment for various symptoms is discussed below:

Dry eyes and eye inflammation

Dry eyes are the most common symptoms of this syndrome. Mild to moderate cases are managed by the following: Use of artificial tears during the day and a gel at night. Hot compresses and eyelid cleansers along with gentle eyelid massage to relieve blocked oil glands in the eyelids, in case of blepharitis (eyelid inflammation). Eye drops prescribed by an ophthalmologist. In certain severe cases of dry eyes, the doctor might suggest a minor surgical procedure called punctal occlusion. This procedure consists of the insertion of tiny plugs into the tear duct by the ophthalmologist to block them. It is done to sustain tears in the eyes longer, which will help keep them moist.

Dry mouth and its related symptoms

There are a lot of over-the-counter options that are available to relieve the symptoms of dry mouth. They are: Sugarless candy Sugar-free gum Artificial saliva products such as a spray or lozenge If this does not help, the patient may consult a dentist or a general physician to get prescribed medications like: Pilocarpine: Pilocarpine stimulates certain nerves and glands in the body thereby increasing the production of saliva, tears, sweat, digestive juices, and other secretions. Cevimeline: Cevimeline also helps to increase the secretions of the exocrine glands. Other symptoms

Individuals with Sjogren’s syndrome often experience joint pain due to rheumatic disorders. They may require medications such as: Ibuprofen (nonsteroidal anti-inflammatory drugs or NSAIDs) Prednisone (low-dose steroids) Hydroxychloroquine (disease-modifying anti-rheumatic drug ) Immunosuppressants Antifungals What if your eyes do not produce enough moisture? Every time you blink, your eyes get washed by tears that contain water, oil, and mucus. It keeps your eyes moisturized and lubricated. Know more about the management of dry eyes. Click To Read! Home-care For Sjogren’s Syndrome

Sjogren’s syndrome may lead to a variety of symptoms that can affect the general well-being, but most of the symptoms are manageable with simple home care measures or lifestyle changes.

Tips to protect eyes and relieve the symptoms Dryness of the eyes is a very common symptom of Sjogren’s syndrome. The patient affected with it often feels a burning sensation or like there is something in the eyes. Here are a few options to help reduce tear evaporation by protecting the eyes from wind, air, and airborne particles. Wear wraparound sunglasses or goggles Add shields to the sides of their glasses Avoid windy, dry, or smoky places Reduce reading, watching TV, or looking at screens for a long time Tips for dryness of the mouth Dry mouth is another most common symptom of this syndrome, which can increase your risk of cavities. It can also make it more difficult to speak or swallow. Some of the tips to help relieve the symptoms are: Chew sugar-free gum Try sucking on candies Keep sipping water during the day Use artificial saliva products such as a spray or lozenge Quit smoking Avoid caffeine Limit alcohol use Decrease the sugar intake Take over-the-counter saliva substitutes or oral lubricants Maintain good oral hygiene by: Always brushing and flossing after every meal or snack. Consulting a dentist at least twice a year. Using fluoride toothpaste, a fluoride rinse, or getting a professional fluoride treatment after a dental cleaning. Individuals with Sjogren’s syndrome are at a higher risk of contracting fungal infections of the mouth; they can be treated with antifungal medications or medicated troches that slowly dissolve in the mouth. If the patient wears oral dentures, it has to be made sure dentures are disinfected every night. Tips for other symptoms Sjogren’s syndrome can have an effect on the whole body. Some individuals have vaginal dryness, dryness of the lips, fatigue, rashes on the skin, or joint pain. Sjogren’s syndrome can also cause inflammation of other organs like the kidneys or lungs. Some of the measures that can help in aiding against these symptoms are: For dry lips: Use petroleum jelly and lip balms every 2 hours. For vaginal dryness: This is seen in women after menopause. Products like vaginal moisturizers, estrogen cream, Vitamin E oil, hyaluronic acid suppositories, and vaginal lubricants can be helpful. Applying sufficient artificial lubrication to both partners during intercourse can help prevent the pain. For dry skin: This can be managed easily by using body lotions regularly and throughout the day, especially after baths or showers. For blocked nasal passages or dry nose: Try saline nasal sprays and treat any other causes of congestion such as allergies and sinus infections, before they worsen. For acid reflux: This generally happens due to a lack of saliva that helps reduce the acidity of the stomach. It can be managed with dietary modifications and non-prescription medications. Complications Of Sjogren’s Syndrome

The most common complication of Sjogren’s syndrome is the involvement of the eyes and mouth. Here are some of the common complications of the syndrome: Dental cavities Dry mouth Yeast infections Gum diseases Vision problems Corneal damage due to dry eyes Light sensitivity Blepharitis (inflammation of the eyelids) Some of the less common complications that might affect the other parts of the body like lungs, liver, kidney, lymph nodes, or nerves are: Pneumonia Bronchitis Kidney disorders Hepatitis Liver cirrhosis Lymphoma Peripheral neuropathy (numbness, tingling, and burning in your hands and feet) Inflammation in lung, kidney and liver Vasculitis (an inflammation of the blood vessels) Lymph node swelling Interstitial lung disease Cystic lung disease MALT lymphoma (belongs to a group of non-Hodgkin lymphomas called marginal zone lymphomas) Loss of pregnancy Neonatal lupus syndrome Parotid tumors Alternative Therapies For Sjogren’s Syndrome

The basic management of Sjogren’s syndrome involves lifestyle modification and use of alternatives to relieve the common symptoms like dry eyes and dry mouth. Along with home remedies and self-care, there are a few options in alternative medicine that can provide relief. They are as follows:

1. Chinese herbal medicine Studies have analyzed chinese herbal medicine (CHM) for the treatment of primary Sjogren’s syndrome (PSS). These studies suggest that CHM can be given either as a sole treatment or in conjunction with conventional therapy to improve lacrimal and salivary gland function. This option is considerably safe and further research has been going on to determine the exact efficacy of this therapy.
2. Herbs and supplements The fundamental aim of this therapy is to “calm” the immune system and prevent it from causing further damage. Some of the herbs and supplements that can help alleviate the symptoms of Sjogren’s syndrome include: Cysteine Evening primrose oil Gamma-linolenic acid (GLA) Omega-6 fatty acids Sulphur
3. Diet There is no special diet for Sjogren’s syndrome unless the doctor suggests something specific. There are a few things that can be added and avoided to manage the symptoms. They are: Avoid alcohol, spicy or acidic food items that may cause irritation in the mouth Use sugar-free lozenges (xylitol) to help keep the mouth moist Add sauces, olive oil, or dressings to lubricate food Consume water or any drink alongside the food Use a drinking straw to make swallowing easier Add cucumber to diet to increase fluid intake The best option is to follow a balanced diet which contains fresh fruit and vegetables and has levels of fats and sugar. Some foods like artificial sweeteners are believed to trigger an inflammatory reaction so they must be avoided. Living With Sjogren’s Syndrome

Proper management of Sjogren’s syndrome helps to alleviate symptoms and also prevent complications. People with this syndrome can live full lives with proper self-care and the care of knowledgeable healthcare professionals. Here are a few things that can help in the management of the symptoms: Monitor any development of severe complications, like lymphoma, vasculitis, and pulmonary, kidney, and liver disease Lookout for any kind of pain or redness in the eyes and get it evaluated promptly, as this may signal an infection or corneal damage Follow proper protocols for dry mouth such as regular use of fluoride and maintenance of oral hygiene Get dental care at regular intervals to reduce the risk of cavities and other dental problems Visit the physician regularly for general health screening and to know about preventative medicine Pay close attention to any abnormal or persistent swelling in the glands around the face or neck, under the arms, or in the groin areas, as that might be a signal for lymphoma Use moisturizing products to tackle the dryness of the skin and vagina Give importance to diet and exercise for general well-being Frequently Asked Questions What is the prognosis of people living with Sjogren’s syndrome? Is weight gain associated with Sjogren’s syndrome? Does Sjogren’s syndrome affect ears? Is there any relation between hair loss and Sjogren’s syndrome? When to see a doctor? References Overview of Sjogren’s Syndrome. Sjogren’s Syndrome. National Institute of Arthritis and Musculoskeletal and Skin Diseases. 2021 Jan. Overview. Sjogren’s syndrome. NHS. 2020 Apr. Who’s at Highest Risk of Developing Sjogren’s Syndrome? Sjogren’s Syndrome Risk Factors. Johns Hopkins Medicine. Mavragani CP, Moutsopoulos HM. Sjogren syndrome. CMAJ. 2014 Oct 21;186(15):E579-86. doi: 10.1503/cmaj.122037. Epub 2014 Feb 24. PMID: 24566651; PMCID: PMC4203623. Fast Facts. Sjogren’s Syndrome. American College of Rheumatology. Luo H, Li X, Liu J, Andrew F, George L. Chinese Herbal Medicine in Treating Primary Sjogren’s Syndrome: A Systematic Review of Randomized Trials. Evid Based Complement Alternat Med. 2012;2012:640658. doi: 10.1155/2012/640658. Epub 2012 Aug 27. Maciel G, Crowson CS, Matteson EL, Cornec D. Prevalence of Primary Sjogren’s Syndrome in a US Population-Based Cohort. Arthritis Care Res (Hoboken). 2017 Oct;69(10):1612-1616. doi: 10.1002/acr.23173. Epub 2017 Aug 31. Hilary C McCrary , Erynne A Faucett , Audrey B Erman. Immunoglobulin G4-related sclerosing disease Mimicking sjogren’s syndrome: A case report. Epub 2016 Jun.

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Sleep apnea Also known as OSA syndrome. Sleep apnoea syndrome, Obstructive apnoea, Sleep-disordered breathing, Obstructive sleep apnoea hypopnoea syndrome Overview

Sleep apnea is a common sleep disorder characterized by repeated pauses in breathing during sleep causing one to snore loudly or create choking noises while trying to breathe.

It is primarily caused by the relaxation of throat muscles, leading to a temporary blockage of the airway during sleep.

Sleep apnea can also affect the quality of your sleep, leading to excessive daytime fatigue, difficulty concentrating, and irritability. The other symptoms include loud snoring, choking or gasping during sleep, and waking up with a headache, or dry mouth.

It can affect people of all ages, including children, but it is more common in middle-aged and older individuals. Other risk factors include obesity, nasal congestion, and excessive tissue in the throat.

The main treatments for sleep apnea include using a machine called continuous positive airway pressure (CPAP), wearing oral appliances, and making lifestyle changes such as losing weight and avoiding alcohol and smoking. Key Facts Usually seen in Children between 2 to 6 years of age Adults between 30 to 69 years of age Gender affected Both men and women but more common in men. Body part(s) involved Soft palate Tonsils Uvula Tongue Prevalence Worldwide: 1 billion (2022) Mimicking Conditions Asthma Central sleep apnea Chronic obstructive pulmonary disease Depression Gastroesophageal reflux Hypothyroidism Narcolepsy Periodic limb movement disorder Necessary health tests/imaging Sleep study: Polysomnogram, home sleep apnea test Blood tests: HbA1c, CRP, Thyroid profile, and EPO levels. Pelvic ultrasound Treatment Breathing devices: Bi-level positive airway pressure (BiPAP), Auto-adjusting positive airway pressure (APAP), Nasal expiratory positive airway pressure (EPAP), Adaptive servo-ventilation (ASV). Oral devices: Mandibular advancement devices and Tongue retaining devices. Surgery: Uvulopalatopharyngoplasty (UPPP), Maxillomandibular advancement (MMA), and Adenotonsillectomy. Hypoglossal Nerve Stimulation (HNS) See All Symptoms Of Sleep Apnea

Sleep apnea manifests through various symptoms, affecting sleep quality. These include:

1. Night-time symptoms Loud snoring Tossing and turning during sleep Waking up feeling the urge to urinate Breathing through the mouth while sleeping
2. Daytime symptoms Dry or sore throat Excessive daytime sleepiness Trouble with memory or impaired intelligence Impotence or decreased sex drive Waking up feeling tired Headaches upon waking
3. Symptoms of sleep apnea in children Breathing through the mouth during sleep Coughing or choking Night sweats Sleepwalking or night terrors Sleep talking Bedwetting Restless sleep and sleeping in unusual positions Daytime sleepiness or behavior/learning problems Did you know? One of the studies shows that sleep apnea is the leading cause of excessive daytime drowsiness in adults. Discover effective ways to enhance your night’s sleep by adopting these simple habits, even if you’re dealing with sleep apnea. Read Here Types of Sleep Apnea There are two types of sleep apnea, categorized on the basis of the cause of breathing disruptions. They include:
4. Obstructive sleep apnea (OSA) It is the most common type of sleep apnea that occurs when the airway is blocked during sleep, making it difficult to breathe. The blockage can be caused by the tongue, tonsils, uvula, excess throat tissue, or relaxed throat muscles.
5. Central sleep apnea (CSA) It is a less prevalent type of sleep apnea that is linked to central nervous system function. It is caused by a breakdown in communication between the brain and the muscles that control breathing. Did you know? Obstructive Sleep Apnea (OSA) is the most common type of sleep Apnea. Studies have shown that the prevalence of central sleep apnea is low, however, the prevalence of CSA tends to increase with age and is higher in the elderly population above 65 years of age. Get your share of quality sleep with our widest selection of products. Buy sleep aid products here Causes Of Sleep Apnea Obstructive sleep apnea (OSA) occurs when the upper airway becomes partially or entirely obstructed during sleep. This is because upper airway muscles (i.e. back of the throat) get relaxed and your airway narrows or closes as you breathe in.

This blockage restricts the flow of air, leading to breathing pauses that can last for seconds to minutes and you might snore, snort, choke, or gasp. These pauses cause a drop in blood oxygen levels, leading to brief awakenings to restore normal breathing. These breathing disruptions happen repeatedly during sleep and make it hard to reach the deep, restful phases of sleep.

Is it normal to snore while sleeping? Listen to our expert decode sleep apnea for you. Watch this video Risk Factors For Sleep Apnea

There are several both non-modifiable and modifiable risk factors that can contribute to the development of OSA. They include:

A. Non- modifiable risk factors Excessive throat tissue: Generally people with obstructive sleep apnea may have excess throat tissue, which can restrict their airway during sleep. Obesity, large tonsils, or a thick neck can all contribute to an increase in soft tissue in the throat. Structural abnormalities: Individuals with a deviated septum, enlarged tonsils, a small jaw, or a large tongue may be more prone to airway blockages during sleep.

Age: Obstructive sleep apnea is more common in middle-aged and older individuals (above 60 years).

Gender: Men are at a higher risk than women, especially in the earlier stages of adulthood. It affects around 13% of men and 6% of women. Nevertheless, the risk for women increases after menopause.

Family history: Having family members with the condition increases the likelihood of developing sleep apnea.

Certain medical conditions: Such as hypertension, diabetes, congestive heart failure, and hormonal disorders like polycystic ovary syndrome (PCOS), are associated with an increased risk of OSA.

Acromegaly: It is a condition in which the body produces an excessive amount of growth hormone (GH). People with acromegaly might experience OSA because they have macroglossia (enlarged tongue) and could develop central sleep apnea as a result of altered respiratory control.

B. Modifiable risk factors Obesity: Excess body weight is a significant risk factor for obstructive sleep apnea. Fat deposits around the upper airway can cause it to narrow, making it more likely to collapse during sleep.

Manage sleep apnea by maintaining a healthy weight. Try our well-curated range of weight management products to help you achieve your weight loss goals. Buy Now

Alcohol and sedative use: Consuming alcohol or certain sedatives can relax the muscles in the throat, making it more likely for the airway to collapse during sleep..

Nasal congestion: Difficulty breathing through the nose has been related to an increased risk of OSA.

Get rid of a stuffy nose with our extensive range of nasal decongestants and sprays. Shop Now

Muscle relaxant drugs (such as opioids): Long-term use of prescribed opioid-based pain medicines can cause problems with how your brain controls sleep increasing your risk of sleep apnea.

Changes in your hormone levels: People who have low levels of thyroid hormones or high levels of insulin or growth hormone have a higher risk of sleep apnea.

Smoking: Smoking can cause inflammation and fluid retention in the upper airway, leading to airway blockages and contributing to sleep apnea.

Check out our smoking cessation products to get rid of this deadly habit. Try Now Diagnosis Of Sleep Apnea

The diagnosis of OSA typically involves the following steps:

1. Physical examination and medical history Physical examination may be conducted by your doctor to assess factors such as obesity, enlarged tonsils, or other anatomical abnormalities. Your doctor will also ask about your medical history, including your symptoms, sleep patterns, and any underlying medical conditions that may contribute to OSA.
2. Sleep study A sleep study is essential to diagnose obstructive or central sleep apnea. Tests to detect sleep apnea are:

Polysomnogram: During this test, multiple sensors are hooked to your body to monitor various parameters including brain activity, eye movements, muscle activity, heart rate, and oxygen levels, to evaluate sleep quality and breathing abnormalities.

Home sleep apnea test: This measures your heart rate, blood oxygen level, airflow, and breathing patterns to detect any abnormalities. The results are interpreted by your doctor.

Here are a few things that need to be considered before you do a home sleep test. Read Here

Once the diagnosis of OSA is confirmed, the healthcare professional will determine the severity of the condition based on the number of apnea and hypopnea events per hour of sleep. This is known as the apnea-hypopnea index (AHI).

Note: \* Apnea: Apnea is when airflow stops for a period of 10 seconds or longer. \*Hypopnea: Period of shallow breathing that lasts for at least 10 seconds and causes a drop in the oxygen level in your blood.

1. Blood tests It is done to check certain hormone levels to rule out any endocrine disorders. The tests include:

HbA1c: This blood test measures average blood sugar levels over the past 2-3 months, and it is done for sleep apnea to assess the risk of diabetes and its impact on the condition. Thyroid profile: It is a blood test that assesses thyroid hormone levels, and it may be done for sleep apnea to identify any underlying thyroid dysfunction, which can contribute to sleep disturbances. EPO levels: Erythropoietin levels are a blood test used for sleep apnea to assess oxygen levels and potential causes of chronic low oxygen, which can be associated with the condition.

1. Pelvic ultrasound It is done to examine the ovaries and detect cysts, and rule out PCOS.

Finding it difficult to get all the tests in one place? Well, we have you covered. Book tests with Tata 1mg Celebs affected Badshah Famous Bollywood singer, Badshah has revealed in one of the shows, that he has suffered from sleep apnea. He also opened up about his weight loss journey due to sleep apnea. Ram Kapoor Well-known television actor Ram Kapoor, revealed his struggle with sleep apnea. In one of the conferences, he said “ A few years back when I went through a medical check-up, I got to know about the disease sleep apnea. My doctor suggested getting a check-up since I am overweight and my snoring increased. I think we should take our sleep seriously for a healthy lifestyle." Shaquille O’Neal The former NBA superstar and sports analyst was diagnosed with sleep apnea at Harvard Medical School’s Division of Sleep Medicine. He revealed that he uses a continuous positive airway pressure (CPAP) machine to manage the condition. Prevention Of Sleep Apnea While some risk factors, such as genetic predisposition, cannot be altered, there are several measures you can take to reduce the likelihood of developing or worsening sleep apnea. They include:

1. Maintain a healthy weight Manage your weight as obesity can predispose to sleep apnea. Try to stay active, eat healthy to keep your weight in check.

Obesity can lead to several other diseases. Learn more about the health hazards associated with obesity. Read this now

1. Avoid alcohol and other sedatives Alcohol and sedatives relax the muscles in the throat and can cause sleep apnea. Limit or avoid their consumption, especially close to bedtime.
2. Break up from smoking Smoking contributes to airway inflammation that can lead to sleep apnea.

Want to know how quitting smoking can benefit your overall health? Read This 4. Address nasal congestion If you have chronic nasal congestion or allergies, seek appropriate medical treatment to improve nasal airflow. You can use a nasal dilator, or saline spray, to keep nostrils open.

Learn how to use the nasal the right way. Watch now

1. Manage underlying medical conditions Conditions such as hypertension, diabetes, and hypothyroidism can increase the risk of OSA. Consult with your doctor to manage these conditions effectively.
2. Stay away from allergens Reducing exposure to allergens such as pollen and mold can help alleviate sleep apnea by preventing allergic rhinitis, which narrows the airways and worsens symptoms.

Here are 7 natural ways to combat sleep apnea. Learn more Doctor To Visit

Specialists who can help you with obstructive sleep apnea (OSA) symptoms and issues include: General Physician Sleep specialist Cardiologist Otolaryngologist Dietitian Pulmonologist Neurologist

A general physician can assist with sleep apnea by conducting initial evaluations, referring patients for sleep studies, and coordinating treatment plans for the condition.

A sleep specialist is one who is specialized in diagnosing and treating sleep disorders, including sleep apnea.

A cardiologist is one who specializes in cardiovascular diseases and can assist with sleep apnea by identifying its impact on cardiovascular health and recommending appropriate treatment measures.

An otolaryngologist is one who specializes in disorders of the ear, nose, and throat and manages conditions related to the upper airway in sleep disorders.

A pulmonologist is one who is specialized in the diagnosis and treatment of lung and respiratory conditions and can provide expertise in managing breathing problems during sleep.

A neurologist is one who is specialized in disorders of the nervous system, including sleep-related neurological conditions.

When to see a doctor? Here are some indications of when you should see a doctor: Chronic loud snoring Excessive daytime sleepiness Symptoms such as an unexplained sore throat or morning headaches Insomnia (difficulty falling or staying asleep) Witnessed stoppages of breathing during sleep Waking up with choking, gasping sounds, or shortness of breath

If you are facing such an issue, seek advice from our professionals. Book an appointment Treatment Of Sleep Apnea The treatment of obstructive sleep apnea (OSA) depends on the severity of the condition. Here are some common approaches to treating OSA:

1. Breathing devices Positive airway pressure (PAP) uses a continuous positive airway pressure (CPAP) device. This device sends a constant stream of air into a sleeper’s airway to keep it from collapsing. It involves wearing a mask over the nose or nose and mouth while sleeping. The mask is connected to a CPAP machine that delivers a continuous flow of air, keeping the airway open.

There are other types of PAP devices, such as

Bi-level positive airway pressure (BiPAP) - This device provides higher pressure while breathing in and a lower pressure while breathing out. BiPAP is sometimes used for individuals who have difficulty tolerating CPAP.

Auto-adjusting positive airway pressure (APAP)- This device provides different pressure levels throughout the night. This device automatically adapts to your breathing patterns and sets a pressure that is most suitable.

Nasal expiratory positive airway pressure (EPAP)- In this treatment, valves are placed in the nostrils before sleep that uses a person’s natural breathing to create air pressure that keeps the airway open.

Adaptive servo-ventilation (ASV)- It provides air pressure levels that constantly adapt to a sleeper’s needs. It is used in individuals with central sleep apnea who cannot tolerate CPAP.

1. Oral devices Certain oral devices are custom fit that you typically wear in your mouth while you sleep such as: Mandibular advancement devices: It helps keep the airway open by repositioning the jaw and tongue during sleep. Tongue retaining devices: This device keeps the tongue forward to prevent it from blocking the upper airway.
2. Surgery Surgery may be considered in cases where other treatments have failed or for individuals with specific anatomical abnormalities contributing to OSA. Surgical options include:

Uvulopalatopharyngoplasty (UPPP): Removal of the uvula (a small piece of flesh hanging from the top inside of the mouth, right above the throat) or excess tissue from the throat. Maxillomandibular advancement (MMA): Repositioning of the upper and lower jaws to enlarge the airway. Adenotonsillectomy: Removal of tonsils and adenoids (soft areas located at the rear of the nose and throat). Tracheostomy: It may be considered as a surgical option when other treatments have not been effective in managing severe, life-threatening sleep apnea. During this procedure, a surgical opening is created in the neck, and a metal or plastic tube is inserted to provide a new airway for breathing.

1. Hypoglossal Nerve Stimulation (HNS) This treatment consists of an implanted medical device and remote control. The device works by stimulating the hypoglossal nerve (the nerve that supplies the muscles of the tongue) or upper airway dilator muscle during apneas, which controls tongue movement to prevent airway obstruction. Home care For Sleep Apnea Some home remedies, that can help with sleep apnea include:
2. Chamomile: It can be beneficial as it contains compounds that aid in relaxing muscles and nerves, promoting sleepiness.

How to use it? To prepare a chamomile tea, simply add two tablespoons of chamomile to hot water and steep for five minutes.

1. Lavender: It is renowned for its anxiety-reducing properties and individuals with sleep apnea, struggling to fall asleep, might find lavender essential oil beneficial.

How to use it? Try diffusing lavender essential oil in the bedroom or use a few drops on a cloth placed near your pillow to enjoy its calming effects and potentially improve sleep quality.

1. Honey (Shahad): It alleviates sleep apnea, as its anti-inflammatory properties can potentially reduce airway blockages caused by swelling.

How to use it? Soothe your throat with a teaspoon of honey before going to sleep.

Other tips to follow Get some steam in to open up your airways. Maintain regular sleep hours Exercise regularly Eat a well-balanced diet and cut down on inflammatory food Incorporate a high-fiber diet into your everyday routine Change your sleeping position and try to sleep on your side. Elevate your head up while sleeping

Snoring is a common feature of sleep apnea. Here are some natural remedies to ease snoring. Read Here

Complications Of Sleep Apnea Sleep apnea can lead to various complications and health risks if left untreated. Some of them include:

1. High blood pressure: Repeated episodes of interrupted breathing can cause blood pressure to rise, increasing the risk of cardiovascular problems.
2. Heart disease: Sleep apnea increases the risk of heart conditions, including coronary artery disease, heart attacks, heart failure, and abnormal heart rhythms due to disruptive blood flow. It can also increase the risk of stroke due to the disruption of oxygen supply to the brain during apnea episodes.
3. Type 2 diabetes: Sleep apnea has been linked to insulin resistance and glucose intolerance, increasing the risk of developing type 2 diabetes.
4. Mental health changes: Sleep disturbances can impact daily functioning and can contribute to mood disorders like depression and anxiety.

Here are some natural ways to combat depression. Read Here

1. Obesity: It increases the risk of developing sleep apnea, and sleep apnea, in turn, can contribute to weight gain and difficulty losing weight.

Read about 5 weight loss tips that can work for you. Click Here

1. Complications during pregnancy: Sleep apnea in pregnant women can increase the risk of complications such as gestational diabetes, high blood pressure (preeclampsia), and preterm birth.
2. Daytime fatigue and impaired concentration: Frequent interruptions in sleep due to apnea episodes can lead to excessive daytime seepiness, fatigue, and difficulty concentrating.
3. Increased risk of accidents: Individuals who have obstructive sleep apnea (OSA) or central sleep apnea (CSA) frequently experience feelings of exhaustion increasing the likelihood of being involved in a car accident or making other serious errors.

Know how disturbed sleep can affect your overall health. Read now

Alternative Therapies For Sleep Apnea Complementary and alternative therapies can be used as adjuncts to traditional treatment approaches for snoring and sleep apnea. However, it’s important to consult your physician before you start any of them. They include:

1. Positional therapy It involves training a person to sleep in a different position. Sleeping on your back increases the likelihood of your tongue and soft tissues blocking the airway during sleep.
2. Orofacial therapy As per studies, it has been found that exercises for your mouth and facial muscles, also called orofacial therapy, may help treat sleep apnea in children and adults. This therapy improves your tongue’s posture and strengthens the muscles that regulate your lips, tongue, upper airway, and face.
3. Acupuncture It involves the insertion of thin needles into certain areas of the body. It may help promote relaxation, reduce snoring, and one of the studies shows it potentially improves sleep quality in some individuals.
4. Yoga and breathing exercises Certain yoga postures, along with deep breathing exercises (pranayama), can help strengthen the muscles involved in breathing and promote relaxation. These practices may have a positive impact on snoring and mild cases of sleep apnea.

Understand the other 12 health benefits of yoga. Know more

Living With Sleep Apnea Obstructive sleep apnea (OSA) can significantly impact various aspects of your life. By following these concise steps, you’ll be actively managing your sleep apnea and optimizing your overall well-being. They include

Stay connected with your doctor: Keep in touch with your primary care doctor or sleep specialist, sharing any ongoing symptoms or treatment challenges to adjust your sleep apnea management plan.

Care for your treatment devices: Properly clean and maintain your PAP device or mouthpiece to maximize treatment effectiveness and minimize unwanted side effects.

Avoid risky activities: Be cautious of daytime sleepiness. If you have untreated sleep apnea, steer clear of tasks like driving or operating heavy machinery when feeling drowsy.

Explore different sleeping positions: I. Elevate the head of the bed by four to six inches, or elevate your body from the waist up with a foam wedge or use a special cervical pillow.

Try humidifiers: These are devices that add moisture to the air. Dry air can irritate both your respiratory system and your body. A humidifier can help open up your airways, promote smoother breathing, and reduce congestion.

Shop for humidifiers here Buy Now

Sleep apnea in children Pediatric Obstructive sleep apnea (OSA) is a fairly common childhood disorder, affecting 1 to 5% of all children. It is associated with adverse health consequences such as heart health, impaired growth, learning difficulty, behavior problems, hyperactivity, etc.

Tips for Parents Consult a pediatrician or sleep specialist for a proper diagnosis and treatment plan Follow the recommended treatment Ensure a consistent sleep schedule and create a comfortable sleep environment Watch for signs of improvement or worsening of symptoms Encourage a healthy lifestyle with regular exercise and a balanced diet Educate family members and caregivers about the condition and its management Provide emotional support and reassurance to the child during the treatment process. Frequently Asked Questions Can children develop sleep apnea? How is sleep apnea different between adults and children? Does sleep apnea cause headaches? Does everyone who snores has sleep apnea? Can sleep apnea be completely cured, or is it a lifelong condition? References Riha RL. Defining obstructive sleep apnoea syndrome: a failure of semantic rules. Breathe (Sheff). 2021 Sep;17(3):210082. Rana AM, Sankari A. Central Sleep Apnea. [Updated 2023 Jan 23]. In: StatPearls [Internet]. 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