Sore throat Also known as Pharyngitis Overview Sore throat is marked by pain, itchiness or irritation of the throat, which is mostly caused by a virus but can also be caused by a bacteria. Moreover, environmental factors like pollutants, smoking & seasonal or food allergies can also cause sore throat. A painful throat can simply come along with a cold or runny nose but sometimes, it can be a sign of some underlying problems such as respiratory tract infections.

In most cases, a sore throat usually goes away on its own. But to relieve the pain from a sore throat, you could take over-the-counter medicines or throat lozenges. If you get a persistent cough along with sore throat, you can try a cough syrup based on the type of your cough. However, antibiotics are not required to cure a sore throat in most cases. So stop taking antibiotics for sore throat & consult your doctor, if your symptom fails to improve or worsens.

One of the best & simple ways to prevent a sore throat is to stay away from people suffering from respiratory infections & practise good hand hygiene such as washing hands. You can even try home remedies such as drinking hot water or gargling to soothe sore throat at home. Key Facts Usually seen in All age groups Gender affected Both men and women Body part(s) involved Throat Prevalence Worldwide: 10-30% (2007)

Mimicking Conditions Epiglottitis Retropharyngeal abscess Peritonsillar abscess EBV (obstruction in or near pharynx) Infectious mononucleosis Kawasaki disease Group A streptococcal infection Necessary health tests/imaging Throat culture Treatment Analgesics: Paracetamol, Ibuprofen & Aspirin Cough syrups See All Symptoms Of Sore Throat

A sore throat means that your throat hurts, feels irritated or scratchy. You may feel mild discomfort or burning pain in the throat and sometimes even difficulty in swallowing or talking. Your throat might become red. In some cases, white patches can be seen in your throat (mostly on tonsils), which are common in case of strep throat (a bacterial infection).

In addition to sore throat, you can also experience other symptoms such as: Fever Nasal congestion Runny nose Sneezing Cough Chills Bodyache Headache Loss of appetite Red and swollen tonsils Note: The symptoms might vary based on the causes of the sore throat. Is my sore throat due to COVID-19? Sore throat is one of the initial symptoms of COVID-19 that may appear 2 to 14 days after exposure to the coronavirus. COVID-19 shares many symptoms with the flu or common cold. Here’s how to distinguish between the two, although it can be difficult to tell the difference between the two just based on symptoms. If you have just a sore throat with no other symptoms, it’s less likely to be COVID-19. But with other symptoms like fever, cough, loss of taste and smell, or difficulty in breathing, it is possible that you have COVID-19. Mild cases of COVID-19 are quite similar to cold. But if you have a mild case of COVID-19, you could spread the coronavirus to someone who suffers a worse infection. Hence you need to be very vigilant. Testing can confirm the diagnosis of COVID-19. Think your sore throat is lingering on? Get yourself checked now. Consult Now! Causes Of Sore Throat

Some of the common causes of sore throat are:

Viral infections Viral infections cause the majority of sore throats. These mostly include: Common cold Flu or influenza Infectious mononucleosis or glandular fever Measles Chickenpox Mumps Herpangina Hand, foot and mouth disease (HFMD) Croup COVID-19

Bacterial infections Many bacterial infections can cause a sore throat. The most common bacteria to cause sore throats are: Streptococcus pyogenes (group A streptococcus) which causes strep throat. Arcanobacterium haemolyticum causes sore throat mainly in adolescents and is sometimes accompanied by a red rash. Less common causes of bacterial sore throat are chlamydia, gonorrhea and corynebacterium.

Allergies Allergies to pet fur or tiny pieces of skin shed by animals, molds, pollen, grass and dust can also cause sore throat.

Dry air Dry indoor air can reduce moisture in the mouth and make the throat feel rough and scratchy. Indoor air is mostly dry in the winters due to use of heaters.

Irritants Air pollution, cigarette or tobacco smoke, secondhand smoke, cleaning products and other chemicals, spicy foods, and hot liquids can also irritate the throat.

Sinusitis Sinus infections can cause post-nasal drip in which mucus runs down the back of the throat. This infected mucus can cause a sore throat.

Injury Injuries like hit or cut to the neck, can cause pain in the throat. A piece of food or some external particle stuck in the throat can also irritate it.

Overexertion Repeated use of vocal cords can strain the throat muscles. Yelling, talking loudly or talking or singing for long periods without a break, can cause sore throat.

Gastroesophageal reflux disease (GERD) It is a condition in which the stomach acids move back up into the food pipe. When the acid reach the throat, they can irritate it and cause sore throat.

Medications Certain antibiotics, chemotherapy, or other immune-compromising medications can cause sore throat due to growth of the yeast candida.

Throat cancer In rare cases, cancerous tumors of the throat, tongue or voice box can also a sore throat.

Did you know? Pollution can also cause symptoms like runny nose, itchy skin, and burning sensation in the eye, etc. Don’t let that worsening air quality hurt your health. Get tested for toxic elements. Book Test Here! Risk Factors For Sore Throat

Although anyone can suffer from sore throat, the following risk factors increase the chances of infection such as: Children and adolescents are more susceptible to develop sore throat Close contact with someone who is sick especially due to respiratory infections Viral and bacterial Infections spread faster in close quarters, child care centers, classrooms, offices or airplanes Cold and flu seasons Regular exposure to cold environment Chronic respiratory illness Allergies Exposure to any irritants at home or workplace Profession requiring overuse (shouting) of voice like teachers & fitness instructors Drugs such as angiotensin converting enzyme (ACE) inhibitors & chemotherapy drugs as well as long term use of steroids Habit of snoring Smoking or exposure to secondhand smoke Weakened immunity due to poor diet, stress or conditions such as human immunodeficiency virus (HIV) infection & diabetes Diagnosis Of Sore Throat

Your doctor will ask you a few questions about your symptoms followed by a physical examination of your throat. He/she might check the back of your throat for redness, swelling and white patches. Your doctor might also feel the sides of your throat to check for the presence of swollen glands.

If your doctor suspects strep throat, a bacterial infection, then a throat swab or culture will be advised to diagnose it. In some cases, your doctor might also recommend some additional tests to know the exact cause of the sore throat.

Throat swab: In this, a sterile swab is rubbed over the back of the throat to get a sample of secretions and sent to the lab for testing. Rapid antigen tests, although not sensitive, can detect strep bacteria quickly.

Throat culture: Your doctor may send a throat culture to a lab to test for strep throat if the antigen test comes back negative. Celebs affected Lizzo In an Instagram post that she subsequently deleted, Singer Lizzo wrote: “Got strep at the worst time ever. It’s nobody’s business but I’d prefer you all not to criticize me for wearing a face mask and doing what I was supposed to do to protect the people in my home.” Prevention Of Sore Throat

A sore throat can be prevented by following some simple and effective steps.

1. Practice good hand hygiene You should wash your hands properly with clean water and soap. You should scrub your hands for at least 20 seconds and work on hands from back, front, between your fingers and clean your nails properly. In order to keep your hands clean you should wash your hands thoroughly when you: Touch your eyes, mouth, and nose Are near a person who is having any type of infection Use toilets and bathrooms Cough, sneeze or clean your nose. Eat food
2. Avoid close contact with sick people As viral infections are the common cause of sore throat, it is advised to stay away from people who suffer from sore throats, colds or any other upper respiratory infections. Do not share food, drinks, or utensils. Also, it is wise to wear a mask as it helps to prevent the spread of respiratory infections.
3. Avoid smoking and exposure to secondhand smoke/irritants There are numerous health complications associated with smoking & sore throat is one of them. If you are a smoker, it is wise to quit smoking. You can try nicotine replacement therapy which is available in the form of patches & gums. Also, stay away from people who smoke as exposure to secondhand smoke can also up the risk of sore throat.
4. Eat healthy food Make sure you have a healthy diet loaded with vitamins, minerals & antioxidants. Try to eat as much of home cooked food as possible & avoid oily, spicy & salty foods. Stay hydrated by drinking loads of fluids such as buttermilk, fruit juices, coconut water or plain water. It is best to drink lukewarm water or boiled water as it helps to keep your throat clean & healthy.
5. Boost your immunity A strong immunity is undoubtedly one of the simple & effective ways to prevent infections. In addition to staying hydrated & eating a healthy diet, it is important to boost your immunity. Add lots of fresh fruits and vegetables to your diet as it provides essential nutrients such as vitamins, minerals, and antioxidants, which strengthens your immune system and helps you to fight diseases. You can even try dietary nutritional supplements to boost your immunity and prevent infections.
6. Exercise Regular exercise or light workouts can help you stay fit and increase your immunity and hence fight sore throat.
7. Get adequate sleep Without the required sleep, the immune system eventually becomes weaker leading to more frequent occurrence or slow recovery from sore throat.

Throat infections are quite common in children. Here are a few tips to prevent it. Click To Read! Specialist To Visit

Most cases of sore throat, especially the ones caused due to a viral infection, get better on its own within a week or a few days. But if you suffer from bacterial infections like a strep throat, then do get in touch with your doctor to treat it.

You should seek medical care if you or your children show symptoms like fever (>101°F), watery eyes, red and swollen tonsils, body ache and red spots at the back of the roof of the mouth.

Match your symptoms with this checklist to know if you need to see a doctor for your painful throat: The sore throat gets better as the day goes on It hurts to the point that you’re having to change their diet The sore throat is accompanied by high fever (102°F or higher) If there is a rash, headache, stomach ache, or vomiting If you experience trouble in breathing or pain while breathing If you have earache or pain in the neck along with sore throat If you see blood in saliva or phlegm If none of the above are happening, chances are high that your sore throat will be fine in a day or two Your family doctor or general practitioner can help you to diagnose the condition & provide the right treatment for sore throat. You can also see specialists such as: ENT specialist Infectious disease specialist

Consult India’s best doctors online from the comfort of your place. Book Appointment!

Treatment Of Sore Throat

While sore throat caused due to viruses is usually self-limiting and no antibiotic treatment is needed; a bacterial cause may need prompt medical care.

1. Analgesics or pain relief medications You can take over-the-counter (OTC) medications to relieve pain. These include: Paracetamol Ibuprofen Aspirin Note: Never give aspirin to children as it can lead to Reye’s syndrome, a rare but very serious illness in kids that affects the liver and brain.
2. Cough syrups In some cases, use of throat lozenges & cough syrups are also known to provide relief from sore throat.
3. Other drugs If your sore throat is caused due to an underlying stomach problem such as gastrointestinal reflux disease (GERD), then medicines recommended include: Antacids such as aluminum hydroxide, magnesium hydroxide & calcium carbonate Proton pump inhibitors: omeprazole, pantoprazole & rabeprazole H2 blockers: famotidine & ranitidine

Antibiotics For Sore Throat: Yes Or No? Mostly, a sore throat goes away in a week without the need of an antibiotic. But if your sore throat lasts longer than 1-2 weeks or you have a temperature higher than 100.4 °F or any other unusual symptom, then you might need an antibiotic. Your doctor may prescribe antibiotics if you or your kid tests positive for bacteria streptococcus pyogenes.

Usually, all antibiotics start showing its effect within 24 to 48 hours of administration. It is very important to complete the course of antibiotics which may last for 2 weeks. You should continue the medications even if the symptoms disappear in order to finish the antibiotic course.

Antibiotics are meant for treating bacterial infections. Since most sore throats are viral, using an antibiotic will not cure the condition. Taking antibiotics for viral infections will not only be costly but will also cause unwanted side effects like diarrhea & vomiting. Misuse and overuse of antibiotics leads to antibiotic resistance, a phenomenon that reduces or eliminates the effectiveness of antibiotics. Home-care For Sore Throat

Here are some simple ways to help relieve a sore throat: Avoid foods that are salty, spicy, acidic (like orange juice), or sharp (like potato chips) as it can irritate the throat of your child. Stick with bland and soft food which makes it easy for the food to pass through the throat without irritating the throat. Use a humidifier at home or workplace to help keep the throat moist. You could try steam inhalation to help relieve congestion. Suck on cough drops (like lozenges) to help lubricate and soothe irritated tissues of the throat. Keep yourself hydrated with plenty of fluids as higher intake of liquid will not only keep you hydrated but also moisten your throat which makes it easier to swallow food. Include foods such as warm soup, and soft veggies in your diet because such foods are comforting and easy to swallow. Sip on warm liquids like warm water, lukewarm lemon water or herbal tea to soothe the throat and lessen the irritation. Take proper rest because it is the only effective way which can be helpful for regaining the lost strength when sick. To relieve the pain from a sore throat, you could take over-the-counter medicines such as paracetamol or you can try throat lozenges. If your kid has a sore throat, avoid sending him/her to school for one to two days in order to prevent the spread of infection to other children in school. If you get a persistent cough, try a cough syrup based on the type of your cough. Gargle with warm water to relieve sore throat. Dissolve half a teaspoon of salt in ~250 ml of warm water and gargle with it, around the back of the throat, 3-4 times daily. It moistens the throat and relieves pain and scratchiness thereby soothing and providing relief. Get relief from that painful throat naturally with our special range of products. Explore Now! Complications Of Sore Throat

Sore throat caused due to bacteria (strep throat) can cause various health complications, if left ignored. Although not common, strep throat can cause serious complications if the bacteria spreads to other parts of the body. Some of the complications that can result include: Sinusitis (infection of the sinuses) Ear infection Abscesses or pockets of pus around the tonsils Swollen lymph nodes in the neck Chest infection Rheumatic fever (a heart disease) Post-streptococcal glomerulonephritis (infection of the kidneys) Alternative Treatment For Sore Throat

You can try some home remedies to soothe pain & irritation caused by a sore throat. Some of the common home remedies include:

Ginger (Adrak): Ginger has anti-inflammatory and antimicrobial properties. It also boosts immunity to help fight infections that cause sore throats. You can consume it in the form of raw ginger root, ginger candy or lozenge, ginger tea or ginger supplement pills and capsules.

Honey (Sehad): Mix 2 teaspoons of honey with equal quantity of ginger juice. Add this to a glass of warm water and drink it every morning. This concoction helps to expel mucus thereby providing relief for cough and sore throat.

Note: Don’t give honey to children younger than one year of age.

Garlic (Lehsun): Garlic has natural antibacterial properties. It contains allicin, which is known for its ability to fight off infections. Suck on a clove of garlic to soothe your sore throat or consume it along with ginger in the form of tea. Taking a garlic supplement on a regular basis can also help to prevent sore throat.

Turmeric (Haldi): Turmeric is an excellent remedy for sore throat. You can mix half a teaspoon of turmeric and half teaspoon of salt into a cup of hot water and gargle with it. You can also add half a teaspoon of turmeric in a cup of milk to combat sore throat. It is advised to warm milk mixed with turmeric slowly over the flame and consume this drink once a day.

Chamomile (babunah ke phul) tea: Infuse the tea bag into a cup of boiling water, let it stay there for five minutes and as it is. You can add a small quantity of honey or sugar for an improved taste.

Licorice (mulethi) tea: Drink tea made from one teaspoon crushed licorice (mulethi) & one teaspoon jaggery powder steeped in one cup of boiling water for 3-5 minutes. You can even gargle with licorice water to fight sore throat & cough. Frequently Asked Questions How long can a sore throat last? How do I get rid of a sore throat quickly? When is a sore throat serious? How does a sore throat feel? What drink helps a sore throat? References Sore Throat. Centres For Disease Prevention & Control (CDC). Last reviewed in Oct 2021. Acute Infective Sore Throat. Clinical Evidence Handbook. A Publication of BMJ Publishing Group. Renner B, Mueller CA, Shephard A. Environmental and non-infectious factors in the aetiology of pharyngitis (sore throat). Inflamm Res. 2012;61(10):1041-1052. Thompson M, Vodicka TA, Blair PS, et al. Duration of symptoms of respiratory tract infections in children: systematic review [published correction appears in BMJ. 2014;347:f7575]. BMJ. 2013;347:f7027. Published 2013 Dec 11. Tanz RR. Sore Throat. Nelson Pediatric Symptom-Based Diagnosis. 2018;1-14.e2. Kenealy T. Sore throat. BMJ Clin Evid. 2007;2007:1509. Published 2007 Nov 20.

===============================================

Spondylosis Also known as Cervical Spondylosis, Lumbar Spondylosis, Osteoarthritis of the Spine, Degenerative Disk Disease Overview Spondylosis is a degenerative disease of the spine that affects the intervertebral discs and joints. With age, the body experiences normal wear and tear of the joints, cartilages, ligaments, and other soft tissues. When these changes occur in the spine, it leads to spondylosis.

Spondylosis can be broadly divided into cervical spondylosis (spondylosis of the neck) and lumbar spondylosis (spondylosis of the lower back). Pain and stiffness in the spine is the most common symptom of spondylosis. Occasionally, spondylosis may cause more severe neurological symptoms, such as radiating pain, tingling, numbness, or even partial or complete paralysis.

A healthy lifestyle with regular exercises can help prevent the pain and stiffness that occur due to spondylosis. Spondylosis can be successfully treated using a combination of oral and topical analgesics, muscle relaxants, physiotherapy, and exercises. Key Facts Usually seen in Adults above 50 years of age Gender affected Both men and women Body part(s) involved Spinal cord Spinal nerves Intervertebral discs Mimicking Conditions Spondylolisthesis Prolapsed intervertebral disc Lumbar stenosis Tumour in the spinal cord Paraspinal muscle spasm Necessary health tests/imaging X-Ray cervical cpine AP & lateral X-Ray lumbar spine AP & lateral MRI screening of whole spine CT scan head CT myelography Bone densitometry whole body Calcium Vitamin D (25 - OH) NCV upper limb NCV lower limb Treatment NSAID analgesics: Ibuprofen, Diclofenac & Paracetamol Opoid analgesics:Tramadol & Tapentadol Bone and joint care medications: Hyaluronic acid, Glucosamine & Chondroitin Muscle relaxants: Cyclobenzaprine, Tizanidine & Cyclobenzaprine Medications for nerve symptoms: Pregabalin, Gabapentin & Duloxetine Corticosteroids: Prednisolone Vitamin & mineral supplements Topical analgesic and rubefacients Surgical management Specialists to consult Orthopedic surgeon Neurologist Physiotherapist Symptoms Of Spondylosis

Age related wear and tear of the spine’s intervertebral discs and joints cause a degenerative disease of the spine known as Spondylosis. There are two types of spondylosis based on the area affected:

Cervical spondylosis - affects the intervertebral discs and joints of the neck region, more precisely the first seven vertebrae of the spine. The symptoms of cervical spondylosis are as follows: Pain and stiffness of the neck Radiating or sharp shooting pain in the upper limbs Tingling and/or numbness in the upper limbs Dizziness Vertigo or sensation of feeling off-balance Grinding noise in the neck when the neck is turned sideways

Lumbar spondylosis - affects the intervertebral discs and joints of the lower spine. It mostlt affects the last five vertebrae of the spin and the sacrum bone. The symptoms of lumbar spondylosis are as follows: Pain and stiffness of the lower back Radiating or sharp shooting pain in the lower limbs and buttocks Tingling and/or numbness in the lower limbs Inability to stand or walk for longer durations Problems in Balancing the body Causes Of Spondylosis

There are a few factors that are responsible for developing spondylosis, such as:

1. Age-related degenerative changes With age, our human body experiences wear and tear of the joints, cartilages, ligaments, and other soft tissues. These degenerative changes occur in the spine as well in the form of desiccation or drying up of the gel present in the intervertebral discs, rendering them stiff. These changes can also cause the formation of osteophytes (which are extra bony protrusions), leading to pain and stiffness.

When the spinal cord is affected due to the reduced disc space, compression of the joints and osteophytes, neurological symptoms are also seen.

1. Heredity Genetic factors are likely to influence the formation of osteophytes and degeneration of discs. This is likely attributed to polymorphism (changes in two or more variants of a gene sequence) in genes, causing inflammation in the joints.
2. Lifestyle and environmental factors A poor posture, lack of exercise, and obesity can fasten wear and tear of joints and thereby cause spondylosis. Occupational hazards involving lifting heavy weights or any history of trauma to the spine, can also lead to spondylosis. Did you know? Text neck, also known as turtle neck syndrome, is a 21st century syndrome caused by continuous strain on the neck due to repeated stress from looking down at mobile screens or tablets for long. Here’s more on what is text neck and tips to prevent it. Click To Read! Risk Factors For Spondylosis

Spondylosis is very common as age progresses. There are certain risk factors that may predispose you to develop spondylosis. These are:

1. Age above 50
2. Female gender
3. History of trauma/injury to the spine/neck
4. History of heavy weight lifting
5. Poor posture
6. Lack of exercise
7. Smoking
8. High intensity athletic activities Diagnosis Of Spondylosis

Following evaluations are performed by the doctor to confirm the diagnosis of spondylosis:

1. History and physical examination The doctor will require all the details related to any past experience of the onset of your symptoms. Thorough, physical examination may also be required to check joint stiffness, muscle spasms, muscle strength. The doctor may also conduct a neurological exam to evaluate the spine.
2. Imaging studies X-Ray cervical spine AP & lateral - to study the abnormalities, such as bone spurs, that indicate cervical spondylosis. X-Ray lumbar spine AP & lateral - to study the bony changes in the lower back. MRI screening of whole spine - to evaluate in details of soft tissues such as cartilage, nerve roots, muscles, spinal cord, and disks. This test can show spinal compression or herniated disk more clearly than X-rays. An MRI can help identify the source and location of pain. CT scan spine - to rule out other possible causes of neurological symptoms like vertigo, headaches, etc. CT myelography - to study whether the spinal cord is affected, if yes then to what extent. These tests provide more details on how and to what extent cervical spondylosis may be affecting your nerves. Bone densitometry whole body - to check for concomitant osteoporosis, a condition where the bones lack calcium and become brittle and weak.
3. Other tests Serum calcium - to check for calcium deficiency which plays an important role in bone and joint pains. Vitamin D (25 - OH) - to check for calcium deficiency which plays an important role in absorbing calcium in the body. Nerve compression studies - NCV Upper Limb and NCV lower limb for cervical and lumbar spondylosis, respectively. These help to evaluate nerve damage when symptoms, such as tingling and radiating pain, are present. Electromyography - measures the electrical activity in your nerves as they transmit messages to your muscles when the muscles are contracting and at rest. Did you know? Your neck pain could also mean cervical spondylosis. It is a condition that is known to occur as a natural process of aging, especially in people above 65 years of age. In most cases, it remains asymptomatic until late but can present with neck pain. Don’t ignore neck pain and consult a doctor. Book Appointment NOW Prevention Of Spondylosis

While spondylosis is an age-related condition that occurs as a result of degenerative changes and wear and tear of the spine, a few things can help prevent the occurrence of serious symptoms of spondylosis, such as: Following a healthy diet rich in calcium, Vitamin D, and other minerals. Enough exposure to the morning sunlight to ensure a sufficient level of Vitamin D in the body. Regular exercise to maintain strength and mobility in the cervical and lumbar spine. Avoiding routine heavy weight lifting. Following correct ergonomics during weight lifting. Avoiding sudden jerky and twisting movements of the spine. Specialist To Visit

When symptoms of neck pain or back pain start becoming bothersome, it is essential to seek medical care. The doctors who can help with spondylosis symptoms include - Orthopedician Neurologist Physiotherapist Orthopedicians focus on reparing injuries to musculoskeletal sysytem of the spine including bones, joints, ligaments and tendons. Neurologists can help you manage neurological symptoms, such as tingling, numbness in the upper or lower limbs, weakness of upper or lower limbs, vertigo, and headaches. A physiotherapist can help with corrective exercises to increase strength and mobility in the spine and reduce pain. Celebs affected Shilpa Shetty Famous Bollywood actress Shilpa Shetty suffers from cervical spondylosis. She is well known for her yoga and fitness videos. Treatment of Spondylosis

The primary aim of the treatment of spondylosis is to provide pain relief and address other troublesome symptoms. Following medications are useful in the treatment of cervical and lumbar spondylosis.

1. Medical management

NSAID analgesics This class of medicines helps relieve pain and inflammation. These medicines must always be consumed with meals as taking them on an empty stomach may irritate the gastric lining. Examples include: Ibuprofen Diclofenac Paracetamol

Opoid Analgesics Also known as narcotic medications, these may be required when the pain is intense and is not relieved by the first line of medication. These potentially habit-forming tablets must be taken only when prescribed by the physician. These include: Tramadol Tapentadol

Bone and joint care medications This class of medicines help in lubrication and reducing joint friction for easier joint movements. Examples include: Hyaluronic acid Glucosamine Chondroitin

Muscle relaxants These help relieve the painful spasms and stiffness associated with spondylosis. Examples include: Cyclobenzaprine  
Tizanidine Cyclobenzaprine Thiocolchicoside

Medications for nerve symptoms These are useful in providing relief from radiating pain, tingling, and numbness in the upper and lower limbs. Examples are: Pregabalin Gabapentin Duloxetine

Corticosteroids This may be prescribed for a short duration or even as an injection to address resistant pain symptoms. Medicines that belong to this class include prednisolone. A short course of oral prednisone might help ease the pain. If your pain is severe, steroid injections may be helpful.

Here’s more on oral corticosteroids: Dos and don’ts to follow

Vitamins and mineral supplements Nutrients like calcium and Vitamin D play a particular important role. A walk in the morning sun would be one of the best ways to raise Vitamin D levels. Dietary intake of dairy products, fish, broccoli, kale, legumes, tofu are useful in raising calcium levels.

Topical analgesic and rubefacients Topical analgesics include NSAID preparations, rubefacients, cooling therapy preparations and heat pads. Topical rubefacients presumably reduce pain by increasing local blood flow.

1. Surgical management Patients with advanced forms of spondylosis with very severe symptoms, who do not get relief with medications and physiotherapy, may require surgical treatment to remove the desiccated disc or other parts of the vertebrae. This will relieve compression from the spinal cord and help mobilize the intervertebral joint. If their neurological signs and symptoms such as weakness in their arms or legs worsen, they might need surgery.

The surgery might involve: Removing a herniated disk or bone spurs Removing part of a vertebra Fusing a segment of the neck using bone graft and hardware Home-care For Spondylosis

Spondylosis is an age-related degenerative condition that can cause pain and stiffness in the spine. Along with the medications, the following home care tips can help manage symptoms and provide relief to some extent from the disease.

1. Avoid lifting heavyweights.
2. Take a wholesome, balanced diet rich in calcium and other minerals.
3. Follow the exercise routine suggested by the doctor or physiotherapist.
4. Application of topical analgesic preparations helps relieve pain and stiffness.
5. Hot fomentation (method: applying moist heat to the affected area) or ice pack can also help to provide some relief.
6. Use cervical and lumbar supports, such as a cervical collar or lumbosacral belt to support the spine. This can limit neck/back movement and help strained muscles rest and recuperate. However, wearing a brace for too long can lead to muscle atrophy (wasting away). Hence, they should be worn only for a short duration.
7. Change the mattress and sleeping pillow if not proper. Use the ones that offer good support and stabilize the spine.

A good sleeping position is one that helps you to maintain the natural curve of the spine when you sleep. Want to know the best and the worst sleeping positions? Click Here To Read Only drinking milk may not help you meet your RDA of calcium Despite being considered as one of the best dietary sources of calcium, milk hardly meets the recommended daily allowance (RDA) of calcium. On average, an Indian adult needs around 600 mg of calcium per day. But, 100 ml of milk (cow, buffalo) can only provide ~120 mg of calcium. So, to meet your daily requirement, you may need to take calcium-rich foods or supplements. Tap to Explore! Complications Of Spondylosis

In some cases, spondylosis may cause severe and irreversible neurological complications of spondylosis, such as cervical myelopathy, which causes a varying degree of weakness and disability. It can lead to paralysis, such as quadriplegia, a serious condition in which the body below the neck is paralyzed. It may also cause paraplegia, paralysis of both legs.

Surgery for spondylosis may also cause complications like nerve injury, post-surgery kyphosis or altered posture, etc. Alternative Therapies for Spondylosis

Along with medicines and topical analgesic preparations, various other treatment options are helpful in managing spondylosis. Here is a list of options to help you manage the symptoms:

1. Exercise and yoga Regular exercises and yoga focused on strengthening the spinal musculature and improving mobility help manage the pain and stiffness caused by spondylosis.
2. Physiotherapy Physiotherapeutic modalities, such as Interferential Therapy (IFT), Transcutaneous Electrical Nerve Stimulation (TENS), are very useful and offer pain relief even from nerve pain. These rehabilitation exercises focus on core strengthening of the spine, improving the overall strength of the spine.
3. Acupressure and acupuncture Neck pain and back pain due to spondylosis may respond to acupuncture or acupressure therapy on the peripheral trigger points.
4. Ayurveda There are various Ayurvedic preparations in the form of oils and liniments such as camphor oil, menthol oil, sesame oil, etc. that can be applied locally at the site of pain. They provide relief from the symptoms.
5. Homeopathy Homeopathic preparations, such as Rhus Toxicodendron, Calcarea Carbonica, Kalmia Latifolia, and Paris Quadrifolia, are known to improve pain and other troublesome symptoms of patients with spondylosis.
6. External orthoses support Cervical collars and lumbosacral belts offer much-needed support to the degenerative spine and are useful in alleviating pain caused due to spondylosis. They may also help prevent or slow down further deterioration.

Are you starving your bones? Take this quick survey to know how healthy your bones are. Click Here

Living With Spondylosis

Spondylosis can be a considerable source of worry due to constant and prolonged pain. Patients with spondylosis are often unable to enjoy an active lifestyle due to the pain and stiffness. The quality of life is highly defined by the severity of the pain and patients may become susceptible to anxiety and depression due to the nature of the disease.

If you suffer from spondylosis, you must take adequate care of your spine to prevent further worsening. Follow all the precautions as advised by your doctor and take your medicines on time. Do not engage in activities that require you to lift weights, such as carrying large amounts of groceries, water buckets, etc. Modify your household chores so that you do not require forward bending. Exercise regularly as advised by your physiotherapist. Frequently Asked Questions Is spondylosis curable? What exercises should I do if I have spondylosis? Does a belt help reduce back pain? References Cervical Spondylosis. Daniel T Kuo, Prasanna Tadi. StatPearls Publishing. January 2021 Cervical spondylosis and neck pain. Allan I Binder. BMJ. 2007 Mar 10; 334(7592): 527–531 Lumbar Spondylosis: Clinical presentation and treatment approaches. Kimberley Middleton, David E Fisch. Curr Rev Musculoskelet Med. 2009 Jun; 2(2): 94–104 Homoeopathic therapy in cervical spondylosis pain management: A randomised, double-blind, placebo-controlled trial. Jaya Gupta, Ramesh Bawaskar et al. Indian Journal of Research in Homoeopathy. 2020 Musculoskeletal conditions. World Health Organization. Spondylosis. MeSH. NCBI.

===============================================

Stress Also known as Pressure, Tension and Strain Overview Stress is the body’s natural reaction in case of danger or challenge. It causes the body to flood with hormones that prepare its systems to evade or confront danger. This is commonly referred to as the fight-or-flight mechanism. The body produces larger quantities of chemicals called cortisol, epinephrine, and norepinephrine. These cause an increase in blood pressure, heightened muscle preparedness, sweating, and alertness.

Stress is generally caused by triggers and everyone has different stress triggers. Work stress tops the list, according to surveys. Some of the main sources of stress apart from work include finances, relationships, parenting, and day-to-day inconveniences.

While stress itself is a normal part of life, recurring stress can interfere with daily activities and overall well-being. Long-term stress can affect the whole body and can cause other serious issues for example anxiety, depression, and cardiac problems. Stress can manifest itself in different ways including excessive worrying, inability to sleep at night, and body aches.

If one feels stress is starting to interfere with their daily activities, it’s time to reach out for help. The treatment of stress mainly comprises managing the condition, knowing the triggers, and starting therapies along with lifestyle modifications. Key Facts Usually seen in All age groups Gender affected Both men and women Body part(s) involved Musculoskeletal system Respiratory system Cardiovascular system Endocrine system Gastrointestinal system Nervous system Reproductive system Mimicking Conditions Acute stress disorder (ASD) Post-traumatic stress disorder (PTSD) Obsessive-compulsive disorder (OCD) Psychotic disorder Treatment Therapy/counseling: Cognitive behavioral therapy, Acceptance and commitment therapy, Psychodynamic therapy & Positive psychology therapy Medications: Sleeping pills and tranquilizers for sleep Specialists to consult Psychiatrist Integrative medicine specialist Life coach Types Of Stress

A study outlined four main varieties of stress that are experienced in many different situations from workplace to home. They are especially relevant to the life of a student. They include:

1. Time stress: It occurs when you feel worried about time, and more specifically when you don’t have enough time to accomplish all necessary tasks.
2. Anticipatory stress: This kind of stress is seen before a test, assignment, or presentation.
3. Situational stress: This type is usually experienced in an upsetting or alarming situation that one cannot control like the present situation of COVID-19.
4. Encounter stress: It is when one feels anxious about seeing certain people, either alone or in a group. Levels of stress
5. Acute stress: This type of stress is generally short-term and can be positive or more distressing, which is encountered in day-to-day life.
6. Episodic acute stress: Episodic acute stress is when acute stresses happen on a frequent basis because of repeatedly tight work deadlines. It can be seen in professionals with high-stress jobs such as healthcare workers. There are 2 main personality types that frequently present with episodic acute stress.

Type A personalities: These individuals are outgoing, ambitious, rigidly organized, highly status-conscious, impatient, anxious, proactive, and concerned with time management. Type A personalities are often high-achieving “workaholics” and have a need to get things done that might actually become overwhelming. The “worrier”: The worrier presents with almost incessant negative thoughts causing episodic acute stress on physical and mental health. These negative binge thinkers also tend to be over aroused and tense, but are more anxious and depressed than angry and hostile. Their thoughts are frequently filled with “What if….” statements.

1. Chronic stress: This type is long-term and seems never-ending and inescapable. It can stem from traumatic experiences, childhood trauma, personal issues with the spouse, or work pressure. Did you know? Eustress is a type of stress that is fun and exciting. It’s associated with surges of adrenaline and is a positive type of stress generally seen during activities like skiing or racing to meet a deadline. Read more about adrenaline and its effects. Click Here! Symptoms Of Stress

Long-term or chronic stress affects the mind and can cause wear and tear on the body. This can lead to physical, emotional, and behavioral symptoms. They include: Physical symptoms Body aches Headaches Nausea Indigestion Constipation Diarrhea Chest pain Palpitations (feeling like the heart is racing) Exhaustion Dizziness High blood pressure Muscle tension Temporp-mandibular joint problems (due to jaw clenching) Weak immune system Involuntary twitching or shaking Irregular or missed periods Getting sick more often than normal Reduced libido Emotional symptoms Feeling overwhelmed Racing thoughts Difficulty in concentrating Being irritable To be constantly worried, anxious, or scared Lacking self-confidence Expereincing troubled sleeping patterns Behavioral symptoms Being extremely emotional Snapping at people Feeling tired all the time Avoiding things or people Eating more or less than usual Drinking or smoking more than usual Being agitated all the time Experiencing sexual problems Change in eating habits Nail biting Pacing Abnormal failure or delay to complete everyday responsibilities Significant change in school or work performance Unusual desire for social isolation Frequent lying Trouble getting along with other people What happens to your body when you are stressed? According to the American Psychological Association, stress is any uncomfortable emotional experience accompanied by predictable biochemical, physiological, and behavioral changes. Read To Know! Causes Of Stress

Stress can be caused by different things and seen during different stages of life. Outcomes related to stress can vary according to personal and environmental factors. Events caused by stress have a major influence on mood, sense of well-being, behavior, and health. Stress during childhood or adolescence The most widely studied activities that can cause stress in children and adolescents are:

1. Violence Studies have shown that many young people develop behavioral, emotional, or learning problems when they are mistreated by an adult, victimized by bullies, criminally assaulted, or witness domestic violence. The lesser-known adverse effect of experiences like violence exposure can lead to hidden physical alterations inside a child’s body that may affect life-long health in a negative way.
2. Abuse This can be in the form of sexual, physical, or emotional abuse. In the most severe cases, abused children may exhibit many of the signs of post-traumatic stress disorder (PTSD). There is also growing evidence that individuals who were abused or neglected as children may be sensitive to stress.
3. Divorce/marital conflict According to studies, adult offspring of divorced parents report more current life stress, family conflict, and lack of friend support compared with those whose parents did not divorce.
4. Exam stress Kids feel stressed and pressured by family members and schools during exams and it is normal. But exam stress can cause the child to feel anxious or depressed, and this might affect their sleeping or eating habits.

Note: Childhood stress is emerging as one of the common health concerns among today’s children. With the compulsive need to excel, emphasis on competing in every aspect of life, and peer pressure, children are predisposed to varying degrees of stress.

Understand childhood stress: The triggers, symptoms, and how parents can help. Read Now!

Stress during adulthood Many things can cause stress. You might feel stressed because of one big event or situation in your life or it might be a build-up of lots of smaller things. Some of the most common causes of stress in adults are:

1. Personal causes Some of the common causes include: Difficulties in our personal lives and relationships Unexpected life changes like moving house, having a baby, or starting to care for someone Daily life minor inconveniences like misplacing keys or forgetting to bring an important item Financial difficulties like debt or struggling to afford daily essentials Health issues of oneself or close family members Pregnancy and children Housing problems like maintenance or tenancy Feeling lonely and unsupported Stress while driving or being late

Note: Driving induced stress is a serious health concern, which leads to depression, anxiety, and heart-related diseases. More and more people succumb to it daily due to increased time spent in the vehicle.

Learn about ways to de-stress while driving. Click Here!

1. Professional causes Stress may sound like a common factor related to the workplace, but the pressure leads to stress when there is little or no help and support from supervisors and colleagues. Work-related stress is often caused by the design of the job and the working system of an organization like poor management, and lack of support within the organization. Workplace stress includes: Being unhappy in the job Having a heavy workload or too much work pressure Long working hours Poor work management Unclear expectations of your work No involvement in the decision-making process Working under dangerous conditions Risk of termination Having to give speeches in front of colleagues Discrimination or harassment at work Did you know? A study conducted on ‘The Mental Health Status of Employees in Corporate India,’ showed that one out of every two employees in corporate India suffer from anxiety and depression. The triggering cause of this mental illness was prolonged ongoing work stress. Read about how to destress at the workplace. Click Now! Risk Factors For Stress

A stressor is an event or situation that causes stress. The reactions to stressors are highly influenced by genetics, early-life environment, and trauma, and contribute to differences in stress reactivity in different individuals. Risk factors for stress include: Psychological factors These are characteristics or facets that influence an individual psychologically and/or socially. Such factors can describe individuals in relation to their social environment and how these affect physical and mental health. Some of the psychological factors that increase the risk of developing stress include: Low self-esteem Decreased confidence Personality types Loneliness Thinking too much Lifestyle factors Lifestyle plays a very important role in the development of stress. A healthy lifestyle can not only help one feel better, but it can also reduce the risk of some diseases, lengthen the lifespan, save money, and benefit in many other ways. Here are certain lifestyle choices that can act as a risk factors for stress: Not exercising enough Eating too much junk food Not getting enough sleep Smoking Drinking too much alcohol

Note: While a direct link between stress and heart disease has not been determined, people who are stressed on a daily basis often act in ways that increase their risk for developing heart disease.

Find out how stress can affect your heart. Read Now!

Effects of stress Stress symptoms can affect the body, thoughts and feelings, and behavior. The susceptibility to stress varies from person to person. The factors that influenced the susceptibility to stress are genetic vulnerability, coping style, type of personality, and social support. Stress can have an effect on the whole body thus producing illness. Research shows that stress can alter the tissue morphology and mechanism of hormones. Effects of chronic stress on different organ systems and its relation with other diseases include: Stress and immune response Our immune system is an area that is susceptible to stress. There is a relationship between the brain, the nervous system, and the immune response. Several studies have shown that chronic stress exerts a general suppression of the immune system.

Cytokines that play a crucial role in mediating the immune system are produced by stress-stimulated immune cells that convey feedback to the nervous system, further modulating the release of stress hormones in the brain. During chronic stress, the neuroimmune axis can be overstimulated and breaks down, thus causing neuroendocrine/immune imbalances that can cause chronic low-grade inflammation, acting as a precursor to various illnesses. Stress and gastrointestinal disorders Gastrointestinal diseases such as peptic ulcer (PU) and ulcerative colitis (UC) are known to be greatly influenced by stress. Certain stressful life events have been associated with the onset of symptom exacerbation in other common chronic disorders of the digestive system such as functional gastrointestinal disorders (FGD), inflammatory bowel disease (IBD), and gastro-esophageal reflux disease (GERD). Stress and cardiovascular disorders Psychological stress is a significant risk factor for coronary heart disease (CHD) and CHD mortality. Studies have found a positive relationship between life stress and myocardial infarction (heart attack) and sudden death. Myocardial infarction is reported to have a higher prevalence of four stress factors such as stress at work and at home, financial stress, and major life events in the past year. Stress and cancer The relationship between breast cancer and stress has received particular attention. However, more research is needed to find if there is a relationship between psychological stress and the transformation of normal cells into cancerous cells. One area that is currently being studied is whether psychological interventions can reduce stress in cancer patients, thus improving immune function and possibly even prolonging survival. Stress and psychiatric disorders A lot of research has been done to find the relation between recent life events contributing to the onset of psychiatric illness. The association between stressful life events and psychiatric illness is through this disease. Although the evidence to support this hypothesis is not conclusive, it is stronger than the association with physical or medical illness. Recent life events are held to have a major etiological role in neuroses (mental illness), the onset of neurotic depression (mixed depressive illness) and acts as a precipitating factor in schizophrenic episodes (losing touch with reality).

Pandemic-related stress is real! The COVID-19 pandemic has created a variety of stressors, some of which have been linked to intense stress reactions, such as posttraumatic stress (PTS)-like symptoms. Learn tips to take care of mental health during the COVID-19 pandemic. Click To Read! Stress as a precursor of anxiety and depression Stress is a common trigger for anxiety and it’s important to catch anxiety symptoms early to prevent the development of an anxiety disorder. Symptoms of anxiety are usually an over-concern with the lack of control over one’s circumstances, either at work or in personal life.

Depression is widely accepted and is linked to stress. The usual symptoms are upset sleep patterns, fatigue, increased consumption of alcohol, muscle aches, and pains, poor self-esteem, or lack of self-worth, among a variety of others. Stress and other medical conditions Asthma: Stress can enhance an allergic inflammatory response. In asthma, both external and internal factors are involved and the internal factor is most affected by the acute effects of psychological stressors. Rheumatoid arthritis (RA): RA involves the body turning on itself (an autoimmune response), it was hypothesized that a self-destructive personality may manifest itself; several investigators have found personality differences between RA sufferers and others. Migraine: These headaches are the result of constriction and dilatation of the carotid arteries of one side of the head. These are supposed to be triggered by stressful events. Diabetes: There is evidence that emotionally stressful experiences are associated with endocrine disorders such as diabetes mellitus. Additionally, children who had stressful life events stemming from actual or threatened losses within the family occurring between the ages of 5 and 9 had a significantly higher risk of developing type I (juvenile) diabetes. Diagnosis Of Stress

There is no specific test to diagnose stress. Diagnosis of stress may include a personal and family health history, blood and urine tests, and other assessments to rule out various medical conditions.

A thorough, stress-oriented, face-to-face medical interview is currently the most practicable way to diagnose stress and its effects. It remains for future research to develop a cleaner methodology to diagnose this complex yet very common disorder. Prevention Of Stress

In today’s world, stress has become a part of daily life. Preventing stress may look like an impossible task but trying these daily strategies can help prevent it to a greater extent. Not letting feelings, or emotions hamper the mood Managing work and tasks efficiently to avoid build-ups Taking good care of your body by eating right, exercising and getting enough sleep Staying positive, practicing gratitude, and acknowledging the good parts of the day or life Accepting that you can’t control everything Finding ways to let go of situations that cannot be changed Learning to say “no” to additional responsibilities when busy or stressed Staying connected with people who keep you calm, make you happy, provide emotional support Balancing responsibilities with other activities you enjoy Knowing the triggers and avoiding them efficiently Did you know? Numerous foods contain nutrients that may help you reduce stress. Read about how to incorporate some of these foods and beverages into your diet to naturally promote stress relief. Click Here! Specialist To Visit

A psychiatrist will provide treatment for stress through medication. But if you want to understand the underlying cause then the following professionals can help:

Integrative medicine specialist Life coach

Seek medical attention if you feel overwhelmed with thoughts, are using drugs or alcohol as your coping mechanism, or have thoughts about hurting yourself.

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

Stress is a normal part of life, and it can be good stress or bad stress. Bad stress comes with both physical and emotional reactions to certain triggers that can cause worry and tension. Stress usually fluctuates from situation to situation and challenging circumstances can act as stressors. More than the treatment, it is how you manage it. The methods in the management of stress include: Therapy/counseling Stress can take its toll on anybody, but correct therapy can help one manage it better. There are certain therapies that aim to prevent future stress as well. Here are the most commonly used therapies for stress and related mental health conditions:

1. Cognitive-behavioral therapy (CBT) CBT is the most common type of therapy available to manage short-term stress, as it addresses thought patterns and behaviors. The aim of this therapy is to help the patient identify their stressors, and come up with healthier responses to reduce the impact of their triggers.

This therapy is not just used to help people with stress, but it has shown beneficial results in treating patients with anxiety disorders as well.

1. Acceptance and commitment therapy (ACT) This therapy aims to work on long-term chronic stress and helps people move past challenges and create their own version of quality life. Acceptance and commitment therapy changes how people respond to stress.
2. Psychodynamic therapy This therapy is used on a more long-term basis and aims to help one identify thought patterns that may dictate behavioral responses. It may be best suited for stress caused by long-standing issues which are intertwined with other mental health condition such as anxiety and depression.
3. Positive psychology therapy Positive psychology is a scientific field of study that is useful for stress because it is based on the perspective of “what works” instead of focusing on “what is wrong”. This therapeutic approach helps identify the patient’s character strengths as well as plan and take positive action to improve their life.
4. Behavioral therapy It is similar to CBT with its focus on changes in behavior. But unlike CBT, behavioral therapy is more focused on one’s actions, rather than their thoughts.

Behavioral therapy tends to work best for long-term triggers of stress, including traumatic events, as well as conditions such as anxiety, phobias, and attention-deficit hyperactivity disorder (ADHD). Click To Know!

1. Exposure therapy This therapy is traditionally used to treat phobias, PTSD, and anxiety disorders. Exposure therapy is beneficial if the person has any mental health condition that causes them to avoid certain situations, objects, people, and places.
2. Group therapy This type of therapy is used in dealing with extremely stressful events like natural disasters, child loss, divorce, and more. A trained therapist leads sessions and the group setting allows the person to feel empowered and less alone. Medication There is no specific medication for stress, but there are medications that can help alleviate or manage some of the signs and symptoms of stress. They are: Sleeping pills or minor tranquilizers for sleeping troubles Antidepressants for anxiety along with stress Specific medication to treat any symptoms of stress like irritable bowel syndrome (IBS) or hypertension (high blood pressure). Home-care For Stress

Worry, stress, and anxiety can trigger a host of health problems, but there are things one can do to overcome this. Mild to moderate stress levels can be managed with certain lifestyle modifications like: 1. Understand what is causing stress It’s important to know the triggers and not to ignore physical warning signs such as tense muscles, tiredness, headaches, or migraines. Think about what’s causing your stress. 2. Make a plan Doing too many things at a time or doing nothing at all can cause the work to build up leading to stress. Prioritizing things and reorganizing life can help manage everything. 3. Give importance to supportive relationships Find close friends or family who can offer help and practical advice and provide support in managing stress. 4. Reduce smoking and drinking Smoking and drinking may seem to reduce tension but it can make it worse. Alcohol and caffeine can increase feelings of anxiety.

Planning to quit smoking? Explore our smoking cessation range. Click Here!

1. Eat healthy A healthy and well-balanced diet can improve mood and can keep other disorders at bay as well. Getting enough nutrients (including essential vitamins and minerals) and water can help in the betterment of mental wellbeing.
2. Exercise regularly Physical exercise can help manage the effects of stress by producing endorphins that boosts the mood. Walk for 15-20 minutes three times a week to stay healthy and fit.
3. Practice self-care Relax and take some time out to indulge in self-care such as doing meditation, getting a foot massage, or anything that you love to do. But ensure to strike a balance between your responsibilities.
4. Get proper sleep Sleep is an important factor that can affect stress levels. Reducing caffeine intake, making a “to-do” list for the next day or listening to music before going to bed can help sleep better.
5. Be positive Try to keep a positive approach in life, find joy in small things and be grateful to your near and dear ones.

Note: It is important to take it easy and not stress about everything, be it at home or at work.

Learn how to effectively handle work stress. Click Here! Management of workplace stress Work stress tops the list of causes of stress, especially the journey in the corporate sector can feel like a roller coaster ride. It can lead to losing self-control and just working with the flow, often neglecting the impact of these levels of stress. But, it can be managed efficiently by the following: Reduce the job stress by taking care of yourself Get all the support needed Rest properly and adequately Connect with your inner self Organize and prioritize the tasks Delegate responsibilities wherever possible Complications Of Stress

If stress becomes chronic it can lead to various mental and physical health issues such as: Anxiety: It is the brain’s way of reacting to stress and alerting the person of potential danger ahead. Depression: It is a mood disorder that causes a persistent feeling of sadness and loss of interest and can interfere with daily activities. Bipolar disorder: A disorder associated with episodes of mood swings ranging from depressive lows to manic highs. Insomnia: It is a common sleep disorder that can make it hard to fall asleep, and hard to stay asleep. Phobias: A phobia is an anxiety disorder defined by a persistent and excessive fear of an object or situation. Post-traumatic stress disorder (PTSD): It is a mental health condition that’s triggered by a terrifying event, either experiencing it or witnessing it.

Post-traumatic stress disorder (PTSD) is a real illness that makes you feel stressed and afraid even after the danger is over. It affects your life and the people around you. Read more about PTSD. Click Now!

Burnout syndrome: Burnout is not simply excessive stress. Rather, it is a complex physical, mental, and emotional reaction to constant levels of high stress. This syndrome is also called labor stress and can be characterized as being physical and emotional exhaustion of workers. Chronic fatigue syndrome: Also called myalgic encephalomyelitis (ME), it is characterized by feelings of extreme fatigue, depression, and a general disappointment with life, which can last for several months or years. Obsessive-compulsive disorder (OCD): It causes repeated unwanted thoughts or sensations (obsessions) or the urge to do something over and over again (compulsions). Heart disease: Stress may lead to high blood pressure, which can pose a risk for heart attack and stroke. Erectile dysfunction: It is defined as difficulty getting and keeping an erection. Stress and anxiety can interrupt how your brain sends messages to the penis to allow extra blood flow leading to this condition. Alternative Therapies For Stress

Stress management is a wide spectrum of techniques and psychotherapies aimed at controlling a person’s level of stress, especially chronic stress. The main purpose is to motivate and improve everyday functioning. Some of the ways to manage stress include: Mind-based interventions Mindfulness-based stress reduction (MBSR) is a therapeutic technique in which an instructor guides participants in weekly activities like meditation and yoga in order to reduce stress levels. This technique generally uses yoga and meditation that can help those with anxiety, depression, chronic pain, addiction, immune disorders, high blood pressure, and more. Acupuncture It relieves stress by promoting the movement of Qi in the body, according to Traditional Chinese medicine (TMC). According to TCM, the energy that usually flows smoothly throughout the body can become stuck or scattered due to stress or disease. This can lead to muscle tension and acupuncture can help with that. Aromatherapy This can reduce the perception of stress, decrease levels of cortisol and increase contentment. Lavender aromatherapy has shown promising results in promoting sleep in infants and adults. Different aromatherapy scents bring different effects on people.

Here are some essential oils to calm your mind and body. Read To Know!

Hypnotherapy This is an effective method for coping with stress and anxiety. In particular, hypnosis can reduce stress and anxiety before a medical procedure, for example, breast biopsy. Massage It releases feel-good hormones and relieves stress by lowering the heart rate, and increasing relaxation. Receiving a massage is beneficial to increasing the feeling of contentment and well-being as emotions such as anxiety and depression can be reduced once stress levels are decreased. Tai Chi The researchers found that tai chi provided the same benefits for managing stress-related anxiety as exercise as it includes meditation and focused breathing. Some researchers also noted that tai chi may be superior to other forms of exercise for reducing stress and anxiety.

Meditation and relaxation techniques have not gained as much popularity as yoga has in recent times. This majorly is because most people believe stress to be an uncontrollable part of modern life or do not give mental health its due attention.

Read about 5 relaxation techniques to fight stress and anxiety. Read Now!

Virtual reality Researchers have taken the first steps toward developing a VR application for stress management, specifically an underwater virtual world that can be used for paced breathing techniques. Also, viewing computer-mediated forms of nature through slideshows of images or videos affects physio-psychological processes reducing stress levels. The VR effects that has the results include: Resting in the forest Different types of forest A water landscape Natural environment containing some facilities

Note: The COVID-19 pandemic has disrupted everyday living, leaving many in a state of psychological distress. While nature offers solace to promote mental health, the pandemic has reduced access to it. VR offers a safe alternative to experiencing nature. Living With Stress

Like many other issues surrounding mental health, stress is often misunderstood or stigmatized. Here are some tips to cope with stress in a better way. 1. Do not procrastinate In the age of social media, it is quite common to spend a lot of time on digital media which makes it difficult to strike a healthy balance between work and relaxation. This in turn can affect your productivity both at work and at home. In addition to restricting the use of social media, take tasks only that you can handle and prioritize your work to be on track with your work schedule. 2. Know the stressors The best way to manage stress is to know what is causing it and then work on it. For example, if a busy schedule is making you anxious, sit down and prioritize things, or if attending a traditional university isn’t going to fit with your scheduling needs, consider transferring to an online university that may be a better fit. 3. Manage academics by organizing Organization is very important in academic life for dealing with stress. Stress can be managed with great efficiency by keeping academic notes organized, turning in assignments on time, and keeping track of all deadlines. 4. Eat, sleep and exercise regularly A nutritious diet, enough sleep and daily exercise can beat stress to a large extent. A person has to be well-rested and healthy for the body to perform all the stress-relieving actions. 5. Do what you love Take a break between classes, homework, work, and other obligations, and read your favorite book or watch a movie. You may not be able to drop everything on your to-do list at once, but don’t hesitate to spend some time doing anything that makes you happy. 6. Talk to your loved ones Surround yourself with people who you like to spend time with and enjoy their company. Talking to someone who makes you feel comfortable can relieve a great deal of stress. 7. Get professional support Don’t hesitate to reach out for help from a professional. Trained psychologists or psychotherapists are generally the best types of mental health professionals for stress-related therapies. Their mission is to help you identify triggers of stress while collaboratively developing a plan with you to manage them. Psychotherapists are also referred to as “talk therapists.”

Excess stress takes a severe emotional toll and can lead to serious health consequences that affect the immune, cardiovascular and nervous systems. Read more about effective ways to cope with chronic stress. Click Here!

Tips for parents and caregivers It is natural for children to worry when scary or stressful events happen in their lives. Monitor what children see and hear about stressful events happening in their lives. Here are some suggestions to help children cope up with stress.

Maintain a normal routine Watch and listen to your children Be alert for any change in your child’s behavior Reassure your child about his or her safety and well-being Make sure your child gets plenty of sleep, eats right, exercises daily, and keeps a normal routine Take breaks from the news, internet, and conversations about any disaster Teachers and school personnel should create opportunities for students to communicate freely Tips for employers and HR professionals Managers and employers play a vital role in shaping the future of employees as they are the support pillars who can make or break any situation for them. HR can help organizations create a culture that respects people’s personal lives and their obligations outside work. Following are some tips that create a good working environment for the employees.

Managers should improve communication with employees All employees should be motivated to give suggestions The HR should coach and train managers on having reasonable expectations from employees Encouraging an informal form of communication through lunch meets, get-togethers, chit-chat or gaming session at the workplace Incorporating wellness programs to improve overall employee health and cut back on stress and sick-day losses. Frequently Asked Questions How long can stress last? Who is most affected by stress? Is all stress bad? Can one gain or lose weight due to stress? What is the best advice to cope with stress? References Schneiderman N, Ironson G, Siegel SD. Stress and health: psychological, behavioral, and biological determinants. Annu Rev Clin Psychol. 2005. Moffitt TE; Klaus-Grawe 2012 Think Tank. Childhood exposure to violence and lifelong health: Clinical intervention science and stress-biology research join forces. Dev Psychopathol. 2013 Nov. Mariotti A. The effects of chronic stress on health: new insights into the molecular mechanisms of brain-body communication. Future Sci OA. 2015 Nov 1. Salleh MR. Life events, stress, and illness. Malays J Med Sci. 2008. Radley JJ, Kabbaj M, Jacobson L, Heydendael W, Yehuda R, Herman JP. Stress risk factors and stress-related pathology: neuroplasticity, epigenetics, and endophenotypes. Stress. 2011. Treatment of stress. Stress. Minds.org.uk. March 2022. Coping with stress. Violence Prevention. Center For Disease Control And Prevention. Nov 2021. How to Live a Stress-Free Life In a Way Most People Don’t. American Institute Of Stress. Aug 2020. Priyesha Jain, Akhil Batra. Occupational Stress at Workplace: Study of the Corporate Sector in India. IOSR Journal of Business and Management (IOSR-JBM). Volume 17, Issue 1. Ver. III Jan. 2015. Florian Soyka, Markus Leyrer. Enhancing stress management techniques using virtual reality. Researchgate Conference Paper ·July 2016. Sarah Hian May Chan, Lin Qiu1 · Gianluca Esposito, et al. Nature in virtual reality improves mood and reduces stress: evidence. Springer-Verlag London Ltd. January 2021. Wang X, Shi Y, Zhang B, Chiang Y. The Influence of Forest Resting Environments on Stress Using Virtual Reality. Int J Environ Res Public Health. 2019.

===============================================

Bronchitis Also known as Airways inflammation, Chest cold Overview Bronchitis is an inflammatory reaction of the lining of the bronchial tubes (or airways). As it is a respiratory condition, it presents with symptoms such as frequent coughing with or without mucus, fatigue, fever and wheezing or whistling sound while breathing.

Bronchitis is broadly classified into acute (if onset is recent) or chronic (if present for long) forms. Acute bronchitis is often caused by a mild infection such as seasonal viral flu or may be due to allergic reasons. Whereas smoking and exposure to air pollutants for a long time are the most common causes of chronic bronchitis. Chronic bronchitis is associated with a severe respiratory disease known as a chronic obstructive pulmonary disease (COPD).

Acute bronchitis, if mild, can be managed with home remedies, OTC products, and anti-allergic medications but consultation with a doctor or immediate intervention may be required in severe cases. Chronic bronchitis is an ongoing illness that requires lifelong treatment to keep the symptoms suppressed and is a cause of considerable morbidity and mortality in the long term. Key Facts Usually seen in Children below 15 years of age Adults above 60 years of age Gender affected Both men & women Body part(s) involved Respiratory system Bronchioles Prevalence Worldwide: 3.4%–22.0% (2015) Mimicking Conditions Lung cancer Allergic rhinitis Congestive heart failure Occupational lung diseases Lung aspiration Necessary health tests/imaging Complete blood count (CBC) Sputum examination routine Pulmonary function tests X-Ray chest PA view HRCT chest - plain Erythrocyte sedimentation rate (ESR) C-Reactive protein (CRP) Treatment Antipyretics: Paracetamol Bronchodilators: Salbutamol and Ipratropium bromide Antitussives and expectorant syrups Lozenges Antibiotics See All Symptoms Of Bronchitis

The bronchioles and bronchi present in the respiratory system consist of airways or tubes that carry the air inhaled by the nose to the lungs. After inhalation, air enters the nose, crosses the larynx and enters the trachea. The trachea first divides into the two airways known as the right bronchus and the left bronchus. These bronchus further divide into many small bronchioles and ultimately supply air to the right and the left lung, respectively. Any inflammation occurring in the bronchi is known as bronchitis. Bronchitis can be acute or chronic and the symptoms may vary slightly based on the type.

Symptoms of acute bronchitis Symptoms of acute bronchitis last for a week or two and usually do not cause any lingering effects. Following symptoms are seen with acute bronchitis: Persistent cough Coughing up sputum, which may be colorless or yellowish. Occasionally, it may be greenish or blood-tinged sputum. A runny or a stuffy nose Sore throat Chest pain or tightness Wheezing or whistling sounds may be heard during breathing Dyspnoea or breathlessness while performing activities or at rest Fever, chills, weakness, and body aches Dizziness and confusion Low levels of oxygen Symptoms of chronic bronchitis When the symptoms of acute bronchitis last for a longer time and recur frequently, it may be a case of a condition known as chronic bronchitis, an ongoing illness. Chronic bronchitis is characterised as a productive cough which may continue for a minimum of three months for two or more consecutive years. Chronic bronchitis, if left unattended, might lead to emphysema (a type of respiratory disease) which in turn can cause chronic obstructive pulmonary disease (COPD), a serious respiratory disorder that can also be life-threatening. Causes Of Bronchitis

Causes of acute bronchitis

Infections: Acute bronchitis can be caused by viral or bacterial infections of the respiratory tract. The same viruses that cause the common cold or the flu can also cause acute bronchitis. Viruses and bacteria can enter your body if you are in close proximity to a patient who has an ongoing respiratory illness. When a patient coughs or sneezes, millions of tiny droplets laden with microorganisms get released into the air. If you inhale such contaminated air, you may also get infected.

Inhalation of irritant substances: Inhaling dust particles, smoke, and industrial pollutants such as tiny fibers, asbestos granules, acid fumes, etc. may also cause inflammation in the airways and lead to acute bronchitis.

Seasonal changes: For some people, seasonal changes can also increase the risk of acute bronchitis due to allergic reactions. It is seen that during the winter season most people experience an episode of acute bronchitis every year.

Causes of chronic bronchitis

Air pollution: Living in polluted areas and constantly breathing in polluted air can lead to the development of chronic bronchitis.

Industrial exposure: Working in industries that continually expose a person to tiny fibers, dust, smoke, acid fumes, etc., which irritate the lungs may cause chronic bronchitis.

Smoking: Smoking for a longer duration, actively or passively (exposed to smoke when someone else is smoking), is one of the causes of chronic bronchitis. Did you that Tobacco smoke is a toxic mix of more than 7,000 chemicals and compounds? Smoking has a direct effect on the respiratory system, more significantly on the lungs. It is basically a toxic mix of more than 7,000 chemicals and compounds. These compounds reach the lungs quickly every time you smoke or inhale them. This over time damages the cells of other parts of the body. But smoking usually affects the lungs the most. Click Here To Know! Risk Factors For Bronchitis

You have a higher chance of getting bronchitis if you: Are a smoker Have a family history of respiratory diseases Work in an industry that exposes you to lung irritants Have asthma or allergic diseases Have a weak immune system Suffer from repeated bouts of severe acidity (gastric reflux) Diagnosis Of Bronchitis

Acute bronchitis is commonly caused by respiratory viruses. In most cases, it is a self-limiting illness that resolves within 8 to 10 days. Doctors do not usually suggest any investigations for a single episode of acute bronchitis as the diagnosis is mostly based on the patient’s history and clinical symptoms. Laboratory investigations and imaging studies may be needed when symptoms are severe or recurrent and do not resolve within 8 to 10 days.

Laboratory investigations

1. Blood tests: Blood tests like Complete Blood Count (CBC), Erythrocyte Sedimentation Rate (ESR), C-Reactive Protein (CRP), etc., may be required to evaluate if the patient is suspected of having a severe infection or inflammation.
2. Sputum analysis: This has a limited role in diagnosing a case of acute bronchitis. Viruses are the most common cause of acute bronchitis, and they are not sufficiently detected in a sputum analysis. A sputum examination routine is required when a patient is suspected of having add-on infections or pneumonia (complications of acute bronchitis).
3. Pulmonary function testing: Pulmonary Function Tests are tests that study the functioning of the airways and are used to determine their sensitivity to bronchodilator medications. They are an important diagnostic tool to evaluate chronic bronchitis and COPD.

Imaging studies X-Ray chest PA view and HRCT chest - plain are used to visualize the lungs and the airways to help establish a diagnosis for respiratory symptoms. Celebs affected Leonard Nimoy Leonard Nimoy, famous for his role as Spock in the Star Trek movie series, had chronic bronchitis and COPD. King Edward VII King Edward the VII of England was a chain smoker and was known to have chronic bronchitis. Prevention Of Bronchitis

Although bronchitis can affect anyone and it is not possible to prevent it entirely, certain precautions and lifestyle modifications can help prevent frequent episodes of bronchitis. Do not smoke or be around people when they are smoking Wear a mask when you are exposed to dust, smoke, or other lung irritants Wash your hands frequently, and do not touch your eyes, ears, and mouth repetitively Get yourself vaccinated yearly with the flu vaccine

In most cases, you do not produce noticeable amounts of phlegm unless you are sick or suffer from any respiratory problem. But the presence of phlegm (known as sputum) could indicate the presence of an allergen, irritant or infection in your lungs or sinuses. Moreover, the color of the phlegm can give you an idea about your health problem. Do you know how to differentiate the different colors of the mucus and know what each color means? Click Here Read!

Specialist To Visit

Acute bronchitis often resolves on its own, and the symptoms will clear off in a week or ten days. You may seek medical advice from a doctor if you have troublesome symptoms not relieved with home remedies or OTC preparations. If you have a cough for most days of the year, you must consult a General physician Respiratory specialist (Chest physician/pulmonologist) If you experience severe symptoms during an episode of acute bronchitis, it may suggest an underlying secondary infection in the lungs which may require immediate medical attention. The symptoms include: High fever Chills Breathlessness at rest Low oxygen levels Bad taste in the mouth Cough with blood-tinged or greenish sputum Consult India’s best doctor online from the comfort of your place. Click to book an appointment. Consult Now!

Treatment Of Bronchitis

The treatment for bronchitis is mostly based on the type and severity of the condition. Some of the most common treatments suggested include: 1. Physiotherapy and pulmonary rehabilitation Physiotherapy exercises for postural drainage effectively loosen the secretions in the chest and help with easy expulsion of mucus. Pulmonary rehabilitation exercises comprise breathing techniques and with time gradually progress to aerobic exercises to help improve a patient’s lung capacity and strengthen their respiratory system. Pulmonary rehabilitation is an important part of chronic bronchitis and COPD management.

1. Acute bronchitis treatment The treatment for acute bronchitis is mostly symptomatic and consists of: Antipyretics like paracetamol preparations are used to control the fever. Bronchodilators like salbutamol and ipratropium bromide help improve breathing. Antitussives and expectorant syrups help reduce cough and chest congestion. Antitussives help suppress cough whereas expectorants help to easily expel the mucus. Lozenges provide a soothing effect by reducing the coughing sensation. Antibiotics (rarely) may be given if your doctor suspects an additional bacterial infection.
2. Chronic bronchitis treatment Chronic bronchitis is an ongoing illness that requires additional treatment to the above-listed symptomatic treatment of coughing. The treatment may include: Antitussive medications which are used to treat the chronic cough associated with chronic bronchitis and COPD. Bronchodilators such as salmeterol and tiotropium and steroid medicines like fluticasone and beclomethasone are prescribed for inhalation to relieve airway inflammation seen in chronic bronchitis and COPD. Patients with a severe disease may require supplemental oxygen at home to combat the hypoxia (absence of sufficient oxygen to the tissues). Home Care For Bronchitis

If you have a flare-up of acute bronchitis or are suffering from chronic bronchitis, you can do the following to get relief from symptoms: Drink plenty of fluids like warm water, herbal teas, and clear soups. Take sufficient rest. If you can’t sleep at night, use an extra pillow to prop up your head to prevent mucus from settling in the back of your throat. Perform steam inhalation as it humidifies the nasal passages and airways and helps loosen chest congestion. Using a cold or warm mist humidifier in the bedroom can help clear the mucus. Gargling with salt water can help break mucus that irritates the throat. Spit it out after gargling. You can repeat it many times a day to soothe your throat. You can use a saline nasal spray or drops to help with nasal stuffiness. You can suck on lozenges (small medicated tablet for cough) or a mixture of honey and lemon to help with a sore throat and cough. Do not give lozenges to children without consulting a doctor. Quitting smoking is one of the key lifestyle modifications advised to patients who smoke. Smoking cessation helps prevent disease from worsening. Complications Of Bronchitis

Bronchitis, whether it is acute or chronic, may cause severe activity limitations and lead to: Asthma COPD Emphysema Empyema Pneumothorax Pneumonia Lung collapse Chronic hypoxia Respiratory failure Death Alternative Therapies Of Bronchitis

Home Remedies For Bronchitis

1. Honey: It has antiviral as well as antibacterial properties and is useful in the treatment of bronchitis. Honey helps soothe the throat and moreover, it also builds a strong immune system. Tip: Add half a teaspoon of honey with a pinch of black pepper, fresh ginger paste, and 1-2 clove powder. Consume this paste to ward off the burning sensation of the throat.
2. Ginger: It has immune-building and anti-inflammatory properties that not only help treat cold but also sore and inflamed bronchial tubes. Tip: It’s safest to use ginger in a natural form, rather than in capsules or supplements. Prepare a mixture by adding one teaspoon each of pepper, dried ginger, and cloves. Add a little amount of this mixture in milk or honey and have it thrice a day to get relief.
3. Turmeric: To get relief from cough associated with bronchitis, turmeric is the best natural remedy. The anti-inflammatory properties of turmeric resolves excess mucus, which ultimately provides relief. Turmeric also increases antioxidant activity, meaning that it may help reduce irritation and boost your immunity. Tip: Mix 1/2 teaspoon of powdered turmeric with 1 teaspoon of honey to make a paste. Consume the paste 1 to 3 times per day while symptoms last.
4. Garlic: Garlic is one of the most important home remedies to treat acute bronchitis. Results of a study published in 2016 show that garlic effectively inhibited the growth of infectious bronchitis virus. Tip: Take three fresh garlic bulbs, peel, and chop them properly. Add the chopped pieces to a glass of milk. Boil the milk for some time and drink it warm before going to sleep.
5. Salt water: Gargling salt water may help break up mucus and reduce pain in your throat. This helps in soothing the irritated throat. Tip: Add some salt in warm water and stir it well. Now, gargle with this warm salt water 3-4 times a day.
6. Pineapple: Pineapple contains bromelain, which is a natural and powerful anti-inflammatory that can help in expelling mucus and gives relief in bronchitis and other respiratory infections.
7. Orange juice: Oranges are rich in vitamin C and it is suggested to consume plenty of vitamin C to build a strong immune system. To treat bronchitis, fruit juices are the best home remedies to soothe the inflamed throat. Tip: Orange juice can also be used with almonds to alleviate a sore throat. Finely crushed almonds can be added to orange juice and drink this at night.

Ayurveda There are various herbal remedies which are used to alleviate the symptoms of cough, such as sucking on a clove, taking powdered preparations from medicinal herbs, and condiments like long pepper, dried ginger, turmeric, etc. Formulations, such as Sitopaladi Churna, Karpuradi Churna, etc., are also used to alleviate dry cough. Vyaghriharitaki Avaleha, Bharangyadi Avaleha, and Vasavaleha are found to be useful in chronic bronchitis and childhood asthma.

Homeopathy Although there is little evidence, homeopathy preparations like Belladonna, Chamomilla, Antimonium Tartaricum, Nux Vomica, Kali Sulphuricum, etc. have been in use to treat cough, cold, and other symptoms of bronchitis. Living With Bronchitis

Acute bronchitis does not majorly interfere with the patient’s lifestyle as the symptoms do not continue for long and resolve without any long-term effects. However, chronic bronchitis may impart a major impact on a patient’s quality of life. A chronic bronchitis patient may not be able to perform strenuous physical activities as he or she may get breathless. As the disease progresses, the symptoms worsen and the chances of respiratory failure are high. A COPD patient may often need oxygen supplementation at home, and their other physical activities may be severely limited. The quality of life of the patient with chronic bronchitis declines as the severity of the disease increases. Frequently Asked Questions Is bronchitis a serious disease? Why do I get coughs and colds every year? What home remedies can help with cough? What are pulmonary function tests? How long does it take to recover from bronchitis? Can bronchitis turn into pneumonia? References Worrall G. Acute bronchitis. Can Fam Physician. 2008 Feb;54(2):238-9. Mejza F, Gnatiuc L, Buist AS, Vollmer WM, Lamprecht B, Obaseki DO, Nastalek P, Nizankowska-Mogilnicka E, Burney PGJ; BOLD collaborators; BOLD study collaborators. Prevalence and burden of chronic bronchitis symptoms: results from the BOLD study. Eur Respir J. 2017 Nov 22;50(5):1700621. Chronic Obstructive Pulmonary Disease. World Health Organisation. Bronchitis. National Heart, Lung and Blood Institute. U.S Department of Health & Human Services. Chest Cold (Acute Bronchitis). Centers for Disease Control and Prevention. Bronchitis. NHS UK. Gohel SD, Anand IP, Patel KS. A comparative study on the efficacy of Bharangyadi Avaleha and Vasa Avaleha in the management of Tamaka Shwasa with reference to childhood asthma. Ayu. 2011 Jan;32(1):82-9. Ram J, Baghel MS. Clinical efficacy of Vyaghriharitaki Avaleha in the management of chronic bronchitis. Ayu. 2015 Jan-Mar;36(1):50-5. Dry Cough. National Health Portal India Benjamin RM. Exposure to tobacco smoke causes immediate damage: a report of the Surgeon General. Public Health Rep. 2011 Mar-Apr;126(2):158-9.

===============================================

Testicular cancer Also known as Germ cell tumour Overview Testicular cancer is a medical condition in which the testicles (or testes) are affected by cancerous cells. The testicles are part of the male reproductive organ and are present as two small egg-shaped glands. These glands are held in a scrotum or sac that lies below the penis. The testicles are responsible for producing the sperm and male sex hormones.

Testicular cancer is rare in occurrence when compared to other cancers. Testicular cancer accounts for merely 1% of malignancies found in men. It can occur in men of all ages but it is most commonly seen in the age group of 15 to 44 years. It usually affects only one testicle.

Testicular cancer is fairly treatable and can be cured when detected early. Depending on your exact diagnosis and staging of cancer, your doctor can advise you surveillance, surgery, radiation, or chemotherapy. Some patients may require more than one treatment modality for completely curing testicular cancer. Key Facts Usually seen in Adults between 15 to 44 years of age Gender affected Men Body part(s) involved Testicles Metastasis to lymph nodes, lungs, brain & bones Mimicking Conditions Testicular torsion Epididymitis Hydrocele Spermatocele Necessary health tests/imaging Clinical examination Ultrasound Blood tests: Serum alpha-fetoprotein (AFP), Lactate dehydrogenase (LDH) & beta-human chorionic gonadotropin (beta-hCG) Imaging tests: CECT abdomen & CECT chest Biopsy Treatment Surgery: Radical inguinal orchiectomy & Retroperitoneal lymph node dissection Chemotherapy: Bleomycin, Cisplatin, Etoposide & Ifosfamide Radiation therapy Symptoms Of Testicular Cancer

Testicular cancer can cause several symptoms that affect your health. It is possible to experience more than one symptom at the same time. Feeling a lump or swelling in either testicle Feeling of heaviness in the scrotum Collection of fluid in the scrotum Experiencing pain or discomfort in one testicle or the scrotum Testicular atrophy (shrinking of the testicles) Experiencing a dull ache in the abdomen or groin region Enlargement or tenderness of the breasts Lower back pain Swelling of one or both legs or shortness of breath due to a blood clot. For some young or middle-aged men, developing a blood clot may be the first sign of testicular cancer Shortness of breath, chest pain, and blood in sputum or phlegm can be symptoms of later stage of testicular cancer due to spread to lungs Headaches and confusion in case the tumour spreads to the brain Here are some common signs and symptoms that could be suggestive of cancer. Click To Know!

Types Of Testicular Cancer

There are two types of testicular cancer: Seminoma: This kind of tumour occurs in all age groups. In the case of the elderly who develop testicular cancer, the cell type is more likely to be seminoma. In general, seminomas do not tend to be as aggressive as a nonseminoma. They are usually limited to the testicles and are less likely to spread to other parts of the body. Nonseminoma: Nonsemina is a tumour that has a tendency to develop in the earlier stages of life. Later it grows in size and spreads rapidly in the body. Nonseminoma tumours tend to involve the lymph nodes. There are different types of non-seminoma tumours including embryonal carcinoma, yolk sac tumour, choriocarcinoma, and teratoma. Causes Of Testicular Cancer

It’s not exactly clear what leads to the development of testicular cancer. Typically, healthy cells in our body undergo division and growth to maintain optimal body function. However, sometimes these cells may develop some abnormalities. Such mutations can cause the previous healthy cells to start diving and growing out of control. These cancerous cells continue dividing despite the body not needing them.

Slowly these cancerous cells start getting accumulated and start taking the space and nutrients available for healthy cells. This results in a cancerous mass that can be felt as a lump in the testicle. There are some particular cells in the testicles that produce immature sperm.

Some researchers have found that most testicular cancer cells have an extra pair of chromosome number 12. They have also detected the presence of some other chromosomes or an abnormal number of chromosomes in some testicular cancers.

Experts are studying these chromosomes and the DNA further to find more about the genes that get affected and lead to the development of testicular cancer. Risk Factors For Testicular Cancer

The following factors are associated with a high risk of testicular cancer. Age group of 15 to 44 years Failure of testicle to descend from the abdomen into the scrotum (cryptorchidism) Personal history of a testicular cancer Family history of a testicular cancer Incidence is highest in white race, most rapidly increasing in Hispanic population and lowest amongst African-american individuals Infertility or having difficulty conceiving a baby Abnormal testicular development in conditions like Klinefelter syndrome Congenital defects like hypospadias (abnormality of the penis) and inguinal hernia (a lump in the groin) Issues before birth related to mother’s pregnancy such as abnormal bleeding and estrogen, or hormone therapy HIV infection or AIDS Did you know? Taller men could be at a higher risk of an aggressive form of prostate cancer. According to the study, British scientists found that every 10 cm increment in height increased the risk of developing high-grade prostate cancer by 21% and the risk of death by 17%. Here’s more about the link. Click To Read! Diagnosis Of Testicular Cancer

Your doctor will consider your symptoms and carry out some tests to rule out the diseases that mimic the symptoms of testicular cancer. In several cases, men are able to discover the presence of testicular cancer by themselves when they unintentionally discover a lump in their testicles. Your doctor can determine whether a lump is cancerous or not.

1. Clinical examination Your doctor will perform an examination of affected testis and the contralateral normal testis to look for any abnormality. Many tumours will have a hard consistency, while some tumours may show testicular atrophy. The doctor will also examine the abdomen, neck, upper chest, armpits, and groin for any evidence of enlarged lymph nodes, to evaluate any spread of cancer. The breasts and nipples are also examined for any growth. The legs are examined for swelling from blood clots in veins in the legs, pelvis, or abdomen.
2. Ultrasound A testicular ultrasound is an examination modality that uses sound waves that helps in creating an image of the scrotum and testicles. A doctor or health provider uses a handheld probe and moves it over the scrotum to take the ultrasound. This in turn creates a digital image on the screen that can be viewed by the doctor. An ultrasound test helps in determining the size, nature, location of the lump and identifying whether the lump is filled with fluid or is solid in nature. It will also help your doctor determine the presence of lumps inside or outside the testicle.
3. Blood tests Your health provider may also request some blood tests depending on your signs and symptoms. This will help in determining the levels of tumour markers present in the blood. Tumour markers are compounds that normally occur in the body. But, in the case of certain ailments such as testicular cancer, these markers are elevated in the blood. The final diagnosis will be given by your doctor based on your results and other tests.

Bloods tests to measure the levels of tumour markers such as serum alpha-fetoprotein (AFP), lactate dehydrogenase (LDH) and beta-human chorionic gonadotropin (beta-hCG) are recommended in patients suspected of testicular cancer. AFP is elevated in 60-70% of patients with non seminoma. AFP is not produced by seminomas, hence an increased level of AFP is a sign that the tumour is not a pure seminoma. A falsely elevated AFP may be seen in patients with liver disease or a condition called hereditary persistence of AFP in which patients may have baseline AFP levels that are mildly elevated. Beta- hCG may be elevated in both non seminomas and seminomas. However, beta-hCG levels above 1,000 IU/L generally indicate that the cancer is a non-seminoma and not a seminoma. False positive elevation of hCG may be seen secondary to hypogonadism or use of marijuana. LDH is a nonspecific marker mainly used to help in the assessment of how much chemotherapy to give for metastatic non-seminoma. Many other cancers and non-cancerous conditions can increase LDH levels and it is not used to diagnose testicular cancer in particular. Although elevation of serum tumour markers support the diagnosis of a testicular cancer, it should be remembered that most patients with seminoma and upto a third of patients with non seminomas do not have elevated levels.

The levels of these markers are measured before a biopsy is taken that helps in determining testicular cancer.

1. Imaging tests CECT abdomen: It is usually done for the evaluation of the abdominal area. Presence, size and location of a tumour along with associated lymph nodes can be evaluated. Chest X-ray: A chest x-ray is used to ascertain any metastasis to the lungs. If a more detailed picture of the lungs is needed, the doctor may recommend a CECT of the chest. However, in many cases, an x-ray is preferred as it uses less radiation. CECT chest: It should be performed in case of metastasis to the lung or if lung nodules are identified on chest x-ray.
2. Surgical removal of testicle (orchidectomy or orchiectomy) Surgical removal of the affected testicle is done to examine it in the laboratory. In most cases, only one testicle is removed, as both testicles are rarely affected by cancer at the same time.

For most types of cancer, a biopsy is done by removing and examining some tissue from the tumour. However, biopsy from the testicle is not done because it has a risk of causing the cancer cells to spread to the lymph nodes.

Wondering which doctor to visit for male health problems? Here’s everything about different male health specialists and what they do. Click To Read!

Prevention Of Testicular Cancer Unfortunately, currently, researchers have not found a way to prevent testicular cancer. However, early diagnosis can prevent the spread of cancer and present a good prognosis. Men are advised to perform a testicular self-examination (TSE) once a month. Performing a TSE can be done while taking a shower or warm bath. A warm bath will help the scrotum to relax, making it easier for you to detect the presence of unusual lumps. To do the examination, use both of your hands to examine each testicle. Use your index and middle fingers and place them underneath your testicles while placing your thumb on the top. Now gently roll each testicle between your fingers and thumb. Your testicles can feel different in size which is quite normal. As you move your testicles between your fingers lookout for the epididymis. This structure is a tube that stores and transports sperm and feels like a cord on the top and back of your testicle. Do not confuse it with a lump. You will be able to feel the presence of lumps since they can be the size of peas or bigger in size. They are often painless in nature. In case you feel a lump or observe a change in the size of your testicle, contact your doctor for a medical opinion. Did you know? Some of the common cancers can be prevented with vaccines. There are currently no vaccines able to 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. Click to know which vaccines are approved for cancer prevention in India. Read Article Here! Specialist To Visit

You should visit a doctor if you are experiencing symptoms such as a lump in your testicles, swelling of a testicle or increase in the size of the testicle. These symptoms might indicate the possibility of testicular cancer. You can consult the following doctors for diagnosis: General physician General surgeon Urologist Oncologist If you are a bit reluctant to visit a doctor personally, you can even consult a doctor online. Book Appointment Here!

Treatment Of Testicular Cancer

Testicular cancer can be treated based on the type and staging of cancer. It also depends on several other factors that include your overall health and personal preferences. There are several ways through which testicular cancer can be managed and treated.

The staging of testicular cancer is based upon understanding the pattern of spread. One staging classification that is used is the TNM system: Stage I: Tumour (T) is limited to the testis Stage II: Tumour has spread to the lymph nodes (N) in the back of the abdomen (retroperitoneum) Stage III: Metastasis (M) of the cancer has happened, i.e. it has spread to other parts of the body such as lungs, liver, brains, and bone. For testicular cancer, an S is also added to the TNM system. Serum tumour marker (S) indicates any elevation of serum tumour markers like AFP, beta-hCG, and LDH.

1. Surgery

Radical inguinal orchiectomy: It is the foremost treatment option for testicular cancer at nearly all stages and types. This procedure is done by a surgeon who will make an incision in the groin region and remove the involved testicle through the opening. According to your choice, a prosthetic and saline-filled testicle can be inserted into the scrotum to make up for the removed testicle. In the early stages of testicular cancer, this surgery can be enough and often the only treatment needed for testicular cancer.

Retroperitoneal lymph node dissection: It is another surgery that is done by making an incision in your abdomen. In this surgery, your surgeon will do their best to avoid injuring nerves that surround lymph nodes. However, in some cases, it may be unavoidable and hence comes with some level of risk. Damage to the nerves can lead to difficulty with ejaculation; however that won’t prevent you from having an erection.

Sometimes surgery can be the only treatment option for testicular cancer. In such cases, your doctor will recommend a schedule of follow up appointments. These appointments are usually carried out every month for the initial few years. The frequency of the appointments decreases later and you will be required to undergo blood tests and CT scans. Your doctor may recommend other procedures that will allow them to check for signs that can indicate the return of cancer.

1. Radiation therapy Radiation therapy is a treatment modality that uses high powered energy beams that work as an effective treatment to kill cancer cells. During a radiation therapy appointment, the patient is asked to lie flat on a table. A large machine that emits the energy beam moves around the body and aims the beam at precise points. Radiation therapy is often recommended for patients who have the seminoma type of testicular cancer and can also be recommended after surgery done to remove a testicle.

Radiation therapy can lead to some side effects including nausea and fatigue. It can also cause some level of skin erythema and irritation near the abdominal and groin areas. In some cases, radiation therapy can lead to a temporary decline in the levels of sperm count and can also affect fertility. Before the radiation therapy, you can talk to your doctor about the side effects and methods of managing the same. Several men opt to preserve their sperm before beginning radiation therapy.

1. Chemotherapy Chemotherapy treatment is a treatment modality that uses strong medicines that are effective in killing cancer cells. These drugs circulate around the body and aim at destroying cancer cells that may have travelled from the original tumour. According to the stage of testicular cancer, chemotherapy may be your only treatment option or a patient can be advised chemotherapy prior to or post a lymph node surgery.

Commonly used chemotherapeutic agents in treatment of testicular cancer are: Bleomycin Cisplatin Etoposide Ifosfamide Serum tumour markers are monitored throughout the treatment and usually normalise during or after treatment.

Cisplatin-based chemotherapy is associated with side effects like myelosuppression (bone marrow is not able to make enough blood cells), nausea, vomiting and hair loss. Bleomycin may be associated with pulmonary fibrosis (lung tissue becomes damaged and scarred). Your doctor can recommend various medications or other treatment options that can help in managing the side effects of chemotherapy.

Talk to your doctor about the risks and benefits of the treatment and about the various options that can allow you to preserve your sperm prior to beginning chemotherapy.

1. Bone marrow transplantation Bone marrow transplantation, also known as stem cell transplantation, is the latest state of the art treatment modality. In this procedure, the bone marrow is taken from the patient and treated with drugs to do away with the cancer cells. The marrow is then frozen. The patient is given high-dose chemotherapy with or without radiation therapy to destroy the remaining marrow. The marrow earlier removed from the patient is thawed or warmed and injected into a vein of the patient to replace the marrow that was destroyed. Celebs affected Lance Armstrong Lance Armstrong is a famous athlete who has vocally spoken about his experience with testicular cancer. Tom Green Tom Green is a comedian and actor who was diagnosed with testicular cancer in 2000. Home-care For Testicular Cancer It generally takes about two weeks or two months to recover from an orchiectomy that allows doctors to remove the affected testicle. It is important to follow the post-op instructions given by your doctor during your recovery time. You will be advised to avoid lifting anything over ten pounds for the first few weeks of the surgery. You will also be asked to refrain from engaging in any kind of sexual activity until you have recovered. Activities such as exercising, running or playing sports should be avoided for nearly four weeks post-surgery. You will be asked to maintain a schedule of follow up appointments to minimise the risk of testicular cancer returning. There is a small risk that cancer may return or grow in the other testicle. Hence, it is vital that patients maintain follow-up appointments and learn how to perform self testicular examinations. The duration of your follow up care may alter based on your diagnosis and diseases prognosis your follow up care. Complications Of Testicular Cancer

Untreated testicular cancer can lead to certain complications such as:

1. Excessive female hormone In some cases, testicular cancer can lead to the increased production of another hormone known as human chorionic gonadotropin or hCG. This hormone is also known as the “pregnancy hormone”. In some cases, the excessive production of hCG can lead to the abnormal enlargement of breast tissue in men. This condition is known as gynecomastia. Some other types of testicular cancer can lead to the development of gynecomastia due to an increase in the levels of another female hormone known as estrogen.
2. Metastasis or spread of cancer There can be several complications in case testicular cancer is undiagnosed or left untreated for a long duration of time. This can result in the spread of cancer from the original tumour to other parts of the body.

The site to which the original tumour spreads is known as a secondary or metastatic tumour. In the case of metastasis, a patient can present with several symptoms based on the location of the metastatic tumour. These symptoms will include lower back pain, swollen lymph nodes, or swelling and pain in the lower extremities.

Retroperitoneum is the most commonly involved site in metastatic disease. Most blood borne metastasis occurs after the lymph node involvement. Lungs are the most common organ involved by blood borne metastasis. If the secondary tumour is present in the lungs, it can result in shortness of breath, coughing up of blood or the presence of chronic cough. Symptoms such as headaches or confusion can be seen if a secondary tumour spreads to the brain.

1. Late effects of chemotherapy Patients treated with cisplatin based chemotherapy have increased risk of development of hypertension, hyperlipidemia, metabolic syndrome, and cardiovascular events. Patients treated with high cumulative dose of etoposide may experience some risk of developing other cancers like acute myeloid leukaemia (AML), typically 2-3 years after therapy. Alternative Therapies For Testicular Cancer

Testicular cancer requires orthodox medical treatment. However, some patients feel that a complementary approach via alternative therapies can help in the management of the side effects caused during the treatment.

1. Acupuncture Acupuncture has proven to be a successful alternative therapy form in patients that have testicular pain. It involves the insertion of needles through the skin at specific points on the body. Acupuncture can also provide relief for patients who have epididymitis (inflammation of the epididymis present at the back of the testicle).
2. Aromatherapy Aromatherapy uses a mix of essential oils for massages that can make a person feel relaxed. Often patients feel that alternative therapies such as aromatherapy help them cope with the treatment of cancer and allow them to feel relaxed.  
   Living With Testicular Cancer

Being diagnosed with testicular cancer can cause stress and anxiety in men. This medical condition directly affects the quality of life, and patients struggle with the concept of cancer itself. Some men also face a decreased sperm count or experience difficulty in ejaculating, leading to embarrassment. However, timely diagnosis and treatment can help you in managing the signs and symptoms linked with testicular cancer.

Learn about testicular cancer Learning about testicular cancer can help you make comfortable decisions regarding your treatment choice. It is better to empower yourself with the knowledge of what’s about to happen than to fear the unknown. Pen down the questions that you would like to ask your doctor at the next appointment. You can also use reputable sources of information to read more about the condition and the treatment options available for the same.

Take care of yourself Preparing for the treatment of testicular cancer can seem like a daunting task. To do so you need to take care of yourself and your body. Eat a healthy diet that is well balanced. Increase the number of fruits and vegetables you intake and get plenty of rest every night. Try to practice meditation and eliminate sources of stress from your life prior to the treatment. Talk to your doctor about strategies that can help your body prepare for the treatment.

Join support group Dealing with testicular cancer can be isolating even if you have friends and families. In such times it is often helpful to talk to people who have gone through the same experience. There are several support group forums available online that include cancer survivors.

Take the help of your loved ones Undergoing chemotherapy can be tough. Take help from the people near you for accompanying you to the doctor’s appointments or to the treatment centre. Talking to people who love you during the course of the treatment can help you cope with the fear of cancer. Frequently Asked Questions How will testicular cancer affect my sex life? What is the prognosis for testicular cancer? What are the chances that testicular cancer will occur in the second testicle? How long does it take for an adult to heal from orchiectomy? What are the treatment options for recurrent testicular cancer? Does having a family history of testicular cancer increase the chances of getting it? What is the most significant risk factor for testicular cancer? References Niederhuber JE, et al., eds. Testicular cancer. In: Abeloff’s Clinical Oncology. 5th ed. Philadelphia, Pa.: Churchill Livingstone Elsevier; 2014. Accessed Nov. 29, 2016. Testicular cancer. Fort Washington, Pa.: National Comprehensive Cancer Network. Accessed Dec. 14, 2016. Wein AJ, et al., eds. Neoplasms of the testis. In: Campbell-Walsh Urology. 11th ed. Philadelphia, Pa.: Elsevier; 2016. Accessed Nov. 29, 2016. Testicular self-examination (TSE). Urology Care Foundation. Accessed Dec. 12, 2016. Ilic D, et al. Screening for testicular cancer. Cochrane Database of Systematic Reviews. 2011;CD007853. Accessed Dec. 16, 2016.. National Cancer Institute website. Testicular cancer treatment (PDQ) - health professional version. Updated May 21, 2020. Accessed August 5, 2020.

===============================================

Tetanus Also known as Trismus and Lockjaw. Overview

Tetanus, commonly known as lockjaw, is a nervous system disorder characterized by muscle spasms, particularly of the jaw and neck. This infection is caused by the bacteria called Clostridium tetani, which is found in the soil. Tetanus symptoms usually emerge about 7 to 10 days after the initial infection. However, this can vary from 4 days to about 3 weeks, and may, in some cases, may take months.

Open wounds that are soiled, sharing contaminated needles and deliveries in unhygienic conditions are the main risk factors for getting tetanus. Most cases occur in people who did not complete their primary tetanus vaccination schedule or did not receive any booster shot within the previous decade.

Tetanus is a deadly and highly debilitating condition that fortunately can be prevented by timely vaccinations. The tetanus vaccines should be given to children. Primary vaccination schedule consists of 5 tetanus shots given as part of diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccination in children between 2 months to 6 years. Key Facts Usually seen in All age groups Gender affected Both men and women Body part(s) involved Jaw and neck muscles Prevalence Worldwide: 73000 (2019) Mimicking Conditions Localized infections Hysteria Neoplasms Malignant hyperthermia Stimulant drugs Dystonic drug effects Serotonin syndrome Stiff person syndrome Treatment Early wound care Human tetanus immune globulin (TIG) Medicines to control muscle spasms: Diazepam, Pancuronium, Baclofen, Magnesium sulfate Antibiotics: Metronidazole, penicillin G, cefuroxime Hospitalization and supportive care Specialists to consult General physicians Toxicologist Neurologist Pulmonary medicine specialist Anesthesiologist Symptoms Of Tetanus

The most common sign of this infection is tightening of the jaw muscles. Tetanus infection can lead to serious health problems, including being unable to open the mouth and having trouble swallowing and breathing. Other symptoms include:

Jaw cramping Sudden, involuntary muscle spasms often in the stomach Painful muscle stiffness all over the body Trouble swallowing Seizures (jerking or staring) Headache Fever and sweating Changes in blood pressure and heart rate Did you know? Spasm progressively extends to the facial muscles causing the typical facial expression of fixed sarcastic grimace and anxious expression called “ risus sardonicus”. Causes Of Tetanus

Tetanus is caused by a toxin produced by Clostridium tetani bacteria spores found in dust, animal feces, and soil. When these spores enter a deep flesh wound, they transform into bacteria that release a lethal toxin known as tetanospasmin.

The toxin damages the muscles, specifically the motor neurons that control muscle function. This causes muscle spasms and stiffness, which is a major symptom of tetanus.

Tetanus cases are frequently seen in people who have never been immunized or in adults who have not received their 10-year booster shot. Tetanus is not a contagious disease and thus cannot be passed from person to person.

Other ways: Tetanus bacteria can also infect someone’s body through breaks in the skin caused by:

Clean superficial wounds (when only the topmost layer of skin is scraped off) Surgical procedures Insect bites Dental infections Compound fractures (an exposed broken bone) Chronic sores and infections Intravenous (IV) drug use Intramuscular injections (shots given in a muscle) Types Of Tetanus

Tetanus is a vaccine-preventable disease acquired through environmental exposure to the spores of Clostridium tetani. There are four forms of tetanus, based on clinical findings. They include: 1. Generalized tetanus It is the most prevalent kind (more than 80% of reported cases). Typically, the head and neck muscles are the first to become tight and spastic, with the rest of the body eventually being affected. The full recovery from these spasms may take several months, and they can persist for up to 4 weeks.

1. Localized tetanus It is an uncommon form of the disease in which patients have persistent contraction of muscles in the same body part as the injury. These contractions could last for several weeks before fading down gradually.
2. Neonatal tetanus It is a type of tetanus that manifests within a week of birth in newborn babies. In case the mother is not immune, neonatal tetanus affects newborns who are not protected by their own immune system or antibodies from the mother.

Note: The newborn should receive human tetanus immunoglobulin (TIG) without delay. Also, it can be prevented by immunizing the mother before or during pregnancy or by ensuring a clean delivery in a sterile environment..

1. Cerebral tetanus It is also called cephalic tetanus which involves muscles of the face and larynx. It only affects the head’s nerves and muscles. The most frequent cause of cephalic tetanus is head trauma. It is extremely uncommon, making up around 1% to 3% of tetanus cases. Did you know? A history of diphtheria or tetanus vaccinations is believed to be associated with less severe manifestations of COVID-19. Read more about the importance of vaccination in preventing many diseases. Click Here Risk Factors For Tetanus

Tetanus usually occurs in persons who are not immunized, partially immunized, or fully immunized but lack adequate booster doses. The risk factors for neonatal tetanus include the following:

1. Contaminated cuts or wounds Tetanus bacteria are more likely to infect certain breaks in the skin through feces (poop), or saliva (spit) and wounds caused by an object, like a nail or needle, breaking the skin.
2. Unvaccinated mother Vaccination helps protect babies during this time when they are most vulnerable, women should get the tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap) during each pregnancy.
3. Delivery in contaminated areas Obstetric tetanus, which occurs during pregnancy or within 6 weeks of the end of pregnancy. It happens following the contamination of wounds with Clostridium tetani spores during pregnancy or the use of contaminated tools during deliveries or abortions.
4. Septic cutting of the umbilical cord Neonatal tetanus occurs when non sterile instruments are used to cut the umbilical cord or when contaminated material is used to cover the umbilical stump.
5. Family history A history of neonatal tetanus in a previous child increases the risk for neonatal tetanus in subsequent children.
6. History of immunosuppression Individuals who are on medications for autoimmune conditions or post-organ transplant have low immunity which can increase their chances of tetanus infections.
7. Sharing contaminated needles Skin punctures by contaminated needles (such as those used to inject illegal drugs or to tattoo or do body piercing) can also lead to tetanus. Got inked? Watch this video to learn about various precautions to follow after getting tattoos.
8. Diabetes Patients who have diabetes and chronic wounds are more prone to tetanus than the other populations. Did you know? Overall, diabetics are more likely to contract tetanus than non-diabetics. Do not let diabetes impact your quality of life. Check out our diabetic care range Diagnosis Of Tetanus

No confirmatory laboratory testing is available; the diagnosis is made clinically. Other things to help confirm the diagnosis include:

1. History When there is a history of a prior tetanus-prone injury and insufficient tetanus immunization, tetanus should be suspected in particular. Tetanus can be identified by a patient’s recent history of trauma, wounds, scrapes, and punctures as well as by a doctor looking for specific symptoms and indicators.
2. Spatula test The spatula test is a simple diagnostic test. Touching the throat with a spatula in normal patients elicits a gag reflex and efforts to expel the spatula; a negative result. If tetanus is present, a reflex spasm occurs, and the patient bites the spatula; a positive result. Prevention Of Tetanus

Vaccination and good wound care are the cornerstones in the prevention of a tetanus infection. They are discussed as follows:

1. Vaccination The only way to prevent a tetanus infection is by getting vaccinated on time. The tetanus vaccine shot is usually given in the deltoid muscle. The tetanus vaccine is given as part of the following vaccines:

Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine: Contains full doses of diphtheria, tetanus, and pertussis (whooping cough) vaccines. Diphtheria and tetanus (DT) vaccine Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap) vaccine: Contains a full dose of the tetanus vaccine and a lower dose of diphtheria and whooping cough vaccines. Tetanus and diphtheria (Td) vaccine Tetanus Toxoid (TT) vaccine

Note: DTaP/DT are only given to babies and children younger than 7 years whereas Tdap/Td/TT are given to adolescents and adults.

Who should take tetanus vaccination and when?

Children Children between 2 months to 6 years should get 5 DTaP shots. Three doses at 6, 10 & 14 weeks and two booster doses at 16-24 months and 5-6 years of age respectively. Children who had a very bad reaction to DTaP can receive DT vaccine. However, they will not receive any protection against whooping cough. Children 11-12 years should get 1 booster shot of Tdap.

Adults Adults over 18 years who did not receive primary immunization, three doses of Td vaccine are indicated. Two doses are administered at least 4 weeks apart, and the third dose is given 6-12 months after the second dose. The Tdap vaccine can substitute any one of the Td doses. Adults who have completed their primary vaccination schedule, should get TT or Td shot every 10 years till the age of 65. One dose of Tdap vaccine may be administered in place of Tt/Td vaccine.

Pregnant women The national immunization schedule in India recommends the 2 doses of TT/Td regardless of the immunization status of pregnant women. There should be a minimum gap of 4 weeks between the two doses. Tdap vaccination can also be considered instead of the second dose of TT/Td injection. If a mother received 2 TT/Td doses in the last pregnancy and gets pregnant within 3 years then only one booster dose is recommended.

Contraindications of Tetanus vaccination History of a severe adverse reaction to any vaccination ingredient. If within seven days following vaccination and without apparent explanation, suffered encephalopathy (such as coma, diminished level of consciousness, or persistent seizures). History of Guillain-Barré syndrome (GBS)

Immunization is one of the most effective tools to prevent severe infections in kids as well as adults. Know more about 7 vaccinations to protect against deadly diseases. Read now

1. Appropriate wound care You need to take proper care if you get any cut, wound or injury especially if it is contaminated. Here are a few tips that you need to follow if you have a minor wound or injury:

Control bleeding: Use a clean tissue, piece of gauze, or clean cloth to apply direct pressure to the cut or wound until bleeding stops. To aid in reducing bleeding, try to elevate the arm or leg above the heart if possible. Maintain hygiene: First of all, wash your hands before cleaning and dressing the wound. Once the bleeding has stopped, a saline solution, bottled water, or clear running water should be used to rinse the wound. Cover the wound: Use a sterile bandage after using an antibiotic cream to lower the chance of infection. To keep the wound clean and dry, change the bandage frequently as it will keep harmful bacteria out. Change the dressing: Replace the bandage at least once every day, or whenever the dressing is soiled or wet, and change the dressing. You can use an antibiotic ointment. Manage adverse reactions: If you observe any rash or wound getting worse due to antibiotic use or if you are allergic to the adhesive used in bandages switch to adhesive-free dressings or sterile gauze and paper tape.

Watch this informative video to know more about how to manage wounds efficiently. Specialists To Visit

The following specialists help to reduce morbidity and mortality associated with tetanus:

General physician Toxicologist Neurologist Pulmonary medicine specialist Anesthesiologist

A toxicologist helps to rule out any poisoning and to determine if any substance is toxic or harmful. A neurologist is a doctor who treats diseases of nerves and in the case of tetanus, they treat seizures. A pulmonary medicine specialist can help when there is respiratory compromise and can help with providing ventilation. An anesthesiologist is to administer drugs, such as baclofen.

When to see a doctor?

You are not sure about completing your tetanus vaccination schedule. You haven’t received a tetanus injection in the last ten years. Not sure when the last tetanus vaccination was taken. You are injured outdoors. The wound has been in direct contact with soil. The wound has dirt or debris that won’t come out. A deep puncture wound, an object in the wound, an animal bite, or a severe cut.

Do not wait until things get out of hand. Seek advice from our trusted team of world-class doctors. Book your appointment now Treatment Of Tetanus

Tetanus is a medical emergency and its management comprises the following:

1. Early and aggressive wound debridement It is advisable to surgically debride any wounds that are present. It’s essential to clean your wound with sterile or clean water and an antiseptic solution to get rid of any dirt, debris, or foreign objects that could harbor bacteria.

Always keep your first aid kit handy in case of an emergency. Buy first aid products online

1. Antimicrobial therapy Although they are always advised, antibiotics probably only have a little part to play in the treatment of tetanus. It is crucial to note that without proper wound debridement, appropriate antibiotic therapy may fall short of eliminating C. tetani. Drugs used are: Metronidazole Penicillin G Cefuroxime
2. Human tetanus immune globulin (HTIG) Neutralization of unbound toxins with Human tetanus immune globulin is given. All patients with suspected tetanus should immediately receive both passive (with TIG) and active (tetanus toxoid–containing vaccines).
3. Drugs to control muscle spasms Generalized muscle spasms are life-threatening since they can cause respiratory failure, lead to aspiration, and induce generalized exhaustion in the patient.

Note: Long-term muscle contractions result in abrupt, strong, and painful muscle group contractions. It’s known as tetany. This is called tetany. These are the episodes that can cause fractures and muscle tears.

There are several drugs that may be used to control these spasms which include:

Benzodiazepines (like diazepam) Pancuronium Antispasmodics (like baclofen) Magnesium sulfate

1. Hospitalization and supportive care People with severe tetanus need to stay in an intensive care environment. As sedatives inhibit breathing you might need to stay under ventilation temporarily. Nutritional support should also be initiated early. As the energy demands in tetanus can be extremely high due to repeated spasms, excessive sweating, muscular contractions etc. Heparin or any other anticoagulant should be administered early in order to prevent blood clotting in veins. Tetanus often begins with mild spasms in the jaw muscles, which eventually can affect your chest, neck, back, and abdominal muscles. Hence, physical therapy is suggested as soon as spasms have stopped.
2. Vaccination during recovery Tetanus disease does not provide immunity against tetanus. Active immunization should be initiated or continued with a tetanus toxoid-containing vaccine as soon as the person’s condition has stabilized.

Order medicines online from India’s largest pharmacy Click Here Complications Of Tetanus

Serious health problems that can happen because of tetanus include:

● Laryngospasm: It is uncontrolled/involuntary tightening of the vocal cords that may lead to interference with breathing.

● Fractures: Fractures of the spine or long bones may result from involuntary muscle movements.

● Hypertension and/or abnormal heart rhythm: Hyperactivity seen in tetanus may lead to hypertension. It can also cause abnormal heart rhythm.

● Nosocomial infections: These are infections that are acquired while getting medical care but were absent at the time of admission. They are also known as healthcare-associated infections (HAI).

● Pulmonary embolism: It refers to a blood clot that has passed through the bloodstream from another part of the body and blocked the major artery of the lung or one of its branches.

● Aspiration pneumonia: It is a lung infection that develops when things like saliva or vomit accidentally go into the lungs.

● Death: Tetanus can be fatal in some cases.These mostly include people 60 years of age or older and those who have never received a vaccination. Did you know? There has been a 96% reduction in tetanus cases since 1988, largely due to scaled-up immunization programmes. Read more on tetanus toxoid vaccination. Alternative Therapies For Tetanus

A few alternative therapies that have shown some promise in the management of tetanus include:

1. Botulinum toxin Botulinum toxin, also called “miracle poison,” is a neurotoxin produced by the bacterium Clostridium botulinum. Studies show that other than immunization, the administration of this toxin is a treatment approach that has been used in recent years to reduce rigidity and spasms in tetanus patients.
2. Vitamin C Research suggests that vitamin C might play an important role in preventing tetanus and reducing mortality. It also acts as an antioxidant, helps wound healing and enhances immunity.

Check out our broad range of vitamin C supplements to fill any gaps in your diet. Browse Here Living With Tetanus

Tetanus can have various adverse effects on the patient’s lifestyle, depending on the severity of the symptoms. The challenge or ease of living with tetanus 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:

Physical therapy can also be used to help with muscle rigidity and spasms, increase mobility and movement and maximize function and quality of life. Cardiopulmonary physical therapy can be used to help in the prevention of respiratory complications. Emotional and caretaking are also required by the person dealing with tetanus. A helping hand or support from the family on the emotional ground can do wonders in recovery.

Caregivers play a very important role in the overall disease outcome of the patient diagnosed with tetanus. The different roles of the nurse and include the following responsibilities:

Recording medical information. Creating care plans to suit the individual needs of the patient. Combative wound care and infection control. Providing emotional support so that the patient does not feel alone. Frequently Asked Questions How does a person contract tetanus? Does the protection from tetanus vaccination last forever? How long does a tetanus shot last? What will happen if I forget to take a tetanus shot after being cut by a rusty metal? What is a booster dose or booster vaccine or booster shot? Is there a cure for tetanus? How long does it take to show signs of tetanus after being exposed? What if I miss a dose of tetanus toxoid? References NCBI Bookshelf [Internet]. [cited 2022Dec2]. Available from: Yen LM, Thwaites CL. Tetanus [Internet]. The Lancet. Elsevier; 2019 [cited 2022Dec2]. Available from: Define\_me. [cited 2022Dec2]. Available from: Rodrigo C, Fernando D, Rajapakse S. Pharmacological management of tetanus: An evidence-based review - critical care [Internet]. BioMed Central. BioMed Central; 2014 [cited 2022Dec2]. Available from: Tetanus journal articles and Manuals [Internet]. Centers for Disease Control and Prevention. Centers for Disease Control and Prevention; 2022 [cited 2022Dec2]. Available from: Tetanus - researchgate.net [Internet]. [cited 2022Dec2]. Available from: Tetanus - azdhs.gov [Internet]. [cited 2022Dec2]. Available from: Tetanus symptoms and complications [Internet]. Centers for Disease Control and Prevention. Centers for Disease Control and Prevention; 2022 [cited 2022Dec2]. Available from: Causes and how it spreads [Internet]. Centers for Disease Control and Prevention. Centers for Disease Control and Prevention; 2022 [cited 2022Dec2]. Available from: Screening for endocrine hypertension - mdedge [Internet]. [cited 2022Dec2]. Available from: NCBI Bookshelf [Internet]. [cited 2022Dec2]. Available from: Brown D. Spatula test [Internet]. RCEMLearning India. 2019 [cited 2022Dec2]. Available from: Tetanus [Internet]. World Health Organization. World Health Organization; [cited 2022Dec2]. Available from: Behrens H, Ochmann S, Dadonaite B, Roser M. Tetanus [Internet]. Our World in Data. 2019 [cited 2022Dec2]. Available from: Tetanus vaccination [Internet]. Centers for Disease Control and Prevention. Centers for Disease Control and Prevention; 2022 [cited 2022Dec2]. Available from: Diphtheria, tetanus, and pertussis vaccine recommendations [Internet]. Centers for Disease Control and Prevention. Centers for Disease Control and Prevention; 2022 [cited 2022Dec2]. Available from: (PDF) tetanus: A review of the literature - researchgate.net [Internet]. [cited 2022Dec2]. Available from: Tetanus: Questions and answers - immunize.org [Internet]. [cited 2023Mar6]. Available from: Tetanus [Internet]. World Health Organization. World Health Organization; [cited 2023Mar6]. Available from: Australian Government Department of Health and Aged Care. National Immunisation Program schedule [Internet]. Australian Government Department of Health and Aged Care. Australian Government Department of Health and Aged Care; 2023 [cited 2023Mar6]. Available from: T; HHK. Vitamin C for preventing and treating tetanus [Internet]. The Cochrane database of systematic reviews. U.S. National Library of Medicine; [cited 2023Mar6]. Available from: Pinkbook: Tetanus [Internet]. Centers for Disease Control and Prevention. Centers for Disease Control and Prevention; 2022 [cited 2023Mar6]. Available from: An alternative treatment approach in tetanus: Botulinum toxin [Internet]. [cited 2023Mar6]. Available from: Tetanus (no date) Physiopedia. Available at:

===============================================

Thalassemia Also known as Cooley’s anemia, Alpha thalassemia and Beta thalassemia Overview Thalassemia is a blood disorder that affects many people across the world. It is an inherited disorder which means it is passed on from parents to their children. It is a condition in which a person has less than the usual amount of hemoglobin (an oxygen-carrying protein) in their body.

The primary cause of thalassemia is a mutation in the DNA of the cells that limit the production of alpha or beta chains in the hemoglobin. Depending on which chain is affected, two types of thalassemia may arise - alpha thalassemia or beta-thalassemia. Thalassemia may also be characterized on the basis of its severity. A person with mild symptoms of thalassemia is known to have thalassemia minor. However, a person with moderate or severe symptoms may be considered as thalassemia major. A person may also be a carrier of thalassemia even if they do not show any symptoms of the disease.

For people with a thalassemia minor, regular screening and intake of necessary supplements may be enough. However, people with thalassemia major may require frequent blood transfusions or bone marrow transplants.

Although a genetic disease, thalassemia can be prevented in a child by the parents undergoing specific blood tests before conceiving giving birth. Adopting a healthy lifestyle and following a well-balanced diet can also help manage this condition well. Types Of Thalassemia Alpha-thalassemia In alpha-thalassemia, the severity of the condition depends on the number of mutated genes you receive from your parents. In case you inherit: One mutated gene - You are a carrier of thalassemia and may not show any symptoms. Two mutated genes - You will show mild signs of thalassemia. Three mutated genes - You will show moderate to severe signs of thalassemia. Beta-thalassemia Two genes are required for producing the beta-globin chain. In case you inherit: One mutated gene - You may show mild symptoms of thalassemia. This condition is known as thalassemia minor. However, there is a 50% chance that you may not show symptoms if only one gene is damaged. In this case, you will be a thalassemia carrier. Two mutated genes - Your symptoms may be moderate to severe. This condition is referred to as thalassemia major. Babies born with thalassemia major are generally healthy at birth but may show signs and symptoms within 2 years. Key Facts Usually seen in All age groups Gender affected Both men and women Body part(s) involved Blood Prevalence Worldwide: 5% (2021) India: 0.6-15% (2019) Mimicking Conditions Sickle cell anemia Iron deficiency anemia Hemolytic anemia Sideroblastic anemia Erythropoietin deficiency Vitamin B-12 deficiency Necessary health tests/imaging Complete blood count (CBC) The Mentzer index Blood smear Iron studies Prenatal testing Hemoglobin electrophoresis Treatment Supplements: Folic acid, Vitamin D & Calcium Iron chelation therapy: Deferoxamine, Deferasirox & Deferiprone Blood transfusions Bone marrow transplant Hemoglobin inducer drugs: Hydroxyurea & Thalidomide Gene therapy See All Symptoms Of Thalassemia

Symptoms of thalassemia generally occur during childhood or late adolescence. For people with thalassemia minor, the symptoms may not be visible. However, people suffering from thalassemia major may experience a wide range of symptoms. The severity of the symptoms may also vary and depend on the type of thalassemia.

Some of the common signs and symptoms of thalassemia include:

1. Weakness or fatigue It is caused as the hemoglobin cannot carry enough oxygen to various parts of the body. The muscles do not receive enough oxygen and reduce the amount of energy produced by the body.
2. Pale or yellowish skin Some people with thalassemia may have extremely pale or yellowish skin as this condition reduces red blood cells in the body.
3. Weak and brittle bones Another common symptom of thalassemia is weak bones. An increase in the amount of iron in the body may reduce or interfere with the absorption of calcium and Vitamin D. This may lead to weak and brittle bones over time.
4. Dark urine In people with thalassemia, there may be an increase in the breakdown of red blood cells in the body. This may lead to an excess release of bilirubin from the cells, which may cause your urine to become darker.
5. Deformities in the face or skull In some cases, thalassemia may lead to an expansion in the bones, which in turn may cause the bones in your face to widen.
6. Growth failure Anemia can cause the growth of a child to slow down. Puberty may also be delayed in children with thalassemia.
7. Iron overload People with thalassemia can get an overload of iron in their bodies, either from the disease itself or from frequent blood transfusions. Too much iron can result in damage to the heart, liver, and endocrine system, which includes glands that produce hormones that regulate processes throughout the body. The damage is characterized by excessive deposits of iron. Without adequate iron chelation therapy, almost all patients with beta-thalassemia accumulate potentially fatal iron levels.
8. Infection People with thalassemia have an increased risk of infection. This is especially true if the spleen has been removed.
9. Enlarged spleen The spleen aids in fighting infection and filters unwanted material such as old or damaged blood cells. Thalassemia is often accompanied by the destruction of a large number of red blood cells and the task of removing these cells causes the spleen to enlarge. Splenomegaly can make anemia worse, and it can reduce the life of transfused red blood cells. Severe enlargement of the spleen may necessitate its removal. Causes Of Thalassemia

Every person has three types of blood cells in their body - red blood cells (RBCs), white blood cells (WBCs), and platelets. The red blood cells consist of an iron-rich protein known as hemoglobin, which is responsible for providing oxygen from lungs to other parts of the body.

Thalassemia occurs when there is a mutation in the gene that controls the formation of red blood cells. The hemoglobin in our body has two kinds of protein chains - alpha-globin and beta-globin. If mutations in the gene cause either of the alpha protein chain or the beta protein chain to be abnormal, it may stop the production of red blood cells in the body. There won’t be enough cells to carry oxygen to various organs, and your body may not function properly.

The reduction in the number of alpha chains leads to alpha-thalassemia and the reduction in the number of beta chains causes beta-thalassemia. Children generally inherit these mutations from their parents.

Both α- and β-thalassemias are often inherited in an autosomal recessive manner. Cases of dominantly inherited α- and β-thalassemias have been reported, the first of which was in an Irish family with two deletions of 4 and 11 bp in exon 3 interrupted by an insertion of 5 bp in the β-globin gene. For the autosomal recessive forms of the disease, both parents must be carriers for a child to be affected. Risk Factors For Thalassemia

As thalassemia is passed on from parents to children, the factors that may increase the risk of having thalassemia are: Family history: If either your parents or close relatives suffer from thalassemia, you are at a greater risk of developing it. Belonging from a certain ancestry: Thalassemia is mostly found in African Americans and Southeast Asians. Diagnosis Of Thalassemia If you experience any thalassemia symptoms such as fatigue, then it is wise to consult a doctor. It may also be advised to consult a doctor if you’re pregnant and either you or your partner have thalassemia or are carriers.

Your doctor might do some physical examination followed by a few thalassemia tests to evaluate the severity of your child’s condition. The tests include:

Complete blood count (CBC) In this test, the doctor evaluates the number of red blood cells in your body. They will also be able to detect the amount of hemoglobin in the cells and determine their shape and size.

The Mentzer index The index is calculated from the results of a complete blood count. If the quotient of the mean corpuscular volume (MCV, in fL) divided by the red blood cell count (RBC, in millions per microLiter) is less than 13, thalassemia is said to be more likely. If the result is greater than 13, then iron-deficiency anemia is said to be more likely.

Blood smear In this test, a trained professional examines a sample of your blood under the microscope. This test helps detect any abnormal cells in the blood.

Iron studies These tests measure the body’s iron storage capacity and usage. It may include tests for determining unsaturated iron-binding capacity, iron-binding capacity, and percent saturation of transferrin.

Prenatal testing This testing is carried out during pregnancy to determine whether a baby has thalassemia or not before birth. Tests used to diagnose thalassemia before birth are: Chorionic villus sampling: In this test, a tiny sample of the placenta is evaluated to find out whether the baby suffers from the condition or not. Amniocentesis: Generally done during the 16th week, this test examines the fluid surrounding the fetus. Hemoglobin electrophoresis This test helps identify different types of hemoglobin present in the blood. It helps detect the abnormal type of hemoglobin and diagnose different types of anemia.

To get the right diagnosis, it is important to consult the right doctor. Consult India’s best doctors online. Click Here!

Celebs affected Amitabh Bachchan The popular bollywood film star is also a thalassemia minor patient. He has joined hands with several celebrities to spread awareness about Thalassemia across India. Zinedine Zidane The famous French footballer and coach was also diagnosed with Thalassemia minor very early in his career. Despite the fatigue and challenges that come with the disease, he has gone on to win many matches and establish a successful career. Pete Sampras A popular American Tennis Player, Pete Sampras has thalassemia minor. Prevention Of Thalassemia

As thalassemia is an inherited condition, it may be challenging to prevent it. However, there are not many ways to manage the condition and reduce its implications on your health excepy for genetic screening.

One of the sure-shot ways to prevent the passing of thalassemia from parents to offspring is through genetic screening. If either or both of the partners are a carrier of the gene that causes thalassemia, genetic screening may help determine whether the baby is affected by it or not. There are several types of prenatal tests available that can be taken in the early or later stages of pregnancy to check whether your baby is safe or has thalassemia, major or minor.

Large scale awareness campaigns are being organized in India by both the Government and non-government organizations in favor of voluntary premarital screening to detect carriers of thalassemia and marriage between both carriers is strongly discouraged. Did you know? If you or your partner are unaware whether you have thalassemia minor or are carriers of this gene, a premarital genetic screening may help detect and decrease the chances of having a baby with thalassemia. A 2009 study revealed that premarital screening in family members followed by prenatal diagnosis is the best way to control thalassemia in developing countries like India. Specialist To Visit

The intensity of the symptoms of thalassemia may vary depending on the type of thalassemia. Most doctors can predict whether a baby has thalassemia if either parent has thalassemia majors or are carriers.

For people who are carriers or have thalassemia minor, medical treatment may not be required. However, children or adults with thalassemia major may need to visit their doctor regularly to manage the disease. Even a gynecologist and genetic counselor can help you diagnose or prevent the transmission of thalassemia to your child by conducting prenatal testing.

Specialists that can help manage thalassemia include: General physician Hematologist Pediatrician Consult India’s best doctors here from the comfort of your home. Consult Now!

Treatment Of Thalassemia

People who have thalassemia minor and show mild symptoms may not require any treatment. However, for people with moderate to severe thalassemia, the following treatments may be required:

1. Vitamin supplements Vitamin supplements may be required in addition to the regular treatments available to manage thalassemia successfully. For thalassemia minor patients, only vitamin supplements may be recommended to manage the condition.

Folic acid is the most common vitamin recommended to people with thalassemia. It helps build healthy red blood cells and is prescribed to people alongside transfusions and iron chelation therapy.

Apart from this, your doctor may also prescribe Vitamin D and calcium supplements to avoid osteoporosis and build stronger bones.

1. Iron chelation therapy The hemoglobin present in the red blood cells consists of a high amount of iron. Thus, frequent blood transfusions may result in a build-up of excess iron in the body. This may lead to an iron overload and cause damage to the heart, liver, and other organs of the body.

Even for people who don’t have frequent transfusions, an iron overload may still occur. Your doctor may recommend iron chelation therapy to maintain your health and eliminate the excess iron from your body.

Doctors use three common medicines for iron chelation therapy which include: Deferoxamine: It is an injectable that is administered overnight to the patient. This therapy may take time and lead to various side effects. Deferasirox: It is a pill that needs to be taken once daily. It may cause side effects such as nausea and vomiting; however, they are generally short-lived. Deferiprone: This is a medication that is given by mouth. Nausea, vomiting, and diarrhea are relatively common with its use. It is available in both Europe and the United States. It appears to be the most effective agent when the heart is significantly involved. 3. Blood transfusions Blood transfusion is considered the best treatment for people with thalassemia major. In this treatment, healthy red blood cells with high hemoglobin are transferred into your body using an intravenous (IV) line. This procedure usually takes around 1 to 4 hours.

Red blood cells (RBCs) usually live only up to 120 days. Hence, you may require frequent blood transfusions to manage your condition.

However, if you have beta-thalassemia intermedia, transfusions may be required occasionally. For example, when you have severe anemia or have contracted an infection.

1. Bone marrow transplant Bone marrow transplant, also known as stem cell transplant, may be considered for your treatment if you have a severe case of thalassemia. Bone marrow is a spongy tissue present inside your bone. The stem cells in the bone marrow are responsible for producing red and other types of blood cells.

A bone marrow transplant is the only effective way to treat thalassemia. For children, it may also eliminate the need for frequent blood transfusions. This procedure requires receiving stem cells from a compatible donor, which are then infused inside your body. Success rates have been in the 80–90% range. Mortality from the procedure is about 3%.

Graft-versus-host disease (GvHD) is one relevant side effect of bone marrow transplantation. Further research is necessary to evaluate whether mesenchymal stromal cells can be used as prophylaxis or treatment for GvHD.

1. Hemoglobin (Hb) inducer drugs Thalassemia patients who do not respond well to blood transfusions can take hydroxyurea or thalidomide, and sometimes a combination of both. Hydroxyurea is the only FDA approved drug for thalassemia. Patients who took 10 mg/kg of hydroxyurea every day for a year had significantly higher hemoglobin levels, and it was a well-tolerated treatment for patients who did not respond well to blood transfusions. Another hemoglobin-inducer includes thalidomide, although it has not been tested in a clinical setting. The combination of thalidomide and hydroxyurea resulted in hemoglobin levels increasing significantly in transfusion-dependent and non-transfusion dependent patients
2. Gene therapy Gene therapy is being studied for thalassemia.The procedure involves collecting hematopoietic stem cells (HSCs) from the affected person’s blood. The HSCs then have a beta-globin gene added using a lentiviral vector. After destroying the affected person’s bone marrow with a dose of chemotherapy (a myeloablative conditioning regimen), the altered HSCs are infused back into the affected person where they become engrafted in the bone marrow where they proliferate. This potentially results in a progressive increase in hemoglobin A2 synthesis in all subsequent developing red blood cells, with resultant resolution of the anemia.

While one person with beta thalassemia has no longer required blood transfusions following treatment within a research trial, it is not an approved treatment as of 2018. Did you know? People with thalassemia need regular blood transfusions, which may lead to an iron overload in the body. Consuming food items high in iron, like certain green leafy vegetables and fruits, may increase the amount of iron in the body and cause problems. Home-care For Thalassemia

Diet plays a key role in the management of thalassemia. Here are some dos and don’ts you need to follow to help your body manage thalassemia: Do’s Eat foods rich in calcium such as milk and other dairy products. Consume a well-balanced diet that is low in sugar and carbohydrates. Ask your doctor about the additional vitamin supplements that you may need to consume. Don’ts Avoid intake of iron supplements. Avoid intake of foods rich in iron such as spinach, broccoli, dates, and fish. Avoid engaging in strenuous exercises. Avoid smoking or consuming alcohol. Do not take any supplements or medicines without consulting your doctor. Wash your hands regularly and avoid going near sick people if you’ve had your spleen removed. Complications Of Thalassemia

Having thalassemia minor may not lead to any complications. However, if you have moderate to severe thalassemia, certain complications may arise.

Iron overload: Thalassemia may lead to an increase in the amount of iron in the body. A greater amount of iron may cause damage to the heart, liver, or other organs of the body.

Enlarged spleen: As the name suggests, thalassemia may often lead to inflammation and enlargement of the spleen. The spleen is responsible for filtering unwanted red blood cells, and hence, an enlarged spleen may make your anemia worse.

Heart problems: Thalassemia can lead to severe heart issues like abnormal heart rhythms or heart failure, if left untreated or unattended.

Infections: People with thalassemia who have had their spleen removed are at a greater risk of developing numerous diseases.

Delayed growth: Thalassemia may slow down or delay the growth of a child.

Bone deformities: Thalassemia may expand the bone marrow and widen the bones in the face or skull. The expansion may also make the bones more brittle and increase your risk of breaking them. Alternative Therapies For Thalassemia

Home remedies

Since thalassemia is a genetic condition, no home remedies can prevent or treat it. However, certain home remedies may be helpful in managing this condition by providing the vitamins and minerals needed to optimally manage this condition. Some of them are as follows:

1. Holy basil (tulsi) juice Tulsi leaves have a variety of properties and are also known to boost the production of healthy cells in your body.

Tip: Take 5 - 6 fresh tulsi leaves and add them into a blender with water. Strain the mixture using a fine mesh into a cup. Drink it regularly in the morning.

1. Sunbathing The sun is a natural source of Vitamin D. Spending a few hours regularly in the sun may help get the optimal amount of Vitamin D required for healthy bone formation in the body.

Tip: Go for a walk early in the morning between 7 and 10 am to get optimum levels of Vitamin D.

1. Wheatgrass juice Wheatgrass juice is the juice extracted from the pulp of wheatgrass. Several studies have found that a chlorophyll-like compound in wheatgrass helps absorb iron and discharge it from the body. The juice also does not have any side effects and has proved beneficial in the management of beta-thalassemia.

Tip: Take 4-5 blades of the wheatgrass and add it to the blender with water. Once the mixture is ready, strain the juice out using a fine mesh into a cup. Drink it daily on an empty stomach or in the evening.

1. Giloy Giloy satva is a traditional herb that may help prevent the symptoms of thalassemia. It helps in blood formation and prevents the complications of this disease.

Tip: Add 1 tablespoon giloy satva extract to hot water. Mix well and drink. It is advised to drink it early in the morning, immediately after waking up.

1. Milk People with thalassemia may have calcium deficiency and suffer from weaker bones. Hence, milk serves as an excellent source of calcium.

Tip: Drink a glass of milk every day after meals, if you have thalassemia for stronger bones and joints. Remember, not to add any sugar or honey and drink it plain or as advised by the doctor. Did you know? Practicing a specific type of yoga may help you manage thalassemia. According to a study published in 2016, practicing Gandhakadi Yoga may help decrease iron overload, increase the lifespan of red blood cells, and provide relief from the signs and symptoms of thalassemia major. Living With Thalassemia

Thalassemia is a genetic blood disorder. This condition may require making significant changes to your lifestyle to manage it properly. Only a few diet and lifestyle modifications may be required, if you have thalassemia minor or beta-thalassemia intermedia.

However, if you are suffering from thalassemia major, you may need to take medications and additional treatments to manage thalassemia and prevent any long-term complications in addition to diet and lifestyle changes. Also, avoid taking over-the-counter medications or supplements. It is wise to talk to your doctor about the severity of your condition and the proper treatment approach to fight thalassemia and prevent it from worsening.

In addition, here are a few tips that can help you manage and prevent thalassemia. Avoid foods rich in iron and lead to iron overloads like spinach, broccoli, or other green leafy vegetables. Say no to supplements that contain iron. Avoid any form of strenuous exercise that may wear you out or put an extra load on your heart. Do not miss any of your transfusion or chelation therapy appointments. Keep in touch with your doctor and monitor your condition regularly. Take all your vitamin supplements as recommended by your doctor. Try getting vaccinated against all major infections such as pneumonia and flu. Opt for prenatal screening if either you or your partner have a family history of thalassemia. Remember, thalassemia is a major blood disorder. So consult your doctor, if you experience severe anemia or any other symptoms related to this condition.

Thalassemia vs. sickle cell anemia vs. Cooley’s anemia Although used interchangeably, these three terms have different meanings.

Thalassemia is a genetic blood disorder that is inherited from either or both parents. In this condition, the body makes an abnormal form of hemoglobin.

Sickle cell anemia is another type of genetic disorder that results in the red blood cells being sickle-shaped. Due to a change in shape, the red blood cells die early, leaving the person severely anemic. The sickle-shaped cells may also block blood flow in the veins and cause pain.

Cooley’s anemia is generally used interchangeably with thalassemia. However, it is a subtype of thalassemia. It is another name for beta-thalassemia major and occurs when there is an absence of the beta-globin chain during hemoglobin production. Frequently Asked Questions Can thalassemia patients eat meat? What does thalassemia do to your body? What vitamin is good for thalassemia patients? Can people with thalassemia exercise? Can I take iron supplements if I have thalassemia? Can thalassemia lead to joint pain? Can thalassemia affect weight gain? What happens if a pregnant woman has thalassemia? Can thalassemia major patients have a baby? References Rai P, Zaidi KU, Thawani V. Beta thalassemia, and role of herbals and hematopoietic stem cells in its remedy. Hematol Transfus Int J. 2018;6(5):195-198. Trehan A, Sharma N, Das R, et al. Clinicoinvestigational and demographic profile of children with thalassemia major. Indian J Hematol Blood Transfus. 2015 Mar;31(1):121-6. Ghosh K, Colah R, Manglani M, et al. Guidelines for screening, diagnosis, and management of hemoglobinopathies. Indian J Hum Genet. 2014 Apr;20(2):101-19. Healthy Living with Thalassemia. Centers for Disease Prevention and Control (CDC). Last reviewed in March 2021. What is Thalassemia? Thalassemia. Centers for Disease Prevention and Control (CDC). Last reviewed in March 2021. Beta thalassemia. Your Guide to Understanding Genetic Conditions. Genetics Home Reference. U.S. National Library of Medicine. Last updated in August 2020. Ahmed D, Bukhari K, Zafar H, et al. Awareness for diagnosis, management and preventive options of thalassemia. Ulutas Med J 2018;4: 66. Karimi M, Cohan N, Sanctis V-De. Thalassemia intermedia; folic acid and vitamin B12 supplementation. What do we know, and what is needed? Presentation on. Iran J Ped Hematol Oncol 2016;7: 57-62. Won SC, Han DK, Seo JJ, et al. Efficacy and safety of deferiprone (Ferriprox), an oral iron-chelating agent, in pediatric patients. Korean J Hematol 2010;45: 58. Verma IC, Saxena R, Kohli S. Past, present & future scenario of thalassaemic care & control in India. Indian J Med Res. 2011;134:507-521. Marawaha RK, Bansal D, Kaur S, Trehan A. Wheat grass juice reduces transfusion requirement in patients with thalassemia major: a pilot study. Indian Pediatr. 2004 Jul;41(7):716-20. PMID: 15297687.

===============================================

Thrombocytopenia Also known as Low platelet count Overview Thrombocytopenia is a medical condition in which you have fewer than an average number of platelets in your body. Platelets are blood cells that help in blood clotting by clumping together and plugging the injury site hence, stopping bleeding.

Patients with thrombocytopenia show easy or excessive bleeding, blood in the urine or stools, extreme fatigue, and prolonged bleeding from a wound site. Various causes of thrombocytopenia are medical conditions that lead to increased platelet destruction, decreased platelet production, increased trapping of platelets or dilution of blood.

The treatment for thrombocytopenia depends on the severity of the condition. Generally, mild cases of low platelet count go undiagnosed and may not require any specific treatment. In such cases, your doctor may hold off treatment and simply monitor you for some time. In case of severe symptoms, patients are usually prescribed corticosteroids, other medications, or platelet transfusions. Splenectomy or removal of spleen is usually the last line of treatment and is advised when medications fail to treat low platelet count effectively. Key Facts Usually seen in All age groups Gender affected Both men and women Body part(s) involved Circulatory system Brain Digestive tract Spleen Mimicking Conditions Acute leukaemia Thrombotic thrombocytopenic purpura Autoimmune thrombocytopenia Drug dependant thrombocytopenia Scurvy Solar purpura Amyloidosis Ductal in-situ carcinoma (DIC) Vasculitis Meningococcemia Necessary health tests/imaging Complete blood count Platelet antibodies test Blood coagulation profile Liver function tests Kidney function tests Vitamin B12 levels Folic acid levels Copper levels Abdomen ultrasound Bone marrow biopsy Treatment Corticosteroids: Dexamethasone & Prednisone IV immunoglobulins (IVIG) Rituximab Thrombopoietin (TPO) receptor agonists: Eltrombopag, Romiplostim & Avatrombopag Fostamatinib Blood or platelet transfusion: Random donor platelet concentrates (RDPC) & Single donor platelet concentrates (SDPC) Splenectomy Specialists to consult General physician Haematologist Symptoms Of Thrombocytopenia

Thrombocytopenia can cause several symptoms that can affect your day to day life. It is possible to experience more than one symptom at a time. Getting bruised easily Prolonged/excessive bleeding from wounds Superficial bleeding that appears as pinpoint red spots called petechiae Bleeding from gums or nose Enlarged spleen Extreme fatigue Blood in urine or stool Heavy menstrual flow Bleeding inside the gastrointestinal (stomach) tract Bleeding from the anus Unusual bleeding after dental work or surgery Red, brown or purple bruises are called purpura You need to talk to your doctor immediately, if you observe signs of internal bleeding such as blood in your vomit, stool or urine. This condition can rarely lead to bleeding in the brain when a patient’s platelet count becomes excessively low. This can cause symptoms like headaches and other neurological signs.

Low platelet count can also occur due to reasons such as pregnancy. Such cases usually don’t result in any symptoms and may go undetected.

Severe cases can result in excessive and uncontrollable bleeding from wounds. These patients require immediate medical attention as continued bleeding might result in hemorrhagic shock or hypovolemic shock which may prove fatal, if left untreated.  
Causes Of Thrombocytopenia The normal range of platelet count is from 150,000 to 400,000 per microliter. Thrombocytopenia means that your body has fewer than the average number of platelets per microliter of circulating blood. Circulating platelets can be reduced for one or more reasons which include the following: Increased platelet destruction Decreased platelet production Increased sequestration or trapping of platelets Dilution of blood 1. Conditions that cause increased destruction of platelets The bone marrow is responsible for producing platelets in the body. In some specific conditions, the immune system starts producing antibodies that attack platelets instead of infections. Some causes include: Autoimmune diseases: In autoimmune diseases, the body’s immune system starts to attack healthy cells of the body. One example of this type of autoimmune disease is immune thrombocytopenia (ITP). In ITP, the immune system attacks and destroys its own platelets. The exact cause of this condition is not known. Other autoimmune diseases such as antiphospholipid syndrome, systemic lupus erythematosus, rheumatoid arthritis and sarcoidosis can also cause thrombocytopenia. Medications: Certain medications such as heparin (anticoagulant medication that prevents clot formation), quinine and valproic acid can sometimes trigger the immune system and result in the formation of anti-platelet antibodies that attack the body’s own platelets. Sulfa containing antibiotics and anticonvulsants are some other medications that can cause thrombocytopenia. Infections: Bacterial infections such as Helicobacter pylori infections, leptospirosis, brucellosis and anaplasmosis can result in low platelet count. Chronic viral infections like hepatitis C and HIV anti-platelets antibodies are present which cause platelet destruction. Surgery: Platelets can get destroyed when they pass through artificial heart valves, blood vessel grafts, or machines and tubes used for blood transfusions or bypass surgery. Pregnancy: During pregnancy, some women develop a mild to moderate form of thrombocytopenia when they are close to delivering a baby. Thrombocytopenia during the third trimester is usually mild and resolves soon after delivery. Doctors may continue to monitor platelet count through the remaining pregnancy to prevent the number from dropping further. Thrombotic thrombocytopenic purpura (TTP): It is a rare blood disorder in which blood clots start developing in small blood vessels in the body. These clots reduce the number of circulating platelets and result in thrombocytopenia. Disseminated intravascular coagulation (DIC): It is a rare complication of pregnancy, severe infections, or severe trauma. In this condition, the blood clots form suddenly throughout the body that use up many of the blood’s platelets. Hemolysis, elevated liver tests, low platelets (HELLP) syndrome: It is another non-immune thrombocytopenia that may occur during pregnancy. Hemolytic uremic syndrome: It is a rare disorder caused by shiga toxin-producing organisms (E. coli and Shigella) that leads to a decline in the number of platelets. 2. Conditions that cause decreased platelet production There are some conditions in which the bone marrow fails to produce enough platelets. The causes include: Cancers: Leukaemia (blood cancer), lymphoma and myelodysplastic syndromes cause uncontrollable growth of abnormal cells in the bone marrow. These abnormal cells crowd out the healthy cells that are typically present in the bone marrow, including platelets. Thrombocytopenia is a widespread and early presentation in patients with acute leukaemia. Patients who have cancer can also experience low platelet count as a side effect of chemotherapy. Bone marrow failure: It is seen in aplastic anemia and paroxysmal nocturnal hemoglobinuria which can cause severe reduction in platelet count. Aplastic anemia is a rare condition in which the body stops producing new blood cells. Such individuals often develop a low platelet count and deficiency of red and white blood cells. Paroxysmal nocturnal hemoglobinuria is closely related to aplastic anemia. Chronic alcoholism: Thrombocytopenia is commonly seen in heavy drinkers since alcohol exposure slows down the production of megakaryocytes, large bone marrow cells that are responsible for producing platelets. Viral infections: Infections caused by varicella-zoster virus, cytomegalovirus, epstein-barr virus, mumps virus, parvovirus B19, rickettsia, rubella virus, zika virus, hepatitis C virus and HIV can cause reduced platelet production. Nutritional deficiencies: Lack of Vitamin B12, folate and copper can cause low platelet production. Toxic chemicals: Exposure to toxic chemicals such as arsenic, benzene, and pesticides can affect the normal production of platelets. Cirrhosis or scarring of liver: It causes reduced production of thrombopoietin, a hormone which regulates the production of platelets. This leads to reduced production of platelets by the bone marrow. Congenital conditions: Conditions like Fanconi anemia, gray platelet syndrome, Wiskott-Aldrich syndrome, Alport syndrome, Bernard-Soulier syndrome, platelet-type or pseudo–von Willebrand disease, May-Hegglin syndromes, and Shwachman-Diamond syndrome. Medications: Over-the-counter medicine such as aspirin or ibuprofen can affect production of platelets. Certain medicines like diuretics, chloramphenicol, methotrexate, interferon, carboplatin, and amiodarone, also cause bone marrow to decrease production of platelets. 3. Conditions that cause increased trapping of platelets

Enlarged spleen can also lead to thrombocytopenia. The spleen is a vital organ that fights off infections and plays a role in filtering any unwanted substances from your blood. Normally, one-third of platelet mass is in the spleen.

The spleen can get enlarged due to medical conditions such as cirrhosis of the liver, a late-stage liver disease that causes permanent damage to the liver. It is also seen in Gaucher’s disease, an inherited condition that causes fatty substances to build up in tissues and bone marrow conditions, such as myelofibrosis.

In such cases, the enlarged spleen traps platelets and prevents their circulation into the bloodstream. This results in sequestration (removal) of platelets up to 90% of the spleen’s total mass, resulting in thrombocytopenia.

1. Conditions that cause dilution of blood Dilution of blood in cases of massive blood transfusion and massive fluid resuscitation can cause thrombocytopenia. Did you know? Thrombocytopenia is also seen in mosquito borne viral disease known as dengue. Learn more about the symptoms, diagnosis and treatment of dengue. Click To Read! Risk Factors For Thrombocytopenia

In adults, women are more likely to develop thrombocytopenia than men. Individuals who are at highest risk for thrombocytopenia are those affected by one of the conditions discussed in causes of thrombocytopenia. These people include: Having a family history of immune thrombocytopenia (ITP) Suffering from autoimmune disorders such as lupus or rheumatoid arthritis Suffering from cancer or being exposed to radiation treatments or chemotherapy Being exposed to toxic chemicals or have reactions to certain medications Long term heavy alcohol drinkers Pregnant women Is thrombocytopenia seen in COVID-19 infection? Yes, COVID-19 can induce thrombocytopenia or low platelet count. However, in most cases, the platelet count does not decrease to a level at which bleeding occurs. The exact mechanisms by which the coronavirus affects the platelet count is still under research. Read More About COVID-19! Diagnosis Of Thrombocytopenia

History Obtaining a thorough history helps to identify the cause of thrombocytopenia. The following questions will help your doctor determine the cause and frame a suitable treatment plan. History of bleeding Prior blood count testing and baseline platelet count and the recent drop in platelet count Any potential exposure and symptoms of viral, bacterial or rickettsial infections Assessment of risk factors for HIV infection Travel to an area endemic for malaria, dengue, and ebola Diet history to detect any nutritional deficiencies of Vitamin B12, folic acid or copper Check for other conditions like systemic lupus erythematosus or rheumatoid arthritis History of any bariatric surgery or blood transfusion Review of medications taken or whether a patient is taking over-the-counter medications, quinine-containing beverages, or herbal teas In the hospitalised patient, assessment for exposure to heparin products Check for a family history of thrombocytopenia or bleeding disorders In pregnant women history of headache, visual symptoms, abdominal pain or flu-like symptoms is assesed Physical examination If your healthcare provider suspects that you have thrombocytopenia, they will start with carrying out a physical examination. You will be checked for any signs of bleeding caused by thrombocytopenia which presents as red or purple flat discoloured spots on the skin Your doctor will also feel your abdomen to check for signs of enlarged spleen and liver Examination of any enlarged lymph nodes Blood tests Complete blood count (CBC) test: The CBC test is a diagnostic tool that evaluates the number of blood cells in your blood. It will allow the doctor to know if you have lower than the average platelet count. Usually, the platelet count of healthy people falls in the range of 150,000 to 450,000 platelets per mL of blood. Platelet indices like mean platelet volume (MPV) and platelet distribution width (PDW) are evaluated to diagnose thrombocytopenia.

Blood smear test: A blood smear test requires a small sample of your blood that is examined under a microscope to check the appearance of your platelets under the microscope.

Platelet antibodies blood test: Your body may be creating antibodies that are attacking platelets instead of infections. To evaluate the presence of platelet antibodies, your doctor may order a platelet antibodies test. This test is often ordered if you present with a bleeding problem. Platelet antibodies can be produced as a side effect of certain drugs such as quinine or other reasons.

Blood coagulation profile: Your doctor may order blood clotting tests such as prothrombin time and partial thromboplastin test. It is a simple blood test that requires a sample of your blood into which some reagent chemicals are added to test the number of seconds it takes for a clot to form.

Other tests: Additional blood test that can help to evaluate the cause of thrombocytopenia include: Liver function tests Kidney function tests Vitamin B12 levels Folic acid levels Copper levels Abdomen ultrasound In case your doctor suspects that you have an enlarged spleen, you may be asked to get an ultrasound. This test is a diagnostic tool that uses sound waves to visualise your spleen. It can help your doctor determine the size of your spleen.

Bone marrow aspiration and biopsy The bone marrow aspiration test is done, if you present signs of a disorder that affects your bone marrow. During the bone marrow aspiration test, a needle is used to remove a small amount of fluid from the bone marrow of one of the bones. A clinician will examine the sample under the microscope to check for abnormal cells. A bone marrow biopsy requires the removal of a small sample of bone marrow tissue from the bone using a needle.

Watch this video to know about the complete blood count test & its implications.

Prevention Of Thrombocytopenia

Prevention of thrombocytopenia depends on the cause behind the condition. Usually, you can’t prevent a low platelet count, but if you are at risk of developing a low platelet count due to an underlying condition or medical history, you should take prevention measures like: You can try avoiding heavy drinking since alcohol reduces the development of platelets. Avoid contact with toxic chemicals, including arsenic and benzene. If you are taking medications that are known to lower platelet count, talk to your doctor about alternative drugs. Medicines like aspirin and ibuprofen tend to thin the blood and may increase your chances of excessive bleeding. Viral infections are known to reduce platelet count. Practice basic hand hygiene and wash your hands before eating. You can also talk to your doctor about getting vaccinated against diseases like chickenpox, measles, mumps and rubella. You should have your children vaccinated for these viruses as well. Talk to your child’s pediatrician about these vaccines. You should avoid activities with a high risk of bleeding or bruising like contact sports. Celebs affected Mandy Moore Mandy Moore is a famous actress who suffered from low platelet count after giving birth to her son. Specialist To Visit You should visit a doctor, if you are experiencing symptoms such as quickly getting bruises, reddish or purplish spots on your lower legs, blood in your urine or stool, excessive bleeding from nose or mouth, abnormally excessive bleeding during menstruation, headache, and other neurological symptoms. These symptoms might indicate the possibility of a low platelet count. You can consult the following doctors for diagnosis: General physician Hematologist If you are facing any symptoms, don’t ignore them but consult our healthcare professionals. Consult Now! Treatment Of Thrombocytopenia The treatment plan for low platelet count depends on the cause of thrombocytopenia and the severity of the disorder. Doctors decide the course of action with the primary goal of preventing any disability or loss of life due to thrombocytopenia.

Generally, mild cases of low platelet count go undiagnosed and may not require any specific treatment. In such cases, your doctor may hold off treatment and simply monitor you for some time. Mild low platelet count also tends to improve when the underlying cause behind the condition is treated. If you have a low platelet count because of an infection, the resultant thrombocytopenia will resolve once the disease is treated.

In case you have a low platelet count as a result of an adverse reaction to a drug, your doctor will switch to alternative medicines. Generally, drug-induced low platelet count resolves after the responsible medication is stopped.

Thrombocytopenia due to an immune system condition can be resolved by taking medicines that suppress the immune system. A) Medications 1. Corticosteroids like dexamethasone or prednisone are often prescribed to raise platelet count. Steroids tend to reduce the rate of platelet destruction and can be administered orally or through the veins.

1. IV immunoglobulins (IVIG) are used for treatment of thrombocytopenia in case you cannot tolerate steroids or if your platelet count drops after completion of steroid treatment.
2. Rituximab helps suppress the immune system to prevent the immune system from attacking its own platelets. This is often prescribed to patients who have persistent ITP.
3. Thrombopoietin (TPO) receptor agonists, also known as platelet growth factors, might be recommended, if treatment with steroids, splenectomy, or rituximab fails to increase the platelet count. These medicines might be prescribed for a long-term. Examples include: Eltrombopag Romiplostim Avatrombopag
4. Fostamatinib is a newer drug used for the treatment of chronic immune thrombocytopenia and those who haven’t responded to other treatments
5. Blood or platelet transfusion Patients who are at a high risk of bleeding or are actively bleeding are treated with blood or platelet transfusions. A needle is inserted to introduce an intravenous line in your body through which you will receive healthy platelets or blood. This procedure is advised for patients with extremely low platelet count since transfused platelets can last only for around three days in circulation. This is a temporary treatment that transiently raises your platelet count.

There are two options for platelet transfusion:

Random donor platelet concentrates (RDPC): RDP is a platelet transfusion method in which platelets are prepared by centrifuging the whole blood collected from four to five donors and pooling the platelets. With the help of this method, the platelet count is elevated to 5000-10000/ul in an adult of approximately 70 kg body weight.

Single donor platelet concentrates (SDPC): SDP is a platelet transfusion method in which platelets are prepared from a single donor by an apheresis machine. A unit of platelet concentrate prepared by this method increases the platelet count by 30000-70000/ul in an adult of 70 kg weight. Single unit SDPC has a platelet content similar to that of 6-8 units of pooled platelets or RDPCs.

1. Splenectomy Splenectomy is a surgical procedure in which the spleen is removed from the body. This procedure is usually the last line of treatment and is advised when medications fail to treat low platelet count effectively. It is generally recommended for patients who have immune thrombocytopenia. Once the spleen is removed, a low platelet count resolves in more than half of patients who have ITP. Home-care For Thrombocytopenia

If you have been prescribed medications to manage low platelet count, make sure you take those medications on time. Label your drugs and set the alarm to make sure you have the medicines every day at the same time. Follow all the instructions given to you by your doctor. Some instructions provided by your healthcare provider may include regularly examining your skin for any scrapes, cuts or bruises. Use an electric shaver and a soft toothbrush or mouthwash to avoid injuring your face or mouth. Ensure that your nails are trimmed to avoid accidental scrapes. If you tend to get constipated, ask your provider for some laxatives to help you pass a motion without strain. Straining while passing motion can cause bleeding in the brain due to increased pressure. If you have just had a splenectomy procedure, follow post-op instructions given by your doctor closely and monitor your health. Note: People with low platelet counts are more likely to have bleeding of the nose. In that case, it is advisable to lean ahead and bend forward to prevent clogging of the mouth and throat with blood. Read about the other possible causes and first-aid tips to manage nose bleeds. Read Now!

Complications Of Thrombocytopenia

People with severe thrombocytopenia are at an increased risk of internal bleeding into the intestines or the brain. Internal bleeding can be fatal and needs immediate medical attention. Signs that can indicate internal bleeding include: Spotting blood in urine Dark or tarry, red coloured stools Severe headache Other neurological symptoms (in case of bleeding in the brain) Hemorrhagic shock Patients who are advised to undergo splenectomy are given different vaccines to help them prevent infection. Spleen in a part of the immune system and removal of the organ leaves a patient more susceptible to catching infections. Formation of blood clots and bleeding are some other complications of splenectomy. Alternative Therapies For Thrombocytopenia If you have mild or moderate thrombocytopenia, you can eat certain foods and supplements to raise your platelet count. Severely low platelet count, however, needs medical treatment. Always consult your doctor before taking any supplement to prevent cross interaction of supplements with other medications.

Vitamin C Vitamin C helps in the grouping of platelets and increases their functional efficiency. It also helps in the absorption of iron and increases the platelet count. Broccoli, tomatoes, cauliflower, mangoes and pineapple are good sources of Vitamin C.

Iron Iron plays a vital role in the production of healthy blood cells. Iron supplements can increase platelet count in patients with iron deficiency anaemia. Mussels, lentils, beef, and pumpkin seeds are excellent sources of iron.

Papaya leaf extract Papaya leaf extract can noticeably improve the platelet count in animals. You can consume papaya leaf extract in the form of pills. A study reported increased platelet count in patients with dengue fever when they took papaya leaf juice.

Melatonin The body naturally produces melatonin, and it primarily helps in improving sleep quality. It is also available in the form of tablets, liquid or lotions. Melatonin has been found to increase platelet levels in patients with thrombocytopenia.

Vitamin B12 It’s been reported that a deficiency of Vitamin B12 is linked with low platelets count. Apart from that, vitamin B12 also helps in maintaining the health of blood cells. Food sources such as clams, eggs, and beef liver are rich in Vitamin B12. Along with animal-based products, dairy products are also rich sources of Vitamin B12. However, in some cases, cow milk can interfere with the production of platelets.  
Did you know? Lack of energy, loss of appetite and weight loss can be the possible signs of Vitamin B12 deficiency. Know more signs and symptoms of Vitamin B12 deficiency, a possible cause of thrombocytopenia. Click To Watch! Living With Thrombocytopenia

If you have been diagnosed with a mild to moderate level of thrombocytopenia, you may not need any treatment. Constant monitoring and follow-ups as requested by your doctor can be enough to manage the condition. Low platelet count due to medical conditions tends to resolve after the disease is treated. Patients with severe cases of thrombocytopenia may need treatment. Your doctor will work with you and devise a treatment plan that will help you manage your symptoms.

Check for bruises and scrapes Always remember to check your body for any signs of bruises or scrapes after getting involved in any physical activity that can cause your injuries. Consult your doctor about the activities that are safe for your conditions. Often contact sports such as football, boxing, or martial arts carry a high risk of physical injury, leading to uncontrollable bleeding, in cases of severe thrombocytopenia.

Drink alcohol in moderation Alcohol slows down the production of platelets in the body. If you have thrombocytopenia, consult your doctor about how much alcohol you can safely consume. Avoiding alcohol is an excellent way of reducing your risk of developing a severely low platelet count.

Exercise caution with OTC medications We often tend to self medicate with aspirin or ibuprofen when we have pain. However, in patients with a low platelet count, these medications can further decrease the number of platelets and prevent the platelets from working efficiently. Consult your doctor about the medicines you can take safely that won’t adversely affect your platelet count.

Use a humidifier Using a cool-mist humidifier in the home can increase its moisture content. This can further prevent nosebleeds or coughs. Excessive coughing tends to put more pressure on your brain, which can further increase your risk of internal bleeding in patients with low platelet count.

Wear a medical alert identification Wearing a medical alert bracelet or carrying a card stating that you have a low platelet count can help you get the proper medical treatment in adverse situations. Frequently Asked Questions What is a hemorrhage? What should be avoided in thrombocytopenia? When does a platelet count recover? When should I visit the doctor for a low platelet count? What is aplastic anemia? How long can you live with thrombocytopenia? How can I recover from thrombocytopenia? References Thrombocytopenia: Other causes. The Merck Manual Professional Version. Thrombocytopenia. National Heart, Lung, and Blood Institute. American Society of Clinical Oncology. ASCO Answers: Thrombocytopenia. American Society of Clinical Oncology. Low Platelet Count or Thrombocytopenia. Lupus Foundation of America. What Is Thrombocytopenia? Medline Plus. Immune Thrombocytopenia.

===============================================

Tiredness Also called Fatigue, Weakness, Low on energy, Sleepy Overview A feeling of tiredness can be described as feeling sleepy, weak, low on energy and lacking the motivation to perform daily activities. It can occur due to poor lifestyle habits, psychological factors or some underlying health conditions. Generally, it has been found that women report tiredness more often than men.

Tiredness can be acute and may be relieved with a good night’s sleep. However, when tiredness lasts for several weeks, it can lead to chronic fatigue. It is essential to seek medical care when tiredness starts interfering with day-to-day activities, as it may be a symptom of some underlying health condition.

Along with medications to treat the underlying cause, alternative therapies play an important role in overcoming tiredness. These include meditation techniques, massage, yoga, ayurvedic and some home remedies. Key Facts Usually seen in Adults above 65 years of age Gender affected Both men & women Body part(s) involved Whole body Mimicking Conditions Sleep apnea syndrome Fibromyalgia Necessary health tests/imaging Complete hemogram Serum electrolyte Urine routine and microscopy Glycosylated hemoglobin (HbA1c) Thyroid stimulating hormone Iron studies ECG Treatment Supplements: Vitamin C & Folic acid Analgesics: Ibuprofen & Diclofenac Antibiotics Oral hypoglycemic drugs: Metformin, Glimepiride & Sitagliptin Beta-blockers, diuretics, or calcium channel blockers Thyroxine Anti-anxiety medicines: Fluoxetine & Venlafaxine Specialists to consult General physician Urologist Diabetologist Endocrinologist Oncologist Hematologist Cardiologist Symptoms Of Tiredness

Tiredness can happen to anyone. Tiredness in itself is a symptom best described as - Feeling sleepy all the time. Not having enough energy to perform routine activities. Not feeling refreshed even after taking ample rest. A lack of motivation or enthusiasm for day-to-day activities. Feeling drained out or low on energy after performing simple tasks.

Tiredness may also be associated with other symptoms such as - Headaches Dizziness Confusion Mood-swings and irritability Breathlessness Muscle weakness and muscle aches Causes Of Tiredness

There could be a number of causes which can cause tiredness. These are broadly classified as follows -

Lifestyle factors Being jet-lagged Alcoholism and chronic smoking Drug abuse Excess caffeine consumption Increased workload Heavy exercise Poor diet and malnutrition Dehydration Rotating work shifts Obesity

Psychological factors Anxiety disorder or stress Chronic depression Eating disorders like anorexia nervosa Increased stress due to circumstances like the loss of a loved one, unemployment, etc.

Health conditions Anemia Pregnancy Vitamin D deficiency Hypothyroidism Diabetes Mellitus Cancer and chemotherapy Fever and infections Sleep apnea syndrome Heart diseases like ischemic heart disease, heart failure Fibromyalgia Chronic fatigue syndrome (CFS) Arthritis Multiple sclerosis Certain medications Did you know chronic fatigue syndrome (CFS) can decrease your daily activity levels by 40%. Tired all the time? Do you feel tired even after getting a good night’s sleep? Well, this could be chronic fatigue syndrome (CFS). Your doctor will figure out which symptom is most problematic for you, try to treat that first. Also, you will need new ways to manage your daily activities. Make sure that you do not “push and crash”. Check Health Drinks! Risk Factors For Tiredness

You may be at risk for tiredness if you: Have a poor lifestyle Suffer from health disorders such as anemia Are a woman Are above 60 years of age

Furthermore, the National Institute on Aging lists the following lifestyle habits that can lead to tiredness and fatigue: Staying up too late Having too much caffeine Drinking too much alcohol Eating junk food Diagnosis Of Tiredness

When tiredness becomes chronic and starts interfering with day-to-day activities significantly, it is essential to establish a cause for chronic tiredness or fatigue so that it may be appropriately treated. The doctor may ask detailed questions about your lifestyle, history of sleep and try to identify whether tiredness is due to lifestyle or psychological factors.

Along with a detailed history and physical examination, the following tests may be essential to determine if the tiredness is due to any underlying physical disorder: Complete hemogram and serum electrolyte to screen for overall health, presence of parasitic 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. Thyroid stimulating hormone to evaluate hypothyroidism. Liver function test, kidney function test to check the metabolic health of the body. Iron studies in cases of suspected anemia. ECG, lipid profile to check cardiac health. PET CT in cases of suspected malignancy. Further testing or imaging studies may be essential if a diagnosis cannot be made on these preliminary tests. Celebs affected Varun Dhawan Bollywood actor Varun Dhawan reportedly fainted on the sets of the Bollywood movie Super Dancer 3D due to fatigue and low blood pressure. Meghan Markle The Duchess of Sussex Meghan Markle had skipped a two-day royal tour of Zambia as she was suffering from fatigue during her pregnancy. Prevention Of Tiredness

Most of the time, tiredness can be prevented by making changes in lifestyle and habits. While it is not possible to completely prevent tiredness arising out of health conditions, lifestyle changes may help in reducing the intensity of the symptoms.

Following lifestyle modifications can help prevent tiredness - 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. Cut down on caffeinated beverages and alcoholic beverages. Quit smoking. Exercise daily, but do not over-exercise. Meditation or yoga can also help. Specialist To Visit

When tiredness becomes chronic and interferes with basic day-to-day activities in a major way, it is essential to seek medical care. You may first consult with your family physician and in case of underlying health conditions, you may be referred to specialists such as - Urologist Endocrinologist Oncologist Hematologist Cardiologist

Excessive tiredness can indicate a lot of health problems which can range from anemia and vitamin deficiencies to diabetes. Here’s a detailed explanation on the common health problems that could lead to excessive tiredness and may require you to book an appointment at your doctor’s clinic. Click Here To Read!

Treatment Of Tiredness

In most cases, the treatment of tiredness is aimed at improving the diet and lifestyle of the patient. This includes eating a diet rich in nutrients, ensuring 8 hours of sleep, exercising to stay active and maintaining overall physical and mental well being. In some cases, psychological therapy is required to improve the symptoms if there is some underlying mental health issue. After evaluation, the doctor may recommend weekly or fortnightly charts to assess improvement in symptoms and change in treatment plan if required. If these interventions fail to improve the condition, then a combination of lifestyle changes, diet modifications along with the use of medicines is recommended. Medications are usually required to treat the health condition that may be causing the symptoms of tiredness.

Supplements like Vitamin C and folic acid for treatment of anemia Analgesics like ibuprofen and diclofenac and joint care medications to treat arthritis Antibiotics to treat the infection and paracetamol formulations to help relieve fever Oral hypoglycemic drugs like metformin, glimepiride, repaglinide, sitagliptin, or insulin preparations like lispro and glargine to treat diabetes mellitus Beta-blockers, diuretics, or calcium channel blockers for heart diseases like ischemic heart disease and heart failure Thyroxine preparations for people with hypothyroidism Anti-anxiety medicines like fluoxetine and venlafaxine for anxiety Home Care For Tiredness

If you are constantly tired, it is important to identify what is causing tiredness so that the cause may be addressed and treated accordingly. There are certain things you can do at home that may help combat tiredness -

1. Consume a wholesome and balanced diet rich in vitamins and minerals.
2. Drink plenty of water, fluids like coconut water, buttermilk etc. throughout the day.
3. Do not engage in strenuous activities that may worsen your fatigue, especially if you have health conditions that are causing it.
4. Avoid daytime naps. It is better to get 8 hours of sound sleep at night instead of catching up on sleep in bits and parts.
5. Reduce excessive consumption of caffeinated drinks (especially in the evening) and alcohol.
6. Quit smoking and recreational drugs. Complications Of Tiredness

Tiredness may worsen and become so severe that it becomes difficult for the person to even get up from the bed to perform activities like grooming or visiting the bathroom. The person may become bedridden and completely dependent on caregivers. Chronic Fatigue ≠ Chronic Fatigue Syndrome It is a complicated disorder that causes extreme and long-term fatigue, persisting for at least 6 months or more. It does not go away even after getting prolonged rest and sleep. This does not occur due to any underlying medical condition and is often considered to be imaginary. Click To Know More! Alternative Therapies Of Tiredness

Along with medical treatment for underlying health conditions, some alternative therapies can also help in overcoming the feeling of tiredness:

Diet and energy drinks: Consuming a balanced diet rich in essential nutrients and maintaining good hydration are excellent ways of providing energy to your body. Although coffee or other caffeinated drinks may boost energy levels in the morning, they must be consumed in moderation and not later in the day as they may interfere with the sleep schedule.

Meditation: Meditation can help channel and conserve the body’s energy. It may also help overcome fatigue and boost energy levels.

Massage: Gentle body massage has been known to promote relaxation and improve blood flow to various parts of the body. This may help rejuvenate the body and boost energy levels.

Psychotherapy: Counseling and psychotherapy can help when the feelings of tiredness arise from psychological conditions rather than physical disorders. Overcoming anxiety and depression may be the key to resolving the symptoms of tiredness and fatigue.

Exercise and yoga: Light exercises and yoga help boost the body’s energy levels and are a great way of combating tiredness. However, care must be taken not to overdo the physical activities as it may lead to overexertion.

Yoga has been practiced since ages now. It offers several benefits to the body other than improving flexibility and posture. Here are a few yoga asanas that will help you fight fatigue and keep you refreshed. Click Here To Read!

Ayurveda: Certain ayurvedic herbs like Ginseng, Ashwagandha, Shatavari, Licorice, etc., may be useful in overcoming tiredness.

Homeopathy: Homeopathic preparations like Cadmium Sulphuricum, Phosphorus, Lycopodium Clavatum, Nux Vomica, Calcarea Phosphorica, etc., have been found to be useful in combating fatigue due to cancer. Living With Tiredness

Living with chronic tiredness and fatigue can be challenging and can hamper the quality of life of the patient. Simple day-to-day activities, like grocery shopping or going to work, or simple household tasks, like cooking and cleaning, may drain the energy of the patient and leave them exhausted. A tired individual may not get a sound sleep at night as they may be taking frequent naps throughout the day. A lack of a good night’s sleep may cause weariness, forcing one to nap again during the day. This leads to a vicious cycle and leaves the person even more fatigued. Certain health conditions that cause tiredness may also have other problematic symptoms that may lead to a poor quality of life. Owing to our fast paced lifestyles and hectic schedules, we often find ourselves excessively tired throughout the day. Most of the time, excessive fatigue is a result of lack of exercise, inadequate diet, nutritional deficiencies, and lack of sleep. Here are some simple and effective ways to fight fatigue. Read Now! Frequently Asked Questions Why do I feel tired? Can tiredness be a sign of something serious? Which food items help boost energy? Can daily exercise help combat tiredness? How to overcome tiredness associated with anemia? How much sleep is essential to overcome tiredness? References Moncrieff G, Fletcher J. Tiredness. BMJ. 2007 Jun 9;334(7605):1221. Stadje, R., Dornieden, K., Baum, E. et al. The differential diagnosis of tiredness: a systematic review. BMC Fam Pract 17, 147 (2016). Greenberg DB. Clinical Dimensions of Fatigue. Prim Care Companion J Clin Psychiatry. 2002 Jun;4(3):90-93. Katja Boehm et al. Effects of Yoga Interventions on Fatigue: A Meta-Analysis. Evidence-Based Complementary and Alternative Medicine. Volume 2012 |Article ID 124703. Arring NM, Millstine D, Marks LA, Nail LM. Ginseng as a Treatment for Fatigue: A Systematic Review. J Altern Complement Med. 2018 Jul;24(7):624-633. Brulé D, Gillmeister B, Lee M, Alexander S, Gassas A, Hendershot E, Zupanec S, Dupuis L, Sung L. A Feasibility Pilot Trial of Individualized Homeopathic Treatment of Fatigue in Children Receiving Chemotherapy. Integr Cancer Ther. 2016 Dec;15(4):495-501.

===============================================

Tonsilitis Also known as Inflammation of the tonsils and Amygdalitis Overview

Tonsils are two round, fleshy masses in the back of your throat (pharynx). Tonsillitis is inflammation of the tonsils. It is mostly caused by common viruses, but bacterial infections also can be the cause of infection.

The classic presentation of tonsillitis includes sudden onset of fever and sore throat with inflammation of the tonsils. Children are most commonly affected during their school-going years. Other risk factors include family history, cold weather, diabetes, and air pollution.

The best way to prevent tonsillitis is to wash your hands often, especially before touching your nose or mouth. Also, avoid sharing food, drink, or utensils with someone who is sick.

The management of tonsillitis mainly consists of resting, drinking fluids, and taking medications like painkillers, and antibiotics. In severe or recurrent cases surgical removal of tonsils, called tonsillectomy may be required. Key Facts Usually seen in Children between 5 to 15 years of age. Gender affected Both men and women but is more common in women. Body part(s) involved Tonsils Throat Tongue Lymph Nodes Prevalence World: 1.3% (2022) Mimicking Conditions Pharyngitis Scarlet fever Retropharyngeal abscess Epiglottitis Ludwig angina. Peritonsillar abscess Kawasaki disease CoTonsillitissackie virus Primary HIV Ebstein-Barr virus Herpes simplex tonsillitis Viral pharyngitis Oral candidiasis Necessary health tests/imaging Throat swab Rapid antigen test Complete blood count (CBC) Treatment Antibiotics: PenicillinV, Amoxicillin, Cephalexin, Clindamycin, and Azithromycin Nonsteroidal anti-inflammatory drugs (NSAIDs): Paracetamol and Ibuprofen Analgesics: Naproxen Surgery: Tonsillectomy See All Symptoms Of Tonsillitis

The symptoms of tonsillitis generally occur suddenly and they may include

Fever (≦ 38℃) Lymph node swellings Swelling and redness of the tonsils White or yellow coating on the tonsils Sore throat Mouth ulcers Difficulty in swallowing Rashes on the roof of the mouth Strawberry tongue Bad breath Decreased appetite Fatigue

Note: Typically there is an absence of symptoms of a viral upper respiratory infection like conjunctivitis, runny nose, or cough.

Don’t suffer from these symptoms. Rather, get some relief with our widest range of products to soothe your tonsils. Buy tonsil products online Buy Now Causes Of Tonsillitis

Tonsillitis can be caused by both bacteria and viruses. Common bacteria that cause tonsillitis include beta-hemolytic and other streptococci. Though the role of viruses is uncertain, the most common infective agent in causing tonsillitis is the Epstein–Barr virus. It is present in 50% of children and 90% of adults. Cytomegalovirus is the other virus that can cause tonsillitis.

Want to understand better how respiratory viruses spread? Watch this video now. Types Of Tonsillitis

Tonsillitis can be classified based on its duration of onset as follows: 1. Acute tonsillitis This type of tonsillitis is primarily caused by bacterial or viral infections. It presents with swelling and redness on the tonsils, along with fever, cough, and headache. These symptoms usually last 3 or 4 days but can also last up to 2 weeks. 2. Subacute tonsillitis It is mostly caused by bacterial actinomyces. This type of tonsillitis can last between 3 weeks and 3 months. 3. Chronic tonsillitis This is when you have a long-term tonsil infection. An infection that persists for more than a duration over 3 months is known as chronic tonsillitis. The virus usually stays and leads to chronic inflammation. 4. Recurrent tonsillitis It is caused by bacterial infections, by streptococcus. Tonsillitis is termed recurrent when there are more than 7 episodes in 1 year.

Any infection that recurs more commonly than usual might be because of decreased immunity. Read more about low immunity Click Here Risk Factors For Tonsillitis

Tonsillitis affects the younger age group and is mainly caused due to an infection with bacteria or viruses. Risk factors that can increase your chances of getting tonsillitis include-

1. Frequent exposure to viruses or bacteria School-age children are usually in close contact with their friends and peers which increases their exposure to viruses or bacteria that can cause tonsillitis.
2. Young age Studies show that the incidence peak of acute tonsillitis is observed in young children, especially the school-going age, but it may generally occur at any age.
3. Being immunocompromised A decrease in immunity can be a major risk factor for inflammation of the tonsils causing tonsillitis.

Up your immunity levels with our extensive range of immunity-boosting products. Shop Now

1. Environmental pollution Air pollution can cause a huge rise in swollen adenoids and tonsillitis in children. Also, sore throat is a common side effect of exposure to polluted air.

Learn more about how to protect your kids from air pollution. Watch now

1. Colder climates Cold weather does have an impact on your tonsils as tonsillitis is easy to recur during the change of seasons, especially in winter.
2. Genetics Studies suggest that genetic inheritance determines the severity of tonsillar damage in pediatric patients with a history of recurrent chronic tonsillitis in both parents.
3. Diabetes Studies suggest that the chances of infections are more in individuals with diabetes. Infections and problems with the ears, nose, and throat like tonsillitis can be symptoms of diabetes.

Want to master your diabetes? Check out our diabetes care page and find products specially designed to meet all your needs. Fill your carts now

1. Prolonged use of corticosteroids Corticosteroids can raise your risk of infections because they have a wide range of effects on the immune system. This can lead to tonsillitis.
2. Obesity Research suggests that there is a possible link between being overweight or obese and ear infections that can also affect the throat like tonsillitis.

Enlighten yourself now Diagnosis Of Tonsillitis

Accurately diagnosing tonsillitis is important to reduce the further spread of infection and to limit complications. Diagnosis includes

1. History

A complete history provides important information to determine whether the patient has a sore throat, or whether there is deeper pain in the throat or neck.

1. Physical examination

Diagnosis of tonsillitis is mainly clinical and it is done by:

Carefully looking in the throat at the infection site with light instruments Checking for any rash in the throat Observing ‘toxic’ appearance and signs of dehydration Palpating neck to check swollen lymph nodes Listening to the voice of patient Seeing if there is any enlargement of the spleen (can be a symptom of tonsillitis).

1. Laboratory tests

Throat swab: This is a simple test in which doctors rub a sterile swab over the back of your throat to get samples of secretions. The samples are later checked in the lab or the clinic.

Rapid antigen test: It may have low sensitivity in the diagnosis of bacterial tonsillitis but, the results for the presence of infection (positive or negative) are very fast.

Complete blood count (CBC): If the strep throat lab test is negative, then CBC is done to determine the cause of tonsillitis. In this test, the number of different cells is counted by taking small amounts of blood samples from patients.

Booking your lab tests just got easier. Get all the tests done in the comfort and safety of your home. Find all the tests here Celebs affected Noah Centineo Is an American actor who began his career performing on television. After his tonsillectomy, Centineo wrote on Instagram “Got my tonsils taken out 2 days ago. Goodbye chronic tonsillitis and strep throat. I hope you enjoyed your free stay for the last 7 years.” Miley Cyrus Miley Ray Cyrus is an American singer, songwriter, and actress. She revealed via social media that she was hospitalized and later it was disclosed that she had undergone surgery for tonsillitis. Prevention Of Tonsillitis

It can be a little difficult to prevent tonsillitis completely, but there are things you can do to reduce your risk. They include:

Always wash your hands often, especially before touching your nose or mouth Avoid sharing food, drink, or utensils with someone who’s sick Replace your toothbrush regularly, especially after infection Practice good oral care Keep a safe distance from tonsillitis patients Cover your mouth with a tissue or the hand when you cough or sneeze Wash hands after coughing or sneezing Keep your child at home if they are sick.

Want to know how you can prevent the spread of viral infections? Click now to read Doctor To Visit

The symptoms of tonsillitis can range from mild to severe. Doctors that can help you diagnose and treat tonsillitis include: General physician ENT specialist Pediatrician

An ENT specialist, also called an otolaryngologist, is a doctor who has special training in diagnosing and treating diseases of the ear, nose, and throat. A pediatrician is a doctor who deals with the diseases of children.

When to see a doctor? You should contact your doctor immediately if you have the following symptoms:

Sore throat for four days or more Fever over 38.33 degrees Celsius (101 degrees Fahrenheit) Difficulty in swallowing Difficulty in breathing. Painful or swollen tonsils.

If you or your loved ones are noticing any of the above symptoms, seek medical help from our trusted team of doctors. Book your appointment now Treatment Of Tonsillitis

The treatment of tonsillitis depends on whether the infection is viral or bacterial. Tonsillitis is very common, it can be managed with proper rest and medications. The management consists of the following:

A. Medications 1. Antibiotics: This therapy is indicated for patients with signs and symptoms of the sore throat along with tonsillitis and the laboratory confirmation of bacteria as the pathogen. The drugs include- PenicillinV Amoxicillin Cephalexin Clindamycin Azithromycin

1. Nonsteroidal anti-inflammatory drugs (NSAIDs): These medications are given to decrease inflammation and reduce fever. The commonly used drugs include

Paracetamol Ibuprofen

1. Analgesics: These are a group of medications used to relieve pain. The most commonly used drug to manage pain include:

Paracetamol Naproxen Ibuprofen

Note: Certain studies in adults and children show that corticosteroids in combination with antibiotic treatment provide symptomatic relief of pain and faster recovery.

Get your medications online from India’s largest online pharmacy. Order now

B. Surgery

Tonsillectomy is the surgical removal of the tonsils. Tonsillectomy may be considered after careful consideration of the risks and benefits and a thorough discussion of the options with the patient. It is usually performed when tonsillitis occurs frequently or doesn’t respond to other treatments. Home-care For Tonsillitis

The management of tonsillitis mainly depends on providing symptomatic relief along with a lot of rest. Some home remedies that can help relieve the symptoms include:

1. Gargling with salt water Rinsing or gargling your mouth with warm salt water can help soothe pain caused by tonsillitis. It can also reduce inflammation, and may even help to treat infections. Just add ½ a tablespoon of salt to a glass of warm water and gargle to see the difference.
2. Using throat lozenges Lozenges containing licorice as an ingredient have anti-inflammatory properties that can help soothe the discomfort and swelling in the tonsils and the throat. Get all types of lozenges with just a simple click. Choose now
3. Drinking warm tea with honey Studies suggest that raw honey has flavonoids and anti-inflammatory effects. Warm beverages like tea can help to reduce discomfort and adding raw honey may help to treat the infections causing tonsillitis.
4. Trying cold therapy Cold can be highly effective in treating pain, inflammation, and swelling. Popsicles, frozen drinks, ice chips, and ice cream can be particularly helpful to young children who can’t use other home remedies safely.
5. Getting humidifiers Humidifiers can help if you are experiencing dry mouth as a result of tonsillitis. Dry air can irritate the throat, and humidifiers can help decrease the discomfort in the throat and tonsils by adding moisture back into the air.
6. Drinking a lot of warm Drinking warm liquids, including soups, broths, and teas, can help soothe a sore throat. Herbal teas containing ingredients such as honey, pectin, or glycerine may help soothe irritation in the throat.
7. Eating softer food items For people with tonsillitis, eating hard or sharp foods can be uncomfortable and even painful. Individuals with tonsillitis should try eating softer foods that are easier to swallow.
8. Not straining your voice Swelling in the throat can cause the voice to become muffled. See a doctor immediately if you have too much pain while talking as it can indicate a complication. Complications Of Tonsillitis

Tonsillitis, if left untreated can lead to complications like;

Peritonsillar abscess/quinsy: This is the spread of infection beyond the tonsil that may lead to a collection of pus (abscess) within the space between the tonsils.

Airway obstruction: this is a rare complication and requires immediate care, where surgical intervention may be considered an emergency.

Post-Streptococcal glomerulonephritis: it is an inflammatory disorder of the kidneys that can manifest 1–2 weeks after a streptococcal throat infection.

Rheumatic fever: Rheumatic fever is a rare, but serious, complication of untreated or partially treated tonsillitis caused due to streptococcus bacteria.

Scarlet fever: It is an infection caused by group A streptococci bacteria that affects the throat. This is the same bacteria that can cause tonsillitis. What is the difference between COVID-19 and tonsillitis? Sore throat is a common symptom of both tonsillitis and COVID-19. However, tonsillitis causes discomfort and inflammation specific to the tonsils area rather than a generalized sore throat. Get all your questions answered about COVID-19 Alternative Therapies For Tonsillitis

Mild cases of tonsillitis can be managed with certain home remedies and plenty of rest. Some of the alternative therapy that has shown some promising results include:

1. Homeopathy Tonsillitis is common among children and homeopathy is very safe and highly effective in treating most cases of tonsillitis. Studies have shown that homeopathy has been quite effective in managing acute viral tonsillitis. Belladonna is the most commonly prescribed homeopathic medicine for tonsillitis.
2. Acupuncture

This treatment can help reduce inflammation and provide analgesic pain relief for a sore throat. Studies demonstrate that certain acupoints are used to treat the common cold, influenza, acute tonsillitis, and other respiratory tract infections. Living With Tonsillitis

Recurrent and acute tonsillitis is very common among children. Managing kids can be quite a task, especially when they are sick. Some of the tips that can help parents in managing their children with tonsillitis include:

Treat their pain and fever Give them soft and warm foods Tell them to take plenty of fluids Try to make them gargle with salt water Give them throat sprays instead of lozenges Make them comfortable as much as possible Be patient with them

Note: Talk to your doctor to understand the reason behind the recurrent infections and get the appropriate treatment.

Read more about 10 things you need to do if your child has a fever Tap here Frequently Asked Questions Is tonsillitis contagious? What is the duration of tonsillitis? Can tonsillitis be fatal? What to expect after tonsillectomy? Does tonsillitis happen in adults? References Windfuhr P et al. Clinical practice guideline: tonsillitis I. Diagnostics and nonsurgical management. Eur Arch Otorhinolaryngol (2016) 273:973–987. Bartlett, A & Bola, Sumrit & Williams, R. (2015). Acute tonsillitis and its complications: an overview. Journal of the Royal Naval Medical Service. 101. 69-73. 10.1136/jrnms-101-69. Georalas C et al. Tonsillitis. Clinical Evidence 2009;10:503. Windfuhr JP, Toepfner N, Steffen G, Waldfahrer F, Berner R. Clinical practice guideline: tonsillitis I. Diagnostics and nonsurgical management. Eur Arch Otorhinolaryngol. 2016 Apr;273(4):973-87. Casqueiro J, Casqueiro J, Alves C. Infections in patients with diabetes mellitus: A review of pathogenesis. Indian J Endocrinol Metab. 2012 Mar;16 Suppl 1(Suppl1):S27-36. Yuen-yu L et al. The Correlation Among Obesity, Apnea-Hypopnea Index, and Tonsil Size in Children.Journal for Chest. Volume 130, Issue 6, December 2006. Norton L et al. The treatment of streptococcal tonsillitis/pharyngitis in young children. World Journal of Otorhinolaryngology-Head and Neck Surgery (2021)7, 161e165. Apeksha S Ovhal et al. A Review on Tonsillitis. Ijppr.Human, 2022; Vol. 23 (2): 249-254. Bulut F, Cumbul A, Ballica B. Clinical Importance of Family History in Recurrent Chronic Tonsillitis Pediatric Patients: Review. J Pediatrics & Pediatric Med. 2020; 4(3): 1-5 Mandal MD, Mandal S. Honey: its medicinal property and antibacterial activity. Asian Pac J Trop Biomed. 2011 Apr;1(2):154-60. Malapane E, Solomon EM, Pellow J. Efficacy of a homeopathic complex on acute viral tonsillitis. J Altern Complement Med. 2014;20(11):868-873. Liu M, Sheng H, Huang J, Xuan M, Ouyang W, Zhang Y, Zhou S, Zeng L, Fu L, Chen Y, Huang X, Huang K, Wu Y, Liu X, Zhang L. The efficacy and safety of self-administered acupressure on respiratory tract infection in chronic kidney disease: a randomized controlled trial. Ann Transl Med. 2022 Jun;10(12):688.

===============================================

Trigeminal neuralgia Also known as Fothergill disease, Trifacial Neuralgia, and Tic Douloureux Overview

Trigeminal neuralgia is a condition that causes inflammation of the trigeminal nerve (the fifth cranial nerve). It causes spontaneous and intense bouts of pain, often described as shooting, electric shock-like in the lips, teeth, jaw, gums, and other areas of the face supplied by the nerve.

Women are affected more often than men. Patients with multiple sclerosis are affected much more frequently by this condition.

The pain occurs in short, unpredictable attacks that last a few seconds to minutes. After the first episode of attacks, the pain may subside for months or years, but there is always the risk that trigeminal neuralgia will recur without any warning. Rarely, when the pain is not well controlled, it may lead to long-term chronic pain.

The outbursts of trigeminal neuralgia can be set off by contact with the cheek during activities like shaving, washing the face, brushing the teeth, eating, drinking, and talking.

The best way to avoid a paroxysm of TN is to prevent a few triggering agents, such as cold wind, hot and spicy foods, and cold drinks. Most people are prescribed medicines to help control the pain, but surgery may sometimes be considered when drugs are ineffective. Key Facts Usually seen in People over age 50 Gender affected Both men and women but more common in women Body part(s) involved Face Lips Teeth Gums Jaw Prevalence World: 12.6/100,000 persons (2020) India: NA Mimicking Conditions Temporal tendinitis Ernest syndrome (injury of the stylomandibular ligament) Occipital neuralgia Cluster headaches/migraines Giant cell arteritis Dental pain Post-herpetic neuralgia Glossopharyngeal neuralgia Sinus infection Ear infection Temporomandibular joint syndrome (TMJ) Necessary health tests/imaging Imaging tests: Magnetic Resonance Imaging (MRI) Computed Tomography (CT) scan (head) Treatment Medications: Carbamazepine Gabapentin Oxcarbazepine Baclofen Pregabalin

Percutaneous procedures: Radiofrequency lesioning (Rhizotomy) Glycerol injections Balloon compression Surgery: Microvascular decompression (MVD) Stereotactic radiosurgery See All Symptoms Of Trigeminal Neuralgia

The significant symptoms of trigeminal neuralgia include: A sudden attack of severe, sharp, shooting pain that lasts for a few seconds to a few minutes. The pain is often described as an electric shock-like, burning, pressing, crushing, exploding, shooting, migraine-like, piercing, prickling, or a combination. The pain is usually felt in the teeth, lower jaw, upper jaw, or cheek. The right side of the face is more often affected than the left side. Usually, the pain resolves completely between the attacks. This is known as a refractory period. Attacks are generally stereotyped or of the same pattern in an individual patient. In severe cases of TN, attacks may happen hundreds of times a day, and in some instances, there may be no periods of remission.

Note: Trigeminal neuralgia is also called tic douloureux because extreme pain can cause patients to make a face and move their heads away from the pain. This movement is also referred to as a tic. The activities that can trigger the symptoms of TN are: Light touch Washing the face Shaving Head movements Swallowing Chewing Smiling Talking A cool breeze against the face Traveling in a car Did you know? Trigeminal neuralgia usually does not occur when the person is asleep, which differentiates it from migraines, which often tend to wake up the person. Read More About Migraine Causes Of Trigeminal Neuralgia

Trigeminal neuralgia is caused by compression of the trigeminal nerve, which is the largest nerve inside the skull. This nerve conducts the sensation of pain and touch from teeth, face, and mouth to the brain. Primary Trigeminal Neuralgia Primary trigeminal neuralgia is caused by the compression of the trigeminal nerve at the base of the head where it enters the brain stem (the lowest part of the brain). In most cases, the pressure is caused by an artery or vein compressing the trigeminal nerve.

In some cases, the pressure on the nerve wears away its protective outer layer (myelin sheath), which may cause pain signals to travel along the nerve.

Secondary Trigeminal Neuralgia Secondary TN is when neuralgia is caused by another medical condition or disease. For example: Cysts Tumor Facial injury Damage caused by the surgery Viral infections like shingles, chickenpox, and herpes Risk Factors For Trigeminal Neuralgia

Most often, the cause of trigeminal neuralgia is idiopathic, i.e. the exact cause is not known. However, the following risk factors can increase the chances of developing trigeminal neuralgia: Age The risk of TN increases with age. It is higher in individuals between the ages of 50 and 60 years. This is because as one ages the blood vessels harden and brain sags, which leads to the formation of new contacts between nerves and blood vessels. Sex Women are more likely to develop trigeminal neuralgia than men.

Systemic conditions Multiple sclerosis: Multiple sclerosis is a significant risk factor for TN. It is an autoimmune disease that affects the protective myelin sheath of the body’s nerves, predisposing to trigeminal neuralgia. Diabetes: Diabetes can increase the risk of developing trigeminal neuralgia, possibly due to nerve damage caused by hyperglycemia (high blood glucose). Sarcoidosis: It is a disease characterized by the growth of small collections of inflammatory cells (granulomas) in any part of your body. It has been occasionally associated with trigeminal neuralgia. Lyme disease: It is an infection that happens when an infected tick bites a human. Rarely, this systemic inflammatory condition can increase the risk of trigeminal neuralgia. Scleroderma: It is also known as systemic sclerosis, a group of rare diseases that involve the hardening and tightening of the skin. Some people with scleroderma have higher chances of developing trigeminal neuralgia. Systemic lupus erythematosus (SLE): SLE is an autoimmune disease in which the immune system attacks its own tissues, causing widespread inflammation. In some rare cases of SLE, the immune system tends to attack the trigeminal nerve and lead to TN.

Diagnosis Of Trigeminal Neuralgia

The doctor may consider the following methods to diagnose TN: Medical history and physical examination For the diagnosis of trigeminal neuralgia, a complete physical examination and a detailed medical history is required to rule out other causes of facial pain. The medical practitioner will ask about: Intensity of pain attacks Duration of pain attacks Affected areas of the face

There’s no specific test for TN; therefore, its diagnosis is usually based on the individual’s symptoms and description of the pain.

An important aspect of diagnosing trigeminal neuralgia involves ruling out other conditions that lead to facial pain like: Joint pain in the lower jaw Toothache Nerve injury Migraine (a headache that can cause severe throbbing pain or a pulsing sensation, usually on one side of the head)

Imaging Techniques Magnetic Resonance Imaging (MRI): This test helps in diagnosing the possible cause of facial pain, such as inflammation of the lining of the sinuses, nerve damage caused due to MS, and tumor on facial nerves. An MRI scan can also detect whether a blood vessel is compressing one of the trigeminal nerves. Computed Tomography (CT) scan (head): Computed tomography (CT) of the head uses special x-ray equipment to help assess and identify tumors or multiple sclerosis, which can cause secondary TN. Celebs affected Salman Khan Salman Khan opened up about suffering from Trigeminal neuralgia in 2001. He shared that at one point, he felt dejected, but he channeled his energies to overcome the ill effects of the condition. William Gladstone The former British Prime Minister William Gladstone suffered from symptoms of neuralgia and headache, which were indicative of trigeminal neuralgia. He showed characteristic symptoms of intermittent pain at varying intervals. Author Gloria Steinem She survived the pain of an illness that was misdiagnosed for a long time. It was later diagnosed as trigeminal neuralgia. Did you know? During a trigeminal neuralgia attack, affected people tend to shield their faces to protect them from being touched. This is an important diagnostic sign because, with many other painful conditions like toothache, the person will hold or press the face to ease the pain. To learn more about toothache or dental pain. Click Now Prevention Of Trigeminal Neuralgia

Trigeminal neuralgia is not preventable. But certain triggering factors can be avoided by taking necessary precautions: Wind: If the wind is a trigger, a scarf can be worn around the face to protect against it. Cold drinks: A straw can be used to drink cold water or drinks. This will prevent the liquid from coming in direct contact with the painful areas. Chewing: Liquidize the meals if you find it difficult to chew the food. Avoid certain foods: Some foods seem to trigger attacks. It is better to avoid food items like citrus fruits, bananas, and caffeine.

Correct diagnosis and proper management also benefit the patients and lead to a good prognosis. Specialist To Visit

The best doctor to visit in case of severe and sharp pain in the face is: Neurologist A neurologist helps in the proper diagnosis and treatment of diseases of the brain and nervous system.

Want to talk about the symptoms of pain which are making your life uncomfortable? Get a consultation from our team of trusted doctors. Book Consultation Now Treatment Of Trigeminal Neuralgia

Management of TN depends on multiple factors, including age, general health, disease severity, and other medical conditions. Medicines can be used to control the pain, or surgery may be considered where drugs have been ineffective for the long term. Medications The first-line treatment for patients with TN is pharmacologic therapy. Painkillers like paracetamol are not effective; therefore, an anticonvulsant is prescribed for the treatment. The most commonly used anticonvulsant drug is carbamazepine. This medicine is usually started at a lower dose and gradually increased to control the pain. The pain is controlled for most people in the early stages of the disease. However, in some patients, the effectiveness of carbamazepine decreases over time. Another anticonvulsant drug gabapentin, which is most commonly used to treat epilepsy or migraines, can also treat TN. Other medicines used to treat trigeminal neuralgia include oxcarbazepine, baclofen, and pregabalin. Percutaneous procedure Percutaneous procedures are performed through the smallest possible working incision, by inserting a needle or thin tube through the cheek and into the trigeminal nerve inside the skull. X-rays of the head and neck are usually performed to help guide the needle into the correct place. The various percutaneous procedures to treat trigeminal neuralgia are:

Radiofrequency lesioning (Rhizotomy) Rhizotomy provides pain relief to approximately 80% of patients with TN, but it’s a temporary solution that usually lasts 1-3 years until the nerve regrows. The surgeon inserts a long needle through the cheek on the affected side of the face and uses heat or a chemical to suppress the pain fibers of the trigeminal nerve. Glycerol injections It involves the injection of a small amount of glycerol into the trigeminal nerve to block pain signals to the brain. This method is mostly used in patients who are immunocompromised by other chronic diseases. Balloon compression The surgeon will insert a tube, called a cannula, through your cheek up to the trigeminal nerve. A thin, flexible tube with a balloon on one end is then weaved through the needle. This procedure has been known to relieve symptoms for 1-2 years, though it can cause some numbness in the face. Surgery Microvascular decompression (MVD) This is one of the most surgical common procedures used to treat trigeminal neuralgia. It can help relieve pain without intentionally damaging the trigeminal nerve. This surgery reveals the blood vessel that may be compressing the nerve and provides the longest relief from trigeminal neuralgia. Stereotactic radiosurgery This procedure delivers a highly concentrated and precise beam of radiation on the trigeminal nerve root to relieve the pain. It’s always recommended that patients receive it no more than two times as a treatment for trigeminal neuralgia. Alternative Therapies of Trigeminal Neuralgia

Acupuncture Acupuncture involves the insertion of thin needles along the “trigger points” to provide pain relief. Some precautions must be taken while inserting the acupuncture needles to avoid coming into contact with trigger areas, as this may flare up the symptoms. Meditation Meditation therapy can help in alleviating the pain caused by Trigeminal neuralgia. This technique helps slow breathing and relax, which helps ease or prevent stimulation of the trigeminal nerve.

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

Aromatherapy Essential oils of chamomile and lavender can help ease neuropathic discomfort. This therapy does not work for everyone, although for some it can provide relief from the pain of TN.

Check out our extensive range of essential oils. Shop Now

Complications Of Trigeminal Neuralgia

The pain in Trigeminal Neuralgia can be so severe and exhausting that the patients can develop anxiety and depression, if not properly treated. Patients treated with anticonvulsant drugs for the long term can have unfavorable drug effects. Some patients permanently develop facial numbness on the affected side. The surgical procedures for treatment can pose some intra and postoperative risks. Living With Trigeminal Neuralgia

Although Trigeminal Neuralgia is not fatal, it causes pain and anxiety, which can ultimately affect the patient’s quality of life. A person may find themselves feeling overwhelmed and isolated at times. Caring for mental health, connecting with others, and practicing self-care can all go a long way in preserving the quality of life. Here are a few steps to follow while living with this condition: Look after mental health The chronic repetitive and unpredictable shots of stabbing pain can leave people isolated and vulnerable to depression and anxiety, and in some extreme cases, even suicidal thoughts can emerge. Participating in social interactions and engaging in small household work can help divert the mind. Avoid triggers While the TN pain attacks are often spontaneous, some people with TN find specific triggers that bring on their pain attacks. Some common triggers include spicy foods, cold beverages, and chewing. If a person finds out his triggers, a conscious effort to avoid them may help alleviate TN pain. Practice a healthy lifestyle and general self-care Looking after your overall health through a balanced diet, regular exercise, a consistent sleep schedule, and mental healthcare is crucial. Managing TN is much easier when the rest of the body is cared for by leading a healthy life. If your loved one has Trigeminal neuralgia, the following pointers can help you extend a helping hand to the patient:

Understanding the severity of the pain the person is going through and being accommodating are the first steps to caring for a loved one with trigeminal neuralgia. Helping your loved one stay on track with their medications and communicating about the success of the treatment. Encouraging doctor visits and exploring other treatment options when medications stop working. Home Care For Trigeminal Neuralgia

There are no highly effective home remedies for trigeminal neuralgia. However, you can try the following after consent from your doctor. They will act as an adjunct to conventional medical treatment: Hot or cold compression Taking a hot shower or bath can help relieve the symptoms. Cold compressions, like ice or cold water, can also help relieve painful episodes. Peppermint It is used as a pain reliever and helps in relaxing the muscles to control muscle spasms. Peppermint oil can be used alone, by combining it with a carrier oil to minimize pain and irritation caused by trigeminal neuralgia.

Peppermint oil has some amazing benefits to offer to your body. Read more about peppermint oil. Click Now

Basil (Tulsi) It is an effective herb that has been used for over 3000 years due to its incredible healing powers. It acts as a stress regulator and inhibits nerve pain in case of trigeminal neuralgia. Essential oil of basil can be applied to the affected area to get instant relief. Dietary supplements The addition of vitamins B12 and minerals in the diet can help in alleviating the discomforting trigeminal neuralgia symptoms.

Most Indians are deficient in Vitamin B12. Fill in the gaps in your diet with our extensive range of supplements. Buy Now

Frequently Asked Questions What organs are affected by trigeminal neuralgia? What aggravates the trigeminal nerve? How do you get instant relief from trigeminal neuralgia? What is the best painkiller for neuralgia? References Shankar Kikkeri N, Nagalli S. Trigeminal Neuralgia. [Updated 2022 Jul 9]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan. Trigeminal Neuralgia Fact Sheet. National Institute of Neurological Disorders and Stroke. Trigerminal Neuralgia. Johns Hopkins University. Treatment. Terminal Neuralgia. 06 August 2019. Maarbjerg S, Di Stefano G, Bendtsen L, Cruccu G. Trigeminal neuralgia - diagnosis and treatment. Cephalalgia. 2017 Jun. Araya EI, Claudino RF, Piovesan EJ, Chichorro JG. Trigeminal Neuralgia: Basic and Clinical Aspects. Curr Neuropharmacol. 2020. Zakrzewska JM, McMillan R. Trigeminal neuralgia: the diagnosis and management of this excruciating and poorly understood facial pain. Postgrad Med J. 2011 Jun. Yadav YR, Nishtha Y, Sonjjay P, Vijay P, Shailendra R, Yatin K. Trigeminal Neuralgia. Asian J Neurosurg. 2017 Oct-Dec. Krafft RM. Trigeminal neuralgia. Am Fam Physician. 2008 May 1. Gambeta E, Chichorro JG, Zamponi GW. Trigeminal neuralgia: An overview from pathophysiology to pharmacological treatments. Mol Pain. 2020 Jan-Dec. Emril DR, Ho KY. Treatment of trigeminal neuralgia: role of radiofrequency ablation. J Pain Res. 2010 Dec 12;3:249-54. doi:2147/JPR.S14455. PMID: 21311718; PMCID: PMC3033033.

===============================================

Tuberculosis (TB) Also known as TB, Koch’s Disease Overview Tuberculosis is one of the top 10 causes of mortality worldwide. Tuberculosis is caused by a bacterium called Mycobacterium Tuberculosis. Tuberculosis is an infectious disease that primarily affects the respiratory system, but it can also affect other systems, such as the gastrointestinal system, musculoskeletal system, nervous system, etc. It may be present as a latent or an active infection. Active cases can be presented with symptoms like cough, hemoptysis (blood in the sputum), fever, weight loss, etc.

Tuberculosis treatment comprises a combination of drugs and may continue for a long period for complete elimination of bacteria and to avoid resistance against antibiotics used.. Most patients recover completely from the disease. However, vulnerable patients, such as HIV-affected individuals or those with lower immunity, suffer from a severe type of disease.

In 2019, an estimated 10 million people suffered from tuberculosis, of which 2.6 million were Indians. Although the cases of TB in India are high, the Government provides support to all the TB patients with programmes such as NTEP, DOTS and Nikshay patrika, which are aimed to improve treatment with free medicines and support. Key Facts Usually seen in All age groups Gender affected Both men and women but more common in men Body part(s) involved Lungs Intestine Bones Brain Blood Prevalence Worldwide: 10 Million (2019) India: 2.64 Million (2019) Mimicking Conditions Pneumonia Lung cancer Fungal infection of the lung Sarcoidosis Necessary health tests/imaging CB-NAAT Mantoux test Stain AFB (ZN Stain), sputum Mycobacterium tuberculosis DNA PCR - Qualitative -Sputum TB Platinum Interferon gamma release assay Complete Blood Count Erythrocyte Sedimentation Rate Treatment Antibiotics Isoniazid Rifampicin Pyrazinamide Ethambutol Amikacin Streptomycin Antipyretics & Painkillers Antitussives B-complex Vitamins See All Symptoms Of Tuberculosis

Pulmonary tuberculosis or TB of the lungs is the most common type of TB. Other types such as the TB of the bones, lymph nodes, brain, kidneys, intestine, and genitals are also seen.

Symptoms of Pulmonary TB Tuberculosis most commonly affects the lungs and can cause the following symptoms: Coughing that lasts for more than 2 weeks with or without fever Fever, especially an evening rise in body temperature Presence of blood in the sputum Chest pain Loss of appetite Loss of weight Chronic fatigue Night sweats and chills Symptoms of TB other than pulmonary TB : Occasionally, tuberculosis may also affect other organs, such as bones, stomach, etc., and presents with common symptoms like fever, weight and appetite loss and some specific symptoms related to organ system involved like :: Bone TB involving the spine can cause back pain and neurological complications like paraplegia where the lower limbs become paralyzed. Gastrointestinal system disease can cause nausea, vomiting, diarrhea, malabsorption etc. Tuberculosis of the kidneys can cause blood in the urine. Infection involving the brain and its covering membrane can cause seizures, headaches, neurological abnormalities, etc. Here’s everything about TB causes, symptoms & treatment (in Hindi). Watch the video to know more. Causes Of Tuberculosis

Tuberculosis is caused by a bacterium called Mycobacterium tuberculosis. TB usually spreads from one person to the other through the air. When a person suffering from TB sneezes, coughs or spits, the bacteria gets into the air. Hence, when a person inhales even a few of these bacteria from the air, he/she becomes infected. Although it is contagious, the bacteria grows at a slow rate and requires you to spend considerable time around the person who is sick. This means, it requires close and prolonged contact with a person who has active tuberculosis.

Remember! Tuberculosis cannot spread through a simple handshake or sharing utensils as the bacteria cannot survive for long outside of the human body. Types Of Tuberculosis

There are 5 different types of tuberculosis based on the type of infection. These include: 1. Latent tuberculosis Latent tuberculosis does not cause any symptoms as the body’s immune system keeps the infection at bay. In latent tuberculosis, the person carries the bacteria but does not develop any symptomHowever, there is a possibility that the latent infection may reactivate at a later stage in life when the body’s immune defenses go down and may lead to active disease. 2. Active tuberculosis Active tuberculosis refers to a condition where the bacteria are in an active stage and cause symptoms. Active tuberculosis can be further classified into pulmonary and systemic tuberculosis. Although tuberculosis is primarily a disease of the lungs (pulmonary TB), it may affect other organs in the body, such as bones, lymph nodes, brain, kidneys, intestine, and reproductive system. When active tuberculosis is present in other parts of the body, it is known as systemic tuberculosis.

1. Disseminated tuberculosis Also known as miliary tuberculosis, this is a severe type of infection where the tuberculosis bacteria spread to the entire body through the bloodstream.
2. Multidrug resistant tuberculosis (MDR TB) This type of tuberculosis is caused by a bacteria which is resistant to at least two most common and potent drugs used to treat TB namey isoniazid and rifampin.
3. Extensively drug resistant tuberculosis (XDR TB)

This is a rare type of tuberculosis in which the bacteria is resistant to more than two drugs used to treat TB. In addition to isoniazid and rifampin, people suffering from XDR TB are resistant to fluoroquinolones (an antibacterial medicine) and at least one of three injectable second-line drugs used to treat bacteria. Risk Factors Of Tuberculosis

Although all age groups are at risk of TB, the risk is higher in people who: Live in or travel to a country with a higher prevalence of tuberculosis such as tropical and developing countries. Work in places constantly exposed to crowds, such as hospitals, community centers, prisons, etc. Suffer from malnourishment. It is seen that undernourished people are 3 times more at risk of TB as compared to healthy people. Suffer from diabetes or are on medicines such as steroids or anti-cancer drug therapy. Suffer from weakened immunity or are recovering from an illness. Are infected with HIV/AIDS as the risk of getting tuberculosis is 18 times higher for patients with HIV. Consume excess alcohol and smoke tobacco products. Did you know? Vitamin A deficiency is tied to increased chances of tuberculosis. As per the study, the risk of acquiring tuberculosis was 20 times more in young people aged between 10-19 years of age. The study suggested that people who were vitamin A deficient were at an increased risk (10 times) of contracting tuberculosis from those already infected with the disease. Check out our vitamins and supplements range to fill up your nutritional quota. Explore Now! Diagnosis Of Tuberculosis

Along with a detailed history and physical examination, the doctor also orders laboratory tests and imaging studies to confirm a suspected case of tuberculosis. Following tests are used to confirm a diagnosis:

Laboratory tests Blood Tests Cartridge based nucleic acid amplification test (CB-NAAT) is a rapid molecular test that helps to detect TB. It not only identifies the bacteria responsible for TB but also helps to find rifampicin resistance bacteria within two hours. It is recommended by WHO as an initial diagnostic test to check for TB in suspected cases of pulmonary and other forms of TB, especially in children. TB Platinum Interferon Gamma Release Assay is used to check for the body’s immune response to the tuberculosis bacteria. Other tests such as Complete Blood Count, Erythrocyte Sedimentation Rate are performed to evaluate the body’s response to infection. HIV 1 And 2 Antibody. As tuberculosis is highly associated with HIV, doctors usually check for the likelihood of HIV exposure when tuberculosis is suspected. Sputum analysis Sputum samples are analyzed using tests like stain AFB (ZN Stain), sputum, and Mycobacterium tuberculosis DNA PCR - Qualitative -Sputum. These tests help to check for the presence of tuberculosis bacteria in the sputum. A positive test confirms the diagnosis of tuberculosis.

Skin prick test This is also known as the Mantoux test. It is a screening test used to determine a person’s risk of TB infection or the risk of the progression of the disease, if infected. For this, a small amount of tuberculin is injected into the skin. If swelling or reaction occurs at the site of injection within 48-72 hours, it is considered a positive test and indicates exposure to the tuberculosis bacteria. False-positive test results are possible if the person has been vaccinated for tuberculosis recently.

Imaging studies In pulmonary tuberculosis cases, imaging studies like X-Ray chest PA View, HRCT chest - plain are required to evaluate the extent of the disease in the lungs. In extrapulmonary tuberculosis cases, other imaging studies, such as X-Ray dorsal spine AP & lateral view, MRI brain, etc., may be done as appropriate. Celebs affected Amitabh Bachchan Bollywood superstar Amitabh Bachchan suffered from tuberculosis in the year 2000. Muhammad Ali Jinnah A famous politician and the founder of Pakistan, Muhammad Ali Jinnah, succumbed to tuberculosis Prevention Of Tuberculosis

There are two types of preventive measures: 1. Prevent the spread of tuberculosis As tuberculosis spreads through infected droplets, it is important for a patient with active tuberculosis to follow certain hygiene measures to prevent the transmission of the infection. Always cover your mouth with a handkerchief when coughing or sneezing to prevent the spread of droplets. Patients with active tuberculosis must wear a surgical mask in the presence of others to prevent the transmission of droplets. Wash your hands with soap and water or use hand sanitizers frequently to keep your hands clean. The room where a patient with active tuberculosis lives must be well ventilated and should be cleaned with a disinfectant every day. The pasteurization of milk also helps to prevent humans from getting bovine TB. The last but the most important point is to complete your course of TB treatment because by doing so you not only lower your risk of recurrence/remission but also prevent community transmission of the disease. 2. Vaccines for tuberculosis In countries where tuberculosis infections are rampant, babies are given the BCG (Bacillus Calmette Guerin) vaccine at birth to provide immunity against the disease.

TB is NOT a genetic disease. To know about other common myths click here! Read The Article! Specialist To Visit

If you have symptoms, such as prolonged cough, bloody sputum, fever, unexplained weight loss, you must seek prompt medical care. The specialist doctors who diagnose and treat tuberculosis are: General physician Chest physician Infectious disease specialist Respiratory specialist or pulmonologist

Consult India’s best doctors online with a single click. Book an appointment now! Click Here!

Treatment Of Tuberculosis

The treatment for tuberculosis depends on the type of infection.

Latent tuberculosis In India, if you have tested positive for tuberculosis in a screening test, treatment may be recommended only if you belong to the high risk category. The medicines for latent tuberculosis must be taken for a duration of 6 to 9 months as prescribed by a doctor. Active tuberculosis Antibiotics are the main treatment options for people suffering from TB. The treatment approach usually involves taking these drugs for a span of several months. These medicines are usually given in combination as part of a regimen to effectively treat tuberculosis. These medicines kill the bacteria causing tuberculosis or prevent its growth. The first line of treatment for active tuberculosis consists of combination therapy with five antitubercular drugs. Of these, streptomycin is given in the form of an injection, whereas a single tablet consisting of all the four medicines (isoniazid, rifampicin, pyrazinamide and ethambutol) is available. The dose of this combination medicine is based on the weight of the patient. Easy-to-use combination kits, containing a combination of the first-line antitubercular drugs are also readily available. The treatment continues for 6-8 months even if the symptoms get better, as it ensures complete recovery and prevents the development of drug resistance. The DOTS regimen (Directly Observed Therapy - Short Term) is followed in India, where the patient has to take the medicine in front of a DOTS agent. This is to ensure adherence to the treatment. MDR TB and XDR TB The tuberculosis bacteria are prone to develop drug resistance. Some patients do not respond to the first line of treatment and develop multi-drug resistant tuberculosis or MDR-TB. There are strains of bacteria resistant to most forms of available drugs and cause a severe form of the disease known as extensively drug-resistant tuberculosis or XDR-TB. Treatment options for MDR and XDR tuberculosis consist of higher dosing of the first line of drugs and a combination of other oral medicines and injections. The course of the treatment is usually 18 months for MDR-TB and 224 months for XDR-TB. Some of the common examples include: Amikacin injections Streptomycin injections Levofloxacin preparations Moxifloxacin preparations Para-amino salicylic acid Clofazimine preparations Imipenem injections Clarithromycin preparations Bedaquiline Supportive care This involves use of medications aimed to improve the symptoms such as fever, cough, and pain. Some of the common class of drugs used for supportive care of TB are: Anti-fever and analgesic medicines to provide relief from fever and pain. Antitussive medications to help reduce cough. Vitamin B supplements given along with antitubercular medicines to help combat neurological side effects like nerve pain and neuropathies caused by antitubercular medicines. Antacids to prevent gastro-intestinal symptoms Medicines to reduce uric acid level (hyperuricemia is known to be a side-effect of TB medicines) such as allopurinol and febuxostat are recommended. In some cases, a herbal medicine/tonic for the liver is recommended as antitubercular medicines can impact the liver. Did you know? “TB cannot be cured” is a myth. In reality, it can be cured for lifetime if a proper treatment plan is followed as it is a bacterial disease. The key is to complete the medication course as advised by your doctor as not abiding by the treatment plan can lead to resistance to antibiotics and relapse of the disease. Get the right treatment from the right expert. Consult Now! Home Care For Tuberculosis

With active tuberculosis, you can do the following things to care for yourself at home: Always use a handkerchief to cover your mouth and nose while sneezing or coughing. Wash your hands frequently with soap and water or use hand sanitizers. Take a balanced diet rich in vitamins and minerals. Drink plenty of fluids throughout the day. Take plenty of rest. Do not engage in any strenuous activities. Take the entire course of medicines prescribed by the doctor, even if your symptoms reduce or you start feeling better. Complications Of Tuberculosis

Most patients recover completely from tuberculosis. However, it may cause serious complications, especially in HIV patients and those who suffer from immunocompromised states. Leaving tuberculosis untreated may further lead to: Miliary tuberculosis or disseminated tuberculosis Pleural effusion, pneumothorax, empyema - an accumulation of fluids, air, or pus, respectively, in the lungs Acute respiratory distress syndrome or fluid build-up in the lungs Paraplegia or paralysis of the lower body due to tuberculosis of the spine Tuberculous arthritis of hips or knees Infertility in men and women, in TB of reproductive organs Seizures and growth retardation, in TB of the brain MDR TB and XDR TB Alternative Therapies For Tuberculosis

There is a limited role of alternative therapies in the treatment of tuberculosis. Chest physiotherapy may help with the removal of secretions from the lung and improve lung function. It uses different types of breathing exercises. It also includes postural drainage, advising patients to sleep in different positions such as sleeping on the back with their head down. These positions are believed to help in removal of secretions in the lung with help of gravity. Herbal preparations from medicinal plants such as ginger, turmeric, cinnamon, etc., may have a role in providing symptomatic relief from cough.

Check out our Ayurveda page for detailed information about medicinal herbs. Click Here!

Living With Tuberculosis

Tuberculosis is a disease that is often associated with a stigma as there are many misconceptions surrounding it. However, with recent improvements in available treatments and public awareness campaigns, the stigma of the disease is declining, and more and more people are recovering completely from the disease. In the active phase of the disease, it is advisable to refrain from interacting with many people and avoid crowded places to prevent transmission. Here are a few tips you need to keep in mind if you are on medications for tuberculosis: Maintain a routine if you are taking medications by yourself like taking medicines at the same time every day, marking off the date on a calendar or using a weekly pill dispenser. Inform your doctor if you experience any unusual symptoms or side effects of the medications. Your doctor might consider changing the drugs. Make sure you complete your course of medications. Not finishing the course or stopping the medications mid-way can not only increase the risk of getting sick and spreading the infection again but can also make the bacteria resistant to the drugs. Do not forget to follow cough etiquettes like covering your mouth when sneezing or coughing and throwing a used tissue in the trash can. Ask your doctor about the improvement in your condition, the change in medications, lab tests to be taken, and any questions you have related to the condition. This will help you understand the condition & take care of your health Caregivers should ensure to avoid close contact with the patient, If possible, let the patient share a single room with proper ventilation. Eat a diet rich in nutrients like vitamins, minerals, and antioxidants. Avoid eating oily, salty and spicy food. Opt for home cooked foods to boost your immunity and stay healthy.

Psychosocial impact of TB Although TB is quite common in India, there are still a lot of myths and stigma associated with the condition. Also, lack of support from family and community as well as lack of knowledge about the disease in general and its treatment does affect the overall physical as well as mental state of the patient. Moreover, the long duration of the TB treatment and the economic hardships tend to be exhausting for the patient. This when coupled with a negative emotional status of the patient is known to increase the risk of mental problems such as anxiety and depression, which can further impact the treatment. This can be dealt with proper awareness about the disease by both the patient and the community. For example: Medicines free of cost are available for all TB patients at Government hospitals. Latest guidelines, information and programmes about TB can be easily accessed through Nikshay Patrika, a quarterly newsletter by the Central Tuberculosis Division. DOTS treatment is free of cost and helps prevent failure of the treatment and lowers the risk of MDR-TB by ensuring strict adherence and uninterrupted treatment for TB. Unlike pulmonary TB, other forms of TB don’t spread through close contact. So avoid shunning the patient from your social circle/community but support them to fight the disease. Reach out to NGOs and community support groups related to TB which can help you support both physically, emotionally and financially. Frequently Asked Questions Is tuberculosis deadly? Can tuberculosis happen twice? Can I recover completely from tuberculosis? How long do I need to take the medicines for tuberculosis? Can tuberculosis affect young individuals? Can tuberculosis be cured in HIV co-infection? What is DOTS? What is NTEP? References Barberis I, Bragazzi NL, Galluzzo L, Martini M. The history of tuberculosis: from the first historical records to the isolation of Koch’s bacillus. J Prev Med Hyg. 2017;58(1):E9-E12. Tuberculosis. World Health Organisation. Tuberculosis. Centres for Disease Control. Tuberculosis. Harvard Health Publishing. Diagnostic Standards and Classification of Tuberculosis in Adults and Children. This official statement of the American Thoracic Society and the Centers for Disease Control and Prevention was adopted by the ATS Board of Directors, July 1999. This statement was endorsed by the Council of the Infectious Disease Society of America, September 1999. Am J Respir Crit Care Med. 2000 Apr;161(4 Pt 1):1376-95. Adigun R, Singh R. Tuberculosis. [Updated 2020 Oct 27]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. Zaman K. Tuberculosis: a global health problem. J Health Popul Nutr. 2010 Apr;28(2):111-3. Institute of Medicine (US). Facing the Reality of Drug-Resistant Tuberculosis in India: Challenges and Potential Solutions: Summary of a Joint Workshop by the Institute of Medicine, the Indian National Science Academy, and the Indian Council of Medical Research. Washington (DC): National Academies Press (US); 2012. 2, Drug-Resistant TB in India. Shrinivasan R, Rane S, Pai M. India’s syndemic of tuberculosis and COVID-19. BMJ Glob Health. 2020;5(11). Nikshay Patrika. Inaugural Issue. Jan-Mar 2018. Volume 01. Quarterly Publication of Central TB Division. Ministry of Health and Family Welfare. Government Of India. Central TB Division. Ministry of Health and Family Welfare. Government Of India. National Tuberculosis Elimination Programme.

===============================================

Type 2 diabetes mellitus Also known as Diabetes mellitus, Adult onset diabetes, Non-insulin dependent diabetes mellitus (NIDDM), Type 2 diabetes mellitus (T2DM), Hyperglycemia and High blood glucose Overview Type 2 diabetes is the most common type of diabetes in which the body fails to effectively use insulin. According to the WHO, more than 95% of people with diabetes worldwide suffer from type 2 diabetes. Until recently, type 2 diabetes was thought to be affecting only adults above the age of 40 years. However, due to stress and an inactive lifestyle, even people in their 20s are also at a high risk of diabetes.

Initially, Type 2 diabetes is mostly asymptomatic. Also, the symptoms tend to develop slowly and go unnoticed for a long time which makes it difficult to diagnose the condition. You might be at a higher risk of type 2 diabetes if anyone in your family has diabetes along with other risk factors such as obesity, inactive lifestyle, etc.

The gold standard test to diagnose type 2 diabetes is HbA1c as it gives you an idea of your blood glucose levels over the past 3 months. However, other tests such as fasting glucose and postprandial glucose tests are also commonly used. Once diagnosed, it is important to go for regular health check-ups and manage your diabetes properly because if left uncontrolled, it can impact other organs such as the kidneys, eyes, heart, nerves and legs.

Type 2 diabetes is managed with the help of diet control, exercise and use of oral medications. In cases of uncontrolled diabetes or high glucose levels, your doctor might recommend the use of insulin injections or pens. Key Facts Usually seen in Adults above 20 years of age Gender affected Both men and women Body part(s) involved Pancreas Eyes Nerves Feet Heart Kidneys Skin Reproductive system Prevalence Worldwide: 462 million (2017) Mimicking Conditions Metabolic syndrome Hypothyroidism Hemochromatosis Pancreatitis Cystic fibrosis Infections Cushing syndrome Necessary health tests/imaging Glucose-random blood (RBG) test Glucose-fasting blood (FBG) test Glucose postprandial blood (PPBG) test Glycosylated hemoglobin (HbA1c) test Treatment Biguanides: Metformin Sulphonylureas: Glimepiride & Glipizide Thiazolidinediones: Pioglitazone Meglitinides: Repaglinide & Nateglinide Alpha-glucosidase inhibitors: Acarbose & Miglitol DPP-4 inhibitors: Sitagliptin & Saxagliptin Incretin mimetics: Exenatide, Liraglutide & Dulaglutide Insulin: Lispro, Insulin Isophane & Glargine See All Symptoms Of Type 2 Diabetes

Type 2 diabetes is initially asymptomatic, which means it does not show symptoms for a long time. Moreover, it progresses at a very slow pace, which makes it difficult for any of the key warning signs to appear early. This is the reason why it is often said that NO symptoms are one of the most common symptoms of type 2 diabetes.

However, there are some symptoms that may indicate type 2 diabetes which include: Frequent urination Excessive thirst Increased hunger Unexplained weight loss Blurry eyesight Lack of energy/fatigue Delayed healing of cuts and other injuries Frequent yeast infections Numbness or tingling in the hands or feet Areas of darkened skin, usually affecting the armpits and neck Dry skin Causes Of Type 2 Diabetes

Insulin is a hormone produced by the pancreas. The pancreas is located below and behind the stomach. Insulin helps to move blood sugar (glucose) into the cells. Glucose is then stored inside the cells and later used for energy.

In type 2 diabetes, the body does not respond correctly to insulin. This is called insulin resistance. Thereby, blood glucose does not get into cells to be stored for energy. When glucose is not able to enter cells, a high level of glucose builds up in the blood. This is called hyperglycemia.

As blood glucose levels increase, the pancreas is triggered to release more insulin. Over a long time, the pancreas is not able to make enough insulin to meet the body’s demands. This leads to the symptoms of type 2 diabetes. Risk Factors Of Type 2 Diabetes

The factors that increase the risk of type 2 diabetes are as follows:

Age: The risk of type 2 diabetes increases with age, especially after 45 years.

Family history: The risk of type 2 diabetes is higher in case parents or siblings have the condition. Also, genetic predisposition of high cholesterol, high blood pressure or cardiovascular disease can also predispose to type 2 diabetes.

Race and ethnicity: People of certain races and ethnicities like African American, Hispanic/Latino, American Indian, Asian American, or Pacific Islander are more likely to develop type 2 diabetes.

Unhealthy eating habits: Eating a calorie-dense diet with processed foods and beverages, and a diet low in whole, nutrient-rich foods, can significantly increase the risk of type 2 diabetes.

Being overweight or obese: Moreover, fat stored in the belly or abdomen region with waist circumference above 40 inches (101.6 centimeters) for a man or above 35 inches (88.9 centimeters) for a woman poses a higher risk of type 2 diabetes.

Sedentary lifestyle: Less physical activity can lead to weight gain and obesity thereby increasing the risk of diabetes.

Blood cholesterol levels: Low levels of high-density lipoprotein (HDL) cholesterol and high levels of triglycerides and low-density lipoprotein (LDL) can predispose to type 2 diabetes.

Prediabetes: In prediabetes, the blood sugar levels are higher than normal, but not high enough to be categorized as diabetes. If left untreated, prediabetes often leads to type 2 diabetes.

Pregnancy related issues: Gestational diabetes (diabetes during pregnancy) or giving birth to a child weighing more than 4 kgs increases the risk of type 2 diabetes.

Polycystic ovary syndrome (PCOS): PCOS which is characterized by irregular menstrual cycle, excessive facial hair growth and obesity also increases the risk of diabetes.

Smoking: The chemicals in cigarettes cause inflammation throughout the body. Additionally, when these chemicals react with oxygen in the body, they cause cell damage, called oxidative stress. Both oxidative stress and inflammation caused by smoking are related to increased risk of diabetes.

Sleep habits: Sleep disturbances can affect the body’s balance of insulin and blood sugar by increasing the demand on the pancreas thereby leading to diabetes.

Stress: Stress can stimulate the release of various hormones, which can predispose to high blood sugar levels.

Anxiety and depression: Psychological problems like depression are known to increase the risk of diabetes. Diagnosis Of Type 2 Diabetes

The common lab tests include blood tests and urine tests. In addition to that, your doctor might conduct a thorough physical examination to check for signs of any skin problems. Also, imaging tests might also be advised in some cases to check the effect of diabetes on the nerves and other body organs. Psychiatric evaluation can also be recommended in people during the initial stages as most people tend to go through a rejection phase before finally accepting the fact that they have diabetes.

The commonly recommended blood tests used to diagnose diabetes include:

1. Random blood sugar test The random blood glucose test is done to measure the levels of glucose circulating in the blood. This test is done to diagnose diabetes. You can take this test at any time of the day as it doesn’t need you to fast unlike other tests for diabetes. However, other tests are required to confirm the diagnosis. The test is done as a part of routine preventive health check-up or if you have symptoms of high blood glucose/hyperglycemia. Diabetes is confirmed, if your blood glucose levels are greater than or equal to 200 mg/dl.
2. Fasting plasma glucose test (FPGT) This is one of the most common tests prescribed for diabetes. It is a blood test that measures the levels of glucose in the blood in the fasting state (empty stomach). Ideally, it is advised to not eat or drink anything (except water) for 8-12 hours before the test. It is the simplest as well as the fastest test to diagnose and monitor diabetes. If your blood glucose levels are greater than or equal to 126 mg/dl, diabetes is confirmed.
3. Postprandial blood glucose (PPBG) test It is performed to measure glucose levels in the blood after a period of 2 hours from the start of the last meal. It is usually recommended to screen for prediabetes and also monitor treatment efficacy in patients undergoing treatment for diabetes. The test is usually recommended when the blood glucose level falls between 140 and 200 mg/dl.
4. Hemoglobin A1c (HbA1c) test It is a blood test that measures a person’s average blood glucose level over the past 2 to 3 months. It is ideally used to check how well your diabetes is managed with medication. However, if your fasting and postprandial levels are high, then HbA1c is advised to confirm the diagnosis. HbA1c levels of 5.7% to 6.4% indicate prediabetes whereas levels higher than 6.5% indicate diabetes.
5. Other tests If diagnosed with diabetes, you may need to undergo several health tests periodically to prevent complications and learn the effects of high glucose levels on other parts of the body. These include: Blood pressure Eye examination Foot examination Lipid profile Kidney function test (KFT) Liver function test (LFT) Vitamin B12 test Dental check-up Celebs affected Halle Berry The Academy-award winning American actress Halle Berry was diagnosed with type 2 diabetes due to genetic predisposition but she makes sure to keep her diabetes under control. Tom Hanks On the American Talk show “The Late Show” in the year 2013, Oscar winning Hollywood actor Tom Hanks had revealed that he was diagnosed with type 2 diabetes. Prevention Of Type 2 Diabetes

With simple lifestyle changes such as diet control, staying active, keeping a tab on your weight and staying away from vices, you can lower your risk of type 2 diabetes. Here are a few tips to get started.

1. Make healthy food choices Taking care of your diet is one of the most essential components to manage and prevent diabetes. Switch to oils with high volume of monounsaturated fats & polyunsaturated fats like olive oil, canola oil, soybean oil or rice bran oil. Limit intake to one tablespoon a day. Restrict intake of foods that have a high glycemic index like white breads, white rice, fatty foods, and soda. Consume foods with low glycemic index like multigrain flour, whole grains, pulses, and non-starchy vegetables. Limit consumption of fast food. 5 simple rules you must follow to keep your blood glucose level under control. Click To Know!
2. Watch your weight Lose weight to attain body mass index (BMI) between 18.5 and 24.9. Pay more attention to losing abdominal or belly fat as it can increase the risk of type 2 diabetes more than fat on any other part of the body like thighs, hips, and buttocks.
3. Exercise regularly Regular exercise can lower blood glucose and possibly reduce the amount of medication you need to treat diabetes, or even eliminate the need for medication. Even if you do not lose any weight, exercise can help keep type 2 diabetes under control. Start slowly with a low-impact exercise such as walking, swimming or jogging. Exercise at least three times a week for about 30 to 45 minutes. Warm up for 5 minutes before starting to exercise and cool down for 5 minutes after exercise. Be more active throughout the day. Avoid sitting for more than 2 hours at a stretch in a day. Parking your car far away, opting for stairs instead of the elevator or walking instead of sitting while talking on the phone can be handy tips to increase physical activity.
4. Manage stress better Stress can make blood sugar levels harder to control. It is very important to avoid unnecessary stress and indulge in activities that can help you relieve stress such as reading, traveling, sports, and other hobbies. Mind-body practices such as tai chi & yoga can help in managing stress and thereby preventing diabetes. You may join a yoga club nearby or dedicate 10-15 minutes every day for meditation. Here are 6 amazing ways to battle chronic stress effectively. Click To Read!
5. Get a good quality sleep Make lifestyle changes to get sound sleep like going to bed and getting up at the same time every night and keeping electronics out of the bedroom. Sleep problems like sleep apnea can increase the risk of diabetes. If you have trouble sleeping, consult the doctor at the earliest.
6. Quit smoking Smoking has been found to directly increase the risk of several diabetes complications such as cardiovascular diseases, stroke, eye diseases, nerve damage, and kidney damage. It has also been found to reduce blood flow to the feet and other body extremities. This can lead to problems in feet and slow down the healing of injuries. Hence, it is wise to quit smoking to lower your risk of diabetic complications. Talk to your doctor for measures that can help you to quit smoking.
7. Drink in moderation Excessive drinking can cause unexpected spikes in blood glucose which can significantly affect your overall health, especially if you have diabetes. Men should consume no more than 2 drinks per day, and women no more than 1 drink per day. And in case you already are diabetic, alcohol can make it worse. Do not drink on an empty stomach. Doctor To Visit

If you have been experiencing symptoms such as tingling sensation or numbness of the limbs, feeling excessively hungry or thirsty, or unexplained weight loss, then it is wise to consult following specialists: Endocrinologist Diabetologist If you are already diagnosed with diabetes, then getting a regular health check-up is a must. This is because chronic or uncontrolled diabetes can impact other major organs of the body such as the eyes, legs, nerves, kidneys, and gums. So, if you suffer from any complications due to diabetes, then getting in touch with the respective specialist can help you to manage and prevent these problems. Some of the specialists who can help depending on the complication are: Nephrologist Neurologist Cardiologist Ophthalmologist Dentist Dietician

Consult India’s best doctor’s online with a single click. Click here to book an appointment. Consult Now!

Treatment Of Type 2 Diabetes

Diabetes can be treated with medications and injections along with few lifestyle modifications. Based on your blood glucose level, your doctor might recommend medicines/injections to control diabetes. Some of the common types of medicines for diabetes include:

A. Oral antidiabetics

1. Biguanides This class of drug helps to improve glucose control by suppressing glucose production by the liver, decreasing the absorption of glucose by the intestine and increasing the insulin sensitivity. Metformin is the most commonly used biguanide to treat diabetes.
2. Sulphonylureas These drugs are known to increase the secretion of insulin by the pancreas to manage diabetes. Some of the common examples of drugs belonging to this class include: Glimepiride Glipizide
3. Thiazolidinediones This class of drugs help control diabetes by increasing insulin sensitivity in the muscles and fat tissues. Examples of this class of drug include: Pioglitazone Rosiglitazone
4. Meglitinides They increase secretion of insulin by the pancreas to treat diabetes. Examples of this class of drugs include: Repaglinide Nateglinide
5. Alpha-glucosidase Inhibitors As the name suggests, this class of drugs inhibit the enzyme alpha glucosidase thereby decreasing the absorption of glucose by the intestine. Some of the commonly available drugs under this class include: Acarbose Miglitol
6. DPP-4 Inhibitors It works by improving the secretion of insulin by the pancreas thereby helping in the treatment of diabetes. Examples of this class of drugs are: Sitagliptin Vildagliptin Saxagliptin
7. Incretin mimetics This class of oral antidiabetics are known to increase the secretion of the hormone insulin and help in controlling diabetes. Commonly known as glucagon-like peptide 1 (GLP-1) receptor agonists or GLP-1 analogues, this class includes drugs such as: Exenatide Liraglutide Dulaglutide B. Injectables This includes insulin (mainly human insulin) which increases the uptake of glucose by the cells and helps to control diabetes. There are 5 different types of insulin available currently which are recommended based on the severity of the condition. These include: Rapid-acting insulin (Examples: Lispro & glulisine) Short-acting insulin (Examples: Insulin regular & semilente) Intermediate-acting insulin (Examples: Lente & insulin isophane) Long-acting insulin (Examples: Ultralente & protamine zinc) Ultra long-acting insulin (Examples: Glargine, detemir & degludec) Home-care For Type 2 Diabetes

A. Diet in diabetes In the case of diabetes, it is essential to understand the concept of the glycemic index (GI). The glycemic index of a food refers to the effect the food has on the body’s blood sugar levels.

Foods are classified as low, medium, or high glycemic foods and ranked on a scale of 0–100. High GI is when the level is greater than 70, and low levels are less than 51. Diet in diabetes should include low GI foods whereas high GI foods should be avoided or limited. While choosing foods with a high GI, limit the portion size and pair them with sources of protein or healthy fat to reduce the impact on blood sugar.

Foods to prefer

1. Vegetables Vegetables contain a good quantity of vitamins, minerals and are a great source of fiber. Green, leafy vegetables are full of essential vitamins, minerals, and nutrients. They’re also very low in digestible carbohydrates, so they won’t significantly affect blood sugar levels. Some of the examples of green leafy vegetables include spinach, avocados, cabbage, beans, broccoli, and kale.
2. Fruits There is mixed perception about intake of fruits for diabetes. Some people believe that diabetics should completely cut down fruits from their diet while some think that one can include as much fruits as they want in their diet as it doesn’t have any impact on blood glucose level. However, neither is true. It is best to include fruits as an integral part of your daily meal plan while keeping a tab on the carbohydrate content.

Watch the video to know more about which fruits to eat and which fruits to avoid.

1. Protein-rich foods Eating a protein rich diet can be very useful as proteins are more slowly broken down by the body than carbohydrates. They exert less effect on blood sugar level and hence can help to feel fuller for longer hours. Foods which are good sources of protein are fish, lean meats, and chicken.
2. Whole grains Whole grains contain higher levels of fiber and nutrients than refined white grains. Consuming a diet rich in fiber is important for people with diabetes as it slows the process of digestion and therefore, helps keep blood sugar levels stable. A few examples of whole grains to be included in the diet are brown rice, quinoa, millet, buckwheat, and millet.
3. Seeds Seeds like flax seeds and chia seeds are rich in fiber and low in digestible carbs. The fiber in seeds can lower blood sugar levels by slowing down the rate at which food moves through the gut. It also helps in maintaining glycemic management in people with diabetes.
4. Nuts Nuts are a great source of fiber and vitamins and can be beneficial for regulating cholesterol. It has been proven regular consumption of nuts may reduce blood sugar levels. A few examples are walnuts, almonds, hazelnuts, and pistachios.

Foods to limit

1. Carbohydrate-rich foods Carbohydrates are an important dietary part of all meals. However, people with diabetes are benefitted from limiting their carbohydrate intake in a balanced way. Replacing carbs with other alternative options or by pairing them with a healthy protein source are good options.
2. Saturated and trans fat Saturated and trans fats in fried food and processed/packaged foods including chips, baked foods etc have been linked to a higher spike in blood glucose.
3. Alcohol People with diabetes are generally advised to limit their alcohol intake to avoid sudden spikes in blood sugar levels.
4. Sugar-sweetened beverages Sugar-sweetened beverages like soda, energy drinks, coffee, shakes & sweet tea lack important nutrients, and also contain a concentrated amount of sugar in each serving.
5. Excessive salt Salt is not directly linked to blood glucose levels, but it is important to limit the amount of salt in case of diabetes management. People with diabetes are more likely to be affected by high blood pressure that is due to taking high salt in the diet, which increases the risk of heart disease, stroke, and kidney disease.

Dr. Beena Bansal (MBBS, MD, DM, Endocrinology) tells us about some simple ways to curb our food cravings. Watch the video now!

B. Exercise in diabetes Aerobic activity is one of the effective exercise options to control diabetes. When done at moderate intensity it raises your heart rate and makes you sweat thereby helping you to maintain an optimum blood glucose level. Try brisk walking, light jogging, swimming or other aerobic exercises to maintain weight and control diabetes.

C. Regular health check-ups in diabetes Diabetes requires lifelong commitment towards following a healthy lifestyle, taking medicines on time and getting regular checkups to detect any complications. Check your blood sugar levels at home at least once a week. Get your HbA1c levels checked at least twice a year. In addition, make sure that your eyes, kidneys, heart and skin are in optimal health. Visit an eye specialist once a year to detect any signs of eye damage (diabetic retinopathy). Get your kidney function tests done at least 2 times a year. Inspect your feet regularly for any signs of numbness, pain or growth that may lead to ulceration and complications. Complications Of Type 2 Diabetes

Insulin deficit, if left unchecked over the long term, can cause damage to many of the body’s organs, leading to disabling health complications such as:

Diabetes retinopathy: High blood glucose levels shall put you at an increased risk of eye problems such as blurred vision, cataract, and glaucoma.

Diabetic nephropathy: Excess glucose can cause thickening of blood vessels in the kidneys. This gradually impairs kidney function and increases the pressure on the kidneys and in the long run leads to chronic kidney failure and kidney failure.

Diabetic neuropathy: High blood glucose levels can affect the nerves by impairing the blood flow to the nerves by causing damage to the small blood vessels. This can result in tingling, numbness, pain or eventual loss of feeling that usually begins at the tips of the toes or fingers and gradually spreads upward. Damage to nerves of the heart can result in irregular heart beat. Nerve damage in the digestive system can cause problems with nausea, vomiting, diarrhea, or constipation.

Cardiovascular diseases: High blood glucose levels not only impairs the blood flow to the heart but can also increase the risk of atherosclerosis, which leads to narrowing of arterial walls throughout the body.

Diabetic ulcers: People with diabetes have an increased risk of developing foot ulcers. A diabetic ulcer is often painless, and people might not even know they have them. It is important to examine feet and legs regularly to identify diabetic ulcers and if needed, get prompt treatment.

Recurrent infections: High blood sugar can weaken the immune system. This may make one more susceptible to infections including bacterial and fungal infections.

Delayed healing: Cuts and blisters can become serious infections due to poor healing. Type 2 diabetes also causes poor circulation to the feet, which causes delayed healing of any cut or an infection. This can also lead to gangrene and loss of the foot or leg.

Hearing impairment: Hearing problems are more common in people with type 2 diabetes.

Sleep apnea: Obstructive sleep apnea is common in type 2 diabetes patients.

Dementia: Type 2 diabetes increases the risk of Alzheimer’s disease and other diseases that cause dementia.

Erectile dysfunction: In men suffering from diabetes, there is a high chance of developing erectile dysfunction around 10-15 years earlier than non-diabetics. Alternative Therapies Of Type 2 Diabetes Ayurveda The science of Ayurveda manages diabetes through a combination of activities that include exercise (vyayam), dietary regulation (pathya), panchakarma (bio-purification) and medicines. It is best to consult an ayurveda consultant before taking any ayurvedic medicine for diabetes. Some household herbs and spices that you can include in your diet include: Powdered jamun seeds can be taken with water or buttermilk (chaach). Methi (fenugreek) seeds are taken with water 15-20 minutes before each meal. Methi has soluble fibers that slow down the digestion and absorption of glucose. Bael leaves are squeezed to prepare fresh juice that can be taken along with a pinch of black pepper. Dalchini (cinnamon) in powdered form can be taken with water as it helps in improving sugar as well as cholesterol level. Concentrated amla juice taken along with bitter gourd juice, helps in releasing more insulin. Karela (bitter gourd) juice is recommended to be taken every morning.

Homeopathy Defined as a complementary medicine, homeopathy majorly concentrates on improving the functioning of the pancreas to produce insulin. Homeopathy experts rely on the patient’s history and temperament to devise a constitutional medication. However, it is recommended to use the homeopathic medicines only if prescribed by the homeopath and that too alongside the usual course of medications suggested.

Yoga It focuses on mindful exercise where a person’s attention is on the body or breathing and eases away worrying or depressing thoughts from the mind. Restorative yoga involves yoga poses and healing through relaxation techniques with conscious breathing and power yoga has been found to benefit for losing weight (a risk factor for diabetics). It has been studied for controlling both the symptom and complication associated with type 2 diabetes mellitus.

Acupuncture This technique involves the insertion of very thin needles through the skin at strategic points of the body. Acupuncture may be effective in treating not only diabetes, but also in preventing and managing complications of the disease. Living With Type 2 Diabetes

Learn more about the condition by reading about the condition and its complications online. In case of any doubt, get your queries answered by your expert. This includes knowing when to check blood glucose level, the lifestyle changes to follow, the type of glucometer to use, etc.

1. Know the highs and lows Diabetes can put them at risk of various health problems right from obesity and heart disease to depression. Hence, learn to accept the fact and ensure you help patients to control blood glucose levels.
2. Go for appointments with the patient This can help you to know what extra precautions to take and what changes you need to make to ensure the proper management of diabetes.
3. Follow the same diet pattern as the patient This can not only make you more cautious when it comes to eating healthy but sharing the same fitness plan can help you to ease stress and stay healthy. Lifestyle changes become habits when done together. You can even get diet-related advice through e-consultation.
4. Talk to other caregivers and also let the patient connect with other diabetics Sharing the experiences can make it easy to deal with diabetes and understand more about the condition. You can reach out to diabetes communities or online support groups for help. Frequently Asked Questions Can eating fruits cause diabetes? How is bitter gourd (karela) juice helpful in diabetes? Are artificial sweeteners good for people with diabetes? Can diabetes be cured? References IDF DIABETES ATLAS. Ninth edition 2019. International Diabetes Federation (IDF) Understanding A1c Diagnosis. American Diabetes Association (ADA) Varma PP. Prevalence of chronic kidney disease in India - Where are we heading?. Indian J Nephrol. 2015;25(3):133-135. Kharroubi AT, Darwish HM. Diabetes mellitus: The epidemic of the century. World J Diabetes. 2015;6(6):850-867. Maiorino MI, Bellastella G, Esposito K. Diabetes and sexual dysfunction: current perspectives. Diabetes Metab Syndr Obes. 2014;7:95-105. Pandey A, Tripathi P, Pandey R, Srivatava R, Goswami S. Alternative therapies useful in the management of diabetes: A systematic review. J Pharm Bioallied Sci. 2011;3(4):504-512. Prediabetes - Your Chance to Prevent Type 2 Diabetes. Centers For Disease Control and Prevention (CDC). Last reviewed June 2020.

===============================================

Typhoid fever Also known as typhoid fever, enteric fever Overview Typhoid is an age-old intestinal infection most commonly caused by the bacteria Salmonella typhi. It is highly prevalent in areas with inadequate access to clean water and sanitation. Transmission of the disease is from human to human. It usually spreads by food and water that has been contaminated with feces of an infected person.

Typhoid is characterized by symptoms like fever, abdominal discomfort, loss of appetite, weakness, rash, headache, constipation or diarrhoea. Typhoid fever is treated with antibiotics and a timely treatment ensures quick recovery in most of the cases. If left untreated, it can lead to life-threatening complications.

Typhoid can mostly be prevented with good hygiene habits and consumption of purified water. Vaccination for typhoid is also available but is only partially effective. They are usually recommended to those travelling to areas where typhoid is endemic. Key Facts Usually seen in Children aged 6 months to 3 years Adults between 5 and 19 years old. Gender affected Both Men and Women, but more common in younger children Body part(s) involved Stomach Intestine Prevalence Worldwide: 11–21 million cases annually (2018) India: 4.5 million cases annually(2021) Mimicking Conditions Dengue fever Malaria Amebiasis Leptospirosis Q fever Giardiasis Necessary health tests/imaging Blood tests Stool and urine analysis Widal antigen test (Slide agglutination and Tube agglutination) Typhi dot tests Treatment Antibiotic therapy: Ciprofloxacin, Amoxicillin, Trimethoprim-sulfamethoxazole & Chloramphenicol Vaccination See All Symptoms Of Typhoid Fever

Typhoid is a bacterial infection which affects the intestine. Generally, the signs and symptoms of typhoid fever develop gradually over the period of 10-14 days after exposure to the bacteria. Onset of the disease is usually gradual. The typical signs and symptoms of typhoid include: Irregular fever that can go up to 104.9 ˚F (40.5 ˚C) Headache Pain in the abdomen Tiredness and weakness Muscle pain Loss of appetite/anorexia and weight loss Constipation or diarrhea Confusion Low pulse rate Rose colored spots on the neck, chest or abdomen Swollen stomach Dry cough

Later as the infection progresses a person may show signs of extreme exhaustion and lie still with the eyes half-closed. This is referred to as the typhoid state. Typhoid may prove to be fatal if left untreated, as it can lead to many complications. Causes Of Typhoid Fever

Typhoid is highly prevalent in areas with inadequate access to clean water and sanitation. That is why developing countries and underdeveloped countries in Africa, South America, and Southeast Asia are known to be endemic for typhoid. Typhoid fever is caused by the bacteria Salmonella typhi. The bacteria is transmitted through the oral-fecal route by consumption of water or food contaminated by feces of an acutely infected or a chronic, asymptomatic carrier. The various reasons of getting infected could be: You eat food or drink a beverage that has been touched by a person who is carrier and is shedding Salmonella Typhi in their poop and who has not washed their hands thoroughly after going to the bathroom Consuming water that has been contaminated with infected fecal matter containing Salmonella Typhi Contaminated water used to rinse fruits and raw vegetables Using ice made out of contaminated water Fruits and vegetables grown in soil contaminated with infected feces Milk that has been diluted with contaminated water Who Should NOT take the Typhoid vaccine? Talk to your doctor before getting vaccinated. If you have the following issues: Have had an allergic reaction after a previous dose of typhoid vaccine, or have any severe, life-threatening allergies. Have a weakened immune system. Are pregnant or breastfeeding, or think might be pregnant. Are taking or have recently taken antibiotics or anti-malarial drugs. Consult our doctors to seek professional help. Consult Now! Risk Factors For Typhoid Fever

There are certain factors that can increase the risk of typhoid fever. These include: Traveling to endemic areas:There are some parts of the world that are worst affected by typhoid.If possible, avoid traveling to these places especially in the peak season of the disease. Poor Hygiene Habits: Hygiene plays a very important role in preventing a lot of diseases including typhoid. Good hygiene practices like washing hands after using the toilet and before eating food can keep you safe from contracting typhoid. Consuming contaminated fruits and vegetables: Fruits and vegetables can also get contaminated if they are washed with dirty water or grown in soil polluted by human excreta. Poor sanitation conditions: Exposure to contaminated environment and proximity to flying insects that can carry germs from feces increases the risk of typhoid. Coming in close contact with a person having typhoid: Coming in close contact with a person suffering from typhoid Health care workers: Healthcare workers at the ones at the maximum risk of infections. Since they handle the patients day and night, it is easy for them to contract the disease Crowded housing with shared toilets: People living in crowded areas with shared toilets are more susceptible to typhoid. Diagnosis Of Typhoid Fever

If anyone in your family suffers from typhoid or if you experience any signs and symptoms of typhoid fever, it is wise to consult a doctor. Your doctor will do a physical examination and advise a few tests to diagnose the condition. Physical findings in the early stages include abdominal tenderness, enlarged spleen and liver, enlarged lymph nodes, and the development of a rash (also known as rose spots because of their appearance). However, the clinical presentations may vary from person to person. The laboratory investigations include:

1. Blood tests This includes tests to detect IgM and IgG antibodies and blood culture tests to detect the bacteria Salmonella typhi.
2. Stool and urine analysis To check for the presence of the bacteria in the stool and urine samples.
3. Bone marrow culture This test is also recommended but it is rarely required except in patients who have already received antibiotics and are not getting better. It is one of the most sensitive tests for typhoid fever.
4. Widal antigen test This test can be done in two ways: Slide agglutination and Tube agglutination.The results are obtained after a longer waiting phase of about 10 days. The conventional widal test detects antibodies to S.typhi from 2nd week of onset of symptoms.
5. Typhi dot tests Typhi tests serve as a marker for recent infections. It can detect early rising antibodies that are predominantly IgM.

Book your test now, by just sitting back at home. Book Now!

Celebs affected Arnold Bennett He was a famous English novelist, who died in 1931 because of typhoid, after unwisely drinking tap water in a Paris restaurant, despite being advised by the waiter not to do so. Mary Mallon Commonly known as Typhoid Mary, she was an Irish born american cook who was identified as the first asymptomatic carrier of the disease in the United States. Prevention Of Typhoid

Typhoid can be prevented by following good hygiene practices such as: Drinking only purified or mineral water. Always wash your hands with soap and water after using restrooms, before eating or cooking food. Improving sanitation facilities or avoiding common unhygienic toilets. Maintaining optimum personal hygiene like avoiding sharing towels and other personal care items. Travelers should avoid drinking untreated water, adding ice to their drinks, roadside, uncooked or unhygienic food. Two vaccines are available for people travelling to areas where risk of typhoid fever is high. One is given as a single shot at least one week before travel. Other is given orally in four capsules, with one capsule to be taken every other day. Neither vaccine is 100% effective. Both require repeat immunizations because their effectiveness wears off over time. Specialist To Visit

If you suspect having symptoms of typhoid do not hesitate and reach out to your General physician at the earliest. If you test positive for typhoid you can also consult the following: Pediatrician (in case of children) Internal Medicine Specialist Infectious Disease Specialist

Take our medical professionals advice and learn more about your symptoms. Consult Now! Typhoid vaccine is not 100% effective and is not a substitute for being careful about what you eat or drink. There are two vaccines to prevent typhoid fever. One is an inactivated (killed) vaccine and the other is a live, attenuated (weakened) vaccine. But vaccination is required time and again to safeguard oneself from typhoid, as the efficacy of vaccine wears off over time. Read more about typhoid fever treatment and prevention. Click Here Now! Treatment Of Typhoid

1. Antibiotic therapy Antibiotics are the first line and only effective treatment option for typhoid fever. In most areas, fluoroquinolones are the most effective drug of choice. However, they are increasingly met with resistance. Some of the commonly used fluoroquinolones are: Ciprofloxacin Amoxicillin Trimethoprim-sulfamethoxazole Chloramphenicol Due to increased resistance to ciprofloxacin, the newer drugs of choice are: Azithromycin Ceftriaxone
2. Vaccination prophylaxis The vaccine is recommended for those traveling to areas with a high risk of exposure. The World Health Organization Strategic Advisory Group of Experts on Immunization recommended the use of typhoid conjugate vaccines (TCVs) in India. It is given as intramuscular, single-dose vaccines for those above 6 months and older.
3. Miscellaneous treatment This includes supportive and symptomatic care such as: Maintaining adequate hydration during diarrhea Ensuring proper ventilation and oxygenation for respiratory complications Using analgesics and antipyretics to manage the symptoms Making sure to use safe drinking water and follow proper hygiene and sanitation Did you know? Even after antibiotic treatment, a small number of people who recover from typhoid fever continue to harbor the bacteria. These people, known as chronic carriers, no longer have signs or symptoms of the disease themselves. However, they still shed the bacteria in their feces and are capable of infecting others. Consult Now! Home Care For Typhoid If typhoid fever is diagnosed in its early stages, a course of antibiotic tablets may be prescribed. Most people need to take antibiotics for 7 to 14 days. Take ample amount of rest. Drink plenty of fluids like purified water, coconut water, herbal teas, electrolyte solutions and clear soups. Eat light, healthy, nutrient dense and hygienic food that is easy to digest. A good nutritious balanced diet should should include: High calorie foods such as boiled potatoes, boiled rice, banana, porridge, etc. Water rich fruits such as watermelons, grapes, muskmelons, oranges, etc. Plenty of fluids such as purified water, fresh fruit juices, coconut water, lime water, buttermilk, soups, etc. Dairy products such as milk, curd, and eggs. Avoid deep fried, oily and junk food as it can cause stomach pain as well bloating. High fiber foods such as whole grains and cereals. Oily foods such as butter, fried foods, etc Spices such as turmeric, chilies, vinegar, pepper, etc. Raw vegetables like cabbage, capsicum, radish, etc Maintain good standards of personal hygiene, such as regularly washing hands and thus reducing the risk of spreading the disease. Keep in touch with your General Physician if new symptoms develop while being treated at home. Complications Of Typhoid Fever

Complications caused by typhoid fever usually only happen in people who haven’t been treated with appropriate antibiotics. About 1 in 10 people experience complications, which usually develop during the 3rd week of infection.

The 2 most common complications in untreated typhoid fever are:

1. Internal Bleeding in the digestive system Most internal bleeding that happens in typhoid fever isn’t life-threatening, but it can make you feel very unwell. Few Symptoms of internal bleeding are: Feeling tired all the time Breathlessness Pale Skin Irregular heartbeat
2. Splitting (Perforation) of a section of the digestive system Perforation is potentially a very serious complication. This is because bacteria that live in your digestive system can move into your stomach and infect the lining of your abdomen. This is known as Peritonitis. The most common symptom of peritonitis is sudden abdominal pain that gets progressively worse.

What will happen if typhoid is left untreated? If not treated and sometimes even after treatment, there can be serious complications due to typhoid such as Pneumonia Meningitis (inflammation of the meninges of the brain) Osteomyelitis (infection in bones) Intestinal perforation Intestinal hemorrhage Inflammation of the heart muscle (myocarditis) Inflammation of the lining of the heart and valves (endocarditis) Inflammation of the pancreas ( pancreatitis)

Click Here Now!

Alternative Therapies Of Typhoid Fever

Home Remedies For Typhoid

1. Banana: Bananas can bring down the fever and treat diarrhea in people having typhoid. The pectin present in bananas is a soluble fiber that helps absorb liquid in the intestines, thus reducing diarrhea. Moreover, bananas have a high content of potassium that balances the lost electrolyte during diarrhea and fever caused by typhoid.

Tip: Eat 2 to 3 ripe bananas daily until your typhoid symptoms subside.

1. Buttermilk: Drinking buttermilk is another excellent herbal treatment for typhoid fever. It is easy on the stomach and aids in recovery.

Tip: Add 2 teaspoons of freshly extracted juice of coriander leaves to 1 cup of buttermilk. Drink this 2 times daily for 1 to 2 weeks.

1. Cloves: Cloves are also helpful for treating typhoid fever. The essential oils in cloves have antibacterial properties, thus helping in fighting the bacteria triggering typhoid fever.

Tip: Add 5 clove buds in plain water and boil it till it remains half of the initial amount, strain, and drink for at least a week.

1. Garlic: The antimicrobial properties of garlic help fight off bacteria that cause typhoid fever. It will also boost your immune system. Moreover, it means that garlic helps eliminate the infection by flushing out and killing the bacteria within your body.

Tip: Eat 2 garlic cloves on an empty stomach for a couple of weeks to help get rid of typhoid fever symptoms.

1. Basil: Basil is another effective treatment for typhoid fever. This herb has antibiotic, immune boosting, and antibacterial properties that can help get rid of the bacteria that cause typhoid fever.

Tip: Add 20 basil leaves and 1 teaspoon of crushed ginger to 1 cup of water and boil it until the solution reduces by half. Pour a little amount of honey and drink this tea 2 or 3 times a day for a few days.

1. Homemade Oral Rehydration Solution (ORS): Fluid replacement is essential to replenish fluid lost through diarrhea and prevent dehydration. ORS will reduce the intensity of typhoid symptoms and aid recovery.

Tip: Mix ½ small spoon of salt and 6 small spoons of sugar in 4 cups of clean drinking water and drink this solution until complete recovery.

1. Apple Cider Vinegar (ACV): ACV has acidic properties and is a good home remedy for typhoid fever. It brings down a high fever as it draws out heat from the body of the person suffering from typhoid. Living With Typhoid Fever

Typhoid if diagnosed and treated timely has a very good prognosis. Make sure to complete your antibiotic course as prescribed by your doctor. Patients suffering from typhoid fever usually complain about gastrointestinal or digestive problems like loss of appetite. Eating small healthy meals spread out during the day can help in maintaining energy levels. Typhoid disease can also lead to weight loss. Hence a high calorie diet including food like boiled potatoes, sweet potatoes, and bananas can be consumed to help maintain body weight. Also include protein-rich foods such as legumes, cheese, and yogurt in your meals. Avoid meat, spicy food, and deep-fried items as they may be difficult to digest. High fever and diarrhea are major symptoms of typhoid, and both can lead to dehydration. To maintain the body fluid requirement one should take plenty of fluids like purified water, fresh fruit juices, soups, coconut water etc. Frequently Asked Questions Which organ is affected by typhoid? Can animals spread typhoid fever or paratyphoid fever to people? Is typhoid a sexually transmitted disease? Where is typhoid most common? What does typhoid rash look like? How long does typhoid stay in your body? Can someone get typhoid twice? Can typhoid be cured completely? What happens if typhoid is left untreated? How long is typhoid shot good for? References Overview. Typhoid Fever. National Health Service. September 2021. Crump JA. Progress in Typhoid Fever Epidemiology. Clin Infect Dis. 2019 Feb 15;68(Suppl 1): S4-S9. Typhoid. Key Facts.World Health Organization.January 2018 Bhandari J, Thada PK, DeVos E. Typhoid Fever. 2021 Aug 11. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan Bhutta ZA. Current concepts in the diagnosis and treatment of typhoid fever. BMJ. 2006 Jul 8;333(7558):78-82. Typhoid Fever and Paratyphoid Fever. Symptoms and Treatment. Centers for Disease Control and Prevention. November 2019. Marinelli F, Tsoucalas G, Karamanou M, Androutsos G. Mary Mallon (1869-1938) and the history of typhoid fever. Ann Gastroenterol. 2013;26(2):132-134.

===============================================

Bulimia nervosa Also known as Bulimia Overview Bulimia nervosa is a eating disorder characterised by episodes of binge eating a large amount of food at a time followed by self-induced vomiting (purging) to prevent any weight gain. Consuming laxatives or diuretics, fasting, or excessive exercising are other inappropriate methods adopted in the pursuit of weight loss.

While there is no known specific cause for bulimia, family history and psychological as well as sociocultural stressors are thought to contribute to the development of this condition. People with bulimia nervosa usually have low self esteem about their body regardless of their body weight. It can affect people who are underweight, normal weight, or overweight and is more common in women and adolescents.

Bulimia has adverse affects on both physical and mental health. The complications can potentially upset every organ system of the body.

This illness is usually treated through a comprehensive approach that includes nutritional counselling, psychotherapy, family therapy and medications. Key Facts Usually seen in Individuals between 12-25 years of age Gender affected Both men and women but more common in women Body part(s) involved Stomach Intestine Brain Kidney Heart Mimicking Conditions Biliary disease Irritable bowel syndrome (IBS) Prader-Willi syndrome Klein-Levin syndrome Diabetes mellitus Binge eating disorder Anorexia nervosa Major depressive disorder Borderline personality disorder Necessary health tests/imaging Physical exam Lab tests: Complete blood count (CBC), Serum electrolyte test, Thyroid test, Liver function test, Kidney function test & Urinalysis Psychological evaluation Imaging studies: X rays & Electrocardiography (ECG) Treatment SSRIs: Fluoxetine, Citalopram & Sertraline Trazodone Antiepileptic medications: Topiramate Treatment of dehydration: Fluid therapy Treatment of constipation: Polyethylene glycol & Lactulose Psychotherapy: Family-based therapy (FBT), Cognitive behavior therapy (CBT), Dialectical behavior therapy (DBT), Acceptance and commitment therapy, Interpersonal therapy (IPT) & Nutrition counseling Specialists to consult Primary care physician Nutritionist Psychiatrist Gastroenterologist Symptoms Of Bulimia Nervosa

The typical symptoms of bulimia nervosa include: Psychological and behavioral symptoms Being obsessive about food and weight Fear of gaining weight Eating large amount of food at once Loss of control during eating Trying to lose weight by vomiting, exercising, dietary supplements, herbal products, or fasting after overeating Restricting calories between binge eating Self induced vomiting Peculiar eating habits or rituals Inappropriate use of laxatives or diuretics Irregular or absence of menstruation Anxiety Depression Low self-esteem Feelings of helplessness Intense unhappiness with self body shape and size Physical symptoms Sore throat Tiredness Dental problems due to erosion of enamel from vomiting Swollen cheeks or jaw line Constipation Acid reflux Dehydration

Are you just overeating occasionally or is it an eating disorder? Find Out Now!

Causes Of Bulimia Nervosa

The exact cause of bulimia nervosa is not known. However, carious causes that are thought to trigger bulimia are discussed below: Biological causes Genetics Genetics plays a very important role in developing eating disorders like bulimia nervosa.One bulimia susceptibility gene is linked to the short arm of chromosome 10. Another gene for bulimia is thought to be on chromosome 14.

Studies supporting this theory suggest that twin siblings have a 50% chance of having an eating disorder if the other twin has the disease.

Neurobiology Serotonin is a neurotransmitter that affects appetite and mood. Low levels of serotonin in some individuals can trigger eating disorders such as bulimia. These altered serotonin levels can lead to disturbed mood and binge eating. Psychological factor The idea of having a perfect body also predisposes the person to develop bulimia nervosa. Socio-cultural factors The cultural preferences for being lean due to exposure to social media or other factors that portray a slim body as an ideal symbol can also cause bulimia nervosa. Did you know? Emotional eating is addictive in nature and this anxiety-induced hunger takes a heavy toll on the quality of our life. Here are 6 effective ways to get rid of it. Tap To Know! Types Of Bulimia Nervosa

According to the behavior, bulimia nervosa can be classified into two major types: Purging type: In this, patients often use self induced vomiting as a technique to avoid weight gain after binge eating. Other techniques such as excessive use of laxatives and diuretics can also be used in order to prevent weight gain. Non-purging type: This type is characterized by using other unappropriate means to avoid weight gain such as excessive exercise or fasting. Risk Factors For Bulimia Nervosa

Age The chances of bulimia nervosa is high in teenage years due to pressure of having a certain body type. Gender This eating disorder often affects females as compared to males. Teen girls between 15 to 19 years of age are at higher risk of developing this disorder. Family history People with bulimia are more likely to come from families with a history of eating disorders, physical illness, and other mental health problems. Other illnesses, such as substance abuse, anxiety disorders, and mood disorders are common in people with bulimia. Early menarche Early start of menstruation (periods)or menarche can trigger bulimia nervosa due to sexual development which increases the need of attention. It also increases the deposition of adipose tissue in the body which can lead to dissatisfaction and trigger bulimia nervosa. Obesity An obese person usually experiences pressure from family and peers to be thin which can trigger symptoms of bulimia nervosa. The increased body weight also triggers other risk factors of bulimia.

Here are 6 health risks of obesity that you need to know. Read To Know!

Dieting The excessive calorie restriction for a long period of time can cause negative effects which can lead to binge eating and purging behavior.

Note: Bulimia is very commonly seen in models and actors associated with the fashion or entertainment industry due to the obsession of having a perfect body. Studies suggest that about 40% of models engage in some sorts of eating disorders. 25% of models are reported to use self induced vomiting as a method to avoid weight gain. Diagnosis Of Bulimia Nervosa

DSM-5 guidelines The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) includes the following diagnostic criteria for diagnosing bulimia nervosa. Recurrent episodes of binge eating which is characterized by both of the following:  
Eating, in a discrete period of time (e.g., within a two hour period) Lack of control over eating during the episode Inappropriate compensatory behavior to prevent weight gain, such as self-induced vomiting, misuse of laxatives, diuretics, or other medications, fasting, or excessive exercise. Both of the above episodes occur at least once a week for three months. Self-evaluation depends upon body shape and weight. Binging or purging does not occur exclusively during episodes of behavior that would be common in those with anorexia nervosa.

There is no perfect test to diagnose bulimia nervosa. However, several tests are performed to check the effect of the disease on the overall health of the body.  
Physical exam It includes assessment of the height, weight and the vital functions of the body such as heart rate, blood pressure, and temperature. Skin and nails are also examined in this condition. Lab tests Lab tests do not confirm bulimia, however these tests are useful to determine any underline health illness. Some of the common lab tests include: Complete blood count (CBC) Serum electrolyte test Thyroid test Liver function test Kidney function test Urinalysis Psychological evaluation This involves assessment of thoughts, feelings, and eating habits by a therapist or mental health provider. It may also involve filling a psychological self-assessment questionnaire. Imaging studies X-rays: These are done to measure bone density and for assessing any stress fractures. Electrocardiogram (ECG): Self-induced vomiting in bulimia can cause hypokalemia (low level of potassium in blood) which can cause heart problems such as arrhythmias(irregular heartbeat). In such cases, ECG is done to diagnose the activity and function of the heart. Celebs affected Richa Chadha The famous actress Richa Chadha accepted that she developed bulimia nervosa when he came to Mumbai to become an actor. She stated that she started overeating and unable to sleep well. Lindsay Lohan Lindsay Lohan, famous fashion model, opened about her journey of bulimia in Vanity Fair 2006. She stated that she was sick and scared. She later recovered from it and now is comfortable in her own skin. Lady Diana he late lady Diana suffered from bulimia nervosa and was always candid and honest in describing her struggles with the condition. Specialist To Visit

Most people with bulimia think that they are normal and don’t accept that they are behaving abnormally. In such cases, following questions may help in diagnosing the condition. Do you have repeated episodes of binge eating? Do you feel a lack of control over your eating during an episode? Do you engage in inappropriate purging behaviors? Have you experienced binge eating at least once a week for three months? Does your body weight or shape have a strong influence on your self-image?

Specialists that can help manage this condition include: Primary care physician Nutritionist Psychiatrist Gastroenterologist

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

There is no sure way to prevent bulimia nervosa because it is affected by several factors. However, following factors may help in reducing the risk of bulimia. Adhering to lifestyle guidelines such as eating on time, eating a balanced diet, and exercising regularly. Sound and adequate sleep also plays a pivotal role in maintaining overall health. Developing a healthy attitude towards eating Having a positive attitude towards body size and shape Education and awareness about bulimia nervosa Early treatment in case of any suspicion Balancing work, social life, adequate rest, and exercise Maintaining a sound mental health Did you know? Depression could be the leading global cause of illness by 2030. Timely and accurate diagnosis followed by an effective treatment is the only way through which we can halt the rapidly increasing numbers. Here are some effective ways to reach out to your close ones coping with mental health issues. Read Now! Treatment Of Bulimia Nervosa

The primary goal of therapy is to inhibit the two key symptoms of bulimia nervosa which are binge eating and purging. Pharmacotherapy

Anti- depression medications These medications have shown to ease symptoms of bulimia nervosa which includes reducing the frequency of binge eating and vomiting episodes. Some egs include: Fluoxetine Citalopram Sertraline Trazodone

Anti-epileptic medications These medications, such as topiramate, have shown a reduction in binge episodes. However, the side effects especially weight loss and cognitive problems should be carefully monitored while using this medication. Treatment of associated symptoms

Treatment of dehydration Bulimia nervosa can lead to dehydration, for which advised medical intervention such as saline administration is indicated to compensate for the lost fluid.

Treatment of constipation Constipation is very common in bulimia nervosa. The treatment includes hydration, exercise and use of dietary fiber. In severe cases, low doses of polyethylene glycol and lactulose are used. Psychotherapy Psychotherapy helps the patient understand the issue in a better way and how to cope with it. The various types include: Family-based therapy (FBT): Also called the Maudsley method, it engages parents/family in the process of restoring the patient to a healthy weight at home. Cognitive behavior therapy (CBT): This therapy aims to improve mental health, and the primary focus is on addressing the distorted views on self body image. Dialectical behavior therapy (DBT): This therapy aims at recognizing the triggers and methods to manage the factors causing bulimia nervosa. DBT also helps patients in managing their mental health balance. Acceptance and commitment therapy: This therapy aims at developing self-motivation rather than changing your thoughts and feelings. Interpersonal therapy (IPT): This therapy helps patients to recognize and solve problems in their relationships. Improving relationships and mental health has been found to reduce eating disorder symptoms. Nutrition counseling: A counseling with a nutritionist can help you understand the importance of diet and restoring normal eating patterns. Home-care For Bulimia Nervosa

Nutritional planning The effective management of bulimia nervosa requires conscious eating through understanding the calorie intake and dietary needs of the body. Keep a record of what you are eating. A well balanced nutritional planning helps in overcoming the impulsive binge eating and purging.

It is utmost important to make the right and informed food choices and develop sound eating. Read More!

Yoga The patients of bulimia nervosa have a lack of physical and mental control over their actions and thoughts of self-image respectively. Yoga is an excellent tool to relieve mental stress and in controlling behavioral symptoms.

Yoga emphasizes the holistic improvement of mind, body and the soul. Here are some of the health benefits of yoga! Click To Read!

Meditation It aids in calming the mind and focusing on inner self. It has shown to improve the thought of self image and impulsive behavior such as binge eating. Emotional self care Low self-esteem is one of the major risk factors of bulimia nervosa. Self care includes constantly reminding yourself that you are a good & beautiful person, indulging in activities that you love, thinking about the moments of your success. This can actually help in the treatment of mood swings and depression.

Being happy and healthy starts with small, everyday habits and trying some of these can make a huge difference to your life. Read Now! Complications Of Bulimia Nervosa

Most of the complications associated with bulimia nervosa are linked to the method used by the patient to eliminate foods from the body. Excessive vomiting and overuse of laxatives can also severely affect the digestive system. Various complications affecting the different body parts are discussed below: Skin, hair and nails Most of these complications start to appear when body mass index (BMI) drops below 16. The complications include: Hair loss Dry skin Rapid growth of excessive hair especially on face) Swelling of the lips Orange discoloration of the skin due to excess carotene in the sweat Fragile nails

People of bulimia can develop Russell’s sign due to mechanically inserting the fingers into the mouth to induce vomiting. This sign refers to the abrasions on the back of the hand developed due to repetitive exposure of the hands into the mouth. Eyes and nose The repetitive act of self-induced vomiting can cause red patches inside the white (conjunctiva) of the eye. Patients may also experience repeated episodes of nose bleeds due to purging. Dental The act of self induced vomiting exposes the oral cavity to gastric acid which can lead to several dental complications. Dental erosions are usually noticed after 6 months of regular onset of self induced vomiting.

Binging on high carbohydrate content food and carbonated beverages can also lead to dental caries. The other dental complications that can develop over a period of time include: Increased tooth sensitivity Xerostomia (dry mouth) Gingivitis (inflammation of the gums) Gum irritation Gum bleeding Sialadenosis (salivary gland hypertrophy) Throat The repeated exposure of acidic contents to the vocal cords and surrounding areas can lead to: Hoarseness in the voice Difficulty in swallowing Chronic cough Burning sensation in the throat Repeated sore throat Gastrointestinal Repeated vomiting can lead to several gastrointestinal complications that include: Esophagitis Esophageal erosions Esophageal ulcers Barrett’s esophagus (change in the mucosal lining of the esophagus) Gastrointestinal bleeding

Boerhaave’s syndrome (esophageal rupture) is a rare complication of bulimia nervosa. The syndrome is characterized by chest pain, shortness of breath. Painful yawning can also be seen in patients who have tachycardia (increased heart rate). Cardiac Dehydration due to vomiting can cause various cardiac complications. The excessive loss of electrolytes in vomiting can lead to hypokalemia – which is low levels of potassium which also negatively affects the heart. Some of the cardiac complications include: Sinus tachycardia (electrical signals from the heart’s sinoatrial (SA) node make the heart to beat faster than normal) Low blood pressure Orthostasis (low blood pressure while standing)

The use of ipecac as an inducer for vomiting can also lead to several life threatening complications which include: Ventricular arrhythmias (irregular heartbeats which can lead to syncope and palpitations) Congestive heart failure Cardiac death Lungs In patients who purge via self vomiting, following complications may develop: Aspiration of regurgitated food (inhalation of gastric content into the airway) Pneumomediastinum (presence of air in the space in the chest between the two lungs) Alternative Therapies For Bulimia Nervosa

Home remedies

Aloe vera: The binge eating and self induced vomiting in bulimia nervosa deprives the body from getting appropriate nutrition. It also causes bloating which makes the patient even more concerned about their body shape. Aloe vera soothes the stomach and also helps in reducing bloating.

Probiotics: Bulimia nervosa causes loss of beneficial bacteria that the body needs to maintain the good health of the gut. Probiotics heals the digestive system and also helps in the cultivation of good bacteria. It also increases the nutrient intake efficiency of the body.

Ginseng: It stimulates the appetite and also boosts mood. It has also shown to relieve anxiety and depression that is closely associated with bulimia nervosa.

Orange (santra): It is an excellent source of Vitamin C that helps in fighting any infection due to low immunity. They also stimulate appetite and help in reducing the desire to binge eat.

Spinach (palak): It is a good source of folic acid that has shown to reduce depression. It also helps in rebuilding the health of the digestive system.

Salmon: This fish is high in omega-3 fatty acid that helps in reducing anxiety and stabilizing mood. It also helps in balancing the metabolism of the body. Living With Bulimia Nervosa

Bulimia nervosa is a mental disorder and it affects one’s body, mind and soul. Living with bulimia nervosa can be challenging as the person always lives in dissatisfaction with their body image. Along with pharmacotherapy and conscious eating, following tips will also help the patients in speedy recovery. Focus on your therapy. Take medications as directed. Eat when hungry, and stop when full. Appreciate your body. Say “no” to diets. Go for nutritional counseling to learn about healthy eating. Try yoga and meditation. Be open and honest about your recovery. Be aware of the risk of relapse. Do things that make you happy. Engage yourself in some activities such as gardening, painting etc when the desire to binge is too high. Join support groups. Build a good support system with your parents, partner or friends. Get enough sleep. Tips to sleep better! Proper undisturbed sleep is important for improving your mood, focus and self-control. When you sleep your brain literally recharges, removing toxic proteins that accumulate during the day. This ensures that you wake up alert and clear headed. Here are some habits that can help you get a sound sleep. Tap To Know! Frequently Asked Questions Does bulimia nervosa affect a woman’s chances of getting pregnant? What happens if a woman having Bulimia gets pregnant? What is the difference between anorexia nervosa and bulimia nervosa? Do all bulimia patients purge? How bulimia affects oral health? How can bulimia nervosa be noticed in your weight change? References Jain A, Yilanli M. Bulimia Nervosa. [Updated 2022 Apr 30]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan. Balasundaram P, Santhanam P. Eating Disorders. [Updated 2022 Jun 27]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan. Finding a Bulimia Treatment Center, American Addiction Center, Last Updated On: 22 August, 2022. Eating disorders, National Institute Of Mental Health. Last Updated On: December, 2021. Chapter 15, Prevention Of Eating Disorders, Last Updated On: August 2005. Mehler PS, Rylander M. Bulimia Nervosa - medical complications. J Eat Disord. 2015 Apr 3;3:12. doi: 10.1186/s40337-015-0044-4. PMID: 25866627; PMCID: PMC4392812.

===============================================

Ulcerative colitis Also known as Chronic non-specific ulcerative colitis, Colitis gravis, Idiopathic nonspecific ulcerative colitis, and Inflammatory bowel disease (IBD). Overview

Ulcerative colitis is an inflammatory bowel disease (IBD) that causes inflammation and ulcers in your digestive tract. It is a chronic condition that affects the innermost lining of your large intestine (colon) and rectum.

Individuals with ulcerative colitis generally present with diarrhea and blood in the stools, other symptoms can be stomach cramps, fatigue, weight loss, and fever in severe cases.

It generally affects the middle age group, but children can also be affected by it. The exact cause is still unknown but the use of medications like NSAIDs, antibiotics, and contraceptives along with diet plays an important role in the development of this disease.

Ulcerative colitis is a condition with phases of relapse and remission. Drinking enough water, eating foods that are low in fiber, avoiding certain medications, and staying away from smoking can reduce the risk of ulcerative colitis to a greater extent.

Treatment mainly consists of managing the symptoms and there are several new treatments that can greatly reduce the discomfort and bring about long-term remission. Key Facts Usually seen in Children below 15 years of age and adults between 30 to 40 years of age. Gender affected Both men and women. Body part(s) involved Colon Rectum Prevalence World: 1.8-8% (2020) Mimicking Conditions Crohn’s disease Parasitic colitis Tuberculosis Radiation colitis Colon cancer Toxic megacolon Bacterial/viral gastroenteritis Necessary health tests/imaging Blood tests: Complete blood count (CBC), Blood urea, Serum electrolytes, C-reactive protein, & Vitamin D profile. Imaging tests: Colonoscopy, Endoscopy, Abdominal X-ray, CT scan, & MRI. Stool culture Biopsy Treatment Medications: Mesalamines, Prednisone, Infliximab, Adalimumab, Golimumab & Vedolizumab. Surgery: Proctocolectomy with ileal pouch-anal anastomosis (IPAA) and Total proctocolectomy. See All Symptoms Of Ulcerative Colitis

Ulcerative colitis is a chronic disease affecting the colonic mucosa (inner layer of the large intestine) that most commonly presents with blood in the stool and diarrhea. Almost 15% of patients can initially present with severe forms of the disease. Symptoms include:

Bleeding from rectum Urgency Feeling of the need to pass stool Abdominal pains and cramps Fever (in severe cases) Urinary incontinence (loss of bladder control) Fatigue Increased frequency of bowel movements Mucus discharge Rectal pain Weight loss Bowel movements at night Weight loss (in severe cases) Involvement of muscles and skin.

Note: Symptoms are similar in kids with ulcerative colitis (pediatric ulcerative colitis) and may also include delayed or poor growth.

Don’t let poor nutrition hamper your child’s growth. Buy children’s nutrition products Buy Now Types Of Ulcerative Colitis

Ulcerative colitis can affect different parts of your colon and rectum and the intensity of your condition depends on the amount of inflammation and the area affected. The major types include:

Ulcerative proctitis: In this type, bowel inflammation is limited only to the rectum and typically affects less than six inches of the rectum. Ulcerative proctitis is not associated with an increased risk of cancer.

Left-sided colitis: In this form of ulcerative colitis, there is continuous inflammation that begins at the rectum and extends up to the splenic flexure (a bend in the colon near the spleen).

Proctosigmoiditis: In this form of ulcerative colitis, inflammation is limited to rectum and sigmoid colon (lower end of the colon) only.

Extensive colitis: This type of ulcerative colitis affects the entire colon with continuous inflammation beginning at the rectum and extending beyond the splenic flexure (bend in your colon to meet the stomach). Causes Of Ulcerative Colitis

Ulcerative colitis generally begins in the rectum and may remain localized or extend proximally, sometimes involving the entire colon (the longest part of the large intestine). But, It rarely involves the entire bowel at once. The exact cause of ulcerative colitis still remains unknown, however, there are numerous risk factors that can lead to its development.

Both Crohn’s disease and ulcerative colitis are characterized by bowel symptoms which can be seen in 25-40% of patients with inflammatory bowel disease.

Manage the symptoms by adding these 6 superfoods. Know More Risk Factors For Ulcerative Colitis

Ulcerative colitis is a multifactorial condition and the risk factors include: 1. Age Studies show that the onset of ulcerative colitis is seen at a younger age, i.e less than 40 years. And the main onset peaks between 15 and 30 years of age.

1. Race Ulcerative colitis was previously considered to be a disease of Caucasian patients, but studies have documented increased incidences among non-white populations as well.
2. Family history of IBD Studies suggests that the strongest identifiable risk factor for the development of Inflammatory bowel disease (IBD) is a positive family history. IBD consists of Crohn’s disease (causing swelling of the digestive tract) and ulcerative colitis.
3. Medications Drugs that can increase the likelihood of the development of ulcerative colitis include: Contraceptive pills: Studies show that the use of combined oral contraceptive pills was associated with the development of ulcerative colitis. Nonsteroidal Anti-Inflammatory Drugs (NSAIDs): These are pain medications that have been shown to be associated with flare-ups of the disease. Antibiotics: These have been shown to precipitate flare-ups of the disease for some people.
4. Smoking Former cigarette smoking is one of the strongest risk factors associated with ulcerative colitis. Studies demonstrate that active smokers are less likely to develop ulcerative colitis compared with former and non-smokers. Quit this habit before it kills you! Buy smoking cessation products. Buy Now
5. Appendectomy It is a surgery to remove the appendix (a small, thin pouch connected to the large intestine) when it is infected. Research shows that a history of appendectomy in patients with ulcerative colitis is rare.
6. Diet Though it is a less common risk factor for ulcerative colitis, increased consumption of polyunsaturated fatty acids (a type of dietary fat found in salmon, nuts, etc) may contribute to issues with digestive health that can lead to ulcerative colitis.
7. Childhood hygiene Low hygiene and exposure to infections may be associated with an increased risk for ulcerative colitis, especially in kids. Diagnosis Of Ulcerative Colitis

Ulcerative colitis is a chronic illness that is usually detected only at the later stages. Diagnosis consists of the following investigations:

1. Medical history A thorough history, including travel history to rule out other causes along with detailed drug history and recent antibiotic use should be considered.
2. Laboratory tests These tests are done to diagnose anemia, thrombocytosis (a condition in which the body produces platelets in excess), low vitamin D and raised inflammatory markers Tests include:

Complete blood count (CBC) Blood urea Serum electrolytes C-reactive protein Vitamin D profile Bone profile Iron serum Folate test (Vitamin B9) Vitamin B12 test Liver function tests

1. Stool cultures These are done to determine if there are any infections. The stool culture should be negative in case of ulcerative colitis, but bacterial infections such as C difficile can co-exist.
2. Fecal calprotectin It is a very sensitive marker for inflammation in the gastrointestinal tract, and useful for the differentiation of inflammatory bowel disease (IBD) from irritable bowel syndrome (IBS).
3. Imaging tests Colonoscopy or proctosigmoidoscopy: It might reveal loss of typical vascular pattern, granularity, friability, and ulceration that involves the rectum.

Sigmoidoscopy: It helps in examining the level and extent of bowel inflammation.A sigmoidoscopy can also be used to remove a small sample of tissue from your bowel so it can be tested in a laboratory.

Endoscopy: It helps in examining the inside of your colon and rectum with a lighted tube inserted through your anus.

Abdominal X-ray: Plain abdominal radiographs are useful for acute onset of ulcerative colitis. They are often entirely normal in inflammatory bowel disease.

CT scan or MRI: These are used for small bowel imaging and can help differentiate between ulcerative colitis and Crohn’s disease.

1. Biopsy Usually at least two biopsies from each bowel segment for histological assessment is recommended. However, no histological features are diagnostic of ulcerative colitis, but distortion irregularity can suggest ulcerative colitis.

Getting your tests done has never been easier! Book your tests now Celebs affected Amy Brenneman Brenneman is an American star in the TV drama Judging Amy. She has been a spokesperson for the Crohn’s & Colitis Foundation (CCFA) of America, aiming to raise awareness for both UC and Crohn’s. “I know firsthand,” she said, “how devastating these diseases can be.” Shamita Shetty The Mohabbatein actor, and tv reality show Bigg boss contestant said in an interview she suffers from a condition because of which she “can’t have normal food”. Therefore, she resorts to gluten-free food. Prevention Of Ulcerative Colitis

Ulcerative colitis is a form of inflammatory bowel disease that is generally detected only at later stages. By taking certain preventive measures you can decrease your chances of getting ulcerative colitis. These include:

1. Staying hydrated Proper hydration helps prevent ulcerative colitis. One must drink at least 2L of water every day, along with avoiding coffee, alcohol, and carbonated beverages, which can make your diarrhea worse.

Understand how drinking water can be beneficial for your overall health.

Watch this video now.

1. Making probiotics your friend Probiotics are nothing but good bacteria that can keep your gut healthy. These can prevent the ‘bad bacteria’ from sticking to the walls of the large intestine thus preventing ulcerative colitis. Please your gut with our widest variety of probiotic products. Add to your cart now
2. Giving importance to mental health Managing your stress can help alleviate the signs and symptoms of ulcerative colitis as stress may cause your regular digestive process to change. Try learning new things or do whatever works for you to keep calm.
3. Adding exercise to your routine We all know the benefits of being active and exercising can help prevent ulcerative colitis by keeping your bowel healthy and avoiding diarrhea. Too lazy to sweat? Here are 7 tips that can help you exercise daily. Read now Doctor To Visit

Treating and diagnosing ulcerative colitis may require a comprehensive approach. Specialists that can help include:

Gastroenterologist General physician Colon and rectal surgeon Pediatric gastroenterologist (in kids) Dermatologist

A gastroenterologist is a doctor specializing in the diagnosis and treatment of disorders of the gastrointestinal tract and related organs. A colon and rectal surgeon diagnoses and treats various diseases of the small intestine, colon, rectum, and anal canal along with the liver, urinary and female reproductive system. A dermatologist is a specialist who treats skin diseases.

When to call a doctor? Seek medical attention immediately if you have the following symptoms:

Persistent and heavy diarrhea. Blood from your anus Clots of blood in your stool Continuous pain along with high fever

Do not take your gut health lightly. If you have any of the symptoms, seek advice from our trusted doctors. Consult immediately Treatment Of Ulcerative Colitis

Ulcerative colitis can progress proximally in 10–19% of patients after 5 years, and in up to 28% of patients at 10 years. The primary aim of medical management is to induce and maintain remission.

Staging of ulcerative colitis based on the severity of disease:

The severity of ulcerative colitis can be graded depending upon rectal bleeding. It includes:

Mild: Less than four rectal bleeding episodes per day Moderate: More than four rectal bleeding episodes per day Severe: More than four rectal bleeding episodes per day along with systemic features of an illness combined with hypoalbuminemia (a condition in which there is lack of albumin protein that’s responsible for keeping fluid in your blood vessels).

Treatment depends on the stage of ulcerative colitis and it consists of: A. In mild-moderate ulcerative colitis Mesalamines: These are the first-line therapy for induction of remission in mild-moderate cases of ulcerative colitis. There are different formulations of mesalamine, including oral, suppository, or liquid enema. Corticosteroids: Second-line therapies for patients who do not respond to mesalamine are corticosteroids. The drugs used are: Prednisone Budesonide-multimatrix (MMX) B. In moderate-severe ulcerative colitis

1. Immunomodulators: These are drugs that modulate the immune system by working on the underlying inflammatory processes. They include: Infliximab Adalimumab Golimumab Vedolizumab Tofacitinib

C. In acute severe ulcerative colitis

It is defined as the presence of more than 6 bloody stools per day with increased heart rate, fever, and signs of infection. Medications include: Infliximab Cyclosporine Steroids. Get your medications online from India’s largest online pharmacy. Order Now

D. Maintenance of remission Most appropriate maintenance treatment for an individual patient is established by several factors, like disease extent and severity, treatment for induction of remission, and failure of previous maintenance treatments. Mesalazine is the basis of treatment for the maintenance of remission in ulcerative colitis.

E. Surgery Absolute indications for surgery include uncontrolled bleeding, perforation, and colorectal cancer. Surgery is also indicated in acute severe ulcerative colitis and the most commonly performed surgery for ulcerative colitis are: Restorative proctocolectomy with ileal pouch-anal anastomosis (IPAA): This surgery removes the entire colon and rectum while preserving the seal in the anus for normal bowel functioning and to avoid fecal incontinence. Total proctocolectomy: It is a surgery to remove all of the colon and rectum that may be indicated if there are intestinal manifestations.

F. The newer agent Mirakizumab is an antibody currently in a clinical trial for patients with moderate-severe ulcerative colitis. However, additional studies are required to determine the efficacy and dose of mirakizumab. Home-care For Ulcerative Colitis

Ulcerative colitis needs medical attention, but there are certain home remedies that have been found to alleviate the symptoms. These include:

Aloe vera: Aloe gel has been shown to reduce inflammation. However, you may have to be careful with aloe vera juice, as it has a laxative effect and causes trouble for people having diarrhea.

Buy aloe vera products online. Click Here

Wheatgrass (Gehun): Studies have shown that wheatgrass juice appeared to be effective and safe for active ulcerative colitis.

Turmeric (Haldi): Studies demonstrate that curcumin (turmeric) is immunomodulatory and is well tolerated without significant side effects.

Pineapple (Ananas): Studies demonstrate an enzyme bromelain, present in pineapple may help ease UC symptoms and reduce the frequency of flares.The enzyme helps in decreasing intestinal inflammation and enhance intestinal cell function.

Ginseng: It is a plant whose roots may be effective in the treatment of UC by reducing inflammation and protecting against cellular damage according to a 2015 study.

Check out the 8 amazing health benefits of ginseng Tap Now

Note: Along with these, taking care of your general health with regular exercise, adding probiotics and vitamin supplements to your diet, and eating a well-balanced diet are important to manage the symptoms of ulcerative colitis. Read more about 6 easy ways to eat healthily.

Click here Complications Of Ulcerative Colitis

Ulcerative colitis is a chronic disease with periods of remission and relapse. Here are complications that can occur from ulcerative colitis:

Pelvic abscess: It is pus-filled lesions in the lower stomach due to inflammation.

Enterocutaneous fistulas: These are the abnormal connections between the intestines or stomach and the skin. They occur due to leakage of contents of the stomach or intestines into the skin after bowel surgery.

Bowel obstruction: Studies have shown that early postoperative small-bowel obstruction occurs in up to 15% of patients after surgery for ulcerative colitis.

Pouch prolapse: Research demonstrates that it is a rare but important complication to consider in patients with ulcerative colitis who have undergone a total proctocolectomy.

Poor growth and development: Individuals with ulcerative colitis and undergoing treatment for the same can have poor growth and delayed puberty.

Primary sclerosing cholangitis: Individuals with ulcerative colitis may develop another digestive condition called primary sclerosing cholangitis (PSC). In PSC the bile ducts become progressively inflamed and damaged.

Pouchitis: It is an inflammation in the lining of a pouch created during surgery in the treatment of ulcerative colitis.

Incontinence: Individuals with ulcerative colitis are generally affected by fecal incontinence, i.e. inability to control bowel movement. Osteoporosis: Individuals with ulcerative colitis are at an increased risk of developing osteoporosis, when the bones become weak and are more likely to fracture.

Sexual dysfunction: Certain medications used to treat ulcerative colitis can impact their sex drive and ability to have sex. Toxic megacolon: It is swelling and inflammation that spread into the deeper layers of your colon. Colon or rectal cancer: The risk of cancer in individuals with ulcerative colitis increases by 2% after 10 years of diagnosis.

Leakage from anastomosis: This is a serious complication after ileal pouch-anal anastomosis (IPAA) leading to postoperative sepsis and pouch failure. Did you know? Coronavirus can trigger ulcerative colitis. So it is important to evaluate patients with gastrointestinal complaints for COVID-19 infections. Learn more on COVID-19 Alternative Therapies For Ulcerative Colitis

Ulcerative colitis is a long-standing disease that needs comprehensive care. Along with regular treatments certain complementary therapies can be useful to relieve the symptoms. However, consult your doctor before starting anything new. Alternate therapies that work best for ulcerative colitis include: 1. Hyperbaric oxygen therapy Studies show that this therapy has proven beneficial in acute severe ulcerative colitis. It is based on the theory that pure excess oxygen delivery might reverse tissue hypoxia (low oxygen levels) and induce healing.

1. Ayurveda An ayurvedic approach may help in providing relief from symptoms and flare-ups associated with ulcerative colitis as it includes dietary measures to balance the doshas, massages, meditation, and yoga.

Know more about 6 ayurvedic herbs that can improve your digestion. Read this now

1. Acupuncture A 2016 study has found out that acupuncture can be helpful in people with IBD and found an improvement in pain relief, and symptoms.
2. Tai chi Also known as shadowboxing, Tai Chi is an internal Chinese martial art practiced for defense training and health benefits. Studies show that it can improve the quality of life in patients with ulcerative colitis and other inflammatory bowel diseases as it focuses on internal balance and healing from within. Living With Ulcerative Colitis

Being well-informed about your chronic illness is important as learning all you can about your diagnosis and how it may affect you can take you a long way in managing your condition. Here are a few tips that can help you with ulcerative colitis:

1. Avoid certain medications Pain killers, such as ibuprofen and naproxen are not usually recommended if you have ulcerative colitis as they can cause ulcers in the stomach and intestines. Also, some contraceptives and antibiotics can flare up ulcerative colitis.
2. Eat smaller meals Some changes to your diet can help control the condition. The best way to do this is to eat small meals rather than 3 main meals. This may help control your symptoms.
3. Maintain a food journal Keeping a food journal helps you document what you eat, and understand what food you can tolerate and what makes your symptoms worse. This way, you can identify problem foods and eliminate them from your diet.
4. Keep a high-fiber diet at bay Fiber can aggravate symptoms during an episode of ulcerative colitis flare for some people. Eating a diet that is low in fiber can reduce the amount and frequency of the stools you pass. Examples of foods include:

White bread Cornflakes White rice Lean meat and fish Eggs.

1. Add necessary supplements Ulcerative colitis can lead to malnutrition as certain foods are not taken well by the body. Also, certain medications used in the treatment of ulcerative colitis can cause folate and vitamin B12 deficiency. Supplements to be added if you have ulcerative colitis include:

Vitamin D Folic acid Iron Vitamin B12 Omega-3 fatty acids

Don’t let gaps in your nutrition affect your health. Check out our exclusive range of vitamins and supplements to take care of all your needs. Shop now

1. Communicate your feelings Living with a long-term condition like ulcerative colitis can take a toll on your mental health. Anxiety and stress caused by ulcerative colitis can lead to depression in some cases. The best way to manage it is to communicate with your loved ones about your feelings. You can also try yoga, breathing exercises, and meditation.
2. Ulcerative colitis in kids Sometimes ulcerative colitis can occur in children below 15 years of age and they may experience physical, emotional, and social problems because of the disease. This increases the importance of proper management and treatment. Children can experience the following mental symptoms: Mood swings Teasing at school Anger and frustration Embarrassment Worry about physical appearance stamina Poor concentration

Children need mutual support from all family members and it is important for the entire family to learn about the disease and try to be empathetic. Seek a psychiatrist’s help for your child to manage such challenges of ulcerative colitis. Frequently Asked Questions Does ulcerative colitis affect immunity? What should I know about my ulcerative colitis? How often is it necessary to get a colonoscopy? What’s the difference between colitis and ulcerative colitis? Are inflammatory bowel disease and ulcerative colitis the same? References Synonyms Of Ulcerative Colitis. Ulcerative Colitis. Rare Disease. Database. Ordas I et al. Ulcerative Colitis. Vol 380 November 3, 2012. Ungaro R, Mehandru S, Allen PB, Peyrin-Biroulet L, Colombel JF. Ulcerative colitis. Lancet. 2017 Apr 29;389(10080):1756-1770. Ulcerative Proctitis. Types Of Ulcerative Colitis. Crohn’s & Colitis Foundation. Aaron E et al. Ulcerative Colitis. Jan 2022. Seyedian SS, Nokhostin F, Malamir MD. A review of the diagnosis, prevention, and treatment methods of inflammatory bowel disease. J Med Life. 2019 Apr-Jun;12(2):113-122. B. Sicilia et al. Risk factors for ulcerative colitis: A population-based, case–control study in Spain. Journal of Crohn’s and Colitis (2008) 2, 158–161. Sewell JL, Inadomi JM, Yee HF Jr. Race and inflammatory bowel disease in an urban healthcare system. Dig Dis Sci. 2010 Dec;55(12):3479-87. Thomas J et al. Use of contraceptives and risk of inflammatory bowel disease: a nested case–control study. Aliment Pharmacol Ther. 2022;55:318–326. Santos MPC, Gomes C, Torres J. Familial and ethnic risk in inflammatory bowel disease. Ann Gastroenterol. 2018 Jan-Feb;31(1):14-23. Pathirana WGW, Chubb SP, Gillett MJ, Vasikaran SD. Faecal Calprotectin. Clin Biochem Rev. 2018 Aug;39(3):77-90. PMID: 30828114; PMCID: PMC6370282. Kayal M, Shah S. Ulcerative Colitis: Current and Emerging Treatment Strategies. Journal of Clinical Medicine [Internet] 2019;9(1):94. Ben-Arye E, Goldin E, Wengrower D, Stamper A, Kohn R, Berry E. Wheat grass juice in the treatment of active distal ulcerative colitis: a randomized double-blind placebo-controlled trial. Scand J Gastroenterol. 2002;37(4):444-449. Odras I et al. Ulcerative Colitis. VOLUME 380, ISSUE 9853, P1606-1619, NOVEMBER 03, 2012. Pearson, Meredith MD1; Smith, Elliot MD2; Copland, Andrew MD2. A Case of Pouch Prolapse Complicating Total Proctocolectomy with IPAA: 1759. American Journal of Gastroenterology 111():p S842, October 2016. Wang Q, Mi S, Yu Z, Li Q, Lei J. Opening a Window on Attention: Adjuvant Therapies for Inflammatory Bowel Disease. Can J Gastroenterol Hepatol. 2020 Aug 12;2020:7397523. Ng SC, Shi HY, Hamidi N, et al. Worldwide incidence and prevalence of inflammatory bowel disease in the 21st century: a systematic review of population-based studies [published correction appears in Lancet. 2020 Oct 3;396(10256):e56]. Lancet. 2017;390(10114):2769-2778. Oxelmark L, Lindberg A, Löfberg R, Sternby B, Eriksson A, Almer S, et al. Use of complementary and alternative medicine in Swedish patients with inflammatory bowel disease: A controlled study [Internet]. European journal of gastroenterology & hepatology. U.S. National Library of Medicine; 2016 [cited 2023Feb15].

===============================================

Urinary incontinence Overview Urinary incontinence refers to the involuntary leakage of urine. Many people think that it is a normal part of aging, however it can also be caused due to several other health problems such as urinary tract infections (UTIS), diabetes, enlarged prostate, alzhemier’s disease, menopause etc.

The disease can be triggered by several factors such as inadequate intake of water, excessive intake of caffeine, pregnancy, vaginal birth, and being overweight. It can affect the emotional, psychological and social life of the patient as many people do not share about their problem in embarrassment.

Urinary incontinence can be managed by lifestyle modifications, behavioral therapy, and medications. Surgical treatment is also considered in some cases. Key Facts Usually seen in All age groups but more common in elderly Gender affected Both men and women but more common in women Body part(s) involved Urethra Urinary bladder Prevalence Worldwide: 348 million (2018) Mimicking Conditions Delirium, dementia, or other cognitive impairments Infection (urinary tract infection) Atrophic vaginitis or urethritis Pharmaceuticals or substances (e.g., diuretics, caffeine, alcohol) Psychological disorder Excessive urine output (e.g., diabetes, diabetes insipidus) Reduced mobility or reversible urinary retention Stool impaction Necessary health tests/imaging Medical history Physical examination Urine test Urodynamic testing Pad test Stress test Imaging tests: Ultrasound & Cytoscopy Treatment Antimuscarinics: Darifenacin, Solifenacin, Oxybutynin, Tolterodine, & Trospium Alpha-adrenergic agonist: Phenylpropanolamine Antidepressants: Duloxetine Alpha-adrenergic antagonists: Terazosin & Tamsulosin Beta-adrenergic agonist: Mirabegron Vaginal estrogen creams Hormone replacement therapies Other procedures and surgeries: Bulking agents, Botulinum toxin injections, Medical devices (Neuromodulation devices, Artificial urethral sphincter & Vaginal insert), Sling procedure, Biofeedback sensor, Electrical nerve stimulation & Surgery See All Symptoms Of Urinary Incontinence

Urinary incontinence is not a disease, rather it is usually a symptom of underlying health problems. The symptoms of urinary incontinence include: Leaking urine during normal day to day activities such as lifting weights, coughing, sneezing, laughing, exercising without any urge to urinate Leaking urine during sexual activity Bedwetting (leaking urine during sleeping) Being unable to hold urine Being unable to react toilet in time Frequent urination (more than 8 times a day) Feeling of wetness Feeling of incomplete emptying of bladder Causes Of Urinary Incontinence

The urinary system consists of detrusor muscles, the internal and external sphincters, and their neurological components. In infants, the fullness of the bladder causes contraction of the detrusor muscles that leads to emptying of the bladder. As we grow, our bladder is trained to respond to the sensation of urge at volumes 200-300 ml. At this stage, a voluntary decision can be made for passing the urine depending upon the location and availability. The emptying of the bladder upto 7 times in waking hours in a day is considered normal. The normal tolerance capacity of a healthy bladder is approximately 500 ml which the bladder can accommodate without increasing bladder pressure even during physical activities, coughing, lifting weights etc. Any disturbance in the whole mechanism can lead to urinary incontinence. The possible causes are:

Detrusor overactivity: This is the most common cause of urinary incontinence in which there are consistent contractions of the detrusor muscles. This leads to relaxation of the sphincters and involuntary leakage of urine. It is commonly seen after spinal injuries, multiple sclerosis or other lesions of the central nervous system. Impaired bladder contractility: An inadequately contractile bladder can also cause urinary incontinence. This can be due to aging and several pelvic floor diseases. Decreased pressure in urethra closure: The sphincteric unit helps in the closure of the bladder which expresses the urethral pressure during the resting state (where the abdominal pressure is at its resting value where no voiding and no pelvic floor contraction occurs). The decreased pressure in urethra closure can also leakage of urine. Atrophy of urethral areas: It is a medical condition in which urethra and its surrounding structures lose its strength and elasticity. It also causes urinary incontinence due to dysfunctioning of the urinary system. The atrophy is commonly seen in postmenopausal women due to estrogen deficiency. Prostatic hypertrophy: The enlarged prostate in men also puts pressure on the bladder which can cause UI. Urethral hypermobility: It is a condition in which there is an excess movement of urethra that can cause UI. It can be due to pregnancy, vaginal delivery, obesity, smoking, chronic cough, and chronic constipation Weakness of urinary sphincter: Some conditions such as advanced age, menopause, enlarged prostate weaken the sphincter and pelvic floor muscles which can lead to UI. Poor detrusor compliance: Sometimes, the bladder fails to stretch, which causes increased pressure, discomfort during filling and reduces urine holding capacity of the bladder. This pattern is typical after pelvic radiotherapy, or can result from prolonged periods of catheterization.

Reversible causes of Urinary incontinence Reversible causes of UI, often described by the mnemonic DIAPPERS includes:

D- Delirium (confusion) I - Infection (urinary tract infection) A- Atrophic (urethral atropy due to menopause) P- Pharmacological (medications) P- Psychological (disorders such as stress and anxiety) E- Endocrine (excess urine production) R- Restricted mobility (not able to reach washroom on due to conditions such as arthritis) S- Stool impaction (hardened stool that’s stuck in the rectum or lower colon due to chronic constipation) Types Of Urinary Incontinence

Urge incontinence It is characterized with a feeling of sudden and strong urge to urinate, usually more than 8 times a day. In this, the patient is not able to hold urine long enough to get the toilet.  
This can be due to certain medical conditions such as diabetes, Alzheimer’s disease, stroke, and multiple sclerosis or can be a separate condition. It is more common in elderly women. Stress incontinence It refers to the leakage of urine due to pressure exerted by urethra and bladder on weak pelvic floor muscle. It involves leakage of urine during exercise, coughing, sneezing, laughing, lifting heavy objects. Any form of physical activity and sudden bodily movements also increases the chances of leakage of urine. Being overweight and prostate surgery also increases the chances of stress incontinence. It mostly affects people who are active in sports. Functional incontinence In this type, the patient leaks urine due to his/her inability to reach the washroom on time. This can happen due to some physical disability such as arthritis, a barrier in the environment or memory problem. This type of incontinence is also known as toileting difficulty. It mostly occurs in older people who have a normal bladder normal control but having other disabilities make it hard to reach the washroom on time. Overflow incontinence In this, leakage occurs when the bladder is overfilled than its capacity. This can happen due to blocked urethra which leads to the incomplete emptying of the bladder. The increased urine production in some conditions such as diabetes can also cause overflow incontinence. Mixed urinary incontinence It is the involuntary leakage of urine caused by a combination of stress and urge urinary incontinence. Uncontrolled diabetes can be a cause of frequent urination. Frequent urination and excessive urine volume (polyuria) is an early symptom of type 1 and type 2 diabetes. This is because there is excess glucose in the blood, which the body tries to eliminate and puts pressure on the kidneys to excrete it through urine. Find out the other possible causes of frequent urination. Read Now Risk Factors For Urinary Incontinence

Various risk factors that can increase the risk of UI include:  
1. Medical conditions

Urinary tract infection: An infection of the urinary tract (urethra, ureters, bladder and kidneys) can cause urinary incontinence. This is temporary and goes away once the condition is treated.

UTIs are very common in women. Are you at high risk of the same? Find out now. Tap to know

Pelvic floor disease: The weak pelvic floor muscles in women during certain conditions can also make it hard for the bladder to hold urine and can be a cause of urinary incontinence.

Stroke: Stroke can affect various muscles of the body including the one that controls the urinary bladder. This can also cause urinary incontinence.

Diabetes: The increase in the amount of urine in diabetes can also cause urinary incontinence.

Menopause: During menopause, there are changes in the hormones that can impact the bladder and cause urinary incontinence.

Pregnancy: Urinary incontinence is very commonly seen during pregnancy as the expanding uterus puts pressure on the bladder. This usually subsides within a few weeks after delivery.

Multiple sclerosis:This condition disrupts the nerve signals that direct the movement of urine in your body and can cause urinary incontinence.

Enlarged prostate: The enlargement of the prostate gland puts pressure on the bladder and causes leakage of urine.

Constipation: Constipation for a long period of time can also cause urinary incontinence.

Obesity/overweight: Being obese or overweight puts more pressure on the bladder which is not able to hold urine can also be a reason for urinary incontinence.

Birth defects: There are certain birth defects that can also cause urinary incontinence such as bladder exstrophy in which the bladder develops outside the fetus.

Chronic cough: The persistent cough also puts pressure on the abdomen and that can also cause leakage of urine.

Genitourinary fistulas: It is an abnormal connection or passageway between the urinary and genital structures. This condition is also associated with urinary incontinence and is often treated with surgery.

Surgery: Some surgical procedures such as surgery of prostate gland can also cause urinary incontinence.

1. Nerve damage

It is the most common cause of functional incontinence. Nerve carries signals from brain to bladder and muscles of urinary bladder. The brain decides when to urinate. Any damage in the nerve can cause involuntary release of urine. The nerve damage can occur in various conditions such as: Diabetes Vaginal childbirth Parkinson’s disease Multiple sclerosis Alzheimer’s disease Brain or spinal cord injury Anxiety Heavy metal poisoning

1. Lifestyle factors

There are certain lifestyle factors that can cause urinary incontinence. These include: Consuming food that cause constipation Drinking excessive caffeinated beverages and alcohol Physical inactivity Smoking

Tobacco is injurious to health. Say no to tobacco. Try our smoking cessation product range. Explore Now

1. Medications

Urinary incontinence can also result as a side effect of certain medications such as antipsychotics, benzodiazepines, antidepressants and hormone replacement therapy in postmenopausal women. Diagnosis Of Urinary Incontinence

1. Medical history The complete medical history is asked to determine the type, severity, and duration of urinary incontinence. The type can be determined by the history: Urge urinary incontinence: It can be determined through the symptoms such as increase in frequency, urgency, and nocturia (frequent night time urination). Mixed urinary incontinence: This is represented by characteristics of both stress and urge urinary incontinence. Overflow urinary incontinence: This condition is associated with straining due to incomplete bladder emptying. Stress urinary incontinence: It can be predicted through the trigger activity that is causing urine leakage. Functional urinary incontinence: The history of the patient may suggest physical disabilities or some memory related issues.

Patients are also asked about the history of medical conditions and surgery that could be the reason for urinary incontinence. For females, a complete gynecological history is obtained to determine the number of births including the type of delivery (c section or normal). 2. Physical examination The various ailments are assessed through physical examination such as pedal edema, cough, surgical scars, range of motion, enlargement of prostate gland, and pelvic exam to determine any cardiovascular, pulmonary, abdominal or musculoskeletal issue. 3. Urine test The urine is tested for the presence of: Urinary tract infections Glycosuria (glucose in urine) Proteinuria (protein in urine) Hematuria ((blood in urine) In various cases, blood urea nitrogen (BUN) and creatinine tests are also performed to assess kidney function. 4. Urodynamic testing This includes several tests that are performed to check the urine holding capacity of the bladder. The tests also help in determining the functioning of urethral sphincter muscles – the muscles that control the involuntary flow of urine. One such test includes the insertion of a tube into the bladder and filling it with fluid. This checks the holding capacity of the bladder. 5. Pad test The patient is given a pad to wear which will help in checking any leaked urine. 6. Stress test The patient is asked to cough to demonstrate involuntary leakage of urine. The test is more sensitive when done in a standing position. 7. Imaging Ultrasound: This includes imaging of the bladder and assessing the urine emptying capacity of the bladder. Cystoscopy: This technique uses a thin flexible tube with a camera at its end. The urethra and urinary bladder is examined through it for any anomalies that could be a cause of urinary incontinence. 8. Maintaining a journal The doctor also recommend the patient to maintain a journal for a few days to record the following activities: Any leakage of the urine Frequency of urination Ability to reach washroom on time Conditions that trigger leakage of urine

The above information helps in identifying a pattern of urinary incontinence which will aid in the diagnosis process. Celebs affected Stephen King He is a famous author and known for his horror novels, including titles like The Shining, Carrie and The Green Mile. He developed urinary incontinence as a result of UTIs. Samuel Jackson Samuel Jackson, a famous American actor developed incontinence when he was in his 40s. Kat Perry Kat Perry developed urinary incontinence during her high school as a result of UTI. She regained control over her bladder after the treatment of the infection. Kate Winslet The famous actress developed stress incontinence after having three children. She admitted that she faces the bladder leaking issues when she sneezes. Specialist To Visit

It is believed that urinary incontinence is a normal process that goes along with aging. However, it is somewhat true but it can be treated and managed through several ways. The problem of urinary incontinence should not be ignored, if it is impacting your daily activities.

Some of the specialists that can help detect and treat urinary incontinence include: General physician Urologist Gynecologist Urogynecologist

Consult India’s best doctors online with a single click. Consult Now

Prevention Of Urinary Incontinence

There is no sure shot way to prevent urinary incontinence. However, several factors that act as a trigger for urinary incontinence can be minimized by some lifestyle modifications. These include: 1. Modify your eating habits

The healthy eating habits helps in the prevention of obesity and diabetes that acts as a trigger for developing urinary incontinence. The follow eating habits should be followed to prevent UI: Limit alcohol, spicy foods, chocolate, artificial sweeteners, caffeinated beverages as they may cause irritation and inflammation of the bladder. Include high fiber foods such as wholegrain cereals (such as porridge, brown rice, wholemeal pasta, wholemeal bread or pulses such as lentils and beans) to avoid constipation. Aim for at least 25-30 gms of fiber each day. Eat fruits and vegetables to keep the process of defecation easy. 2. Keep yourself hydrated

The lesser intake of water is also associated with constipation and bladder irritation. This can act as a risk factor for developing UI. To prevent dehydration: Drink at least 6 to 8 glasses of water every day Drink more water in hot weather and after strenuous exercise Make a habit of frequently sipping water even when you are not feeling thirsty

The color of the urine helps in identifying whether the person is taking an adequate amount of water or not. The pale yellow color of the urine indicates that the person is adequately hydrated. Dehydration is characterized by the dark yellow color of the urine.

Note: Some medications, vitamins and foods can also affect the color of urine. 3. Indulge in some physical activity

It is always advised to indulge in some kind of exercise as it helps to maintain a healthy weight which reduces pressure on the pelvic floor muscles. This helps in reducing the chances of UI. Physical activity also helps in preventing constipation which acts as a trigger for UI. Suggestions for physical activity include: Include a brisk 30 minute walk every day Pick any physical activity that you enjoy as it helps you to stick to a regular regimen Include pelvic floor exercises to strengthen the muscles 4. Follow good toilet habits

Urinary incontinence can be prevented by adopting some good toilet habits which includes: Avoid holding urine for a long period of time Take as much as you need and empty the bladder fully Sit in the full crouching squat position while urinating Go to the toilet when the bladder is full Avoid pushing your pelvic floor muscles to push the urine Avoid straining during passing stools as it may weaken the pelvic floor muscles Use correct posture while passing urine which involves an upright sitting with elevated feet 5. Quit smoking

Smoking affects the health of the bladder and it increases the chances of urinary incontinence. Avoiding smoking is known to be associated with decreasing the risk of UI. Treatment Of Urinary Incontinence

The treatment plan is created according to the type of incontinence. A. Medications

There are various medications that are used to reduce leakage. The medications are selected according to the needs of the patient. Some medications stabilize the muscle contractions of the bladder while some work by relaxing muscles of the bladder. This allows the complete emptying of the bladder. Some common examples of medications include: Antimuscarinics ( darifenacin, solifenacin, oxybutynin, tolterodine, fesoterodine, and trospium) Alpha-adrenergic agonist (phenylpropanolamine) Antidepressants (duloxetine) Alpha-adrenergic antagonists (terazosin and tamsulosin) Beta-adrenergic agonist (mirabegron) B. Vaginal estrogen creams

As the name suggests, these creams are directly applied to the vaginal walls and urethral tissue that helps in relieving urge or stress incontinence.  
C. Hormone replacement therapies

It is most commonly used in women to restore normal bladder function. One such example includes estrogen replacement therapy during menopause. D. Other procedures and surgeries If lifestyle, behavioral and pharmacological (medications) therapy fails to treat the conditions, then some invasive techniques are used. These techniques can range from the use of simple injections to complicated surgeries that are selected as per the cause and symptoms of incontinence.

Bulking agents: This involves injecting a permanent substance into the lining of the urethra which helps in increasing its lining. It is mostly used in women with stress incontinence.

Botulinum toxin injections: This involves injecting botulinum toxin into the bladder which relaxes its muscles. It is used to treat urge incontinence.

Medical devices: This involves the implantation of several devices such as: Neuromodulation devices: There are various devices that can modulate the nerve control to the bladder such as pacemakers. In some cases, nerves near the ankle are stimulated to achieve bladder control. Artificial urethral sphincter: It is a device that is placed closed to the urethra to control urination. These types of devices are typically used in men with stress incontinence usually after prostate cancer surgery. Vaginal insert: There are devices that can be placed in the vagina to compress the urethra. It helps in reducing stress incontinence in women.

Biofeedback sensor: This technique uses sensors to make the patient aware of the urine signals. It may help to regain control on the muscles of the bladder and urethra.

Electrical nerve stimulation: This technique sends electrical signals to the nerves present around the bladder that helps in controlling urine.

Catheterization: This involves the use of a catheter to drain the urine. A catheter is a tube that is inserted through the urethra into the bladder. It can be used occasionally or on a constant basis.

Surgery: It may be required in some cases such as when incontinence is caused by an enlarged prostate. Home-care For Urinary Incontinence

Home remedies

Magnesium: It plays an important role in the proper functioning of muscles and nerves. It reduces spasms of the bladder and allows its complete emptying. It is found to reduce the symptoms of urinary incontinence, especially nocturia. The people having incontinence issues should take magnesium-rich foods in their diet which include corn, potatoes, and bananas.

Vitamin D: The low levels of Vitamin D is associated with weak pelvic floor disorders including urinary incontinence. Patients of UI are advised to take sufficient amounts of Vitamin D as it has shown to reduce its symptoms.

Here’s the right way to take Vitamin D. Read Now Complications Of Urinary Incontinence

The urine leakage can lead to discomfort and embarrassment apart from other physical problems. This can cause the people to avoid social gatherings and can eventually lead to depression. The physical complications related to urinary incontinence include:

Urinary tract infections (UTIS) Skin sores and rashes due to wet skin Cellulitis (bacterial skin infection characterized by inflammation) Pressure ulcers (injuries to the skin due to constant pressure on it) Trauma and infection due to catheterization Sexual dsyfunction Prolapse (slipping of a part of body from its usual position)

Medication side effects There are several physical symptoms that are the side effect of medications used in urinary incontinence. These include: Dry mouth Restlessness Hypertension Insomnia Dizziness Tiredness

Did you know a few minutes of yoga during the day can be a great way to get rid of stress that accumulates daily – in both the body and mind. Yoga postures, pranayama and meditation are effective techniques to release stress?

Find out the other benefits of yoga. Read Now Living With Urinary Incontinence

Urinary continence can be a cause of embarrassment for many and a hindrance to many daily activities. Here are a few tips that can help in living with urinary incontinence: 1. Timed voiding Practice going to the bathroom on a regular time interval instead of waiting for the urge to go. This will prevent the overfilling of the bladder and thus reduces the chances of incontinence. 2. Emptying before physical activities The patients of urinary incontinence are advised to empty their bladder before doing any physical activities such as running, jumping, or doing any form of exercise. This will reduce the chances of leakage. 3. Avoid heavy lifting Most people tend to leak urine while lifting heavy objects. People suffering from urinary incontinence should avoid lifting heavy objects. If any heavy object is needed to move, take help. 4. Regulate the intake of caffeinated beverages Caffeinated beverages such as tea and coffee trigger the leakage of urine. It is advised to limit their intake especially before starting an activity. If you are frequently waking up in the night to urinate, avoid these drinks right before going to bed. 5. Wear pads There are various pads and products available in the market that are specially designed to absorb leaked urine. It can be worn to avoid the leakage of urine through the clothes. 6. Maintain a healthy weight Being overweight can also be the cause of incontinence. It is advised to maintain a healthy weight through diet and exercise. 7. Keep yourself hydrated Inadequate fluid intake can also cause urinary incontinence. Keep yourself hydrated throughout the day by drinking at least 8 glasses of water in a day. 8. Prevent constipation Long term constipation can also stimulate the leakage of urine. It is advised to have a diet rich in fiber such as wholegrains, cereals, fruits, and vegetables to prevent constipation.

Dealing with constipation? Watch this video by our expert revealing some simple home remedies to cure it. Click Here

1. Quit smoking Smoking can make many health problems, including urinary incontinence, worse. Frequently Asked Questions What are Kegel exercises? Should water consumption be reduced to prevent leakage of urine? Does pregnancy leave a lasting problem with urinary incontinence? Can incontinence come and go? What are the first signs of incontinence? Is overactive bladder a type of urinary incontinence? References Chughtai B, Kavaler E, Lee R, Te A, Kaplan SA, Lowe F. Use of herbal supplements for overactive bladder. Rev Urol. 2013;15(3):93-6. PMID: 24223020; PMCID: PMC3821987. Incontinence and Voiding Problems, Department Of Urology, School Of Medicine, University Of Virginia. Urinary Incontinence in Women, Health, John Hopkins Medicine. Incontinence and Continence Problem, Better Health Channel. Symptoms & Causes of Bladder Control Problems (Urinary Incontinence), National Institute Of Diabetes, Digestive and Kidney Disease. Last Updated On: July 2021. Urinary Incontinence in Older Adults, National Institute On Aging, Last Updated On: 24 January 2022. Urinary incontinence, Resnick, N M, 1987 Jul-Aug;Jul-Aug 1987, Public Health Rep. 102(4 Suppl):67-7. Tran LN, Puckett Y. Urinary Incontinence. [Updated 2022 Jan 2]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Urinary Incontinence, Urology Care Foundation, American Urological Association. Prevention of Bladder Control Problems (Urinary Incontinence) & Bladder Health, , National Institute Of Diabetes, Digestive and Kidney Disease. Last Updated On: July 2021.

===============================================

Urinary tract infections (UTIs) Also known as UTI, Bladder Infection Overview Urinary tract infections (UTIs) are one of the most common bacterial infections in women. As the name suggests, it is an infection of the urinary tract which includes the kidneys, ureters, urinary bladder, and urethra. It is reported that around 50–60% of women might develop UTIs in their lifetime and around 20–30% of women suffer from recurrent urinary tract infections.

One of the key reasons for UTIs is bacterial growth in the urinary tract which leads to an infection. Several factors can put you at risk of UTI which include holding urine for long durations, poor vaginal hygiene, hormonal problems such as diabetes etc.

Some of the common signs and symptoms include burning sensation during urination, frequent or intense urge to urinate even though little or nothing seems to come out and pain or pressure in the back or lower abdomen and rise in body temperature. One should consult a gynecologist if the symptoms fail to improve in a day or two with home care. Key Facts Usually seen in Adults between 16 and 35 years of age Gender affected Both men and women but common in women Body part(s) involved Kidneys Urinary Bladder Urethra Ureter Prevalence Worldwide: 150 million cases annually (2020) India: 33.54 % (2018) Mimicking Conditions Pyelonephritis Kidney stones Vaginitis Pelvic Inflammatory Disease (PID) Herpes Necessary health tests/imaging Urine routine and microscopy Urine culture CT Urography or Urogram USG, MRI or CT scan of abdomen MRI or CT scan of pelvis Cystoscopy Treatment Doxycycline Quinolones: Ciprofloxacin, Ciprofloxacin+phenazopyridine, Ofloxacin+flavoxate, Levofloxacin & Ofloxacin Cephalosporins: Ceftriaxone Nitrofurantoin Clotrimazole Amoxicillin See All Symptoms Of UTIs

Urinary tract infections usually do not cause any signs and symptoms in its early course. However, there are certain symptoms which every woman needs to be aware of and book an appointment with a gynecologist if the symptoms fail to improve in a day or two with home treatment. Each type of UTI may result in more-specific signs and symptoms depending on which part of your urinary tract is infected which are: Kidneys (acute pyelonephritis) Bladder (cystitis) Urethra (urethritis)

The common signs and symptoms of urinary tract infection include: A strong and persistent urge to urinate Experiencing a burning sensation while urinating Appearance of cloudy urine Strong-smelling urine Feeling of not able to empty your bladder completely Appearance of blood in the urine A sudden urge to urinate Feeling pain when you urinate Experience lower back pain Causes Of UTIs

Urinary tract infections (UTIs) are some of the most common bacterial infections. Escherichia coli is the common bacteria that cause UTIs in most patients. Other common causative pathogens include Klebsiella pneumoniae, Proteus mirabilis, Enterococcus faecalis, and Staphylococcus saprophyticus. It usually occurs when bacteria enters the urinary bladder through the urethra and starts multiplying inside. Though most of the time, the urinary system of our body by design keeps out these bacteria, sometimes it fails. A full-grown infection of the urinary tract manifests when the body fails to deal with the infection.

Some of the common causes of UTIs include: Holding urine for long hours Following poor vaginal hygiene, especially during menstruation Suffering from health conditions such as diabetes, dehydration, etc Experiencing irregular bowel movement or constipation Not following proper hygiene practices post sexual activity Risk Factors For UTIs

Urinary tract infections (UTIs) are more common in women than in men. This could be attributed to the fact that women have shorter urethras than men. The shortness of the urethra, with its close relationship to the anus, makes it easy for bacteria to ascend in the urinary tract. Other factors that can up the risk of UTI include: Changes in vaginal pH can trigger bacterial growth Menopause causes a significant reduction in estrogen secretion which alters vaginal pH Diabetes is correlated with the development of asymptomatic bacteriuria Frequent sexual activity and having new sexual partners Use of spermicides or diaphragm for birth control for contraception may irritate the vagina and urethra and facilitate the entry and colonization of bacteria Other factors include age of the first UTI, maternal history of UTI and voiding dysfunction

In addition to these common factors, there are few other risk factors for UTI infection in women. These are: Abnormalities of the urinary tract Poor immunity Blockage of the urinary tract (due to kidney stones, etc) Use of a catheter Any recent surgery of the urinary tract Diagnosis Of UTIs

As known, in most cases, a urinary tract infection does not cause any symptoms, which makes it difficult to diagnose. However, if you are experiencing any symptoms of UTI, then do consult your gynecologist at the earliest. Your doctor might perform a physical examination and ask clinical history followed by an internal examination to know about your condition. Some of the common tests that can help to check for bacterial infection include: Urine Routine & Microscopy to check for white blood cells, red blood cells, and bacterial growth Urine culture test to detect bacteria in culture grown and provide specific treatment CT Urography or Urogram of urinary system to detect presence of renal stones USG, MRI or CT scan of abdomen MRI or CT scan of pelvis to detect any abnormality in urinary system Cystoscopy in case of recurrent UTI to view urethra and bladder for any suspected abnormality Celebs affected Tanya Roberts An American TV actress, Tanya Roberts, best known for her role in 1984 James Bond film “A View to a Kill”, suffered from UTI. The infection spread to her kidneys and gallbladder & the actress died of sepsis triggered by a urinary tract infection in 2021. Lena Dunham The Hollywood actress suffered from urinary tract infection which caused her severe abdominal pain. Prevention Of UTIs

Most UTIs are caused by bacteria that are already in the bladder, so flushing them out is the most important way to prevent an infection. Here are some effective ways by which you can prevent recurrent UTIs: 1 . Drink enough fluids One of the easiest and effective ways to prevent UTI is by staying well hydrated. Fluid helps move things through the urinary tract, but it also dilutes the urine so bacteria can’t grow. Make sure you drink 1-2 liters of fluids daily.

2 . Don’t hold the urine The longer urine stays in the bladder, the higher are the chances of bacterial overgrowth since stagnant fluid is an ideal environment for an infection to develop. Do not get into the habit of holding on to it for long, since it will make you prone to infection.

3 . Practice good toilet hygiene After you’re done, make sure you wipe from front to back to keep from pushing bacteria nearer to your urethra. This is especially important after a bowel movement.

4 . Make sure you empty your bladder after sex Sexual intercourse can move bacteria from the vagina into the urethra, thereby increasing risk of infection. Urinating after sex flushes out any bacteria that could have migrated to the bladder during intercourse.

5 . Choose contraceptives with caution If you are prone to UTI, it is best to avoid spermicides and diaphragms. Spermicides not only introduce bacteria into your vagina but they also alter your vaginal pH, which can create an ideal environment for bacterial overgrowth. Diaphragms may interfere with your ability to empty your bladder completely, thereby increasing the risk of infection.

6 . Use female hygiene products carefully If you get UTI too often, avoid bubble baths, bath oils, and perfumed products around genital area. Some doctors suggest switching from tampons to sanitary pads, since tampons may give bacteria more opportunity to enter the body and irritate the urethra.

7 . Change out of workout clothes quickly If you are prone to UTI it is best to change out of your workout clothes right after you are done. Excessive sweat can increase the risk of bacterial multiplication which in turn can migrate into your urethra and lead to UTI.

1. Avoid tight-fitting clothes Avoiding tight-fitting clothing can actually help keep you dry, preventing bacteria from growing in the urinary tract. Wearing cotton underwear will prevent extra moisture from getting trapped around your urethra. Specialist To Visit

If you experience any of these symptoms of UTI, consult your doctor at the earliest. Some of the specialists that can help detect and treat UTI include: Gynecologist Urologist

Consult India’s best doctors online with a single click. Consult Now! Treatment Of UTIs

Antibiotics are the primary options for the treatment. If you have ever taken antibiotics you would have noticed that you start feeling better on the second day of taking the medications whereas your doctor has prescribed you 5 days worth of pills. Some medicines used to treat UTI are: Doxycycline Quinolones like Ciprofloxacin, Ciprofloxacin+Phenazopyridine, Ofloxacin+Flavoxate, Levofloxacin and Ofloxacin Cephalosporins like Ceftriaxone Nitrofurantoin Clotrimazole Amoxicillin Home Care For UTIs

Some of the self care measures for UTI you can follow include: Use a hot water bottle to ease discomfort and pain. Drink plenty of water. Aim for 8-12 glasses everyday. Urinate when you first feel the need. Bacteria can grow when urine stays in the bladder too long. Wear cotton underwear and loose fitting clothes so that air can circulate and keep the area dry. Take Vitamin C. It increases the acid in urine so that bacteria cannot grow easily. Avoid chocolate, citrus, carbonated drinks and caffeine as these can irritate the lining of your bladder and it is easier for bacteria to survive. Complications Of UTIs

If left untreated, UTI can last for several months. Moreover, there is a high chance that the infection might spread to other parts of the body such as the kidneys, which can lead to kidney infection. It can lead to recurrent infections, especially in the case of women. Also, in rare cases, it can lead to sepsis, a life-threatening infection of the blood which can lead to severe complications.

Alternative Therapies Of UTIs

Home remedies for UTI

Parsley: It acts as a diuretic and flushes your kidneys which in turn flush out the bacteria and speed up the healing process of UTI. Boil about 1-2 cups of water and add roughly 1 cup of fresh parsley or 2 tbsp of dried parsley. Allow it to simmer, strain and drink. In the summer you can refrigerate it and then have it.

Celery seeds: These also act as a diuretic and chewing a handful of them can help increase the production of urine. Once or twice a day you can snack on celery seeds after your meal.

Cucumbers: They have high water content and it is a great way to get that extra fluid through your system when you are having a hard time drinking enough water. Have cucumber juice with a dash of ginger juice or include cucumbers in your salad.

Probiotics: Probiotics are now considered as a major home remedy for fighting UTI causing bacteria. Studies suggest that benign bacterial flora helps to prevent increase of microorganisms that cause illness. Increase consumption of probiotics such as yoghurt, raw cheese, kimchi, kefir in your diet.

Garlic: Enriched with several properties, garlic serves as a rich source of allicin due to which it exhibits antibacterial properties. Daily intake of garlic clove has been found to be beneficial in averting such infections.

Cranberry: Studies show that cranberries can help to inhibit the growth and colonization of bacteria that cause infection, including E.coli , the most common bacteria seen in urinary tract infection.

Here’s more amazing reasons to have cranberries often! Click To Read!

Frequently Asked Questions Can a man pass a UTI to a woman? How long does a UTI last untreated? Should you stop taking your medicines once you start feeling better? Do I need to see a doctor for a UTI? Can you get rid of UTI infection without antibiotics? Can probiotics help treat urinary tract infections? How do you stop a UTI when you feel it coming? References Al-Badr A, Al-Shaikh G. Recurrent Urinary Tract Infections Management in Women: A review. Sultan Qaboos Univ Med J. 2013;13(3):359-367. Rahman SR, Ahmed MF, Begum A. Occurrence of urinary tract infection in adolescent and adult women of shanty town in Dhaka City, Bangladesh. Ethiop J Health Sci. 2014 Apr;24(2):145-52. Minardi D, d’Anzeo G, Cantoro D, Conti A, Muzzonigro G. Urinary tract infections in women: etiology and treatment options. Int J Gen Med. 2011;4:333-43. Flores-Mireles AL, Walker JN, Caparon M, Hultgren SJ. Urinary tract infections: epidemiology, mechanisms of infection and treatment options. Nat Rev Microbiol. 2015 May;13(5):269-84. Kontiokari T, Sundqvist K, Nuutinen M, Pokka T, Koskela M, Uhari M. Randomised trial of cranberry-lingonberry juice and Lactobacillus GG drink for the prevention of urinary tract infections in women. BMJ. 2001 Jun 30;322(7302):1571. Karishetti MS, Shaik HB. Clinicomicrobial assessment of urinary tract infections in a tertiary care hospital. Indian J Health Sci Biomed Res 2019;12:69-74. Pardeshi P. Prevalence of urinary tract infections and current scenario of antibiotic susceptibility pattern of bacteria causing UTI. Indian J Microbiol Res. 2018;5(3):334-338. Kant S, Lohiya A, Kapil A, Gupta SK. Urinary tract infection among pregnant women at a secondary level hospital in Northern India. Indian J Public Health 2017;61:118-23 McLellan LK, Hunstad DA. Urinary Tract Infection: Pathogenesis and Outlook. Trends Mol Med. 2016;22(11):946-957 Sabih A, Leslie SW. Complicated Urinary Tract Infections. [Updated 2021 Feb 10]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan. Available from: Bono MJ, Reygaert WC. Urinary Tract Infection. [Updated 2020 Nov 21]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. Available from: Kang CI, Kim J, Park DW, et al. Clinical Practice Guidelines for the Antibiotic Treatment of Community-Acquired Urinary Tract Infections. Infect Chemother. 2018;50(1):67-100. Tan CW, Chlebicki MP. Urinary tract infections in adults. Singapore Med J. 2016;57(9):485-490.

===============================================

Urticaria Also known as Hives, Welts, Weals and Nettle rash Overview Urticaria is a condition characterized by itchy skin, reddened areas with defined borders, and swelling of the skin. It can be classified as acute or chronic based on the duration. Acute urticaria usually stays for 6 weeks while chronic urticaria may stay over 6 weeks. In most cases, chronic urticaria can recur frequently over weeks and months.

The most common causes of acute urticaria are allergic reactions to food, medicine, cosmetics or soap, infections, insect bites or stings, environmental pollutants, latex, extreme temperatures, emotional stress, and exercise. The cause of chronic urticaria is often difficult to identify and many times, impossible. However, in some cases, chronic urticaria can be linked to the conditions affecting the immune system or to diseases like hepatitis or cancer.

Urticaria can be mistaken for other skin conditions with similar appearance. However, a dermatologist can help to differentiate and diagnose the condition based on the symptoms, medical history and skin examination.

Urticaria can be prevented by avoiding exposure to any known causes, triggers or allergens. There is no specific treatment for urticaria as in most cases, the symptoms usually subside within a few days. In some cases, use of home remedies can help improve the symptoms like pain, swelling, and itching. If hives are caused by an allergy, then use of antihistamines might be advised. These are medications that counter the immune system’s chemicals released against the allergy. Key Facts Usually seen in Children below 10 years of age Adults between 20 to 40 years of age Gender affected Both men and women Body part(s) involved Skin Blood Hair Prevalence Worldwide: 0.1%–3% (2013) India: 4.16% (2013) Mimicking Conditions Allergic contact dermatitis Urticarial vasculitis Drug eruptions Erythema multiforme Henoch-Schonlein purpura (IgA vasculitis) Mastocytosis Necessary health tests/imaging Physical examination Allergy test Blood tests: Complete blood count (CBC), Erythrocyte sedimentation rate (ESR) & Antinuclear antibody (ANA) Angioedema tests Solar hives (urticaria) test: Photo testing & Patch testing Cholinergic hives tests Other tests: Imaging studies & Punch biopsy Treatment Antihistamines: Chlorpheniramine Maleate, Loratadine, Desloratadine & Cimetidine Anti-inflammatory medications: Prednisone Corticosteroids Immune suppressing medications See All Symptoms Of Urticaria

Urticaria, also known as hives, typically manifests as red or skin-colored lumps or welts with distinct borders. They can be as small as a pen tip or as huge as a dinner plate. Pressing the center of a red hive can cause it to become white, this is known as blanching. They may appear as a single hive or as blotches or linked patches. It appears to help in regulating the body’s allergic reaction to certain stimuli.

It is common for people to mistake hives for other conditions, but they are distinguished by a few characteristics. You can determine whether hives are causing a rash or skin disease based on how long they last and how much they move. The following symptoms are commonly associated with hives. Red or skin-colored lumps or welts with distinct borders that usually disappear within 24 hours but may return to another location. Bumps or welts that appear alone or in clusters, covering a greater area. Itchiness and/or swelling in the area of the bumps or welts. Pain or stinging may occur at the site of the pimples or welts. Did you know? Hives are a well-known allergic reaction. When you consume the food you are allergic to, it activates an immune response by producing IgE antibodies, which cause the symptoms. This is why physicians advise against eating high-allergen foods like peanuts and shellfish. Causes Of Urticaria

The disease’s etiology might be caused by a variety of reasons. Factors that are frequently encountered include:

1. Medications Urticaria can be caused by certain medicines such as: Penicillin Aspirin Nonsteroidal anti-inflammatory drugs Sulfonamides Thiazide diuretics Oral contraceptives Angiotensin-converting enzyme inhibitors Vitamins Codeine Morphine Curare and its derivatives Synthetic adrenocorticotropic hormone Radiocontrast agents Urticaria rashes may appear anywhere from 1–2 hours to 15 days after oral consumption of the medicine or drug. They appear faster when medicines are administered intravenously as compared to oral administration.
2. Foods Foods that are common causes of urticaria include: Nuts Eggs Fish Shellfish Chocolate Meat Cow’s milk Fruits (citrus fruits, grapes, plums, pineapples, bananas, apples, and strawberries) Vegetables (tomatoes, garlic, onions, peas, beans, and carrots) Mushrooms Fermented foods Spices Spirits Note: Preservatives such as azo dyes, benzoic acid derivatives, salicylates, and food colors are also major causal factors. Urticaria generally appears 1–2 hours after intake of food. Children are more likely to develop food-related urticarial rashes.
3. Respiratory allergens Urticaria can be induced by the inhalation of allergens like: Pollen Mold spores Mites Animal dandruff Animal hairs Note: Smoking is also a significant component since it includes numerous chemicals that might aggravate urticaria. Urticaria induced by respiratory allergens often develops shortly after contact.
4. Medical conditions Urticaria can be caused by infections such as: Sinusitis Tonsillitis Dental abscesses Urinary tract infections Hepatitis Infectious mononucleosis Note: Urticaria is caused by parasites, particularly in youngsters.
5. Contact urticaria Urticaria can be caused through contact with: Latex Cosmetics Chemicals
6. Insect bites Insect bites may also cause urticaria, particularly in children.
7. Psychogenic factors Stress, sorrow, and despair can worsen pre-existing urticaria as well as cause it.
8. Systemic disorders Systemic disorders, in particular, can induce persistent urticaria. Thyroid and rheumatic disorders such as systemic lupus erythematosus, lymphoma, leukemia, and carcinomas may be examined if necessary. It should be mentioned that urticaria can arise during pregnancy.
9. External stimuli Stimuli like pressure, heat, cold, and dermographism can all cause urticaria. Urticaria caused by pressure usually appears 3-4 hours after exposure. As a result, they are known as delayed pressure urticaria.
10. Hereditary urticaria Urticaria can be hereditary and manifest in forms such as angioedema and familial cold urticaria.
11. Idiopathic urticaria Sometimes, urticaria may occur because of unrecognized causes.

Skin allergies can be caused due to various factors that range from changes in weather to exposure to environmental toxins. Let us understand some of the common causes of skin allergies in children. Read To Know!

Risk Factors For Urticaria

Any of the following factors can raise the risk of acute or chronic hives. Allergic reactions (whether pre-existing or newly developed). A personal history of hives. A history of hives in the family (especially in the case of hereditary angioedema, although rare). A well-known condition related to hives (infections such as urinary tract infection, strep throat, hepatitis, rheumatoid arthritis, or type 1 diabetes). Viral infections. Medications (include codeine, aspirin, morphine, and NSAIDs). Skin sensitivity or dermatitis (inflammation of the skin). Sensitivities to disinfectants, colors, chemicals, or perfume scents. Emotional triggers (association with stress and anxiety). Allergies are caused when the body’s immune system responds abnormally to an external trigger known as ‘allergen’. Here’s everything you need to know about allergies. Click To Read!

Diagnosis Of Urticaria

Urticaria can be diagnosed by a variety of medical specialists, although family doctors make the majority of diagnoses (general practitioners).

Physical examination A dermatologist diagnoses hives through a physical examination. However, in general, no particular tests are available to diagnose hives. This is due to the non-specific or idiopathic character of triggers in many cases. In certain situations, a trigger – such as a kind of medicine – can be discovered. If an outbreak of hives clears after discontinuing the drug, it can be determined whether it is a trigger. If it does not, the medicine is not the likely culprit.

A doctor will gather full medical history and perform a symptom discussion during the appointment in order to try to establish an underlying cause of hives, such as an allergic response, followed by a thorough physical examination.

The questions a doctor may ask during a consultation are: How long have the symptoms been present? How did the skin marks seem when they initially appeared? Have the marks altered in any way (for example, size or form) since then? Is there anything that has made your symptoms better or worse before your consultation? Do the skin blemishes irritate, burn, or sting? Before this consultation, have any markings vanished without leaving another trace, such as a bruise? Have you been tested for allergies? If so, which? Has a similar skin issue ever developed or happened before? Have you tried any new meals for the first time? Have any new goods been launched for the first time such as cleaning detergents? Have you been bitten or stung by an insect lately? Are you presently taking any new drugs (prescription or over-the-counter, including herbal supplements)? Has a new pet been brought into the house? Is there anyone in your family who has had a similar sort of skin problem? Allergy test The doctor will then do a physical examination and assess the skin marks (those that are present). If allergies are suspected, a skin prick test to detect the chemical causing the response may be done. The trigger may be very easily identified if urticarial rashes occur within a short period after intake of shellfish or peanuts, or exposure to sunshine or water, after a scrape to the skin, or after vigorous activity.

Once a trigger allergen has been identified, the doctor will advise avoiding coming into contact with or eating a specific food, as well as other items produced from or containing the chemical. If judged safe, the doctor may prescribe an oral food/drug test, in which the afflicted individual is asked to the suspected allergen (in a defined amount) in order to elicit a hive reaction. The patient is monitored closely throughout the test, with emergency equipment or medicine on standby. If there are significant chances of serious responses, such as anaphylaxis, these tests may not be conducted.

If you experience any symptoms of allergy, get an allergy panel done. Book Test Here!

Blood tests Blood tests may also be advised to screen for certain diseases known to be related to hive outbreaks and to analyze blood proteins for a possible genetic tendency (as in the case of hereditary angioedema). A urine sample is occasionally collected as well.

Note: Laboratory studies generally are not indicated for acute urticaria (< 6 weeks).

In the event of chronic hives, the following tests may be advised as applicable: Complete blood count (CBC) to check for signs of anemia or any infections. Thyroid function test to determine if the thyroid is hyperactive or underactive (hyperthyroidism or hypothyroidism). Tests for liver function to look for any underlying liver condition. Erythrocyte sedimentation rate (ESR) test is used to determine the rate of erythrocyte sedimentation (to assess any immune system abnormalities). Stool test to assess for or identify any parasites causing an infection Antinuclear antibody (ANA) test to rule out autoimmune disorders such as lupus. Angioedema tests C1 esterase inhibitor test (this test evaluates complement protein levels and helps detect any underlying causes of edema) and complement components (C2 and C4) to screen for deficits. Low amounts of these components might cause symptoms of edema and inflammation in the body.

Solar hives (urticaria) test Photo-testing: A doctor or allergist can evaluate skin responses to UV radiation from a sun lamp using a range of wavelengths. The wavelength to which the skin reacts will be utilized to identify the type of solar allergy.

Patch testing: It involves applying certain chemicals (a suspected sensitizer agent that may cause a response) to the skin and covering it with a patch or dressing for a period of time (usually 24 to 48 hours). The region will next be examined to determine the likelihood of a response. After that, the skin may be exposed to UV light (radiation) via a sun lamp. If the skin responds, solar hives can be diagnosed.

In symptoms, autoimmune or metabolic signals may be checked by blood samples (and occasionally skin biopsies) to establish an underlying cause.

Cholinergic hives tests An exercise challenge test: The patient may be asked to complete an exercise program in order to elicit a comparable response. During the challenge, medical devices may also be used to obtain various measures. A passive warming test: During the exposure test, a doctor would use warm water or increased ambient temperature to elevate the patient’s internal body temperature and monitor a probable reaction. A skin test for methacholine: Methacholine, a non-selective muscarinic receptor, would be administered to activate the parasympathetic nervous system and monitor a potential response. Other tests Other studies that may be considered include the following: Imaging studies: These are generally not indicated unless suggested by a specific symptom or sign. Punch biopsy: It is advised if urticarial vasculitis (inflammation of blood vessels) is suspected. Extensive testing is not generally recommended by medical specialists in the event of minor hive breakouts or a single incident. Chronic hives are seldom associated with an allergic reaction (due to the frequency of recurrences, which can last for more than 6 weeks). It is more likely that the reason is not of external origin. Relevant tests are performed to identify an underlying cause, which might be an autoimmune illness or another medical condition. Celebs affected Vicki Lawrence Vicki Lawrence is an American actress, comedian, and pop singer, who has been living with chronic idiopathic urticaria. She is using her voice to educate people about the condition. Prevention Of Urticaria

Making lifestyle changes that minimize or prevent hive flare-ups is generally the most effective strategy to lessen the chance of an outbreak or recurrence. It is not always possible to entirely avoid a hive breakout. A confirmed allergy (or a known cause such as medicines, environmental factors, foods, or exposure to specific pets) is a one-way trigger that can be easily avoided. Specific allergy treatment can also be used to minimize the risk and relieve breakouts.

If the reason is unknown and flare-ups occur often, maintaining a record that draws parallels between ‘cause and effect’ (e.g., food ingested and a probable response) might help discover and avoid potential triggers. Careful management of sun exposure (refraining from being out in the sun when it is at its strongest – often between 10 am and 4 pm, and gradually increasing time outdoors during the in-between months – spring and autumn or fall – to try and better adapt to stronger sunlight exposure) can be beneficial for solar hives. Wearing lightweight or loose woven clothes that give maximum covering (long pants or skirts as well as sleeved items). Wearing clothes with a UPF (ultraviolet) protection rating of at least 40, as well as a broad-spectrum sunscreen recommended by the treating medical professional (and applied regularly). Maintain your calm. Hives can be triggered by stress. If you are frequently stressed, practice effective stress-reduction strategies including daily exercise, meditation, and mindfulness. Certain products that may irritate the skin should be avoided. When you have hives, some soaps might cause your skin to dry out and create greater irritation. Make sure you use a mild soap designed for delicate skin. There are many to choose from here. These are generally free of scent and other irritants. You should also avoid using irritants such as heavy moisturizers and creams. When in doubt, use a solution that is designed for sensitive skin. Applying it shortly after washing may also help with itching. Using anti-sun aids such as sunglasses, broad-brimmed hats, and umbrellas can help to protect against sun rays. Specialist To Visit

The symptoms of urticaria are often easy to manage with the use of over-the-counter medications and lifestyle changes. However, if you experience rashes and itchy skin that seem different or worse than usual, consult a doctor. Also, if you experience these symptoms for more than 6 weeks or on a regular basis, immediately visit your doctor’s clinic to know the exact cause and get it treated.

Specialists that can help to manage urticaria include: Dermatologist Rheumatologist Immunologist Internist Allergist Pediatrician (for children) Getting the right diagnosis and the right treatment can help in better prognosis and improve the quality of life. Consult the best experts online. Consult Now!

Treatment Of Urticaria

If your symptoms are minor, you might not require therapy. Hives and angioedema often resolve on their own. However, therapy can provide relief for severe itching, severe discomfort, or symptoms that linger.

Medications Prescription medicines, such as those listed below, may be used to treat hives and angioedema.

Anti-itch medications (antihistamines) Antihistamines that do not make you drowsy are the conventional treatment for hives and angioedema. They are the first-line therapy for all urticaria patients.

Some class H1 antihistamines with drowsiness as a side effect are: Chlorpheniramine Chlorpheniramine Maleate Hydroxyzine Diphenhydramine Examples of non-sedating second-generation H1 antihistamines are: Loratadine Cetirizine Terfenadine Mizolastine Second generation H1 antihistamines include: Desloratadine Levocetirizine Fexofenadine Examples of H2 antihistamines: Cimetidine Ranitidine Famotidine Nizatidine Treatment usually begins with a non-sedating antihistamine during the day and a sedating antihistamine at night. All antihistamines are equally effective in the licensed dosage. If patients do not respond to standard dosage, it is common to double or triple the dose of non-sedating antihistamines.

If patients complain of indigestion or acidity, H2 antihistamines might be administered. Combination therapy is frequently beneficial to the patient. In a short experiment, fexofenadine outperformed generic levocetirizine. Many patients do not react to these combinations, necessitating the use of second-line treatments. According to some research, 40% of patients did not respond to antihistamines.

Anti-inflammatory medications Doctors may occasionally give an oral corticosteroid medication such as prednisone to decrease swelling, redness, and itching caused by severe hives or angioedema.

Immune suppressing medications If antihistamines and corticosteroids do not work, your doctor may prescribe immune suppressing medication that might calm a hyperactive immune system.

Situations of emergency Acute urticaria may progress to life-threatening angioedema and/or anaphylactic shock in a very short period, although anaphylaxis usually presents as rapid-onset shock with no urticaria or angioedema.

A trip to the emergency department and an emergency injection of epinephrine — a kind of adrenaline — may be required if you have a severe episode of hives or angioedema. If you have had a major attack or if your attacks continue after therapy, your doctor may advise you to carry a pen-like device that allows you to self-inject epinephrine in an emergency.

If associated bronchospasm is present, prehospital nebulized albuterol may be warranted.

Other measures may be appropriate, such as continuous ECG, blood pressure and pulse oximetry monitoring, administering intravenous crystalloids if the patient is hypotensive and administering oxygen. Home-care For Urticaria

If someone has minor hives or angioedema, the following methods may help ease their symptoms. People should stay away from triggers and take appropriate precautions. Foods, medicines, pollen, pet dander, latex, and insect bites are the most common triggers. If you suspect a medicine for your rash, discontinue its use and notify the primary care practitioner. Over-the-counter itch relievers help reduce itching. Some non-prescription antihistamines are loratadine, cetirizine & diphenhydramine. You can apply a cool washcloth to the affected region to soothe the irritated skin. It also helps avoid scratching. A relaxing bath in cold water or a cold shower might provide relief from itching. Some people may benefit from bathing in cool water sprinkled with baking soda or oatmeal powder, but this is not a long-term option for chronic itching management. Dressing in loose-fitting, smooth-textured cotton will help avoid skin irritation. Staying out of the sun and seeking shade when outside will help prevent aggravation of painful rashes and itching. Avoid sun exposure as much as possible to stay away from hives. Sun exposure may aggravate the urticaria. Refraining from being out in the sun during summers when it is at its strongest – often between 10 am and 4 pm, and gradually increasing time outdoors during months of spring and autumn seasons to try and better adapt to stronger sunlight exposure, can be beneficial for solar hives. Here’s more on how to protect your skin from the sun. Click To Read! Complications Of Urticaria

Urticaria may lead to anaphylaxis. Anaphylaxis is one of the most serious complications of hives. It is an allergic reaction that is often severe and may even be fatal. It usually happens within seconds to minutes of exposure to a potential allergen such as peanuts or bee stings.

An anaphylactic reaction is produced due to a serial release of chemicals by the immune system, which might cause you to go into shock. Anaphylaxis is marked by rapid blood pressure drop and constriction of airways, preventing the sufferer from breathing.

The signs and symptoms of anaphylaxis are: Fast and weak pulse Skin rash Nausea and vomiting Swelling in the throat can cause a life-threatening obstruction of the airways Certain foods, some medications, insect venom, and latex are common triggers for anaphylaxis. Alternative Therapies For Urticaria

Home remedies for urticaria

1. Use a cold compress The cold temperature of water or ice does wonders for soothing irritated skin. Simply soak a cloth or towel in cold water and apply to hive-affected areas of skin.
2. Make use of an oatmeal scrub Oatmeal’s anti-inflammatory properties make it an excellent hydrating and relaxing scrub for the skin. To soothe inflamed skin, take a lukewarm shower every morning and gently clean the areas of skin with hives infections with an oatmeal soap bar or scrub with baking soda.
3. Apply aloe vera gel Aside from being a natural hydrator, aloe vera gel includes a large amount of beneficial antibacterial components. Applying a thick coating of aloe vera gel before bedtime significantly relieves the redness and discomfort associated with hives.

Ayurvedic treatment for urticaria

Follow these steps to cure urticaria rash with an ayurvedic treatment.

1. To minimize urticaria, take a 5 to 7 gramme dosage of a paste made from neem leaves, guduchi (giloy) leaves, or aloe vera pulp every day.
2. Take 1 teaspoon turmeric powder two to three times a day with a glass of milk or water. It’s a fantastic remedy for boosting the body’s immunity.
3. Massage the skin for 15 minutes with mustard oil before bathing in lukewarm water.
4. Mix 12 teaspoons black pepper (kali mirch) powder with 12 teaspoons desi ghee and eat it first thing in the morning on an empty stomach. For best effects, continue for up to three months.

Eczema, a form of skin inflammation, is commonly characterized by itchiness, red skin, small bumps and thickened skin over a period of time. Here’s more information about home remedies for eczema. Read To Know!

Living With Urticaria

Hives – itchy red or skin-colored welts, also known as urticaria – affect about 20% of the population. They are frequently the result of an allergic reaction to a meal or medication and usually dissipate soon.

Hives may be very itchy, as well as unpleasant. Although hives are clearly a physical burden, they can also be detrimental to emotional well-being, isolating individuals socially and hindering their performance at work or school, especially if they have suffered from hives for a long time.

However, for a tiny percentage of people, hives recur with no recognized cause. Chronic idiopathic urticaria (CIU) or chronic spontaneous urticaria (CSU) occurs when fresh outbreaks occur practically every day for 6 weeks or longer (CSU). It affects one percent or less of the population. People between the ages of 20 and 40 are the most likely to suffer from it. A single outbreak of CIU generally lasts no more than 24 hours. However, following that, additional colonies emerge.

Urticaria vs. contact dermatitis vs. insect bites Although used interchangeably, these three terms have different meanings.

Hives (urticaria): These are itchy, red welts caused by an allergic response. The welts vary in size and emerge and disappear on a regular basis as the response progresses. Chronic hives occur when welts form for more than six weeks and repeatedly recur throughout months or years.

Contact dermatitis: Contact urticaria is characterized by an immediate but temporary localized swelling and redness on the skin upon direct contact with an offending chemical. Contact urticaria should be distinguished from contact dermatitis, which occurs hours to days after contact with the offending agent.

Insect bites: Bug bites may resemble hives in appearance, but hives behave differently. Hives can change shape and move around the body, whereas a bug bite remains in one spot. Rosacea often manifests as redness on the face, with enlarged blood vessels visible.

Urticaria in pregnancy It is unlikely that chronic urticaria would flare up during pregnancy. Pruritic urticarial papules and plaques of pregnancy (PUPPP) and pemphigoid gestationis are special disease of the skin, especially one that does not cause inflammation in pregnancy, with urticaria-like lesions that appear during the second or third trimester of pregnancy and disappear after delivery. Sex hormones may have a role in illness pathophysiology. Frequently Asked Questions What is the quickest approach to get rid of urticaria? Does urticaria go away on its own? What foods are not permitted in urticaria? What causes urticaria? How long does it take for urticaria to go away? What causes hives to develop at night? Can stress cause urticaria? Is urticaria an autoimmune condition? Do hives spread by scratching? Can hives cause hair loss? References Godse KV. Chronic urticaria and treatment options. Indian journal of dermatology. 2009 Oct;54(4):310. Kayiran MA, Akdeniz N. Diagnosis and treatment of urticaria in primary care. Northern clinics of Istanbul. 2019;6(1):93. Schaefer P. Acute and Chronic Urticaria: Evaluation and Treatment. Am Fam Physician. 2017 Jun 1;95(11):717-724. Kanani A, Betschel SD, Warrington R. Urticaria and angioedema. Allergy, Asthma & Clinical Immunology. 2018 Sep;14(2):1-3. Ring J, Brockow K, Ollert M, Engst R. Antihistamines in urticaria. Clin Exp Allergy. 1999 Mar;29 Suppl 1:31-7.

===============================================

Uterine fibroids Also known as Uterine leiomyomas, Fibromas, Leiomyomas Uterine myomas, and Fibroids Overview Fibroids are muscular growths that develop in the wall of the uterus. Women in their reproductive age are most likely to be affected by them.

Fibroids are almost always benign (non cancerous) and do not increase the risk for uterine cancer. Mostly they do not cause symptoms, and a woman with a fibroid is usually unaware of its presence. However, very large fibroids may cause pressure on the bladder and other organs, leading to specific symptoms like heavy menstrual bleeding, back pain, frequent urination, and pain during intercourse.

The risk factors that promote the growth of fibroids include a family history of fibroids, obesity, high blood pressure, early age of commencement of periods amongst others.

As the growth of most fibroids slows as menopause approaches, the health care provider may advise “watchful waiting” if the symptoms are tolerable. However, fibroids associated with significant symptoms require medical intervention. Key Facts Usually seen in Women between 30 to 40 years of age. Gender affected Women Body part(s) involved Uterus Cervix Prevalence World: 4.5% to 68.6% (2018) Mimicking Conditions Adenomyosis (growth within the uterine wall) Endometriosis Ovarian cysts Polyps Necessary health tests/imaging Laboratory tests

Complete blood count (CBC)

Imaging tests

Ultrasonography: Transvaginal and Transabdominal Magnetic Resonance Imaging (MRI) Computed Tomography (CT) scan Hysteroscopy Hysterosonography Hysterosalpingography (HSG) Laparoscopy Treatment Medications Gonadotropin-releasing hormone (GnRH) agonists Leuprolide Zoladex Trelstar Birth control Oral contraceptive pills Intravaginal contraception Intrauterine devices (IUDs)

Progestin-releasing intrauterine device (IUD) Iron supplements: Ferrous bisglycinate Ferrous fumarate Ferrous sulfate

New drugs Elagolix Tranexamic acid

Surgery Noninvasive procedures

MRI-guided focused ultrasound surgery (FUS)

Minimally invasive procedure Radiofrequency ablation (RFA) Uterine artery embolization (UAE) Hysteroscopic myomectomy Robotic myomectomy

Traditional surgical procedures Abdominal myomectomy Hysterectomy See All Symptoms Of Uterine Fibroids

Many women have no symptoms of fibroids. However, sometimes uterine fibroids can be associated with the following signs and symptoms:

Painful periods or heavy bleeding Menstrual periods lasting more than a week Long-term vaginal discharge Frequent urination (this can happen when a fibroid puts pressure on the bladder) Inability to urinate or completely empty the bladder Anemia Constipation Lower back pain Enlargement of the lower abdomen Feeling of fullness in the lower abdomen Reproductive issues, such as infertility, multiple miscarriages, and early onset of labor during pregnancy Complications during pregnancy, which increases the chances of cesarean (C-section) by multiple folds Causes Of Uterine Fibroids

The exact causes of fibroids are not known. Research suggests that fibroids develop from abnormal muscle cells in the uterus. High estrogen levels lead to fibroid development and growth, and low progesterone levels are not able to inhibit their growth. Types Of Uterine Fibroids

There are four major types of uterine fibroids: Intramural fibroids This is the most common type of non-cancerous tumor that grows in the muscles of the uterus. It grows within the uterine wall and can become very large if left untreated. The fibroid can grow in the front (anterior), top (fundal), or back (posterior) of the uterus. Submucosal fibroids This is the rarest type of noncancerous uterine fibroid, which develops in the muscle layer beneath the womb’s inner lining and grows into the cavity of the womb. Subserosal fibroids These fibroids are located outside the lining of the uterus and protrude outward. These fibroids are very common and affect the daily lives of women. Pedunculated fibroids They are the least common type of fibroids that are located outside of the uterus. They’re often depicted as mushroom-like because they have a stalk and a much wider top. Risk Factors For Uterine Fibroids

Fibroids usually grow in women during childbearing age, and research suggests that they may shrink after menopause. Several factors may affect a woman’s risk for having uterine fibroids, including the following: Age Fibroid development becomes more common as women age, especially during their 30s and 40s years of age. Family history Women with a family history of uterine fibroids have a higher risk of developing uterine fibroids. Age of menarche (first period) Research suggests that women who start menstruation earlier are at a greater risk for uterine fibroids. This can be due to increased exposure to estrogen over the years. Obesity Increased body fat, especially abdominal visceral fat enhances the risk of uterine fibroids. Women who are overweight or obese are at higher risk of having fibroids.

Do you want to know the other health risks of obesity? Enlighten yourself

Vitamin D deficiency Research has shown that Vit D deficiency is an important risk factor for uterine fibroids.

Don’t let gaps in your nutrition affect your health. Check out our exclusive range of vitamin D supplements to take care of all your needs. Shop now Diet Certain eating habits including consuming lots of red meat and alcohol as well as not adding fruits and green vegetables in daily routine can increase the risk of fibroids. Stress Stress is the body’s biochemical response to life challenges. To handle the effects of stress, the body produces extra hormones. These elevated rising hormones can stimulate fibroid growth and cause symptoms to flare up.

Read about the various effects of stress on the body. Click here to know Food additive consumption Food preservatives like butylated hydroxytoluene (BHT) contribute to the proliferation of uterine fibroids. This is commonly found in packet cake mixes, potato chips, salted peanuts, and dehydrated mashed potatoes. Soybean milk It is well-known that soybean milk is rich in animal or plant estrogen-like substances, which may exert estrogen-like functions and if estrogen levels are too high it can lead to fibroid growth and development. Oral contraceptives  
Women who take oral contraceptives for a long time have a higher risk of uterine fibroids. Alcohol intake Drinking alcohol can increase the severity and duration of common fibroid symptoms. Many women have also reported increased fibroid pain after consuming alcohol. This is likely due to two major factors, increased inflammation and dehydration. High blood pressure (Hypertension) Hypertension does not directly cause fibroids. Few researchers have suggested that the use of certain anti-hypertensive medications may increase the levels of hormones in the body that can promote the growth of fibroids. It has also been seen that elevated blood pressure may cause smooth muscle wear and tear and thereby increase the risk of uterine fibroid onset or growth. Is your blood pressure under control? Explore our wide range of BP monitors to check your BP at the comfort of your home. Click to shop

Diagnosis Of Uterine Fibroids

Many women having uterine fibroids do not even know about it until it causes some symptoms. Uterine fibroids are frequently found incidentally during a routine pelvic examination. The medical practitioner may feel irregularities in the shape of the uterus, suggesting the presence of fibroids. Medical history During the medical history clinicians first ask about the age of the person and the start of the menses at puberty (menarche). The doctor will also check whether there is any history of fibroids running in the family. Laboratory tests Complete blood count (CBC): The doctor may suggest this test in the case of abnormal menstrual bleeding or to investigate the other potential causes of this. In heavy menstrual bleeding, CBC can help in checking for anemia.

Note: Uterine fibroids lead to heavy menstrual bleeding which causes anemia. A study has reported a case series of life-threatening anemia with hemoglobin levels <2.0 g/dl caused by uterine fibroids and genital bleeding.

Booking your lab tests just got easier. Get all the tests done in the comfort and safety of your home. Find all the tests here Imaging tests Ultrasonography: This is a noninvasive imaging test that creates a picture of the internal organs with sound waves. The sound waves help in taking pictures of the uterus, and checking whether fibroids are present or not. Depending on the size of the uterus, the ultrasound can be performed in two ways: Transvaginal: This test is used to look at a woman’s uterus, ovaries, tubes, cervix, and pelvic area. Transabdominal: This test is used to visualize the liver, gallbladder, kidneys, pancreas, intestine, bladder, uterus, and stomach. Magnetic Resonance Imaging (MRI): This is a noninvasive test that creates detailed images of your internal organs by using magnets and radio waves. This test is helpful in visualizing the size and location of fibroids, identifying different types of tumors, and helping in exploring different treatment options. Computed Tomography (CT) scan: It is an imaging procedure that uses a combination of X-rays and computer technology to visualize images of the inside of the body. Hysteroscopy: It is a procedure to examine the inside of the uterus. The device used is called a hysteroscope, which is a narrow telescope with a light and camera at the end. The device is inserted through the cervix into the uterus and helps in looking the fibroids into the walls of the uterus and the openings of the fallopian tubes. Hysterosonography: This test is also called a sonohysterography and saline infusion sonogram, which uses sterile salt water to expand the uterine cavity. This test uses sound waves to produce pictures of the inside of the uterus and is helpful in visualizing images of fibroids and the lining of the uterus in women. Hysterosalpingography (HSG): This is an X-ray test in which contrast material is injected first and then X-rays of the uterus are taken. HSG is a thin tube that is passed through the vagina and cervix. This test is helpful in determining whether a person’s fallopian tubes are open or blocked and if some submucosal fibroids are present. Laparoscopy: This procedure is also called keyhole surgery or minimally invasive surgery that allows the surgeon to visualize the inside of the abdomen and pelvis without having to make large incisions in the skin. A thin and flexible tube with a camera on the end will be inserted to look closely at your internal organs through the cut made at the lower abdomen. Celebs affected Anoushka Shankar Anoushka Sharma is a well-known sitar player. The music composer said that she had undergone a hysterectomy (removal of the uterus) to remove multiple, benign fibroids. Bethenny Frankel Bethenny Frankel is an American businesswoman, television personality, entrepreneur, and author. She suffered from uterine fibroids and even cited them as a cause of her miscarriage. Prevention Of Uterine Fibroids

Uterine fibroids can’t be prevented. However, the risk can be reduced by making healthy lifestyle choices and undergoing regular pelvic examinations. The following pointers can be helpful in reducing the risk of uterine fibroids: Do’s Monitor your menstrual cycle (duration and frequency) Go for regular screening in case of a family history of uterine fibroids Maintain a healthy weight Add whole grains, vegetables, and fruits to your diet Maintain optimum Vitamin-D levels, by basking in the morning sun and if required adding supplementation Drink plenty of water to flush out toxins Don’ts Eating too much red meat, processed and packaged foods Eatables or drinks loaded with food additives Too much stress in day-to-day life Alcohol consumption

Understand how drinking water can be beneficial for your overall health. Watch this video now

Specialist To Visit Uterine fibroids remain undiagnosed until a few symptoms appear. Doctors that can help you diagnose and treat uterine fibroids include

General physician Gynecologist A general physician can diagnose uterine fibroid during a pelvic examination if the uterus is enlarged or has an irregular shape. It is further confirmed by gynecologists through various diagnostic imaging exams to confirm the presence of these fibroids.

When to see a doctor? You should connect with your doctor if you have the following symptoms:

Painful periods or heavy bleeding Menstrual periods lasting more than a week. Anemia Enlargement of the lower abdomen Chronic vaginal discharge

If you or your loved ones are noticing any of the above symptoms, seek medical help from our trusted team of doctors. Book your appointment now

Treatment Of Uterine Fibroids

There’s no single best approach to uterine fibroid treatment, a combination of different treatment options exists. Treatment for uterine fibroids can involve medication to manage symptoms as well as surgical procedures to remove tumors in a few cases. The best option of treatment depends upon the: The severity of the symptoms The amount of fibroid tissue in the uterus Whether the individual wants to conceive in the future

1. Be watchful of the symptoms Many women with uterine fibroids experience no signs or symptoms, or only mild signs and symptoms that they can live with. In that case, watchful waiting could be the best option. The treatment plan depends on the following options:

Number of fibroids. The size of your fibroids. Location of fibroids Symptoms you are experiencing related to the fibroids The desire for pregnancy. The desire for uterine preservation. 2. Medications Medications for uterine fibroids target hormones that regulate your menstrual cycle and help in treating symptoms such as heavy menstrual bleeding and pelvic pressure. Medications can temporarily ease symptoms but will not eradicate the growth of fibroids. Medicines to manage fibroid symptoms include Gonadotropin-releasing hormone (GnRH) agonists: These medications act by blocking the production of estrogen and progesterone, putting the individual into a temporary menopause-like state. As a result, the menstruation stops and fibroids shrink in size. A few examples of GnRH agonists include Leuprolide Buserelin Triptorelin Nafarelin

Note: These medications are not used for more than 3-6 months because symptoms return when the medication is stopped and long-term use can cause loss of bone.

Birth control: Also known as hormonal birth control in general, can help alleviate fibroid symptoms like heavy bleeding and menstrual pain but not reduce the size of fibroids per se. A few examples of birth control options include Low-dose oral contraceptive pills Intravaginal contraception Progestin-releasing agents: Pills, implant, injection or intrauterine devices (IUD) release a type of the hormone progestin. This may help relieve heavy bleeding caused by fibroids. This method only provides symptomatic relief only and doesn’t shrink fibroids or make them disappear. New drugs: Two new oral therapy drugs have also emerged namely: Elagolix Tranexamic acid

The role of elagolix is the management of heavy uterine bleeding in people who haven’t experienced menopause with symptomatic uterine fibroids. The role of tranexamic acid is an antifibrinolytic drug used for the treatment of cyclic heavy menstrual bleeding in people with uterine fibroids. Analgesics and Anti-inflammatory drugs: Pain relievers known as nonsteroidal anti-inflammatory drugs may be prescribed to ease pain caused by fibroids. A few examples of these drugs are Ibuprofen Naproxen Iron supplements: If a woman is experiencing anemia due to heavy blood loss, doctors may recommend iron supplements.

A few examples of iron supplements are:

Ferrous bisglycinate Ferrous fumarate Ferrous sulfate

Don’t let gaps in your nutrition affect your health. Check out our exclusive range of iron supplements to take care of all your needs. Shop now 3. Surgery There are several factors to consider when opting for different types of surgery for fibroid removal. The choice of surgery is dependent not only on the size, location, and number of fibroids but also on future pregnancies. Some surgeries are noninvasive, some are minimally invasive while few are conventional surgical procedures. Non Invasive surgeries MRI-guided focused ultrasound surgery (FUS): It is a non-invasive procedure that helps in preserving the uterus and requires no incision. Focused ultrasound is not an operation, instead of surgery, high-intensity, focused ultrasound waves are used to heat and destroy fibroid tissue. Note: This procedure is performed while a person is inside an MRI scanner equipped with a high-energy ultrasound transducer for treatment Minimally invasive surgeries Certain procedures can help in destroying uterine fibroids without actually removing them through surgery. Radiofrequency ablation (RFA): In this procedure, radiofrequency energy destroys uterine fibroids and shrinks the blood vessels that feed them. It is a laparoscopic-guided procedure where laparoscopic ultrasound helps in visualizing the inside of the uterus and maps the locations of fibroids during this procedure. After locating the fibroid, the doctor uses a specialized device to heat up the fibrous tissue and hence destroy it. Note: This procedure is considered to be a safer, newer, and noninvasive alternative to hysterectomy and myomectomy Uterine artery embolization (UAE): This is a procedure that treats fibroids without surgery. This is a procedure in which tiny particles (about the size of grains of sand) are injected into the blood vessels that lead to the uterus. The particles cut off the blood flow to the fibroid and cause it to shrink. Hysteroscopic myomectomy: This is the most minimally invasive procedure to treat fibroids. Fibroids are removed through an instrument called a hysteroscope inserted into the uterine cavity through the cervix and vagina. Robotic myomectomy: This is a type of laparoscopic myomectomy (a small incision in or near your belly button from where a laparoscope is inserted which is a narrow tube fitted with a camera into the abdomen) is used to remove uterine fibroids. Note: The larger fibroids can be removed through smaller incisions by breaking them into pieces by a process called morcellation. In all the above procedures, where the uterus is not removed so there is a risk that new fibroids could grow and cause symptoms. Conventional surgical procedures Abdominal myomectomy: This procedure is used in case of multiple fibroids, or very deep fibroids. This is an open abdominal surgical procedure to remove the fibroids but leaves the uterus intact. It involves making an incision through the skin on the lower abdomen and removing the fibroids from the wall of the uterus. Hysterectomy: For women with severe symptoms, or intense fibroid growth based on the size or number of masses, a procedure known as hysterectomy is involved to remove the entire uterus. After undergoing a hysterectomy, a woman does not have a menstrual period and fails to become pregnant. Home Care For Uterine Fibroids Home care goes in hand with the conventional treatment of fibroids. The following pointers can be helpful in managing uterine fibroids:

Diet Research suggests that diets high in the following may be helpful to prevent or slow fibroid growth:

Fibrous fruits: Fruits that are enriched in dietary fibers and fluid content are very beneficial for curing uterine fibroids. The fiber that is enriched in the fruits helps in eliminating the toxins and the excess estrogen from the body. One should include apples, bananas, raspberries, strawberries, and blueberries in the diet. Apricots and pineapple are also very rich in anti-inflammatory properties that effectively help in managing uterine fibroids. Whole grains: The grains are helpful in releasing the excess estrogen from the body. Grains like oats, brown rice, barley, and quinoa have healing effects in maintaining uterus health. Eggs: They are rich in proteins and omega-3 fatty acids. Consuming 1-2 eggs daily promotes the good health of the uterus. Eggs have healing properties that contribute to the condition of uterine fibroids. Green tea: Green tea is known to contain two compounds bioflavonoid and epigallocatechin-3-gallate (EGCG). Many studies have shown that the bioflavonoid present in green tea helps in reducing the size and the number of fibroids in the uterus.

Get to know the Eight Amazing benefits of green tea that can do wonders in your lifestyle. Click to know Special ingredients The following natural ingredients are known to do wonders for female reproductive health including management of uterine fibroids. However, make sure to consult your doctor before consuming them. Chasteberry tincture Chasteberry or chaste tree berry is commonly known as Vitex. It is effective in dealing with heavy menstrual flow, cramps, and some other symptoms of uterine fibroids. Taking 20-30 drops of chasteberry tincture twice a day for about two months can shrink small to medium-sized uterine fibroids. Black Cohosh Several studies have shown that black cohosh has been used extensively in dealing with gynecological problems. It helps in lowering the estrogen level and increasing the progesterone level, therefore, reducing the development of fibroids and causing the shrinking of fibroids too. Black Cohosh root powder can be consumed every day in the form of tea or tablet and helps to get rid of the fibroids naturally. Exercise Regularly exercising will ensure that toxins are eliminated from the uterus, hence very effective in shrinking the fibroids. Since a person is working out to manage the symptoms, avoid workouts that can make the symptoms worsen. Stay away from moves that put pressure on the stomach. Stay away from lifting heavy weights, since this type of exercise can push more blood into your abdomen and lower body and increases the fibroid blood supply One of the ways to manage fibroids is with cardiovascular exercises like walking, jogging, or swimming. Engaging in cardio is a great way to manage fibroids because the exercise makes you feel happy while maintaining a healthy weight. Did you know? A recent study has shown that women with fibroids are more likely to have cardiovascular risk factors than women without fibroids. Therefore, it is important to boost your heart health through cardiovascular exercise when you have fibroids. Engaging in cardio exercise is a great way to manage weight and maintain heart health as well. Complications Of Uterine Fibroids

Most women do not experience any symptoms of fibroids, but in rare cases, the fibroids can cause significant problems. Anemia: Also called a lack of red blood cells, which can lead to fatigue, dizziness, shortness of breath, or a rapid heartbeat if left untreated. Issues during pregnancy: If fibroids are present at the time of pregnancy it can lead to problems with the development of the baby or difficulties during labor. Miscarriage: In very cases, fibroids can cause miscarriage (the loss of a pregnancy during the first 23 weeks). Infertility: The inability to become pregnant may occur in cases where a woman has large fibroids. Cardiovascular diseases: Women with fibroids have thicker arteries and hence, the risk of cardiovascular diseases like heart attack and stroke is increased. Alternative Therapies For Uterine Fibroids

Acupuncture This procedure involves the insertion of very thin needles through your skin at strategic points on the body. It is beneficial in promoting blood flow in the uterus and helping to reduce fibroid sizes. Yoga Yoga has an amazing remedial effect on uterine fibroids. The following yoga asanas are highly recommended for uterine fibroids:

Bhujangasana (Cobra Pose) Paschimottanasana (Seated forward bend) Baddha Konasana (Bound Angle Pose) Living With Uterine Fibroids

Uterine fibroids are benign noncancerous growths in the uterus that can cause frustrating symptoms like heavy bleeding, pain, etc. These symptoms can affect the quality of life as well as mental health. Some of the tips that can help in managing the symptoms of uterine fibroids in women:

Handle heavy menstrual flow and its effects One of the hallmarks of uterine fibroids is heavy menstrual bleeding. High blood loss each month can deplete the body’s iron stores over time. Low iron can lead to iron-deficiency anemia, which causes weakness, and tiredness and affects the oxygen supply to the vital organs.

If a woman is undergoing heavy periods get regular blood tests to make sure the iron levels are within healthy limits. In the case of low levels iron supplements are recommended.

Get all types of iron supplements with just a single click. Click here now Relieve pelvic pain If someone is facing mild mental health symptoms some of the strategies that can help in coping with the effects are: Engage in regular exercise that can help reduce stress and fight mild or moderate depression Lack of sleep can affect mental health. Make your sleep a priority and sleep for at least 7-8 hours Struggling to fall asleep? Read about some amazing tips that will help you sleep like a baby. Explore tips

Avoid or limit the intake of caffeine in the form of coffee, tea, and energy drinks which can make the anxiety symptoms worsen Incorporate foods in the diet that can help in reducing stress and anxiety-like high in omega-3 fats and vitamin B complex.

Try these six wonderful herbs to beat stress and anxiety. Click here to know Seek medical help Keep a close eye on the health and the menstrual cycle. Seek medical help if you experience symptoms like Bleeding between periods Pain during urination Signs of anemia

Here are a few signs of anemia that you might be ignoring.

Do you go through the feeling of a sudden urge to eat? Do you face concentration issues? If your answer to all of these questions is YES, then it’s time to wake up and get your health checked! Click here to know more

Frequently Asked Questions What to avoid if you have fibroids? What organ is affected by fibroids? What size of fibroids causes problems? At what age do fibroids occur? At what age do fibroids shrink? Can fibroids turn cancerous? References Gao, Mei & Wang, Hui. (2018). Frequent milk and soybean consumption are high risks for uterine leiomyoma: A prospective cohort study. Medicine. 97. Kawano M, Okamoto M, Yano M, Kawano Y. Life-threatening anemia due to uterine fibroids: A case series. Exp Ther Med. 2022 Sep 12; Millien, C., Manzi, A., Katz, A.M. et al. Assessing burden, risk factors, and perceived impact of uterine fibroids on women’s lives in rural Haiti: implications for advancing a health equity agenda, a mixed methods study. Int J Equity Health 20, 1 (2021). Velez Edwards DR, Baird DD, Hartmann KE. Association of age at menarche with increasing number of fibroids in a cohort of women who underwent standardized ultrasound assessment. Am J Epidemiol. 2013 Aug 1 Vines AI, Ta M, Esserman DA. The association between self-reported major life events and the presence of uterine fibroids. Womens Health Issues. 2010 Jul-Aug;20 Mohapatra S, Iqubal A, Ansari MJ, Jan B, Zahiruddin S, Mirza MA, Ahmad S, Iqbal Z. Benefits of Black Cohosh (Cimicifuga racemosa) for Women Health: An Up-Close and In-Depth Review. Pharmaceuticals (Basel). 2022 Feb 23. Marsh EE, Al-Hendy A, Kappus D, Galitsky A, Stewart EA, Kerolous M. Burden, Prevalence, and Treatment of Uterine Fibroids: A Survey of U.S. Women. J Womens Health (Larchmt). 2018 Nov;27(11):1359-1367.doi:10. Laughlin-Tommaso SK, Fuchs EL, Wellons MF, Lewis CE, Calderon-Margalit R, Stewart EA, Schreiner PJ. Uterine Fibroids and the Risk of Cardiovascular Disease in the Coronary Artery Risk Development in Young Adult Women’s Study. J Womens Health (Larchmt). 2019 Jan. What are the risk factors for uterine fibroids? National Institute of Child Health and Human Development. February 2018. Uterine Fibroids. Women’s Health. February 2021. S Han, E K Choi, K D Han, H J Ahn, S Kwon, S R Lee, S Oh, Increased risk of atrial fibrillation in patients with uterine fibroids: a nationwide population-based study, European Heart Journal, Volume 43, Issue Supplement\_2, October 2022

===============================================

Cataract Also known as Nuclear sclerotic cataract, Cortical cataract, Posterior subcapsular cataract, and Congenital cataract. Overview

A cataract is an eye ailment in which the clear eye lens becomes opaque, obstructing light from passing through and causing a decrease in vision. For people with cataracts, gazing through foggy lenses is comparable to looking through a frosty or fogged-up window.

The majority of cases affect older people, while occasionally, younger people might also be affected. Various factors can cause cataracts, such as smoking, ultraviolet radiation, certain diseases like diabetes, trauma, radiation therapy etc. Cataracts can seriously impede daily activities; if untreated, they might even result in blindness.

Based on the severity of the medical condition, the doctor might ask you for prescription glasses or surgery if required. While prescription glasses cannot directly treat cataracts, they can aid in correcting blurry vision and other problems caused by cataracts.

Surgery is performed when the visual loss due to a cataract severely impacts the patient’s quality of life. Cataract surgery is usually safe and effective, significantly improving vision. Key Facts Usually seen in Adults above 50 years of age Gender affected Both men and women but more common in women Body part(s) involved Eyes Prevalence World: 17.20% (2020) Mimicking Conditions Glaucoma Refractive errors Macular degeneration Diabetic retinopathy Corneal dystrophies and degenerations Optic atrophy Retinitis pigmentosa Necessary health tests/imaging Visual acuity test Refraction test Cover test Slit-lamp test Pupil dilation test Tonometry test Contrast sensitivity testing Glare testing Color vision testing Potential acuity testing Spectacular photographic microscopy Treatment Prescription glasses Surgery See All Symptoms Of Cataract

The symptoms of cataract include: Blurred vision Cloudy, foggy, or filmy vision Double vision or ghosted image out of the eye with cataract Need for brighter light to read Glare (Seeing a halo around lights), especially when you drive at night with oncoming headlights). Poor night vision (difficulty seeing at night) Colors don’t look as bright as they used to Did you know? Air pollution can be a culprit leading to cataract. Read this to know more Causes Of Cataract

A cataract is a lens abnormality characterized by decreased transparency and increased cloudiness. The eye’s lens is usually clear and made of mostly water and protein.

Crystallins are the main proteins that make the lens and the lens surfaces. They are responsible for the lens’s refractive function. These proteins are arranged in a particular fashion that keeps the lens clear and allows light to pass through it. This helps the lens to focus a clear image onto the back of the eye or retinal surface.

Changes in the arrangement and alterations in the character of the lens proteins result first in increasing rigidity of the lens and eventually causing cataract. Types of Cataract

Cataracts are classified based on the location and how they develop in the eye.

There are four major types of cataracts mainly:

Age-related cataract It is the most common form of cataract. It usually develops in individuals > 50 years of age. Ageing can cause natural changes in the lens of your eye. Secondary cataract These cataracts are associated with diseases like diabetes or an eye problem (like glaucoma (increased pressure in the eye), eye infection, etc.). In some cases, medications such as steroids can cause this cataract. Childhood cataract Although cataracts are rare in children, your child may be at greater risk if you have a family history of childhood cataracts. It can affect one or both eyes (bilateral). In some cases, these cataracts are small and don’t cause any trouble with vision. Risk Factors For Cataract

There are several risk factors for cataract development that can be classified as: Age Age-related (or senile) cataract is defined as a cataract occurring in people >50 years of age. It becomes progressively more severe and frequent in the elderly and is responsible for 48% of world blindness. Gender Women are at a higher risk for most cataracts than men, probably due to a lack of estrogen (reproductive hormone) in post menopausal years.

Racial or ethnic groups In comparison to Europeans, white people and persons with Asian ancestry have higher prevalence rates.

Genetics Genes play an important role in the development of cataract. If your parents had cataract then there is a chance that you might also get cataract.

Traumatic injury Damage to your lens because of serious injury to the eye can lead to cataract. This cataract can form quickly after the injury or take many years.

Certain Medications Studies suggest that long term use of corticosteroids can lead to cataracts.

Smoking The ill effects of smoking on the lungs are known to all. It is a known major risk factor for cataract as well.

Alcohol consumption Alcohol increases the risk of cataracts as the lens is sensitive to the direct toxic effects of alcohol. Radiation Certain types of radiation, like ultraviolet (UV) rays from the sun and radiation therapy for cancer, may predispose to cataract. Systemic diseases Disorders that increase the risk of the development of cataract include:

Diabetes: Poor control of diabetes mellitus (DM) is linked to several eye complications, including cataracts.

Get first-hand information on everything related to diabetes Watch This vedio Now

Hypocalcemia: Decreased amount of calcium in the blood can cause eye changes, leading to cataracts.

Hypothyroidism: It refers to a decrease in thyroid hormone production. Though very rare, evidence suggests that hypothyroidism can cause cataracts.

Severe dehydration and diarrhea Severe dehydration, especially at a young age, can lead to cataract. The risk also increases with serious episodes of diarrhea.

Learn more on tips to avoid dehydration Click Here

Diet lacking proper nutrition Malnutrition and a diet deficient in antioxidants and vitamins increase the risk of the development of cataract.

Read about the benefits to reap from a healthy diet. Tap Now

Maternal and fetal factors Malnutrition and infections like rubella, toxoplasmosis, etc. have been associated with cataracts during pregnancy or early infancy. Other factors Some of the lesser-known factors include: Certain skin disorders and allergies Oxidative stress (imbalance in antioxidants in your body) High cholesterol levels Errors in copper metabolism Hormone replacement therapy Drug abuse Ingestions of toxins Did you know? Cataract development is 2-3 times more likely in smokers when compared to non smokers. Learn about 5 ways your body reacts when you stop smoking. Click now Diagnosis Of Cataract

Cataracts are visible during clinical evaluation of the eye. The following steps are used evaluate cataracts: 1. History taking

Your healthcare provider will ask about your health history, which comprises the following: Your chief complaint, i.e. a decrease in vision, any family history of cataract a Past eye history Any systemic disease causing or aggravating the symptoms Your current medications

1. Comprehensive eye examination The comprehensive eye exam will include dilation(eye drops will widen your pupils) to examine the eye. Tests include: Visual acuity test: This is the eye chart test. It checks for the ability to see from different distances. Refraction test: This test assesses the sharpness and clarity of vision. Both eyes are tested individually for their ability to see letters of varying sizes. Cover test: This test is used to determine if you have a squint as a faulty vision caused by cataract can lead to a squint. Slit-lamp test: This exam is used to detect issues such as cataracts, eye injuries, and a lens clouding.
2. Other eye investigations Visual acuity test: The test measures how well your distant vision is. Pupil dilation test: This test is done to purposefully widen the pupils so that the eye doctor can examine the eyes thoroughly. Tonometry test: This test measures the fluid pressure in the eye. Contrast sensitivity testing: This test is similar to the visual acuity test and is based on differentiating between shades of grey. Glare testing: It is based on the fact that vision in different light settings may be altered in cataracts. Color vision testing: This helps detect acquired color vision defects. Potential acuity testing: This gives an idea of vision after cataract removal. Spectacular photographic microscopy: This is done before cataract surgery to see the health of the endothelium. Celebs affected Amitabh Bachchan Amitabh Bachchan is a renowned Indian actor, who had been suffering from cataract. He tweeted “Saviour Dr Himanshu Mehta and his dexterity with the very latest medical machinery to remove cataracts despite the age-related soft tissues of mine. Any delay in these corrections can lead to blindness. So some advice .. get it done before it gets too late”. Yash Gera Yash Gera is an Indian model, actor, anchor, and DJ (disc jockey), who suffered from cataract. He said “Cataracts don’t usually strike young people. The surgery is over and for a month, I will have to wear glasses except when shooting. I have resumed work, but avoid make-up so that chemicals don’t enter my eyes.” Prevention Of Cataract

There is no prevention for cataract. However, a few tips that can help to lower the risk of developing cataract and slow down its progression are as follows:

Eat a healthy, well balanced diet The diet should include the following- Vitamins C: Good sources of vitamin C include citrus fruits, lemon, tomatoes, kiwifruit, broccoli, potatoes, strawberries, kale, bell peppers, guava, etc.

Check out our broad range of vitamin C supplements. Tap Here

Beta-carotene- Beta-carotene is a rich source of vitamin A, which is indispensable for eye health. Good sources include carrots, sweet potatoes, and apricots.

Not just for your eyes, carrots are great for your overall health too. Know More

Vitamin E: It protects the eyes from harmful chemicals. Food items rich in vitamin E include tree nuts, peanuts, sunflower seeds, vegetable oils, green leafy vegetables, etc.

Fill your gap in nutrition with our Vitamin E range. Explore Now Antioxidants: They are best recognised for shielding your eyes from UV rays and dangerous blue light. Foods high in antioxidants good for the eye include sweet corn, red grapes, spinach. Omega-3 fatty acids: These are key for maintaining healthy eyes. They also slow the progress of cataracts. Fatty fish, fish oils, flax seeds, chia seeds, flaxseed oil, and walnuts are bountiful sources of omega-3 fatty acids. Supplements can also be consumed to meet your daily requirement of omega 3s.

Tap to explore our wide range of omega and fish oil supplements. Click Here

Carbohydrates: It is advised to have a low-carb diet. Because a high-carbohydrate diet may hasten cataract progression.

Quit smoking Smoking is known to increase your risk of developing cataracts. The sooner you get rid of this habit, the more your body will thank you.

Our smoking cessation product range can help you in your journey to quit smoking. Tap Here

Wear sunglasses Prolonged exposure to the sun’s harmful UV rays can damage the proteins in the lens of your eye. Wearing sunglasses not only accentuates your fashion game but also protects your eyes.

Limit alcohol intake Alcohol speeds up your body’s inflammatory response and has dehydrating effects, which could harm the proteins in your eye’s lens.

Keep blood sugar level under control Cataracts are more prone to occur in diabetics, especially if blood sugar levels are uncontrolled.

Our extensive range of products can help to keep your sugar levels in check. Fill Your Cart Now

Use steroid medications only under medical supervision Prolonged use of prednisone and other steroid medications prescribed for many medical conditions can increase the chance of developing cataracts.

Read about dos and don’ts to follow if you are on steroids. Click Here

Get regular eye checkups To preserve eye health, it is better to go for frequent eye exams. An ophthalmologist can see any changes in your eyesight or ocular health even before any noticeable signs or symptoms occur. Specialist To Visit

For proper diagnosis and treatment of cataract, you can visit the following specialists: Ophthalmologist Optometrist

An ophthalmologist is a specialist in the branch of medicine concerned with studying and treating disorders and diseases of the eye. Optometrists are trained to examine and detect defects of eyes.

Want to know more about types of eye specialists? Click Here

When to see a doctor? It is of important to visit your doctor at the earliest in case you experience the following: Blurry vision Seeing double or a ghosted images Extra sensitivity to light Having trouble seeing properly at night Needing more light to read Seeing bright colors as faded or yellow.

If you notice any such symptoms, seek medical advice immediately, and consult our trusted team of doctors. Book A Consult Now Treatment Of Cataract

The choice of treatment depends on the level of opacity that makes it difficult to do basic everyday tasks. These are the options available: Prescription glasses Prescription glasses along with sun shades to reduce the sensitivity to light, and magnifying lenses can help the vision to some extent.  
While prescription glasses cannot directly treat cataracts, they can aid in correcting blurry vision and other problems caused by cataracts.

Surgery Surgery is almost always required if visual acuity is less or if there is a medical reason like glaucoma or retinal detachment that negatively affects the eye’s health. Cataract surgery is a permanent solution that successfully enables the patient to see again normally. It involves the removal of the affected lens, which is replaced with an artificial lens.

Note: Many health conditions require optimisation before surgery for better results, such as diabetes, high blood pressure (hypertension), etc.

Keep a tab on your blood pressure (BP) level with our widest range of BP monitors. Shop Now

Complications Of Cataract

Cataract cause multiple complications discussed as follows: Disease-related complications

Corneal ulceration: It is an open sore on your cornea (the transparent part of the eye that allows light to enter the inside)

Corneal perforations: It is a potentially devastating complication that can lead to corneal melting

Iritis: It is swelling and irritation in the colored ring around your eye’s pupil Subluxation of the lens: The lens is considered subluxed when it is partially displaced but remains within the lens space

Secondary glaucoma: Any form of glaucoma in which there is an identifiable cause of increased eye pressure, resulting in optic nerve damage and vision loss

Blindness: Cataract is the leading cause of blindness, accounting for 50% of blindness worldwide.

Surgery-related complications

Uveitis: It refers to eye inflammation of the uvea, which is the middle layer of the eye wall, between the retina and the sclera (white of the eye).

Posterior capsular thickening: It occurs when a cloudy layer of scar tissue forms behind the lens implant. It is common within the first 6 months after surgery.

Aphakia: It means not having a lens inside your eye. Absence of lens can make the eye out of focus, and vision blurry. It can be caused by surgery for cataracts.

Glaucoma: Cataract surgery can increase the eye’s pressure. This can damage the eye’s optic nerve, leading to glaucoma.

Retinal detachment: Retinal detachment is a condition that develops when the retina, a light-sensitive tissue in the back of the eye, is yanked away from its normal location.

Hyphema: It is the accumulation of red blood cells (RBC) in the anterior chamber of the eye.

Corneal burn: Also known as eye burn, it can result when certain chemicals used during the procedure come into contact with your eyes.

Opacification: Often referred to as “secondary cataract,” it is the most common postoperative complication of cataract. Did you know? Cataract has its share of myths and misconceptions. Time to bust these myths related to cataract! Click Here Alternative Therapies For Cataract

Non-surgical cataract treatment options can successfully minimise the impact of cataracts and slow their progression. However, they cannot make cataracts go away. These alternative therapies for cataracts may include:

Homeopathy This therapy can provide some symptomatic relief. Homeopathy medicines work by diluting the protein accumulation in the lens and, thus, preventing the protein clumping resulting in clouding.

6 homeopathy facts you must Know Click Here Living With Cataract

Cataracts tend to develop gradually as you age and aren’t usually painful. They won’t usually cause vision loss initially, but you’ll probably start to notice clouding in your sight, which can be concerning.

Regular eye tests are the best way to detect any eye health problem, as early symptoms might not be noticeable initially.

Cataracts may impact your day-to-day work, especially if your job involves a lot of screen time. There are some reasonably small lifestyle changes you can make to help you manage cataracts, such as:

Stronger prescription eyeglasses. Use brighter lights at home and work. Wear anti-glare sunglasses. Use magnifying lenses for reading and other activities that require up-close vision. Time off for appointments and checkups

Cataracts may also affect your driving ability. You might experience glare or halos around bright lights such as headlights and street lights, making night driving harder. So it would be best if you were more careful when driving.

Cataract surgery successfully restores vision in most people. Corrected vision will positively impact life’s social and emotional spheres. Home-care For Cataract

The majority of the time, cataract surgery effectively restores vision. To prevent infection, postoperative care is crucial during the healing process.

Here are a few tips for rapid recovery: Try to stay away from dirt and dusty areas. Avoid strenuous or heavy activities such as vigorous exercise or heavy lifting for the initial few days post-surgery. Avoid driving until your doctor examines you and permits you to resume driving. Take your medications such as antibiotics, anti-inflammatory eye drops or other medications precisely as advised by ophthalmologists. Use protective eye shields or sunglasses outdoors. Do not rub your eyes. Avoid swimming or hot tubs for the initial weeks post-surgery. Avoid using eye makeup without consulting the ophthalmologist. Follow up with your doctor as scheduled on day 1, week 1, and week 3 Frequently Asked Questions What happens if you leave cataracts untreated? Are cataracts considered a disability? Are cataracts hereditary? Do cataracts affect brain function? Will cataract surgery correct my vision? References Cataracts - Emma Nash, 2013 - sage journals [Internet]. [cited 2022Nov22]. Available from: Cataract - statpearls - NCBI bookshelf [Internet]. [cited 2022Nov24]. Available from: (Boyd K. What are cataracts? [Internet]. American Academy of Ophthalmology. 2022 [cited 2022Nov24]. Available from: Types of cataract. National eye institute. Aug 2019.Available from: Yu S, Chu Y, Li G, Ren L, Zhang Q, Wu L. Statin use and the risk of cataracts: A systematic review and meta-analysis [Internet]. Journal of the American Heart Association. U.S. National Library of Medicine; 2017 [cited 2022Nov22]. Available from: Cumming RG, Mitchell P. Medications and cataracts. The Blue Mountains Eye Study. Ophthalmology. 1998;105(9): Available from: Yu X, Lyu D, Dong X, He J, Yao K. Hypertension and risk of cataract: A meta-analysis [Internet]. PloS one. U.S. National Library of Medicine; 2014 [cited 2022Nov22]. Available from: Alcohol, oxidative stress, and free radical damage [Internet]. National Institute on Alcohol Abuse and Alcoholism. U.S. Department of Health and Human Services; [cited 2022Nov22]. Available from: Javitt JC, Wang F, West SK. Blindness due to cataract: epidemiology and prevention. Annu Rev Public Health. 1996;17:159-177. Harvard Eye Associates. What are the 3 types of cataracts?: Three types of cataracts: Harvard Eye [Internet]. Harvard Eye Associates. 2021 [cited 2022Nov22]. Available from: Risk factors and types of presenile cataract in … - IJRR) journal [Internet]. [cited 2022Nov25]. Available from: Porter D. What is a slit lamp? [Internet]. American Academy of Ophthalmology. 2019 [cited 2022Nov22]. Available from: Associate R. Etiopathogenesis of Cataract: An appraisal : Indian Journal of Ophthalmology [Internet]. LWW. [cited 2022Nov25]. Available from: Porter D. What is a slit lamp? [Internet]. American Academy of Ophthalmology. 2019 [cited 2022Nov22]. Available from: Complications of cataract surgery - chan - 2010 - wiley online library [Internet]. [cited 2022Nov24]. Available from: Jain S, Rajshekar K, Aggarwal A, Chauhan A, Gauba VK. Effects of cataract surgery and intraocular lens implantation on visual function and quality of life in age-related cataract patients: A systematic review protocol - systematic reviews [Internet]. BioMed Central. BioMed Central; 2019 [cited 2022Nov22]. Available from: Services 1SBMV. The prevalence and risk factors for cataract in rural and… : Indian Journal of Ophthalmology [Internet]. LWW. [cited 2022Nov25]. Available from: Lam D et al. Cataract. 2015 | VOLUME 1. Available from: Neoretina Blog [Internet]. Post Cataract Surgery- A post-operative care guide; [cited 2022 Dec 15]. Available from:

===============================================

Constipation Also known as Costiveness, Dyschezia Overview Constipation is a common health problem that causes difficulty in passing stools and emptying the bowels. Almost everyone goes through constipation at some point in their lives. While constipation is uncomfortable, it is usually considered a symptom rather than a disease in itself. The various causes of constipation include diet that is not sufficient in fiber content, inadequate fluid intake, sedentary lifestyle, stress or sometimes an effect of some underlying medical condition of intake of specific medicines.

Prevention of constipation is centred around change in dietary and lifestyle habits. One should eat a high fiber diet comprising fruits, vegetables, legumes and whole grains. Restrict foods such as processed and packaged foods, milk and meat products.

Maintaining optimal fluid intake along with restricting intake of alcohol and caffeine in the form of coffee and soft drinks can also help in preventing constipation. Exercise regularly, do not delay the urge to pass stools and try to manage your stress levels. Along with these changes, treatment of constipation involves many home remedies and use of over the counter laxatives. If relief from constipation is still not achieved, or in case of problems like pain while passing stools or rectal bleeding, it is always better to consult a doctor as long term use of laxatives or chronic constipation can lead to several other complications. Key Facts Usually seen in Adults above 60 years of age Gender affected Both men and women but more common in women Body part(s) involved Intestine Anus Rectum Prevalence World: 15% (2020) Mimicking Conditions Ulcerative Colitis Microscopic Colitis Crohn’s Disease Lactose Intolerance Celiac Disease Gallstones Pancreatitis Endometriosis Cow’s milk protein allergy Necessary health tests/imaging Blood tests to check for hemoglobin, thyroid stimulating hormone (TSH), calcium, glucose Stool Examination Abdominal X-ray, CT scan or MRI of the colon Barium enema study Defecography Magnetic resonance imaging defecography Colonic transit (marker) studies Colonoscopy Treatment Bulking agents: Psyllium husk & Bran Lubricants: Mineral oil Stool softeners: Docusate sodium Osmotic laxatives: Lactulose, Lactitol or Polyethylene glycol Stimulant laxatives: Sodium picosulfate & Bisacodyl Enemas: Phosphate enema, Mineral oil enema Suppositories Chloride channel activators: Lubiprostone See All Symptoms Of Constipation

The symptoms of constipation include: Reduced bowel movement of less than three times a week Passing hard and lumpy stools Straining while passing stools Feeling of fullness, even after passing stools Feeling of not able to completely evacuate the stools from the rectum Feeling of a blockage in the rectum that prevents passing of stools Some people may even need digital evacuation of stools Bloating Feeling sluggish Abdominal pain Causes Of Constipation

Some of the common cases of constipation include:

1. Poor dietary habits One of the common causes of constipation is poor dietary habits that can affect bowel movements. If your diet fails to include foods rich in fibre such as fruits and vegetables in the right quantity, it can affect digestion and passing of stools. This is because fibre acts as a natural laxative, which holds water in the stool, increases its bulk and makes it easy to pass.
2. Insufficient fluid intake Lack of sufficient water in the body can lead to dehydration is another factor that can cause constipation. When you suffer from dehydration, the body tries to conserve water by removing water from the stools. As a result, the stools contain less amount of water, which makes it harder to pass them from rectum.
3. Use of certain medicines Constipation can be caused as a side-effect of certain medicines such as iron salts, opioids, sedatives, over the counter antacids and some of the drugs used to lower blood pressure. So if you are taking any of these medicines, then do consult your doctor. He may either change the dosage of the medicines or help you treat constipation with medicines or laxatives.

The list of certain medicines that can cause constipation include: Paracetamol - if more than seven tablets are taken in a week Nonsteroidal anti-inflammatory drugs (NSAIDs) like ibuprofen Iron and calcium supplements Aluminum-containing antacids Anticholinergic agents or medicines that oppose the actions of the neurotransmitter acetylcholine. These include drugs for Parkinson’s disease, depression, delusions, hallucinations, and muscular spasms. Anticonvulsants (drugs used to treat seizures) such as carbamazepine, phenobarbital, and phenytoin. Cancer drugs such as vinblastine, vincristine, vindesine, and vinorelbine Calcium-channel blockers such as verapamil Water pills (diuretics) such as furosemide

1. Underlying medical conditions Constipation can be caused by various health conditions like the following: Irritable bowel syndrome Endocrine disorders like Diabetes, Hypothyroidism, Hyperparathyroidism, Hypercalcemia, Hypokalemia, insufficient production of pituitary hormones Tumor of the adrenal gland Delayed emptying of the colon caused by pelvic floor disorders and colon surgery Diverticular disease Bowel obstruction Narrowing of colon or bowel stricture Colorectal cancer Other abdominal cancer that presses on the colon Rectal cancer Lazy bowel syndrome in which there is slow movement of waste through the digestive tract Neurogenic disorders like spinal cord injury, stroke, multiple sclerosis, Parkinson’s disease, brain injury etc. Structural defects in the digestive tract like fistula, imperforate anus, malrotation etc. Diseases like amyloidosis, lupus erythematosus, and scleroderma
2. Overuse of laxatives Laxatives are common medicines used to treat constipation. In most cases, people with this condition do not consult a doctor but use laxatives to get rid of constipation. However, it is reported that overuse of laxatives is not good for your health. People who use laxatives frequently tend to lose the ability to pass stools without such aids. Hence, in the long run, it can lead to more use of laxatives and an increased risk of constipation.

The use of conventional laxatives, as a first step for the treatment of constipation, are not effective in many cases. Moreover, laxatives can cause drug interactions with other medications. Risk Factors For Constipation

The risk factors for constipation include: Age - constipation is more common in older adults Gender - constipation occurs more frequently in women Resisting or delaying the urge to pass stools Travel or other changes in daily routine Less physical activity - people with more sedentary lifestyle are more likely to have constipation Stress Depression or any eating disorder Pregnancy especially during the last months During menopause

Constipation is a common symptom during pregnancy, but this doesn’t mean that every pregnant woman will suffer from constipation. So, if you are pregnant and suffering from constipation, here’s a quick guide with tips to help control the condition. Read More! Diagnosis Of Constipation

The diagnosis of constipation depends largely on the patient’s history. The doctor will take: Medical history (other health problems and medications taken) Dietary history (intake of fiber and water) Symptoms history (duration and severity) Physical examination This may include

1. Abdominal examination in which the abdomen may be examined for distension. The enlarged or swollen bowel may point towards constipation.
2. Rectal examination may be done to look for scars, hemorrhoids, fistulas or fissures around the perineum, the area between anus and scrotum (in males) or vulva (in females).

Laboratory test

These tests may be done to look for underlying conditions that cause constipation. These may include:

1. Blood tests to check for hemoglobin, thyroid stimulating hormone (TSH), calcium, and glucose levels to reveal signs of risk factors like anemia, hypothyroidism, hyperparathyroidism, diabetes etc.
2. Stool Examination to check for any signs of infection, inflammation, and cancer.
3. Radiology tests such as Abdominal X-ray, CT scan or MRI of the colon to assess the length and width of the colon or any lesion that may cause obstruction.
4. Barium enema study is an imaging study that uses x-rays along with an enema (containing barium) to detect abnormalities inside the colon. The contrast solution containing barium is injected into the rectum. Barium enema produces better images as compared to other imaging studies.
5. Defecography is a modification of the barium enema examination. A thick paste of barium is inserted into the rectum of a patient through the anus. This procedure then examines the process of defecation and gives information about anatomical abnormalities of the rectum and pelvic floor muscles during defecation.
6. Magnetic resonance imaging defecography is one of the latest tests for evaluating defecation. It is similar to barium defecography, however, MRI is used instead of X-rays to provide images of the rectum during defecation.
7. Colonic transit (marker) studies involve consuming a small amount of a radioactive substance usually in the form of a pill, and then tracking the amount of time and how the substance moves through the colon.
8. Colonoscopy or endoscopy of the colon is a diagnostic method in which a long, flexible, lighted tube is inserted through the rectum to get an internal view of the colon. During this procedure, biopsy may also be taken to test for cancer or any other problem. Prevention Of Constipation
9. Eat a high fiber diet comprising fruits, vegetables, legumes and whole grains. Restrict foods with low amounts of fiber such as processed and packaged foods, milk and meat products.
10. Drink a minimum of 8 glasses of water during a day. Restrict intake of alcohol and caffeine in the form of coffee and soft drinks as they tend to dehydrate the body.
11. Stay active and exercise regularly
12. Do not delay the urge to pass stools
13. Try to manage stress Specialist To Visit

In most cases, constipation improves on its own with simple changes in diet. However, consult a doctor if you have 1. Had less than three bowel movements in a week 2. Pain while passing stools 3. Rectal bleeding

Doctors/specialists who can help in the diagnosis and treatment of constipation are: General Physician Gastroenterologist Pediatrician(in case of children) Is Constipation Not A Serious Condition? Though, many times it is taken lightly, it should not be ignored. It may not lead to life-threatening complications, however, untreated constipation can cause painful hemorrhoids and anal fissures. Constipation should never be avoided as its persistence can severely impact a person’s day-to-day chores. Consult the right expert. Book Appointment! Treatment Of Constipation

Treatment for constipation mainly includes lifestyle changes and medications to soften the stools or stimulate its movement through the colon. Mild constipation gets better with lifestyle modifications. However, severe constipation may require medications.

1. Lifestyle modifications Constipation can be easily avoided by making a few changes to our daily habits including diet and lifestyle. These include:

Dietary Changes First and foremost, drinking at least 3 litres of water is a must for adults. Water hydrates the body and softens stool and aids its movement from the colon. Include fibre-rich vegetables like carrots, cabbage, cauliflower, broccoli, spinach, varieties of gourd etc. in your diet. Blanch the veggies and sprinkle on some seasoning and spices. Have portions equivalent to 250-300 grams daily. A fruit a day will keep constipation blues away. Besides containing dietary fibre, fruits like orange, apple, papaya, dates, figs etc. are packed with nutrients. Substitute white rice and polished wheat with whole grain products like brown rice and unpolished wheat. Oats also have similar qualities. Eat a cup full of these healthy grains daily to fight constipation. Here is a list of food to avoid during constipation. Read More!

Lifestyle Changes Using the toilet at a fixed time every day will trick the body’s biological clock into creating a routine to defecate effectively. The morning is the best time to get started in this regard. Avoid alcoholic drinks as much as possible. Alcohol dehydrates the body and causes stool to harden. Start exercises like jogging, cycling, running and swimming to boost your metabolic rate and fight constipation. Lessen or eliminate the consumption of oil and sugar-rich food from your diet as these upset digestion, cause constipation and lead to obesity. 2. Medicines Laxatives are compounds which promote bowel movements and are used to relieve and prevent constipation. Some of these medicines are available over the counter (OTC) and come in the form of capsules, suppositories, enemas, pills, gums, and liquids. Most laxatives are advised to be used only for a short period of time. Use medicines only if recommended by your doctor. Bulking agents such as bran and psyllium are fiber supplements, which are usually recommended for normal constipation.They contain fiber which add bulk to the stools and helps the stools to quickly move through the colon. People on bulking agents should drink ample amounts of water to maintain hydration. Lubricants help in smooth movement of stools through the colon.eg. mineral oil. Stool softeners work by moistening the stools eg. docusate sodium Osmotic laxatives stimulate the absorption of water from the body to make stools softer. These include lactulose, lactitol or polyethylene glycol. Stimulant laxatives help in contracting the muscles in the intestines rhythmically. Examples include castor oil, sodium picosulfate, and bisacodyl. Enemas use a thin tube to inject a liquid or a gas into the rectum to expel its contents. Examples: Phosphate enema, mineral oil retention enema, and soapsuds enema. Suppositories such as those containing glycerin or bisacodyl are placed into the rectum. Chloride channel activators such as Lubiprostone are used to treat chronic constipation.

Here’s more information about different types of laxatives and how they work. Click To Read!

Myths About Constipation! Constipation is one of the most common health problems. Unhealthy eating practices, inadequate sleep, sedentary lifestyle and stressful life are some of the common triggers for constipation. Common across the population, there are certain myths surrounding constipation. Read Now! Complications Of Constipation

Constipation if left untreated or if suffering from a long time may cause:

1. Hemorrhoids, a condition that leads to swollen veins in the rectum and anus.
2. Rectal prolapse in which a part or the entire wall of rectum stretches and protrudes out from the anus
3. Anal fissures which are small tears in the anus that cause pain and bleeding.
4. Fecal impaction is a condition in which hardened stools get stuck in the intestines due to long term constipation. Alternative Therapies Of Constipation

Biofeedback It is used to treat chronic constipation. It involves training of pelvic floor muscles for passing stools by electronic monitoring.

Natural products Many natural products that may help in constipation are: Psyllium husk or Isabgol Methylcellulose Calcium polycarbophil Guar gum

Foods To Relieve Constipation Fruits, cereals, leafy vegetables, curd, and seeds can help you to deal with constipation. These foods are known to add bulk to stools, increase bowel frequency, soften the stools and decrease the gut transit time (which is the time taken by food to move through the digestive tract). However, keep a check on your fiber intake as excess fiber can also worsen constipation.

Here are some of the common foods to relieve constipation at home.

1. Kiwi Green kiwi fruit increases the frequency of stools, softens the stools and eases defecation. This could be attributed to the presence of fiber (2-3 gm of dietary fiber per 120 gm of the fruit), which plays a key role in bulking of the stools and relieving constipation. It also contains an enzyme which stimulates the motility of the upper gastrointestinal tract. Tip: You can peel the fruit, cut it into thin slices and either eat it raw or add to salads or smoothies to fight constipation.
2. Banana (Kela) A medium-size banana (which weighs around 100 g) contains about 3 g of fiber. It not only absorbs water to soften the stools but also improves the movement of stool through the intestinal tract. Tip: Eat a banana every day for regular bowel movements and prevent chronic constipation. Bananas are best eaten as a whole and not in smoothies or milkshakes.
3. Prunes Dried plums, also known as prunes, contain around 6.1 g of fiber per 100 g of fruit, which is very high as compared to other commonly available fruits. Moreover, it is rich in fructose and contains a high amount of sorbitol (14.7 g per 100 g), a sugar compound that has laxative properties. Tip: Eat prunes as a whole. Avoid drinking prune juice to deal with constipation because it has less sorbitol and fiber content.
4. Apple (Seb) A medium sized apple contains around 4.4 gm of fiber, most of which is pectin. This fibre is broken down into short-chain fatty acids by the intestinal bacteria. These fatty acids absorb water, soften the stool and decrease the intestinal transit time, relieving constipation. Tip: Eat the apple with its peel to increase your fiber intake. You can add apples to a fruit salad.
5. Pear (Naspati) You can get around 22% of your daily recommended allowance of dietary fiber if you eat a medium-sized pear. In addition to fiber, pears are also rich in fructose and sorbitol. Tip: Pears work best when eaten as a whole. However, drinking pear juice is usually recommended in kids whose intestinal function is not fully matured.
6. Figs (Anjeer) Raw, as well as dried figs, are a great source of fiber, which not only relieves constipation but also promotes a healthy bowel. Around 75 g of dried figs and raw figs contain 7.3 g and 2 g of fiber respectively. Tip: You can snack on figs by including them in your fruit salads, juices or smoothies. However, eating it in its whole form is regarded as the best way to up the intake of fiber.
7. Spinach (Palak) Spinach is one of the common leafy vegetables that is loaded with fiber. Moreover, it is also rich in various minerals and vitamins that improve digestion. A cup of spinach contains around 4 g of fiber, which is known to add bulk to stools and makes it easier to move through the gut. Tip: You can make palak parathas and palak paneer or add palak to smoothies or salads.
8. Oats Oats are good for people suffering from constipation as it is rich in fiber. Oat bran is the outer covering of the grain, which is loaded with fiber. Moreover, adding around 8 g of oat bran to your diet every day reduces the use of laxatives. Tip: Oat bran can be added to wheat flour, granola mixes or bakery items. But use oat bran and not ready-to-eat oats, as the latter contains less fiber as compared to oat bran.
9. Flaxseeds (Alsi) One of the commonly used traditional remedies to deal with constipation, flaxseeds act as a natural laxative. This is due to the presence of soluble as well as insoluble fiber. A tablespoon of roasted flax seeds contains around 3 g of fiber. Tip: You can add flaxseeds to cereals or use it in salads. Flaxseed powder can be added to wheat flour or milk.
10. Sweet potato (Sakargandi) Unlike potatoes, sweet potatoes are rich in fiber. A medium-sized sweet potato contains around 3.8 g of both insoluble fibers such as cellulose and lignin and soluble fiber such as pectin. Both types of fiber play a key role in easing constipation by improving the bowel movement and adding weight to stools. Tip: You can eat sweet potatoes in the boiled or roasted form to increase your intake of fiber. Alternatively, you can steam it, mash it and add it to curries or salads.
11. Probiotics Probiotics contain bacteria such as bifidobacteria and lactobacilli which help maintain the level of good bacteria in the digestive tract which aids proper digestion. Tip: Curd and buttermilk are the best natural forms of probiotics that are easily available. You can add curd to your diet.

A few examples of natural drinks that help in relieving constipation instantly. Read More!

Yoga for Constipation Yoga offers several poses that stimulate peristaltic action and increase blood flow to the gut. When done on a regular basis, yoga can help in regular bowel movements. Matsyasana (fish pose) Anjaneyasana (crescent pose) Pavanamuktasana (wind-relieving pose) Balasana (child’s pose) Frequently Asked Questions What happens when you are constipated for too long? When is constipation an emergency? How do you feel when you are constipated? How do I make myself poop fast? Do bananas help you poop? What should you not eat when constipated? What can I eat to poop? Why is my poop hard if I drink a lot of water? How do you know if you are constipated or not? Can only a fiber rich diet keep constipation away? Can drinking more water help in relieving constipation? References Ray G. Evaluation of the Symptom of Constipation in Indian Patients. J Clin Diagn Res. 2016;10(4):OC01-OC3. Forootan M, Bagheri N, Darvishi M. Chronic constipation: A review of literature. Medicine (Baltimore). 2018;97(20):e10631. Jani B, Marsicano E. Constipation: Evaluation and Management. Mo Med. 2018;115(3):236-240. Diaz S, Bittar K, Mendez MD. Constipation. [Updated 2021 Jul 26]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan. Andrews CN, Storr M. The pathophysiology of chronic constipation. Can J Gastroenterol. 2011;25 Suppl B(Suppl B):16B-21B. Portalatin M, Winstead N. Medical management of constipation. Clin Colon Rectal Surg. 2012;25(1):12-19. Krogh K, Chiarioni G, Whitehead W. Management of chronic constipation in adults. United European Gastroenterol J. 2017;5(4):465-472. Sparberg M. Constipation. In: Walker HK, Hall WD, Hurst JW, editors. Clinical Methods: The History, Physical, and Laboratory Examinations. 3rd edition. Boston: Butterworths; 1990. Chapter 89. Bae SH. Diets for constipation. Pediatr Gastroenterol Hepatol Nutr. 2014;17(4):203-208. Bharucha AE, Lacy BE. Mechanisms, Evaluation, and Management of Chronic Constipation. Gastroenterology. 2020;158(5):1232-1249.e3. Müller-Lissner S. The pathophysiology, diagnosis, and treatment of constipation. Dtsch Arztebl Int. 2009;106(25):424-432. Schuster BG, Kosar L, Kamrul R. Constipation in older adults: stepwise approach to keep things moving. Can Fam Physician. 2015;61(2):152-158. AJ Lembo. Constipation. In: Feldman M, Friedman LS, Brandt LJ, eds. Sleisenger and Fordtran’s Gastrointestinal and Liver Disease. 10th ed. Philadelphia, PA: Elsevier Saunders; 2016:chap19.

===============================================

Vaginal discharge Also known as Leucorrhoea, Leukorrhea, Fluor albus. Overview

Discharge from the vagina is a natural and normal process that helps to keep your reproductive tract clean, lubricated and healthy, warding off any infection.

The normal discharge is usually thin, clear or whitish to light yellowish and does not have any foul smell. It usually becomes more slippery and has the consistency of egg whites during ovulation. The amount and thickness of normal discharge can also increase during sexual arousal, pregnancy and the use of oral contraceptives.

Any changes in color, consistency, volume, and/or odor could signal an abnormal discharge. This abnormal discharge along with symptoms like itching, pelvic pain, or burning sensation while urination etc can be a vaginal infection that needs immediate attention.

Vaginal infections can be prevented by following good feminine hygiene, wearing breathable cotton undergarments, and a few healthy lifestyle changes. Treatment differs depending on the cause of the infection. Key Facts Usually seen in Menstruating females Body part(s) involved Vagina, Cervix, Ovaries, Fallopian tubes Mimicking Conditions Herpes simplex virus infection Cervicitis Bacterial vaginosis Candidiasis or yeast (fungal) infection Trichomoniasis Gonorrhea Chlamydia Necessary health tests/imaging Laboratory tests: Examination of vaginal fluid, Absolute leukocyte count, Genital PAP smear and Molecular tests Treatment Antibiotics: Cefixime, Ceftriaxone, Ciprofloxacin, & Ofloxacin Antifungal: Miconazole, Terconazole, & Fluconazole Antiprotozoal: Tinidazole and Metronidazole Specialists to consult General physician Gynecologist Types of Vaginal Discharge Vaginal discharge is broadly divided into: A. Normal (Physiological) vaginal discharge

Vaginal discharge is a natural and normal process that helps to keep your reproductive tract clean, lubricated and healthy, warding off any infection. The amount, color and consistency of normal vaginal discharge can vary from person to person and where you are in your menstrual cycle:

Days 1–5: During your period or menstruation, the discharge is red and bloody. Days 6–14: Following a period, vaginal discharge is mostly white or slightly yellow, and sticky. Days 14–25: A few days before ovulation, the discharge becomes clear, thin, slippery and stretchy, similar to the consistency of egg whites. After ovulation, the discharge goes back to being white or light yellow, and sticky. Days 25–28: The amount of discharge reduces before the next period.

B. Inflammatory vaginal discharge

This type of leucorrhoea occurs when there is inflammation (redness and swelling) in the vagina caused by microbes. Various types of vaginal discharge vary in color, amount, consistency, and smell. Some are normal, while others are an indication of an infection that warrants consultation with a doctor. Here you can get an idea of what different discharge can mean:

1. Clear to whitish Watery, clear to whitish vaginal discharge is normal. It usually becomes more slippery and has the consistency of egg whites during ovulation. The amount and thickness of vaginal discharge can also increase during sexual arousal, pregnancy and the use of oral contraceptives.
2. White to cream or light yellow White to cream or light yellow discharge is mostly a sign of healthy lubrication. However, if the white discharge has a frothy consistency like cottage cheese and is accompanied by a strong smell, it may indicate a yeast/fungal/candida infection, which can also cause severe itching or irritation.
3. Red Red discharge occurs during a period or menstruation. However, if bleeding occurs between menstrual periods or after menopause you should consult a doctor on priority.
4. Pinkish to light brown Pink to light brown discharge mostly occurs as spotting before a period. It can also be a sign of implantation bleeding during early pregnancy. Some pink discharge can be seen after sex if intercourse has caused tears or irritation in the vagina or cervix.
5. Yellow to green While light yellow discharge may not indicate any illness, darker yellow to green discharge could indicate sexually transmitted infections. Sometimes, the discharge may smell fishy accompanied by itching or burning in or around the vagina.
6. Gray When you have a gray color discharge with symptoms like pain in the pelvic region or pain while peeing and discomfort or itching around the genital area, it could be a sign of infection called bacterial vaginosis. Did you know? During pregnancy, vaginal discharge may become more noticeable. It helps to prevent any infections traveling up from the vagina to the womb. The discharge is heaviest towards the end of pregnancy and may contain streaks of thick, sticky, pink mucus, called ‘show’, an early sign of labor. Causes of Abnormal Vaginal Discharge
7. Bacterial vaginosis It is a common bacterial infection that occurs when the balance of bacteria in the vagina is altered. It can cause a grayish discharge accompanied by an intense fishy odor. It may also cause itching, redness, and swelling of the entire vaginal area.

Women who have several sex partners, or those who use a contraceptive intrauterine device, such as copper-T, are more likely to get bacterial vaginosis.

1. Candidiasis or yeast (fungal) infection A vaginal infection that is caused by a yeast known as candida is called candidiasis. It is commonly seen in women who are taking contraceptive pills or certain antibiotics, or have conditions, such as diabetes and weakened immunity. The main symptoms are intense itching along with a thick white discharge that appears like cottage cheese.
2. Trichomoniasis This vaginal infection is caused by the protozoa trichomonas vaginalis. It can cause a greenish-yellow, sometimes frothy, discharge and pain during urination. This infection is usually transmitted through unprotected sex.
3. Gonorrhea and chlamydia These are sexually transmitted infections that produce abnormal discharges by affecting the cervix. Women may experience greenish or cloudy discharge, bleeding during or after sex, and abdominal pain.

Safeguard yourself from STDs by using the right protection. Shop from our wide range of contraceptives. Explore Here Symptoms of Abnormal vaginal discharge

Abnormal vaginal discharge is marked by change in color, consistency, volume, and/or odor. Other symptoms that might accompany abnormal vaginal discharge are: Itching or irritation in vaginal area Pain or discomfort in pelvic area Redness around the vaginal opening Strong foul smell from discharge Burning sensation or pain while urinating Spotting after sexual intercourse Pain during or after sexual intercourse Flu-like symptoms including headache and fever Fatigue or tiredness Unexplained weight loss Lower back pain Constipation Risk Factors of Vaginal Discharge

1. Non-infectious causes Puberty Menstrual cycle Ovulation Sexual arousal Pregnancy Menopause Contraceptive device or birth control pills
2. Infectious causes Poor feminine hygiene like not changing pads/tampons regularly Douching, use of chemical or perfumed soaps Weakened immune system Uncontrolled diabetes Certain medications, such as steroids or antibiotics Unprotected sex with an infected partner History of STDs like gonorrhea, trichomoniasis, and syphilis in the past Use of public or unclean toilets Low socio-economic status Diagnosis of Abnormal Vaginal Discharge

Not every vaginal discharge is alarming but if you experience any unusual discharge marked by change in color, consistency, volume, and/or odor, see a doctor on priority. Diagnosis includes: 1. Medical history Your doctor may ask you about your medical history including the medicines you’ve been taking during the past few weeks. The doctor will also discuss your symptoms, the severity of the symptoms, and the time duration of symptoms. 2. Physical examination Your doctor will perform a pelvic exam to look for the type of vaginal discharge. A sample of discharge might be taken for relevant testing.

1. Laboratory tests Examination of vaginal fluid: The vaginal discharge is placed under a microscope to determine the type of bacteria, yeast, or protozoa causing the vaginal infection. Identifying the cause helps the doctor prescribe targeted treatment.

Absolute leukocyte count: Also known as WBC count, it also helps examine the vaginal fluid for white blood cells (WBCs), an indicator of any infection.

Genital PAP smear: Your doctor may perform a Pap smear by taking a sample of the cells from the cervix. The sample is then sent to the lab to be examined under the microscope for any cell changes.

Want to learn more about Pap smear tests? Click to read

Molecular tests: Sometimes specific tests are required for the diagnosis of STDs causing abnormal vaginal discharge. The standard test is the nucleic acid amplification test (NAAT), and it is generally used for the diagnosis of gonorrhea and chlamydia. This method detects and identifies the genetic materials of bacteria and other pathogens. Prevention of Abnormal Vaginal Discharge

1. Maintain personal hygiene Keep your private parts clean using lukewarm water. Always pat the private parts dry after urinating using toilet paper or a soft cloth. Wipe the right way. Always make sure to clean your private parts from front to back, and not from back to front. Avoid harsh soaps, scented feminine hygiene products, douching and bubble baths. These can rob the vagina of good bacteria, leading to the overgrowth of bad bacteria. Make a habit of washing and drying your hands before touching the vaginal area.

Up your hygiene game with our widest range of feminine hygiene products to meet all your needs. Shop Now

1. Be mindful of your sanitary products If you are prone to vaginal infections, avoid using scented tampons and menstrual cups. Prefer sanitary pads and liners. During your period, changing your pad every 3-4 hours is good hygiene and prevents bad odors. If you use panty liners, make sure to change them regularly.

Confused about which sanitary products to use? Here is what you need to know about the different products available. Click to Read

1. Pay attention to your clothing Wear cotton or cotton-lined undergarments as they absorb moisture and prevent sweat accumulation. Wear loose-fitting leggings, tights, and pants. They help in free flow of air. Avoid sitting around in damp or sweaty clothing as it can lead to vaginal and skin infections. Change your workout clothes immediately after exercising. Clean your underwear with a good quality detergent that has bactericidal and fungicidal properties.
2. Practice safe sex Safe sexual practices are paramount to reduce the risk of sexually transmitted infections (STIs) and vaginal infections.

Check out our extensive range of contraceptives Fill your cart now Always urinate and gently wash the area around your vagina every time after indulging in sex.

1. Maintain a healthy lifestyle Drink at least 8 glasses of water every day to wash out the toxic substances from the body. Eat a well-balanced wholesome diet rich in fresh fruits and vegetables, whole grains, healthy fats, and protein. Limit sugar, processed, and packaged foods in your diet. Exercise regularly and get enough sleep. Learn to manage your stress effectively. Limit the consumption of alcohol Quit smoking.

Want to stop smoking? Our smoking cessation range can help you get rid of this deadly habit. Explore now Specialist To Visit

Doctors that can help with the diagnosis and treatment of vaginal discharge include: General physician Gynecologist

A general physician can evaluate the symptoms of vaginal infection and start the treatment. They can refer to a specialist for further assessment. A gynecologist is a specialist in diagnosing and treating diseases that affect the female reproductive system.

Consult our team of trusted doctors. Book your consultation now Treatment of Abnormal Vaginal Discharge

Treatment of abnormal vaginal discharge depends on the severity of the symptoms, age, and other factors, such as the underlying causes. It may be caused by STDs; therefore, treating the causative agent is important to stop its recurrence. Management includes:

Medications-

1. For bacterial infections: If bacterial vaginosis is causing vaginal discharge, the following antibiotics are usually prescribed for its management: Metronidazole Clindamycin Ceftriaxone Doxycycline Azithromycin Ofloxacin Gemifloxacin Gentamicin
2. For fungal infections: In case of vaginal yeast infections, antifungal medicines are prescribed, such as: Miconazole Terconazole Fluconazole
3. For protozoa infection: For protozoa infections, such as trichomoniasis, the doctor may prescribe drugs like: Tinidazole Metronidazole

Note: These medicines are available in the form of creams, ointments, or tablets. The doctor may instruct you on the route of administration of the medicine which depends on the severity and prolongation of the abnormal vaginal discharge.

Ordering medicines has never been easy. Get medications delivered to your home with ease of a click. Click and Shop!

Watch this video to understand the types of vaginal discharge, their prevention and effective treatment.

Home care for Vaginal Discharge

The following home remedies help in improving the vaginal microbiome and can be an adjunct to conventional treatment:

Lady Finger (Bhindi): You can boil the ladyfingers in water or use them as the main ingredient of your soup. You can also soak ladyfingers with yogurt which is a natural probiotic. Consumption of this mixture will inhibit the growth of bacteria in the vaginal area.

Coriander seeds (Dhania): Soak a teaspoon of coriander seeds in water for the whole night and strain it the next morning. Drink this solution early in the morning on an empty stomach to help relieve vaginal discharge.

Yogurt (Dahi): Yogurt is rich in probiotics. Having yogurt in your daily meals can improve the gut microbiome and helps reduce vaginal infections.

Basil (Tulsi): It is a wonderful herb with many antimicrobial, anti-inflammatory, and anti-allergic properties. You can prepare tulsi tea by boiling a few leaves with a glass of water. Drink this twice daily as it will help to relieve the symptoms of vaginal discharge.

Indian gooseberry (Amla): Amla is rich in vitamin C and has antioxidant, anti-inflammatory and antibiotic properties. Consuming amla or its juice enhances immunity. For the treatment of vaginal discharge, take one teaspoonful of amla powder with a glass of water once daily.

Aloe vera: Aloe vera has multiple medicinal uses. Its consumption is useful for managing excessive discharge, itching, and burning sensation. Fenugreek (Methi): Consuming the fenugreek seeds decoction or one teaspoonful with a glass of water balances the pH level in the vagina.

Cumin (Jeera): Cumin seeds decoction is beneficial in reducing itching and discharge. Complications of Abnormal Vaginal Discharge

Abnormal white discharge is a sign of vaginal infections. These vaginal infections can cause several complications such as: 1. Pelvic inflammatory disease (PID): Vaginal infections due to bacteria, yeast, virus, or STDs can spread from the vagina to other reproductive organs of females, such as the fallopian tubes, ovaries, & uterus. The symptoms of PID include chills, fatigue, fever, & abdominal pain, and can lead to reproductive complications, such as: Dysmenorrhea (painful periods) Chronic pelvic pain Internal abscesses (collection of pus due to infection) Endometritis (inflammation and infection of the uterus) Ectopic pregnancy (attachment of the egg outside the uterus)

1. Infertility: If untreated for a long time, abnormal discharge may affect the chances of a woman getting pregnant. Did you know? Sexually transmitted diseases (STDs), including gonorrhea and chlamydia can affect fertility in women. Know more about what causes infertility in women and how it can be treated. Read now: Alternative Therapies of Abnormal Vaginal Discharge

Alternative therapies can provide relief to a certain extent, however, always seek advice from your doctor before trying these. Some of the complementary therapies that have proven to be beneficial include:

1. Essential oils Essential oils like tea tree oil and lavender oil have antibacterial and antifungal effects and have shown promise in the management of vaginal discharge caused by yeast or fungi.

Explore our wide range of essential oils. Click to Shop

1. Traditional Chinese medicine A traditional chinese medicine expert will prescribe chinese oral medicines depending on the severity of the disease for correcting the body’s imbalances. Studies have shown that TCM can be effective in treating excessive vaginal discharge or itching. Living With Vaginal Discharge

Clear to white light yellow vaginal discharge is normal but its color, texture, and quantity can differ from person to person depending on their age. However, consult your doctor if you feel that it’s abnormal and you are getting a heavy discharge frequently with changes in odor, color, and texture.

Though abnormal vaginal discharge can be managed with medications depending on the cause, a few important points to be kept in mind are:

During heavy discharge, use panty liners as they are meant to be used during non-period days. Keep changing your pad at least every 4 to 8 hours during periods. Regular health checkup is important to evaluate the presence of any infection and whether the female is receiving the right treatment which helps in clearing the infection or not. Hormonal changes due to puberty, pregnancy, and menopause can cause heavy vaginal discharges. Always inform or discuss any changes you experienced while or before the treatment with your doctor. Routine test to evaluate blood sugar level is required in case of yeast infection, as yeast overgrows in elevated sugar levels.

Watch our expert discuss vaginal discharge in detail. Frequently Asked Questions Is it normal to have a vaginal discharge? When does normal vaginal discharge increase? How do I keep my vagina clean? What kind of vaginal discharge is not good? Can abnormal vaginal discharge cause any complications? References Arthy, A. & Sen, Sangeeta & Arumugam, GaneshKumar & Rajaram, Rajendran & Archunan, G.. (2021). An evaluation of the prevalence, cause and risk factors associated with Vaginal Discharge in reproductive age group women. International Journal of Reproduction, Contraception, Obstetrics and Gynecology. 10. 1520. 10.18203/2320-1770.ijrcog20211131. Chaudhry V et al. National Journal of Community Medicine│Volume 3│Issue 4│Oct – Dec 2012 . Somia Gul, Hina Qamar, Wardha Jawaid, et al. Women Facing Heavy Vaginal Discharge(Leucorrhoea) by virtue of unhealthy lifestyle. Published online 6 January 2013. Des Spence,Catriona Melville. Vaginal discharge. Clinical review: 1st Dec. 2007. Michelle Sim, Susan Logan, Lay Hoon Goh. Vaginal discharge: evaluation and management in primary care. Published online June 20202. Najmus Sehar,Khaja Bahauddin Ansari. Concept And Management of Leucorrhoea In Unani System Of Medicine. Published online June 2016. Vaginal Discharge. National Library of Medicine, National Center for Biotechnology Information. Vaginal Discharge. National Health Service. Review online 25th Jan. 2021. Norah Kairys, Manish Garg. Bacterial Vaginosis.StatPearls Publishing; Updated online 4th July 2022. Francesca Mondello, Flavia De Bernardis, Antonietta Girolamo, Giuseppe Salvatore, Antonio Cassone. In vitro and in vivo activity of tea tree oil against azole-susceptible and -resistant human pathogenic yeasts.Journal of Antimicrobial Chemotherapy. Published online 01 May 2003. Fereshteh Behmanesh, Hajar Pasha, Ali Asghar Sefidgar, Mohsen Taghizadeh, Ali Akbar Moghadamnia, Hajar Adib Rad, and Leyla Shirkhani. Antifungal Effect of Lavender Essential Oil (Lavandula angustifolia) and Clotrimazole on Candida albicans: An In Vitro Study. National Center for Biotechnology Information. Published online 2015. Jue Zhouiand Fan Qu.Treating Gynaecological Disorders with Traditional Chinese Medicine: A Review. National Center for Biotechnology Information. Published online 2009 Jul 3. Your Changing Body: Puberty in Girls. The American College of Obstetricians and Gynecologists. Review online November 2021. Varsha Chaudhary, Rajeev Kumar, Vijender K Agrawal, Arun Singh, Ramesh Narula, Mahendra Sharma. Prevalence And Determinants of Vaginal Discharge Among Women of Reproductive Age Group in Tertiary Care Hospital of Northern India. National Journal of Community Medicine. Published online Oct-2012. Noura H Abd Ellah 1, Asmaa S Shaltout 2, Shreen M M Abd El Aziz 2, Ahmed M Abbas , Hasnaa G Abd El Moneem , Entisar M Youness , Amal F Arief , Marwa F Ali. Vaginal suppositories of cumin seeds essential oil for treatment of vaginal candidiasis: Formulation, in vitro, in vivo, and clinical evaluation. National Center for Biotechnology Information. Published online 18 Oct. 2020.

===============================================

Corns Also known as Calvus, Heloma and Focal intractable plantar hyperkeratosis Overview Corns are calloused areas of skin that develop to protect skin from damage against prolonged rubbing, pressure, and other forms of irritation. Calluses and corns typically form on the hands or feet. Corns and calluses can be caused by many factors, such as wearing too fitted or too loose shoes, not wearing socks, walking barefoot regularly, etc. Other risk factors may include joint problems or other foot-related problems like bunions or hammer toe. These conditions can be prevented by reducing or removing the causes which lead to increased pressure at specific points on the hands or feet.

Corns and calluses can be treated with medicated products which chemically break down the thickened, dead skin. Salicylic acid is usually the main ingredient used in most corn and callus removal products.

People with fragile skin, poor circulation in the feet (due to conditions such as diabetes or peripheral arterial disease), and repeated formation of corns should consult a podiatrist or a healthcare professional for the appropriate management of this condition. Key Facts Usually seen in Adults Gender affected Both men and women Body part(s) involved Feet and hands Mimicking Conditions Plantar wart Poroma Warty dyskeratoma Calcinosis cutis Gout and pseudogout Hypertrophic lichen planus Interdigital neuroma Lichen simplex chronicus Palmoplantar keratoderma Keratosis punctata of palmar creases Porokeratosis plantaris discreta Porokeratosis palmoplantar et disseminata Necessary health tests/imaging Dermoscopy Radiographs Pressure studies Treatment Topical keratolytic agents Laser therapy Surgery Specialists to consult Podiatrist Dermatologist General physician General surgeon Orthopedic Symptoms Of Corns The following signs and symptoms may indicate corns: Flesh-colored dry, hard, rough papules with a whitish center (called the core), usually located over a bony prominence A raised hardened bump in which the center may be a dense knot of skin Can cause pain when walking A thick, rough area of skin Tenderness or pain under the skin Flaky, dry, or waxy skin Corns can be of the following types: Hard corns: They are usually small and occur on the bony areas of feet and hands. Soft corns: They are whitish in color, have a rubbery texture, and may look like an open sore which might be painful. They usually occur between the toes and in moist and sweaty skin areas. A callus is a section of skin that thickens because of friction, pressure, or irritation. It often happens on the feet but can also occur on the hands, elbows, or knees. However, corns and calluses are not the same things. Calluses are usually asymptomatic, but if friction is extreme, they may thicken and cause irritation and mild burning discomfort. Callus is less circumscribed than corn, is usually larger, does not have a central core, and may or may not be painful. Causes Of Corns The bones of the feet have many projections. Excessive pressure is applied to the skin overlying these bony projections either by poorly fitted shoes or some kind of foot deformity, such as hammer toes. The body tries to protect this irritated skin by accumulating the outermost layer of the epidermis. But this accumulation causes a prominence that further increases the pressure on bony projections, leading to a vicious cycle and eventually the formation of corns and calluses. Risk Factors For Corns

Here are some intrinsic and extrinsic risk factors that can lead to the development of corns and calluses: Extrinsic (outside) factors Poorly fitted or open footwear Irregularities in the shoes, such as a poorly positioned seam or stitching High heels Wearing shoes without socks Physical activities that lead to excessive pressure and friction, including running, jogging, climbing, etc. Professions that cause repeated friction or pressure on skin, e.g., athletes or construction workers

Intrinsic (from within) factors Bony prominences Malunion fracture Faulty foot mechanics Cavovarus foot (a foot with an arch higher than normal, and that turns in at the heel) Toe deformity (Claw, hammer, mallet) Short first metatarsal (the shortest of the metatarsal bones located at the base of the big toe) Hallux rigidus (stiff big toe) Transfer lesion from osteotomy or removal of adjacent metatarsal head Overweight Did You Know? Diabetics are more prone to get corns and calluses? Read more about diabetes. Click Here! Diagnosis Of Corns

In most cases, doctors can diagnose corns and calluses by visual examination. However, other diagnostic methods include: Medical history and physical examination The doctor will inspect the feet for certain signs and symptoms of corns along with following at the initial stages: Patients footwear and information about any previous treatments like osteotomies, orthoses etc. Patient’s gait and alignment of feet for faulty mechanics Location and characteristic of keratotic lesions Problems with the structure of foot bones Bone alignment Imaging tests The doctor may perform the following imaging tests to conclude the reason for corn formation: Dermoscopy: It is a noninvasive technique primarily used to examine skin lesions and areas affected by hyperkeratosis. Radiographs: X-rays of weight-bearing feet may help show any bony prominences that contribute to corn formation.

Other tests Some other tests used by healthcare professionals to investigate the underlying cause of corns and calluses are:

Blood tests: Tests such as fasting glucose level and rheumatoid factors are done to find the etiology of foot deformities in some patients. Pedobarographic studies: Pressure studies (pedobarographs) of the feet can highlight areas of excessive pressure associated with corns. Celebs affected Katie Holmes Katie Holmes is one of hollywood actresses who suffered from corns. A source revealed to Globe Magazine in 2019 “She desperately wants to do something about her crooked toes and unsightly bunions and she’s consulted with her surgeon.” Jennifer Kate Hudson Jennifer Kate Hudson is an American singer, actress, and talk show host. The American Idol alumnus showed off her corn-filled toes in silver shoes during the 2019 Oscars. Prevention Of Corns Following are some tips to prevent corns and calluses: Wear properly fitted shoes. The shoes should neither be forcibly broken into nor should be too loose. Instead they should be comfortable to wear right out of the box. Allow a space of 1/2 inch between the end of the shoe and the longest toe. For athletic shoes, allow up to 1 inch. Check the width of the shoes. Adequate room should be allowed across the ball of the foot. The first metatarsophalangeal joint should be in the widest part of the shoe. The heel should fit snugly. Check the fit over the instep. A shoe with laces allows for adjustment of this area. Avoid activities that apply repeated friction or pressure to the skin. Wear gloves and properly fitted socks with no irritating stitching. Suffering from cracked heels? Read about how to heal cracked heels naturally. Click Here

Specialist To Visit Corns are not life-threatening, but can cause a lot of trouble and irritation if left untreated. Doctors who can help diagnose and treat corns include: Podiatrist Dermatologist General physician General surgeon Orthopedic

When to visit a doctor? If you observe that corns and calluses are causing pain and discomfort or affecting your daily life in any way, you are advised to see a podiatrist, a foot specialist. Remember: People with certain comorbidities, like diabetes, poor circulation, or any other serious illness, should have their feet checked from time to time.

If you notice any symptoms of corns or calluses, seek medical advice. Feel free to consult our stellar professionals from the comfort of your home. Book An Appointment

Treatment Of Corns

Corns and calluses can become a hinderance in daily life activities and may require treatment for a better quality of life.

The principles of treatment should be: To provide symptomatic relief To determine mechanical etiology To formulate a conservative plan by advising on footwear and prescribing orthoses To consider surgery if conservative measures fail.

The following treatment protocols may be considered for the management of corns: Manual removal: Use a nail file, emery board, or pumice stone immediately after bathing to manually remove hyperkeratotic tissue. Topical keratolytic agents: These agents facilitate lesion pairing by softening the corns. They usually contain salicylic acid 12.6-40% as a pad or solution. Urea 20-50%, silver nitrate, and hydrocolloid dressings can also be used for this condition. More recently, hydrocolloid dressings that have a hydrating effect on the skin have been evaluated as the potential treatment of keratotic lesions. However, keratolytic agents must be used with caution, as overapplication can cause chemical burns. Remember: Neuropathic and immunocompromised patients should avoid these agents. Gentle paring (cutting off), debridement, or enucleation: Pain associated with a callosity can be relieved to a certain extent by sharp debridement to reduce the amount of hyperkeratotic tissue. This procedure involves cutting off the lesion with a sharp scalpel blade and removing the central keratin plug (on underlying nerves in the papillary layer), with the use of local anesthetic if necessary. It reduces the pressure on underlying dermal nerves, thus alleviating the pain. Also, recurrence can be prevented by gently trimming the lesion (after soaking the lesion in warm water for 20 minutes) using a pumice stone.

Laser therapy: The 2,940 nm erbium-doped yttrium aluminum garnet laser has been used to treat corns with minimal thermal tissue damage. The carbon dioxide laser has also been reported to be efficient. However, if the trigger factors are maintained, it might lead to recurrence of lesions in some patients. Cushioning and foot biomechanics/Orthoses: Cushioning and altering foot biomechanics can help prevent corns and treat the existing ones. Orthotic devices are often prescribed to redistribute mechanical forces in the foot and allow a lesion to heal. There are various types of orthoses, including doughnut-shaped corn pads, heloma shields, and silicone toe splints, that relieve pressure from the tender central core in corns. In addition, silicone sleeves release mineral oil, thereby softening the lesion. Interdigital wedges made of plastazote (a foam padding) or orthodigital splints made of silicone promote healing of an interdigital soft corn.

Surgery: Various surgical options are available for those patients in whom conservative measures have not worked. In rare cases, surgery to correct an underlying problem of bone structure may be needed to treat a corn or callus that keeps returning and is not relieved by padding, shoe inserts, and periodic shaving. Note: Diabetic patients with corns and calluses need to be wory, as attempting any treatment of corns on their own may lead to excessive trimming and ultimately abrasion of the skin. Treatment should strictly be done by a specialist only.

How can Diabetic prevent serious foot complications? Click Here To Know More

Home-care For Corns

Before treating corn, first evaluate the cause of friction. In many cases, they’ll go away on their own when the pressure or friction causing them stops. If protecting the corns from further irritation doesn’t solve your problem, podiatrist or GP may recommend the following home-care tips to get rid of them: Soak the affected area in warm water You can soak the corn or callus in warm water for about 15-20 minutes or till the skin gets soft. File or pumice the surface You can file the corn and callus using a pumice stone. First you need to soak the pumice stone in warm water for sometime and then use it in circular or sideways motions gently to file the corn or callus. Do not take off much skin You should be careful and not file the skin excessively, as it might lead to bleeding and infection also. Keep the toenails trimmed Long toenails can push against your shoe, causing a corn to form over time. Keep your toenails trimmed to remove this pressure. Use padding You can surround the corn with donut-shaped adhesive pads to prevent it from making contact with the shoes. Likewise for calluses, you can cushion the affected area with moleskin to relieve pressure or further irritation. You can also make a “donut” with moleskin, lamb’s wool, felt, or foam. Many pharmacies sell over-the-counter products to cushion corns and calluses. Wear properly fitted shoes Tight shoes are the main cause of corns and calluses. It is advised to wear low-heeled shoes and choose shoes that aren’t too loose or tight. This reduces the irritation that caused the problem in the first place. Moisturize the skin regularly Use moisturizing lotion or cream with salicylic acid, ammonium lactate, or urea. These ingredients gradually soften the hard corns and calluses.

If you want to know more about home-care for corns and calluses. Click Here

Complications Of Corns Though corns appear to be a minor health problem, they can take a severe shape if not treated in due time.

Complications might include: Pain Tinea pedis (a fungal skin infection that usually begins between the toes) Ulceration and infection Septic arthritis Osteomyelitis

Post-surgical complications include: Digital swelling Numbness Infection Floppy or flail toe Deformity recurrence Joint and toe stiffness

If you want to know more about joint pains. Click Here

Alternative Therapies For Corns The conventional method of treating corn involves surgery. But this is not a permanent solution, since corns have a tendency to recur.

However, alternative treatments like homeopathy might be tried. To Read More Click Here

Living With Corns

Usually corns and calluses aren’t a serious problem, but these minor nuisances can interfere with everyday work. Therefore, it is important to manage them timely. Consider the following general strategies and tips to manage corns and calluses: Calluses on hands can usually be prevented by wearing gloves while indulging in certain activities, such as when gardening or lifting weights. Calluses on feet can usually be prevented by wearing shoes and socks that fit well. Corns on feet can be prevented by wearing shoes that have a wider toe box. Wear gloves while using tools, such as a garden spade or rake. Wear appropriate padding if you expose other parts of your body to friction. For example, if you are on your knees laying carpet, wear knee pads.

A podiatrist may be able to help you make changes that can manage and prevent their occurrence. In addition, foot problems are common in people with diabetes. You can prevent diabetes-related foot problems by taking care of your feet every day. Managing your blood glucose levels, also called blood sugar, can also help keep your feet healthy. Over time, diabetes may cause nerve damage, also called diabetic neuropathy, that can cause tingling and pain, and can also numb feeling in your feet. When you lose feeling in your feet, you may not feel a pebble inside your sock or a blister on your foot, which can lead to cuts and sores. These cuts and sores can also become infected. Hence, special care is paramount for diabetic patients.

Here are a few things that you can do every day to keep your feet healthy:

Check your feet every day. Wash your feet every day. Smooth corns and calluses gently. Trim your toenails straight across. Wear shoes and socks at all times. Protect your feet from hot and cold. Get a foot check at every health care visit. Frequently Asked Questions Can corns and calluses be removed? What is the difference between corn and calluses? Where do corns and calluses likely to be located? Can corn and calluses be painful? Do corns and calluses itch? References How to treat corns and calluses [Internet]. American Academy of Dermatology. [cited 2022Nov4]. Available from: How to treat corns and calluses [Internet]. American Academy of Dermatology. [cited 2022Nov4]. Available from: Calluses and corns [Internet]. Harvard Health. 2015 [cited 2022Nov4]. Available from: Corn and callus [Internet]. DermNet. [cited 2022Nov4]. Available from: Hardware M. Dangers of calluses and how to prevent them [Internet]. The Podiatry Center. 2021 [cited 2022Nov4]. Available from: Corns - StatPearls - NCBI Bookshelf [Internet]. [cited 2022Nov4]. Available from: StatPearls. Corns [Internet]. StatPearls. StatPearls Publishing; 2022 [cited 2022Nov4]. Available from: Freeman DB. Corns and calluses resulting from mechanical hyperkeratosis [Internet]. American Family Physician. 2002 [cited 2022Nov4]. Available from: Search publications | Researchgate [Internet]. [cited 2022Nov4]. Available from: Diabetes & foot problems [Internet]. National Institute of Diabetes and Digestive and Kidney Diseases. U.S. Department of Health and Human Services; [cited 2022Nov11]. Available from: Kiran Panesar BPS( H). Corns and calluses: Overview of common keratotic lesions [Internet]. U.S. Pharmacist – The Leading Journal in Pharmacy. 2014 [cited 2022Nov11]. Available from: Maurer DM, Raymond TJ, Davis BN. Depression: Screening and diagnosis [Internet]. American Family Physician. 2018 [cited 2022Nov11]. Available from: Dinulos JGH. Calluses and corns - dermatologic disorders [Internet]. MSD Manual Professional Edition. MSD Manuals; 2022 [cited 2022Nov14]. Available from: Home - PMC - NCBI [Internet]. National Center for Biotechnology Information. U.S. National Library of Medicine; [cited 2022Nov14]. Available from:

===============================================

Vaginal yeast infection Also known as Vaginal thrush, Vaginal candidiasis, Vulvovaginal candidiasis, Candidal vaginitis and Genital candidiasis Overview Vaginal yeast infection is a fungal infection of the vagina that causes itching and burning of the vulva, the area around the vagina. Women usually have a yeast infection in the vaginal areas as this area has ideal conditions for yeast growth caused by Candida, a type of fungi.

A vaginal yeast infection causes irritation, discharge, and intense itchiness of the vagina and the vulva, the tissues at the vaginal opening. It affects up to 3 out of 4 women at some point in their lifetimes. The infection can be prevented by wearing cotton undergarments and changing wet bathing suits and sweaty clothing immediately.

Anyone is prone to yeast infection but the people at higher risk include women who are pregnant, use hormonal contraceptives, are taking certain antibiotics, or have health conditions like diabetes or weakened immunity.

The diagnosis of yeast infection can be done by considering the medical history and undergoing a physical examination. A sample of discharge is needed from the vagina to confirm the yeast infection. Treatment of this infection is usually done with antifungal ointments or creams. Key Facts Usually seen in Adults between 25-34 years of age Gender affected Women Body part(s) involved Vagina Mimicking Conditions Lichen sclerosus Lichen planus Necessary health tests/imaging Pelvic examination pH test Nucleic acid amplification test (NAAT) Treatment Candida diet Supplements for candida infections Anti-fungal medications: Miconazole, Terconazole, Ketoconazole, Fluconazole & Itraconazole Specialists to consult Gynecologist Symptoms Of Vaginal Yeast Infection The symptoms can range from mild to moderate and some of the common symptoms of yeast infection are: Itching and irritation Redness and swelling Rash White, and thick discharge that resembles cottage cheese

The severity of symptoms depends on the length of the untreated period. In other words, if you leave it without any treatment for a long period it may have a negative effect and lead to more serious health problems such as:

Yeast infection in the vagina leads to abnormal vaginal discharge (thick, white, odor-free vaginal discharge with a cottage cheese appearance) Itching or soreness of the vagina Vaginal rash Pain during sexual intercourse Watery vaginal discharge Pain or burning when urinating

If it is left untreated or if you have any risk factors, it can lead to a complicated yeast infection with symptoms such as:

Persistent or many yeast infections per year Swollen or irritated vaginal tissue Itching leading to cracks, tears, or sores Causes Of Vaginal Yeast Infection

In many people, Candida fungus is harmless. However, there are certain conditions which may trigger the yeast to cause an infection. Here are some of the most common causes of yeast infections. 1. Hormonal changes Hormonal imbalance, especially imbalance in sex hormones like estrogen and progesterone, may affect the balance of fungus and other bacteria in the vagina, causing a yeast infection. It can also happen during pregnancy, breasfeeding, and menopause (if you are on hormone replacement therapyor HRT) 2. Diabetes  
In women with uncontrolled diabetes, there is a higher risk of vaginal yeast infection because excess glucose can act as a food medium for yeast. Also, fungi can grow in any warm, moist fold of skin such as between fingers and toes, under breasts, and in or around sex organs. 3. Poor hygiene Poor hygiene and infrequent bathing can allow the yeast to build up in the crevices of the skin. This allows the growth of yeast in sweaty and moist skin, leading to an infection. 4. Tight clothing Clothes including undergarments that are too tight or made of a fabric that does not allow the skin to breathe can contribute to the growth of yeast. 5. A weakened immune system An immune system that is compromised due to a disorder like HIV infection or medications that suppresses the immune system like steroids and chemotherapy can create opportunities for yeast and fungus to grow unchecked, causing a yeast infection. 6. Medications Taking antibiotics for infections like urinary tract infections, can kill beneficial bacteria, leaving space for yeast to grow. In certain conditions, taking medications is necessary and the side effects can weaken the immune system and therefore cause yeast infection.

Specifically, corticosteroids are used in treating arthritis, asthma, autoimmune diseases, and allergic reactions increasing the chance of getting a candidiasis. Medications like tumor necrosis factor (TNF) inhibitors are used in the treatment of autoimmune diseases such as rheumatoid arthritis and psoriasis can increase the chances of getting histoplasmosis. It is an infection caused by a fungus called Histoplasma, which lives particularly in soil that contains large amounts of bird or bat droppings. 7. Sexual intercourse Although not common, person with an active yeast infection can pass that infection on to sexual partners through unprotected genital or oral contact. Engaging in sexual activity during a yeast infection can exacerbate the symptoms and also delay the healing process. 8. Stress Ongoing stress can cause the body to produce elevated levels of cortisol, which can impair the immune system, and the ability to fight infections, and can prolong a yeast infection. Both chronic stress and reduced antioxidant capacity are risk factors for recurrent vaginal yeast infections. Risk Factors Of Vaginal Yeast Infection

The risk factors of vaginal yeast infection include women who are: Are pregnant Use hormonal contraceptives like birth control pills Have uncontrolled diabetes Are taking or have recently taken antibiotics or immunosuppressive medications like steroids or those used during chemotherapy Have a weakened immune system due to HIV infection Diagnosis Of Vaginal Yeast Infection

To diagnose vaginal yeast infection, the common diagnostic steps includes: 1. Medical history A doctor will discuss all the obvious symptoms, the level of severity, the duration of time a person has been experiencing the symptoms, and also note down the complete medical history to date. 2. Physical examination Appearances of rashes on the vaginal folds, and reddened skin rashes from the body are indicative of yeast infection. In some cases, vaginal yeast infection can cause a clumpy white discharge. However, the discharge alone is not enough to diagnose a vaginal yeast infection. The doctor must also conduct a few lab tests to determine whether yeast is present in the vaginal secretions. 3. Lab tests The type of test depends on the location of your symptoms: The standard test is to diagnose a sample of vaginal fluid to determine the type of fungus causing the yeast infection. Identifying the fungus can help the doctor to prescribe a more effective treatment for recurrent yeast infections. The microscopic examination would look for clue cells (vaginal cells studded with bacteria). Gram staining is usually performed to differentiate good bacteria from bad bacteria, this lab test allows to check for imbalances in the vaginal flora. A pelvic examination is done to check the extent of the yeast infection. A pH test is done to check for vaginal acidity. It measures how acidic or alkaline your vagina is on the pH scale. A healthy vaginal pH range is between 3.8 to 4 and is moderately acidic so that it can actively fight bacteria. When your vaginal pH is above 4, it is less acidic, making it easy for bacteria and yeast to thrive. If you are experiencing itching, burning, and discomfort and your vagina has a pH of 4.5-5.0, you may be experiencing a yeast infection. 4. Molecular tests Nucleic acid amplification test (NAAT) can be used to identify small amounts of DNA or RNA in test samples. This test can be, therefore, used to identify bacteria, viruses, and other pathogens even when it is present in very small amounts. The urine sample is collected for NAAT testing. This test is less useful for diagnosing a yeast infection than it is widely used for identifying sexually transmitted infections.  
A culture test can definitively diagnose a yeast infection, this is done by extracting cells from a vagina with the help of a swab and hence providing a proper sterile medium for the growth of yeast. If the infection is present, yeast will grow and if not, no growth will be found in the medium. Prevention Of Vaginal Yeast Infection

1. Wearing breathable undergarments Cotton is the best choice of fabric as it doesn’t hold onto heat or moisture. It helps in keeping you dry and can prevent vaginal or genital yeast infection.
2. Wear loose clothes Wearing too tight-fitted clothes like jeans, skirts, underwear, yoga pants, and tights, can boost body temperature and increase the amount of moisture around the private parts. Therefore, it raises the chances of yeast infection.
3. Avoid douching The acidic environment protects the vagina from infections or irritation. Feminine hygiene products like douches can disrupt the balance of bacteria in the vagina by removing some of the good bacteria that can fight infections.
4. Changing wet clothes immediately Sitting in a wet bathing suit after swimming or damp workout clothes after the gym is not advised as moist and wet clothes have the strongest potential of causing yeast infection.
5. Limiting the use of antibiotics Taking antibiotics for infections like cold and flu can kill off beneficial bacteria, leaving space for yeast to grow.
6. Maintaining good personal hygiene At the time of the menstrual cycle, the overgrowth of yeast infection is high. Changing sanitary napkins, tampons and undergarments are useful and often save the person from recurrent infections.
7. Managing diabetes and high blood pressure The frequency and length of time the blood pressure is greater than 250 mg/dL can be a causative agent of yeast infection; it can be controlled by limiting the salt intake in food and avoiding stress. Diabetes can be managed by keeping an eye on sugar intake.
8. Drinking probiotics and eating yogurt These contain active live cultures of good bacteria and yeast that help in replenishing body’s flora and maintain the growth of yeast infection. Taking supplements with lactobacillus acidophilus may also help prevent them.

Vaginal infections are the most common type of yeast infection. Here are a few more tips to manage them better. Click To Read! Specialist To Visit

A general practitioner can evaluate the symptoms of vaginal yeast infection and start the treatment. He/she can further refer to a specialist for further assessment. Gynecologists (specialists in checking vaginal infections for checking symptoms like vaginal discharge, itching, and discomfort during urination). Candida Specialists ( a functional medical practitioner, to find the cause or reason behind repeated infections).

If you are facing any symptoms, consult our healthcare professionals. Consult Now!

Treatment Of Vaginal Yeast Infection

The treatment for yeast infection depends on the age, overall health, and how widespread the infection is, and other factors to determine your treatment. It also depends on whether the infection is simple or complicated.

Simple infections are typically cleared up in a week using easily accessible oral or vaginal antifungal medications while complicated yeast infections should be treated with help of a general practitioner. A course of antifungal cream and medications is required for 7 to 14 days. The treatment aims at: Creating a natural environment in the body where candida cannot overgrow Providing the body with the key nutrients needed to repair the damage caused by the infection 1. Candida diet The candida diet is essentially a low-carbohydrate, low-sugar, anti-inflammatory diet that helps to promote good gut health. The following are the foods that need to be added and avoided in diet to promote a healthy lifestyle without yeast infections. Protein: This is a mandatory part of the candida diet. Lean cuts of proteins and eggs are an important part of protein sources. Remove the problem foods: First, you need to remove the foods from your diet that feed the candida and encourage it to flourish in your body. Foods like sugar, white flour, yeast, and alcohol are believed to promote candida overgrowth. The diet should be mainly centered on vegetables and gluten-free foods like brown rice and millet. Low sugar fruits only: At times, when the infection is at its peak, avoiding eating fruits because even though fruits are healthy, they get converted into sugar which can trigger growth of yeast. Only selective fruits like berries, lime, lemon, green apples, and avocados can be trusted. Include green veggies: Green veggies such as cucumber, spinach, asparagus, and capsicum are included in the candida diet plan. All vegetables should be consumed fresh and raw. Fermented foods: Fermentation is a process that converts all carbohydrates into organic acids. Yogurt is the best example of fermented food. If you have candida, fermented foods are the best as it is also good for digestion. Replacing all drinks with water: While following the candida diet, it is best to replace all drinks with fresh water. Drinks containing sugar, fizzy drinks, fruit juices, milkshakes, and hot drinks like tea and coffee should be avoided. Caffeine intake should also be restricted since it elevates the blood sugar levels. 2. Anti-candida supplements Probiotics: Yeast infections are usually a result of gut flora imbalances between candida and the friendly organisms that normally control yeast overgrowth. Probiotics supplements work by populating the intestine with beneficial organisms that can help to restore these imbalances. A few examples of probiotics are yogurt, and kefir (a fermented milk drink, it is a better source of probiotics than yogurt, and people with lactose intolerance can often drink kefir with no problems). Other examples of probiotics are traditional buttermilk, and some types of cheese are a rich source of protein, calcium, and Vitamin B12. Antifungal supplements: Antifungals and anti-candida supplements contain ingredients that directly or indirectly can kill candida and yeast in the body. A list of antifungals and herbs for candida and yeast infection includes tea tree oil, oregano oil, and coconut oil. The same applies also to natural extracts such as echinacea and astragalus that have immune-boosting abilities, and also have antifungal properties. 3. Medications The treatment for vaginal yeast infections depends on the severity and frequency of your infections.

For mild to moderate symptoms and infrequent episodes, your doctor might recommend: Short-term vaginal therapy for three to seven days which usually clears up the infection. These medications are available in the form of ointments, creams, tablets, and suppositories. Common examples include miconazole and terconazole. Antifungals may be taken orally as single dose fluconazole or can be applied intravaginally in a single day or 3-day regimen that is available over-the-counter (OTC).

For severe symptoms and frequent yeast infections, your doctor may recommend: Long-course vaginal therapy taken for two weeks followed by once a week for six months. The therapy includes intravaginal azole therapy, which is the first line of treatment for many fungal infections. They are often administered for weeks to months. Oral azole drugs like ketoconazole, fluconazole, and itraconazole represent a major advance in systemic antifungal therapy. In case of complicated infection, the administered dose of fluconazole 150 mg is increased as it is given orally, once every 3 days for three doses. In a few cases of azole-resistant therapy, the doctor might recommend a boric acid capsule, inserted into your vagina. This medication may be fatal if taken orally and is used only to treat candida fungus that is resistant to the usual antifungal agents. Home-care For Vaginal Yeast Infection

In many cases, yeast infections can be easily and successfully treated at home. This is done with either over-the-counter products or alternative therapies.

1. Boric acid It is a powerful antiseptic with mild antifungal properties that is useful for treating yeast infections that are resistant to other remedies.

Tip: Dilute some boric acid with water, apply the diluted solution to the affected area and rinse it. This can be done for two weeks to get rid of yeast infection.

1. Apple cider vinegar One of the most popular remedies for yeast infection is an apple cider vinegar bath. The acidic component of vinegar can eliminate any harmful microorganisms, including yeast.

Tip: A hot bath can be prepared by adding some vinegar. Soak your body in this bath for about an hour, this helps in lessening the skin irritation and itching.

1. Tea tree oil It is an essential oil that’s used to kill fungi, bacteria, and viruses. This oil has powerful and effective natural antifungal properties that can help in the treatment of yeast infections.

Tip: Dilute organic tea tree oil with water or one teaspoon of olive oil and rub the diluted oil over the affected skin area several times a day.

1. Coconut oil It has effective antifungal properties that can kill the fungi responsible for yeast infections. Pure coconut oil helps treat vaginal yeast infection and can be applied directly to the affected area.

Tip: Make a mixture of equal amounts of coconut oil and cinnamon oil. Apply it to the affected skin area to control the growth of the infection.

1. Calendula It is a kind of herb that has potent antifungal and anti-inflammatory properties that can help treat yeast infections.

Tip: Two to three calendula leaves can be crushed, apply the crushed leaves topically onto the infected area. This can be done two to three times a week.

1. Cranberries They contain both antibacterial and antifungal properties and can be used to fight the fungi responsible for yeast infections.

Tip: Drinking cranberry juice without sugar, several times a day can help in speeding up the healing process and provide effective results within a short time.

1. Yogurt Lactobacillus acidophilus, a friendly strain of bacteria present in yogurt, can control the growth of infection in the body.

Tip: Plain, unsweetened yogurt can be added daily to the diet. Adding yogurt helps increase the gut microbiome and can reduce yeast in the body. Complications Of Vaginal Yeast Infection

Some complications occurring due to yeast infection are: 1. Spread to other organs  
The most common complication of a yeast infection is the spreading of yeast infection to other organs. In a few cases, the yeast cells enter the blood and reach the various other organs, leading to many other serious complications like endocarditis, meningitis, and arthritis. The organs commonly affected by Candida are the lungs, liver, heart, brain, joints, and intestine. 2. Pregnancy complications In some cases, vaginal yeast infections may sometimes cause problems with a pregnancy. Pregnant women with yeast infections experience preterm labor, and preterm rupture of membranes. 3. Urinary tract candidiasis Candida infection can spread to the urinary tract. One of the rare complications of yeast infection is renal candidiasis. This condition occurs due to the spread of infection through the blood to renal cells. 4. Recurrent infections If the infection is not treated properly once, there may be a chance that the infection might come back. Recurrent yeast infections can be disruptive to a person’s well-being. It can also cause difficulties in a relationship, if the yeast infections disrupt normal sexual activity. Alternative Therapies For Vaginal Yeast Infection Several alternative therapies emphasize yeast infection treatment on the elimination of the causes, rather than eliminating the fungus. 1. Aromatherapy Aromatherapy is the practice of using the natural oils extracted from flowers, bark, stems, leaves, roots, or other parts of a plant to get rid of the itching and rashes related to yeast infection.

The tea tree oil is widely used to treat a variety of infections and is considered to be one of the more powerful infection-fighting oils. Other oils like clove oil, oregano oil, and lavender oil can also be used. For vaginal infection, 5 to 8 drops of essential oil can be mixed with one liter of water, Use this mixture to perform vaginal douche. 2. Chinese medicine for yeast infection Acupuncture, herbal therapy, and diet and lifestyle changes offer ways to correct energy imbalances and enhance the body’s defenses. Acupuncture and Chinese medicine can also help with combating stress and correcting the body’s imbalances. It also helps the liver and kidney to discharge all the toxins released by the dead yeast. 3. Herbal medicine Several herbs can knock out excess fungus, while the others are effective in strengthening the immune system. Goldenseal is one of the most commonly used herbs for its immune-boosting properties, and it is also believed to be effective in stabilizing the overgrowth of fungus.

The other herbs useful in eliminating yeast infection are calendula, thyme, rosemary, chamomile, and ginger. These herbs can be taken in the form of capsules, and extracts, or can be added to tea. 4. Mind/body medicine for yeast infection Chronic stress may also lead to too much yeast in the body. It is therefore recommended to relax the mind and reduce stress by meditation. Joining social groups and communities, and engaging in social activities can help modulate the mind and hence reduce stress. Living With Vaginal Yeast Infection

If you frequently have yeast infections, you should discuss them with your healthcare provider. However, it is important to remember that an early diagnosis of yeast infection can help in clearing up the infection with antifungal medication and can save the person from further implications. Make sure that the person understands the diagnosis and its health implications. Regular checkup is required to evaluate the present infection and whether the person is receiving the right treatment which helps in subsiding the infection. Routine blood sugar level evaluation is required in case of yeast infection, as yeast overgrows in elevated sugar levels. Discussion of any possible hormonal changes due to menopause, pregnancy, and hormone replacement therapy. These changes lead to hormonal imbalance and hence put a person at a greater risk of developing Candida yeast infections. A test for HIV/AIDS is required if a person is having frequent yeast infection. Frequently Asked Questions What is the medical name for a yeast infection? Can anything be done to reduce the frequency of vaginal yeast infections? Is yeast infection a sexually transmitted disease? Are recurrent yeast infections related to an underlying medical condition? References Jeanmonod R, Jeanmonod D. Vaginal Candidiasis. [Updated 2021 Jul 21]. Bongomin F, Gago S, Oladele RO, Denning DW. Global and Multi-National Prevalence of Fungal Diseases-Estimate Precision. J Fungi (Basel). 2017 Oct 18. Van Kessel K, Assefi N, Marrazzo J, Eckert L. Common complementary and alternative therapies for yeast vaginitis and bacterial vaginosis: a systematic review. Obstet Gynecol Surv. 2003 May. Cornu M, Goudjil S, Kongolo G, Leke A, Poulain D, Chouaki T, Sendid B. Evaluation of the (1,3)-β-D-glucan assay for the diagnosis of neonatal invasive yeast infections. Med Mycol. 2018 Jan 1. White PL, Price JS, Cordey A, Backx M. Molecular Diagnosis of Yeast Infections. Curr Fungal Infect Rep. 2021;15. Yeast Infection. Health. Johns Hopkins Medicine. Treatment for Invasive Candidiasis. Centers for Disease Control and Prevention (CDC). November 2020. Fungal Infections: Protect Your Health.Centers for Disease Control and Prevention (CDC).August 2021. Medications that Weaken Your Immune System and Fungal Infections.Centers for Disease Control and Prevention (CDC).December 2020.

===============================================

Coronary artery disease Also known as Ischemic heart disease, Coronary heart disease, and Arteriosclerotic heart disease Overview Coronary artery disease (CAD), refers to the narrowing or blockage of coronary arteries (that supply blood to the heart) with plaque-like deposits. Over time, this results in restriction or obstruction of the flow of blood to the heart muscle. This can manifest in the form of chest discomfort (angina), a heart attack (due to sudden total blockage of a coronary artery), slow progress to heart failure, or even sudden death, due to a life-threatening rhythm disturbance. Family history, advancing age, high blood pressure, an abnormal cholesterol profile, diabetes, obesity, and smoking are the major risk factors for CAD. Management of CAD includes lifestyle changes like consuming a heart-healthy diet, an exercise regime, and cessation of smoking and alcohol. Medications can help to manage risk factors along with treating the symptoms. Surgery might be advised in severe cases.

Key Facts Usually seen in Adults after 35 years of age Gender affected Both men and women, but more common in men Body part(s) involved Coronary arteries Heart Prevalence World: 20.1 million (2020) India: NA Mimicking Conditions One lung problem Pulmonary embolism Floppy mitral valve syndrome Angina pectoris Wolff-Parkinson-White syndrome Necessary health tests/imaging Imaging tests: a. Non-Invasive tests: Chest X-ray Electrocardiogram (ECG) Echocardiography Stress test (Stress Thallium) Computed tomography (CT) scan Magnetic Resonance Imaging (MRI) scan Cardiac positron emission tomography (PET) scanning Coronary Calcium Scoring Nuclear ventriculography b. Invasive tests : Coronary angiography Electrophysiology Study

Lab tests : Total Cholesterol tests Triglycerides (Tg) High-density lipoprotein (HDL) cholesterol Low-density lipoprotein (LDL) cholesterol High sensitivity C reactive protein Lipoprotein (a) Troponin test Homocysteine B-type natriuretic peptide (BNP) Treatment 1. Medications: Blood thinners: Clopidogrel, Rivaroxaban, Ticagrelor, Aspirin Beta blockers: Atenolol, Bisoprolol, Metoprolol Statins: Rosuvastatin, Pravastatin, Atorvastatin Calcium channel blockers: Amlodipine, Verapamil , Diltiazem Nitrates: Glyceryl trinitrate, Isosorbide mononitrate. ACE inhibitors: Ramipril, Lisinopril. 2. Surgery See All Symptoms Of Coronary Artery Disease

Angina or chest pain is the most common symptom of CAD. Angina develops when too much plaque deposits inside the arteries and narrows them. Angina may cause symptoms like- Heaviness Pressure Tightening Burning Indigestion Heartburn Sweating

For many people, a heart attack is the first clue that they have CAD. A few symptoms of a heart attack include- Chest pain or angina Weakness Nausea Cold sweat Discomfort in the arms or shoulder Shortness of breath or trouble breathing Heart palpitations

Over time, CAD can weaken the heart muscle. This may lead to heart failure, a life-threatening condition where the heart cannot pump blood the way it should.

Are you confused between angina, heartburn, and heart attack? Learn the difference Types Of Coronary Artery Disease

The different forms of coronary artery disease include:

1. Obstructive coronary artery disease This is the most common type of coronary artery disease. It develops when coronary arteries gradually narrow due to plaque buildup. As artery narrowing progresses, it can eventually block blood flow to the heart.
2. Nonobstructive coronary artery disease This is not the result of plaque buildup but occurs due to other coronary artery problems, such as Constriction at inappropriate times Malfunctioning in smaller artery branches Damage to the artery lining

Note: This form of CAD is more common in females than males.

1. Spontaneous coronary artery dissection (SCAD) SCAD occurs when a tear in the wall of the coronary artery partially or completely blocks the blood flow. This form can unexpectedly present as a heart attack. Causes Of Coronary Artery Disease

Atherosclerosis or gradual buildup of plaque in coronary arteries (the major blood vessels in the body that supply blood to the heart) causes coronary artery disease.

Over time, this plaque which is made up of cholesterol, waste products, calcium, and fibrin (which helps in blood clotting) narrows or blocks the coronary arteries. This affects their function to supply enough blood, oxygen and nutrients to the heart. It leads to chest pain and puts you at the risk of a heart attack. Risk Factors For Coronary Artery Disease

Multiple risk factors can lead to coronary artery disease. They are broadly divided into non- modifiable and modifiable factors:

1. Non-modifiable risk factors Hereditary Genetic factors are a significant risk factor of CAD. People with a family history of CAD are more prone to develop this condition.

Age The risk of CAD significantly increases after 35 years of age in both men and women.

Gender Men are more likely to have CAD as compared to women. Evidence has shown that lipoprotein (a) which is a cardiovascular risk factor seems to be elevated in men more than in women. 2. Modifiable risk factors Hypertension (High Blood Pressure) High blood pressure Is a major risk factor for coronary artery disease. It is characterized by blood pressure in the arteries and other blood vessels greater than 185/115 mm Hg.

Is your blood pressure under control? Explore our wide range of BP monitors to check your BP at the comfort of your home. Click to shop

Abnormal cholesterol profile An abnormal cholesterol profile or more precisely dyslipidemia. ie. Excessive bad cholesterol (triglycerides and LDL) and less good cholesterol (HDL) in the blood is a major risk factor for the development of CAD. The extra cholesterol circulating in the bloodstream forms the basis for plaque blocking the arteries, robbing the heart of oxygen rich blood supply. Diabetes mellitus Diabetes is a condition in which the blood glucose levels in the body stay consistently above normal. The risk of heart disease is 2.5 times higher in men and 2.4 times higher in women in diabetic individuals as compared to those without diabetes. India is the Diabetes capital of the world. Diabetes not only predisposes to heart disease but a plethora of other long-term complications. Watch our expert talk about Diabetes, its various complications, and their prevention.

Obesity Obesity increases the development and progression of coronary artery disease (CAD). Over 80% of individuals with CHD are overweight or obese.

Being overweight or obesity is the root cause of a wide range of diseases including heart diseases. Click to read more

Lack of physical activity Sedentary lifestyle predisposes obesity, high blood pressure, and high bad cholesterol, and diabetes, which are all major risk factors of CAD.

Diet rich in unhealthy fats Diet loaded with saturated fats, trans fat, and packaged food increases the risk of obesity and high bad cholesterol by many folds. This results in excessive plaque formation in coronary arteries, leading to CAD. Vitamin D deficiency Moderate to severe vitamin D deficiency is associated with an increased risk of cardiovascular diseases including high blood pressure, CAD, and heart failure. Read about various causes of Vitamin D and when to get tested for its optimum levels. Have a glance

Excessive alcohol intake Drinking too much alcohol can raise blood pressure levels and the risk of heart disease. It has been recommended that women should have no more than 1 drink a day and men should have no more than 2 drinks a day. Tobacco The usage of tobacco and exposure to secondhand smoke significantly increases the risk of heart diseases. Smoking increases plaque deposition in arteries and reduces the capacity of blood to carry oxygen, predisposing to CAD. Looking to quit smoking? Try our range of smoking cessation products and detach yourself from this deadly habit Buy now

Periodontitis It is a severe gum infection that can lead to tooth loss. Research has suggested that periodontitis can expose the body to oral bacteria which can lead to the development of plaque buildup in blood vessels and coronary heart disease.

Chronic kidney disease (CKD) Patients with chronic kidney disease (CKD) exhibit an elevated risk of coronary artery disease due to accelerated aging of the cardiovascular system.

Air pollution When a person breathes poor-quality air, the pollutants can travel deep into the bloodstream, through the lungs, to the heart. This increases the risk of developing heart and circulatory diseases. A study has found that long-term exposure to air pollution can lead to premature aging of blood vessels. This contributes to the rapid buildup of calcium in the coronary arteries, predisposing to plaque formation and CAD. Did you know? There is a direct association between road traffic noise exposure and heart disease. Research has shown that exposure to noise levels greater than 60 dB is associated with coronary artery disease in adults. Moreover, traffic noise at night can cause repetitive sleep interruptions, leading to elevated stress hormones. This can predispose to high blood pressure and cardiovascular diseases. Diagnosis Of Coronary Artery Disease

CAD is usually diagnosed through physical examination and relevant diagnostic tests. Suppose a person already has symptoms like chest pain, shortness of breath, and cold sweat; in that case, the doctor will examine the heart’s electrical activity rate and the heartbeat’s regularity and send the individual for further diagnosis.

Physical examination and medical history

A medical practitioner usually diagnoses CAD through a physical examination and medical history. The doctor will check parameters like blood pressure and ask about medical history, lifestyle, and family history (to check whether heart disease is among your biological parents and siblings). The symptoms of chest pain and pain in the jaw, neck, left arm, or back is assessed. Shortness of breath is evaluated during rest and in case of activity.

Imaging tests The medical practitioner may recommend one or more tests to assess heart function and diagnose CAD:

1. Non-Invasive tests Chest X-ray This test uses a small amount of radiation to create images of the chest, including your heart.

Electrocardiogram (ECG) ECG is a cost-effective and readily available test for the evaluation of coronary artery disease. This test helps record the heart’s electrical activity.

Echocardiography Echocardiography is an ultrasound of the heart. This noninvasive test translates sound waves from your chest into pictures of your heart. It allows the doctor to check the heartbeat and pumping of blood.

Stress test Stress test is used to check how well your heart and blood vessels are working under stress. In this, your heart may be put under stress with medicine or exercise. The images from the ultrasound show your heart structure and how well your heart muscles are pumping blood.

Computed tomography (CT) scan It is a diagnostic imaging procedure that uses a fusion of X-rays and computer technology to produce images of the inside of the body. The scan looks in the coronary arteries for plaque buildup.

Magnetic Resonance Imaging (MRI) scan An MRI scan is a painless test that produces very clear images of the organs and structures inside your body using radio and computer-generated radio waves. This test helps in detecting tissue damage or problems with blood flow in the heart or coronary arteries.

Cardiac positron emission tomography (PET) scanning A PET scan of the heart is a noninvasive nuclear imaging test that uses radioactive tracers to produce pictures of the heart. This test can detect areas of the heart muscle which are receiving insufficient blood due to heart damage.

Coronary Calcium Scoring This test measures the amount of calcified plaque (calcium) inside the walls of the heart’s arteries. This information obtained can help evaluate whether a person is at increased risk of a heart attack.

Nuclear ventriculography This test is a noninvasive procedure that uses radioactive materials called tracers to show the heart chambers. The tracers attach to the red blood cells and pass through the heart. The movement of the tracers helps detect any anomaly in the heart.

1. Invasive tests Coronary angiography This test, also called cardiac catheterization, is a gold standard test for diagnosing CAD. This test is performed under local anesthesia and involves injecting a contrast dye into the coronary arteries via tubes called catheters. It shows the extent and severity of heart blockages.

Electrophysiology Study This is an invasive test to assess the heart’s electrical system or is used to diagnose abnormal heartbeats or arrhythmia. The test is performed by inserting catheters and wire electrodes, which measure electrical activity, through the blood vessels that enter the heart.

Lab tests Total cholesterol This test measures the total amount of cholesterol in the blood. A total cholesterol level of less than 200 mg/dL (5.17 mmol/L) is normal and cholesterol levels greater than 240 mg/dL (6.21 mmol/L) are high.

Triglycerides (Tg) Triglycerides are a type of fat found in the blood. They come from extra calories that are not used immediately after eating and are stored in fat cells. High levels of TG can increase the risk of heart diseases like CAD. Triglyceride levels less than 150 mg/dL (1.7 mmol/L) are considered optimal.

Low-density lipoprotein (LDL) cholesterol LDL is bad cholesterol. Elevated levels of LDL cholesterol causes plaque accumulation in the arteries, which reduces blood flow and increases the risk of heart diseases. The normal level of LDL should be less than 100 mg/dL and levels greater than 190 mg/dL are considered very high and pose a high risk of CAD.

High-density lipoprotein (HDL) cholesterol HDL is good cholesterol. High levels of HDL reduce the risk of CAD by carrying away LDL and keeping the blood flow more easily. HDL levels greater than 60 milligrams per deciliter (mg/dL) are good for the heart and levels less than 40 mg/dL increase the risk of cardiovascular disease.

High sensitivity C reactive protein A high level of CRP in the blood has been linked to an increased risk of heart diseases. It can also help to determine the risk before any symptoms appear.

Lipoprotein (a) Lipoprotein (a) is a low-density lipoprotein attached to a protein called apo (a) that helps in transporting cholesterol in the blood. High blood lipoprotein (a) levels may be indicative of a high risk of heart disease, blood clots, and stroke. The elevation of lipoprotein (a) is majorly caused by a genetic factor and runs in families.

Troponin This test measures the levels of troponin T or troponin I proteins in the blood. These proteins are released when the heart muscle is damaged and determine the risk of heart diseases.

Homocysteine This test measures the amount of homocysteine, an amino acid in the body. Increased serum homocysteine levels are positively correlated with severity of CAD.

B-type natriuretic peptide (BNP) BNP helps the body to eliminate fluids and relaxes blood vessels. In the case of heart damage, the body secretes high levels of BNP into the blood to ease the strain on the heart. BNP levels increase gradually as the number of diseased coronary arteries increases.

Book your tests from the comfort of your home. Book Here Celebs affected Bill Clinton Bill Clinton was the 42 president of the United States. He underwent surgery to fix blocked arteries twice. Since then he has tried to lose weight and regained control of his health by eating a diet rich in legumes, vegetables, and fruits. Prevention Of Coronary Artery Disease

The following tips can help in preventing or reducing the risk for coronary artery disease:

1. Consume a healthy diet

A healthy, balanced and wholesome diet plays a pivotal role in prevention of coronary artery disease. Here are some food items that you should prefer and the others you should avoid in your diet. Foods to prefer- Green leafy vegetables Legumes Whole fruits Whole grains like wheat, brown rice, jowar, ragi and bajra Low-fat or fat-free milk or yogurt Unsalted nuts and seeds Eggs, fish, seafood, lean poultry Vegetable and nut oils like olive oil, canola oil

Foods to limit or avoid- Refined grains like white flour or white bread Table sugar Sugar-sweetened beverages Packaged foods Red and processed meats Butter, coconut, palm, cottonseed and palm kernel oils and other oils that congeal at room temperature Alcohol consumption High salt intake

A DASH diet or Dietary Approaches to Stop Hypertension diet is a novel concept that emphasizes on portion control of food, getting the adequate amount of nutrients, and to lower down the risk of hypertension and eventually CAD. Read more about DASH

1. Indulge in physical activity Combining a healthy diet with regular exercise is the best way of maintaining a healthy weight. It has been noted that regular exercise makes your heart and blood circulatory system more robust, lowers your cholesterol level, and also keeps your blood pressure under control.

Try these easy exercises to keep your heart in good health. Explore now

1. Avoid smoking Smoking is never a good idea for your heart’s health. It has been researched that giving up on smoking significantly reduces the risk of developing coronary heart disease.

Looking to quit smoking, but finding it very difficult? Read about some practical ways that will help you get rid of this unhealthy habit Check Out

1. Manage your stress effectively Stress, anxiety, and negative mental health is associated with an increased risk of heart diseases and stroke. While stress is hands in glove with this fast paced world, it can be really detrimental to health. Hence we need to find ways to manage stress in ways that best suit us.

Is stress affecting your overall well being? Try some relaxation techniques to manage stress. Read to explore

1. Get sound and sufficient sleep Research has shown that poor sleep quality is associated with high blood pressure, elevated cholesterol, which are major risk factors of CAD. A healthy diet, regular exercise, sleep hygiene and low stress may promote deep and restorative sleep essential for good cardiovascular health.

Struggling to fall asleep? Read about some amazing tips that will help you sleep like a baby. Explore tips

1. Keep your blood pressure under control Always maintain your blood pressure under control. Eat a healthy diet, exercise regularly, and, if needed, take prescribed medications to lower your blood pressure.

Read these practical tips that will help you keep blood pressure in check. Click to read Did you know? This is some good news for all coffee lovers. Research has shown that having two to three cups of black coffee a day has been associated with lowering the risk of developing coronary heart disease. Not just this, coffee has some other amazing health benefits too. Read along Doctor To Visit

The doctors that can be consulted for diagnosis and management of CAD are:

Cardiologists

A cardiologist is a physician who specializes in the treatment of disorders of the heart and the blood vessels.

Consult our team of trusted doctors. Book a consultation now Treatment Of Coronary Artery Disease

Treatment for coronary artery disease (CAD) involves managing the symptoms and reducing the risk of further problems. CAD can be managed effectively with a combination of lifestyle changes, medications, and, in a few cases, surgery.

A. Medications The main aim of medications is to either reduce blood pressure or ease blood flow in arteries.

1. Blood thinners Blood thinners are a class of medicine that helps in reducing the risk of a heart attack by thinning the blood and preventing it from clotting. Common blood thinners are Clopidogrel Rivaroxaban Ticagrelor Aspirin
2. Beta blockers These medicines are used to treat angina and high blood pressure. Common beta blockers are Atenolol Bisoprolol Metoprolol
3. Statins This class of drugs works by blocking the formation of bad cholesterol (low-density lipoprotein, LDL). Common statins are Rosuvastatin Pravastatin Atorvastatin
4. Calcium channel blockers This class of drug works by decreasing blood pressure by relaxing the muscles, which causes the arteries to become wider and reduces blood pressure. Common calcium blockers are Amlodipine Verapamil Diltiazem

Note- Popping calcium supplements without consulting your doctor could increase the risk of plaque buildup in arteries. Learn more about this. Click Here to Learn

1. Nitrates Nitrates are referred to as vasodilators that are used to widen your blood vessels. They work by relaxing blood vessels, allowing more blood to pass through them and thus lowering the blood pressure. Common Nitrates are Glyceryl trinitrate Isosorbide mononitrate

These drugs are available in a variety of forms, like tablets, sprays, and skin patches

1. Angiotensin-converting enzyme (ACE) inhibitors This class of drug is used in the treatment of high blood pressure. This drug blocks the activity of a hormone called angiotensin-2, which causes the blood vessels to narrow. Common ACE inhibitors are Ramipril Lisinopril

Note- Heart medications should never be stopped suddenly without consulting your doctor as there is a risk of making symptoms worse.

B. Surgery In case of narrowing blood vessels as result of a build-up of fatty deposits or no relief in symptoms by taking the prescribed medicines, surgery may be needed to open up or bypass blocked arteries.

Coronary angioplasty This is also known as percutaneous coronary intervention (PCI), or balloon angioplasty. During the procedure, a small balloon is inserted to push the fatty tissue in the narrowed artery outwards which allows the blood to flow more easily. Coronary angioplasty is either a planned procedure in cases of angina or is performed as an emergency treatment for a heart attack.

Coronary artery bypass graft (CABG) CABG is also known as bypass surgery or a heart bypass. It is a procedure to restore blood flow to areas of your heart that are blocked, causing heart attacks and CAD.

Heart transplant When the heart is severely damaged and is unable to adequately pump blood around the body, a heart transplant may be needed. Did you know? Patients with COVID-19 are at an increased risk of a broad range of heart disorders. In a vicious loop, cardiac risk factors such as obesity, hypertension, diabetes increase the risk of acquiring COVID-19 infection in the first place and lead to worse cardiovascular outcomes after COVID-19. Read more about COVID-19 Complications Of Coronary Artery Disease

1. Chest pain (angina) In the case of narrowed coronary arteries, the blood supply to the heart is not enough. This can lead to chest pain (angina) or shortness of breath.
2. Irregular heart rhythms (arrhythmias) When the heart does not receive sufficient blood and oxygen due to CAD, the normal heart signaling can get altered leading to irregular heartbeats.
3. Heart failure The narrowed arteries due to CAD makes the heart weak and difficult for the heart to perform its functions. Heart failure occurs when the heart can’t pump blood well enough to meet the requirements of the body.
4. Heart attack Rupture of plaque in one of the coronary arteries can result in the formation of blood clots. This blood clot can stop the supply of blood and oxygen to the heart leading to a heart attack. Did you know? Cardiovascular diseases are one of the leading causes of mortality in India and CAD is one of the most common among them. Here is a list of common factors that increase the risk of a heart attack. Click to read Home Care For Coronary Artery Disease

Lifestyle changes are a cornerstone to improving your heart health. Staying physically active and making wise choices of foods to eat help in managing CAD. 1. Engaging in physical activity Living with a heart condition can make you feel hesitant to exercise. Whether you have undergone heart surgery or are taking medication for a heart condition, don’t shy away from exercising. It is an important part of keeping your heart in good health. The following guidelines will help you in your exercising journey:

Doctor’s Consent: Always make sure to consult your doctor about which exercises are beneficial for you according to your health. Exercise programs, especially for patients with heart conditions, have to be tailored according to the individual’s exercise capacity and risk profile. Aerobic exercises: Aerobic exercises are usually advised for individuals with CAD, as they help the heart to utilize oxygen better and improve blood circulation. You can choose an aerobic activity such as brisk walking, stretching, swimming, or light jogging. Do these for 15-20 minutes, 3-4 times a week. Always start slowly and gradually increase the pace. Resistance training: Lifting weights increases muscle strength by making the muscles work against a weight or force. This training can be performed 2–3 days per week and includes one set of 8–10 exercises targeting all major muscle groups. Make sure to workout under the supervision of a professional trainer. Warm up & cool down: Always perform a short warm-up session before starting the main exercise. After exercising, it is equally important to cool-down. Take a break when tired: Take a break of a few minutes in between sessions if you get too tired. Sip some water. If you continue to feel exhausted, stop exercising. Also, don’t overexert yourself if you are unwell or have a fever. Wear right clothing: Wear comfortable and breathable clothes that enable you to stretch easily while exercising.

Are you still apprehensive about starting to exercise after stent surgery? Read some tips that will help you navigate your exercising journey post surgery. Click to read

1. Making dietary changes amicable to heart health After the diagnosis of CAD, making dietary changes can improve the condition of your heart and also reduce the risk of having further episodes. Quitting smoking and alcohol intake goes without saying.

Watch this informative video to learn about dietary modifications for improving your heart’s health.

A special mention to these ‘Star nutrients’ Omega-3 fatty acids Omega-3 fatty acids are “healthy fats” that support heart health. They help in reducing the inflammation and triglycerides, mildly lower blood pressure, and boosts immune functioning. Rich sources of Omega-3 fatty acids include: Nuts and seeds like flax seeds, chia seeds, and walnuts Plant oils such as flaxseed oil, soybean oil, and canola oil Fish, especially cold-water fatty fish, such as salmon, mackerel, tuna, herring, and sardines and other seafood

Supplements can be considered under the guidance of a health care provider. Explore our wide range of omega fatty acid supplements. Fill your cart now

Vitamin D Research has shown that vitamin D is beneficial for reducing the risk of heart disease. Bask in the morning sunshine for optimum levels of this vitamin. You can also load your plate with foods rich in vitamin D like milk, eggs, fortified orange juice, tuna and soya milk. Fill any gaps in your Vitamin D levels by dietary supplements. Check out our wide range of supplements. Explore now Did you know? Vitamins are not produced in the body. Therefore, they must be consumed adequately. However, vitamin D is an exception. Here are a few points which you need to know about vitamin D and why it is important. Click Here to Know More Alternative Therapies For Coronary Artery Disease

1. Yoga Yoga serves a vital role in maintaining and elevating the positive health of people suffering from CAD. Several studies have also suggested that yoga significantly improves risk factors like obesity, lipid profile, blood pressure, and diabetes mellitus.

Practicing yoga can keep your heart healthy Read how

1. Acupuncture Research has shown that acupuncture can be a viable complementary therapy for CAD as it can improve blood circulation throughout the body and within the heart. Living With Coronary Artery Disease

It’s possible to lead a normal life after having heart surgery or problems like a heart attack. Here are a few tips that will help you in your journey of recovery from CAD:

1. Cardiac rehabilitation program It is a major step for anyone recovering from a heart attack, heart failure, or other heart problem that requires surgery or medical care. This rehab program aims to improve the quality of life and prevent another cardiac event. A supervisor will guide you regarding Physical activity Healthy eating Ways to relieve stress and improve mental health
2. Coordinate with your doctor Keep in regular touch with your doctor. Make sure to consult your doctor in case of any health issues.
3. Follow a proper medication regimen Take the medications prescribed by your doctor regularly without fail. It is also a good idea to consult your doctor when starting any medication for other medical conditions, to avoid interactions between different drugs.
4. Join support groups If you have a heart condition you might find it useful to meet other people who are facing a similar situation. This gives a sense of motivation to live with your condition. Did you know? Reducing personal exposure to air pollution using a highly efficient face mask can reduce symptoms and improve cardiac health measures of patients with coronary heart disease. Frequently Asked Questions What are the three crucial coronary artery disease symptoms? Can you stop coronary artery disease from progressing? Is coronary artery disease genetic? Can CAD cause a stroke? What worsens coronary artery disease? References Heart Disease. Centers for Disease Control and Prevention. October 2022 Brown JC, Gerhardt TE, Kwon E. Risk Factors For Coronary Artery Disease. [Updated 2022 Jun 5]. In: StatPearls [Internet]. Danik JS, Manson JE. Vitamin d and cardiovascular disease. Curr Treat Options Cardiovasc Med. 2012 Aug;14 Rabito MJ, Kaye AD. Complementary and alternative medicine and cardiovascular disease: an evidence-based review. Evid Based Complement Alternat Med. 2013 Coronary Artery Disease. What is coronary artery disease? Centers for Disease Control and Prevention. July 2021. Overview. Coronary Artery Disease. March 2020. Shahjehan RD, Bhutta BS. Coronary Artery Disease. [Updated 2022 Nov 7]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan InformedHealth.org [Internet]. Cologne, Germany: Institute for Quality and Efficiency in Health Care (IQWiG); 2006-. Coronary artery disease: Overview. 2013 Feb 13 Olvera Lopez E, Ballard BD, Jan A. Cardiovascular Disease. [Updated 2022 Aug 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan Hajar R. Risk Factors for Coronary Artery Disease: Historical Perspectives. Heart Views. 2017 Jul-Sep;18 Bazzano LA, He J, Ogden LG, Loria C, Vupputuri S, Myers L, Whelton PK. Legume consumption and risk of coronary heart disease in US men and women: NHANES I Epidemiologic Follow-up Study. Arch Intern Med. 2001 Nov 26 Cai Q, Mukku VK, Ahmad M. Coronary artery disease in patients with chronic kidney disease: a clinical update. Curr Cardiol Rev. 2013 Nov;9 Karnoutsos K, Papastergiou P, Stefanidis S, Vakaloudi A. Periodontitis as a risk factor for cardiovascular disease: the role of anti-phosphorylcholine and anti-cardiolipin antibodies. Hippokratia. 2008 Jul Brown JC, Gerhardt TE, Kwon E. Risk Factors For Coronary Artery Disease. [Updated 2022 Jun 5]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan Manchanda SC. Yoga–a promising technique to control cardiovascular disease. Indian Heart J. 2014 Sep-Oct Gilani, T.A., Mir, M.S. Association of road traffic noise exposure and prevalence of coronary artery disease: A cross-sectional study in North India. Environ Sci Pollut Res 28 Abbasi J. The COVID Heart—One Year After SARS-CoV-2 Infection, Patients Have an Array of Increased Cardiovascular Risks. JAMA. 2022 Fact sheet. Coronary Heart Disease and Exercise. Nocini, Riccardoa; Favaloro, Emmanuel J.b; Sanchis-Gomar, Fabianc; Lippi, Giusepped. Periodontitis, coronary heart disease and myocardial infarction: treat one, benefit all. Blood Coagulation & Fibrinolysis 31(6):p 339-345, September 2020. Brown JC, Gerhardt TE, Kwon E. Risk Factors For Coronary Artery Disease. In: StatPearls. StatPearls Publishing, Treasure Island (FL); 2022.

===============================================

Varicose veins Also known as Varicosity, Venous blood vessels, and Vena Overview

Varicose veins are abnormal, dilated blood vessels caused by a weakening of the walls of the blood vessels. They may appear as swollen, twisted clusters of blue or purple veins. These occur because standing and walking increases the pressure in the veins of the lower body.

Varicose can appear anywhere, but most often appear on the legs, in the pelvic area, and on the surface of the skin. Mild cases of varicose veins just produce leg discomfort and may just look aesthetically unpleasing but the severe form can lead to pain, swelling, itching bleeding, and eventually ulcer formation.

Older women are at a higher risk of developing varicose veins due to hormonal changes and loss of elasticity of the vein walls. Other risk factors can include prolonged standing or sitting, family history, and trauma.

Treatment might involve conservative or surgical management. Conservative management comprises self-care measures and compression therapy. Surgical or minimally invasive procedures are done by a healthcare provider to close or remove veins. Key Facts Usually seen in Adults above 55 years of age. Gender affected Both men and women, but more common in women. Body part(s) involved Legs Feet Calves Pelvis Prevalence World: 2-73% (2022) India: 5% (2016) Mimicking Conditions Lymphedema Deep vein thrombosis Cellulitis Stasis dermatitis Necessary health tests/imaging Tourniquet tests: Trendelberg test and Perthes test. Imaging tests: Venous doppler test, Color duplex ultrasound scan, Magnetic resonance imaging (MRI), and CT Angiogram. Treatment Conservative management: Compression therapy. Surgical management: Conventional surgery, Vein stripping, Radiofrequency, and laser ablation. Minimally invasive procedures: Endovascular Laser Ablation( EVLA), Micropuncture or micro-incision or stab phlebectomy, and Transilluminated powered phlebectomy See All Symptoms Of Varicose Veins

Patients with varicose veins present with symptoms ranging from asymptomatic to significant symptoms, which include:

Discomfort Itching (eczema) Swelling Aching pain that may get worse after sitting or standing for a long time Blood clots in the deep veins of the legs Twisted, swollen, and lumpy looking veins The veins are blue or dark purple Throbbing or cramping Rash that is itchy or irritated Darkening of the skin and loss of soft texture of the skin A minor injury to the affected area may result in longer bleeding than normal Tender areas around the veins Fat under the skin just above the ankle can become hard, resulting in the skin shrinking Irregular whitish patches that look like scars appear at the ankles Irresistible urge to move the legs, typically in the evenings.

Varicose veins can lead to painful ulcerations on the legs if not managed properly. Learn how to effectively manage varicose veins. Read This!

Causes Of Varicose Veins

Varicose veins may be caused by weakened valves within the veins that result in the pooling of blood in the veins instead of traveling to the heart. The causes of varicose veins can include:

Primary varicose veins: These can have a hereditary factor like weakness in the wall of the vein and occur in some members of the same family.

Secondary varicose veins: These develop because of secondary causes such as trauma or deep vein thrombosis (blood clots in the deeper veins).

Familial and congenital varicose veins: These are due to disorders due to vascular malformation in the limb, present at birth. Did you know? There is a simple test that can detect the presence of blood clots and it’s called the D-Dimer test. To Know More Click Here! Risk Factors For Varicose Veins

The most important risk factors leading to the development of varicose veins are: Age This is due to the loss of elasticity of the tissues as a person gets older, causing the valve system to fail. Gender Women have a higher incidence of varicose vein disease due to high levels of female hormones (estrogen) and their effect on the vein walls. Family history Studies show that screening of parents and family members revealed if parents and grandparents had the problem, it will increase the risk of varicose veins irrespective of gender. Obesity Being overweight can put extra pressure on veins, studies demonstrate that the risk increases especially in overweight women.

Know more about the 6 health risks of obesity. Read This!

Alcohol and smoking Studies concluded that alcohol is likely to increase the risk of varicose veins in women and smokers had a higher incidence of varicose veins compared with non-smokers in both genders.

Are e-cigarettes safe? Do they help you quit smoking? Get all these questions answered

Hormonal changes These occur during different stages of life and include puberty, pregnancy, menopause, post-menopause, hormone replacement, and other medicines containing estrogen and progesterone that may contribute to the development of varicose veins. Prolonged standing Occupations that involve prolonged standing increase the volume and pressure of blood in the lower legs due to the effects of gravity leading to the development of varicose veins. Immobility Lack of mobility like sitting for a long time especially when legs are bent or crossed may force veins to work harder to pump blood to the heart increasing the risk of varicose veins formation. Physical trauma Trauma or damage to the underlying blood vessels is an important risk factor leading to the formation of varicose veins. Deep vein thrombosis (DVT) A DVT occurs when a blood clot forms in one or more of the deep veins in the body, especially in the legs. DVT significantly increases the risk of incidents of varicose veins. Tall height In both sexes, increasing height showed a significant relationship with varicose veins.

Know the actual reason why some people are taller than others. Click Here!

Diagnosis Of Varicose Veins

Diagnosing varicose veins requires a thorough history, physical examination, and series of tests. They include:

Complete medical history This should include previous interventions or surgery on the affected leg, pregnancy, ulcerations, trauma, any history of uterine fibroids and cancer, previous DVT (deep vein thrombosis), past hospital stays, cardiovascular disease, and previous lower limb fracture.

Clinical examination The clinical evaluation of varicose veins in the standing position and inspected for redness, tenderness, swelling, hyperpigmentation, and ulcerations. Classification of venous reflux is used to assess the clinical severity of symptoms, it includes:

C0: No visible or palpable signs of venous disease C1: Reticular veins (purple blue veins) C2: Varicose veins C3: Edema (swelling) C4a: Pigmentation and itching C4b: Changes in the skin of the lower legs and White scar as a result of healed ulcer C5: Healed leg ulcer C6: Active ulcer on the leg

To determine the exact cause the tests include:

Trendelenberg test: Also known as Brodie–Trendelenburg test, it determines the competency of the valves in the superficial and deep veins of the legs in patients with varicose veins. It is done by elevating the leg to 45º, and a tourniquet is applied to the midthigh after the veins have completely drained.

Perthes test: This is done in a standing position with a tourniquet applied to the midthigh. If the varicose veins collapse after a 5-minute walk or varicose veins become more prominent and painful with walking, then the deep veins are obstructed.

Imaging techniques If the cause of varicose veins is not clear from the clinical examination or if an intervention is being considered then imaging tests are done. They include:

Venography: It is a procedure of an x-ray of the veins after a special dye is injected into the bone marrow or veins. It is done to find blood clots, and identify a vein for use to assess varicose veins before surgery.

Venous doppler test: This is an ultrasound scan to check the direction of blood flow in the veins and check if there are any blood clots in the veins.

Color duplex ultrasound scan: It involves using high-frequency sound waves to look at the speed of blood flow, and the structure of the veins in the legs.

Computed tomography (CT): It can help find deep, hidden varicose veins and even the root cause behind the symptoms. Studies show that CT venography can provide an excellent road map for varicose veins surgery.

Magnetic resonance imaging (MRI): It can be used as an alternative tool that plays a better role in assessing varicose veins of the lower extremities and deep veins of the pelvis and abdomen.

CT Angiogram: This test can help your doctor confirm whether you have varicose veins or any other problem. A dye is injected that outlines your veins on x-ray images.

Ambulatory venous pressure measurements

It is used to detect the decline in pressure from a higher value in the leg veins. Ambulatory venous pressure (AMVP) measurement is considered the gold standard in evaluating calf pump function in chronic venous disease.

Book your tests from the comfort of your home Click Here!

Celebs affected Tapsee Pannu Tapsee Pannu is a critically acclaimed Indian movie star who recalls her encounter with the varicose veins. “When I see this picture I remember how I got my varicose veins operated on and removed just 6 weeks before I started training. Now those scars can act as an evil eye,” she wrote in her Instagram post. Britney Spears This American singer-songwriter, who is also a mother of two, went through exactly the same body metamorphosis as any other expecting mum that includes varicose veins. According to one report from 2018, Britney sought to get her damaged veins removed through an laser treatment. Prevention Of Varicose Veins

As the saying goes” he who has a healthy body has everything” and the prevention of varicose veins mainly consist of making lifestyle changes that you would do just to keep yourself healthy. They are as follows:

Be active and exercise regularly Regular exercise is a way to promote good blood circulation, as well as increase vein and muscle strength. Strenuous exercises should be avoided if you already have varicose veins

Are you too lazy to sweat? Read more about tips and tricks that can help you get moving. Tap Here! Maintain a healthy weight As obesity is one of the known factors for the emergence of varicose veins, weight control helps avoid pressure on leg circulation. Avoid prolonged sitting or standing If you must stand for a long time, shift weight from one leg to the other every few minutes. While sitting for a long period, take short walks every 30 minutes.

Note: Avoid high heels for a long time as this can result in lost efficiency of the veins causing pooling of venous blood in the leg. You can also buy heel supporters that can help you with the discomfort.

Explore our range now Explore Our Range Now!

Wear loose clothing Extra tight clothes throughout the day can reduce blood circulation, so, be sure to wear loose-fitting comfortable clothing to help promote good circulation. Keep your legs elevated To improve blood circulation in your legs take several short breaks throughout the day to elevate your legs above the heart level. Use compression stockings Wearing compression stockings or socks improves blood flow by placing pressure on the legs relieving leg swelling and lowering the risk of blood clots formations in the legs.

Buy compression stockings online. Click Here! Eat the right diet Excess salt can cause swelling in the legs. Eating a low-sodium diet with high-fiber foods can help to prevent varicose veins. Control your blood pressure High blood pressure puts an extra strain on blood vessels making them more susceptible to becoming varicose veins. Limit sun exposure Sun exposure can worsen the appearance of varicose veins and excessive exposure to the sun can cause spider veins (small dilated red or purple veins) on the cheeks or nose in fair-skinned people.

Protect yourself from the harsh rays of the sun. Choose from the widest range of sunscreens that best suit your skin. Shop Now! Specialist To Visit

Varicose veins require accurate diagnosis and a comprehensive treatment team doctors who can help you manage them and they include:

General physician Vascular surgeon Physical medicine rehabilitator Primary care provider

A vascular surgeon specializes in surgery for vascular system diseases. A physical medicine and rehabilitation doctor restores function and quality of life to those with physical disabilities and a primary care provider (PCP) prevents, diagnoses, and treats diseases.

When to visit your doctor?

Take an appointment with the doctor immediately if:

You have pain while walking or standing You develop a sore or tender lump near a varicose vein You have swelling in your ankles or feet Your skin over a varicose vein bleeds on its own or when injured.

If you notice any of these symptoms seek advice from our trusted team of doctors immediately. Consult Now! Treatment Of Varicose Veins

Varicose veins treatment requires a correct understanding of the severity of symptoms. The treatment consists of the following:

Conservative management For individuals with milder symptoms and who do not want to undergo surgery using long-term graduated compression stockings, leg elevation, and oral pain medications can be a means to relieve the symptoms. Stockings should be worn daily if you want to see results and avoid surgery. Surgical management For patients with symptomatic veins and substantial venous incompetence, surgery has been the optimal treatment for many years. Traditional surgical treatment consisted of the following:

Conventional surgery: A small incision is made in the groin crease and the top of the main incompetent vein is dissected and tied off. A fine plastic wire is passed through the vein and retrieved through the inside of the leg at the knee level. Vein stripping: This procedure is used to remove or tie off a large vein in the leg that helps treat varicose veins. Radiofrequency and laser ablation: These involve passing a probe up the long vein from knee level to the groin under ultrasound guidance and then ablating the vein in sections. This avoids a groin incision and may lead to less bruising and quicker recovery. Sclerotherapy: This involves the injection of an agent called sclerosant into varicosities, followed by a period of compression bandaging and/or compression hosiery. The main risk of sclerotherapy is injection outside the vein, which can result in local tissue necrosis and scarring. Foam sclerotherapy: This involves mixing sclerosant with a small quantity of air to produce a foam that spreads rapidly and widely through the veins, pushing the blood aside and causing the veins to go into spasm.

Minimally invasive procedures Endovascular Laser Ablation( EVLA): This is a preferable treatment usually for larger varicose veins in which a thin catheter inserted into an enlarged vein heats the tip of the catheter using radiofrequency energy. As the catheter is pulled out, the heat destroys the vein by causing it to collapse and shut. Micropuncture or micro-incision or stab phlebectomy: In this procedure, a physician makes a tiny incision and uses a surgical instrument or a large needle to hook the problem vein through the opening. The vein is then removed a tiny piece at a time. Transilluminated powered phlebectomy: The procedure involves inserting a light under the skin while simultaneously injecting a mixture of saline and a local anesthetic that guides the surgeon to cut the vein into smaller pieces and suction the pieces from the space.

Management of spider veins Many patients will have visible superficial veins referred to as “spider veins”. These may not be a cause of worry just for cosmetic sake but can also be painful. Its management includes:

Liquid sclerotherapy: It involves the injection of a liquid sclerosant into the superficial veins. Phlebectomy: It involves removing larger superficial varicose veins through small 2 mm to 3 mm incisions. Laser therapy: Laser light can destroy the vein without damaging your skin. Laser therapy is only used to treat spider veins and is not useful for varicose veins.

Did you know? COVID- 19 patients appear to have blood clotting problems, leading to DVT which is a major risk factor for the development of varicose veins. Read all the FAQs related to COVID- 19. Click Now! Home care For Varicose Veins

Lifestyle modification is crucial to ensure as complete and durable a treatment response as possible. All management modalities to treat varicose veins are considered safe and can be long-term or short-term. But, do we always have to opt for surgery? there are certain home remedies that can be beneficial, but they include:

1. Apple cider vinegar: It helps clean the body and enhances the circulation of blood through the veins. A study suggested that the external application of apple vinegar on varicosity patients increased the positive effects of conservative treatment.

Explore our range of apple cider vinegar products. Fill Your Cart Now!

1. Red chili (Laalmirch): Also known as cayenne pepper is rich in vitamin C and antioxidants that treat allergies and viruses. The substance inside the pepper prevents blood clotting, helping prevent varicose veins.
2. Garlic (Lahsun): It contains flavonoids that help strengthen the veins and blood vessels, keeping them safe from damage thus, reducing varicose veins.
3. Lemon (Nimbu): It is a powerhouse of nutrients and minerals and vitamin C that can prevent varicose veins, and fluctuating blood pressures, and keeps the skin glowing too.

Note: Extract the juice from 2 to 3 lemons and add 4 teaspoons of olive oil. Mix it with the garlic paste and leave it overnight. Massage the affected area of Varicose veins with that mixture twice a day for two months to see the results. Read more about the health benefits of lemons. Click Now! Complications Of Varicose Veins

Varicose veins complications might be rare, but they include:

Venous ulcers: These are leg ulcers caused by problems with blood flow in your leg veins. Pain: An achy or heavy feeling in the legs along with burning, throbbing, muscle cramping, and swelling in the lower legs. Poor cosmesis: Cosmesis usually refers to the surgical correction of disfiguring defects, which becomes difficult with the presence of varicose veins. Thrombophlebitis: Swelling of the veins in your leg. Deep vein thrombosis (DVT): It can cause pain and swelling in the leg, and may lead to serious complications like pulmonary embolism. Bleeding: Uncontrolled bleeding near the surface of your skin can result from varicose veins.

Read more about first aid tips to stop bleeding. Click Here!

Alternative Therapies For Varicose Veins

Alternative or complementary therapies have proven to alleviate the symptoms of varicose veins and when incorporated with the treatment plan have shown promising results. Some of them include: Hydrotherapy Studies show that hydrotherapy is effective in treating primary varicose veins along with compression therapy and other conservative treatments. The warm sitz bath hydrotherapy is an effective non-invasive therapy for uncomplicated varicose veins and requires a high degree of patient compliance. Leech therapy A study suggested that the medicinal leech sucks venous blood and aids ulcer healing, and can be used as an effective adjunct in the management of complicated varicose veins. This however requires further evaluation by controlled trials. Ayurveda It can be helpful in treating painful venous ulcers, a complication of varicose veins. Studies suggest that therapeutic procedures, sodhana (purification therapy), act on non-healing ulcers and help them heal.

Check out our Ayurveda page. Click Here!

Living With Varicose Veins

Varicose veins cannot always be avoided completely, they may cause serious issues if not taken care of. Some pieces of advice that can help you in order for the disease, not to progress include:

Make the right dietary choices Potassium-high foods, such as almonds and pistachio nuts, reduces water retention and can help in reducing varicose veins. Also, cutting down on salty food can minimize water retention.

Know more about the top 50 potassium-rich Indian food sources. Read This Now! Add flavonoids to your plate Flavonoids improve blood circulation, reduce blood pressure in the arteries, and can relax blood vessels, all of which can reduce varicose veins. Foods that contain flavonoids include:

Onions Bell pepper Spinach Broccoli Grapes Cherries Apples Blueberries Cocoa Garlic

Massage religiously Gently massaging the affected areas can blood circulation through the veins. Use massage oils or moisturizers for optimal effects and avoid pressing directly onto the veins as it can damage fragile tissues. Make sure to keep moving Avoid sitting for long periods of time and aim to get up and move around or change position frequently to keep the blood flowing smoothly. Also, avoid sitting with crossed legs, as it restricts blood flow to the legs and feet, which may add to circulation problems. Take a cold shower Cold water improves blood circulation. You can also massage with a jet of water from the feet to the thighs. Make sure to keep the skin of the affected area clean and well-hydrated. Say “No” to alcohol and tobacco As we have established these are the risk factors for varicose veins, they can worsen the symptoms if you already have varicose veins, hence avoiding them will not only help you with the symptoms but it can help you take that extra step towards leading a healthy life.

Try our smoking cessation range if you are keen on quitting this deadly habit. Browse Now!

Be aware of the tourist class syndrome Also known as traveler’s thrombosis is a condition that occurs when you have to sit in the same position for a long time. To avoid this, perform foot exercises, keep sipping water, wear loose comfortable clothing, and make sure to keep moving every 2 hours in case of a long flight. Take post-procedure follow-ups seriously After endovenous ablation treatment, most physicians recommend a duplex ultrasound examination of the treated leg within the first week to evaluate for deep vein thrombosis.

Frequently Asked Questions 1. Are varicose veins painful? 2. How do you determine if you have symptomatic varicose veins? 3. Is the condition a health concern? 4. Is the loss of a vein a problem? 5. What needs to be done if compression stockings don’t work? References Lin F, Zhang S, Sun Y, Ren S, Liu P. The management of varicose veins. Int Surg. 2015 Jan;100(1):185-9. Rana, Nimarta. (2017). Varicose Vein: Review Article. Piazza G. Varicose Veins. American Heart Association. Circulation. 2014;130:582-587. Sharma et al. FAMILY HISTORY AS MAJOR PREDISPOSING FACTOR IN VARICOSE VEINS DISORDER. ejbps, 2017, Volume 4, Issue 12 392-396. Research Article SJIF Impact Factor 4.382. Ahti TM, Mäkivaara LA, Luukkaala T, Hakama M, Laurikka JO. Lifestyle factors and varicose veins: does cross-sectional design result in underestimate of the risk?. Phlebology. 2010;25(4):201-206. Min SK, Kim SY, Park YJ, et al. Role of three-dimensional computed tomography venography as a powerful navigator for varicose vein surgery. J Vasc Surg. 2010;51(4):893-899. Raju S, Walker W, May C. Measurement of ambulatory venous pressure and column interruption duration in normal volunteers. J Vasc Surg Venous Lymphat Disord. 2020;8(1):127-136. Antani MR, Dattilo JB. Varicose Veins. [Updated 2022 Jul 13]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan. Atik D, Atik C, Karatepe C. The Effect of External Apple Vinegar Application on Varicosity Symptoms, Pain, and Social Appearance Anxiety: A Randomized Controlled Trial. Evid Based Complement Alternat Med.2016;2016:6473678. Ernst, E., Saradeth, T., & Resch, K. L. (2016). Hydrotherapy for Varicose Veins: A Randomized, Controlled Trial. Phlebology. Bapat RD, Acharya BS, Juvekar S, Dahanukar SA. Leech therapy for complicated varicose veins. Indian J Med Res. 1998;107:281-284. Patil D, Jahagirdhar SH, Toshikhane HD. An integrated approach in the treatment of varicose ulcers. Anc Sci Life. 2013 Jan;32(3):161-4. Mishra S, Ali I, Singh G. A study of epidemiological factors and clinical profile of primary varicose veins. Med J DY Patil Univ [serial online] 2016 [cited 2022 Oct 18];9:617-21. Aslam et al. Global impact and contributing factors in varicose vein disease development.SAGE Open Medicine Volume 10: 1–13. Jul 2022.

===============================================

Cough Overview Cough is a protective reflex that expels mucus, bacteria, and other foreign substances. It is the body’s defense mechanism to clean the lungs and airways.

Cough can be acute or short term which usually lasts less than 3 weeks whereas chronic or persistent cough can last from 3 to 8 weeks. There can be numerous causes for cough. You may develop cough due to upper respiratory tract infections, allergies, pneumonia, asthma or other medical conditions. Moreover, cough might also be accompanied by other symptoms such as shortness of breath, wheezing sound, hoarseness of voice, or chest pain depending on what is causing it.

Acute cases of cough are usually managed by home remedies such as steam inhalation, gargling with salt water, using a humidifier or taking cough suppressants and expectorants. Drinking warm water or avoiding foods that can aggravate cough such as oily foods can also help in improving your condition.

However, in case of chronic cough, antibiotics and other medications might be prescribed depending on the cause and duration of your cough. Treatment of the underlying cause of cough also needs to be addressed in such cases. Key Facts Usually seen in All age groups Gender affected Both men and women Body part(s) involved Larynx Pharynx Bronchioles Lungs Mimicking Conditions Bronchiolitis Bronchogenic carcinoma Chronic aspiration COPD Congestive heart failure Foreign body of the airway Interstitial lung disease Neuromuscular disorders Psychogenic cough Sarcoidosis Necessary health tests/imaging Chest x-ray Sputum examination Bronchoscopy CT scan Treatment Cough suppressants: Dextromethorphan, Levocloperastine & Codeine Expectorants & mucolytics: Guaifenesin Antibiotics: Amoxicillin clavulanate Bronchodilators: Salbutamol, Budesonide, Montelukast & Theophylline Antihistamines Analgesics Specialists to consult General physician ENT specialist Pulmonologist Allergist Causes of Cough

There can be numerous causes of cough. Acute or short term cough usually lasts less than 3 weeks whereas chronic or persistent cough can last from 3 to 8 weeks. The various causes are discussed below:

Causes of acute or short-term cough

1. Acute viral or bacterial upper respiratory infection Viral infections of the upper respiratory tract which include the common cold, viral laryngitis and influenza are the most common cause of cough. In such cases, cough is usually accompanied by fever, sore throat and runny nose. Cough can also occur due to bacterial infections in certain cases.
2. Inhalation of irritants or allergens Acute exposure to dust, smoke, toxic fumes, mold, pollen & pet fur can cause inflammation of the upper respiratory tract and initiate coughing.
3. Acute rhinosinusitis In acute rhinosinusitis, there is an inflammation and infection of the lining of the paranasal sinuses. This infection can cause mucus to collect at the back of the throat, which may make the throat itch. Some people might frequently cough to try to clear their throats, while others might experience uncontrollable coughing.
4. Pertussis or whooping cough Pertussis or whooping cough may cause violent coughing led by a gasp for air. Pertussis is caused by a bacteria called Bordetella pertussis that affects the respiratory tract.
5. Lower respiratory tract infections These are more severe viral and bacterial infections which can affect the airways in case of bronchitis and even the lungs in case of pneumonia. They usually cause a deep, persistent cough along with fever.

Causes of chronic or persistent cough The reason behind a chronic cough is more difficult to diagnose. It needs diagnosis from a cough specialist or a pulmonologist. Possible causes of chronic cough include:

1. Upper airway cough syndrome Upper airway cough syndrome is a chronic post-nasal drip, which tends to irritate the upper airway, inducing cough.
2. Hay fever or allergic rhinitis Allergic rhinitis is an inflammation of the nasal mucosa, which is secondary to an allergic irritation occurring due to environmental factors. This results in increased mucus secretion. The mucus may also gather in the throat, causing post-nasal drip. This, in turn, may irritate the airways and stimulate a cough. It is usually associated with dry cough, sneezing and runny nose.
3. Chronic sinusitis After a bacterial infection, your sinus and nasal mucosa may become irritated and inflamed, resulting in cold-like symptoms and cough over time.
4. Chronic bronchitis Excessive mucus plugging in the airways causes a cough that lasts more than 3 months. Chronic bronchitis is not always of infectious origin but may be caused by bacterial infections in the past. Smoking is also an important risk factor of chronic bronchitis, and thus, a cause of cough.
5. Post-infectious cough While recovering from an infection, the cough receptors become hyperresponsive, thereby inducing cough.
6. Gastroesophageal reflux disease (GERD) In GERD, acidic contents from the stomach enter into the throat. This causes the receptors in the throat to get irritated, causing cough. Cough caused due to GERD worsens on lying down because on lying down the stomach contents travel back to the throat and cause cough.
7. Asthma In asthma, the body’s immune system becomes hyper-responsive to external factors. This may cause inflammation, bronchial hyperreactivity & intermittent airflow obstruction with constriction of the airways, thereby inducing cough.
8. Chronic obstructive pulmonary disease (COPD) It is a chronic inflammatory lung disease that causes obstructed airflow from the lungs and is usually associated with smoking. A cough caused by smoking is almost chronic in nature with a distinctive sound. It’s often called a smoker’s cough.
9. Congestive heart failure (CHF) In CHF, the heart’s ability to pump blood reduces. This results in buildup of fluid in the lung, causing cough.
10. Intolerance to angiotensin-converting enzyme (ACE) inhibitor medicine A dry cough is one of the most bothersome side effects of ACE inhibitors taken by people for hypertension.
11. Obstructive sleep apnea In obstructive sleep apnea, the airways get partially or completely blocked for a short period of time during your sleep. This raises airway resistance, thereby causing chest and diaphragm spasms, resulting in cough.
12. Throat disorders Diseases such as croup in children, cause a distinctive barking cough and a harsh sound called stridor when the child breathes in.
13. Psychosomatic cough This type of cough has psychological causes such as anxiety, stress and depression and may have been adapted with habit rather than any disease condition.

Other less common causes of cough

1. A foreign body Accidently, food or other objects can go down the windpipe instead of the food pipe causing cough.
2. Tuberculosis (TB) Symptoms of TB are usually coughing for three or more weeks along with coughing up blood or mucus, chest pain, or pain with breathing or coughing.
3. Lung cancer Cancer starts when cells in the lung begin to grow out of control. It is mostly associated with chronic smokers.
4. Cystic fibrosis This is a genetic disorder that affects the lungs and causes chronic cough.
5. Bronchiectasis This is a condition in which airways of the lungs are permanently damaged and widened leading to a buildup of extra mucus.
6. Pulmonary embolism In pulmonary embolism, a blood clot or embolus travels, usually from the legs, to the lungs causing sudden shortness of breath along with a lingering dry cough.
7. Pneumothorax A pneumothorax or a collapsed lung occurs when air leaks into the space between the lung and the chest wall. It can be spontaneous or due to some chest injury, certain medical procedures, or underlying lung disease. Signs of a collapsed lung include sudden chest pain, dry cough and shortness of breath. Is it cough or COVID-19? COVID-19, caused by the novel coronavirus (SARS-CoV-2), commonly causes dry cough among other symptoms such as fever, tiredness, and loss of smell. In some people, cough can be severe, often accompanied by high fever and breathlessness, indicating pneumonia. Severe cough can put great strain on the throat and cause pain while eating or speaking. Managing the cough, clearing it out properly and being able to breathe properly again is a big part of recovery from COVID-19. Home remedies such as steam inhalation, and salt water or betadine gargle can provide relief to some extent. Here’s more on COVID-19. Click To Read! Symptoms Of Cough

Cough, which is often mistaken as a disease condition, is a defense mechanism of the body to clear off mucus, bacteria, debris, and retained waste from your airways. The symptoms of cough may vary depending on the type of cough and the underlying pathology.

1. Whooping sound If you have a whooping sound while coughing, you have a whooping cough. In this, there are violent bouts of cough, and it becomes hard for a person to catch a breath. This is a serious condition and should not be ignored.
2. Staccato cough In this type of cough, you may experience repetitive cough that occurs in short outbursts. It is usually a sign of lung or bronchial infection such as pneumonia.
3. Hoarseness of voice This is a common symptom if the cough is of either psychogenic origin or when there is the involvement of the laryngeal nerve.
4. Cough following exercise Cough during or after exercise or intense physical activity is common in asthma patients. This is accompanied by a wheezing sound and shortness of breath.
5. Itchy and dry throat Itchy and dry throat in cough is a symptom of bacterial or viral infection. Itchy throat is also a sign of hay fever or allergies.
6. Production of sputum When a cough is accompanied with thick mucus, also known as phlegm, then it is a sign of infection in the lungs or upper respiratory tract.
7. Night cough Certain conditions such as gastroesophageal reflux disease (GERD) can cause mucus to pool in the throat while lying down and result in night coughing.
8. Seasonal cough with watery eyes Dry, cold weather or allergy season can lead to seasonal allergies, causing cough, itchy throat, and watery eyes.
9. Dyspnea Cough along with dyspnea or difficulty breathing is common in patients with asthma, COPD, and other respiratory illnesses.

Wondering why your cough is lingering on? Here are 9 top reasons why that dreaded cough may not be going. Click To Know!

Risk Factors For Cough

You are at a risk of cough if you have one or more of the following condition or habit such as: Smoking Allergies Asthma Chronic obstructive pulmonary disease (COPD) Gastroesophageal reflux disease (GERD) Congestive heart failure Diagnosis Of Cough

If your cough is acute, it does not require any diagnosis and can be treated symptomatically. However, if there are any suspected underlying pathologies, then your doctor may recommend going for these diagnostic procedures.

Chest X-ray: A chest X-ray is done when a cough is determined to be severe or if the patient appears extremely ill. A chronic cough may also require diagnostic measures that include a chest x-ray and complete pulmonary function testing.

Bronchoscopy: Bronchoscopy provides direct visualization of vocal cords, trachea, and the airway passage. This is helpful in ruling out the presence of any mass in the vocal cord or throat.

Blood and skin tests: To diagnose if your cough is caused by an allergy, your doctor may recommend blood & skin tests for allergies.

Phlegm or mucus analysis: To diagnose the presence of any bacteria or tuberculosis, phlegm or mucus analysis is recommended.

Biopsy: A biopsy or a bronchoalveolar lavage is required to obtain samples for cytological analysis and presence of any microbes.

Echocardiogram: An echocardiogram may be indicated to look for any problem with the heart’s functioning that may be causing your cough.

CT scan: CT scan of the chest may be indicated for anatomical analysis of the chest region to look out for any abnormalities.

Gastroesophageal studies: Gastroesophageal studies evaluate speech and swallowing activities. This helps analyze aspiration and gastroesophageal reflux. Prevention Of Cough

By knowing what triggers cough, you can easily prevent it. Here are some of the preventive measures to cough:

Get vaccination for flu: If you have seasonal allergies, it is advised to get a flu shot. You also need to ensure you’ve had the pneumococcal vaccine if you’re 65 or older.

Wash your hands: Washing your hands is non-negotiable if you want to prevent common ailments like a cough or a cold. It is advised to wash your hands thoroughly before eating or touching your eyes, nose, or mouth. If you do not have access to clean water, carry a hand sanitizer when you travel.

Avoid contact with people who are sick: Just like all other common illnesses, you must wait for at least two weeks after the person got infected. The reason is, during this time, the person may be infectious, putting you at high risk of catching the infection.

Do not share belongings: Sharing stuff such as towels, utensils, etc. with the infected person can make you ill. Therefore, it is advised that to avoid contracting the disease, you must not share your personal stuff.

Dietary changes: A diet rich in fruits, fiber, and vegetables can help you prevent cough and other respiratory conditions and stay healthy in general.

Quit smoking: People who smoke tend to develop chronic cough, which is generally very hard to treat. To quit smoking there are various anti-smoking products available in the market that can assist you in smoking cessation.

Tobacco Threatens..!! Say No To Tobacco Now. How? Let Us Help. Click Here!

Specialist To Visit

For an acute or chronic cough you may consult doctors from these specialties such as: General physician ENT specialist Pulmonologist or lung specialist Allergist Gastroenterologist

Consult India’s best doctors online from a single click. Click To Book! Treatment Of Cough

Most cases of cough are symptomatically relieved with the help of cold & cough medicines. Some of the common treatment measures for cough include:

Cough suppressants Cough suppressants are used to decrease the intensity of cough by suppressing the cough reflexes. Examples include: Dextromethorphan Levocloperastine Codeine

Expectorants & mucolytics These are used in case of excessive mucus secretions where the main aim is to increase mucus clearance. These are usually prescribed for a wet or productive cough. They work by thinning the mucus in the air passages to make it easier to cough up the mucus and clear the airways. The most commonly used expectorant is guaifenesin.

Antibiotics If your cough is caused by chronic infectious upper respiratory infections, your doctor may prescribe antibiotic therapy. Amoxicillin clavulanate is the common antibiotic prescribed for cough.

Bronchodilators The treatment of a chronic cough should focus on the underlying etiology whenever possible. The treatment should be aimed at reducing coughing rather than suppressing the cough. If you suffer from asthma or other bronchoconstriction conditions, bronchodilators may be used for the bronchodilatory effect for symptomatic relief in emergency situations. Examples of drugs that belong to this class are: Salbutamol Budesonide Doxofylline Montelukast Theophylline

If there are any additional symptoms with cough, like an allergic reaction or pain on coughing, your doctor may prescribe: Antiallergic medications (antihistamines) Pain medications (analgesics) Did you know? Cough can be productive or non productive in nature. Here’s more on the types of cough and the medicine options available to treat them. Click To Know! Home-care For Cough

Along with medicines, you can also try certain tips or some simple home remedies to get rid of cough.

1. Keep yourself hydrated by drinking lots of fluids like coconut water, fruit juices, or infused waters. Fluids help to thin the mucus whereas lukewarm liquids like tea or soup can soothe the throat.
2. Honey is an excellent remedy when it comes to the treatment of cough. For a sore throat, you can mix honey in warm water or simply eat a spoonful of it. Never give honey to children younger 1-year-old as it might contain bacteria harmful for them.
3. Gargling with salt or povidone-iodine mixed in water is a simple but effective remedy that is of great help to remove mucus and soothe your throat.
4. Elevate your head with extra pillows while sleeping.
5. Use a cool mist humidifier in your room or work area or take a steamy shower to moisten the air. This will help in breaking the mucus buildup.

Ayurvedic herbs not only protect the airways and expel mucus but also boost your immune system. These are some of the ingredients that make up an all-natural, herbal cough syrup and are good for both dry and wet cough. Tap To Know!

Complications Of Cough

A little bit of cough every now and then is normal, however, persistent cough can indicate a health condition. Acute cough that lasts less than 2-3 weeks may be a sign of acute illnesses such as cold. Whereas, chronic cough which is persistent may be the result of: Asthma Bronchitis Sinus Allergy Dust fumes or occupational pollutants Gastro-esophageal reflux disease (GERD) You should not ignore persistent coughs (that have been there for more than four weeks) and seek medical advice, particularly if it disturbs your sleep or affects your work. Alternative Therapies Of Cough

Here are few of the remedies for cough other than your conventional medicines. 1. Thyme leaves contain flavonoids that help in relieving sore throat. You can boil a few thyme leaves in water and consume the mixture after straining to get relief from the sore throat. 2. Peppermint (Pudina) helps in providing relief from the sore throat. You can either consume it in the form of tea or inhale it by adding a few drops of peppermint oil in boiling water 3.Clove (Lavanga) can be fried in ghee and should be kept in mouth for sucking. This preparation is quite useful for relieving cough. 4. Take 60 mg powdered fruit of long pepper (pippali) and 120 mg of rock salt (saindhava lavana) mix it with hot water & take it two times in a day. 5. Take 3-6 gm of fruit and root of long pepper (pippali) and dried ginger (shunthi) in equal proportion. Mix this with honey and take this mixture two times in a day. 6. Prepare ghrta also called ‘ghee’ from equal part of fruit of black pepper (maricha), adrak (ginger) and raw sugar (sharkara). It is to be taken twice a day in a dose of around 12-24 gm. 7. Taking 1-3gm of sitopaladi churna with 4 to 6 gm of honey twice a day may also help. 8. You can also take 300mg of karpooradi churna along with equal parts of sugar candy, twice a day. 9. You may take a juice of ginger (adrak) 14 ml with equal quantity of honey, twice a day. 10. The decoction of tamarind (imli) leaves (14 to 28 ml) is to be taken with 2 g of rock salt (saindhava lavana) and 500 mg of asafoetida (hing) fried in ghee. This preparation can be taken twice a day. Living With Cough

If you are dealing with chronic cough, here are few simple tips which could help you deal better with your condition, without affecting your sleep and work. Stay away from allergic triggers: Identify what you’re allergic to and keep away from the allergen. Avoid polluted areas. Dust mites are one of the most common causes of allergies. Keep your clean and dust-free: Wash pillows, curtains and other upholstery regularly to eliminate the accumulation of dust. Consult a doctor: Any cough that lasts more than 3 weeks is associated with fever or other unusual symptoms needs proper evaluation by a registered medical practitioner. Avoid codeine containing cough preparations: This is because they can be habit forming in the long run. Also, avoid anti-allergy medicines in children and elderly as they can cause drowsiness. Do not self-medicate: Many over-the-counter (OTC) syrups contain a combination of multiple drugs like suppressants, expectorants & analgesics. They should be avoided as they may contain drugs which you may not even need. Use a humidifier: Dry air can aggravate your cough problems. You can use a humidifier in your room to keep the humidity. You can even try steam inhalation at home. Gargle with salt water: Take half teaspoon of salt and mix with a cup of water. You can gargle with this solution 2-3 times a day to get relief from cough. Use a thicker pillow: It is advised to use a thick pillow or use two pillows. This helps in elevating the trunk region, thus opening up the airways. Hydrate well: Drinking enough water before bedtime helps in clearing the throat and loosening the mucus. Sleep the right way: Sleeping on your back or stomach can aggravate the stomach. The best position to sleep while you have a cough is to sleep on your side. Frequently Asked Questions How do I know if my cough is serious? How to get rid of cough faster? How should you sleep when you have a cough? What should I eat when I have a cough? What foods should be avoided in cough? 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 <

===============================================

Vertigo Also known as Spinning of head and Dizziness Overview Vertigo is a sensation of feeling off-balance. A person may feel as if he/she or the surrounding environment is spinning in circles.

Vertigo arises due to a disturbance in the inner ear, or it may occur due to other head and neck conditions that affect balance. Often, these vertigo episodes are mild and do not require any treatment as they resolve on their own. However, treatment is needed when the attacks do not go away or are so severe that they interfere with a patient’s day-to-day activities.

If you have vertigo, you must consult your doctor as it may be the presenting symptom of an underlying disorder such as ear infection, cervical spondylosis, stroke or brain tumor. The treatment is aimed at management of the underlying cause of vertigo. Key Facts Usually seen in Adults above 65 years of age Gender affected Both men and women but more common in women Body part(s) involved Ear Brain Vestibular Nerve Prevalence Worldwide: 20-56% (2016)

Mimicking Conditions Presyncopal faintness Disequilibrium (Alcohol intoxication) Nonspecific or ill-defined lightheadedness Necessary health tests/imaging CT Scan (Head) CT Neck Plain MRI Brain MRI Cervical Spine Balance Tests Electronystagmography Chair Test Posturography Treatment Antivertigo medications: Betahistine & Cinnarizine Antiemetics: Promethazine & Ondansteron Antibiotics Vestibular suppressants: Antihistamine, Anti-anxiety medications & Anticholinergic drugs See All Symptoms Of Vertigo

Vertigo is not a disease but a symptom of an underlying condition. Symptoms can range from mild to severe, and vary from person to person depending on the cause of vertigo. Vertigo can also lead to or occur alongside other symptoms: When a person feels he/she is spinning or the world around him/her is spinning A feeling of abnormal balance or a loss of balance A sensation of dizziness or swaying Giddiness or feeling faint Increased sweating A sensation of nausea that may or may not be accompanied by vomiting Headaches A feeling of fullness in the ear Ringing in the ears or pain in the ears, or loss of hearing Abnormal or jerky eye movements called nystagmus Causes Of Vertigo

The ear is the organ responsible for maintaining vestibular equilibrium in the body. The innermost part of the ear, called the inner ear, has 3 loop-shaped structures called ‘semicircular canals’ which are responsible for the orientation of the body with respect to movements of the head. Any issue that causes a disturbance in these semicircular canals can lead to vertigo. This type of vertigo which is associated with the inner ear or the vestibular nerve, which connects the inner ear and the brain is called peripheral vertigo.This is the most common type of vertigo.

Neurological problems such as brain tumors, stroke, cervical spondylosis, multiple sclerosis, etc., cause central vertigo.

The various causes of vertigo are discussed as follows:

1. Benign paroxysmal positional vertigo (BPPV) Benign: not dangerous to health Paroxysmal: presents as a sudden, brief episode Positional: set off by particular head or bodily movements Vertigo: an internal sense of irregular or spinning movement either of oneself or of the surroundings BPPV is the most common cause of vertigo. It is a harmless condition that presents as mild to intense dizziness lasting for a few seconds or minutes. It is often associated with a sudden change in the position of the head or body, like bending over, turning in bed, or sitting up. BPPV usually resolves on its own and is not serious.

The inner ear is a system of canals filled with fluid that lets the brain know about movements of the head. In BPPV, small calcium crystals in the inner ear move out of place. Hence, the system is not able to send the correct signals to the brain.

BPPV can happen because of a head injury or aging as well. The natural breakdown of cells that happens with age or during injury is thought to be responsible for this.

1. Meniere’s disease This is a rare condition that causes severe vertigo, nausea, ringing in the ears, muffled or distorted hearing, hearing loss, and feeling of a plugged ear. This condition is characterized by excess fluid buildup in the inner ear. Meniere’s attacks usually happen suddenly and can last from 20 minutes to 24 hours. Patients also feel worn out after the attack passes.
2. Ear infections Viral and less commonly bacterial infections can cause inflammation of the nerves in the ears. The vestibulocochlear nerve, a nerve in the inner ear, has two branches: The vestibular nerve sends signals to the brain about balance. Its inflammation leads to vestibular neuritis. The cochlear nerve sends signals about hearing. Its inflammation causes labyrinthitis. This inflammation hinders the messages the nerves of the ear take to the brain. Hence, the symptoms of vertigo are experienced.

Rarely, another viral infection caused by the varicella-zoster virus can lead to Herpes zoster oticus, a type of shingles. It is an infection of the inner, middle, and external ear caused by the spread of the virus to the facial nerves. This leads to various symptoms of vertigo. In case it paralyzes the muscles of the face, it is known as Ramsay Hunt syndrome.

1. Acoustic neuroma (vestibular schwannoma): It is a benign tumor that develops on the vestibular or cochlear nerves leading from the inner ear to the brain. The pressure on the nerve from the tumor may cause vertigo.
2. Vestibular migraine Migraines are often characterized by painful headaches, however vestibular migraine may or may not involve headaches along with vestibular symptoms such as vertigo and imbalance. People with vestibular migraine do report common migraine symptoms, such as sensitivity to light, sensitivity to sound etc.
3. Cholesteatoma Repeated ear infections, skull or facial bone birth abnormalities or an injury to the eardrum can result in a noncancerous skin growth in the middle ear. This growth is called a cholesteatoma, and as it grows behind the eardrum, it can damage the bony structures of the middle ear. This can lead to the symptoms of vertigo.
4. Perilymphatic fistula The middle ear is filled with air whereas the inner ear is filled with fluid called perilymph. Usually, thin membranes separate the inner and middle ear. A tear in these membranes is called a perilymph fistula (PLF) which causes perilymphatic fluid from the inner ear to flow into the middle ear thereby affecting balance and hearing.
5. Central nervous system (CNS) disorders Neurological conditions such as brain tumors, stroke, transient ischemic attack, cervical spondylosis, seizures, ataxia, peripheral neuropathy, parkinson’s disease and multiple sclerosis etc., can also cause vertigo.

9.Trauma Concussion and head trauma or any trauma during ear surgery can also cause vertigo.

1. Syphilis Late neurosyphilis may affect the ear leading to hearing loss, fluctuating hearing, or vertigo. Is vertigo a symptom of Covid-19? Vertigo as one of the significant clinical manifestations of COVID-19. It can also be experienced a few weeks after the resolution of the disease symptoms. Since viral infections can impact the inner ear, leading to vertigo, it may be possible it could be caused by the Coronavirus. Very rarely, vertigo has also been reported post COVID-19 vaccination. However, more research is required to prove this relationship. Read More About COVID-19! Read More About COVID-19! Risk Factors For Vertigo

Vertigo can happen to anyone at any point of time in their life. It may occur as a one-time brief episode, or it may be long-lasting with intermittent periods of symptoms. Certain factors can increase the chances of developing vertigo, such as - Head and neck injuries Old age Gender (Females are more prone than males) A medical history of past episodes of dizziness Having a family member who has vertigo Certain medications, such as antidepressants, antipsychotics and antihypertensives Vitamin D deficiency Did you know? Women are two to three times more likely to suffer from vertigo than men. Although the exact cause is still not known, a 2020 study indicated that a difference in Vitamin D levels could be the reason. Also, bone loss caused by aging might increase the risk in women as compared to men. Check out your Vitamin D levels now. Book A Test! Diagnosis Of Vertigo

If you have symptoms of vertigo, you must visit your doctor who will perform a detailed physical examination, note down the history of symptoms, and may order certain diagnostic tests which are essential to determine the cause.

History: Before confirming the patient is having vertigo, it is essential to rule out the conditions that may mimic the symptoms of vertigo or any brain disorders. A physician performs a detailed overview checkup, reviewing the patient’s history, and can ask the following questions: The characteristics of the dizziness the person is experiencing. Does dizziness leads to imbalance and light-headedness. For how long the dizziness lasts. The frequency of vertigo attacks in a day. The symptoms faced by a person right before a vertigo attack. Balance Tests Vestibular system which is located in the inner ear along with the central nervous system is responsible for maintaining body balance. The following tests can be done to evaluate the functioning of these systems:

Fukuda-Unterberger’s test The doctor asks the patient to march on a spot for 30 seconds with their eyes closed. If they rotate or lean to one side, it could indicate a problem in the inner ear, which could cause peripheral vertigo.

Romberg’s test The doctor asks the patient to stand with their feet together, arms by their sides and then to shut their eyes. If the patient becomes unbalanced, it could point toward a problem with the central nervous system.

Rotary chair test This test records eye movements while the patient is sitting on a rotational computerized chair. The test evaluates the vestibular system which regulates balance, posture and the body’s orientation in space.

Computerized dynamic posturography (CDP) This test is also called test of balance (TOB). It evaluates the ability to remain standing in either stationary or moving conditions.

Vestibular evoked myogenic potentials (VEMP) test This test assesses vestibular function by measuring the reaction of muscles to a repetitive sound stimulus.

Video head impulse test(vHIT) The doctor will gently move the patient’s head to each side. Eye movements are recorded while the patient focuses on a stationary object like a spot on the wall.

Vestibular test battery A vestibular test battery includes several tests that will assess if vertigo is due to problems in the inner ear or due to some neurological cause. This helps in making an appropriate treatment plan.

Electronystagmography (ENG) and videonystagmography (VNG) tests These tests record and measure the eye movements. In ENG, electrodes or small sensors are placed over the skin around the eyes. In VNG, special goggles are placed on the eyes. Patient is asked to look at and follow patterns of light on a screen. Patient is asked to move into different positions while watching the light pattern. Then warm and cool water or air will be put in each ear. This should cause the eyes to move in specific ways. If the eyes don’t respond, it indicates damage to the nerves of the inner ear.

Imaging tests Radio imaging tests may be performed to determine the cause of vertigo. The following tests can help determine whether the cause is inner ear disturbances or other head and neck conditions like cervical spondylosis, brain tumor, etc. CT Scan (Head) CT Neck MRI Brain MRI Cervical Spine Other specific tests

Audiometry It helps in the diagnosis of Ménière’s disease, a rare disorder of the inner ear that causes episodes of vertigo.

Brainstem auditory evoked potentials (BAEPs) This test evaluates the function of the auditory nerve and auditory pathways in the brainstem, which could cause vertigo. Celebs affected Paresh Rawal Famous Bollywood celebrity Paresh Rawal suffered from an attack of acute vertigo on the sets while filming the movie ‘Atithi Tum Kab Jaoge’. Janet Jackson Janet Jackson is a famous American musician who had to postpone 9 shows because of vertigo. LeBron James NBA superstar LeBron James suffers from benign paroxysmal positional vertigo. Prevention Of Vertigo

By avoiding certain activities, it is possible to prevent spells of vertigo. Do not suddenly move your head from one position to another. Do not insert sharp objects or foreign matter deep into your ears for cleaning purposes. It may damage the inner ear. Do not engage in activities that involve swift, fast movements, such as joy rides. Always cover your ears while deep diving or swimming for a prolonged period as prolonged exposure to water may irritate the inner ear. Take care of your cervical spine by following the prescribed treatment if you have cervical spondylosis. Certain medications may precipitate spells of vertigo. In such cases, consult your doctor to make the necessary adjustments. Eating right and staying active can help with vertigo symptoms The role of a healthy lifestyle in staying healthy cannot be underestimated. Studies have shown that foods rich in sugar, salt, saturated fats, and caffeine, along with lifestyle habits such as alcohol consumption, smoking & physical inactivity can further worsen the symptoms. Read More! Specialist To Visit

Most cases of vertigo are mild and occur as a one-off episode. Such patients do not need to visit a doctor as vertigo often resolves on its own. However, if the vertigo is long-lasting, interferes with the ability to live a normal life, is accompanied by nausea, vomiting, headaches, weakness in the hands or legs, speech difficulties, hearing loss, it is essential to seek medical care. The specialist doctors who can diagnose and treat vertigo are: ENT specialist Neurologist Consult India’s best doctors from the comfort of your home. Book Now!

Treatment Of Vertigo

Often, episodes of vertigo are mild and resolve on their own without requiring treatment. In case the attacks do not go away or are so severe that they interfere with a patient’s day-to-day activities, treatment is needed. The treatment for vertigo depends on the cause and severity of the symptoms.

Antivertigo medications: These are a group of medications that are known to relieve vertigo (dizziness). One of the most commonly used drugs to treat vertigo arising out of Meniere’s disease is betahistine. It improves the blood flow to the inner ear and reduces the pressure of the excess fluid, which causes the symptoms of vertigo. Other examples include cinnarizine. Antiemetics: This is a class of drugs that help ease the symptoms of nausea and vomiting, frequently associated with Vertigo. Some of the commonly used preparations that are effective against nausea and vomiting associated with vertigo include Promethazine Ondansteron

Antibiotics: If the cause for vertigo is a middle or inner ear infection, it must be treated with antibiotics to resolve the infection, and thereby vertigo. Oral antibiotics and antibiotic ear drops help fight bacterial infections of the ear, thereby reducing the inflammation that causes Vertigo.

Vestibular suppressants: These are medications that reduce the intensity of vertigo due to vestibular imbalance. There are three main categories of drugs.  
Antihistamine preparations are the most commonly prescribed medicines that help reduce symptoms, such as dizziness and can prevent motion sickness. Anti-anxiety medications like benzodiazepines can also act as vestibular suppressants in low doses and can help reduce the symptoms of an acute vertigo episode. These medicines are not routinely prescribed as their use is restricted to acute severe vertigo episodes or to manage the anxiety associated with vertigo. Anticholinergic drugs like scopolamine help with dizziness and motion sickness. Living With Vertigo

Vertigo can often impose certain restrictions on an individual’s lifestyle. As symptoms of Vertigo are aggravated by sudden rapid movements of the head, a person with vertigo may not be able to enjoy adventure activities like joyrides and may face aggravated motion sickness, which may hinder traveling. Patients with vertigo may also be sensitive to bright lights, loud, and startling noises. Thus, they may not interact well in crowds or noisy places. Severe forms of vertigo that impair balance may predispose the patient to increased chances of falls and complications arising out of such falls. Home-care For Vertigo

A one-off episode of vertigo does not require any special care. However, if the episodes are severe and frequent, the patient needs to take utmost care. Avoid sudden, jerky movements of the head and neck. Sit down or lie down immediately when symptoms occur. Use walking aids, such as a cane or walking stick if you have severe vertigo and have an increased risk of falling. Avoid places with crowds, bright lights, and loud startling noises. Sleep with your head slightly raised on 2 or more pillows. Get out of bed slowly and sit on the edge of the bed for a while before standing up. Try to relax because anxiety can worsen vertigo. Do not bend over to pick things up. Squat to lower yourself instead. Do not stretch your neck - for example , while reaching up to a high shelf.

Since vertigo can occur repeatedly, here are some effective tips to help you to cope with this disorder. Here’s more about the practical ways to treat vertigo effective. Click To Read!

Complications Of Vertigo

If vertigo is left untreated, the underlying cause may worsen and lead to several complications, such as: Increased falls due to loss of balance Loss of hearing Loss of consciousness Alternative Therapies For Vertigo

Along with medications, alternative therapies are known to improve the symptoms of vertigo.

Canalith repositioning maneuver: These are a specific sequence of movements of the head wherein the doctor places the head in different positions slowly to allow the semicircular canals in the ear to adjust to normalcy. The doctor gently turns the patient’s head in predetermined positions which change the position of the inner ear and semicircular canals. These changes in position may dislodge any debris, etc. in the inner ear that may be exerting pressure and causing the symptoms of vertigo.  
Physiotherapy: Vestibular rehabilitation and balance training exercises are a specific set of exercises that can help improve balance, thereby decreasing the chances of falls and reducing dizziness. Vestibular rehabilitation consists of certain head and neck exercises that help a patient to deal with the symptoms and may also treat the underlying cause if it is due to any physical changes such as vertigo, arising from an improper posture of the neck that occurs with cervical spondylosis. Balance training includes exercises such as maintaining balance with an increasingly unstable surface such as standing on a wobble board or a disc, standing with eyes closed, ball catch and throw on an unstable surface, walking with side to side head turns, etc.

Homeopathy: Studies with homeopathic preparations have shown that homeopathy is as effective as conventional medications in controlling the symptoms of vertigo. Homeopathic medicines made from Ambra Grisea, Anamirta Cocculus, Conium Maculatum, and Petroleum Rectificatum are found to be effective in treating vertigo. Frequently Asked Questions How long does an episode of vertigo last? What care should I take to avoid triggering my vertigo? Does vertigo go away by itself? Can stress and anxiety cause vertigo? Is vertigo a sign of brain tumor? References Stanton M, Freeman AM. Vertigo. [Updated 2021 Apr 28]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan. Konrad HR. Vertigo and Associated Symptoms. In: Walker HK, Hall WD, Hurst JW, editors. Clinical Methods: The History, Physical, and Laboratory Examinations. 3rd edition. Boston: Butterworths; 1990. Chapter 123 Benign paroxysmal positional vertigo. Diagnosis, course, physiopathology and treatment. B, Sauron, S. Dobler. Rev Prat . 1994 Feb 1;44(3):313-8. Point prevalence of vertigo and dizziness in a sample of 2672 subjects and correlation with headaches. R. teggi et al, Acta Otorhinolaryngol Ital. 2016 Jun; 36(3): 215–219 Homeopathic vs. Conventional Treatment of Vertigo. A Randomized Double-blind Controlled Clinical Study. Michael Weiser et al. Arch Otolaryngol Head Neck Surg. 1998;124(8):879-885. doi:10.1001/archotol.124.8.879. Schultz AR, Neves-Souza RD, Costa Vde S, et al. Is There a Possible Association between Dietary Habits and Benign Paroxysmal Positional Vertigo in the Elderly? The Importance of Diet and Counseling. Int Arch Otorhinolaryngol. 2015;19(4):293-297. Song P, Zhao X, Xu Y, et al. Correlation Between Benign Paroxysmal Positional Vertigo and 25-hydroxyvitamin D. Front Neurol. 2020;11:576. Strupp M, Brandt T. Diagnosis and treatment of vertigo and dizziness. Dtsch Arztebl Int. 2008;105(10):173-180.

===============================================

Cracked heels Also known as Heel fissures and Split heels Overview Cracked heels is a common foot condition in which the skin on the heel becomes dry and hardened, resulting in splits due to the pressure of standing and walking.

The signs and symptoms of heel fissures include dry skin, a thick yellow or dark brown callus that causes pain and difficulty in walking.

Neglecting foot care, or lack of moisturizing, is often the main cause of cracked heels. It can also occur due to various other reasons, including wearing open-back shoes, being overweight, taking long hot showers, or having certain health conditions like diabetes or other skin disorders.

Treatment generally consists of over-the-counter products, insoles, liquid bandages, and certain home remedies. But if cracked heels are severe or infected, it may be necessary to see a medical professional to diagnose and treat the underlying cause. Key Facts Usually seen in Adults Gender affected Both men and women but more common in women. Body part(s) involved Feet Mimicking Conditions Scabies Plaque psoriasis Eczema (atopic dermatitis) Ichthyosis Allergic contact dermatitis. Necessary health tests/imaging Imaging tests: Dermoscopy, Wood’s lamp examination, and Radiographs. Blood tests: Complete blood count (CBC), Blood glucose test, and Nutritional tests Pedobarographic studies Skin biopsy Treatment Over-the-counter (OTC) products: Foot balms or moisturizers & Liquid bandages Debriding agents: Salicylic acid, Urea, Silver nitrate, and Glycerol Topical medications: Timolol Strapping Shoe inserts Specialists to consult General physician Podiatrist (Foot Specialist) Dermatologist (Skin Specialist) Orthopedic Symptoms Of Cracked heels The symptoms of heel fissures can vary in intensity from mild to severe. They include: Visible cracks or split on the skin on the heels Dry, hard, thickening of the skin around the rim of the heel Callus formation with brown or yellow discoloration Sensitivity or discomfort beneath the surface of the skin If not treated, mild symptoms can worsen and develop into more severe ones like: Pain while walking Itching and bleeding from the fissures on the heels Infection leading to warmth and redness Give your feet all the love and care they deserve. Shop from our foot care range. Tap here Causes Of Cracked Heels

Prolonged friction, pressure, or dryness can lead to the development of thick, hardened layers of dead skin, known as calluses. Calluses tend to easily crack if they become too dry or are constantly walked on. This can cause fissures to penetrate deeper layers of the skin, resulting in bleeding and discomfort. Did you know? People with diabetes often experience heel fissures. Diabetes can lead to nerve damage, particularly in the feet, which can result in reduced sweating and moisture. These heel fissures may predispose to foot ulcers that do not heal easily.

Explore our widest range of diabetes care products. Check them out now Risk Factors For Cracked Heels

Dehydration It is one of the main reasons for cracked heels, as the skin on the feet’s soles tends to lose moisture more easily when dehydrated. Learn more about 8 signs of dehydration that you cannot miss. Read this

Athlete’s foot It is a type of fungal infection that appears as a scaly rash and may result in the formation of cracked skin on the heels.

Eczema Also known as atopic dermatitis, it causes dry, inflamed, and cracked skin, which can lead to heel fissures. Tired of itchy skin? Listen to our experts talk about ways to manage eczema. Watch this video now

Uncontrolled diabetes It can lead to neuropathy, which is a type of nerve dysfunction that damages the nerves responsible for sweating. This raises the likelihood of individuals developing calluses and cracked heels. Learn about diabetes care. Click here

Hypothyroidism It is a condition where the thyroid gland does not produce sufficient hormones. When thyroid hormone levels are low, the body’s metabolism slows down, leading to decreased production of natural oils that keep the skin moisturized. This can cause dry and cracked feet.

Palmoplantar psoriasis It is a specific form of psoriasis that occurs on the palms and soles of the feet, leading to the formation of pustules(lesions), calluses, and cracks on the heels. Check out our widest range of products curated especially to give you some relief from psoriasis. Explore now

Juvenile plantar dermatosis Also known as sweaty sock syndrome or wet sock dermatitis, this is a skin condition that primarily affects children, between the ages of 3 and 14 years. It is characterized by red, dry, and scaly patches on the soles of the feet. Sjogren’s Syndrome It is a rare disorder in which the body’s immune system targets and damages glands responsible for producing sweat and moisture, resulting in dry skin. Obesity Studies suggest that obesity can cause skin changes. Individuals who are obese may have a higher likelihood of experiencing cracked heels due to the additional weight-adding pressure on the heels. Finding it difficult to reach your weight loss goals? Try weight management products. Click here Pregnancy The hormonal changes, weight gain, and increased pressure on the feet during pregnancy can contribute to skin dryness leading to cracked heels.

Bump ahead? We have a well-designed plan for all moms-to-be to help you sail through this beautiful journey with ease. Check out now

Aging As you age, the skin tends to become thinner, drier, and less elastic, reducing the production of natural oils that keep the skin moisturized, resulting in dryness and can contribute to cracked heels. Other factors There are additional factors related to the environment and body mechanics that may also be important. Living in dry and cold climates Taking long and hot showers Poorly fitted or open footwear (does not cover the back of the foot) Spending long periods of time standing, especially on hard surfaces Excessive running, jogging, and climbing that involve significant pressure and friction on the feet Occupations that involve constant friction or pressure on the skin, such as athletes or construction workers. Diagnosis Of Cracked Heels

Cracked heels are generally noticeable on the physical examination itself, but your doctor may conduct a few tests to diagnose the underlying cause. The diagnosis of cracked heels may require the following: 1. Medical history and physical examination During the examination, the doctor will look for signs of cracked heels and may ask about the type of shoes worn and any past treatments. They will also inquire about your walking style and foot positioning to identify any potential mechanical problems. 2. Laboratory tests The doctor may use other tests to find out what is causing cracked heels. Blood tests: These are not typically done specifically for cracked feet. However, some blood tests that may be considered to find the underlying cause may include: Complete blood count (CBC): This test helps detect signs of infection or inflammation. Blood glucose test: Measures the level of glucose (sugar) in the blood and is used to check for diabetes or impaired glucose tolerance, which can affect skin health. Nutritional tests: Certain deficiencies, such as in vitamins A, C, D, and E, can affect skin health, and blood tests can identify these deficiencies. Pedobarographic studies: Pedobarographs also known as pressure studies can be used to identify areas that have high pressure on the feet, which can be linked to cracked heels. Skin biopsy: In certain cases, a skin tissue biopsy is performed and sent to a laboratory for l examination. The pathologist looks at the sample under a microscope and considers other information, such as medical history, to determine a diagnosis. 3. Imaging tests These are not usually done but may be required to determine the exact cause of a fissure heel. These include: Dermoscopy: It is a technique using a dermatoscopy, a handheld device that illuminates and magnifies the skin. It is a non-invasive tool for the diagnosis of skin conditions. Wood’s lamp examination: In this examination, the doctor uses ultraviolet light to examine the skin to detect any underlying skin conditions or infections. Radiographs: Weight-bearing foot X-rays can be used to identify bony protrusions that contribute to the development of cracked heels.

Book your tests with Tata 1mg labs for faster and more accurate results. Get tested now Prevention Of Cracked Heels

There are a number of approaches that help to prevent the development of cracked heels. These include: Make sure to apply moisturizer to your feet regularly, both in the morning and at night, in order to maintain soft and smooth skin. Exfoliate regularly using a gentle foot scrub or pumice to prevent the buildup of excess dead skin cells. Wear shoes that fit well and are not too tight or too loose. Avoid walking barefoot on rough surfaces regularly as it can cause heel damage and dryness. Wear non-skid socks or house slippers at home. Use heel cups in your shoes. These can be bought at drugstores or sports stores as they help alleviate stress on your heels. Examine your feet every day to identify any initial indications that cracks may be forming. Keep yourself hydrated to avoid dehydration or dryness. Looking for ways to heal and moisturize your cracked heels? Check out some effective remedies. Know more Specialist to visit

Cracked heels may not be a serious health concern, but neglecting their treatment can lead to discomfort and inconvenience. Doctors who can help diagnose and treat cracked heels include: General physician Podiatrist Dermatologist Orthopedic

A general physician can help diagnose and treat any underlying cause of cracked feet. A podiatrist is a foot specialist who uses techniques like debridement to remove dead skin and prevent heel cracking. Dermatologists are specialists who can diagnose and treat skin conditions. Orthopedics are specialists in bones, muscles, and joints who can help identify underlying bony conditions causing cracked heels along with various treatment options.

When to visit a doctor? See a doctor if: Cracked heels are causing you pain or discomfort Are interfering with your daily activities You have health conditions such as diabetes, poor circulation, or other serious illnesses. Do not take these symptoms lightly and talk to an expert to get professional guidance and treatment. Book your appointment now Treatment Of Cracked heels The treatment of cracked heels is determined by the severity of the condition and the underlying cause. It generally consists of the following: 1. Over-the-counter (OTC) treatment Foot balms or moisturizers: Applying healing balms or moisturizers that contain humectants (water-retaining agents) can effectively treat cracked heels. Regularly massaging the heels with a moisturizing lotion or balm can keep the skin soft and hydrated.

Try our widest range of moisturizers to keep your feet healthy and happy. Shop now

Liquid bandage: It should be applied around the affected area and left on for a sufficient amount of time to seal the cracks. Liquid bandages not only seal existing cracks but also provide protection against infections and prevent future cracking. 2. Professional treatment If the heels are severely damaged or if self-treatment does not show improvement after a week, it may be necessary to seek professional help. Prescription debriding agents: These creams contain higher amounts of active ingredients such as salicylic acid, urea, silver nitrate, and cream with 10% glycerol. These medications assist in removing debris and dead tissue from wounds, aiding in the healing process and decreasing the risk of infection. Topical medications: Topical timolol helps to restore the skin barrier and aid in the healing of deep and painful cracked heels. Debridement: This is a medical procedure where a doctor removes the tough and damaged skin on your heels. Note: This shouldn’t be done at home using a razor blade or scissors, as there’s a risk of infection and removing too much skin. Strapping: In order to promote healing, your doctor will wrap a bandage tightly around your cracked heels to keep the affected skin from moving.

Shoe inserts: You may recommend using shoe inserts to redistribute weight and provide better support for the heel. They may also suggest using heel pads or cups to support the heel.

Using silicone heel cups can be beneficial as they reduce pressure on the feet and provide shock absorption. Buy them here

Tissue glue or adhesives: Tissue glue has the ability to effectively treat cracked heels by holding the deep fissures together. Home Care For Cracked Heels

Cracked heels aren’t a cause for serious concern. You may be able to relieve it with over-the-counter or by simply applying heel balms or moisturizers. Additionally, there are home remedies that can treat dry and cracked heels and prevent their recurrence. They include: Honey (Madhu): The healing properties of honey can help heal cracks in the feet by acting as a natural antiseptic and moisturizer, preventing dryness.

How to use it? Mix a cup of honey with lukewarm water in a tub and soak your clean feet for 15-20 minutes while massaging them. Once finished, dry your feet and apply a moisturizer. Coconut oil (Nariyal tel): Coconut oil is highly effective at moisturizing the skin and reducing inflammation, which can help fight infections due to deep heel fissures.

How to use it? Apply a generous amount of coconut oil to your heels to benefit from these properties.

Check out our exclusive range of coconut oils. Tap here Oatmeal: Colloidal oatmeal is highly regarded for its ability to reduce inflammation and provide antioxidant benefits. Research has demonstrated its effectiveness in treating dry, scaly, and rough skin.

How to use it? Mix colloidal oatmeal with coconut oil till it becomes a paste. Apply the paste to your cracked heels, let it sit for 20-30 minutes, and then gently scrub and rinse off with lukewarm water.

Apple cider vinegar: It possesses antibacterial and anti-inflammatory qualities that can provide relief and prevent infection in heel cracks.

How to use it? Mix 1 part vinegar with 2 parts cool water in a large bowl and soak your feet in the solution for 5 to 10 minutes. Buy apple cider vinegar products. Click here Banana (Kela): They are a great source of essential nutrients that can improve skin elasticity and keep feet hydrated. Researchers have discovered that an anti-heel crack band made from banana peel gel is very effective for treating cracked heels.

How to use it? Mash two ripe bananas into a paste and apply it to your cracked heels. Rinse your feet with lukewarm water after 30 minutes, and repeat this process daily for two weeks for optimal results.

Aloe vera: It is used in the treatment of dry skin due to its moisturizing effect. The vitamins and minerals present in aloe vera contain powerful antioxidants that can help in the regeneration of the skin.

How to use it? Directly apply aloe vera gel on cracked heels to increase to heal the cracks. Try aloe vera products. Tap now Turmeric (Haldi): It has anti-inflammatory and antiseptic properties that can be used to prevent infections due to cracked heels.

How to use it? Mix castor oil with a pinch of turmeric powder to treat the cracks. Listen to our expert talk about a few other tips to get rid of cracked heels. Watch the video

Complications Of Cracked heels

Cracked heels may seem like a small issue, but if not treated promptly, they can lead to certain complications like: Loss of feeling in your heel: This may occur when deep cracks or fissures extend into the underlying tissues, affecting nerves and reducing sensitivity. Cellulitis: Heel fissures can cause open sores that can become infected and lead to a painful skin infection. Foot ulcers: Deeply cracked heels can provide an entry point for bacteria, leading to infection and tissue damage. Emotional stress: This is caused by concerns related to one’s appearance. Symptoms that keep returning and can make it hard to walk or stand, which can have a negative impact on quality of life.

Take care of your mind as you would take care of your body. Try mind care range Alternative Therapies For Cracked Heels

Along with self-care and home remedies, there are certain alternative therapies as well that can provide some relief from cracked heels. They include:

Ayurveda Ayurvedic doctors recommend using herbal ointments containing various natural ingredients to treat cracked heels. Ayurveda also suggests regularly massaging the cracked heels with warm sesame oil that is calming for Vata dosha (one of the three energies in our body that takes care of body movements).

Yoga It is possible to treat cracked heels with specific yoga asanas. Yoga can aid in circulation, and foot flexibility, and promote stress reduction, while also encouraging mindfulness about foot care and enhancing balance and posture.

Yoga can benefit you in ways that you couldn’t have imagined. Know more about the overall health benefits of yoga. Enlighten yourself Living With Cracked Heels

Though it may not seem like a big problem, living with cracked heels can significantly impact one’s quality of life, causing discomfort, pain, and limitations in daily activities due to difficulty in walking or standing comfortably. Here are a few things you can do to pamper your feet: Limit bath time Do not shower for more than 5-10 minutes. Bathing for too long can make your skin dry and cracked heels worse. Also, do not rub your skin with harsh towels.

Go gentle with products Always opt for mild, fragrance-free cleansers while cleaning your feet. This can help your feet retain their natural oils.

Do not forget to exfoliate The skin on your heels is thicker than the skin on the rest of your body, which makes it more likely to become dry and crack. To alleviate cracked heels, you can soak your feet in lukewarm water and gently exfoliate the hard skin with a pumice stone, loofah, or foot file. Using foot scrub creams daily can also help.

Never skip moisturization The best practice is to moisturize within 5 minutes of bathing and apply it to your heels immediately after bathing while your skin is still damp to lock in the moisture.

Set a bedtime ritual Soak your feet in plain or soapy water for around 10 minutes, and dry gently. Exfoliate your heels gently and apply a richer, oil-based cream or petroleum jelly. Then wear thin cotton socks to enhance the moisturizing effect.

Protect your heels Coat the cracks in your heels with a liquid bandage to form a protective shield, promoting faster healing, reducing discomfort, and preventing germs from entering the skin. Also, wear proper fitting shoes to avoid any discomfort. Frequently Asked Questions What is the difference between cracked heels and calluses? How do you know if a cracked heel is infected? Is Vicks good for hard skin on feet? What is a heel cyst? What is the lipoma of the heel? References Vanessa Ngan. Cracked Heels. DermNet NZ. Published online 2006. Cracked Heels: stop them in their tracks. Best Practice Advocacy Centre New Zealand. Published online 2014. Vlahovic TC, Hinton EA, Chakravarthy D, et al. A review of cyanoacrylate liquid skin protectant and its efficacy on pedal fissures. Journal of the American College of Certified Wound Specialists; Published online 15th Mar. 2011. Kumar, Hari Kishan; Naveen, S; Shankar, Keerthi. Juvenile plantar dermatosis: A barrier disease beyond eczema. Indian Journal of Paediatric Dermatology 17(1):p 13-17, Jan–Mar 2016. | DOI: 10.4103/2319-7250.173158. Darlenski R, Mihaylova V, Handjieva-Darlenska T. The Link Between Obesity and the Skin. Front Nutr. 2022 Mar 10;9:855573. Belinda Longhurst & Carol Steele. Dry Heel Fissures: Treatment and Prevention. Dermatological Nursing, 2016, Vol 15, No 3. Available online: Myron Bodman. Diagnosing A Patient With Painful Cracks On Both Soles. Podiatry Today. Published online Feb. 2018. Chatterjee M, Neema S. Dermatoscopy of Infections and Infestations. Indian Dermatol Online J. 2021 Jan 16;12(1):14-23. M Sivakumar, et al. Prevalence and correlates of fissure foot in a rural area in Tamilnadu Indian Journal of Dermatology, Venereology and Leprology. Published online Jan. 1999. Amanda Oakley. Juvenile plantar dermatosis. DermNet NZ. Updated online 2006. Pauline McLoone,et al. Honey: A Therapeutic Agent for Disorders of the Skin. Published online 4th Aug. 2016. How to care for dry, cracked heels. American Academy of dermatology association. Updated online 31st Jan. 2022. Amira Skopljak. Pedobarography in diagnosis and clinical application. National Center for Biotechnology Information. Published online 22nd Dec. 2014. P. H. Wadekar et al. A Review on Heel Fissures and its Management. International Journal of Research in Engineering, Science and Management Volume 4, Issue 2, February 2021 | ISSN (Online): 2581-5792. Dale Kern, et al.Treatment of plantar hyperkeratosis with a combination 10 % urea and 8 % glycerin topical cream. PennState College of information science & technology.

===============================================

Vitamin D deficiency Also known as Hypovitaminosis D and Low Vitamin D Overview Vitamin D is a fat-soluble vitamin that plays a vital role in many bodily processes.

Vitamin D deficiency can occur due to less sun exposure, dark skin, physical blocking of sun rays, diet lacking Vitamin D, obesity, and certain conditions and medications that interfere with Vitamin D absorption.

Symptoms of Vitamin D deficiency may not occur for several months or years. Some of the common symptoms may include fatigue and tiredness, bone and muscle pain, loss of appetite, hair loss.

This condition is usually managed with supplements. Sun exposure and eating a vitamin D-rich diet, including fatty fish and fortified dairy products also play a vital role. Key Facts Usually seen in All age groups Gender affected Both men and women but is more common in women. Prevalence India: 50% to 94% (2018) Necessary health tests/imaging Blood tests 25-hydroxy vitamin D (25-OH D), or calcidiol

Imaging tests Bone X-rays Dual-energy X-ray absorptiometry (DEXA) scan Treatment Vitamin D3 supplementation Specialists to consult General Physician Orthopedics Endocrinologists Pediatrician (in case of children) Symptoms of Vitamin D Deficiency

Vitamin D deficiency can be difficult to be noticed because symptoms may not occur for several months or years. Sometimes, the individuals may not have symptoms at all.

Vitamin D deficiency is more common in adults. Symptoms in adults may include: Bone pain Muscle weakness Muscle cramps Fatigue Loss of appetite Getting sick more easily Hair loss Pale skin Depression (feeling of sadness) Sleeplessness

Severe deficiency of vitamin D in children can lead to: Muscle pain and weakness Bone pain Lethargy Frequent respiratory infections Rickets (a bone condition that causes growth abnormalities and joint deformities) Bone fractures Slow growth and development delays Seizures due to low calcium levels

Watch our expert doctor discuss Vitamin D deficiency. Click here Causes Of Vitamin D Deficiency

Some of the common causes of vitamin D deficiency include: Inadequate vitamin D synthesis in the skin Insufficient dietary intake of vitamin D Poor absorption of vitamin D from food Vitamin D is not converted to its active form Certain medications that interfere with the body’s ability to convert or absorb vitamin D

Various risk factors associated with these causes are discussed in the next section. Risk Factors For Vitamin D Deficiency

Some of the most common risk factors associated with vitamin D deficiency are discussed as follows: Inadequate vitamin D synthesis in the skin Decreased sun exposure Reduced exposure to sunlight is a major risk factor of Vitamin D deficiency. Research suggests that 20 minutes of sunshine daily with over 40% of the skin exposed is required to avoid vitamin D deficiency. Deeper skin tone Individuals with deeper skin tones or darker skin produce less vitamin D with the same amount of sunlight exposure than individuals with lighter skin color. Staying and working indoors If an individual is staying home almost all the time and hardly going out during the day they are more prone to vitamin D deficiency. Working overnight shifts Those working in night shifts can be at a higher risk factor for vitamin D deficiency, because of less opportunity for sunlight exposure compared with daytime workers. Old age Most old aged individuals spend the majority of their time indoors, getting minimal exposure to natural sunlight. Additionally, as skin thins with age, vitamin D synthesis becomes less efficient. Physical blocking of sunlight Full coverage clothing and use of sunscreens can decrease the amount of vitamin D production in the skin in cases of severe sun protection. Geographic factors The following geographic factors may limit sun exposure and affect Vitamin D production -Higher latitude (living far away from the equator) -Lower altitude (less distance from sea level) -Winter season -Air pollution -Cloud-shading

Inadequate dietary intake of vitamin D Unbalanced diet Inadequate intake of vitamin D rich foods like milk, dairy and animal-based sources like fish and fish oils, egg yolks, fortified milk, and beef liver etc is a major risk factor for Vitamin D deficiency.

Some common food sources of vitamin D. Click here to know Vegetarian diet Vegetarian diet that includes only plant-based fare and no animal products is also linked to vitamin D deficiency. Lactose intolerance Various studies have shown that individuals who are genetically intolerant to lactose (the sugar present in milk) may suffer from a vitamin D deficiency. This has to do with dietary restriction of milk and dairy products rich in Vitamin D.

Are you lactose intolerant? Here are a few healthy substitutes for people with lactose intolerance. Click to know Eating disorders Eating disorders like anorexia nervosa, bulimia nervosa are strongly associated with Vitamin D deficiency and decreased bone density. Medically restricted diets Individuals who are on medically restricted diets due to certain medical conditions are at the highest chance of various nutrient deficiencies including vitamin D deficiency. Fad diets A fad diet is a popular dietary pattern known to be a quick fix for obesity but for long-term weight loss. These diets do not promote a healthy and sustainable diet and lifestyle habits. Certain fad diets eliminate food groups that contain vitamin D and hence, increase the risk of its deficiency.

Poor absorption of vitamin D from food Medical conditions Various medical conditions interfere with the absorption of Vitamin D from the diet. Some egs. include: -Intestinal malabsorption (Celiac disease, Crohn’s disease, ulcerative colitis) -Pancreatic insufficiency (Cystic fibrosis) -Cholestasis syndrome (Biliary atresia)

Gut resection or small bowel resection This surgery is done to remove a part of the small bowel when it is blocked or diseased. This negatively impacts the absorption of Vitamin D from food. Weight loss surgeries Weight-loss surgeries such as gastric bypass surgery, reduce the size of the stomach. This can lead to poor absorption of Vitamin D.

Get to know more closely about the weight loss surgeries and who can go for it. Click to know about this

Genetic or endocrine disorders The following conditions have a strong link with Vitamin D deficiency: Chronic liver diseases Kidney diseases Hyperparathyroidism Growth hormone deficiency Diabetes mellitus Hereditary resistance of vitamin D

Research has shown that the genetic influence on vitamin D levels is estimated to be around 80%, which is much higher than the dietary and environmental influences of around 25%.

Certain medications Certain medications can lower vitamin D levels by activating the degradation of vitamin D. These include:

Steroids (such as prednisolone, dexamethasone) Anti-seizure drugs (such as carbamazepine, topiramate, phenobarbitone, and phenytoin) Tuberculosis drugs ( such as rifampicin) Cholesterol-lowering drugs (such as cholestyramine and colestipol). Antifungal agents (Ketoconazole) Antiretroviral drugs for treating HIV

Perinatal factors Breastfed infants Infants who are exclusively breastfed but do not receive supplemental vitamin D or adequate sunlight exposure are at increased risk of developing vitamin D deficiency and rickets. Maternal vitamin D deficiency during pregnancy Vitamin D deficiency is observed in both pregnant women and newborn infants. Maternal vitamin D deficiency can lead to deficiency in their newborn baby and has been linked with various complications during pregnancy and delivery. Other factors Smoking Vitamin D deficiency is higher among smokers. Research studies have shown that smoking may affect the gene that activates the production of vitamin D-3 in the body.

Want to detach yourself from this deadly habit? Tips to quit smoking Did you know? There is an inverse relationship between vitamin D levels and BMI. A high BMI is indicative of obesity. It is hypothesized that excessive fat cells absorb the fat-soluble vitamin D, reducing its availability. Another hypothesis explains that the low Vitamin D concentrations are due to the fact that obese people are less active physically, which entails a decrease in sun exposure. Get to know more about your BMI and how to calculate it. Click here to read. Diagnosis Of Vitamin D Deficiency

History and physical examination During screenings for vitamin D deficiency, a medical practitioner analyzes the potential risk factors and the personal health history. Various signs and symptoms of vitamin D deficiency are evaluated. Blood tests Simple blood tests can be useful in determining the levels of vitamin D in the blood. 25-hydroxy vitamin D (25-OH D), or calcidiol: The 25-(OH)D serum concentration is widely accepted as the best indicator of vitamin D status in individuals. 1,25-dihydroxy vitamin D (1,25(OH)2 D), or calcitriol : This test measures the bioactive form of vitamin D.The serum concentration of the active hormone 1α,25-(OH)2D does not provide enough information on the vitamin D status.

The 25-(OH)D has an almost 1000-fold greater concentration than 1,25-(OH)2D; and has a longer half-life of 20 days and hence is more stable in the circulation. Therefore, total-body vitamin D stores are best measured by assessing the circulating levels of 25-(OH)D.

Get your Vitamin D profile tested in the comfort of your home. Tap now

Imaging tests Bone X-rays: This imaging test can be advised if the doctor suspects that the patient may have bone weakness and softness. Dual-energy x-ray absorptiometry (DEXA) scan: This test helps in measuring bone mineral density in patients with chronic vitamin D deficiency. Prevention Of Vitamin D Deficiency Vitamin D deficiency can be prevented by adhering to its Recommended Dietary Allowance (RDA). RDA of vitamin D indicates daily intake that is sufficient to maintain bone health and normal calcium metabolism in healthy people. It is listed in both micrograms (mcg) and international units (IU). 1 mcg vitamin D is equal to 40 IU. RDA according to various age groups is as follows:

0-12 months: 400 IU (10 mcg)  
1-70 years: 600 IU (15 mcg) > 70 years: 800 IU (20mcg)

Some tips for avoiding Vitamin D deficiency include:

Do not shy away from the sun Research shows that approximately 5–30 minutes of sun exposure, particularly between 10 a.m. and 4 p.m., either daily or at least twice a week to the face, arms, hands, and legs without sunscreen usually leads to sufficient vitamin D synthesis.

Consume vitamin D-containing foods Try to include these foods regularly as part of a healthy balanced diet to top up your vitamin D levels. Fatty fish – salmon, sardines, pilchards, tuna, mackerel Sea foods oysters, shrimp Red meat and liver Mushrooms Egg yolks Cod liver oil Soya products

Also include fortified foods containing vitamin D. These include: Cow’s milk, almond, and oat milk. Breakfast cereals. Other dairy products, such as yogurt. Orange juice

Maintain a healthy body weight Maintaining a healthy body weight and avoiding being overweight can help maintain the vitamin D levels. Cycling and exercising regularly outside the house can both help in maintaining a healthy weight and sun exposure.

Treat underlying medical conditions People with underlying health conditions such as celiac disease and cystic fibrosis affect the absorption of nutrients. Therefore treating the underlying condition may help in boosting the level of certain nutrients, including vitamin D.

Did you know?

Tanning booths are not therapies for vitamin D deficiency Sunlight is composed of Ultraviolet A (UV A) and UV B but only UV B is required for vitamin D deficiency. The tanning booths use UV A as the major light source and hence do not help in Vitamin D deficiency. On the contrary, they can lead to the development of skin cancer. Specialist To Visit

The symptoms of vitamin D deficiency can range from mild to severe. Doctors that can help you diagnose and treat vitamin D deficiency include

General physicians Orthopedics Endocrinologists Pediatrician (in case of children)

Orthopedics focuses on injuries and diseases affecting the musculoskeletal system (bones, muscles, joints, and soft tissues). An endocrinologist is qualified to diagnose and treat hormone-related diseases and conditions. You can consult a pediatrician if you notice any signs and symptoms of Vitamin D deficiency in children.

Seek guidance from our trusted team of doctors. Book your appointment now

Treatment Of Vitamin D Deficiency

The treatment of vitamin D deficiency is by taking vitamin D supplements. The form of vitamin D that is taken is called ergocalciferol or calciferol. Vitamin D can be given in various forms such as injectables or as a medicine (liquid or tablets). The doctor will discuss the dose and the best treatment schedule, depending on the severity, age, and situation. Supplements Both D2 (ergocalciferol) and D3 (cholecalciferol) are available as dietary supplements. They are well absorbed in the gut. Both D2 and D3 raise serum 25(OH)D levels, however, most studies indicate that vitamin D3 increases serum 25(OH)D levels to a greater extent and maintains these higher levels longer than vitamin D2. For the initial supplementation it is recommended to take Vitamin D3 for eight weeks either 6,000 IU daily or 50,000 IU weekly can be considered.

(Note: Once the serum vitamin D exceeds 30 ng/mL, a daily maintenance dose of 1,000 to 2,000 IU is recommended).

For high-risk adults who are vitamin D deficient due to an underlying condition, a higher dose of initial supplementation of Vitamin D3 at 10,000 IU daily is needed.

(Note: Once serum vitamin D level exceeds 30 ng/mL, 3000 to 6000 IU/day maintenance dose is recommended.)

Children having vitamin D deficiency require 1000 IU/day of vitamin D3 or 50,000 IU of vitamin D3 once weekly for 6 weeks.

(Note: Once the serum vitamin D level exceeds 30 ng/mL, only 1000 IU/day maintenance treatment is recommended).

Get your Vitamin D3 supplements online from India’s largest online pharmacy. Order now

Did you know?

Excessive intake of Vitamin D supplements can lead to Vitamin D toxicity. The main consequence of vitamin D toxicity is a buildup of calcium in the blood, which can cause vomiting, nausea weakness, and frequent urination. Vitamin D toxicity can also lead to kidney stones. Therefore, sticking to the doctor’s prescribed dose and regular checkups is important. Home Care For Vitamin D Deficiency

Vitamin D, also known as the sunshine vitamin, is extremely beneficial for maintaining overall good health. Home care for Vitamin D deficiency includes adhering to the points mentioned in the prevention section.

Complications Of Vitamin D Deficiency

Not getting enough vitamin D may raise the risk for other diseases and conditions and some of them can be life-threatening. Some of the complications of vitamin D deficiency include

Bone related diseases

Rickets: It is a childhood disease in which the child’s bones become too soft, causing them to warp, bend and break more easily. Osteomalacia: It refers to softening of bones in adults. Osteoporosis: It is a bone disease that develops when bone mineral density and bone mass decrease.

Lifestyle-related diseases

Type 2 Diabetes: Vitamin D deficiency is associated with decreased insulin release, and insulin resistance, predisposing to diabetes. Obesity: Vitamin D deficiency is strongly linked to being overweight and obese. Polycystic Ovary Syndrome (PCOS): Vitamin D deficiency is considered as a risk factor of PCOS. It has also been noted that the degree of vitamin D deficiency correlates with the severity of PCOS.

Cardiovascular diseases

Heart diseases: Many research studies have shown that vitamin D deficiency increases the risk of developing hypertension, heart failure, and coronary artery disease.

Stroke: Stroke is a condition in which the blood supply to the brain is disrupted. Vitamin D deficiency can increase the risk of ischemic stroke in healthy individuals.

Autoimmune diseases Multiple sclerosis: Vitamin D deficiency may play a role in immune system functioning and the development of autoimmune disorders such as multiple sclerosis. Type 1 Diabetes: Low vitamin D is associated with insulin resistance, contributing to the development of type 1 diabetes.

Eye-related diseases Age-related macular degeneration (AMD): It is an eye disease that can blur central vision. Lack of vitamin D appears to increase oxidative damage that leads to degeneration of photoreceptors in the eyes.

Neurological diseases Depression: People with depression have higher chances of having vitamin D deficiency. Sleep disturbances: Vitamin D deficiency can increase the risk of sleep disorders like difficulty in falling asleep, shorter sleep duration, and nocturnal awakenings in children and adults. Alzheimer’s disease: Vitamin D participates in the clearance of amyloid beta (Aβ) aggregates which is a hallmark of Alzheimer’s disease (AD). A low level of serum vitamin D has been associated with a greater risk of dementia and AD. Parkinson’s disease: Low vitamin D levels for a long time, may lead to loss of nerve cells. This can predispose to the development of Parkinson’s disease, which is characterized by uncontrollable movements, like shaking, stiffness, and difficulty in balance and coordination.

Respiratory diseases

Tuberculosis: Vitamin D deficiency is associated with an increased risk of developing active TB in individuals with Latent tuberculosis infection (LTBI). Upper respiratory tract infections: Upper respiratory tract infections of viral origin like influenza(flu) are strongly linked to Vitamin D deficiency.

Cancers Vitamin D deficiency has been linked to increased risk of prostate, ovary, breast, lung, esophagus, colon, liver, and pancreatic cancer.

Did you know about the role of Vitamin D in Covid 19? Vitamin D plays an essential role in promoting immune response. Research has shown that Vitamin D levels can determine the chances of contracting coronavirus, its severity, and mortality. Therefore, maintaining vitamin D levels through supplementation or sun exposure is recommended to be able to cope with the Covid 19 infection. Get all your questions answered about COVID-19 Alternative Therapies For Vitamin D Deficiency

Some of the alternative therapies that can augment diet, supplements and sun exposure include:

Exercise A sedentary lifestyle and physical inactivity are important risk factors for vitamin D deficiency. Vigorous exercises such as running, and jogging, three or more hours a week can help in maintaining optimum levels of vitamin D. Yoga Doing yoga asanas early in the morning during sunlight can help replenish vitamin D levels and counter symptoms, including muscle pain, fatigue, and exhaustion. Sunshine also boosts the immune system and elevates the mood. Frequently Asked Questions What is the normal vitamin D level? What is the best fruit high in vitamin D? Which veg food has more vitamin D? How do you take vitamin D tablets?

===============================================

Crohn’s disease Also known as Regional enteritis Overview

Crohn’s disease is an inflammatory bowel disease (IBD) that causes chronic inflammation (swelling) and damage to the GI tract. The GI tract is in charge of digestion, nutrient absorption, and waste elimination.

Crohn’s disease may manifest in “patches,” affecting some areas of the GI tract while leaving others unaffected.

Inflammation (swelling) impairs the ability of the affected GI organs to function normally, resulting in symptoms such as chronic diarrhea, abdominal pain, rectal bleeding, weight loss, and fatigue. Symptoms differ and can shift over time. The disease can cause life-threatening flares and complications in severe cases.

The initial laboratory evaluation detects inflammation and screens for other diagnoses. To confirm the diagnosis and determine the extent of disease, endoscopy and cross-sectional imaging are used. Treatment decisions are guided by disease severity and risk of poor outcomes.

Treatment for Crohn’s disease and other IBD types may include medication, dietary and nutritional changes, and, in some cases, surgical procedures to repair or remove affected portions of your GI tract.

Crohn’s disease patients are more likely to develop cancer, osteoporosis, anemia, nutritional deficiencies, depression, infection, and thrombotic (blood clotting) events. It is critical to maximize prevention measures when caring for these patients. Key Facts Usually seen in Individuals between 20 - 30 years of age Gender affected Both men and women but more common in women Body part(s) involved GI tract: Oral Cavity Esophagus Liver Stomach Small Intestine Terminal Ileum Large Intestine/Colon Rectum Anus Prevalence India: 1.5 million (2020) Mimicking Conditions Amebiasis Behcet disease Celiac disease Intestinal carcinoid Intestinal tuberculosis Mesenteric ischemia Ulcerative colitis Necessary health tests/imaging Physical examination Lab tests: Blood test, stool test Imaging test: Endoscopy, Colonoscopy Biopsy Chromoendoscopy Capsule endoscopy- X-rays and fluoroscopy CT Scan Magnetic resonance enterography(MRE) Treatment Aminosalicylates: Balsalazide, Mesalamine, Olsalazine, Sulfasalazine Corticosteroids: Budesonide, hydrocortisone, methylprednisolone, prednisone Immunomodulators: 6-mercaptopurine or 6-MP, azathioprine, cyclosporine, methotrexate Biologic therapies: Adalimumab, certolizumab, infliximab, natalizumab, vedolizumab, ustekinumab Other medicines: Acetaminophen, ciprofloxacin ,metronidazole. Loperamide Surgery: Small bowel resection, large bowel resection, proctocolectomy and ileostomy See All Symptoms Of Crohn’s disease

The symptoms of IBD vary from person to person, may change over time, and can range from mild to severe.

Chronic diarrhea (for more than 4 weeks) Stomach pain or cramps Fever Fatigue Mouth sores A loss of appetite Sensation of incomplete evacuation Nausea and vomiting Rectal bleeding Anemia (a condition in which you have fewer red blood cells than normal) Swelling in inner lining of stomach A feeling of fullness Constipation Weight loss Rectal bleeding Mucus in stool Blood stains in stool

During a flare of Crohn’s disease symptoms, a person may also develop

Arthritis Uveitis (eye inflammation)