Medical Echo

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Expand your mind, Change your world

Contents

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Editorial

March, 2012

Dear Doctor,

From the inception of our magazine we come to you on every alternative month with our periodical medical related edutainment magazine, this month we have launched our **sixth issue.** The month March is a distinctive month for our **nation** as well as the **Doctors community** of the whole world.

March 26 is the **Independence Day of Bangladesh** that marked by the declaration of independence of nation and the beginning of Liberation War of Bangladesh in 1971. We pay our sincere gratitude to the millions of brave souls, those who fought for our independence and even sacrificed their lives.

However our core theme of this issue is on **Grand Celebration** of **"International Doctors' Day, March 30, 2012"** - a time for people to show appreciation and convey thanks to the doctors, who care and cure their patients. International Doctors' Day is celebrated in healthcare organizations as a day to recognize the contributions of doctors to individual lives and communities. In this section, we have incorporated various topics relevant to this very special Day - **Special tributes to our National Professional Icons - "National Professors", Doctor Patient Relationship (DPR) & Noble Prizes in Physiology- Medicine,** conclusion with the memento of **Hippocratic Oath.**

Besides, **Day awareness** campaigns are successfully running through our publications. In this section we are doing campaign on **World Dentist Day, World Kidney Day and World Epilepsy Day** in the month of March, 2012.

'Medical Case Echo' section is regarding the recent clinical cases from international medical journals. Here the case is on **Dyspepsia,** which occurs frequently due to gastro esophageal reflux disease (GERD) or gastritis.

We have shared various exciting informations with you in our section of **'Medical Tit bits'** to give you few jaw-dropping medical mystery related episodes.

Section of **'Clinical Echo'** here we have published the original article on the latest clinical updates.

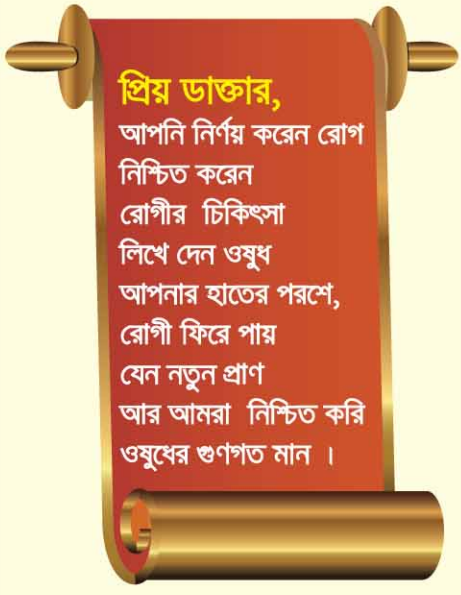
Finally through our vibrant section of **'Corporate Echo',** we would like to share our **Continuing Medical Education (CME)** programs, we have been arranging scientific seminars at many institutes of Bangladesh to spread the light of medical knowledge.

We are eager to build a bi-lateral acquaintance with our respected prescribers, therefore, keep in touch through your precious views.

Wish you all cheerful readings

Sincerely yours

Dr. Mohammed Arman Ullah
Head of Marketing
Apex Pharma Limited



International Doctors' Day

30 March, 2012

Introduction: International Doctors' Day is commonly celebrated in healthcare organizations as a day to recognize the contributions of doctors to individual lives and communities. These events are typically organized by staff at a healthcare organization.

Why: The doctors were found overwhelmed with joy to know that they have an exclusive day, which is being observed internationally over decades and acknowledging the very challenging job of providing the health care services.

History: The first Doctors Day observance was March 30, 1933 in Winder, Georgia. Eudora Brown Almond, wife of Dr. Charles B. Almond, decided to set aside a day to honor physicians. This first observance included the mailing greeting cards and placing flowers on graves of deceased doctors. The red carnation is commonly used as the symbolic flower for International Doctors' Day.

On March 30, 1958, a Resolution Commemorating Doctors Day was adopted by the United States House of Representatives. In 1990, legislation was introduced in the House and Senate to establish a national Doctors Day. Following overwhelming approval by the United States Senate and the House of Representatives, on October 30, 1990, President George Bush signed S.J. RES. #366 (which became Public Law 101-473) designating March 30, 1991 as "International Doctors' Day."

Doctors Day marks the date that Crawford W. Long, M.D., of Jefferson, GA, administered the first ether anesthetic for surgery on March 30, 1842. On that day, long administered ether anesthesia to a patient and then operated to remove a tumor from the man's neck. Later, the patient would swear that he felt nothing during the surgery and wasn't aware the surgery was over until he awoke.

Special Tributes to our

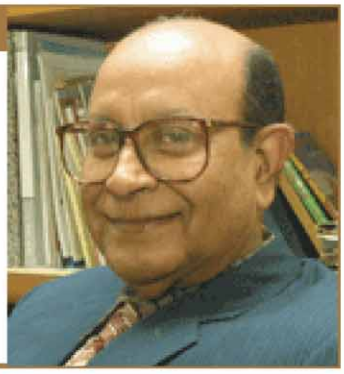
National Professional Icons

National Professor Dr. Nurul Islam

Professor Dr. Nurul Islam is the pioneer of advanced medicine in Bangladesh. He is the founder of the University of Science and Tecnology Chittagong, the chief architect of the national drug policy which drastically cut down the import of unnecessary drugs, and the key force behind creating anti-smoking awareness in Bangladesh. This article has been compiled based on his well known book **'prescription'**.

National Professor Dr. M.R. Khan

Prof. Dr. M. R. Khan is an eminent pediatrician in Bangladesh. He is internationally appreciated for his concerted effort in the field of curing sick children and in growing up of a healthy generation. He is also vocal about mothers' role in the prevention of many childhood diseases. He has always emphasized on the means of having healthy future generation in a poverty ridden country like ours. Dr. Khan is associated with many international organizations dealing with child and mother care. His relentless effort has earned him a prestigious position at home and abroad. He has played a vital role in prevention of child mortality which has been attributed in many research indexes. He is a regular contributor in many national and international medical research journals. As a national professor, Dr. M. R. Khan is respected at all levels.



National Professor Dr. Brig Abdul Malik

Prof. Dr. Brig Abdul Malik is a renowned cardiologist and National Professor of Bangladesh. In 1978, Malik founded National Institute of Cardiovascular Diseases, Dhaka. He worked there as Founder Director cum professor till 1989. The first open heart surgery in Bangladesh was done on September 18, 1981 in this institute. In 1978, Malik founded National Heart Foundation of Bangladesh. He is still working here as the founder Secretary General (honorary). It is a non-government and non-profit organization with 32 affiliated bodies. The foundation is affiliated with World Heart Federation. The Foundation has established a 300-bedded cardiac hospital in Mirpur, Dhaka having all types of modern investigations and treatments, Open Heart Surgery including Coronary Bypass Surgery. This hospital runs MD (Cardiology), MS(Cardio thoracic Surgery), Nurses training and many other medical technology courses.He established National Center for Control of Rheumatic Fever & Heart diseases. Here, he was the Project Director from 1987 to 1989. In 2006, he was awarded "National Professor" by the Government of Bangladesh for contribution in Health Education and Medical Science.

National Professor Dr. Shahla Khatun

Prof. Shahla Khatun is a renowned Gynecologist and National Professor of Bangladesh. She was the chairperson of (Bangabandhu Sheikh Mujib Medical University) BSMMU. Now she is working as a Head of the Dept in Gynecology of Bangladesh Medical College & Hospital. In 2011 she was awarded "National Professor" by the Government of Bangladesh for contribution in Health Education and Medical Science.

Special Article

The Doctor Patient Relationship

Medicine is fundamentally a human activity aimed at helping the sick and disabled, through healing, alleviation of suffering, and caring for people with respect and dignity. The goals of medicine as a profession depend very much on a stable and trusting doctor-patient relationship (DPR). The "doctor-patient" relationship (DPR) has long been recognized as a complex, multifaceted and intricate balance of engagement between the care-seeker and the caregiver.

In the developing world like Bangladesh with its deficient facilities and patients who need to eat before they need medical care, the medical profession needs input from a belief in humanity and the ethics of the job more than scientific professionalism. Adopting a patient-centered philosophy in the DPR imposes the duty on doctors to do the utmost in caring for patients, and allows the sick to claim their right to humane and dignified care from doctors.

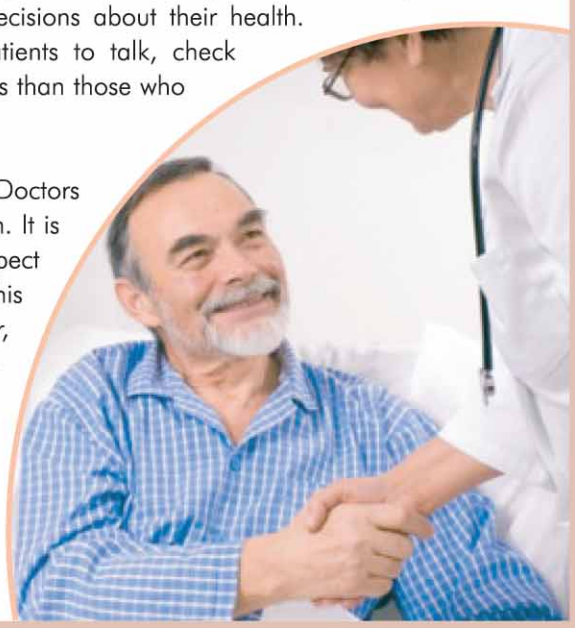
Effective Doctor Patient Relationships (DPR) improve Health. Respect, Confidentiality, Honesty, Communication and Trust. Cultural differences can affect the relationship. Financial matters need to be clear and not used to take advantage of any patient or organization.

Doctor Patient Relationship (DPR)

The doctor patient relationship is the core of clinical medicine. The doctor must have knowledge and skills to practice medicine safely, but the relationship he or she has with each patient will also affect outcomes. An effective relationship will help the patient feel better and be healthier, and will, usually result in improved job satisfaction for the doctor.

What makes a good relationship will vary in different situations. Personality type, culture, illness and stage of life affect the interaction. The essential ingredients of a good doctor patient relationship are communication, respect, confidentiality, professional honesty and trust.

Communication has always been important in doctor patient relationships. Patients today are considered health consumers and want to be active participants in decisions about their health. Doctors who educate patients about what to expect, encourage patients to talk, check understanding, laugh and use humor tend to have less formal complaints than those who do not do these things.



Respect is necessary in an effective doctor patient relationship. Doctors will meet patients who have different values and priorities from their own. It is the doctor's responsibility to make sure the patient is treated with respect regardless of the patient's attitude and background. One must not allow his views about a patient's lifestyle, culture, beliefs, race, colour, gender, sexuality, age, social status or perceived economic worth to prejudice that provide or arrange.

Confidentiality and privacy follow when a doctor respects patients. The doctor is responsible for keeping the patient's information confidential unless there is a serious or imminent danger in doing so.

Special Article

The Doctor Patient Relationship

Professional Honesty is about the doctor knowing the limits of his or her own competence and when to refer to someone else for help. There is nothing shameful about not knowing the solution to a medical problem. It is dangerous to fake competence or pretend to know things. A statement by the Medical Council, Disclosure of harm, acknowledges that all medical treatment carries risk and encourages doctors to disclose where a patient has been harmed as the result of their medical care. The Council quotes research that indicates a patient is more likely to complain if a doctor fails to disclose harm to the patient, or if the disclosure is not done in an open and honest manner.

Trust is essential between a doctor and patient. A patient who needs to reveal him or herself intimately physically and emotionally to a doctor feels vulnerable. Doctors need to feel safe too. The best protection for both is healthy professional boundaries.

Ways of maintaining professional boundaries include:

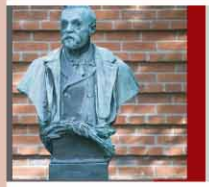
- Asking only relevant personal details when taking a medical history;
- Explaining sensitive examinations or treatment before carrying them out;
- Keeping discussions and records confidential;
- Providing privacy with screens for undressing, draping or dressing;

Ref; Cole's Medical practice in New Zealand 2011

A-Z of a Good Doctor

A	Attentive, Authoritative, Approachable & Assuring
B	Balanced, Believer
C	Caring, Communicative & Cooperative
D	Discussion Partner & Delicate
E	Ethical, Efficient, Enduring & Enthusiastic
F	Friendly, Faithful & Flexible
G	Good Person & Gracious
H	Honest, Humorous, Humanistic, Humble & Hopeful
I	Intellectual, Investigative, Impartial & Informative
J	Wise in Judgment & Jovial
K	Knowledgeable & Kind
L	Learner, Listener & Loyal
M	Mature & Modest
N	Noble & Nurturing
O	Optimistic & Observant
P	Professional & Passionate
Q	Qualified
R	Realistic, Respectful, Responsible & Reassuring
S	Sensitive, Skilful & Sympathetic
T	Trustworthy, Thorough & Thoughtful
U	Understanding & Up to Date
V	Vigilant & Veracious
W	Warm, Wise & Watchful
Y	Yearning & Yielding
Z	Zestful

Reference: www.bmj.com

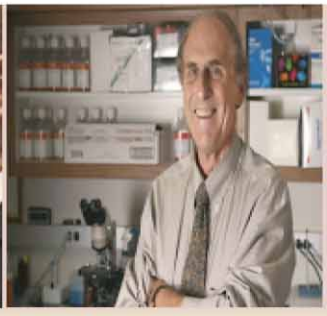


Nobel Prize in Physiology or Medicine

The Nobel Prize in Physiology or Medicine incorporated the Nobel Foundation, that awarded once a year for outstanding discoveries in the field of life science and medicine. It is one of five Nobel Prizes established in 1895 by Swedish chemist Alfred Nobel, the inventor of dynamite, in his will. Nobel was personally interested in experimental physiology and wanted to establish a prize for progress through scientific discoveries in laboratories. The Nobel Prize is presented to the recipient(s) at an annual ceremony on December 10, the anniversary of Nobel's death, along with a diploma and a certificate for the monetary award.

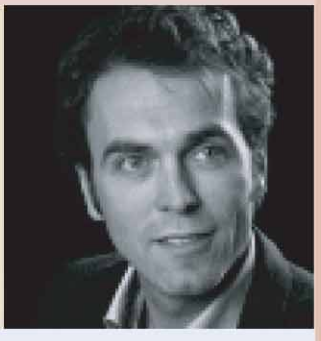
The first Nobel Prize in Physiology or Medicine was awarded in 1901 to the German physiologist Emil Adolf von Behring, for his work on serum therapy and the development of a vaccine against diphtheria.

The first woman to win the Nobel Prize in Physiology or Medicine, Gerty Cori, received it in 1947 for her role in elucidating the metabolism of glucose, important in many aspects of medicine, including treatment of diabetes.

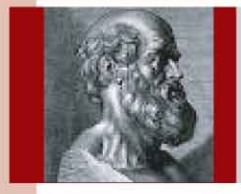


2011: the prize was awarded to Bruce Beutler of the United States and Jules A. Hoffmann of France "for their discoveries concerning the activation of innate immunity" and to Ralph M. Steinman of Canada "for his discovery of the dendrite cell and its role in adaptive immunity.

2010: Simon Rietveld of the University of Amsterdam, The Netherlands, and Ilja van Beest of Tilburg University, The Netherlands, for discovering that symptoms of asthma can be treated with a roller coaster ride



2009: Donald L. Unger of Thousand Oaks, California, US, for investigating a possible cause of arthritis of the fingers, by diligently cracking the knuckles of his left hand but not his right hand every day for 50 years.



Hippocratic Oath

I swear by Apollo, the healer, Asclepius, Hygieia, and Panacea, and I take to witness all the gods, all the goddesses, to keep according to my ability and my judgment, the following Oath and agreement: To consider dear to me, as my parents, him who taught me this art; to live in common with him and, if necessary, to share my goods with him; To look upon his children as my own brothers, to teach them this art; and that by my teaching, I will impart a knowledge of this art to my own sons, and to my teacher's sons, and to disciples bound by an indenture and oath according to the medical laws, and no others.

I will prescribe regimens for the good of my patients according to my ability and my judgment and never do harm to anyone.

I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan; and similarly I will not give a woman a pessary to cause an abortion.

But I will preserve the purity of my life and my arts.

I will not cut for stone, even for patients in whom the disease is manifest; I will leave this operation to be performed by practitioners, specialists in this art.

In every house where I come I will enter only for the good of my patients, keeping myself far from all intentional ill-doing and all seduction and especially from the pleasures of love with women or with men, be they free or slaves.

All that may come to my knowledge in the exercise of my profession or in daily commerce with men, which ought not to be spread abroad, I will keep secret and will never reveal.

If I keep this oath faithfully, may I enjoy my life and practice my art, respected by all humanity and in all times; but if I swerve from it or violate it, may the reverse be my life.

Ref:-Translation from the Greek by Ludwig Edelstein. From The Hippocratic Oath: Text, Translation, and Interpretation, by Ludwig Edelstein. Baltimore: Johns Hopkins Press, 1943.

World Dentist Day

6 March, 2012

Introduction: Every year we celebrate "**Dentist Day**" on 6th March; it is time for you to boost your dental health with lots of smiles and laughter. Show your wide smile to the world on this special day.

Why: World Dentist Day is to raise awareness of the importance of our Dental health refers to all aspects of the health and functioning of our mouth especially the teeth and gums,. Apart from working properly to enable us to eat, speak, laugh (look nice), teeth and gums, should be free from infection, which can cause dental caries, inflammation of gums, tooth loss and bad breath

History: 6th March is celebrated as "**Dentist Day**" worldwide Dentists' Day goes back to the invention of the first 'dental foot engine' in 1790 by George Washington's dentist, John Greenwood (1760-1819), who invented the first known "dental foot engine".

World Kidney Day

8 March, 2012

Introduction: World Kidney Day (WKD) is a global health awareness campaign focusing on the importance of the kidneys and reducing the frequency and impact of kidney disease and its associated health problems worldwide.

Why: The mission of World Kidney Day is to raise awareness of the importance of our kidneys to our overall health and to reduce the frequency and impact of kidney disease and its associated health problems worldwide.

- Raise awareness about our amazing kidneys
- Highlight that diabetes and high blood pressure are key risk factors for Chronic Kidney Disease (CKD)
- Encourage systematic screening of all patients with diabetes and hypertension for CKD
- Encourage preventive behaviors
- Educate all medical professionals about their key role in detecting and reducing the risk of kidney disease, particularly in high risk populations
- Stress the important role of local and national health authorities in controlling the CKD epidemic. Health authorities worldwide will have to deal with high and escalating costs if no action is taken to treat the growing number of people with CKD. On World Kidney Day all governments are encouraged to take action and invest in further kidney screening
- Encourage Transplantation as a best-outcome option for kidney failure, and the act of organ donation as a life-saving initiative

History: World Kidney day is a joint initiative of the International Society of Nephrology (ISN) and the International Federation of Kidney Foundations (IFKF). World Kidney Day started in 2006 and has not stopped growing ever since Every year, the campaign focuses on a theme.

Theme

2012: "Donate - Kidneys for Life - Receive"

2011: "Protect your kidneys: Save your heart"

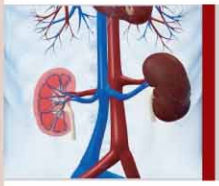
2010: "Protect your kidneys: Control diabetes"

2009: "Protect your kidneys: Keep your pressure down"

2008: "Amazing kidneys"

Kidneys for Life

World Kidney Day™
8 March 2012



Management of Chronic Renal Failure

Approach to Renal Disease

Renal disease presents in one of two ways: discovered incidentally during a routine medical evaluation or with evidence of renal dysfunction, such as hypertension, edema, nausea, and hematuria. The initial approach in both situations should be to assess the cause and severity of renal abnormalities. In all cases this evaluation includes (1) an estimation of disease duration, (2) a careful urinalysis, and (3) an assessment of the glomerular filtration rate (GFR). The history and physical examination, though equally important, are variable among renal syndromes-thus, specific symptoms and signs are discussed under each disease entity.

Clinical Findings

Renal failure may present as a raised blood urea and creatinine found during routine examination, often accompanied by hypertension, proteinuria or anaemia. When renal function deteriorates slowly, patients may remain asymptomatic until GFR falls below 30 ml/minute. Nocturia, due to the loss of concentrating ability and increased osmotic load per nephron, is often an early symptom. Thereafter, due to the widespread effects of renal failure, symptoms and signs may develop that are related to almost every body system. Patients may present with complaints which are not obviously renal in origin, such as tiredness or breathlessness.

Common Causes of Chronic Renal Failure

Disease	Proportion of end stage renal failure	Comments
Congenital and inherited	5%	e.g. Polycystic kidney disease, Alport's syndrome
Renal artery stenosis	5%	
Hypertension	5-25%	It is uncertain whether such variation is due to true racial differences or to differences in diagnostic labelling
Glomerular diseases	10-20%	IgA nephropathy is most common
Interstitial diseases	5-15%	
Systemic inflammatory diseases	5%	e.g. SLE, Vasculitis
Diabetes mellitus	20-40%	Large racial and national differences exist higher rate

Management of Chronic Renal Failure

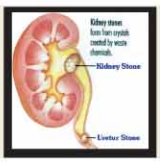
- Identify the underlying renal disease.
- Look for reversible factors which are making renal function worse.
- Control Blood pressure: ACE inhibitors have been shown to be more effective at retarding the progression of renal failure than other therapies which lower systemic blood pressure to a similar degree.
- Restriction of dietary protein intake delays the progression of chronic renal failure
- Attempt to prevent further renal damage.
- Attempt to limit the adverse effects of the loss of renal function.
- Institute renal replacement therapy (dialysis, transplantation. The degree of renal failure is assessed and complications are documented. In some cases the cause may be amenable to specific therapy, e.g. immunosuppressant in some types of glomerulonephritis.

Ref: Davidson's principles & practice of Medicine 21st Edition

Myths & Facts of Renal Diseases

Myth: As people get older, they develop renal failure. It happens to everyone.

Fact: Renal failure is not a part of getting old. Young people develop the condition as well as middle aged adults. Renal failure describes a medical condition in which the kidneys fail to adequately filter toxins and waste products from the blood.

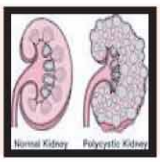


Myth: Increase calcium intake will cause kidney stone formation.

Fact: No, in fact low-calcium diet may actually increase the risk of getting calcium kidney stones.

Myth: Polycystic kidney disease (PKD) is caused by kidney damage from acute or chronic illness.

Fact: Primarily a genetic disease, PKD has two forms: autosomal dominant, which affects 1 in 400 to 1,000 adults, and autosomal recessive, which affects 1 in 10,000 children and infants. In about 10% of patients with autosomal dominant PKD, the disorder is caused by a spontaneous mutation rather than an inherited genetic defect.

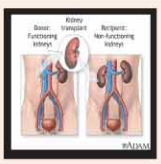


Myth: Dialysis is a death sentence.

Fact: No, dialysis is a life sentence. When you, your family and doctor decide that it is time for you to undergo dialysis what you all are saying is that you want to live your life and feel better

Myth: There are certain things that can keep me from being a kidney donor such as age, illness or physical defects.

Fact: Each person's medical condition is evaluated at the time of their death to determine what organs and tissues are viable for donation. People living with chronic diseases or those who have a history of cancer or other serious diseases are still encouraged to join the donor registry.



World Epilepsy Day

26 March, 2012

Introduction: Epilepsy is a chronic disorder of the brain that affects people in every country of the world. It is characterized by recurrent seizures - which are physical reactions to sudden, usually brief, excessive electrical discharges in a group of brain cells. Different parts of the brain can be the site of such discharges. On March 26th annually, people around the world are invited to wear purple and host events in support of epilepsy awareness.

Why: Epilepsy affects over 50 million people worldwide or approximately 1 in 100 people. That's more than multiple sclerosis, cerebral palsy, muscular dystrophy and Parkinson's disease combined.

History: The word epilepsy is derived from the Ancient Greek epilepsía, which was from pilambánein "to take hold of, to seize", which in turn was combined from "upon" and lambánein "to take".

Stigma continues to this day, in both the public and private spheres, but polls suggest it is generally decreasing with time, at least in the developed world; Hippocrates remarked that epilepsy would cease to be considered divine the day it was understood.

Famous People with Epilepsy

Many famous and well known people have or did have epilepsy; here is the list of some of these famous people who suffered epilepsy in their lives.

Famous People With Epilepsy Include:

Sir Isaac Newton

Sir Isaac Newton - (4 January 1643 - 31 March 1727) A very important scientist who is responsibe for founding the three laws of motion along with studies concerning Universal Gravitation. He studied many scientific disciplines but mainly stayed inside the field of mechanics. It is said that Newton had mainly discovered gravity by examining a falling apple, that would have been one of the major reasons for him to start his researches in the subject. Was thought by many a product of psychosis but he may just have been in his right mind.

Napoleon Bonaparte

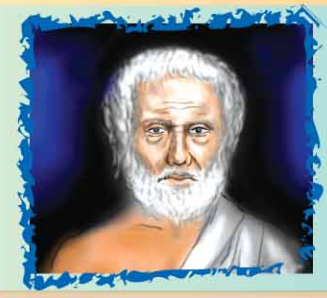
Napoleon Bonaparte - (15 August 1769-5 May 1821) An Italian General with many victories, also later becoming 1st consul of France. He played a great role in many wars and was a shining sword of honor for all of the French. Since his youth Napoleon had always given all his efforts to rise in military grades until he finally became emperor seated on his imperial throne. Many books today claim that Napoleon Bonaparte might have suffered from epilepsy throughout his lifetime. Although many have stood up to say that there is no valid proof and that it is but a myth.

Alexander the Great

Alexander the Great (July 20, 356 BC - June 10, 323 BC), also known as Alexander III, was an ancient Greek king (basileus) of Macedon (336-323 BC). Alexander died after twelve years of constant military campaigning, possibly as a result of malaria, poisoning, typhoid fever, viral encephalitis or the consequences of alcoholism. Born in Pella, capital of Macedon, Alexander was the son of King Philip II of Macedon and of his fourth wife Olympias, an Epirote princess. Alexander the Great had epilepsy, however at during his time epilepsy was known as "the sacred disease" because of the belief that those who had seizures were possessed by evil spirits or touched by the gods and should be treated by invoking mystical powers.

Aristotle

Aristotle - (384 BC - 322 BC) Aristotle was a Greek philosopher writing on many different subjects including zoology, biology, ethics, government, politics, physics, metaphysics, music, poetry and theater. He was also a great teacher for Alexander the Great. Aristotle was one of the first to point out that epilepsy and genius were often closely connected. He found that the seizure disorders may have the ability to increase brain activity in specific places and may be also enhance a persons natural abilities to a certain extent.



Management of Epilepsy

Clinical Menifestation

A seizure (from the Latin sacire, "to take possession of") is a paroxysmal event due to abnormal, excessive, hyper synchronous discharges from an aggregate of central nervous system (CNS) neurons. Depending on the distribution of discharges, this abnormal CNS activity can have various manifestations, ranging from dramatic convulsive activity to experiential phenomena not readily discernible by an observer. Although a variety of factors influence the incidence and prevalence of seizures, 5-10% of the population will have at least one seizure, with the highest incidence occurring in early childhood and late adulthood.

The meaning of the term seizure needs to be carefully distinguished from that of epilepsy. Epilepsy describes a condition in which a person has recurrent seizures due to a chronic, underlying process. This definition implies that a person with a single seizure, or recurrent seizures due to correctable or avoidable circumstances, does not necessarily have epilepsy. Epilepsy refers to a clinical phenomenon rather than a single disease entity, since there are many forms and causes of epilepsy.

Laboratory and Other Studies

Initial investigations should always include a full blood count, blood glucose determination, liver and renal function tests, and serologic tests for syphilis. The hematologic and biochemical screening tests are important both in excluding various causes of seizures and in providing a baseline for subsequent monitoring of long-term effects of treatment.

Electroencephalography may support the clinical diagnosis of epilepsy (by demonstrating paroxysmal abnormalities containing spikes or sharp waves), may provide a guide to prognosis, and may help classify the seizure disorder. Classification of the disorder is important for determining the most appropriate anticonvulsant drug with which to start treatment. For example, absence (petit mal) and complex partial seizures may be difficult to distinguish clinically, but the electroencephalographic findings and treatment of choice differ in these two conditions. Finally, by localizing the epileptogenic source, the electroencephalographic findings are important in evaluating candidates for surgical treatment.

Dosage of Commonly Used Antiepileptic Drugs

Generic Name	Dose
Phenytoin	(300-400 mg/day, 3-6 mg/kg, adult) (4-8 mg/kg, child) qid-bid
Carbamazepine	(600 - 1800 mg/day adult) (15-35 mg/kg) child) bid-qid
Valproic acid	(750-2000 mg/day; 20-60 mg/kg) bid-qid
Lamotrigine	150-500 mg/day; bid
Gabapentin	900-2400 mg/day; tid-qid
Topiramate	200-400 mg/day; bid
Clonazepam	1-12 mg/day (0.1-0.2 mg/kg); qid-tid
Phenobarbital	(60 - 180 mg/day, 1-4 mg/kg, adult) (3-6 mg/kg, child) qid

Ref: Harrison's principles of internal medicine 17th edition

Myths and Facts of Epilepsy

Myth: Epilepsy is contagious.

Fact: Epilepsy is not contagious. It is a physical condition that cannot be passed from person to person.

Myth: People with epilepsy are dangerous or possessed by the devil.

Fact: Epilepsy is a neurologic disorder, and it is rare that someone having a seizure will harm another person.

Myth: People with epilepsy are disabled, can't drive and can't work.

Fact: People with the condition have the same range of abilities and intelligence as anyone else. Some have severe seizures and cannot work; others are successful and productive in challenging careers. People with seizure disorders are found in all walks of life and at all levels of business, government, the arts and the professions.

Myth: You should perform artificial respiration.

Fact: Artificial respiration is only needed if the person does not start breathing after the seizure has stopped.

Myth: People with epilepsy are mentally ill or retarded.

Fact: Although epilepsy is related to the brain, it does not indicate that a person is mentally ill or mentally retarded. Epilepsy is a physical condition and is not related to mental illness or intelligence.

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Dyspepsia

British Medical Journal, October 2011

This is part of a series of occasional articles on common problems in primary care.

A 35 year old woman attends with a three month history of a recurrent burning sensation in her upper abdomen. The symptom is worse at night and has no relation to exercise. The periods of discomfort have increased in frequency and they are no longer relieved by over the counter remedies.

What you should cover

This history is typical of dyspepsia. Self management before presenting to a doctor is common. Distinguishing between epigastric pain, heartburn, and acid reflux is unlikely to change management, but atypical or increasingly severe symptoms require consideration of other diagnoses such as angina, biliary colic or pancreatitis.

Consider:

- Red flags in the history and examination these should be documented
- Possibility of pregnancy, which can affect symptoms and management
- Medical history: specifically pernicious anaemia, Barrett's oesophagitis, intestinal dysplasia, or previous peptic ulcer surgery, as these conditions are associated with increased risk of malignancy and would lower the threshold for referral
- Family history: particularly of upper gastrointestinal cancer
- Recent or current medication: Over the counter and prescribed. Commonly implicated drugs include non-steroidal anti-inflammatory drugs, calcium channel antagonists, nitrates, theophyllines, bisphosphonates and steroids
- Social history: Recent stressful life events or occupation. Anxiety can contribute to dyspepsia
- Lifestyle, including smoking, dietary habits, weight, and alcohol and caffeine consumption.

What you should do

After establishing a working diagnosis:

- Discuss any anxieties about possible diagnoses and expectations regarding endoscopy
- Explain that dyspepsia is a common condition that usually responds well to treatment
- Stop or reduce any medication that may be contributing to symptoms (if appropriate)
- Offer lifestyle advice, including smoking cessation, weight loss, reduced alcohol and caffeine intake and regular exercise. Evidence for long term effects of lifestyle changes on dyspepsia is lacking but consensus is that patients should avoid behaviours known to exacerbate symptoms.
- Prescribe pharmacological therapy: Either test and treat for Helicobacter pylori, or four weeks of acid suppression with full dose proton pump inhibitor. There is insufficient evidence to support the choice of one over the other. But if one is unsuccessful the other should be tried afterwards. The preferred tests for H pylori are 13C urea breath test or stool antigen test, as serology is less specific and cannot confirm eradication.3 These tests are best done before starting proton pump inhibitor, as a two week washout is needed after taking these drugs before testing by either method. If H pylori testing is positive, prescribe eradication therapy (consult local prescribing guidelines, as patterns of resistance vary geographically). Review at four weeks and re-test if symptoms persist. If H. pylori persists, prescribe an alternative eradication regimen. If choosing full dose proton pump inhibitor acid suppression, review at four weeks to discuss effect and stop proton pump inhibitors or decrease to the lowest possible dose that controls symptoms. If the response is incomplete then a further four weeks of treatment could be tried before considering test and treat. If symptoms remain uncontrolled reconsider diagnosis. Individual patients may respond to H2 antagonists or pro-kinetic.

Red flags

- Evidence of gastrointestinal bleeding (change in bowel habit/stool colour, anaemia)
- Unintentional weight loss
- Recurrent vomiting
- Dysphagia
- Abdominal mass

agents but further advice could be sought. Long term use of proton pump inhibitors for recurrent symptoms without red flags is safe, but because of their cost and small associated risk of infectious complications or nutritional deficiencies they should be prescribed at the lowest dose for the shortest period necessary.

When to refer

In patients younger than 55 presenting with dyspepsia without red flags, routine endoscopy is unnecessary, because the chances of having upper gastrointestinal cancer are estimated at one in a million. Refer patients if:

- Red flags present in history or examination
- Older than 55 with new onset persistent dyspepsia despite lifestyle and drug modification and four weeks' treatment
- Younger than 55 and symptoms unresponsive to full dose

proton pump inhibitors, H pylori eradication, and lifestyle modifications where concern exists about diagnosis.

1 NICE. Dyspepsia: managing dyspepsia in adults in primary care. NICE clinical guideline 17 (2004). www.nice.org.uk/nicemedia/pdf/CG017fullguideline.pdf.

2 Delaney BC, Qume M, Moayyedi P, Logan RF, Ford AC, Elliott C, et al. Helicobacter pylori test and treat versus proton pump inhibitor in initial management of dyspepsia in primary care: multicentre randomised controlled trial (MRC-CUBE trial) BMJ 2008;336:651-4.

3 McNulty C, Teare L, Owen R, Tompkins D, Hawtin P, McColl K. Test and treat for dyspepsia—but which test? BMJ 2005;330:105-6.

4 Thomson AB, Sauve MD, Kassam N, Kamitakahara H. Safety of the long-term use of proton pump inhibitors. World J Gastroenterol 2010;16:2323-30.

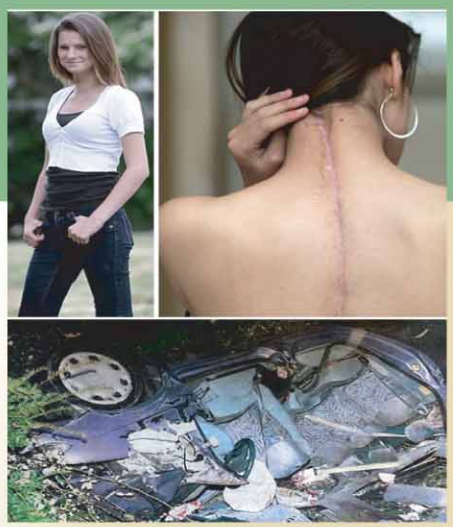
5 Gillen D, McColl KE. Does concern about missing malignancy justify endoscopy in uncomplicated dyspepsia in patients aged less than 55? Am J Gastroenterol 1999;94:75-9.

Ref: BMJ, October 2011

4 Most Fascinating Medical Miracles

In this section of Medical Tit-Bits we incorporate Medical Miracles related real information. Four most Fascinating Medical Miracles are the topics of Medical Tit-Bits. These are Medical Miracles from all over the world!

1 Teenage model had her body held together by 11 rods



Katrina Burgess, 17, was told by doctors she may never walk again after surviving a 70mph car crash with a broken neck and back, and a catalogue of other injuries. But after being put back together with 11 metal rods and enough pins and screws to send an airport security detector into overdrive, Katrina was signed up by a modeling agency.

2 Blind man got his sight back after having a tooth implanted into his eye

Martin Jones, a 42-year-old builder, was left blind after an accident at work more than a decade ago. But a remarkable operation - which implants part of his tooth in his eye - has pierced his world of darkness. The procedure, performed fewer than 50 times before in Britain, uses the segment of tooth as a holder for a new lens grafted from his skin.

3 Surfer mauled by a shark had his hanging hand reattached

Thirty-three-year-old Glenn Orgias was attacked by a great white shark while surfing at Sydney's Bondi Beach. He was taken to St Vincent's Hospital with his hand hanging by a three centimetre piece of skin. Plastic surgeon Dr. Kevin Ho never expected that they would be able to reattach the hand. But given the patient general health and the speed of which he was rushed into the operating theatre made it a possibility that he could have his hand reattached. Dr. Ho said leeches were used as part of the effort to restore blood flow to the hand, and he is hopeful that Mr. Orgias will regain function in it.

4 Paraplegic man suffered a spider bite and started walking again

A motorcycle accident almost killed David Blancarte 21 years ago. He was spared his life, but was unable to move his legs. He was confined to a wheelchair for 20 years. But two years ago, he was bitten by a brown recluse spider and was hospitalized for and spent 8 months in physical therapy. In therapy, a nurse noticed a spasm in one of Blancarte's legs and run some tests. Five days later David was walking again.

BJOG release: Age and BMI can predict likelihood of developing gestational diabetes new research suggests

Britisish Journal of Obstetrics & Gynaecology 2 November, 2011

Age and body mass index (BMI) are important risk factors for gestational diabetes mellitus (GDM) particularly amongst South Asian and Black African women

Data were collected on 585,291 pregnancies in women attending for antenatal care and delivery at 15 maternity units in North West London from 1988-2000.The study included 1,688 women who developed GDM and 172,632 who did not.
Maternal age was divided into the following groups: below 20, 20-24, 25-29, 30-34, 35-39 and above 40 years of age.

Maternal BMI was also divided according to the WHO international classification of BMI as follows: less than 18.5(underweight), 18.50-24.99 (normal weight), 25.00-29.99 (overweight) and more or equal to 30.00 (obese). Prevalence of GDM was calculated for each maternal age and BMI group.

There was a strong association between GDM development and advancing maternal age which varied by racial group.
Using White European women age 20-24 years as a comparison group, White European women older than 30 years had significantly higher odds ratios (ORs)for developing GDM.

The ORs for GDM development were also significantly higher in the other racial groups but at a younger maternal age (older than 25 years if they were Black Africans or Black Caribbeans and older than 20 years if they were South Asians). Moreover, the rate of GDM rose more rapidly with age. For example, in mothers aged 40 years or more, the rate of GDM had risen to 1.9% in white European mothers (from 0.5% at age 20-24), but to 11.4% in South Asians (from 1.1) and 21.7% in black Africans (from 0.7%).

In addition, there was also a strong link between GDM and BMI in all the racial groups. Using White European women with a normal BMI as the comparison group, the ORs for developing GDM were significantly higher in the overweight and obese White European and Black Caribbean groups and significantly higher in all BMI categories of Black African and South Asian women.

"Gestational diabetes complicates 3-5% of pregnancies. Currently in the UK, the National Institute for Health and Clinical Excellence recommends a diagnostic test for gestational diabetes in women with traditional risk factors, such as increased body mass index, family or previous personal history of gestational diabetes, delivery of a large baby and racial origin with a high prevalence of diabetes.

"However, this new research shows that maternal age, alone and in correlation with the maternal racial origin, may also be a significant factor contributing to the development of gestational diabetes. Age has not been included as one of the screening criteria because the secular increase in maternal age over recent years would have resulted in offering a diagnostic test for gestational diabetes to a high proportion of the pregnant population.

"It is important that clinicians are aware of all the contributing factors as gestational diabetes can result in adverse perinatal outcomes."

Corporate Echo

Apex Pharma Limited orgainzed scientific seminars in different health institutes to enriched the "Continuing Medical Eduction (CME) Program" among doctors community in Bangladesh. In this section, we include some recent CME programs from different institutes of Bangladesh.

Scientific Seminar on **"Management of Dyslipidemia"** at Medicine Department, Dhaka National Medical College Hospital, Dhaka on 17 January, 2012

Scientific Seminar on **"Importance of Dedicated Cephalosporin Facility"** at Sadarpur Thana Health Complex, Faridpur on 18 December, 2011

Scientific Seminar on **"Judicious use and misuse of antibiotic"** at Jhenaidah organized by Bangladesh Medical association, Jhenaidah on 17 December, 2011

Case Presentaiton on **"Actinomycosis"** at Dermatology Department, Dhaka Medical College & Hospital, on 12 December, 2011

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