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Message from the President

November 10, 2013

It is my pleasure to welcome you to our 10th annual Lights of Healing event. On behalf of the Canadian Tamil Medical Association (CTMA), I am delighted to see another successful year with your support. Thank you for gracing this occasion with your presence.



CTMA was born from desire to extend humanitarian assistance to the underprivileged. We represent a united front of Tamil medical professionals that advocate for health issues from various communities around the world. These issues range from neglected crises in countries devastated by war to places affected by natural disasters without immediate access to health care. We strive to improve the quality of life in these communities through various service projects.

CTMA is currently supporting two Dental projects in Sri Lanka - one covering the Jaffna district schools which have been successfully running for three years now and the second project was recently launched at the Kilinochchi Maha Vidyalayam to cover the schools in the Vanni area. CTMA also supports several other grassroots organizations in their health care related projects. This year CTMA made a significant contribution to Analaitivu Cultural Organization - Canada towards their efforts in building a Hospital in Analaitivu. We are glad to have been able to partner with this project.

Some of our major projects that we have undertaken in the past include donations to Markham-Stouffville Hospital, the Alzheimer's Day Program at Providence Health Care, the Canadian Cancer Society, the Sick Kids Hospital and Amnesty International. CTMA's international contributions include four medical missions in Sri Lanka including a Tsunami mission, donations of various diagnostic medical systems to the Jaffna Teaching Hospital including the state of the art echo cardiograph system with exercise machine, 24 Hr Blood Pressure monitoring system and paediatric ultrasound machine to its neonatal unit, contribution to the launch of a Mental Health Unit contribution in Mannar, Tube Well, Washrooms and Sanitation program in Vanni, support for child cataract surgeries and prosthetic donations to amputees and donation of solar panels to the Mahadeva Achchirama Children Home in Kilinocchchi. I am glad to share that donation of 50 Bicycles to 3 schools in Thunukai (Vanni Area) is underway to help those children who otherwise must walk 5-6 miles to reach school.

The proceeds from past Lights of Healing Events have supported the South Asian Autism Awareness Centre and the establishment of the Primary Care Model with Family and Community Medicine Department in Jaffna. The proceeds from tonight's Lights of Healing will support various healthcare initiatives undertaken CTMA both locally and internationally.

I would like to express my heartfelt thanks to our CTMA members for all their valuable time and resources in organizing this year's Lights of Healing event. We couldn't have done it without the help of our generous sponsors, volunteers, honourable dignitaries and all of our supporters. Thank you for your ongoing support, our commitment to you is that CTMA will continue to shine its lights of healing to cure the wounds of the less fortunate people around the world.

With sincere gratitude,
Dr. Rajes Logan
President of CTMA





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Justin P.J. Trudeau

Leader of the Liberal Party of Canada
Chef du Parti libéral du Canada



November 10th, 2013

Dear Friends,

It is with great pleasure that I welcome everyone to the Scarborough Convention Centre for the Canadian Tamil Medical Association's *Lights of Healing, 2013* annual fundraising gala.

For the past 15 years, members of the CTMA have volunteered their time and resources to provide global humanitarian and medical aid to countries that have been affected by natural disasters and internal strife. The purpose of tonight's event is to continue to raise funds for the medical rehabilitation of disaster and civil war victims; to support health related projects in Canada and around the world; and to provide medical equipment for hospitals in Sri Lanka. In recent years, money raised by the CTMA has been donated locally to the Canadian Cancer Society and the Hospital for Sick Children. Internationally, they have supported the Jaffna Teaching Hospital and the Kilinochi Maha Vidyalayam.

I would like to personally thank the Canadian Tamil Medical Association for organizing such a wonderful event, which continues to strengthen the ties between Canada and Sri Lanka, as well as everyone who came out tonight to support the cause. Thanks to the generosity shown by everyone in attendance, the CTMA will continue to fund and advocate access to quality health care initiatives in both Canada and abroad.

Please accept my warmest welcome, and I hope you enjoy tonight's festivities!

Sincerely,

Justin P.J. Trudeau
Member of Parliament for Papineau

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November 10, 2013

A PERSONAL MESSAGE FROM THE PREMIER

On behalf of the Government of Ontario, I am delighted to extend warm greetings to everyone attending Lights of Healing 2013, hosted by the Canadian Tamil Medical Association.

Your organization's work reminds us that community does not stop at our country's borders — because while we are citizens of Canada, we are also citizens of this great and increasingly connected global community.

I was pleased to learn that the club will be supporting both projects here at home and those which will bring a better quality of life to people living in Sri Lanka. Know that your work will touch many lives and make a meaningful difference.

I thank all those in attendance for their generosity. Please accept my best wishes for an enjoyable evening and a highly successful fundraiser.

Kathleen Wynne
Premier





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Dr. Varatharaja
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Frank Scarpitti
Mayor



November 10, 2013

MESSGE FROM MAYOR SCARPITTI

On behalf of Members of Council and the City of Markham, I am pleased to extend our best wishes to all those attending the 2013 "Lights of Healing" Fundraising Gala hosted by the Canadian Tamil Medical Association (CMDDA/MIFT).

In Markham, cultural diversity is one of our greatest assets and we are delighted to share in the various customs and traditions that are celebrated in our multicultural society. I commend the Canadian Tamil Medical Association for their efforts provide humanitarian services around the world.

The spirit that built our community is reflected in those who dedicate their time and energy to build a caring global community. Your kindness in dedicating the funds from this evening's special gala to support health related projects in Canada and elsewhere is greatly appreciated.

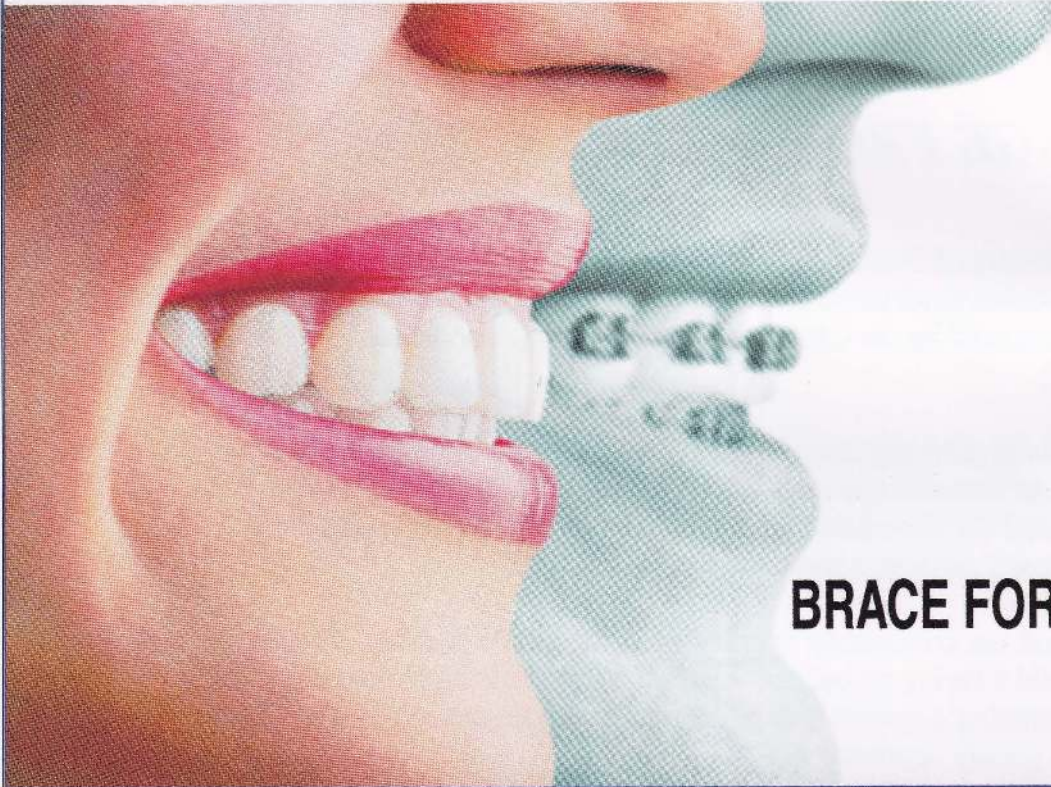
As Mayor for the City of Markham, I am proud of your compassion to help those in need and wish you a very enjoyable and successful evening.

Yours sincerely,

Frank Scarpitti
Mayor



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Logan Kanapathi
Councillor, Ward 7

November 10, 2013.

GREETINGS FROM MARKHAM

It is with great pleasure that I extend my warmest greetings to everyone attending the Canadian Tamil Medical Association's (CTMA) Fundraising Gala "Lights of Healing 2013" tonight.

I have witnessed firsthand, the wonderful community service CTMA has been doing over the years both locally and globally. As a Councillor of Markham, I'm very glad to acknowledge that the Lights of Healing 2011 made a significant contribution to Markham Stouffville Hospital Expansion Project and they were the first organization to do so in the Tamil Community. I commend your consistent efforts in bringing health care accessible to the needy people in our motherland, devastated by war and striving to thrive. I applaud your commitment, compassion and care to help those in need. Let the lights of healing touch many more lives around world!

Keep up the great work! I wish you all the best in your future endeavours as your organization grows and continue to expand the great service across the globe.

Sincerely,

Logan Kanapathi
Councillor, City of Markham

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CTMA's Dental Projects in Vanni and Jaffna District

Dr. Shan A Shanmugavadivel

OPENING A DENTAL CLINIC IN KILINOCHCHI ORAL HEALTH PROJECT ALL OVER JAFFNA DISTRICT

When I was in my homeland in last September Dr. Sathiyamoorthy, medical superintendent of Vavuniya General Hospital arranged a meeting with dental surgeons at the hospital. I shared recent innovations in dentistry and gathered information of their working condition and facilities. They are lacking opportunities for continuing education, though a few of them enroll for Higher diploma and a smaller number for specialization. Though I arranged to send current dental journals to the hospital library I realised that the dental surgeons are not making use of them.

On Tuesday early morning, September 3rd 2013, Dr. Sathy, Dr. Nanthakumar of IMHO, USA and I set forth from Vavuniya to north on A9 highway to Kilinochchi. The major roads in the Island are now in good condition so driving was a pleasure, unlike when I was there two years ago. Our vehicle escaped checking at the Omanthai checkpoint. I noticed on the way Dr. Sathy was making several phone calls regarding the planned opening of the adolescent dental clinic.

We arrived at Kilinochchi Madiya Maha Vidyalayam around 9.30Am. We were received by the school principal, Mr. A. Pankayatchelvan and other members of the committee. I mingled with all the attendees and very impressed by their passion for serving the community. Dr. Elil, an old boy of the school and dental surgeon at Mulangavil also attended the inauguration ceremony. I was told he undertook to volunteer his services on every Saturdays at the Adolescent Clinic. Mrs. Rajadurai, dental therapist and dental assistant loaned by Dr. Karthikesan, RDHS were also present. This new dental clinic will serve the students in that school and students in all other neighboring schools.

After the official opening of the adolescent dental clinic by me and handing over the dental unit to the school principal, we assembled for a reception in the auditorium. In my address to the gathering I outlined the various projects of CTMA and about our ten thousand dollars donation for the dental clinic and salary for a year for the retired dental therapist now employed at the clinic. I thanked Dr. Sathy for co-ordinating the projects, CTMA for the generous donation and Dr. Chandrasegaram, our board member for all his efforts.





Having successfully completed our task at the school we visited Dr. Sathy's modest home in Kilinochchi not far from the school. After a short stay for soft drinks, we drove into the interior on the west side. Dr. Sathy's two children and principal who was a classmate of Dr. Sathy joined us on the trip. This was my first journey into the war torn areas. The roads were in different stages of construction with several damaged and abandoned buildings. After driving through dusty bumpy roads for more than an hour we stopped at a school at Konaavil. Dr. Sathy was interested in helping the high school students there. He met the principal and the other teaching staff. We were told many kids in this area do not go to school regularly because both parents go out for work leaving the children unsupervised.



A crowd had gathered to receive us at our next stop called Veruvil, a coastal town, to ceremonially open a housing project assisted by IMHO for the lady teachers. After the lunch arranged by school staff we were on our way back passing through Mulangavil, Thunukkai, Mallaavi and Mankulam. We also saw 25 female young needy students receiving support for food, clothing etc at their residence adjoining the school.

After my nephew's wedding my mother and brother's family decided to stay longer in Vavuniya to attend another wedding. But I had already arranged to see the CMDDA/CTMA funded Oral Health program in action in one of the schools in Jaffna district. I had requested Dr. Balakumar, Regional Dental Surgeon to take me to Vada Hindu Junior School in Point Pedro on the 9th September. So I decided to leave the previous day by bus from Vavuniya.

Next day morning around 10.00AM Dr. Balakumar picked me up in a vehicle belonging to a NGO. As we entered the Junior School we first had a meeting with the principal of the school and went into the area where kids perform the daily brushing after the midday meal. They are supervised by the class teachers. On that day the dental therapist and dental assistant also assisted the teachers. Kids' brushes are labelled and the class teacher dispenses a small amount of tooth paste to the kids. After brushing for 3-5 minutes washed brushes are kept in group of eight in cases and stored inside the class room. The kids were really enjoying the brushing.



From the junior school we crossed the road and entered the senior school and met the principal and explained the purpose of my visit and our project. Later I visited the school dental clinic and looked into their records for the number of students seeking dental care, found out about the different services provided and on any immediate needs for the clinic. I saw one of the arms of the dental chair torn and covered by bandage. I have noticed similar conditions in Vavuniya hospital and at another school dental clinic I visited. The dental therapists complained of shortage of restorative materials and the need for curtains for windows.



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WHAT IS SLEEP APNEA?

Obstructive sleep apnea (OSA) is a serious breathing problem that fragments your sleep and can lead to dangerous health outcomes, including heart attack and stroke.

OSA means you have pauses in your breathing when you sleep caused by an obstruction in your upper airway. These breathing pauses (called apneas) can last an average of 10-30 seconds but may last even longer. People with OSA can stop breathing dozens or hundreds of times each night.

OSA stops you from having the restful sleep you need to stay healthy. It interrupts your normal pattern of sleep stages, causes fluctuations in blood pressure and heart rate, and can cause acid reflux. If it's not treated, sleep apnea can lead to major health problems, accidents, cardiovascular disease, and early death. Thankfully, there is an excellent treatment for OSA which is considered to be the gold standard CPAP (Continuous Positive Airway Pressure) therapy.

Snoring & Sleep Apnea What are the EFFECTS?




HOW OBSTRUCTIVE SLEEP APNEA AFFECTS YOUR BREATHING



During normal sleep, the muscles that control the tongue and soft palate hold the airway open.

In obstructive sleep apnea, your airway closes off completely. No air reaches your lungs. Your brain is telling you to breathe as usual, but you can't take in a breath because your airway has closed off. This is called apnea. After a long pause, your brain realizes you haven't been breathing, so it jolts you into taking in a big gasp of air and start breathing again. This cycle can continue up to hundreds of times throughout the night.

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With CPAP treatment, you wear a special mask attached to a

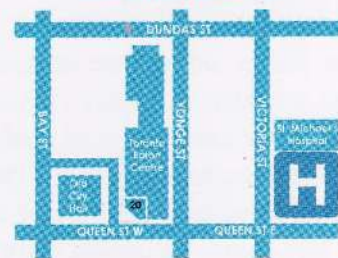
CPAP machine. The CPAP machine blows a steady stream of air through the mask and into your airway. The stream of air creates pressure, which holds your airway open. This stops your airway from collapsing. Your airway stays open all night, so you can breathe properly all night – Better Sleep and Breathing for Better Health™

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Snoring, Obstructive Sleep Apnea (OSA) & Preventive Oral Appliance.

In North America 90 million people suffering from sleep disorders including insomnia, snoring and sleep apnea. About 60% of men and 40% of women between the ages of 40-60 years snore. Snoring occurs when there is a partial block of the airway that causes the palatal tissues to vibrate similar to water going through a blocked pipeline, and making noises. Obstructive Sleep Apnea (OSA) occurs when the upper airway is completely blocked for a certain period of time.

Snoring is a social problem particularly for the spouse however, OSA has a significant health risk for the patient as well. Obstructive Sleep Apnea may cause an irregular heart beat, high blood pressure, heart attacks, type 2 diabetes, depression and morning headaches.

There are several factors leading to Obstructive Sleep Apnea such as:

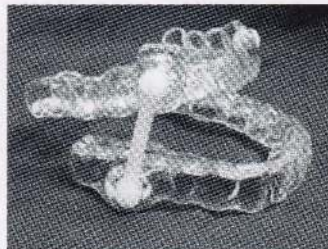
- Age- above 40 years.
- Obesity- more in obese people.
- Consumption of alcohol during bed time.
- Sleeping pills.
- Nasal tissue blocks.

Children can snore and suffer from Obstructive Sleep Apnea as well. They may have growth and development problems including narrow upper arch, high palate and retruded lower arch, and their air way is blocked by enlarged adenoids tonsils or swollen nasal mucosa.

The signs in children that have OSA are bedwetting, irritability difficulty in concentration at school, headaches or hyperactivity. Clearly these children must be treated at an early stage in order to improve their quality of life. The early diagnosis of airway and skeletal problems in children can help them avoid serious conditions like OSA later on in life.

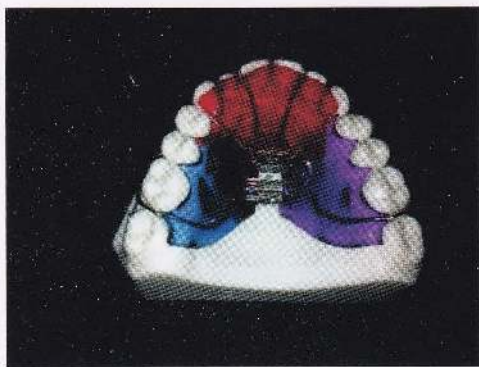
The treatments of airway problems include arch developmental appliances, removal of expanded tonsils and adenoids by E.N.T surgeons. The skeletal problems are solved by jaw repositioning appliances like Twin- block, Rick-A-Nator, Mara.

OSA is diagnosed by conducting the overnight sleep study in the hospitals (polysomnogram) or at sleep clinics. OSA's severity can be categorized into three groups: mid, moderate and severe.



SomnoDent **Silent nite**





Arch expansion appliance

Mild to moderate OSA can be treated by intra oral appliances in the dental office like Silent Nite, Dorsal appliance Somnodent etc. Severe OSA can be treated by CPap- an oxygen mask worn by the patient during sleep (continuous positive airway pressure) or surgical techniques like tracheotomy, nasal reconstruction, uppp (uvulopalatopharyngoplasty) uvulectomy, somnoplasty..etc.

The treatment objectives for oral appliances therapy are to stop snoring, eliminate OSA problems, get a higher amount of oxygen into their systems, eliminate their day time sleepiness, and allow them to function normally. These appliances can reposition the lower jaw moving the tongue forward, or lift the hyoid bone and prevent the airway from collapsing.

Finally treatments of snoring and OSA with dental appliances require a definitive diagnosis. The doctor can confirm based on your conducted sleep study. It requires team work by your doctor and dentist to get a proper diagnosis and treatment plan in order to give you proper treatment, improving your quality of life.

Dr. Sumathy Selva (Dentist)

கனேடிய தமிழ் வைத்திய சங்கத்தின் நிதியுதவியுடன் கடந்த செப்ரெம்பர் மாதம் (2013) கிளிநொச்சி மத்திய மகா வித்தியாலயத்தில் மாணவர்களுக்கான பற்சிகிச்சை நிலையம் திறந்து வைக்கப்பட்டுள்ளது. மேலும் அதில் பணிபுரியும் அம்மையாருக்கு ஒரு வருடத்திற்குரிய ஊதியத்தைக் கொடுப்பதற்கு எமது சங்கம் ஒழுங்குகளைச் செய்துள்ளது. இதனால் அந்தப்பாடசாலை மாணவர்கள் மட்டுமல்லாது அம் மாவட்டத்திலுள்ள சகல பிள்ளைகளும் பயன்பெற உள்ளார்கள்.



யாழ்ப்பாண மாவட்டத்திலுள்ள சகல ஆரம்பப் பாடசாலை மாணவர்களுக்கும் பல் நலம் பேணும் முறை பற்றிய பயிற்சியும் அறிவும் வழங்குவதற்குத் தேவையான நிதியுதவியை எமது கனேடிய தமிழ் வைத்திய சங்கம் செய்துள்ளது. மதிய உணவின் பின்பு பல் துலக்குவதற்குரிய பற்பசையும் பற்காரிகைகளும் பல் நிரப்புவதற்குரிய மருந்து வகைகளும் வழங்கப்பட்டு வருகின்றன. அண்மையில் அங்கு சென்று வந்த டாக்டர் அ. சண்முகவடிவேல் அவர்கள், பருத்தித்துறை வடஇந்து ஆரம்பப் பாடசாலையில் மாணவர்கள் பல் துலக்குவதையும் ஆசிரியர்கள் அவர்களுக்கு உதவுவதையும் நேரில் சென்று பார்வையிட்டு வந்துள்ளமை குறிப்பிடத்தக்கது. இச்சேவையால் பிள்ளைகளின் பற்கள் சிதைவடையாது பாதுகாக்க முடியும் என்ற நம்பிக்கை நமக்குண்டு.



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GUM DISEASE CAN KILL MORE THAN YOUR SMILE

Gum disease is caused by bacteria. When your gums are inflamed bacteria from the mouth are getting into the bloodstream. This leads to an increased risk for the serious health problems listed below.

HEART DISEASE

Bacteria from the mouth can get into the bloodstream when the gums are inflamed. These bacteria can attach to platelets. These clumps of platelets and bacteria can lodge inside the walls of blood vessels causing *heart-stopping* clots to form. These clots are what lead to heart disease. Keeping your gums healthy can reduce your risk for a heart attack.

ALZHEIMER'S DISEASE

Studies continue to demonstrate a link between gum disease and an increased risk of Alzheimer's later in life.

LUNGS

The bacteria that collect in your mouth when gum disease is present are the same bacteria that can cause pneumonia and other respiratory disease.

ARTHRITIS

Gum disease is closely linked with arthritis. If you already have arthritis, eliminating gum disease has been shown to potentially lessen the crippling effects of arthritis.

PRE-TERM BIRTHS

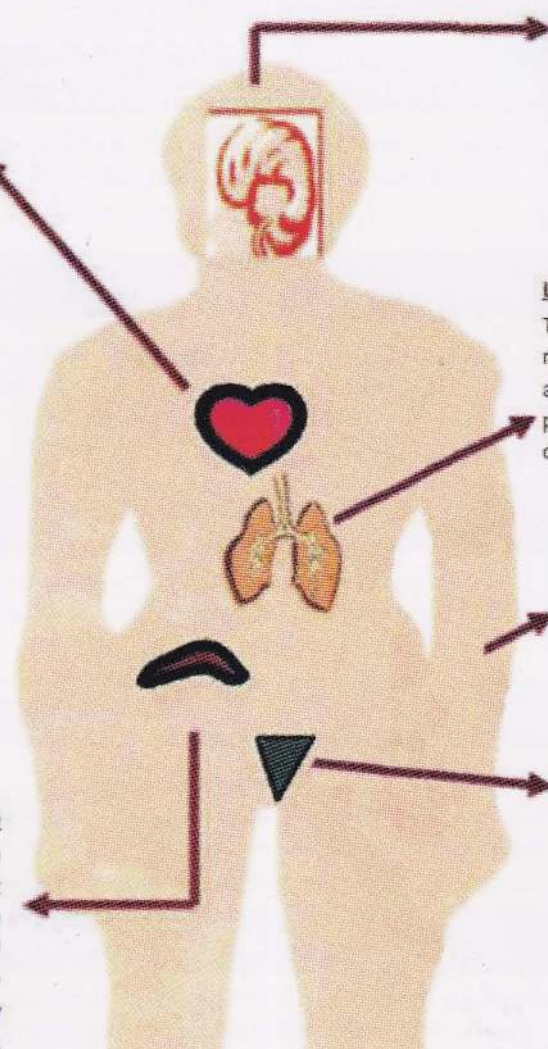
Women with gum disease are seven to eight times more likely to give birth prematurely to low birth weight babies. Researchers believe that gum disease causes the body to release inflammatory chemicals which are linked to pre-term birth.

DIABETES (PANCREAS)

The presence of any gum inflammation can make it much more difficult for a diabetic to control their blood sugar. Elimination of any gum inflammation can *directly* improve diabetic control.

OTHER LINKS

Links between gum disease and rheumatoid arthritis and even kidney disease are being investigated. Do what ever is necessary to eliminate inflammation anywhere in your body.



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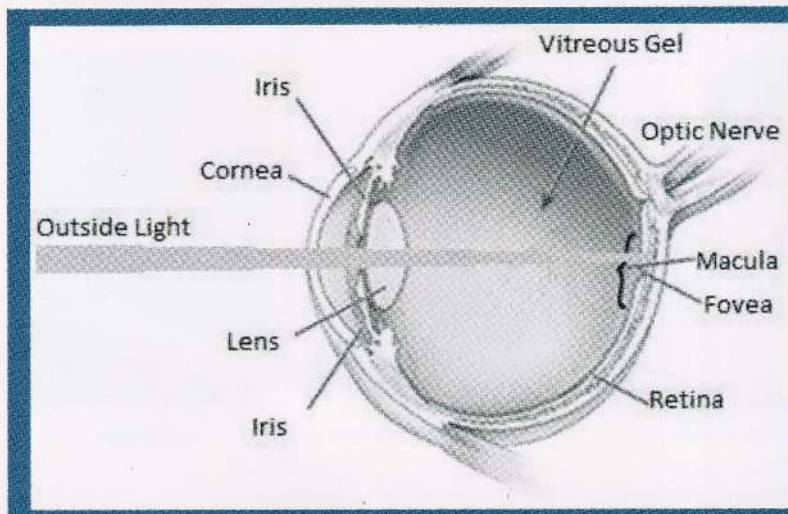
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Diabetic Bleeding in the Eye

By: Dr. Mathangi Arun M.Sc.
Optometrist



Cross-section of outside light entering the human eye.

- Do you have diabetes?
- Notice blurring of your vision?
- Are there missing areas or dark areas in your vision?

Diabetes is a disease that damages blood vessels inside the entire body, including the eye. Unfortunately, diabetic damage in the eye leads to vision loss.

Without diagnosis and treatment, diabetic eye disease can cause severe vision loss or even blindness. It is very important for patients who have diabetes to control their blood sugars well, because that is the most effective way of avoiding damage and loss of vision. Diabetic eye disease refers to eye problems people with diabetes may have. Common diabetic eye diseases include cataracts and diabetic retinopathy.

Few are aware of the diabetic eye diseases, symptoms of it, who will get it, and when.

To begin explaining, we must first understand the simple anatomy of the eye.

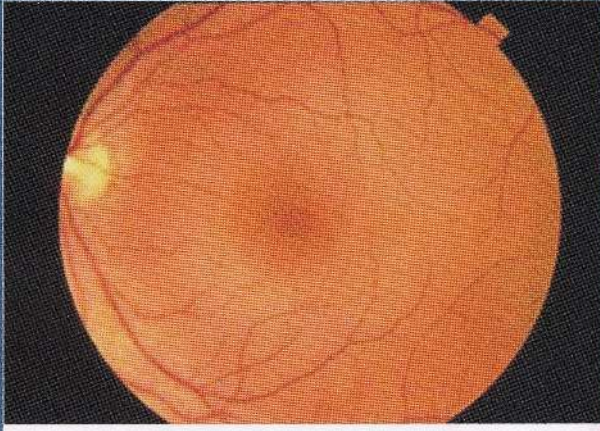
What Are Diabetic Eye Diseases?

One of the diseases is cataract, which is the clouding of the lens in the eye. The development of cataracts is a result of the changes that happen to the lens inside your eye. Outside light must pass through the lens and reach the back of the eye in order to have clear vision. However, if the lens is cloudy, the amount of light entering the eye is reduced, which in turn will create a dull image.

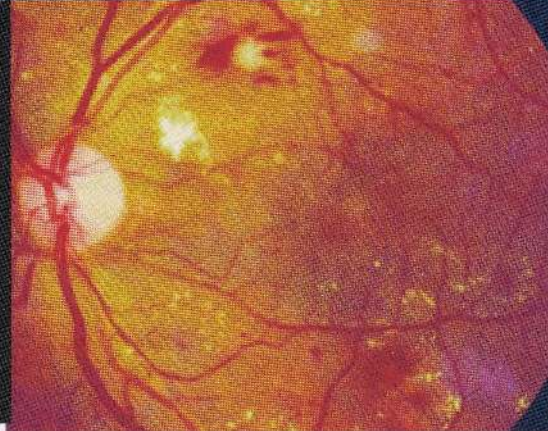
Diabetic retinopathy is another part of diabetic eye disease. This is damage to blood vessels in the retina. The retina is the light sensitive tissue at the back of the eye. A healthy retina is necessary for good vision. Diabetic retinopathy is the result of damage to the tiny blood vessels that nourish the retina, by developing abnormal blood vessels and leaking fluids and blood into the retina. At first, diabetic retinopathy may not cause any changes in vision, but over time, diabetic retinopathy can get worse.

Eventually diabetic retinopathy may cause vision loss and even blindness; it is the leading cause of blindness in persons with diabetes.





NORMAL EYE INSIDE (RETINA)



BLOOD IN THE EYE (RETINA)

Symptoms of Diabetic Retinopathy

- spots floating in their vision (floaters)
- a general blurring of vision
- dark or empty spot in the centre of your vision
- difficulty seeing at night

In patients with diabetes, prolonged periods of high blood sugar can lead to the accumulation of fluid in the lens inside the eye that controls eye focusing, essentially the lens inside the eye will swell, which will result in the development of symptoms of blurred vision. The blurring of distance vision as a result of lens swelling will subside once the blood sugar levels are brought under control. Better control of blood sugar levels in patients with diabetes also slows the onset and progression of diabetic retinopathy.



NORMAL VISION



VISION WITH DIABETIC RETINOPATHY

What Are Treatment Options?

There are various treatments for diabetic eye disease, and depend on the extent of the disease. It may require laser surgery to seal leaking blood vessels or to discourage new leaky blood vessels from forming. Injections of medications into the eye may be needed to decrease inflammation or stop the formation of new blood vessels. In more advanced cases, a surgical procedure to remove and replace the gel-like fluid in the back of the eye, called the vitreous, may be needed. A retinal detachment, defined as a separation of the light-receiving lining in the back of the eye, resulting from diabetic retinopathy, may also require surgical repair.

People with diabetes need to see an eye care professional at least once a year. Early changes in the eyes from diabetes often times are not recognized by the patients by signs of any vision loss. They'll be seeing fine while there may be early disease in the eye that can only be detected by a dilated eye exam. All people with diabetes are at risk of developing diabetic eye diseases.

If you are a resident of Ontario, Canada, you have coverage through the Ontario Health Insurance Plan (OHIP) to have annual diabetic eye examinations, with the referral from your family doctor indicating your diabetic health status.

The longer you have diabetes, the higher your risk of getting diabetic eye disease. If you are a diabetic, you can help prevent or slow the development of diabetic retinopathy by taking your prescribed medication, sticking to your diet, exercising regularly, controlling high blood pressure and avoiding alcohol and smoking.





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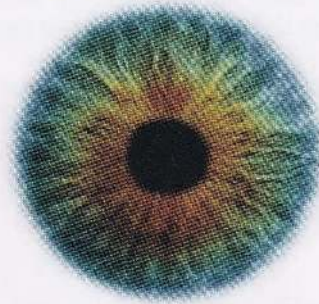
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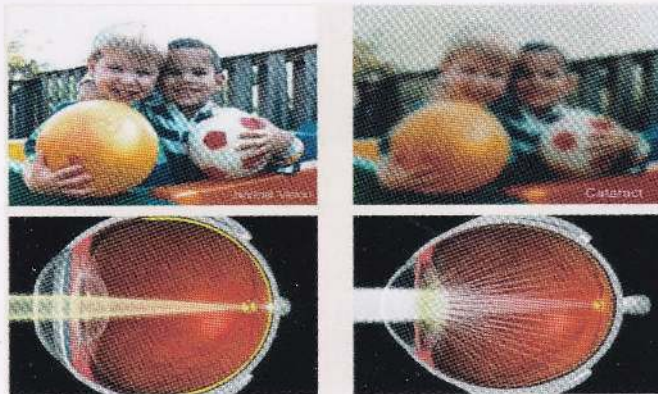
THE AGING EYE

By: Dr. Shanthi Sandrasekaramudaly Brown, Optometrist

The "Undetected Eye Disease in a Primary Care Clinic Population" study conducted in Baltimore concluded that more than 50% of patients were unaware they had an eye disease. People most often visit their eye care professionals to update their spectacle prescription in response to a gradual or sudden reduction in their vision. Ironically, more than two thirds of those individuals diagnosed with eye disease had excellent vision as measured on the vision chart, but did not exhibit any symptoms to indicate that something maybe wrong with the health of their eye. Routine eye examinations assessing the health of the eye are important for preventative care. This is especially crucial as we age.

Most Canadians do not realize that 3 out of 4 of the leading causes of blindness in this country are age-related: Cataracts, Glaucoma and Age-related Macular Degeneration (AMD). For any individual, but especially for the elderly, the loss of vision can be particularly devastating to their quality of life. It can mean the loss of opportunities, access, independence and dignity. Fortunately, while the risk or occurrence of many eye diseases increases with age, more than 75% of vision loss is preventable if detected early. This article will focus on ocular diseases that can have a devastating effect on the vision, but can be prevented or minimized if detected and managed early.

CATARACTS:



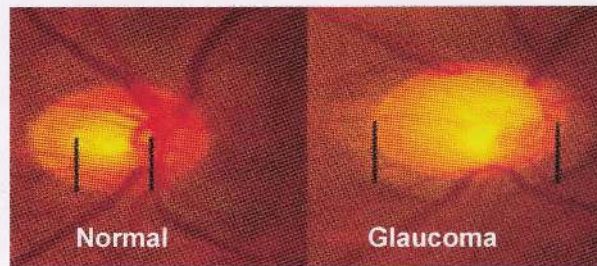
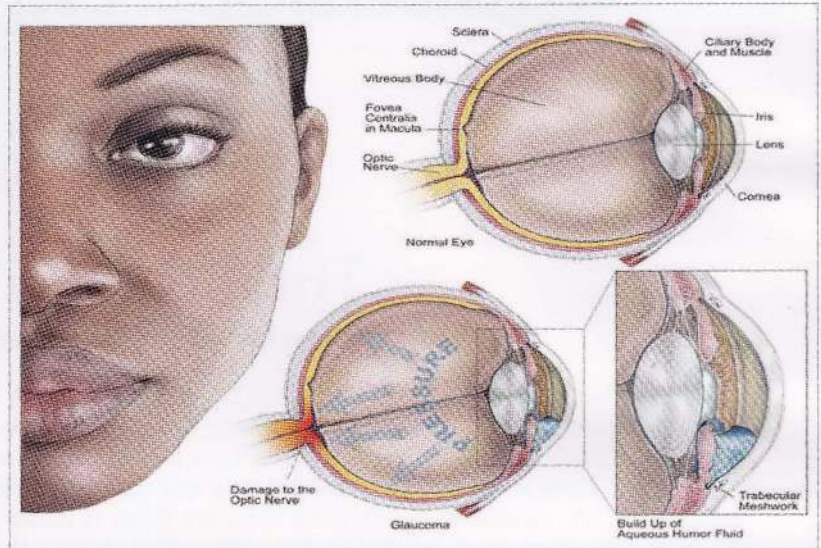
Cataracts are the leading cause of preventable blindness worldwide formed by clouding of the lens in the eye. The lens helps to focus the light entering the eye. Age, diabetes, smoking, long-term use of steroids, eye injury and UV light exposure can increase the risk of the lens clouding. Clouding of the lens can lead to blurred images, decreased night vision and increased glare on oncoming headlights. Fortunately, cataracts can be surgically treated, where the clouded lens is replaced with an intraocular lens implant.

GLAUCOMA:

According to the Canadian National Institute for the Blind (CNIB), Glaucoma is the second leading cause of blindness in seniors. Glaucoma is defined as progressive damage to the optic nerve of the eye that can lead to permanent loss of peripheral vision. If it is left untreated it can lead to irreversible blindness. Since it is a relatively painless disease, by the time one notices vision loss, more than 50% of the damage has already been done. Although high eye pressures, due to buildup of excessive eye fluid, are not



always a sign that one has glaucoma, it is used to assess the relative risk of developing it. Some studies suggest that those with diabetes have optic nerves that are more susceptible to nerve damage due to poor circulation to the nerve that result in defects in their visual field at lower intraocular pressures than those with glaucoma alone. Nearly three out of every ten people over the age of 40 reported having glaucoma, but research indicates that 50% of individuals with glaucoma are unaware they even have the condition, so the incidence is likely higher. The disease course often involves loss of peripheral (side) vision first, so by the time one notices any visual disturbance, significant irreversible damage has already occurred. If left untreated, it can advance to later stages where central vision narrows to "tunnel vision" or complete blindness. Everyone is at risk for glaucoma. Some are at a much higher risk and need to be checked more frequently by their eye doctor. Risk factors include a family history (genetics), age above 40, short-sightedness, eye injury, diabetes and prolonged use of steroids. Early detection and treatment is very crucial. Testing for glaucoma is quick and painless. The best way to detect the disease is with comprehensive eye examinations done regularly. Treatment for glaucoma is aimed at controlling and/or reducing the intraocular pressures using eye drops or surgery.



AGE-RELATED MACULAR DEGENERATION (AMD):

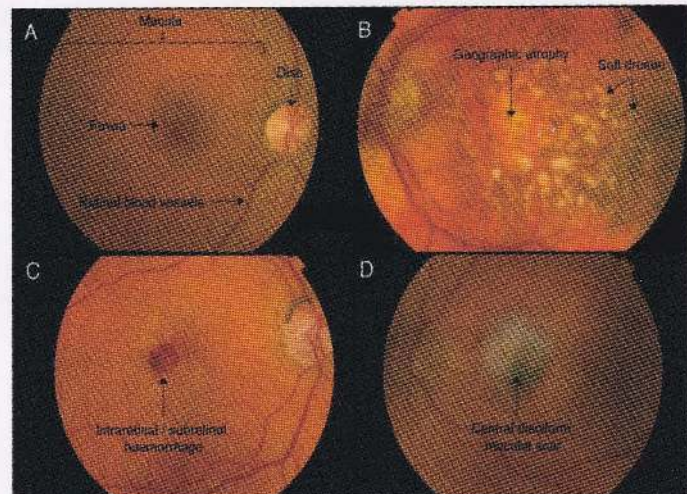
AMD is an age-related, chronic, degenerative retinal disease. It is a leading cause of vision loss in adults over 50. Nearly 1 million people in Canada have AMD. In fact, more Canadians have AMD than breast cancer, prostate cancer, Parkinson's or Alzheimer's combined. It gradually destroys the macula, the part of the retina that provides sharp, central vision needed for people see fine details directly in front such as words in a book or features on a face. In some people, AMD advances so slowly that vision loss does not occur for a long time. In others the disease progresses faster and may lead to loss of vision in one or both eyes. Despite the limited vision, AMD does not cause complete blindness; individuals are able to see gross objects using peripheral vision. AMD can be extremely challenging due to its personal, social and economic costs.

There are two types of AMD: dry and wet. Drusen, yellowish lipofucin deposits under the retina, is an early sign of dry AMD. As the drusen accumulates, it prevents the overlying retinal tissue from receiving nutrients thereby irreversibly damaging them and causing geographic atrophy. Ten percent of individuals



with dry AMD develop the wet form. Wet AMD develops when abnormal blood vessels grow behind the damaged retina in response to the reduced nutrient exchange. Unfortunately, these blood vessels can be fragile, leaking blood and fluid, causing the macula to swell accelerating the damage to the retina. Eventually a permanent scar tissue is formed in its wake. Although loss of central vision can happen quickly, eye care professionals can slow down or stop the progression of wet AMD if it is detected before severe vision loss occurs. Age, obesity, sedentary lifestyle, heredity, cardiovascular disease, smoking and UV exposure have all been sighted as risk factors for development of AMD. There are almost no symptoms in the early stages of the disease, making regular eye examination crucial to its detection. In later stages of dry AMD objects may not appear as bright as they once were and recognition of faces may be more troublesome. If the dry AMD converts to Wet AMD, individuals may start to notice that straight lines appear wavy, or there is a blind spot obscuring their vision.

Figure A: Normal Retina
Figure B: dry AMD showing the soft drusen and area of geographic atrophy.
Figure C: Wet AMD highlighting the leaking blood vessels.
Figure D: the Disciform scar that is formed after the intraretinal and subretinal hemorrhage has been reabsorbed.



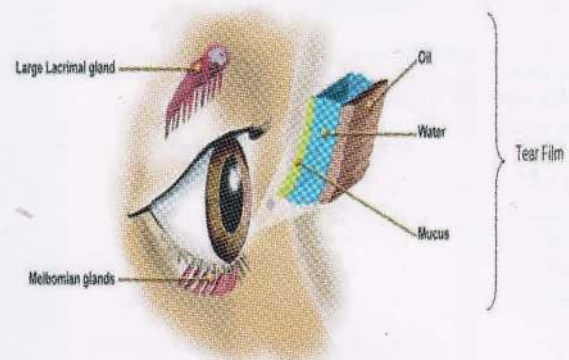
Unfortunately there is no cure for the dry form of AMD. However research has found that patients taking high doses of antioxidants and zinc could reduce their risk of developing advanced AMD and experiencing severe vision loss. However, the vitamin formulation is not a cure. It will not restore vision already lost from the condition, but it may delay the onset of advanced AMD. It may help those who are at a high risk of developing advanced AMD keep their remaining vision. If AMD progresses to the wet form, the patient can be treated with injections of Avastin or Lucentis, an angiogenesis inhibitor that slows down the growth of new blood vessels.

DRY EYES:

Aging is one of the most common causes of dryness since tear production normally decreases as we age. It is more common in women, particularly after menopause. It is associated with arthritis and certain over-the-counter and prescription medication.

The causes of dry eyes are:

1. **Lack of tear production.** This happens due to age, inflammation of the tear glands, hormonal changes causing less production and loss of reflex tearing.
2. **Excessive tear evaporation.** Excessive evaporation can occur due to tears having not enough oil (usually due to blockage of the oil ducts) and not blinking enough (common when using the computer or reading).
3. **Eyelid problems that prevent the tears from being where they need to be.** Eyelid problems also lead to dry eye. These include poor blink due to a facial nerve problem (i.e. Bell's palsy, facial or head injury), eyelid deformities, and eyes not closing after over-aggressive eyelid lifting, and in cases where the eyes protrude, such as thyroid eye disease.



Patients with dry eyes commonly complain of gritty/scratchy feeling of the eyes, that burn or itch, turning their eyes red. Some even experience excessive paradoxical tearing. The poor tear film can start to interfere with their vision, causing transient blurring of the vision and excessive light sensitivity. The treatment of dry eyes is based on a thorough eye examination that will help to identify the type or cause of the dry eyes. Aqueous deficiency is caused by sub-optimal lacrimal gland function and is treated with copious artificial tears. Myoepithelial gland dysfunction can produce a poor lipid layer causing the tear to evaporate quickly. Treatment regime for this type includes warm compress, eye lid hygiene and massage with concurrent use of artificial tears. Low grade surface inflammation is associated with systemic disease like rheumatoid arthritis. It can be managed with topical steroids, Restasis and artificial tears.

Becoming aware of ocular changes that come with age is important to help individuals take the appropriate steps toward detecting, treating or even preventing certain visually devastating ocular conditions. The common element in the aforementioned ocular conditions is the importance of getting regular routine eye examinations to allow for early detection and PREVENTION of vision loss. In Ontario, the Ministry of health and long-term care has increased accessibility for seniors to have their eyes routinely tested once every twelve months. Unfortunately, south Asians have historically been less likely to get preventative eye exam as compared to their Caucasian counterparts. This lack of awareness has prevented seniors from seeing an eye care professional before irreversible damage has occurred. This highlights the importance of education and awareness, within the senior segment of the Sri Lankan Tamil community, to make annual eye exams part of their yearly health checkup. Early detection and treatment is crucial to preserve good vision and void blindness.

THE SILENT THIEF OF SIGHT: GLAUCOMA



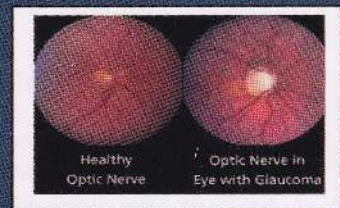
Glaucoma is a disease of the optic nerve that leads to progressive irreversible loss of vision.

If YOU ...

- Are above 40 years of age
- Have a family member with Glaucoma
- Are Short-sighted
- Have had any eye injury
- Are Continuously using steroid drugs
- Have high eye pressures (more than 21mmHg)

THEN YOU HAVE RISK FACTORS THAT CAN AFFECT YOUR VISION AT ANY TIME!

THERE ARE NO SYMPTOMS IN THE EARLY STAGES UNTIL ALMOST 50% OF IRREVERSIBLE DAMAGE HAS OCCURRED TO YOUR OPTIC NERVE. Remember, **EARLY DETECTION** of Glaucoma will **SAVE YOUR SIGHT**.



Having your eyes regularly examined by a licensed Optometrist is the best way for you to catch this disease early. You can get a complete **GLAUCOMA ASSESMENT** using the latest technology at our Clinic.

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NON SURGICAL REJUVINATION OF THE FACE

Dr. Sherine S Raveendran, Plastic Surgeon UK

FRCS Ed, MSc Aes Sur (London) EBOPRAS, MS (Col), MBBS

Youthful face is the most important element of beauty; hence facial rejuvenation has a Significant role in the restoration of beauty and youth. Delicate skin with even tone and texture can distract the observer from the minor faults underneath the skin. The rejuvenation of the face is accomplished by both non surgical and surgical modalities. These methods are often combined together to provide the superior long lasting results. Even though the surgical intervention provides the opportunity to have an intense and radical solution, the non surgical modalities are gaining popularity due to the nature of less invasiveness, speedier recovery with minimal side effects.

The skin is most vulnerable to sun-damage and depicts signs of photo-damage very early. Most visible signs of ageing are exhibited in the early stages by sagging and wrinkle formation. Skin changes are related to environmental factors, genetic makeup, nutrition, and other factors. The most important factor is sun exposure that can cause loss of elasticity, thickening of the skin, pigment changes and new skin growths. Balanced nutrition and regular exercise are necessary for the maintenance of healthy skin. In addition, a regular skin care routine is also important to reduce the impact of solar damage and to slow down the ageing process.

Advanced Skin Care with Cosmeceuticals:

Advanced care involves provision of fine medically graded ingredients to treat specific problems of the skin. The compounds that are integrated in these products are antioxidants, Retinol, alpha hydroxy acids, vitamins and other compounds.

A series of treatment is required to achieve good results.

The treatment will help to

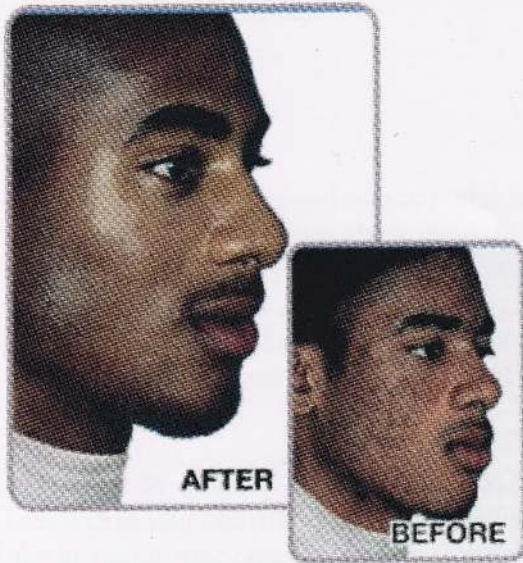
- Obtain a well balanced even skin tone
- Restore the elasticity and smoothness of the skin
- Reduce pore size, reduce age-spots and hyperpigmentation
- Provide moisture and a healthy glow to the skin
- Prevent skin from further solar damage
- Prepare the skin for chemical peels and laser resurfacing

Acne:

Acne is a common form of skin conditions mostly affects the adolescents. It can be a mild form with small pimples to severe form with pustules. The condition not only causes physical problems but also cause significant psychological impact. The treatment of acne involves initial assessment, treatment of the current problem and long term maintenance to prevent outbreaks. The treatment options include topical creams with special ingredients, antibiotic therapy, isotretinoin and some times hormonal treatment. Chemical peels, microdermabrasion and light therapy may help to minimise and treat the complications such as scarring.



Fig 1: Treatment of acne with topical products (OBAGI)



Toxins and Fillers:

Wrinkles are the tell-tale marks of aging process. They can also result from solar damage and as a result of gravitational force. Repeated muscle action on the face leads to wrinkle formation around the eyes, mouth and forehead. One of the popular forms of treatment is to inject these excessively active muscles with neurotoxins. Botulin toxins are produced by a bacterium, clostridium botulinum. The toxin acts on the nerve muscle junction and cause muscle paralysis. The temporary relaxation of the muscles results in improvement of the dynamic wrinkles of the face and neck. Muscle weakness starts from 24 -48 hours after injection but the clinical improvement will be seen 7-10 days after treatment. The treatment last for 4- 7 months and repeated treatment is necessary to maintain the results.

Indication for Fillers:

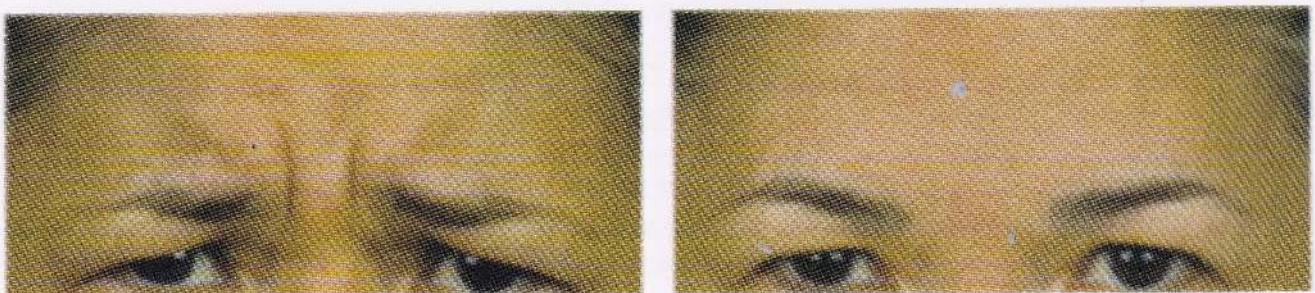
Forehead wrinkles, Frown lines, Bunny lines around the nose

Crow's feet around the eyes, Wrinkles around the mouth
Neck bands, Chin dimples, Prominent jaw muscles (Masseter)
Sagging corners of the mouth and gummy smile

Fig 2: Before and after botulin toxin injection to the forehead wrinkles with maximum contracture of the forehead

Fillers:

With the ageing process, there is loss of volume especially over the cheek area and the lips. There are also deep creases formed in the nasolabial and jaw region. Fillers are derived from various chemicals and the commonest form is hyaluronic acid, which naturally exists in living organisms. The fillers are mainly indicated for volume loss in the face and are recommended treatment for deep wrinkles. When injected into the tissues, the hyaluronic acid absorbs water and causes plumping of the tissues. The result is the filling of deep wrinkles, the beautiful pout of the lips and smooth and youthful appearing skin. The results are temporary and may last for 6-9 months. The result is immediate, but temporary, lasting for around 6-9 months and repeated treatments are necessary to maintain the results.



Indication for fillers:

Deep wrinkles and folds – Nasolabial region, Jaw creases and marionette lines
Lip enhancement, Cheek augmentation, Deep scars



Non surgical rhinoplasty with minor corrections, Hand rejuvenation

Fig 3: Treatment of deep nasolabial folds with fillers

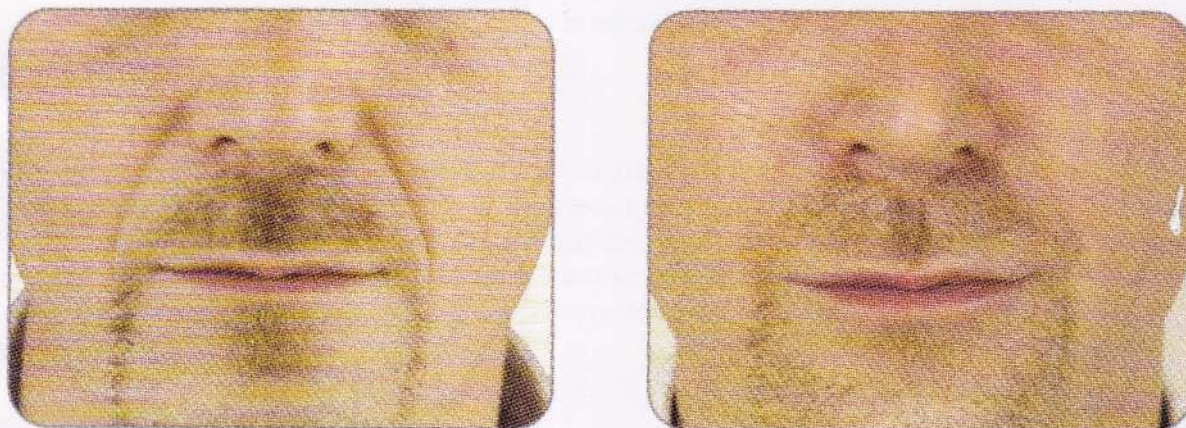
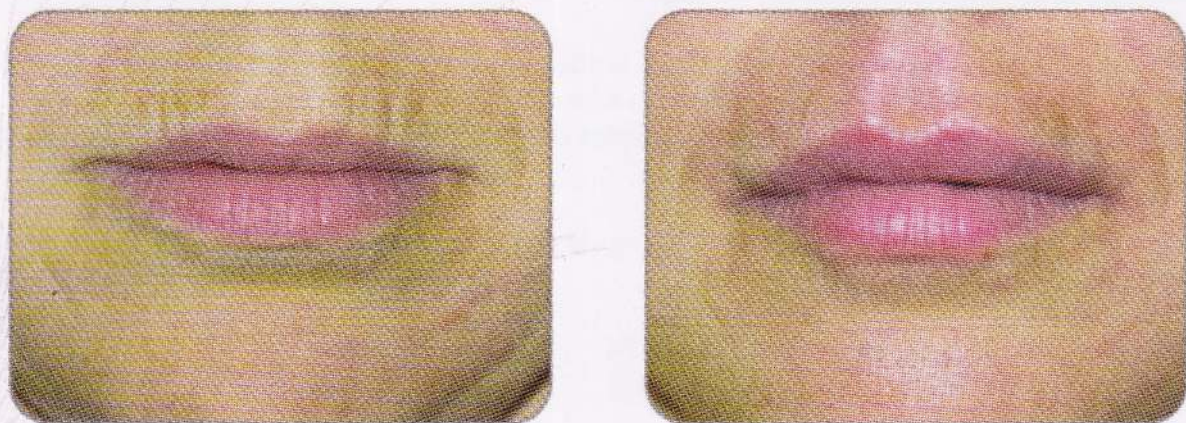


Fig 4: Treatment of the lips with fillers



Chemical Peels:

A chemical peel is a non surgical form of skin renewing technique that helps in rejuvenating the skin. The chemical agents facilitate growth of younger, fresher and healthier skin. The peels also help to stimulate collagen and help to improve the pigmentation and flakiness caused by sun damage and fine wrinkles.

Alpha hydroxyl acid peels such as fruit acid peels, glycolic acid and lactic acid peels act on the superficial layers of the skin. These peels not only exfoliate the skin, but also hydrate and smoothen fine lines and improve the texture of the skin. The peels are performed at lower concentrations and can be increased gradually.

Salicylic acid peels are used in breakout prone skin such as in acne. These compounds help to treat oily skin with blackheads and whiteheads. Trichloroacetic acid peels can also be used in various concentrations to treat a variety of skin conditions. These peels help to improve the texture and tone of the skin, fine wrinkles, sun spots and freckles.



Indications:

Changes caused by sun damage and ageing, uneven skin tone
Age spots, freckles, dark spots and pigmentation related to pregnancy and sun exposure
Oily skin with blackheads and whiteheads, Fine lines and wrinkles
To improve the appearance of the scars, To improve the texture and tone of the skin
Acne

Lasers and photo rejuvenation:

Lasers and Intense pulsed light therapy are well accepted form of minimally invasive methods of rejuvenation. A variety of photo sensitizers and light sources have been used to treat pigmentation, fine lines and elasticity of the aging skin. The fractional lasers provide effective treatment with fewer side effects. The light therapy is used to renew the skin and to treat the pigmentation changes. Fractional lasers can be combined with broad band light and radiofrequency to provide rejuvenation and facilitate tightening of the skin.

Platelet rich Plasma and Mesotherapy:

Platelet rich plasma is also known as 'vampire face lift' is a new innovation in the management of skin rejuvenation. The serum is derived from the patient's own blood and injected in to the skin. The growth factors from the serum help to stimulate the collagen production.

Mesotherapy is a technique used to revitalize the skin by injecting a cocktail of products such as multi vitamins, hyaluronic acid and natural plant extracts. These components are claimed to stimulate activity of the fibroblast and helps in rejuvenation of the skin.

Non surgical approaches have a significant, but limited role in the rejuvenation process. Appropriate selection of treatment modalities that is suitable to address the patient's concerns is the corner stone for a successful outcome. Often a combination of techniques is used to achieve better cosmetic outcome that can lead to a higher patient satisfaction.

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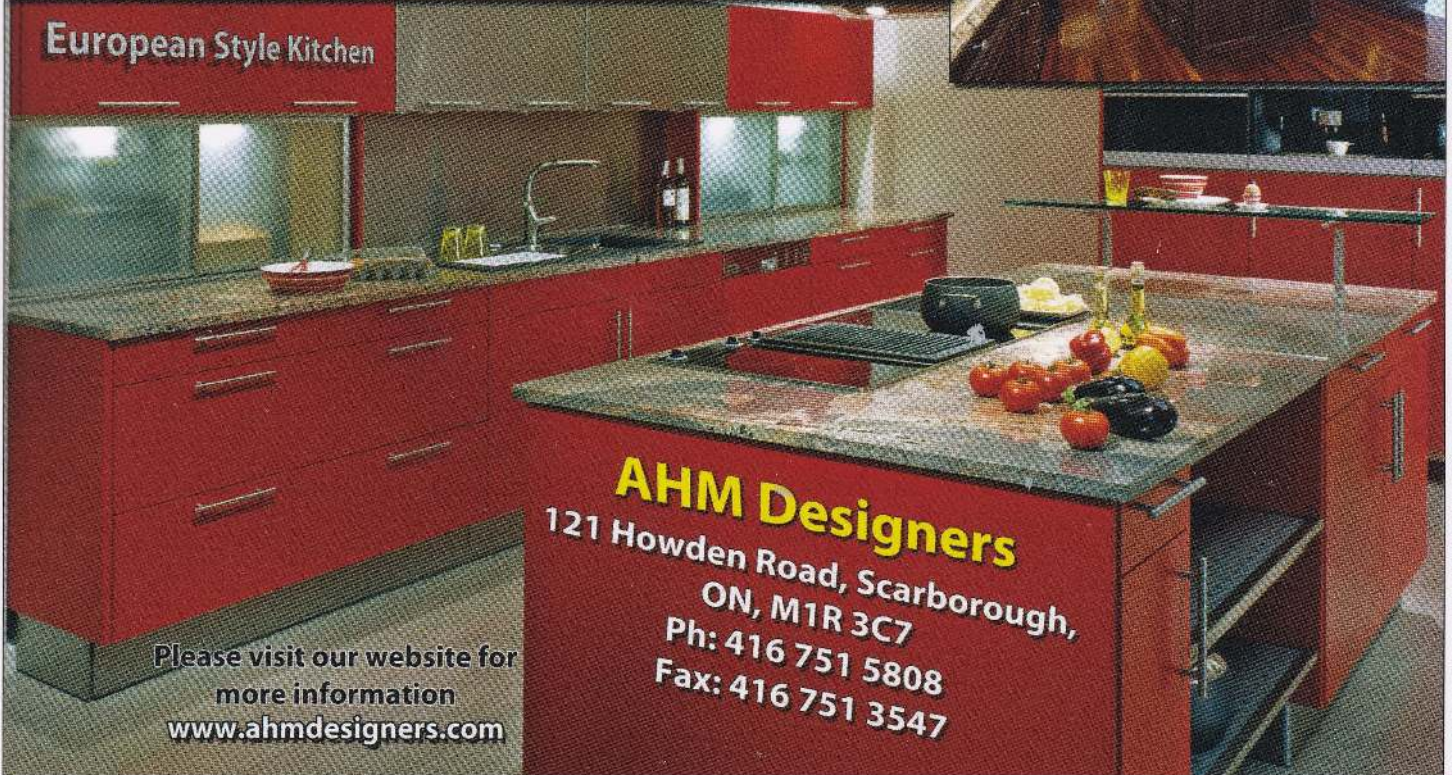
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Complications of Spinal Cord Impairment:

Spinal cord is the long tubular structure that forms the central nervous system along with the brain. It forms a continuation with brain at the level of medulla oblongata and runs within the protective, bony vertebral column to the space between first and second lumbar vertebrae where it forms the terminal portion known as conus medullaris. Beyond this point, the collection of nerves exit in a 'horse tail' fashion, known as cauda equina. The spinal cord is anatomically divided into 31 spinal segments, and each segment sends out a pair (right and left) of spinal nerves. These spinal nerves carry motor and sensory fibres to both extremities and viscera. The motor area supplied by a single spinal nerve is known as a myotome and the sensory area supplied by a single spinal nerve is known as a dermatome. The main functions of the spinal cord could be summarised as transmission of motor signals from brain downwards, transmission of sensory signals from periphery to the brain and functioning as a centre for certain 'spinal' reflexes.

The spinal cord can be affected by different disease process or injuries. Trauma to the cord could occur due to motor vehicle accidents, falls, sports and recreational injuries while conditions such as multiple sclerosis, transverse myelitis, guillan barre syndrome, spina bifida and spinal tumors can also affect the spinal cord. Cervical myelopathy, falls in elderly and vascular causes add to the presentation of spinal impairments among the ageing population. These injuries and disease processes can manifest as motor weakness, sensory deficits and bowel, bladder and sexual concerns. Based on the extent of involvement these individuals can be broadly categorised as paraplegics or tetraplegics. There are also a sizable number of young apparently healthy, walking individuals who had sustained prolapsed lumbar disc, but silently suffering from bladder, bowel and sexual concerns that are often missed or not addressed.

Management of people with spinal cord impairment is a specialized field of Medicine that falls into the purview of Physiatrists or physicians specializing in Physical Medicine and Rehabilitation. The goal of managing these individuals is to provide best possible functional independence, reducing secondary complications specific to this population and to re-integrate these individuals into the society to live a productive life. Partnership and collaborative efforts between Physiatrists and Family Physicians, Urologists, Plastic Surgeons and Neurologists is vital in the continuity of care for people with spinal cord involvement.

This article is intended to sensitize on some of the secondary complications of individuals with spinal cord impairment and will not address all such complications.

Motor Weakness:

This would be dependent on the specific myotomes that are affected and will decide on the ambulatory capacity of the individual which could vary between walking without any aides as in central cord syndrome to use of gait aides, and wheelchairs either motorized or self propelled. Ongoing therapy for muscle strengthening and relearning, endurance training, balance and proprioception training are important to maintain good health. These can be carried out through a home based self or care giver based exercise program and not necessary to be limited to a paid program at an external facility.

Pain:

Individuals with spinal cord injuries or disease could develop chronic pain secondary to neuropathic and or nociceptive causes. Use of NSAIDs, and opioids have been proven to be less beneficial in managing neuropathic pain than specialized neuropathic pain medications such as Gabapentin, Pregabalin, Tricyclic



Anti Depressants and Anti Convulsants. Interventional pain management techniques such as nerve block and Radio Frequency Ablation can be employed to address selective 'band pain (dermatomal)' and troublesome short segments of allodynia in this population.

The para and tetraplegics have a higher risk of developing shoulder pain. This could be due to a combination of causes ranging from adhesive capsulitis due to reduced shoulder usage (more with tetraplegics), overuse and rotator cuff injuries due to wheelchair propulsion to osteoarthritis of glenohumeral or acromio-clavicular joint. Each condition is managed slightly differently and availability of ultrasound guided shoulder injections has provided promising results in this group.

Spasticity:

Increase muscle tone or velocity dependent resistance to stretch can occur in this population. If not addressed in a timely fashion, this can lead to shortening of the affected muscles and reduced range of movement at the involved joint resulting in contractures. Based on the assessment of muscles involvement and their extent (Ashforth / Modified Ashworth Scale or degree of interference with activity) different measures like oral medications, Botulinum Toxoid local injections and Baclofen pumps can be employed to address spasticity. It is also important to maintain active and passive range of movements in these muscles and joints to maintain the gains and to avoid development of contractures.

Postural Hypotension:

Individuals with spinal cord injuries, especially high cervical injuries can experience orthostatic hypotension during acute and sub acute phases. The diagnosis of orthostatic hypotension would follow the same principles as in a normal individual with a decrease in systolic blood pressure of at least 20mmHg, or a reduction in diastolic blood pressure of at least 10mmHg, upon the change in body position from a supine position to an upright posture. Previously hypertensive individuals may become normotensive and even hypotensive post spinal cord injury with a resultant lower base line resting blood pressure. This may require either discontinuation of their prior hypertensive medication during the rehabilitation phase or initiation of medications such as Midodrine, to elevate their blood pressure to prevent symptomatic hypotension. This emphasise the need to follow blood pressure reading in these individuals with alteration of medications as needed.

Autonomic Dysreflexia (AD):

Autonomic Dysreflexia (AD) is a life threatening complication and is usually seen in individuals with a spinal cord injury at or above the level of 6th thoracic vertebrae. There can be a sudden elevation in the baseline blood pressure and associated symptoms of intense headache, sweating, facial flushing and warmth, nasal stuffiness, goose bumps and feeling of doom or death. The systolic blood pressure could raise 40mm Hg above the baseline value of the individual; thus knowing the baseline blood pressure is more important than the absolute value at the time of symptoms, as the individual may have a lower than normal baseline pressure secondary to their spinal cord injury. Most common causes of AD are related to bowel and bladder and could be secondary to a UTI, blocked drainage or catheter, bladder stone or stool impaction. Pressure ulcer, in growing toe nail, a new fracture or any other condition that results in pain could also trigger an AD. AD is often managed by addressing any precipitating factors mentioned above or by changing the posture. A few may require medications to bring down their blood pressure. Most rehabilitation centres provide an 'Autonomic Dysreflexia Card' to individuals who had experienced this phenomenon during their rehab stay.



Skin and Pressure Ulcers:

As in any individual with limited mobility, this group of individuals are at a higher risk of developing pressure ulcers with the additional risk of impaired sensation. Therefore these individuals should take special care in handling hot and cold liquids or containers and exposure to cold weather during winter months. Having a good seating surface, avoidance of excessive moisture and sheer, complying with pressure relief techniques, good transferring technique and adequate nutrition are important to prevent skin breakdown and the development of pressure sore and related complications such as osteomyelitis. Qualified individuals are entitled for a grant through Ontario's Assistive Devices Program to change their wheelchair, seating surface every five years.

Constipation:

Constipation is a common complication and usually requires more than one form of pharmacological measure to address it. It would be reasonable to combine medications that function through different mechanism of action and could include osmotic agents, bowel motility agents and stimulants. Some individuals may require digital stimulation, manual evacuation, suppositories, enema and bowel irrigation techniques to overcome their constipation. Having an adequate fluid intake of a minimum of 2 litres per day, adequate fibre intake and maintenance of upright posture are non medical measures that could assist in overcoming constipation and related complications.

Bladder and Urinary Complications:

Individuals with spinal cord injuries are at a higher risk for developing urinary tract infections and bladder complications. The Urinary and bladder complications are often silent and have inherent difficulties in the diagnosis and management.

Urinary tracts of individuals with spinal cord injuries are often colonized with bacteria and presence of bacteria alone should not be used as an indicator to diagnose UTI. Indiscrete and frequent antibiotic use in this group can result in the development of antibiotic resistance and secondary clostridium difficile infections. Thus diagnosis of UTI should be based on a combination of findings in history and physical finding (may have change to their baseline spasticity), evidence of tissue invasion (fever, chills, blood in urine) and the demonstration of organism by culture.

These individuals are also more prone for development of renal stones and complications such as urinary reflux disease, bladder diverticulae, hydronephrosis and slowly deteriorating renal functions. This could take an accelerated form especially if the individual has an overactive bladder. There is also a slightly higher risk of developing squamous cell bladder cancer with prolonged indwelling catheters.

In addition to having a suitable method for urinary drainage and medications to suppress bladder (detrussor) activity and or sphincter relaxation, annual or once in two yearly urological follow up with urodynamic study would be a reasonable choice to prevent and identify renal complications early.

Sub Lesional Osteoporosis:

Individuals with spinal cord impairment have an increase risk of developing osteoporosis in the bones below the level of injury with distal bones being affected the most. Loss of bone mass will be most marked in the following descending order; Tibia below the knee, Femur above the knee, Femoral neck and least in the spine. Due to the presence of possible spinal hardware and heterotrophic ossification (another secondary complication in people with impaired mobility), regular methods of bone mineral density testing





cannot be employed in these individuals. Adequate intake of Vitamin D (preferably 2000 IU) and calcium and therapeutic standing can be helpful in addressing the accelerated bone loss in these individuals. In addition, some may require osteoporosis medications to address their low bone mass.

In Ontario, Lyndhurst Centre of Toronto Rehabilitation Institute and St. Johns Hospital have specialised inpatient and outpatient facilities to manage individuals with spinal cord impairments and injuries. Spinal Cord Ontario is a non profit organization that assists and advocate for their stake holders. The continuity of care of these individuals should lie in the hands of Family Physicians with the assistance of Physiatrists or Rehabilitation specialists as and when needed.

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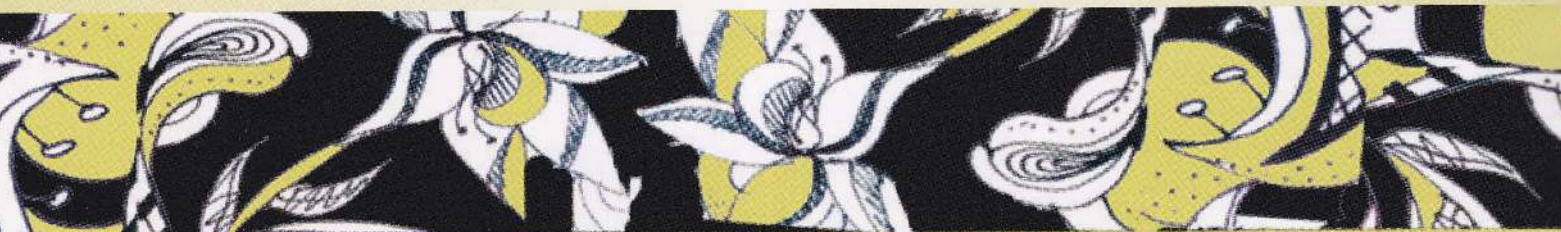
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Childhood ADHD

Attention Deficit Hyperactive Disorder is very common psychiatric condition in young children. Recently, there has been more education at all levels, so early detection has been effective in identifying these children.

There three areas of concern are, hyperactivity, inattention and impulsivity. Most of these symptoms do arise before the age of 7. Most children are noted by parents and other as being on the move. They trouble waiting their turn in class, they often lose things. Working Memory is weak in these patients. Meaning that keeping short terms things in their mind can be difficult for these children.

It is very important to identify these children early, so proper learning and socialization can occur. If ADHD is identified early, then an Individualized Education Plan can be placed in their school. This will allow for extra time for assignments and tests. Further, medications such as stimulants can help the patient focus better in school, and thereby improve their grades. They can also learn social skills that are crucial in today's modern world.

If you child has any of these symptoms, I would ask them to contact their family doctor. If it is complicated case then the family doctor can refer them to the child psychiatrist.

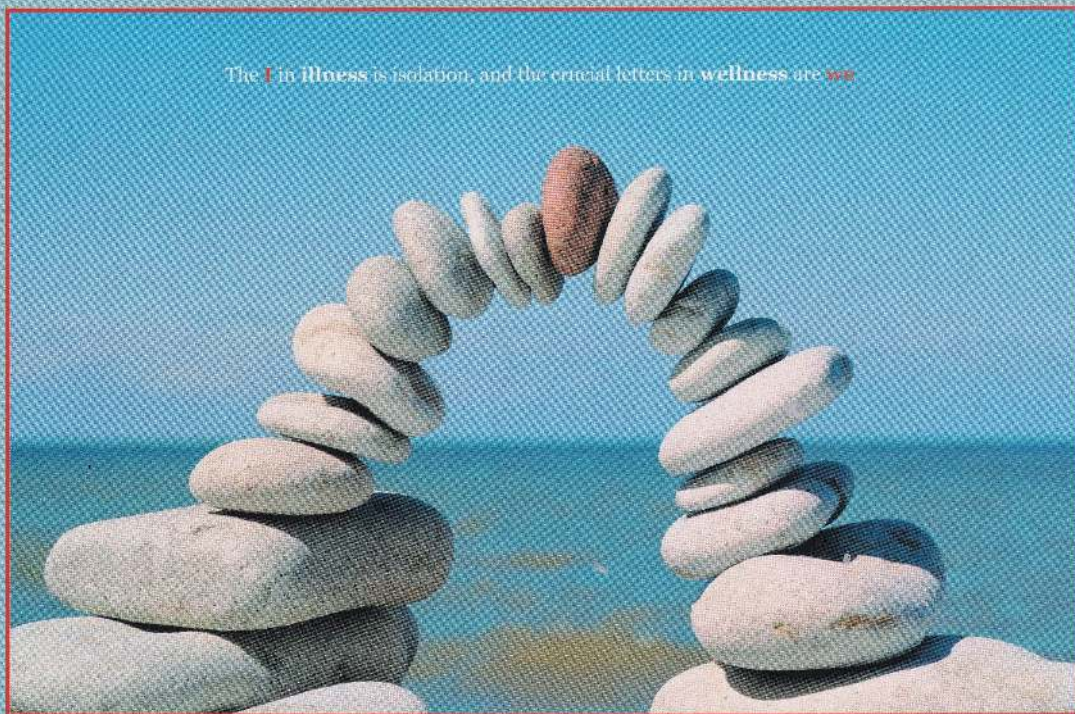
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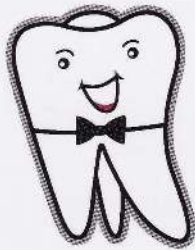
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DENTAL CROWNS AND ONLAYS

Dr. Shan A Shanmugavadivel

A crown is a dental restoration that completely covers a compromised tooth. Crowns are permanently bonded to the defective tooth with special cements. Therefore crowns protect, preserve and increase the longevity of root canal filled, severely damaged and broken teeth.

The most common method of placing a crown and onlay is by using conventional dental impression of the prepared tooth and fabricating the crown in a dental laboratory. Laboratory made crowns are then cemented after several days by the dentist. Different types of materials, tooth coloured such as porcelain, porcelain fused to metal and metals are used to make the crowns by laboratory technicians. Now there are stronger tooth coloured materials such as Zirconia, lithium disilicate and more available to the dentists for crowns and onlays.

If you had a root canal filling done in your tooth, particularly in the back side of your mouth, it should be protected by placing a crown. We have seen several patients failing to place crowns and ultimately breaking the tooth and losing them. In the last few years use of computers has become a dominant part of crown and bridge fabrication, called CAD/CAM Dentistry. We should remember decay can still set in around the base of the crowns if we do not maintain good oral hygiene. Therefore it is necessary to keep your teeth clean and check up your teeth regularly for long lasting natural teeth and crowns.

Crowns are placed on implants that replace missing teeth. The crowns for implants are usually made in laboratory. Now CAD/CAM technology is used by a few dentists for making crowns in their own office.

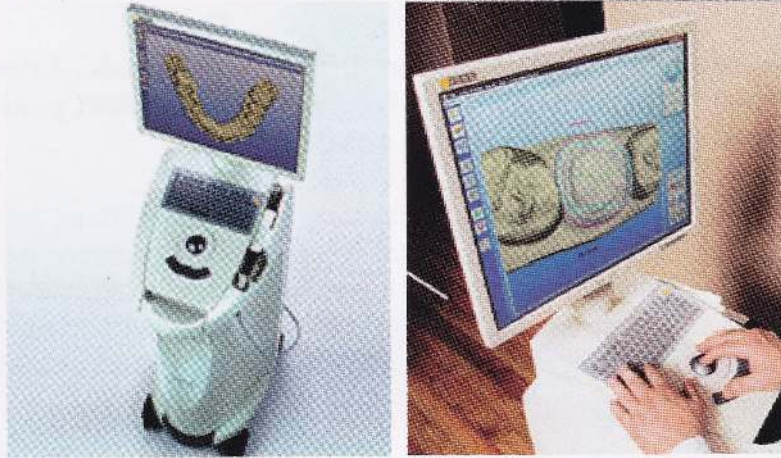
Onlay or inlays in dentistry means replacing partly damaged living teeth with porcelain or metallic restorations made outside in the dental laboratory or by dentist in office computer based CAD/CAM technology during a single appointment. If a tooth has a small defect or decay it could be restored with simple filling. But if the cavity is big filling will not last in the mouth for a long time. Onlays or inlays are the appropriate procedure to preserve the tooth with big cavities.

CAD/CAM (computer-aided design and computer-aided manufacturing) dentistry is used to produce crowns, onlays, inlays, veneers and short bridges. In this method tooth is first prepared by the dentist, optical 3D image is taken of the teeth by a special camera, crown or onlay is designed on the screen of the machine and the virtual data is sent to the milling machine in our office to carve out of a solid ceramic or composite block with diamond coated burs. The restoration is then polished and bonded to fit precisely in place by the dentist on the same appointment. A treatment time of two hours is normal for this single dental appointment. In this way there is no need for conventional impression taking, placing temporary crowns till the permanent crown is made in the laboratory and no need for second or third appointments.

Cerec (Chair-side Economical Restoration of Ceramics) is an equipment available for dentists to produce natural looking ceramic crowns, onlays, veneers etc, using computer assisted 3D imaging and CAD/CAM. The Cerec procedure was developed at Zurich University and has been successfully developed in dental practices for more than 25 years. Cerec's acquisition unit has LCD screen monitor, 3D camera, keyboard, trackball, input keys and so on. The latest version with Cerec is Cerec AC Omnicam. I have been using Cerec for several years and the latest model was available to me early this year. The new equipment has



capability to accomplish in different clinical situation including crowns for implants, surgical guide for implant surgery and short bridges.



With easily capturing fast, precise digital images, creating high-quality beautiful restorations is a reality with a few specialised dental labs via Cerec connect. By this method, digital impressions are e-mailed to the equipped labs for fabricating several accurate restorations such as six or more veneers or crowns at the same time. The E4D dentist system is another technology available for the dentists. And there are also several other digital impression systems for similar use for the dentists.

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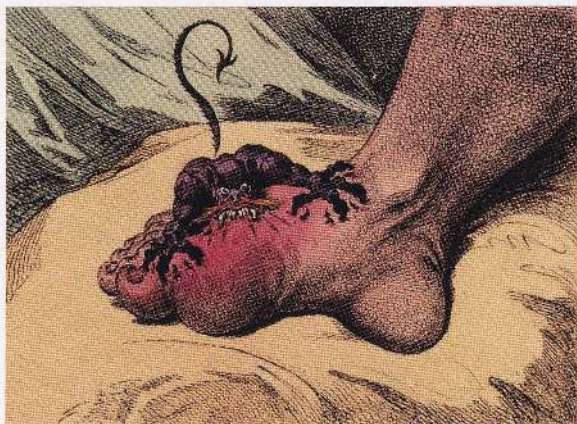
GOUT

1. What is Gout?

Gout is a form of inflammatory arthritis caused by uric acid crystals. There are two presentations of gout: acute and chronic. Acute gout attacks are caused by the crystallization of uric acid into the joints. There can be significant pain, swelling and redness of the joint associated with an acute gout attack. Commonly affected joints include the big toes, ankles, knees and elbows. With chronic gout, there can be joint, soft tissue and kidney damage associated with years of uncontrolled uric acid levels. Gout is more common in men. It affects approximately 2% of men over the age of 30 and women over the age of 50.

2. What causes Gout?

Gout is caused by an excess of uric acid in the body. Uric acid is produced by our body, and obtained from certain foods. Normally, our body is able to eliminate excess uric acid through the kidneys. There are a number of factors that can interfere with this balance (increased production or decreased elimination of uric acid). When levels of uric acid are high in the blood, insoluble crystals can be produced in the joint, which causes pain and inflammation.



Factors that can be associated with high uric acid levels and gout include:

- Food and drinks rich in purines – seafood, red meat, alcohol and soft drinks
- Certain medications which block the excretion of uric acid by the kidneys. These include water pills for heart failure and low dose aspirin
- Medical conditions such as Diabetes, high blood pressure, obesity and kidney failure
- Genetic defects which decrease the break-down of uric acid. This is rare.

3. How does your Doctor diagnose Gout?

The acute nature of the attacks and the joints affected are important clues. Blood tests, including elevated uric acid levels, also increase the likelihood of gout. A definitive diagnosis of gout is made by inserting a needle into the joint and examining the obtained fluid for uric acid crystals.

4. Why should Gout be treated?

- To relieve pain from an acute attack
- To prevent further acute attacks
- To prevent long-term damage to the joints and soft tissues
- To help minimize other health conditions such as high blood pressure and heart disease

5. What lifestyle changes can I make to reduce my risk of Gout?

- Decrease intake of red meat and seafood
- Decrease intake of alcohol and drinks with artificial sweetening
- Regular exercise
- Maintaining a healthy weight
- Use of low fat dairy products





6. What medications can I use to treat Gout?

Short term Therapy: Here, the goal is to halt the acute pain and swelling associated with an acute gout attack. Typically, non-steroidal anti-inflammatory agents (NSAIDs) or colchicine are used for a short period of time. In some cases, prednisone therapy may be used orally, or injected into the joint. Each of these medications has potential side-effects. You should speak with your Doctor in deciding which of these medications is right for you. These medications will help to minimize the duration and intensity of an acute gout attack. However, they will not prevent the occurrence of subsequent attacks.

Long term Therapy: The goal of long term therapy is to lower your uric acid levels, and thus reduce the frequency, duration and severity of gout attacks. The aim is also to reduce long term complications associated with high uric acid levels. Therapies include Allopurinol and Febuxostat (Uloric). It is important to remember that medications for long term control of gout should not be started during an acute attack. Your Doctor will help you decide whether long term treatment is needed, and which drug is best for you.

References and Resources:

1. The Arthritis Society of Canada. www.arthritis.ca
2. Rheumatology Information and Education for Patients and Physicians. www.rheuminfo.com

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Oral Health and Diabetes

People with diabetes have a higher risk of developing tooth decay, fungal disease, gum disease, and other oral health problems. Diabetics who want to maintain healthy and pain-free teeth and gums should implement a consistent dental care plan as part of their comprehensive diabetes maintenance routine.

How Does Diabetes Affect Dental Care?

Maintaining control of your blood sugar level is critical to reducing oral health problems no matter if you have Type I or Type II diabetes. That's because your risk of developing tooth decay, early gum disease, and advanced gum disease increase as your blood sugar level increases. Your mouth is teeming with bacteria. This bacteria interacts with the sugars and starches in the food and beverages you consume and together they form plaque on your teeth. The plaque then attacks the enamel of your teeth and that leads to cavities. If your blood sugar level is high then you're supplying more sugars and starches to the bacteria in your mouth which in turn create more plaque in a vicious circle of tooth decay. Gingivitis is the early stage of gum disease, and it can be exacerbated by the fact that diabetes reduces your body's ability to combat bacteria. Gingivitis occurs when plaque is left to harden under your gum line and become tartar. By not removing the plaque and tartar from your teeth it continues to build up and irritate the gingiva, which is the gum at the base of your teeth. Left untreated, your gums swell and tend to bleed easily. Periodontitis is the advanced form of gum disease. This is gingivitis gone amok because it destroys the bone and soft tissue that support your teeth. When that happens, the gums pull away from your teeth and they eventually loosen and fall out. This is a particularly serious situation for diabetics because of their compromised ability to fight bacteria and infection, which slows healing and makes them more susceptible to attack.

What Are the Symptoms?

You need to seek immediate treatment from a dental professional when you notice that your gums are sore, red and bleed easily. If your gums are beginning to pull away from your teeth, you find that you have bad breath over long periods of time, you have teeth that are loose or feel like they're about to fall out, you notice a change in the way you chew, or if you feel any mouth pain at all, you should seek out professional help.

Preventive Measures

The easiest and most effective way to enhance the oral health of diabetics is regular brushing and flossing with a soft bristled toothbrush that gets replaced quarterly. For maximum effectiveness, you should brush for a minimum of three minutes with toothpaste containing a fluoride additive. At a minimum, you should brush twice daily, but ideally you should brush after every meal if possible. Finally, you should floss your teeth at least once daily.

Treatment

The best dental care is preventive measures which start by visiting a dental hygienist on a regular basis. Your teeth should be professionally cleaned at least twice a year and you should see a Periodontist annually. Inform your dentist and your Periodontist that you're a diabetic, advise them of your blood glucose levels, and let them know about all medications you may be taking. Regular oral health care must be an integral part of a comprehensive diabetic healthcare plan. When someone is initially diagnosed with diabetes, regardless of the age of the person, an immediate and thorough oral health examination should take place. Thereafter, regularly scheduled dental exams should occur for early detection of changes in the oral health of the diabetic.

Dr. Nalini Sutharsan BDS/DDS

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WHAT IS THE HYPE ABOUT SHOCKWAVE THERAPY?

By Dr. Radhika Natgunarajah

Are you living with pain? Does the pain limit your lifestyle in any way? Have you tried different treatments? Shockwave therapy provides fast and effective help from pain. With that being said, what is Shockwave Therapy?

The shockwave definition is that they are acoustic waves with an extremely high energy peak, like the ones which occur in the atmosphere after an explosive event such as a lightning strike. A shockwave differs from an ultrasound by its extremely large pressure amplitude. Additionally, ultrasound usually consists of a periodic oscillation, whereas a shockwave is a single pulse.

Shockwave therapy refers to the mechanical pressure pulses that expand as a wave within the human body. In 1980, the shockwave method was used for the first time to disintegrate kidney stones in a patient (Journal of Urology, 1982). However, over the years this method has become the standard treatment of choice for renal and urethral calculi.

Radial shockwave therapy (RST) is the use of short, intense energy waves travelling faster than the speed of sound. These energy waves stimulate the breakdown of scar tissue and fibroblasts. This process increases blood circulation and initiates metabolic activity, causing an inflammatory response that promotes and stimulates healing. Over the past several years numerous articles and abstracts have been published regarding the effectiveness of RST. Shockwave is clinically proven to have success rates of 91 per cent for calcific tendonitis, 90 per cent for plantar fasciitis and 77 per cent for tennis elbow. These studies show that, unlike laser and ultrasound, RST is a proven tissue regenerator.

Shockwave therapy is leading the way in pain management. In many instances, there will be an immediate reduction in pain, as well as improved mobility and functionality. This therapy is non-invasive and there is no need for anaesthesia. It is non-addictive and free from side effects. Each treatment session takes approximately 5-10 minutes. Most conditions require just 3 to 5 treatments that are done 3-10 days apart.

Shockwaves therapeutic effect

Extracorporeal acoustic wave therapy is not used to disintegrate tissues, but rather cause microscopic interstitial and extracellular biological effects which include tissue regeneration. In modern pain therapy, acoustic wave energy is conducted from the point of origin, which is the acoustic wave generator (via a coupling gel) to the body regions experiencing pain. There, its healing capacity is applied.

Clinical indications

Shock Wave Therapy can be used to treat a wide variety of musculoskeletal conditions--particularly those involving where major connective tissues attach to bone.

Complaints involving attachment points for tendons and ligaments in major joints like the shoulder (such as the rotator cuff), elbow (epicondylitis or tennis elbow), hip, and knee (tendinitis or "jumper's knee) are common sites for SWT. One of the areas most frequently treated with SWT, however, is the foot. Some conditions in the foot that have been treated with SWT include: plantar fasciitis (strained arch), achilles tendinitis/tendinosis calcific tendinitis/tendinosis, connective tissue pain and degeneration, muscle pain and injuries, joint injuries and Morton's neuromas.





As SWT encourages bone healing, it has been used to help treat: stress fractures, avascular necrosis (a dead portion of bone), slow-healing bone (delayed unions) and non-healing bone (non-unions).

Does the treatment hurt?

There may be some discomfort during treatment, depending upon the level of pain that the patient is already experiencing in the area. However, since the treatments only last for about five minutes, most patients are able to tolerate this discomfort quite well. Additionally, the intensity of the treatment can be adjusted at the beginning of each session to allow some analgesic effects.

Will there be any pain after treatment?

Most patients will experience an immediate relief of pain following treatment. However, within 2-4 hours after treatment, they may experience some soreness in the treated area. This soreness has been reported as being very tolerable and it may last from a few hours to several days.

What about "physical activity" vs. "rest" following treatment?

It is recommended that patients refrain from physical activity, especially any that would involve the treated region, for 48 hours following each treatment session.

General contraindications and /or precautions include: Cortisone injections within one month prior to the start of shockwave therapy, blood thinning medications such as Coumadin or Heparin, heart or circulatory problems, cancer around the treatment area, pregnancy, diabetes, nerve or blood supply being too close to the site of treatment.

In conclusion, Shockwave therapy is an extremely effective and non-invasive alternative solution to pain and impairment caused by chronic and overuse injuries. There are a number of benefits from the treatments as described above.



The information for the article was collected from resources provided by Shockwave Canada.





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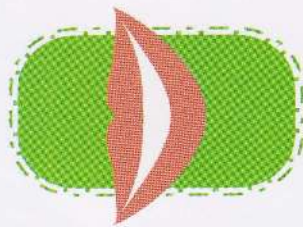
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Dental Health and Eating Disorders

Dr. S. Sivanesan

Eating disorders can have a large negative impact on an individual's quality of life, self-image, and relationships with families and friends as well as performance in school or on the job can be damaged. They are most common in teen and young adult women but anyone can suffer from them. It is critical for anyone with symptoms of an eating disorder to seek professional help. People with eating disorders also can suffer from numerous physical health complications, such as heart conditions or kidney failure, which can lead to death. It is often the pain and discomfort related to dental complications that first causes patients to consult with a health professional. Dentists are often the first health professionals to observe signs and symptoms of these disorders.

Although there is no single known cause of eating disorders, several things may contribute to the development of these disorders:

Culture. In the western world extreme thinness is a social and cultural ideal, and women partially define themselves by how physically attractive they are.

Personal characteristics. Feelings of helplessness, worthlessness, and poor self-image often accompany eating disorders.

Other emotional disorders. Other mental health problems, like depression or anxiety, occur along with eating disorders.

Stressful events or life changes. Things like starting a new school or job or being teased and traumatic events like rape can lead to the onset of eating disorders.

Biology. Studies are being done to look at genes, hormones, and chemicals in the brain that may have an effect on the development of, and recovery from eating disorders.

Families. Parents' attitudes about appearance and diet can affect their kids' attitudes. Also, if your mother or sister has bulimia, you are more likely to have it.

Types of Eating Disorders

Binge Eating or Compulsive Overeating may affect almost as many men as women. In the past, these individuals were sometimes described as "food addicts. This may involve rapid consumption of large amounts of food with a sense of loss of control. Feelings of guilt and shame may lead to repeated episodes of binge eating.

Anorexia typically involves an extreme fear of weight gain or a dread of becoming "fat" even though these individuals are markedly underweight. Individuals attempt to maintain a low body weight by restricting food intake. They may also exercise excessively and binge-eat followed by purging behaviors such as self-induced vomiting or misuse of laxatives, diuretics or enemas. Anorexia has the highest premature mortality rate of any psychiatric disorder. The majority of deaths are due to physiological complications.

Bulimia involves discrete periods of overeating (binge eating) which may occur several times a week or at its most severe, several times a day. During the binge, sufferers may feel completely out of control. They may gulp down thousands of calories often high in carbohydrates and fat. The amount of food consumed





would be considered excessive in normal circumstances. After the binge comes purging designed to compensate for overeating and avoid weight gain. Those behaviors may include self-induced vomiting, misuse of laxatives, enemas, and diuretics. Studies have found that up to 89% of bulimic patients show signs of tooth erosion.

Symptoms:

Each of these disorders can rob the body of adequate minerals, vitamins, proteins and other nutrients needed for good health. Individuals with eating disorders can display a number of symptoms including dramatic loss of weight, secretive eating patterns, hair loss, feeling cold, and constipation and, for women, the loss of their monthly menstrual period. Eating disorders that may include frequent vomiting and may result in nutritional deficiencies can also affect oral health. Salivary glands may become enlarged and individuals may experience xerostomia (dry mouth). Lips are often red, dry and cracked. Lesions may appear on oral soft tissues which may also bleed easily. Repeated forced vomiting can also result in severe swelling of both the tonsils and the soft palate in the mouth. Another indication of the Bulimia may be a red and swollen tongue or a lacerated palate caused by vomiting induced with frantic fingernails. There may be changes in the color (translucency), shape and length of teeth. Fillings in the teeth may appear elevated when erosion occurs on the surrounding enamel. Teeth may become sensitive to hot and cold. Over time, this loss of tooth enamel can be considerable. They can also become brittle, translucent and sensitive to temperature.

Prevention:

Eating disorders arise from a variety of physical, emotional and social issues all of which need to be addressed to help prevent and treat these disorders. Family and friends can help by setting good examples about eating and offering positive comments about healthy eating practices. While eating disorders appear to focus on body image, food and weight, they are often related to many other issues. Referral to health professionals and encouragement to seek treatment is critical as early diagnosis and intervention greatly improve the opportunities for recovery.

Treatment Options:

Eating disorders are definitely not a minor problem. Those that suffer in that way are in need of urgent professional medical assistance because they may die from their condition. They must also be scrupulous about the way that they care for their teeth and gums. This must include brushing and flossing after every meal and rinsing out their mouth after sugary drinks. They should also visit their dentist as regularly as advised. The damage that eating disorders cause to teeth are very real, and include tooth enamel erosion, serious decay and gum disease caused by vomiting.

An ex-bulimic women that I know well confided to me that in the 8 years that she had the condition, she underwent many root canal treatments, multiple extractions, more fillings than she cared to count, plus surgery to remove diseased gum tissue.

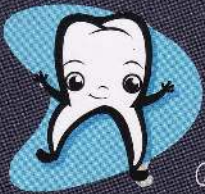
If you suspect that you might have an eating disorder (or are dealing with rampant teeth cavities), then a trip to the dentist should be high on your list of priorities. By all means, take your time to work through the root causes for your condition and do something about these issues immediately.

Top 10 Foods for better dental health:

There are several things you may have to add or remove from your diet to ensure good dental health. Certain foods, which are useful for developing muscles and bones, also keep your gums and teeth healthy. As a result, a balanced diet that consists of fresh fruits, leafy vegetables and other healthy nutrients is extremely important for your teeth.



1. Water is not only the gift of life. When you rinse with water, it cleans your mouth so that your saliva can nourish your teeth, hydrate your gums, and help wash away trapped food particles that can create plaque.
2. Dairy products such as milk and yogurt are low in acidity and sugar making them great choices to quench your thirst or have as a healthy snack. This is good news for both tooth erosion and tooth decay. Milk is rich in calcium, which means you are fortifying teeth and bones while refueling during the day.
3. Cheese is another dairy product with significant dental benefits. Being high in phosphate and calcium, cheese promotes healthy teeth. It also balances the pH in your mouth, produces more saliva, rebuilds tooth enamel and kills the bacteria that cause tooth cavities and gum disease.
4. Fruit is great for your teeth especially when eaten in whole, raw form. It keeps down plaque and massages your gums. Choose the fruits rich in Vitamin C, which holds our body cells together. If you are short of Vitamin C, your gums may become tender and more susceptible to gum disease.
5. Vegetables are another good idea if you are trying to build a good foundation for your teeth. Broccoli, carrots, sweet potato and pumpkin are rich in Vitamin A from which tooth enamel forms. If you eat them raw you will get more Vitamin A, as well as clean your teeth and massage your gums.
6. Onions are rich in powerful anti-bacterial sulphur compounds, which kill the bacteria that harm your teeth and gums. If you can stand the stinky side effects, eat onions raw for best results.
7. Celery is another great friend of the dentist. Eat it raw and it will not only massage your gums, but clean your teeth. It will also induce the production of more saliva that will neutralize the bacteria that cause cavities.
8. Green Tea has a well-deserved reputation for providing many benefits. With teeth, green tea offers up natural antioxidant compounds prevent plaque from accumulating, therefore reducing the risk of cavities and bad breath. Some green teas also contain fluoride that can further prevent cavities – check the label before you buy.
9. Proteins like beef, chicken, eggs and turkey are rich in phosphorus. Calcium combines with phosphorus and Vitamin D to produce our teeth and bones. Make sure you get enough protein to keep your teeth healthy, and reduce decay.
10. Sesame Seeds, which are best combined with bread and rolls, dissolve plaque and help build tooth enamel. The tasty seeds are also rich in calcium, which will keep your teeth and jawbone healthy.



பற்களில் சூத்தைகள் ஏற்படின் அதற்கு உரிய முறையில் சிகிச்சை அளிக்கப்படவேண்டும். சிறிய துவாரமாக இருப்பின் சாதாரண முறையில் நிரப்பி விடலாம். பெரிய சிதைவுகள் பற்களின் உட்பகுதிவரை பரவியிருப்பின், அவை வேர் அடைக்கப்பட வேண்டும். அதன் பின்பு அவற்றில் பல்மகுடம் (crown) போடப்படாவிடில் அவை சில காலத்தின் பின்பு உடைந்து பிரயோசனமற்றுப் போய்விடுகின்றன.

பற்களில் உள்ள பெரிய குழிகள் நரம்புகளைப் பாதிக்காதவிடத்து "ஒன்லே" (onlay) என்று சொல்லப்படும் „பகுதி மகுடங்கள்" பற்களில் பொருத்தப்படுவது விரும்பத்தக்கது.

மேற்கூறிய சிகிச்சைகள் இன்று கணினி உதவியுடன் ஓர் அமர்வில் பல் வைத்திய நிலையத்திலே செய்யக்கூடிய வசதிகள் வந்துள்ளன.

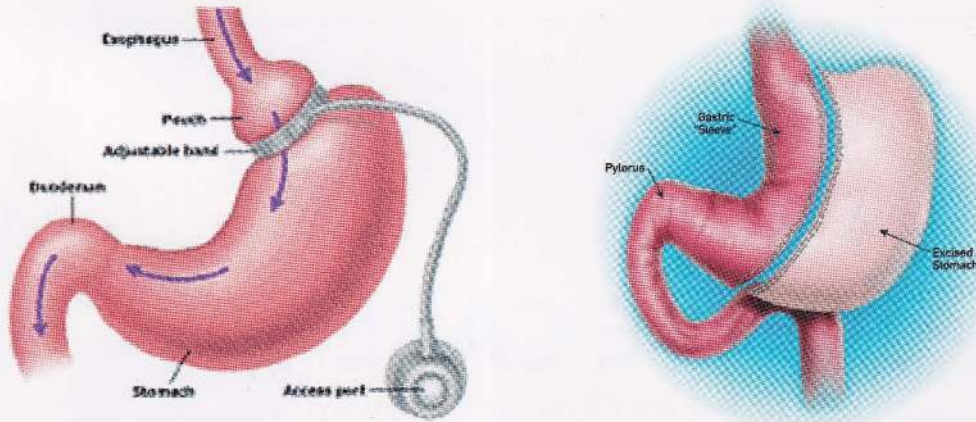


தடுப்புச் சத்திரசிகிச்சை

மனிதவாழ்வில் பல நோய்கள் எமைத் தாக்கக்கூடிய அபாயத்தை எதிர்கொள்ள வேண்டியது தவிர்க்க முடியாத ஒன்றாகும். எனவே நோய்கள் எமை அணுகா வண்ணம் உடற்பயிற்சி உணவுக்கட்டுப்பாடு, தடுப்பு மருந்துகள் குறிப்பாக தடுப்பூசிகள் போன்ற பல பாதுகாப்பு நடவடிக்கைகளை தொடர்ந்து மேற்கொண்டும் வருகின்றோம். இவற்றிற்கு இன்னுமொரு படி மேலாக இப்போது நோய்களை தடுக்கும் வழியாக சத்திர சிகிச்சை (Bariatric Surgery) பயன்படுத்தப்படுகிறது. இது உடற்பருமனை குறைக்கும் ஒரு மருத்துவ முறையாக அறிமுகப்படுத்தவது மட்டுமின்றி இதன் மூலம் பல நோய்கள் எமைப் பாதிக்கும் வாய்ப்பினைக் குறைக்க முடியும் என்பது பல ஆய்வுகள் மூலம் புலப்படுத்தப்பட்டுள்ளது.

எமது உடல் தொழிற் படுவதற்கு சக்தி தேவை. இச்சக்தியைக் கொடுக்கும் எரிபொருளாக எமது உணவு பயன்படுகிறது. தேவைக்கு அதிகமாக உணவு உட்கொள்ளப்படும் போது அது கொழுப்பாக உடலில் சேமிக்கப்படுவதால் உடற்பருமன் அதிகரிக்கின்றது. எமது பரம்பரையியல்பு காரணமாக (Genetics) அல்லது சில நோய்கள் காரணமாக அல்லது போதிய உடற்பயிற்சி இல்லாத காரத்தினால் போதியளவு சக்தி பயன்படுத்தப்படாமல் போவதால் இச்சக்தியானது கொழுப்பாக உடம்பில் சேமிக்கப்படும். எமது உணவு எரிபொருளாக பயன்பட வேண்டுமாயின் அது இரைப்பை குடல் என்பவற்றிற்கு இலாபமாகப் போகும் போது சமிபாடடைந்து உறிஞ்சப்பட்டு குருதியில் சேரவேண்டும். எனவே இவ்வாறு உணவு உறிஞ்சப்படும் உறுப்புகளான இரைப்பை குடல் என்பவற்றின் பரப்பளவை குறைப்பதன் மூலம் மேலதிக எரிபொருள் கொழுப்பாகச் சேமிக்கப் படுவதற்கான வாய்ப்பினைக் குறைக்க முடியும் என்பதே இச் சத்திரசிகிச்சைக்கான கோட்பாடு.

இரைப்பையைச் சுற்றி ஒரு பட்டியைப் பூட்டி அதன்மூலம் இரைப்பையில் சுருக்கத்தை ஏற்படுத்தும் முறை Gastric Banding எனப்படும். இரைப்பையின் ஒரு பகுதியை வெட்டி அகற்றுவது Sleeve Gastrectomy எனப்படும். குடலின் இடைப்பகுதியினை வெட்டி இரைப்பையுடன் பொருத்துவதன் மூலம் முழுக் குடலினூடாகவும் உணவு செல்லாமல் தடுப்பது இன்னொரு சத்திரசிகிச்சை முறையாகும்.



சத்திர சிகிச்சையென்பது ஒரு செலவு சிக்கனமான ஒன்றோ அல்லது ஆபத்தானது எதுவுமில்லாத ஒன்றோ அல்ல. அவ்வாறிருந்தும் உடற்பருமனைக் குறைக்க இவ்வாறான பல வழிகளிலும் முயற்சிகளும் ஆய்வுகளும் மேற்கொள்ளப்படுவதற்கான காரணம் உடல் தோற்றத்தை மாற்றுவதற்காகவோ அல்லது அழகு படுத்தவதற்காகவோ அல்ல. அதிக உடற்பருமன் (Obesity) என்பது பல நோய்களுக்குக் காரணியாகவோ அல்லது இணைந்து செல்கின்ற கூட்டுக் காரணியாகவோ அமைகிறது ஒரு நோயாகும். மனச்சிதைவு (Depression), தூக்க மூச்சுத்திணறல் (Sleep Apnea), இருதய நோய் (Coronary Heart Disease & Heart Failure), ஈரல் பித்தப்பை நோய்கள் (Fatty Liver & Gall Bladder Disease), சிறுநீர்க்கசிவு (Incontinence), சருமநோய்கள் (Skin Diseases – Dermatitis), மூட்டு அழற்சி (Gout & Osteo Arthritis), நெஞ்செரிவு (Heart Burn), சலரோகம் (Diabetes), உயர் இரத்த அழுத்தம் (Hypertension – High Blood Pressure), சில புற்று நோய்கள் (Cancer), மலட்டுத்தன்மை (Infertility), குருதியிறைதன்மை (Thrombosis) போன்றவை இவற்றிலடங்கும்.



மருந்துகள் மூலம் உணவுக்கட்டுப்பாடு மூலம் அல்லது உடற்பயிற்சி மூலம் உடற்பருமனைக் குறைப்பது என்பது சொல்வதற்கு இலகுவானதாக இருக்கின்ற போதிலும் நடைமுறைக் கடினமானதே அப்படியே அதனைச் செயற்படுத்தினும் காலப்போக்கில் அதனைக் கைவிடும்போது குறுகிய காலத்தில் மீண்டும் உடல் பருமனடைந்துவிடுகிற வாய்ப்பு அதிகம். ஆனால் மேற்குறிப்பிட்ட சத்திரசிகிச்சை மூலம் 10 வருடங்களுக்கு மேலாக உடல் நிறை பேணப்படுவதனை ஆய்வுகள் காண்பிக்கின்றன. அது மட்டுமல்லாமல் சில புற்றுநோய்கள் சலரோகம், இருதயநோய்கள், மட்டு அழற்சி போன்றவை ஏற்படுகின்ற வாய்ப்பு குறைப்பப்படுவதையும் ஆய்வுகள் காண்பிக்கின்றன.

கொழுப்பு உறிஞ்சுதல் (Liposuction) என்பது ஊசி போன்ற உபகரணம் மூலம் உடலில் சில பாகங்களிலிருந்து கொழுப்பினை உறிஞ்சி எடுக்கும் ஒருவகை சத்திர சிகிச்சையாகும். ஆனால் இதன்மூலம் சலரோகம், இருதய நோய்கள் குறைவதாக ஆய்வுகள் காண்பிக்கவில்லை எனவே அதனை இங்கு குறிப்பிட்ட சத்திரசிகிச்சை முறைகளில் உள்ளடக்கவில்லை.

மேற்குறிப்பிட்ட சத்திர சிகிச்சைகளுக்கு உடற்பருமனளவு BMI 40க்கு அதிகமானவர்களும் அல்லது BMI 35க்கு அதிகமாய் இருப்பதாடு சலரோகம், உயர் இரத்த அழுத்தம் போன்ற நோயுள்ளவர்களும் ஒன்றாரியோவில் தகுதியுடையவர்களாகிறார்கள். போதைப் பொருட்களுக்கு அடிமையானவர்களும் மனநோய் உடையவர்களும் இச்சத்திர சிகிச்சைகளுக்கு தகுதியற்றவர்களாகிறார்கள். ஆயினும் அரச இலவச சிகிச்சைப் பிரிவில் இது அடங்காத காரணத்தினால் பிரத்தியோக காப்புறுதியுள்ளவர்களும் நிதிவசதியுள்ளவர்களும் தற்போது இச்சிகிச்சைக்கு உள்ளாகின்றனர்.

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சூலகல்நீர்க் கட்டிகள் கொண்ட நோய்த் தொகுதி

Dr. C. Kirupanathan, FRCS Canada, FRCOG (Eng)

PCOS என்பது சுருக்கமாக சொல்லப்படும். இந்த உபாதை மிகவும் அதிக அளவில் இளம்பிராயத்து பெண்களை பாதிக்கும் ஒன்றாக இருக்கின்றது. இந் நோய்த் தொகுதியானது பல வகையான அறிகுறிகளையுடைய ஒரு இயக்கு நீர் (Hormone) சார்ந்துள்ள வியாதியாகும்.

நோய் அறிகுறிகளாவன:

1. மாதவிடாய் ஒழுங்கீனம் 66%
2. கருத்தரித்தல் தாமதம் 73%
3. உடல்பருமன் அதிகரித்தல் 38%
4. முகப்பருக்கள் 48%
5. மிகை முடி வளர்தல் 48%

இவற்றுடன் சிலருக்கு மேற்கொண்ட அறிகுறிகள் எதுவும் இல்லாமலும் இந்நோய் இருக்கலாம். 20% விகிதத்தினரீதில் அடங்குவர். இந்த அறிகுறியுடன் சில முக்கியமான குருதிப் பரிசோதனையையும் (Scan) ஸ்கான் பரிசோதனைகளையும் சேர்த்து இவ்வியாதியை கண்டறியமுடியும். ஸ்கான் பரிசோதனையில் அதிகமானோருக்கு பல நீர்க்கட்டிகள் சூலகங்களில் இருப்பது தெளிவாக கண்டுபிடிக்கப்படுகின்றது.

அறிகுறிகள்: இதன் வெளிப்பாடுகளாக கீழ் கண்டவற்றின் அளவுகள் ஏறியிருக்கும்.

1. Androgen (Testosterone and Androstenedione)
2. Lutinizing Hormone
3. LH:FSH விகிதம்
4. Fasting Insulin
5. Prolactin

மேலும் இந்நோயினால் பிற்காலத்தில் ஏற்படக்கூடிய தாக்கங்கள் வருமாறு:

1. நீர்ழிவு நோய்
2. இருதயநோய்
3. அதிகரித்த கொலஸ்ரோல்
4. கருப்பை புற்றுநோய்
5. அதிக குருதி அழுத்தம்

நோய்குரிய சிகிச்சை முறைகள்:

அதிகம் இந்த நோய் அறிகுறியுடையவர்கள் வெவ்வேறு காரணங்களுக்காக வைத்தியரை அணுகி சிகிச்சை பெற்றக்கொள்கிறார்கள். மாதவிடாய் ஒழுங்கீனத்துக்கு மாத்திரைகள் மூலம் சிகிச்சை அளிக்கப்படுகின்றது. Progesterone அல்லது குடும்பக் கட்டுப்பாடு மாத்திரைகள். இந்த மாத்திரைகள் முக்கியமாக குடும்பக் கட்டுப்பாடு மாத்திரைகள் சூலகத்தில் உள்ள நீர்க்கட்டிகளை இல்லாது செய்ய உதவுகின்றன. இந்த மாத்திரைகளை அவர்களது மாதவிடாய் பிரச்சனையையும் தீர்த்துவிடுகிறது. ஆனால் கருத்தரிக்க விரும்பும் பெண்களுக்கு அதனை ஊக்குவிக்க கூடிய மாத்திரைகள் கொடுத்து சிகிச்சை செய்யப்படுகிறது. (Clomiphene, Letrazole). இதனைவிட Metformin என்றும் நீரிழிவுக்கான மாத்திரையையும் இவர்களுக்கு கொடுக்கும் போது இந்த நோயின் தாக்கத்தை குறைக்க கூடியதாக இருக்கின்றது.

மேற்கொண்டு இந்த மருந்துகள் செயற்படவில்லை என்றால் இந்த சூலக நீர்க்கட்டிகளை சத்திர சிகிச்சை முறையில் (Laparoscopic Ovarian drilling) இல்லாது செய்தாலும் கருத்தரிக்கும் சந்தர்ப்பம் அதிகரிக்கச் செய்கின்றது. இம்முறை Androgen Hormone யையும் குறைக்கின்றது. இவையாவற்றையும் விட அவர்கள் சத்துணவை உண்பதுடன் உடற்பயிற்சியில் ஈடுபட்டு நிறையை அதிகரிப்பை குறைக்க வேண்டும். (Life Style Modification) மற்றும் மிகை முடிவளர்வைக் குறைக்கவும் இவ்வகையான மாத்திரை வகைகளை பாவிக்கலாம். (குடும்பக் கட்டுப்பாட்டு மாத்திரைகள்) (Spironolactone, Flutamide, Finosteride)

இந்நோய் நம்மவர்களிடத்தில் கூடிய அளவு காணப்படும் ஒன்றாகும். முக்கியமாக பிற்காலத்தில் நீர்ழிவு இதயநோய் போன்றவைகள் இவர்களுக்கு வருவதற்கு சந்தர்ப்பம் அதிகமாக உள்ளபடியால் தகுந்த சிகிச்சைகளை இவர்கள் பெற்று உடல் எடையையும் குறைத்தால் அந்நோய்களில் இருந்து பாதுகாத்துக் கொள்ளலாம்.





S. G. Shankar

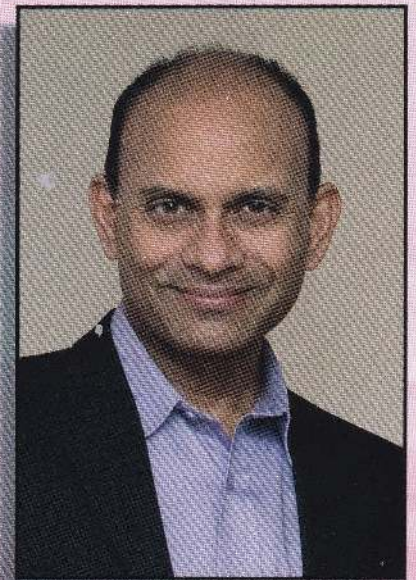
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நமது பற்ககாதாரம்

“ஆலும் வேலும் பல்லிற்கு உறுதி”

“பல்லுப் போனால் சொல்லு போயிற்று”

என்ற இரு வாக்கியங்களுமே பற்கள் எவ்வளவு முக்கியம் என்பதை உணர்த்துகின்றன. முகத்திற்கு அழகையும், தெளிவான வார்த்தைகளை உச்சரிப்பதற்கும், உணவை அரைத்து உண்பதற்கும், பற்கள் மிகவும் முக்கியமானது. எனவே பற்களை ஆரோக்கியமாகவும், சுத்தமாகவும் பேணுவது அவசியம். தினமும் குறைந்தது இரு முறையாவது உணவு உட்கொண்ட பின்பு காலையிலும், இரவில் நித்திரைக்கு போக முன்பும் பந்தூரிகையினால் (Tooth Brush) பற்பசை (Tooth Paste) கொண்டு பல் துலக்கி ஒருமுறையேனும் பல் இடுக்கி நூல் (Dental Floss) பயன்படுத்திப் பற்களைத் துப்பரவு செய்து வாய்ச்சுகாதாரத்தைச் சீராகப்பேணுவதன் மூலம், வாயினில் ஏற்படும் நோய்களான பற்சொத்தை (Dental Cavities), முரசு கரைதல் (Gum Disease), வாய்த்துநாற்றம் (Bad Breatr), போன்றவை வராமல் தவிர்க்கலாம். பற்களைத் துப்பரவு செய்வது என்பது பற்களில் படிந்திருக்கும் பற்காறை (Dental Plaque), பற்காவி (Stain) என்பவற்றை அகற்றுதல் ஆகும்.

நம்முன்னோர்கள் பந்தூரிகைக்குப் பதிலாக ஆலம் விழுது, வேப்பங்குச்சி, பறவைகளின் சிறுகுகள் போன்றவற்றை உபயோகித்தனர். பற்காறையானது முதலில் பழுப்பு மஞ்சள் நிறமான பசைத்தன்மையுடைய படலமாகப் படிகின்றது. இதனை இலகுவாகப் பந்தூரிகையினால் அகற்றமுடியும். இப்படலத்தை அகற்றாமல் விட்டால் நாளடைவில் கடினமான சுண்ணாம்புப் படிவங்களாகப் பற்களில் இறுக்கமாகப் படிகின்றது (Tartar/ calculus). இவற்றைப் பந்தூரிகையினால் அகற்ற முடியாது.

பற்காறையில் காணப்படும் கிருமிகள் (Bacteria) முரசில் அலர்சியை ஏற்படுத்துவதனால் முரசு வீக்கம், முரசு கரைதல், இரத்தக்கசிவு போன்றவற்றை தோற்றுவிக்கிறது (Gum Disease/Gingivitis). இதனால் முரசு பற்களை விட்டு விலகிச் செல்லும் (Receding Gum).

இதற்குச் சரியான சிகிச்சை அளிக்காதுவிடின் பற்களைச் சூழவுள்ள எழும்புகளும் பாதிப்புக்கு உள்ளாகும் (Periodontitis). மூன்றில் ஒரு பங்கினரான முதியோரில் தோன்றும் தீவிரமான முரசு கரையும் நோயானது பற்கள் இழக்கும் நிலையைத் தோற்றுவிக்கும்.

உலகளாவிய ரீதியில் பொதுவாகக் காணப்படும் நோய் பற்சொத்தையாகும். எண்பது சதவீதமான பற்சொத்தைப் பற்களின் மேற்பகுதியில் காணப்படும் நுண்ணிய குழிகளிலும் (Pits) பிளவுகளிலும் (Fissures) ஏற்படுகின்றது. நாம் உண்ணும் உணவுகளில் இனிப்பு, மாப்பொருள் சிறு துணிக்கைகள் இங்கு சிறைப்பட்டுக் கொள்கின்றன. இவற்றைப் பற் தூரிகையினால் அகற்றாவிடின் பற்றீரியாக்களின் தாக்கத்திற்கு உட்பட்டு உருவாக்கப்படும் அமிலமானது பற்களில் அரிப்பை ஏற்படுத்தி பற்சொத்தைகளை (Cavities) ஏற்படுத்துகின்றன. இவ்வாறே பற்களின் இடையிலும் பற்சொத்தைகள் ஏற்படுகின்றன. இதனைத்தடுப்பதற்கு பல் இடுக்கி நூலைச் சரியான முறையில் பயன்படுத்துவதன் மூலம் தவிர்த்துக்கொள்ளலாம்.

வாய்ச் சுகாதாரத்துடன் தொடர்புடைய உடல் நோய்கள்:

- 1) இதய நோய் (Cardio Vascular Disease)
- 2) நீரிழிவு நோய் (Diabetes)
- 3) குறைப்பிரசவம் (Low birth weight/ Extreme High Birth Weight)
- 4) நுரையீரல் தொற்று நோய் (Bacterial Pneumonia)
- 5) எழும்பு மெலிதல் (Osteoporosis)
- 6) குருதி அழுத்தம் (Hyper Tension)

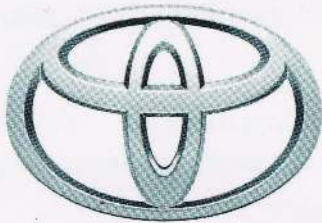


7) மூட்டு வாதம் (Arthritis)

வாய்க்குழியுள் ஏற்படும் பல்வேறுபட்ட நோய்களிற்கு காரணியாக அமைவது புகைப்பிடித்தலும்இ வெற்றிலை மெல்லுதலும் ஆகும். இவற்றை இயன்றளவில் தவிர்த்துக் கொள்வது ஆரோக்கியமான வாழ்விற்கு உகந்ததாகும். வீட்டிற்கு வாசல் போன்றுஇ மனித உடலுக்கு வாசலாக வாய் அமைகின்றது. பொதுவாக வருடத்திற்கு இரண்டு முறையவது பற்சிகிச்சை நிலையம் சென்று வாய்ச் சுகாதாரத்தைப் பேணுதல் உடல் நலத்திற்கு மிகவும் நன்று.

வரும்போதும்இ வந்தபின்பும் சிகிச்சை அளிப்பதை விட வரும்முன் சிறந்த முறையில் வாய்ச்சுகாதாரத்தை பேணி வழமான ஆரோக்கியமான வாழ்வை வாழ்வோமாக.

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உதவி பேராசிரியர்
ரொறன்ரோ பல்கலைக்கழகம்

கடந்த பல ஆண்டுகளாக முதியோரின் ஆரோக்கியம் மற்றும் தொழிற்பாடுகளில் உண்டான பல முன்னேற்றங்களின் மகத்துவம் மருந்துகளையே சாரும். மருந்துகளின் பாவனையில்லாவிட்டால் பல முதியோரது தொழிற்பாடு மிகக் குறைவாகவே இருந்திருக்கும் அல்லது அவர்கள் காலத்திற்கு முந்திய மரணத்தைத் தழுவ வேண்டியிருந்திருக்கும். மக்கள் வயதாகும் காலத்தில் பல நீண்டகால நோய்களுக்கு (chronic diseases) ஆளாவதுடன் நோய்களையும், நோய் அறிகுறிகளையும் (symptoms) கட்டுப்படுத்தப் பலவகையான மருந்துகளைப் பயன்படுத்தவும் ஆரம்பிக்கின்றனர். வயது வந்தவர்களின் உடல் நல வாழ்விற்கு மருந்துகளின் கண்டு பிடிப்புகள் முக்கிய பங்கினை வகிக்கின்றன. இருப்பினும், மருந்துகள் எதிர்பார்க்கப்பட்ட அல்லது அனுகூலமான பயன்பாட்டிற்கு மாறான விளைவுகளை (பக்கவிளைவுகள்) உண்டாக்கலாம். நடுவயதின் பிற்பகுதியிலிருந்து மருந்துகளின் பக்கவிளைவுகளுக்கான ஆபத்துத்தன்மை அதிகரிக்கின்றது. இளவயதினரிலும் பார்க்க முதியவர்களின் இத்தகைய மருந்துப்பாவனையின் பக்கவிளைவிற்கான ஆபத்து இருமடங்கிலும் அதிகமாக உள்ளது. பக்கவிளைவுகளின் தன்மை வாழ்க்கைத்தரத்தைப் பாதிப்பதாகவும் வைத்தியரிடம் அல்லது வைத்தியசாலைக்குச் செல்லவேண்டிய தேவையை ஏற்படுத்துவதாகவும் இருக்குமளவிற்குத் தீவிரமானதாகவும் இருக்கலாம். கண்பார்வைக் குறைவு, மூட்டுவலி, நினைவுத்திறன் குறைதல் போன்ற வயதாகுதல் தொடர்பான மாற்றங்களினால் மருந்துகளை உள்ளெடுப்பதற்கான அறிவுறுத்தல்களைப் பின்பற்றுதல் மேலும் கடினமாகின்றது.

மருந்துகளினால் பலவித நன்மைகள் கிடைத்தபோதிலும் அவற்றை உரியமுறையில் உள்ளெடுக்காவிடின் பாரதூரமான தீங்குகளையும் ஏற்படுத்தலாம். ஐம்பது வீதம் வரையிலான மருந்துகள் முதியோர்களினால் தவறாகவே பயன்படுத்தப் படுகின்றன. 65 வயதிற்கு மேற்பட்டவர்களின் அவசரசிகிச்சைப் பிரிவு வருகைகளில் ஏழு பேரில் ஒருவரது வருகைக்கான காரணம் மருந்துப் பாவனையினால் உண்டான பிரச்சினையாக உள்ளது. ஆகவே மருந்துகள் மற்றும் அவற்றின் பாவனை தொடர்பாக ஒவ்வொருவரும் உரிய அறிவைப் பெற்றிருப்பது மிகவும் அவசியமாகின்றது. முதியோருக்கான சிகிச்சையில் அளவிற்கு அதிகமாகவோ அல்லது குறைவாகவோ மருந்து உள்ளகொள்வது பொதுவாக உள்ளது.

பொதுவாக வயதாகும் காலத்தில் மருந்துகளின் இடைத்தாக்கங்களும்(interactions) அனுகூலமற்ற நிகழ்வுகளும்(adverse events) ஏற்படுவதற்கு அதிக வாய்ப்புகள் உள்ளன. முதுமையடையும்போது ஒருவரது உடலில் நீர்த்தன்மை குறைந்து கொழுப்புப் படிவு அதிகரிப்பதுடன் சிறுநீரகத் தொழிற்பாடும் குறைவடைகின்றது. இத்தகைய வயது தொடர்பான மாற்றங்களினால் வயதான ஒருவரது உடலில் பல மருந்துகள் நீண்டநேரம் தங்கியிருப்பதுடன் மருந்தின் அளவும் அதிகரிப்பதால் மருந்துகளினால் உண்டாகும் பக்கவிளைவுகளுக்கான ஆபத்தும் அதிகரிக்கின்றது. அதனால் முதியவர்கள் சில மருந்துகளின் அளவைக் குறைத்து எடுக்கவோ அல்லது தினசரி எடுக்க வேண்டிய தவணைகளைக் குறைத்து எடுக்கவோ நேரிடுகின்றது.

எனவே முதியோரின் மருந்து உள்ளெடுத்தலுக்கான விதிமுறையானது "குறைந்தளவில் ஆரம்பித்து மெதுவாகச் செல்வது" ("start low go slow") என்பதாக உள்ளது. பலவித நோய்களையும் மருந்துகளையும் எடுக்கும் முதியோரிடம் காணப்படும் எந்தவொரு புதிய நோய்க்குறியும் மருந்துவத்துறையில் வேறுவிதத்தில் நிரூபிக்கப்படும்வரை மருந்துகளின் அனுகூலமற்ற நிகழ்வாகவே கருதப்பட வேண்டும். மருந்துச்சீட்டு மூலம் பெறப்படும் மருந்துகள் (prescription medications) மாத்திரமன்றி, மருந்துச்சீட்டின்றி வாங்கக்கூடிய மருந்துகளுக்கும் (over the counter medications) கூடப் பாரதூரமான பக்கவிளைவுகள் ஏற்படலாம்.

நீங்கள் உள்ளெடுக்கும் மருந்துச்சீட்டு மருந்துகள் மட்டுமன்றி, விற்றறமின்கள், சத்துமாத்திரைகள், சீட்டின்றி வாங்கக்கூடிய மருந்துகள், வெளிப்பூச்சு மருந்துகள், கண்ணுக்கு விடும் துளிகள், உட்சுவாச மருந்துகள், தெளிப்பு மருந்துகள், மூலிகை மருந்துகள் போன்ற யாவற்றைப் பற்றியும் உங்களது வைத்தியர் அறிந்திருக்க வேண்டும். உங்களது எல்லா மருத்துவர்களும் நீங்கள் பயன்படுத்தும் மருந்துகள் மற்றும் அவற்றின் அளவுகள் பற்றி அறிந்திருப்பது அவசியம். நீங்கள் அன்றாடம் ஒழுங்காக மருந்துகளைப் பாவிப்பவராயின், தயவுசெய்து அவற்றைப் பட்டியலிட்டு எப்போதும் உங்கள் கைப்பையில் வைத்திருங்கள். மருந்துகளின் பெயர்களையும் அவற்றின் அளவுகளையும் உங்களால் நினைவில் வைத்திருக்க முடியுமானால் அது சிறப்பாயிருக்கும். நீங்கள் முதன்முதலாக ஒரு வைத்தியரைப் பார்க்கச் சென்றால், உங்களது எல்லா



மருந்துகளையும் அவற்றின் கொள்கலனோடு எடுத்துச் செல்லுங்கள். அத்துடன் வருடம் ஒருமுறையாவது உங்கள் குடும்ப வைத்தியரிடமும் அவ்வாறே எடுத்துச் செல்லுங்கள். ஒரே மருந்து வேறு பெயர், வடிவம், அளவு, நிறம் ஆகியவற்றைக் கொண்டிருக்கலாம். ஆகவே "இளஞ்சிவப்பு நிற வட்டமான மாத்திரை" என்பது போன்ற விபரங்கள் வைத்தியருக்கோ அல்லது மருந்தாளருக்கோ உதவியாக இருக்காது. மருந்துகள் மற்றும் அவற்றின் அவசியம் தொடர்பாக உங்களது வைத்தியருடன் ஒழுங்காகப் பரிசீலனை செய்து கொள்ளுங்கள்.

உங்களுக்கு ஒரு மருந்தைப் பெறுவதற்குச் சீட்டு தரப்படும்போது அந்த மருந்தை நீங்கள் ஏன் எடுக்க வேண்டும், எப்படி அதனை எடுப்பது, எவ்வளவு காலம் எடுக்க வேண்டும், ஏற்படக்கூடிய பக்கவிளைவுகள் எவை, மருந்துகளின் தாக்கம், தேவைப்படும் கண்காணிப்பு, எடுக்க வேண்டிய முற்பாதுகாப்பு போன்ற பல விடயங்களை நீங்கள் அறிந்து கொள்ள வேண்டும். ஏதாவது தீவிரமான பக்கவிளைவை நீங்கள் அவதானித்தால் உங்கள் வைத்தியரிடம் அது பற்றிப் பேசுங்கள். அவர் மருந்தையோ அல்லது அதன் அளவையோ மாற்றித் தரலாம். பக்கவிளைவோ அல்லது ஒவ்வாமையோ ஏற்பட்டால் அவை பற்றிய விபரங்களையும் மருந்தின் பெயரையும் குறித்து வைத்துக் கொள்ளுங்கள். இது பற்றி உங்கள் வைத்தியர் அறிந்திருக்காவிடின், அவர் அதே மருந்தையே மீண்டும் எழுதித்தரலாம். உங்களது சகல மருந்துவர்களும் நீங்கள் பயன்படுத்தும் சகல மருந்துகள் பற்றியும் அறிந்திருக்க வேண்டும். அம்மருந்துகள் பற்றிய முழுமையான பதிவுகள் அவர்களிடம் இருக்கும் என்று நீங்களாகவே முடிவு செய்ய வேண்டாம். உங்களது வைத்தியர்கள் நீங்கள் எடுக்கும் மருந்துகள் பற்றி அறிந்திருக்காவிட்டால், வேறு பெயரிலுள்ள அதே மருந்து அல்லது அதே பிரிவிலுள்ள இன்னொரு மருந்து அல்லது எடுக்கும் மருந்தின் பக்கவிளைவிற்கான ஒரு புதிய மருந்து (which is called a prescription cascade) எழுதித்தரும் ஆபத்தை ஏற்படுத்தலாம்.

உதாரணமாக, ஐவுப்ரோபன். மோட்ரின் (Ibuprofen / Mortrin) போன்ற NSAID/Non steroidal anti inflammatory drugs மருந்துகளை தொடர்ந்து பயன்படுத்தும்போது உங்களது இரத்த அழுத்தம் (Blood pressure) அதிகரிக்கலாம். உங்கள் மருந்துவர் நீங்கள் ஐவுப்ரோபன் பயன்படுத்துவதை அறிந்திராவிடின் தேவையற்ற விதத்தில் உயர் இரத்த அழுத்தத்திற்காக ஒரு புதிய மருந்தை நீங்கள் எடுக்க நேரிடலாம். மருந்து எழுதித்தரப் பல பேரும் மருந்து எடுப்பதற்குப் பல மருந்தகங்களும் இருக்கும் பட்சத்தில் மருந்துச்சீட்டுகளினால் உண்டாகும் ஆபத்து (the risk of prescription cascade) இன்னும் அதிகரிக்கும்.

உங்களது சகல மருந்துத் தேவைகளுக்கும் ஒரே மருந்தகத்தையே பயன்படுத்துங்கள். அவர்கள் நீங்கள் என்னென்ன மருந்துகளை எடுக்கின்றீர்கள் என்ற சரியான தகவல்களை அறிந்திருப்பார்கள். உங்களது மருந்தகம் அங்கும் வேறு இடங்களிலும் நீங்கள் வாங்கும் சகல மருந்துகளினதும் குறிப்புகளைச் சரியாக வைத்துள்ளார்களா என்பதை உறுதி செய்து கொள்ளுங்கள். அத்துடன் அப்பட்டியலைக் காலத்துக்குக் காலம் புதுப்பிக்கப்பட வேண்டும். மருந்தை வாங்கியபின் மருந்துவர் குறிப்பிட்டபடி மருந்தின் பெயரும் அதனைப் பயன்படுத்தும் குறிப்புகளும் சரியாக ஒத்துள்ளனவா என்று சரிபார்த்துக் கொள்ளுங்கள். மருந்தைப் பயன்படுத்தும் முறை மற்றும் பாதுகாப்பாக வைத்தல் பற்றிய விபரங்களை மருந்தாளரிடம் கேட்டு உறுதிப்படுத்திக் கொள்ளுங்கள். அது மட்டுமன்றி, சாத்தியமான பக்கவிளைவுகள், சீட்டுடன் அல்லது சீட்டின்றிய சகல மருந்துகளுக்கிடையேயான இடைத்தாக்கங்கள் பற்றிய எச்சரிக்கைகள், உணவு மற்றும் மதுபானம் ஆகியவற்றுடனான இடைத்தாக்கங்கள் பற்றியும் கேட்டறிந்து கொள்ளுங்கள். நீங்கள் மருந்துகளைக் கையாளத்தக்க விதத்தில் அவை பொதி செய்யப்பட்டுள்ளதையும் உறுதி செய்து கொள்ளுங்கள்.

முடியுமாயின் சில குறிப்பிட்ட வகை மருந்துகளை முதியோர் தவிர்த்துக் கொள்ளுதல் நல்லது. தூக்க மாத்திரை (Hypnotics and sedatives) விழுதல் (falls) மற்றும் மனக்கலவரம் (confusion) போன்றவற்றின் ஆபத்தினை அதிகரிக்கும். Anticholinergic தன்மையுள்ள எந்த மருந்தும் மனக்கலவரம் (confusion) விழும் ஆபத்து, வாய் உலர்தல் போன்ற விளைவுகளை உண்டாக்கக் கூடியவை. உங்களது மருந்துகள் பற்றிய விடயங்கள் எதுவாயினும் மருத்துவருடனும் மருந்தாளருடனும் கலந்தாலோசியுங்கள். மருந்தெடுக்கும் வழக்கம் தொடர்பான பழக்கங்களையிட்டு மருத்துவர் மற்றும் மருந்தாளரிடம் நேர்மையாக எடுத்துரையுங்கள். ஒரு மருந்தின் உள்ளெடுக்கும் ஒரே அளவு 20 வயதுள்ள ஒருவருக்கும் 80 வயதுள்ள ஒருவருக்கும் வேறுபட்ட பாரிய விளைவை உண்டாக்க முடியும். ஆகவே மருந்துகளை மற்றவர்களுடன் பகிர்ந்து கொள்ள வேண்டாம். குழப்பத்தைத் தவிர்ப்பதற்காக, எப்போதும் காலாவதியான அல்லது பயன்படுத்தாத மருந்துகளை அப்புறப்படுத்தி விட வேண்டும்.

நினைவுத்திறன் பிரச்சினையாக இருந்தால் அல்லது பல்வேறு மருந்துகளை எடுப்பவராயின் மருந்துகளை ஒழுங்குபடுத்தும் பொதி பரிந்துரைக்கப் படுகின்றது. ஞாபகசக்தி ஒரு தீவிர பிரச்சினையாக இருக்குமாயின் யாராவது மருந்துகளை நிர்வகிக்க அல்லது மேற்பார்வை செய்யவேண்டும். எடுக்க வேண்டிய அளவிலும் பார்க்க அதிகமாகவோ அல்லது குறைவாகவோ மருந்து எடுக்கும் நிலைமை உயிராபத்தான நிலையை



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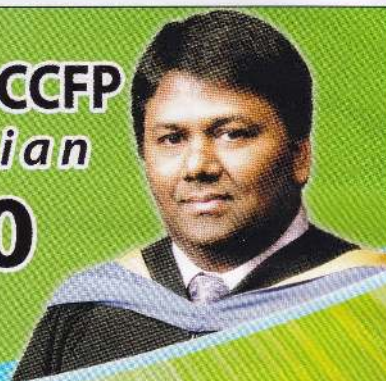




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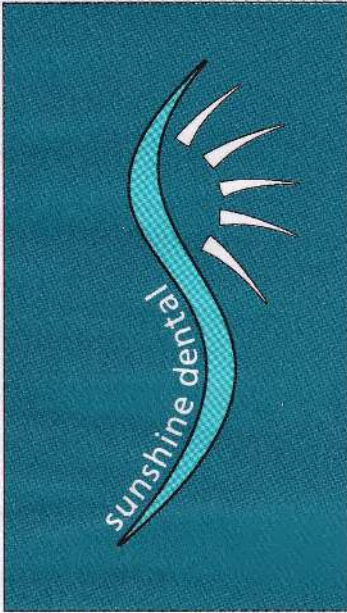
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