





An Official Monthly Publication in English of the Indian Medical Association since 1952 for the people to propagate Health Awareness in the Community



EAR, NOSE & THROAT

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Editorial



Dr Samarendra Kumar Basu

Though everyday is a day to be conscious about your health, we observe various days to spread awareness on health related issues. Here is the days to observe in the month of September,

Nutrition week (1-7 September): National nutrition week is celebrated from 1 to 7 September annually. The purpose of the celebration is to spread awareness about good nutrition and a healthy lifestyle. In 2018 Govt of India has launched "Poshan Abhiyan" to educate people about nutrition and health.

World Physical Therapy Day – 8 September: World Physical Therapy Day observes every year on 8th September. In 2021 the World Physical Therapy Day will focus on "Osteoarthritis". This day is celebrated every year to appreciate the efforts of physiotherapists, who play important role in keeping people active and healthy.

World Suicide Prevention Day - 10 September: International Association for Suicide Prevention (IASP) observes World Suicide Prevention Day every year on 10 September. The theme of World Suicide Prevention Day 2022 is "Creating hope through action". The day aims to spread awareness across the globe that suicide can be prevented.

World First-Aid Day – 11 September : World First-Aid Day is observed every year on the Second Saturday of September. This year it is observed on 10 September 2022. By the International Federation of Red Cross and Red Crescent Societies (IFRC), the theme of World First Aid Day 2022 is "Lifelong First Aid". The purpose to celebrate this day is to promote the importance of first aid training and Increase its accessibility to save more lives in the crisis.

World Patient Safety Day - 17 September : World Patient Safety Day is observed globally on 17 September every year. The World Patient Safety Day 2022 theme is "Medication Without Harm" This day is celebrated to make people globally aware of patient safety and urge them to show their commitment to making healthcare safe. This year WHO urges all stakeholders to "Act now for safe and respectful childbirth"

World Alzheimer's Day - 21 September : World Alzheimer's Day is observed every year on 21 September around the world. The purpose of the day is to raise awareness and challenge the common stigma that surrounds Alzheimer-related dementia. This campaign was launched in 2012 to spread awareness about Alzheimer's.

World Day of the Deaf – 26 September: World Day of the deaf is observed on the last day of the International Week of the deaf, this year it's observed on 26 September. International week of the deaf is celebrated each year on the last full week of September. The theme of the International week of deaf 2022 is "Building Inclusive Communities for All". The week aims to draw the attention of general people and development authorities towards the achievements and challenges of the deaf people community.

World Contraception Day - 26 September : World Contraception Day is observed every year on 26 September. The purpose of the day is to spread awareness of contraception and to enable young people to make informed choices on their sexual and reproductive health.

World Environmental Health Day - 26 September : World Environmental Health Day is celebrated on 26 September every year. The theme for World Environmental Health Day 2022 is "Strengthening Environmental Health Systems for the implementation of the Sustainable Development Goals".

World Rabies Day – 28 September : World Rabies Day is celebrated every year on September 28 by the Global Alliance for Rabies Control. This year the theme of World Rabies Day focuses on facts about rabies and dispelling any myths or misconceptions.

World Heart Day - 29 September : World Heart Day is observed on 29 September every year. The day is observed to spread awareness about cardiovascular diseases. World Heart Day was initiated by World Heart Foundation.

Awareness is the key to keep yourself healthy!





From the Desk of Secretary



Dr Sarbari DuttaHony. Secretary, Your Health

ALLERGIC RHINITIS, or HAY FEVER, is swelling of the inside of your nose. The swelling is a reaction to allergens in the air. An allergen can be anything that causes an allergic reaction. Allergies to weeds, grass, trees often cause seasonal allergic rhinitis. Indoor dust mites, cockroaches, pet dander or mold can also cause allergic rhinitis.

Allergic rhinitis, also called hay fever, is an allergic reaction that causes sneezing, nasal congestion, itchy nose, eyes or mouth and sore throat, Red, watery eyes, Postnasal drip (nasal drainage down the back of your throat), Cough or frequent throat clearing, Feeling tired or lethargic, Dark circles under your eyes. It's a very common condition, these symptoms usually start soon after being exposed to an allergen.

Pollen, pet dander, mold and insects can lead to hay fever symptoms. Hay fever can make you feel awful, but you can find relief with lifestyle changes, allergy medications and immunotherapy (allergy shots). Allergic rhinitis, or hay fever, is an allergic response to specific allergens. Pollen is the most common allergen in seasonal allergic rhinitis. These are allergy symptoms that occur with the change of seasons.

Usually, a small red bump appears if you're allergic to a substance. A blood test, or radioallergosorbent test (RAST), is also common. The RAST measures the amount of Immunoglobulin E antibodies to particular allergens in your blood. You can treat your allergic rhinitis in several ways.

As your immune system continues to be triggered, these symptoms can spread from just your nasal passages on into your lower airways or your lungs. You can then get inflammation in your lungs which can cause shortness of breath or wheezing. You can also get signs and symptoms of allergic rhinitis in your eyes from your immune system.

A blood test, or radioallergosorbent test (RAST), is also common. The RAST measures the amount of immunoglobulin E antibodies to particular allergens in your blood. You can treat your allergic rhinitis in several ways. These include medications, as well as home remedies. The best way to manage allergic rhinitis is to avoid allergens that can trigger your symptoms.

Any of the following may help decrease your symptoms: Rinse your nose and sinuses with a salt water solution or use a salt water nasal spray. Medications includes:

- Antihistamines help reduce itching, sneezing, and a runny nose. Some antihistamines can make you sleepy.
- Nasal steroids help decrease inflammation in your nose.
- Decongestants help clear your stuffy nose.
- Immunotherapy may be needed if your symptoms are severe or other treatments do not work. Immunotherapy is used to inject an allergen into your skin.

At first, the therapy contains tiny amounts of the allergen. Your healthcare provider will slowly increase the amount of allergen. This may help your body be less sensitive to the allergen and stop reacting to it. You may need immunotherapy for weeks or longer.

The "Your Health of IMA" is a publication of Indian Medical Association (IMA) for the masses from Kolkata. This September 2022 issue is dedicated to ALLERGIC RHINITIS. The different authors have done a marvellous job while composing the contents covering a vast field in Medicine. I am grateful to all concerned those who have contributed to bring out this issue. I hope this will be of great help to the common masses to understand the subject.





Guest Editorial



Dr. Anirban Ghosh, MBBS (Hons-ENT), Ms-ENT (Gold Medalist)
Consultant ENT and Head & Neck Surgeon, Hope Nursing Home, Raniganj, WBengal

At first, I thank Dr. S. K Basu, editor In Chief of "Your Health" journal for entrusting me with the job of Guest editor of this issue of the journal. As you all know, ailments of Ear, Nose, Throat and head- Neck region has become extremely important nowadays. Ear discharge, deafness, nasal bleeding, tumours, throat infection and obstructive sleep apnoea are some of the common complaints in this regard. After consultation with different stalwarts of this field I have zeroed in few important topics like oral cancer, hearing disabilities in children, obstructive sleep apnoea, ENT emergencies, vertigo and allergic rhinitis as the most important topics to be discussed with common people.

I am really thankful to Padmashree Dr. Mohan Kameswaran, Dr. Kapila Manikantan, Dr. Srinivas Kishore, Dr. Sudipta Pal, Dr. Dwaipayan Mukherjee, all renowned ENT practitioners from all over Indiaon explaining their respective topics in very lucid language. I hope people will be more aware of different ear, nose, throat problems and their home remedies. Wishing you all a very Happy Diwali and good health.

Vertigo- Causes and Treatment Dr. Anirban Ghosh

What is vertigo?

Vertigo is a dizzy sensation that the world around you is spinning or you are rotating. It can make you feel dizzy and disbalance. Vertigo isn't a disease. Rather, it's a symptom of varying conditions.Dr. Anirban Ghosh

MBBS (Hons-ENT), Ms-ENT (Gold Medalist)

Consultant ENT and Head & Neck Surgeon

Hope Nursing Home, Raniganj, West Bengal, India

Are there different types of vertigo?

There are two main types of vertigo:

- **Peripheral vertigo:** This happens when there's a problem with the inner ear.
- **Central vertigo:** This occurs when there's an issue with the brain. Causes can include infection, brain tumours, brain injury or stroke.

What are different symptoms?

You can feel dizzy or your head is rotating, you can have nausea, vomiting. You may suddenly fall or experience black out. Sometimes there may be lightheadedness.

Who does vertigo affect?

Vertigo attacks can happen at any age, but they're more common in people over 60. Women are somewhat more likely to experience vertigo than men. Some people experience vertigo as a side effect of pregnancy.

How common is vertigo?

Vertigo is a common problem that affects about 15% of the world's population. In India, **around 18 crore people** are seen to suffer from balance and dizziness disorders.

How long does vertigo last?

Vertigo attacks last for few seconds to several minutes. In severe cases, however, people can experience vertigo for hours, days, weeks or even months.

Is vertigo a serious condition?

Vertigo can be scary but the condition itself isn't considered serious. You should inform your doctor if you experience recurrent or prolonged vertigo attacks.

SYMPTOMATOLOGY AND CAUSES

What can trigger vertigo?

A number of syndromes or conditions can result in vertigo. These include:

- Benign paroxysmal positional vertigo (BPPV):
 The most common cause of vertigo, BPPV is typically triggered by change in your head's position. This vertigo lasts for few seconds, true rotatory sensation associated with change in head position like lying down, sitting up or turning over in bed.
- Menieres disease: This condition is caused by





increasing amount of fluids to build up inside the inner ear, leading to vertigo attacks, tinnitus (ringing in the ears), fluctuating hearing loss or a feeling a fullness in the ears.

- Labyrinthitis: If the inner ear labyrinth becomes inflamed or infected, it's called labyrinthitis. The ear labyrinth houses the vestibulocochlear nerve, which transmits information to the brain regarding sound, position and head motion. People with labyrinthitis often experience headaches, ear pain, vision changes, tinnitus or hearing loss for weeks or even months.
- Vestibular neuritis: This inflammation of the vestibular nerve can cause vertigo. Vestibular neuritis is similar to labyrinthitis, but it doesn't alter your hearing. People with this condition may experience vertigo and nausea or blurred vision.
- Cholesteatoma: Repeated ear infections can cause a noncancerous skin growth to develop in the middle ear. This condition is referred to as cholesteatoma, and it can lead to dizziness, vertigo and hearing loss.

What else causes vertigo?

There are other factors that can lead to vertigo attacks. Here are some common vertigo causes:

- Migraine headaches
- Certain medications
- Stroke
- Arrhythmia
- · Head injuries
- Ear surgery
- Perilymphatic fistula (when inner ear fluid leaks into the middle ear)
- Low blood pressure (orthostatic hypotension) a condition in which your blood pressure decreases when you stand up
- Ataxia, or muscle weakness, neurological disorders
- Multiple sclerosis (MS)
- · Acoustic neuroma.

What is migraine-associated vertigo?

People who have clinical features of migraine may have multiple episodes of vertigo. It may occur before, after or during headache; commonly in the headache free periods.

What are common vertigo symptoms?

As mentioned above, vertigo is a symptom of many different conditions. However, vertigo can also occur in combination with other symptoms, including:

- Nausea and vomiting
- Balance problems

- Tinnitus
- Headaches
- Motion sickness
- A feeling of fullness in the ear
- Nystagmus, in which the eyes move side to side uncontrollably.

DIAGNOSIS AND TESTS

How is vertigo diagnosed?

Your doctor will perform a physical examination and ask questions about your symptoms. Clinical examinations are very important to differentiate between peripheral and central vertigo. They may also recommend one or more tests to confirm your diagnosis.

MANAGEMENT AND TREATMENT

Will vertigo go away on its own?

Vertigo goes away on its own in many cases. However, there are several treatments that can successfully manage vertigo.

What are common vertigo treatments?

The vertigo treatment that's right for you depends on several factors, including the root cause. Some of the most notable vertigo treatments include:

- Medication: Treating the underlying cause of your vertigo can help ease symptoms. For example, if vertigo is a due to infection, your doctor can prescribe antibiotics. Steroids can help reduce inflammation. There are also medications to relieve other vertigo symptoms, such as nausea or motion sickness.
- Vestibular rehabilitation: If vertigo is the result of an inner ear problem, this type of physical therapy may help reduce your symptoms. Vestibular rehabilitation helps strengthen your other senses so they can compensate for vertigo episodes.
- Canalith repositioning procedure (CRP): If you have BPPV, canalith repositioning maneuvers help move calcium deposits into an inner ear chamber where they will be absorbed by your body.
- **Physiotherapy:** Vestibular rehabilitation exercises are really helpful to get the balance back.
- **Surgery:** When vertigo is due to a serious underlying issue, such as a brain tumor or neck injury, surgery may be necessary.

PREVENTION

How do I stop vertigo attacks?

There are a few steps you can take to reduce your risk for vertigo. These include:

Taking extra time to stand up, turn your head or





perform other triggering movements.

- Sleeping with your head elevated on two pillows.
- Sitting down as soon as you feel dizzy.
- Squatting instead of bending over when picking something up.
- Hold railings while getting up or walking (especially in older people)

Vertigo can come on suddenly without warning. Although vertigo attacks can feel scary, they go away quickly most of the time. If you're experiencing severe or prolonged vertigo, your symptoms could be associated with another medical condition. Your doctor can help you identify the root cause of your vertigo and determine personalized treatment options to help you get back to normal life.



Sinusitis and its Management

Dr. Sampurna Ghosh, Consultant ENT, Head & Neck Surgeon Medicover Hospitals, Hitech City, Hyderabad

How do you know you are suffering from sinusitis?

Sinusitis means inflammation of paranasal sinuses, which are hollow air-filled cavities around nose and eyes in the face. It manifests with thick discharge from nose, blocked nose, headache or facial pain, feverish feeling.

What is treatment?

Acute sinusitis is treated with antibiotic, decongestant, nasal drops. Acute sinusitis usually subsides in 7 to 10 days. When these symptoms persist for more than months it is called chronic sinusitis. Chronic sinusitis management is different than acute sinusitis. It may involve medicines or surgery or both.

How to treat Headache from sinusitis?

Headache is a symptom which can have various reasons. Many patients who believe somehow that they have headache from sinusitis actually may have migraine. It is up to the clinician to judge if the headache is at all related to sinus disease or not and treat accordingly.

How to diagnose sinusitis?

Diagnosis is based on history, clinical examination and CT scan. Endoscopic examination is easily done in ENT OPD which gives a lot of information. CT scan further helps to make treatment plan,

What is done in FESS? (Functional endoscopic sinus surgery)

It is an endoscopic procedure by which the infected sinuses are cleared, blocked opening of sinsuse are reopened. In case of CRSwP (chronic sinusitis with polyposis) polyps are debrided and sent for tests. This makes the nasal passage open so that nasal medicines can reach the target areas also give long term relief to the patient.

What is invasive sinusitis?

There are some very aggressive bacteria and fungus which spread very fast from sinus to eye and to brain. During this pandemic we have seen lot of such invasive diseases especially in immunocompromised patients who just recovered from COVD 19. This kind of sinusitis is life threatening if not treated on urgent basis. Diabetic patients or those who are on steroid they should not neglect sinusitis. They should visit ENT doctor immediately if they have bloody, purulent discharge from nose, peri-orbital or facial pain, and swelling.

How many days hospital stay required after FESS?

FESS is a sophisticated endoscopic procedure performed under general anesthesia. One day hospital stay is required. Patients resume their daily work at home from next day. There are other minimally invasive procedures also like balloon sinuplasty. Endoscopic sinus surgeon decide which is suitable for the particular patient depending on nature and extent of procedure.





ENT Emergencies in Daily Life



Dr Sudipta Pal, MS-ENT (Gold Medalist)
Consultant ENT, Head & NeckSurgeon, Hooghly, WB

In day to day life we often face medical emergencies involving Ear Nose Or Throat region, some of which may turn fatal if not addressed in time. This brief article intends to enumerate the common ENT emergencies that we may face in our household and how to manage them.

EAR

The most common incidence is that of a Foreign Body lodged in Ear. If the Foreign Body is Animate e.g Insect then you can put turpentine Oil in the ear and ask the patient to lie in sideways position keeping the affected ear up for 10-15 minutes. Most of the times the insect dies within the ear canal by this method, which can be later removed by ENT specialist. If any non living object gets lodged in the ear canal, do not attempt to remove it by yourself as you may injure the eardrum

it can easily be removed by any ENT Specialist with proper instruments. If there is any trauma to the ear followed by pain orbleeding or both – DO NOT give any EAR DROP or OIL inside the ear as it may cause more damage. In case of

bleeding from the ear put a cotton pledget inside the ear canal and seek medical help immediately. If you are suffering from sudden hearing loss after exposure to loud sound like bursting of crackers or loud speakers – then immediately go away from the sound and consult with your Otolaryngologist as it may cause permanent deafness if not treated quickly.

NOSE

The commonest emergency involving the nose is bleeding from nose or Epistaxis. In children it mostly occurs due to the habit of nose picking and often can be stopped by tightly pinching the nose for 10-15 minutes. Ice pack may be applied over the bridge of the nose simultaneously. In elderly persons, Epistaxis may occur due to Infection, Tumor or Hypertension. The Bleeding can be controlled in the same way but if it is severe or does not stop quickly ,then the patient needs to be hospitalized for proper management. Another emergency arises when children insert





Foreign Body inside their nostril while playing. If the child co-operates then we can occlude the normal nostril and ask him or her to blow through the nose containing the Foreign Body – sometimes the object gets blown outside the nose by the forced expiration. But if does not come out or if it is suspected to be button battery then he should be immediately taken to ENT surgeon for urgent removal. NEVER attempt to remove a nasal foreign body at home by any object/tools as it may lead to dislodgement of the foreign body into the larynx and cause choking.

THROAT

Fish Bone impaction inside the throat specially tonsils is very common, which sometimes gets removed by swallowing food bolus or by forced vomiting. Aspiration of food particle causing choking is a dire emergency which may even cause death of the patient. If you suspect choking, then you need to slap on the back of the patient in between the shoulder wings keeping the patient in sitting position. If there is no relief, then Heimlich Manoeuvre should be performed immediately. Here you need to stand behind the patient and need to forcefully press on the area between the navel and the sternum of the patient . If the patient is a child then you can hang the patient upside down carefully holding his legs and slap on the back of the child—it may save his life.

Hope these few tips will help you to manage ENT emergencies better in the days to come.



Allergic Rhinitis and role of Immunotherapy



Dr. Dwaipayan Mukherjee, MS (ENT) Prof & HOD, Dept. of ENT, KPC MC & H, Kolkata

Allergy is a misguided reaction to foreign substances by our immune system. In allergic rhinitis these allergens cause some symptoms in the upper respiratory tract due to immune response which is otherwise harmless to maximum people.

Incidence of allergic rhinitis has increased three-fold in the last decade. Prevalence of allergic rhinitis progressively increased in developed countries with adults affected around 10-40% and child affected around 2-25% worldwide. It is now impacting largely in the population due to change in the climate, urbanization and modified lifestyle. Although allergic rhinitis is considered a trivial disease, but actually if it is not treated properly or ignored for long duration, it may lead to chronic conditions like asthma and other upper respiratory diseases.

Allergic Rhinitis causes symptoms like running nose, stuffy nose, sneezing, cough, difficulty in breathing, headache etc.

Allergens can be classified predominantly into avoidable and unavoidable allergens. Unavoidable allergens like molds, mites, mildews, dust, causes persistent allergic rhinitis. Whereas allergens like food, drugs, pet furs, latex can be avoidable, so avoidance to those allergens will give relief to the patient.

So maintaining few basic rules can help a patient of allergic rhinitis like cessation of smoking, avoiding dust and pollutant environment, not allowing pets to bedroom, avoiding substances including cosmetics which causes skin rashes. Also like avoiding known food allergens, maintaining hand hygiene, using masks in outdoor, installation of air filter in room can help a



Dr. Santanu SitAsst.Prof., Dept. of ENT, KPC MC & H Kolkata

lot in these patients. To find out culprit allergens, skin prick test can be done and if avoidable allergens are found, then avoidance of those allergens is the best option.

There is no curative treatment option available for persistent allergic rhinitis except immunotherapy at present. Medications like nasal steroid sprays, oral antihistamines, mast cell stabilizer are available in the market, can only provide symptomatic relief but withdrawal of medication ultimately lead to relapse of symptoms in these patients.

For immunotherapy, we first need to identify the responsible allergens. Allergic skin prick test is the best option to find out one or more allergens to a particular person. Then by sublingual immunotherapy (SLIT) or subcutaneous immunotherapy(SCIT)we can provide small doses of allergens in multiple sittings to sensitize the person to those allergens. SLIT is more acceptable method of immunotherapy as patient compliance is far better than SCIT.

In SLIT small drop of allergen placed under the tongue and patient can self administer at home after few initial doses under supervision. This therapy can be continued for around three years depending upon response for eradication of allergic response.

In nutshell, allergic rhinitis is becoming a burden to the world population and need to be addressed effectively, and at present sublingual immunotherapy is the best option for curing persistent allergic rhinitis. So it is advisable not to ignore allergic rhinitis and it is consult to doctor as early as possible.





Oral Cancer



Dr. Kapila Manikantan, MBBS, MS, Fellow Head & Neck Oncosurgery Consultant Tata Medical Centre, Kolkata

What is oral cancer?

Oral cancer refers to cancer that develops in any part of the oral cavity. This includes cancer which develops on the lips, gums, buccal mucosa(inner lining of the cheek), palate(roof of the mouth), tongue and floor of mouth(area between tongue and teeth). Oral cavity cancers are broadly grouped under cancers which develop in the head and neck. These cancers are usually treated in the same way.

Who can develop oral cancer? Dr. Kapila Manikantan MBBS, MS, Fellow Head & Neck Oncosurgery

Consultant Tata Medical Centre, KolkataThere are several causes for the development of oral cancer. However, people who use tobacco in any form, like cigarettes, beedis, khaini, zarda, paan, etc, are at increased risk. Heavy intake of alcohol increases the risk of developing oral cancer. Fair people with excessive exposure to the sun are at risk of developing cancer of the lips. Viruses such as human papilloma virus which is transmitted sexually can also cause oral cancer. People who have a weakened

immune system from taking immune suppressants for other diseases are at an increased risk of developing oral cancer.

When does oral cancer develop?

Prolonged exposure to any of the risk factors may result in the development of oral cancer. Exposure to the risk factors causes change in the DNA of the cells (mutations). These mutations cause the cells to grow and divide continuously into a tumour. The tumour grows and normal healthy cells die. The tumour gradually spreads in the mouth, from there into the neck glands called lymph nodes and from there to other parts of the body like lungs, liver and bones. The most common cancer of the oral cavity is squamous cell carcinoma.

When to suspect oral cancer?

Oral cancer should be suspected when there are ulcers in the mouth or lip which do not heal. A whitish and reddish patch in the mouth. A growth over the gums causing loosening of teeth. A growth anywhere in the mouth. Pain in the mouth which is also felt in the ear. Difficulty or pain during swallowing. When these problems last for more than 2 weeks and if you have



Advanced stage oral cancer involving the skin of the cheek



Carcinoma of the oral cavity involving the lips

any risk factor it is better to consult a doctor for further advise.

What are precancerous lesions?

Patients who have prolonged exposure to the risk factors are at increased risk of developing certain precancerous lesions. These are not cancer but may go on develop cancer over time if the exposure to risk factors persists. Whitish patches in the oral cavity. Mixed whitish and reddish patches. Tightening of the inner lining of the cheek and oral cavity with whitening bands (submucous fibrosis) causing progressive decrease in the mouth opening. Purplish patches in the oral cavity. If any of these lesions are present in the oral cavity, it is better to consult a doctor for further assessment.

How is oral cancer diagnosed?

The doctor will examine the changes in the oral cavity. They will feel the growth or ulcer. They will also examine the neck for any lumps. They will also pass a camera with a light into the throat to examine the back of the throat to see for spread of the cancer. The doctor will then advise for biopsy and scans.

What is biopsy?

To confirm the diagnosis of cancer a small piece of tissue is taken from the edge of the growth or ulcer and sent to the lab to be examined. The pathologist will study this tissue and confirm the presence of cancer and then further treatment can be started. Biopsy is usually done under local anaesthesia and is a painless procedure. Biopsy does not affect the tumour in any way and will not increase the growth rate or spread of the cancer.





What scans are required for oral cancer?

After cancer is confirmed with a biopsy the doctor will advise scans to see what stage the disease is in and to plan the treatment. If the cancer is of the tongue or the floor of mouth, MRI (magnetic resonance imaging) scans are advised. If cancer of any other site, then CT (computed tomography) is advised. If early stage, then sometimes scans may not be advised. If of advanced stage, then CT scan of the chest will be advised to see for spread of the disease in the lungs.

What is the treatment for oral cancer?

After studying the scans and seeing the stage of disease, the doctor will decide on the course of treatment. Disease which is in the oral cavity only or in the oral cavity and neck only is usually treated by surgery. If disease has spread to other parts of the body, then the disease cannot be cured, and chemotherapy will be offered to try and reduce the problems from the disease.

What surgery is done for oral cancer?

Surgery for oral cancer will include removal of the disease with an extra 1.5cm of tissue around the disease along with glands from the neck called lymph nodes. If the amount of tissue removed is large then, some reconstruction may be done to help in better function — chewing, swallowing, and speaking. After surgery the whole tissue is sent for examination by the pathologist.

What problems can be expected from surgery?

After surgery of the oral cancer, patients develop difficulty in swallowing, chewing, and speaking. Reconstruction is done in large tumours to reduce these problems and post-surgery the patient will need exercises to help in early recovery.

After surgery, what next?

If the final biopsy report after surgery shows risk features, then further treatment like radiation and radiation with chemotherapy may be given. This is given around 4 to 6 weeks after the surgery to help in better control of the disease. The duration of radiation is usually for 5 days a week for 6 weeks. If chemotherapy is added then, one injection is administered once every week. If no risk features are present and the disease is early stage the patient is advised to be on follow up.

What is follow up?

All patients who have undergone treatment for oral cancer are kept on a strict follow up regimen. They are examined by a doctor every 4 to 6 weeks after completion of treatment for the first two years, 3 monthly in the third year, 6 monthly in the fourth year and yearly after completion of 5 years. Once 5 years are completed, the patient is considered cured of the cancer. Usually no scans are required during follow up.



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Hearing Disabilities in Children and its Management



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Sensory experiences act as sole conduit facilitating a person's interaction with their surrounding environment. Hearing sense not only facilitates social interaction but is necessary for development of cognition and spoken language. Any type of hearing loss for children acts as a barrier to their social and educational integration for purposeful society. About 60 percent of hearing loss in children can be avoided with preventive measures. Early identification and continuous monitoring of appropriate audiological intervention helps in children reaching full potential through rehabilitation, education, and empowerment.

There are three main types of hearing loss: conductive, sensorineural, and mixed. They can be etiologically categorised as congenital or acquired. Furthermore, on the basis of management possibilities, they can be reversible or irreversible. Congenital hearing loss can be classified as genetic or non-genetic in etiology. The above mentioned cause is responsible for more than half of the congenital causes and can be due to either an autosomal dominant, recessive or sex-linked mutation. Genetic causes are further classified into syndromic versus non-syndromic categories based on whether the patient suffers from an underlying genetic syndrome. About 30% of the genetic causes of hearing loss are syndromic. A few syndromes to name are Usher syndrome, Treacher Collins syndrome, Waardenburg syndrome, Down syndrome, Crouzon syndrome, and Alport syndrome. The most common cause of congenital hearing loss is autosomal recessive non-syndromic hearing loss.

Non-genetic factors include the following but are not limited to birth complications, including TORCH infection, sepsis, lack of oxygen, preterm birth, low birth babies, and maternal diabetes.

Conductive hearing loss occurs when sound transmission is hampered at the level of the external or middle ear. The major cause of conductive hearing loss in children is otitis media with effusion (glue ear). In our country, chronic otitis media is still prevalent and is usually a major preventable cause of hearing loss and associated complications.

Sensorineural hearing loss is a consequence of

disruption in the auditory pathway at any point from the cochlea (inner ear) through to the brainstem, and it is the primary cause of permanent hearing loss in the paediatric population. Mixed hearing loss occurs when there are both conductive and sensorineural components.

In order to minimise developmental delays and promote communication, education, and social development, early identification of hearing loss needs to be followed by timely and appropriate interventions. The choice of interventions depends on the degree and cause of hearing loss. Otitis media can often be treated and reversed by medical or surgical means. The impact of other causes of hearing loss can be reduced by using hearing aids and cochlear or middle ear implants on time; hearing assistive technology, such as FM/radio systems and loop systems; and therapy to develop spoken language, such as auditory-verbal therapy. Hearing screening programmes for infants and young children can identify hearing loss at a very young age. In fact, with the launch of a neonatal hearing screening program, congenital hearing loss can be detected in the first few days after birth, leading to timely intervention. More early the intervention is sought, there are more chances for specially abled children to come at par with their peers in terms of language development, but up to the age of 5 years.

Children may develop hearing loss at a later age, also known as post-lingual hearing loss. Regular preschool and school-based hearing screening can identify hearing loss soon after its onset, allowing its adverse impact to be limited. For interventions to be effective, they should be appropriate, timely, family-centered, and undertaken through an interdisciplinary approach.

In our own experience as with other ongoing cochlear implant rehabilitation programs at various levels, rehabilitation of children with severe to profound sensorineural hearing loss has given successful result for audiological rehabilitation.







Snoring & Obstructive Sleep Apnea In Adults

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Snoring in sleep just as an act was ridiculed and considered something that is made a joke about. In fact if one types snoring and searches the internet most of the images that come out are images that only signify the annoyance that it is causing to the bed partner. On the contrary snoring is a strong indicator of a more sinister condition called obstructive sleep apnea. Also known as OSA in short this is one of the most important conditions of the 21st century as eluded by the WHO.OSA is a type of sleep related breathing disorder where in there is absolutely no air or only very little air going from the nose or mouth into the lung in spite of persistent effort to draw air into the lung .This persistent and excessive effort put in by the lung basically causes significant impact to the heart and lung. The excess effort put in by the lung to breath, results in sleep fragmentation resulting in deleterious effects to the central nervous system. In a recent article published in the LANCET a reputed journal estimated the cost and impact of untreated osa to be in billions in terms of

impact to the society . In Indian, a study done and published in 2017, the incidence was reported at 7% in men and 4.5% in women which is way higher than that reported in the west and also in countries like China. This could be probably secondary to our unique position in the globe and our mixed gene pool making us more vulnerable to diseases like diabetes and hypertension even at low BMI. Untreated OSA can contribute to uncontrolled high blood pressure, stroke, heart disease, workplace or motor vehicle accidents, and more.

HOW & WHERE DOES SNORING OCCUR?

Snoring is a sound generated in the upper airway especially in the part called the pharynx, which is a collapsible tube connecting the behind of the nose to the wind pipe. Contrary to common belief snoring is neither generated at the nose or because of the nose, hence to treat the nose alone to cure and control snoring or sleep apnea is associated with poor outcomes in the long run.

WHAT IS SLEEP APNEA & HOW IS IT DIFFERENT FROM SNORING

While there is partial airway obstruction resulting in snoring once this airway completely shuts it results in

obstructive sleep apnea where in there is absolutely no air going in at the nose and mouth while the lung continues to pull .Not all snorers are sleep apnics but all sleep apnics snore.

WHAT ARE THE SYMPTOMS OF SLEEP APNEA OTHER THEN SNORING?

- Pauses in breathing during sleep
- Waking up gasping or choking
- · Waking up with a dry mouth or sore throat
- · Daytime sleepiness or fatigue
- Frequent night time urination
- · Morning headache
- Irritability, mood changes, depression, difficulty concentrating
- High blood pressure, heart disease, stroke, or other cardiac issues

HOW DO YOU EVALUATE

Since it's a condition that affects sleep and happens only in sleep the evaluation has to happen only during sleep . The test performed is called sleep study or polysomnography where in multiple systems of the body are simultaneously monitored to give us a report . Based on this report there are different treatment modalities advised. Sleep study gives us the severity of the condition but does not give us the exact cause , level & structure causing the obstruction , in order to understand that, a Drug induced sleep endoscopy is advised.

TREATMENT OPTIONS

Lifestyle Changes

- Maintaining a healthy weight: Being overweight or obese are critical risk factors for snoring and sleep apnea, so keeping a healthy weight can be an important step against snoring.
- Limiting use of alcohol and sedatives: Alcohol is a frequent promoter of snoring, and sedative medications can trigger snoring as well.
- Adjusting your sleeping position: Sleeping on your back makes it easier for your airway to become obstructed. It may take time to get used to a different position, but it can be a helpful change.





- Raising the head of your bed: Elevating the top part of your bed with risers, a wedge pillow, or an adjustable frame may reduce snoring. For this to work, it's important to raise the whole mattress and not just use more pillows.
- · Reducing nasal congestion: Taking steps to eliminate allergies or other sources of nasal congestion can combat snoring. Breathing strips that go over the nose may help open your nasal passages during the night, as well as internal nasal expanders.

Non surgical options

OSA is most often treated with a device that opens the airway with a small amount of positive pressure. This pressure is delivered by an appliance through either the nose and/or mouth that is worn during sleep. This treatment is called continuous positive airway pressure, or CPAP, and it is currently the initial treatment of choice for patients with OSA. The challenge of treating OSA is that obstruction can occur at multiple levels of the airway. CPAP stabilizes pressure at all parts of the upper airway and can be very effective, but some wearers cannot tolerate CPAP and must seek other options.

A custom-fit oral appliance, which repositions the lower jaw forward, may also be considered for certain patients with snoring/OSA. This should be fitted by an ENT specialist, dentist, or oral surgeon with expertise in sleep dentistry.

In some patients, significant weight loss can also improve snoring and OSA this fact is important to understand. Contrary to common belief not every sleep apneic is obese, there are many causes other then obesity that can result in OSA.

Surgical options

Palatopharyngoplasty: Palate is the most common level and structure causing obstruction. There are a myriad of procedures that are performed based on the patient anatomy and physiology .These procedures involve tissue repositioning, or removal of excess soft tissue, to open the airway. In addition, the remaining tissue stiffens as it heals, helping to minimize tissue vibration. It always involves a tonsillectomy to help enlarge the airway.

Thermal ablation procedures reduce tissue bulk in the nasal turbinates (structures on the side wall of the inside of the nose), tongue base, and/or soft palate. These procedures are used for both snoring and OSA, and several treatments may be required.

Lower Throat (back of tongue and upper part of voice box)—The lower part of the throat is a common area of airway collapse in patients with OSA. The base of the tongue may be larger than normal, especially in obese patients, and can block this area. The tongue may also collapse during sleep with the lack of muscle tone, particularly if someone sleeps on their back. The epiglottis, or upper part of the voice box, may also collapse and contribute to airway obstruction.

Skeletal—Since airway muscles are supported by the jaw, the orientation or position of the jaw bones affect the opening and stability of the airway during sleep. Patients with complete upper airway collapse during sleep, or a retracted jaw position, may benefit from a "maxillomandibular advancement" (MMA) surgical procedure. If the problem is limited to the upper jaw, where it is too narrow for the tongue and soft palate, the upper jaw can be widened in both children and adults.

KEY STATEMENTS

Sleep is nothing to take lightly. Doctors can help diagnose any potential medical conditions affecting your sleep and find ways to minimize snoring to help you—and your partner—get a restful night's sleep.

- Men tend to snore more often than women.
- Sleep apnea can be a dangerous condition.
- If sleep apnea goes untreated, long-term complications can include an enlarged heart and high blood pressure.

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Fourteen hidden gems from Indian fields

With the urban hunger for a healthier lifestyle increasing in the recent years, many traditional varieties with amazing health benefits are seeing a gradual resurgence.

1. Diana Rice, Karnataka

Grown mostly in Karnataka, Diana rice is a parboiled variety packed with vitamins and minerals. Its high fibre content (that gives it a nutty taste and rough texture) combined with a low glycemic index (the rice releases sugar slowly into the



bloodstream) makes it ideal for people with diabetes. Its also a great option for people on a diet.

2. Jhangora, Uttarakhand

A indigenous variant of barnyard millet, Jhangora grows in the high altitudes of Uttarakhand. Also called sawak or shyama ka chawal in Hindi, Jhangora is a nutritional powerhouse with high levels of protein, calcium, iron, minerals



and vitamin B complex. It is also low in carbohydrates and gluten-free, making it an excellent grain for those with gluten allergies, type II diabetes and cardiovascular diseases.

3. Jamun Powder, Jharkhand

Packed with nutrients like protein, calcium, iron, minerals, vitamins, fructose minerals and a multitude of antioxidants, the humble jamun has a host of health benefits. Other than reducing cholesterol and



improving digestion, skin health and eyesight, jamun is also helps control blood sugar levels in diabetics — a compound called jambolin present in jamun seeds is known to prevent the conversion of starch into sugar. Co-operatives of tribal farmers in Jharkhand make jamun powder for a living.

4. Bamboo Rice, Karnataka

The fibre-rich and calorie-dense kernels of bamboo 'rice' are actually seeds of bamboo flowers collected by tribal people in Karnataka. Locally called Mulayiri, it is hard to collect as the flowering pattern of bamboo is



highly unpredictable and can vary from 5 years to 50 years. It has a slightly sweet wheat-like taste and can be used as a substitute for both wheat as well as rice. It helps in detoxification of body, improving reproductive health and relieving rheumatic pain.

Lakadong Turmeric, Meghalaya

Indigenous to Meghalaya, Lakadong turmeric is counted among the finest turmerics in the world. The roots and rhizomes of the Lakadong turmeric plant are crushed and powdered before



being sold in the local markets of the Jaintia hills. The curcumin content (a powerful antioxidant known for its many health benefits) in Lakadong turmeric is between 6% to 7%, which is one of the highest, as against a mere 2% to 3% in most varieties of turmeric.

6. Navara Rice, Kerala

A unique medicinal rice grown in the Palakkad district of Kerala, Navara rice holds an important place in the Ayurveda and is used on its own or in combination with other herbs to treat several diseases. Navara rice bran oil is also used to relieve a multitude of



painful conditions like cervical spondylosis, stiff joints, back ache and rheumatoid arthritis. In Kerala, a decoction of water left over from boiling this rice and herbs is consumed as a traditional drink called karkidakakanji.



7. Kachai Lemon, Manipur

A unique lemon endemic to Kachai village in Ukhrul district of Manipur, Kachai lemon contains 51% ascorbic acid (vitamin C), the highest so far in a citrus fruit. Since 2005, ICAR, Manipur Small Farmers Agri-Business



Consortium and Manipur Organic Mission agency have been hosting the Kachai Lemon Festival at the Ukhrul village in order to popularise and augment its production.

8. Munsiari White Rajma, Uttarakhand

If you are a rajma aficionado, there's nothing better than the Munsiari variety of kidney beans – named after the village in Uttarakhand it is grown in. Grown in the mineral rich soil of



Himalayan valleys, Munsiari Rajma has a sweet, earthy taste and needs less time to cook compared to regular rajma. Rich in protein and soluble fibre, it helps in lowering cholesterol levels and encouraging cell repair.

9. Bhalia Wheat, Gujarat

A long grain wheat variety cultivated in the Bhal region of Gujarat, Bhalia Wheat grows under a conserved soil moisture condition that is unique in the world – the field is neither irrigated nor does it receive rain



after sowing. Locally known as Daudkhani wheat, it also has several desirable qualities like a high protein content, high carotene levels and low water absorption capability. This makes it great for making pasta, noodles, vermicelli, pizza base and more.

10. Red Rice (Chhohartu, Patni and Matta), Kerala

Packed with plenty of antioxidants and double the zinc and iron as white rice, red rice is grown majorly in three regions in India — in Shimla valley of Himachal (where it's locally



known as Chhohartu), in Patni region of Maharashtra (where it's known as Patni) and in Palakkad region of Kerala (Matta rice). This low-sugar rice variety has a luscious red colour, nutty flavour and firm texture, making it a great option for diabetics.

11. Garlic Rock Salt, Himachal Pradesh

A flavourful fusion of natural Himalayan rock salt with roasted garlic, this artisanal salt is far superior in terms of health as well as taste to your iodized table salt. Highly regarded in the Ayurvedic



tradition, rock salt improves digestion, boosts metabolism, lowers blood pressure and reduces sugar cravings. Its combination with garlic (which also helps reduce blood pressure and sugar levels) makes it a better alternative to table salt for people with hypertension or diabetes.

12. Karbi Anglong Ginger, Assam

The Karbi Anglong district in Assam produces the best organic ginger in the world and yet few people in India know about it. This low-fibre nutrient-rich ginger yields high quantities of dry rhizomes and spicy oleoresin oil



(used in the food industry). Its multiple health benefits (from reducing muscle pain and nausea to improving cardiovascular health) comes from its main bioactive compound, Gingerol, that has powerful anti-inflammatory and antioxidant effects

13. Nettle Leaf Tea, Uttarakhand & Himachal Pradesh

From anemia and arthritis to respiratory disorders and urinary infections, the benefits of the stinging nettle are numerous. A natural diuretic, it is widely consumed in the Himalayan states of Uttarakhand and



Himachal Pradesh where it locally known as bichoo buti or shishoo saag. The easiest way to consume this super-nutritious leaf is by boiling it to make a cup of tea. Not only is it a blood purifier, its anti-inflammatory properties helps relieve aches and sore muscles.

14. Chak Hao Black Rice, Manipur

Grown in the hills of Manipur, chak hao or black rice is full of heart-healthy anthocyanins (the antioxidant that gives the unpolished rice its brilliant purple hue), vitamins, minerals, iron and fibre. Sticky in nature, it has a



sweet, slightly nutty flavour that is exemplified in the Manipuri black rice kheer. Eating black rice can help protect the body against various ailments like heart diseases, obesity, inflammation and cancer.





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