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EXPRESS Newsline

# The kids who can't eat cake

UNITED NEWS OF INDIA
NEW DELHI, MARCH 19

LAKSHAY Sharma will never be able to savour a cake if he ever were to cut it on his birthday.

For, the three-and-a-half-year old suffers from celiac disease due to which a person becomes intolerant to gluten — a protein found in wheat, barley and rye. If patients' diet happens to contain gluten their intestinal linings are damaged, reducing the linings' ability to absorb nutrients in the food.

"I have never cut a birthday cake and they say I will never cut one," says Lakshay.The disease has left Lakshay craving for all the delicacies children of his age love to eat — cakes, chocolates, biscuits, noodles, bread and roti.

"Allergies of this type cannot be corrected. The only relief lies in exclusion of wheat, barley and rye or their products from the diet," says Dr Anupam Sibal, consultant (pediatric, gastroenterologist and hepatologist) at the Indraprastha Apollo Hospital in the Capital.

Sadly, almost all the children suffering from this disease were initially wrongly diagnosed and subsequently wrongly treated.

"When Lakshay was two years of age, he was healthy and active. But afterwards we noticed he was becoming weak, lazy and irritable," recalls his father Swaraj Sharma. "His tummy started bulging out, his legs became thin, and he had frequent diarrhoea."

"Admitted to a local nursing home, he was diagnosed as suffering from tuberculosis and had to take streptomycin shots for 60 days. Still his health deteriorated. Finally it was revealed that he had developed an allergy to diet containing gluten," Swaraj said.

Four-year-old Somya and her family had to face a harrowing time till her disease was accurately diagnosed. Her mother Vina Arora says: "When she was one-year-old, her intestine started getting damaged. Doctors declared she had hepatitis-B.

HE TIMES OF IND

New Delhi, Tuesday, July 24, 2001 • Capital

THE TIMES OF INDIA, NEW DELHI

# Hepatitis B to be included in immunisation package

By A Staff Reporter

NEW DELHI: The Delhi government plans to include hepatitis B vaccination in its universal immunisation programme. In a statement issued on Monday, on the occasion of the Hepatitis Awareness day, health minister A K Walia reiterated the government's commitment towards this cause.

He said the screening of blood for hepatitis B had been made mandatory while the screening for hepatitis C had been made essential in the blood banks of all the government hospitals.

Speaking to *The Times of India,* Dr Walia said the government was planning to include the vaccine on its schedule next year onwards. "We are expecting financial assistance from international bodies for this programme," he added. There are roughly three lakh children born in Delhi and the total cost of such a programme would be two-and-a-half to three crore, Dr Walia added.

Consultant paediatric gastroenterologist and hepatologist with Apollo hospital Dr Anupam Sibal stressed that there was a need to incorporate hepatitis B vaccine into the national immunisation programme. "More than 90 countries have done so, including Bangladesh. Why can't we do so?"

One of the concerns, he added is that there has been lack of awareness regarding children acquiring the disease at birth from their mothers. "We see case after case when the mother wasn't screened and didn't know that she was infected." However, if an infant is vaccinated within 12 hours of birth, then the chances of him/her getting the disease even if the mother is infected, is remote, added Dr Sibal. Doctors stress the majority of the blame for the spread of this disease goes to improper or no screening of blood or the use of contaminated needles. According to Dr Sibal, the average cost of treatment of a hepatitis B infected individual is one and a half lakh, cost of the Interferon injections. Something that very few people can afford. This includes "three injections a week for six months, including monitoring costs". Even then there is only 30 to 40 per cent chances of getting rid of it. Now for the prevention. "It is estimated that if the government gets the vaccine in bulk, it would be able to acquire it at the rate of $1, a mere Rs 45," he added.

**ABOUT HEPATITIS B**

- Four crore Indians carry the hepatitis B virus
- One-third of these will die of the consequences — cirrhosis/liver cancer
- Hepaptitis B is at least 100 times more infective than AIDS
- Complications can take 10-40 years to develop, it is therefore a silent killer

**ABOUT HEPATITIS C**

- Two crore Indians carry this virus
- 80 per cent of those infected become carriers
- About half of the carriers suffer from consequences like cirrhosis/liver cancer
- Hepatitis C spreads like AIDS
- There is no vaccine against this virus, the only method is avoiding contact

HINDUSTAN TIMES
HT CITY
MONDAY 17 SEPTEMBER 2001

# Antibiotics Must Be Taken, But Prudently

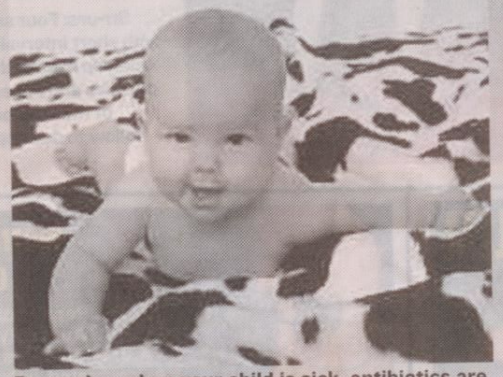
GROWING PAINS

BY DR ANUPAM SIBAL

**My four-year-old daughter falls ill very often. In the last six months she has received three courses of antibiotics? Are antibiotics essential every time? Can they have side effects?**

– RAJIV SETH

Antibiotics are among the most powerful and important medicines known. When used properly they can save lives, but their improper use can actually harm your child. There are two main types of germs – bacteria and viruses – which cause most infections. In fact, viruses cause most coughs, sore throats and all colds. Bacterial infections can be cured by antibiotics, but common viral infections never are. Your child recovers from these common viral infections when the illness has run its course. Each time we take antibiotics, sensitive bacteria are killed, but resistant ones may be left to grow and multiply. Repeated use and improper use of antibiotics are some of the main causes of the increase in resistant bacteria. The more antibiotics are prescribed, the higher the chance that your child will be infected with resistant bacteria. These resistant bacteria can also be spread to others in the family and community.



**Remember when your child is sick, antibiotics are not always the answer**

Remember for a sick child, antibiotics, are not always the answer.

## BLOOD WITH STOOL NEEDS APPROPRIATE ATTENTION

**My five-year-old son has been passing blood with stool off and on for a year now. We initially ignored the problem as we thought it would go away. As we were afraid to visit an allopath, we tried alternative systems of medicine but the problem persists. What could be the cause. What are the likely treatment options?**

– NISHA SHARMA

A child can pass blood with stools for several reasons. Children who are constipated pass hard stools which can injure the lining of the large intestine and this can result in bleeding. If a fissure has resulted because of constipation, the child has pain during passage of stool which results in withholding of stool. This in turn results in further hardening of stool further injury to the lining and more bleeding. It's a vicious cycle. If a child is passing blood mixed with loose stools then an infection (bacterial) or inflammation of the intestine could be responsible.

Treatment will vary from case to case. If constipation is the cause then management will result in cessation of bleeding. If an infection is responsible then this would need appropriate treatment. A polyp needs to be removed and this can be accomplished endoscopically and for Meckel's diverticulum or malformation of blood vessels surgery is required. ✦

**WRITE TO US AT**
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19 NOV 2001

EXPRESSNewsline

# Viral season not over yet, keep paracetamol handy

SANCHITA SHARMA
NEW DELHI, NOVEMBER 19

VIRAL, as influenza is increasingly referred to these days, is expected with every change in season, but this year the "viral season" has dragged on, with winter taking its time to set in. "Latent viruses get active when thermal changes occur, and people with low resistance become easy targets," says Tara Bhatt, a general practitioner whose clinic in Vasant Vihar is visited at least by a dozen people complaining of viral fever every day.

Since viral fever goes away on its own, doctors treat the symptoms — fever, bodyache, headache, cough, watering eyes, stuffy nose, sneezing and nasal discharge — to reduce discomfort. It takes about five to seven days to go away, so experts recommend curling up in bed with a bowl of hot soup or ginger tea, some paracetamol and no antibiotics.

"Paracetamol is really the best cure, for it not only brings down the fever but also takes care of the accompanying aches and pains," says Anupam Sibal, Consultant Paediatrician, Apollo Hospital. "Parents often end up giving less medicine, giving a teaspoon (4 ml) to their 15-kg child who would actually need two teaspoons to bring the fever down," says Sibal.

### Precautions

- Since viral can't be prevented, it is best to keep your resistance up by eating well and popping a few multivitamins and B-complex tablets when you know the flu is in the air.
- Keep away from people with colds and cough. Most of us forget that viral is infectious and continue to go to school or office, infecting friends and colleagues.
- Some rest is usually all it takes to put you back on your feet.

Bhatt believes colds are best left alone; instead he prescribes home remedies like steam inhalation, taking honey and ginger in hot water and saline drops to unblock stuffy noses. "If high-grade fever does not come down for more than three days and makes you feel generally miserable visit a doctor," advises Sibal. "Viral or bacterial pneumonia is also known to set in the elderly and children, so it's best to get expert advise if discomfort persists," he adds.

Secondary viral or bacterial infections complicate matters, leading to prolonged fever, respiratory-tract infections and even pneumonia. If the fever is prolonged, the nasal discharge or sputum turns virulent (yellow) or foul-smelling, it needs investigation.

"But there's no reason to panic if you have fever for a few days, as it can also be exertional, where it's just your body telling you to slow down and take a break," says Bhatt.

# My Son's Eating Disorder Is Affecting His Concentration

**GROWING PAINS**

**DR ANUPAM SIBAL**

**My nine-year-old son is creating problems for me. He is not interested in eating. He hides his food under the table. These days I am also observing that he is losing his concentration. I have tried numerous tonics but they haven't worked.**
**Sometimes I talk to him gently and at other times I get angry. What should I do?**

– NEENA DHIR

It is not uncommon for children to go off food intermittently. One needs to get concerned if this goes on for an extended period of time or the growth of the child gets hampered. You have not mentioned for how long this problem has been continuing nor can one assess whether his growth has been affected or not. It is not surprising that the tonics have not worked as there isn't a tonic available that make a child interested in food. You need to take your child to a specialist. It is possible that the disinterest in food and deterioration in school work are linked to a common factor that needs to be identified.

**WEAK ANKLES PRONE TO FREQUENT INJURY**

**My 10-year-old son sprained his right ankle three days back while playing basketball. He has sprained his right ankle four times and the left thrice, in the past year. He seems to be very susceptible to ankle injury and I find it alarming. Please advise.**

– ANURADHA

**Dr Ramani Narasimhan,** paediatric orthopaedic surgeon, Apollo Hospital, says your son's condition seems to be typically that of 'Tarsal Coalition'. In simple terms, it denotes an abnormal connection between the small bones of the foot and ankle. Normally, these small bones form joints between them to facilitate movement during weight bearing and activity. Any abnormal connection would hamper their individual movements, which in turn would disturb the normal mechanics in the ankle and foot especially while indulging in contact sports like basketball. Repeated ankle sprains are classical of a particular type of coalition (talo-calcaneal). Your son requires a proper clinical examination coupled with some specific X-rays of both his ankles and feet. If these are suspect, CT scan is the next step in confirming the diagnosis and determining the extent of the condition. Only surgery is beneficial in this kind of a condition. The idea is to remove the 'abnormal connections' and take steps to prevent their recurrence, and encourage movements of the ankle and foot post operatively. Any kind of special footwear or physiotherapy prescribed without surgery is useless. ✦

**WRITE TO US AT**
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HT CITY Monday, 19 March 2001

# A Child's Motion Commotion

## GROWING PAINS

DR ANUPAM SIBAL

### IS THERE A CURE FOR CONSTIPATION IN CHILDREN?

**My seven-year-old son has been suffering from constipation for the last three years. We have tried several laxatives and they work for some time. He doesn't take his medicines regularly and then the constipation recurs. Of late, he has been soiling his clothes and this is having a negative impact on his growth. What do you suggest we do?**

– RASHI NIKHUNJ

DR ANUPAM SIBAL, consultant paediatric gastroenterologist and hepatologist, Apollo Hospital, says constipation can be difficult to treat. This is largely because we all seem to take constipation quite casually. A parent of a child with diabetes will make it a point to ensure that insulin injections are given every day. A parent of a child with epilepsy will be particular about not missing the medication. With constipation, however, parents, children and doctors do not bother very much about missing the prescribed medicines. What we don't realise is that once constipation is well established (months to years), it takes a long time to go away and irregular medication makes matters worse. Regular treatment is required for an extended duration and only when constipation shows a steady improvement, the medicines can be slowly decreased and then withdrawn. Unfortunately, there are no fast-acting magical remedies.

The fact that your son is soiling his clothes proves that his constipation is quite severe and he will require prolonged and regular treatment. The sooner you institute a rigorous medication regimen under supervision, the better it would be.



### HELP! MY FIVE-YEAR-OLD INSISTS ON SUCKING HIS THUMB!

**My son is five years old and still sucks his thumb. How can I help him break this habit?**

– RASHIKA KAUL

**Dr Preeta Trehan**, consultant paediatrician, Indraprastha Apollo Hospital, says more than 50 per cent of children tend to suck their thumbs at some stage or the other. Various theories have been proposed to explain this habit, the most popular being oral gratification). Prolonged thumb sucking, besides being unpleasant to watch, does increase the likelihood of the child ingesting germs from unwashed hands and of 'buck teeth'. The prevalence of thumb-sucking decreases after two years and is present in only 10 per cent of thumb-suckers by the time they turn five. Success is most likely to be achieved when the child himself wishes to stop (in response to teasing or peer pressure). But common measures like putting bitter substances (crushed neem leaves/quinine) on the thumb do succeed in helping break the habit. ✦

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