

Tobacco use is one of the primary causes of Head & Neck cancer



By Dr. Minish Jain

Head & Neck cancer cases are likely to double by the year 2030. India accounts for 60% of world's head & neck cancer cases. India is also the third largest tobacco user across the world. As per the WHO, tobacco kills more than 10 lakh people in the country, each year. Currently, there are over 26.6 crore tobacco users in India and a substantial number of passive smokers. All forms of

tobacco including cigarettes, cigars, hookah, gutkha and khaini are common agents for causing oral cancer.

Tobacco use impacts almost every major organ and system in the body causing untimely death. More than 4,000 different types of chemicals have been found in tobacco and tobacco smoke. Over 60 of these chemicals have been classified as cancer causing agents by International Agency on Research in Cancer.

Organs like the mouth, throat, larynx are affected by smoking tobacco. Cancer develops where there is an uncontrolled multiplication of cells of the body.

Harmful chemicals of tobacco cause these cells to grow uncontrollably and may lead to cancer. Other risk factors for head & neck cancer are HPV infections,

poor oral hygiene, weak immune system, vitamin A and B deficiencies.

Symptoms of head & neck cancer include blood in phlegm, lump in the neck, skin changes, change in voice, difficulty in swallowing and a sore that does not heal.

The different types of head & neck cancer are cancer of the pharynx, larynx, nasal and paranasal sinus, oral cavity and salivary glands. Treatment options include surgery, radiotherapy, chemotherapy targeted therapy or immunotherapy. In early stages, surgery is the first treatment choice. In advanced stages, chemotherapy or targeted therapy plus radiation may be considered.

The article is written by Dr. Minish Jain, Director of Medical Oncology at Ruby Hall Clinic, Pune

Cyclone Fani smacks Odisha with 180 km/hr winds, damaging houses, uprooting trees

Agency
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Cyclonic storm Fani made landfall in Odisha's Puri district wreaking havoc on Friday. Despite extensive damage caused by near 200 kmph winds and heavy rainfall, no loss of life has been reported so far.

Damaging houses, thousands of trees and electricity poles, uprooting trees, the eye of Fani almost 25 km in diameter is sending off wind velocity of 150 to 175 kmph and even above at some places touching 180 or more, said the Indian Meteorological Department (IMD).

The government has evacuated more than a million people from districts affected by India's strongest summertime cyclone in the last 43 years and asked people to remain indoors.

"More than one million people have been evacuated from vulnerable districts in the last 24 hours in Odisha. In Ganjam and Puri, more than 3 lakh and 1.3 lakh people were evacuated respectively to safe shelters. About 5,000 kitchens started operating to serve people in the shelters," chief minister Naveen Patnaik's office said on Friday.

The Odisha government has said that 10,000 villages and 52 towns in nine districts will be affected due to Cyclone Fani. It has also advised people to remain indoors on Friday.

The storm is likely to impact Odisha's coastal districts Ganjam, Gajapati, Khurda, Puri, Jagatsinghpur, Kendrapara, Bhadrak, Jajpur and Balasore. In West Bengal, it will affect the East and West Medinipur, South- and North-24 Parganas, Howrah, Hooghly, Jhargam as well as Kolkata districts. In Andhra Pradesh, the cyclone is likely to hit Srikakulam, Vizianagaram and Visakhapatnam districts. Flight operations from Bhubaneswar were suspended from Thursday midnight and from Kolkata from Friday morning, as the cyclone — packing winds gusting up to 200 kilometres per hour and torrential rains — approached India's eastern coast.

The East Coast Railway said it has cancelled ten more



trains — seven trains on May 3, one train on May 4, one train on May 6 and one train on May 7. The railways had earlier cancelled 147 trains from May 1 to May 3.

The railways has said it will grant a full refund to passengers for the cancelled or diverted trains if tickets are produced for cancellation within three days from the scheduled date of journey.

The power ministry has made arrangements to restore supply in affected areas with the least downtime. The drinking water and sanitation ministry will move additional water supplies in the affected areas and is keeping packaged drinking water ready.

The ministry of food

processing industries is keeping in readiness packaged ready-to-eat food. The health ministry has mobilised emergency medical teams, medicines and also coordinated with the Red Cross to provide assistance. It has kept ready 17 public health response teams and five quick response medical teams with emergency drugs.

The department of telecommunication has issued orders to all operators to allow free SMS for cyclone-related messages and inter-operability of mobile networks by other operators. The petroleum ministry has ensured the availability of sufficient petroleum and oil in the affected areas.

The Indian Coast Guard and

the Indian Navy have deployed ships and helicopters for relief and rescue operations while the Indian Army and the Indian Air Force units in the three states have also been put on standby.

The ministry of shipping has disengaged all ships at Paradip Port and has deployed emergency vessels. In West Bengal capital Kolkata, authorities directed advertisers to take down all hoardings in the city.

As the cyclone progresses into West Bengal, it should weaken gradually into a severe cyclonic storm with winds of 90-100kmph and gusts of 115kmph before entering Bangladesh as a cyclonic storm on Saturday evening with winds of 60-70kmph.

A R Conducts Career Counselling Programme In Ukhrul District

IT News
Imphal May 3,

A career counselling cum guidance lecture was conducted by Shangshak Battalion of 10 Sector Assam Rifles under the aegis of HQ IGAR (South) at Phungyar, Ukhrul district on 02 May 2019. The Career Guidance Programme was attended by a total of 62 students (36 boys and 26 girls) from Phungyar Higher Secondary School. The lecture was organized by Shangshak Battalion with the assistance from local students organisation of Phungyar. This interaction

was done to explore the various possibilities available to the unemployed graduates of the remote area.

Lecture was specifically aimed at creating awareness in the youth about various employment opportunities in the Indian Army and Assam Rifles for both men and women. During the lecture, information regarding the life and work of an Armed Forces personnel and insight about facilities, pay and allowances was brought out. The students were also informed on personality development

and various soft skills which are required in today's competitive world. This was well received by the locals who showed enthusiasm to know the procedure to get commissioned as officers and to serve their country.

Location of various Universities and colleges in NE India were informed. The lecture culminated with detailed information on core competence of NE India i.e., insight of career in hospitality, tourism and aviation industries and the possibility of development of these potential industries in near future.

Continued on page 2

Deep Brain Stimulation (DBS).....

A tremor may be controlled by DBS even if the tremor isn't very responsive to medication.

How is the surgery performed?

The most common method, bilateral implantation of the brain electrode is performed with the patient awake, using only local anesthetic and occasional sedation. The basic surgical method is called stereotaxis, a method useful for approaching deep brain targets through a small skull opening. To maximize the precision of the surgery, a "brain mapping" is used in which fine microelectrodes are used to record brain cell activity in the region of the intended target to confirm that it is correct, or to make very fine adjustments of 1 or 2 millimeters in the intended brain target. The neurological status of the patient (such as strength, vision, and improvement of motor function) is monitored frequently during the operation, by the surgeon or by the neurologist. When the correct target site is confirmed with the microelectrode, the permanent DBS electrode is inserted.

Who is an ideal candidate for DBS surgery?

A good candidate for DBS for Parkinson's disease is a

patient having the following attributes

1. Intact intellectual function and memory.
2. Dementia (significantly impaired memory or thinking) is a major contraindication to surgery.
3. History of significant benefit from taking levodopa (Sinemet).
4. Certainty of diagnosis.
5. Lack of other untreated or inadequately treated illnesses. Serious cardiac disease, uncontrolled hypertension, or any major other chronic systemic illness increases the risk and decreases the benefit of surgery.
6. Realistic expectations and not a sudden miracle.
7. Patient age. The benefits of DBS for PD decline with advancing age, and the risks go up.
8. MRI of the brain should be free of severe vascular disease, extensive atrophy, or signs of atypical parkinsonism.
9. Degree of disability. DBS is a poor procedure to rescue someone with end stage Parkinson's disease.
10. Ability to remain calm and cooperative during an awake neurosurgical procedure lasting 2-3 hours per brain side.

surgery?

The major benefit of DBS surgery for PD is that it makes movement in the off-medication state more like the movement in the on-medication state. In addition, it reduces levodopa-induced dyskinesias, either by a direct suppressive effect or indirectly by allowing some reduction in medication dose. DBS smooths out these fluctuations so that there is better function during more of the day. Any symptom that can improve with levodopa (slowness, stiffness, tremor, gait disorder) can also improve with DBS. Following DBS, there may be a reduction, but not elimination, of anti-Parkinsonian medications. At present, DBS only suppresses symptoms and does not alter the underlying progression of Parkinson's disease.

What are the risks of DBS surgery? The most serious potential risk of the surgical procedures is bleeding in the brain, producing a stroke, but the average risk is about 2%. The second most serious risk is infection, which occurs in about 4% of patients. Finally, hardware may break or erode through the skin with normal usage, requiring it to be replaced.

Assam Rifles Conducts Anti Drug Campaign

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Mantripukhri Battalion of 9 Sector Assam Rifles under the aegis of IGAR (South) conducted an Anti Drug Campaign for Drug Free Manipur at Braj Gopal Memorial English School, Sagolmang on 30 April. The Campaign was organised by Sagolmang Company Operating Base (COB) of the Battalion in response to the concern of villagers, parents and Meira Paibis expressed during the monthly security meet with respect to danger of

drug abuse amongst the youth and children.

As part of the campaign, an interactive lecture was conducted at the village to generate awareness about the ill effects of drugs amongst the youth and to guide them to lead a healthy and prosperous life. The lecture gave the audience an insight about harmful effects of drugs on the human body. The lecture was followed by an Anti Drug Rally which started off from Sagolmang COB and covered the entire village of Sagolmang. The rally witnessed energetic

participation by over 120 locals of the area including students and staff of the school. The campaign was a success in educating the villagers on this sensitive issue and various measures to counter the drug menace. The event concluded with distribution of sweets to all the participants.

The villagers expressed profound gratitude to the battalion for organising such awareness campaigns from time to time and appreciated the efforts and commitment of Assam Rifles to the cause of making Manipur a drug free state.

Unprecedented Response To Assam Rifles Medical Camp In Sihai

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Residents of Sihai Khunou had a ray of optimism amidst the stand-off between Assam Rifles and NSCN (IM) after the latter's unauthorised camp was found barely a few kms away from their village. While the troops of Assam Rifles were involved in operational commitments, a team of doctors and nursing staff of Assam Rifles attended to the medical needs of the local residents.

The free medical camp was organised in a temporary waiting shed offered by the villagers themselves. The absence of a Primary Health Centre (PHC) in the near vicinity and poor condition of roads amplified the requirement of conducting the



medical camp. The medical camp which lasted two days saw an active participation of a large number of villagers, primarily elderly men and women. They were provided

with basic health check-up, consultations on various diseases and their prevention, medications and basic lab facilities. Groceries and rations recovered from the camp were

also distributed amongst the locals. The medical team not only utilised the camp to attend to the medical needs of locals but also reinforced the faith of people in Assam Rifles.

While the elders in the village praised the 'humane approach' of Assam Rifles to take out time and resources to attend to the medical needs of the villagers despite its operational commitments, the youth were more proactive in interacting and sharing their experiences with the troops. While they lamented the lack of development in the area due to the presence of armed insurgents, they were optimistic of development activities coming to their village, with it finally coming out of the shadows of the unwanted face off.