

CONTACT LENSES – WEARING TIPS

Applying Your contact lenses:

1. Slide the contact lens from the box on the palm of your hand. Rinse thoroughly with the appropriate contact lens solution
2. Place the contact lens on the tip of your index or middle finger, which should be dry or mostly dry.
3. With the fingers and thumb of your other hand, simultaneously pull up on your upper eyelid and down on your lower eyelid.
4. Position the lens on your eye while looking upward or forward, whichever you find to be easier. You also can apply the contact lens by placing it on the white of the eye closest to your ear.
5. Gently close your eye; roll your eyes in a complete circle to help the lens settle, and then blink.
6. Look closely in the mirror to make sure the lens is centered on your eye. If it is, the lens should be comfortable and your vision should be clear.

Removing Your Contact Lenses

1. Always wash your hands before removing contact lenses. If you

are standing in front of a sink, use a clean paper towel to cover the drain where the contact lens might accidentally fall.

2. To remove soft contact lenses, look upward or sideways while you pull down on your lower eyelid. With a finger, gently maneuver the lens onto the white of your eye. There, you can very gently pinch the lens together with your index finger and thumb and lift it off the eye.
3. Until you master contact lens removal, you might want to keep your fingernails short to avoid accidentally scratching and damaging your eye.
4. Rigid contact lenses can be removed by holding out the palm of your hand, bending over, and then opening your eye wide. With one finger of your other hand, pull the skin between your upper and lower eyelid (just outside the lateral aspect of your eye) outward toward your ear with your eye wide open. Then blink. The contact lens should pop right out and into your open palm.
5. Devices for removing contact lenses, called “plungers,” also are available from your eye

doctor, and can be used to touch and directly remove a lens from your eye. Just make sure you touch only the lens and not your eye’s surface with these devices.

6. While you might hear a myth or two about someone “losing” a contact lens in the back of the eye, this is actually impossible because of a membrane that connects your eye to the back of your eyelid.
- DO make sure contact lenses and lens storage cases are cleaned and disinfected regularly, according to your eye doctor’s instructions.
 - DON’T place contact lenses in

your mouth or use your saliva to wet them.

- DO replace contact lenses regularly, according to your eye doctor’s directions.
- DON’T “top off” old solution in your contact lens case. Instead, discard old solution and replace it with fresh solution.
- DO always rub contact lenses when you clean them, even if using a “no-rub” solution. ✪

Dr. Kiran B. Patil, M.S.(AYU.)
Asso. Prof.
Yashwant Ayurvedic College Post
Graduate Training and Research
Center, Kodoli. Tal. Panhala
Dist.- Kolhapur, Maharashtra.



Why do we
join our
hands to say
“Vanakkam”/
“Namaste”?

It makes sure we join our fingertips together, activating certain pressure points that apparently help us remember that person for long!

Why do we cover our houses with cow dung?

Because of its anti-bacterial nature, it drives all the bacteria and viruses away!



USE OF GINKGO BILOBA IN EYE AND EAR DISEASES

Ginkgo Biloba is the oldest species of tree. It is estimated to have lived 200 million years ago. It is the only surviving species of the family Ginkgoaceae.

This is a very hardy, dioeciously tree with light green fan shaped leaves. It can reach heights upto 125 feet and is extremely hardy, as it is resistant to many insects, diseases and pollution. Female trees produce fruit in the autumn months. This fruit is plum shaped and orange in color. The leaves and inner seed of the fruit have been reported as having medicinal qualities; however the fruit pulp is considered toxic and should be handled with care.

It is not considered an herb to grow yourself for medicinal usage, as the quantities to obtain the potency levels needed are quite large. It has been reported as reducing blood viscosity. It has ability to increase vascular dilation.

The seed of Ginkgo Biloba has been used for approximately 3000 years in China for its curative powers. The extract of Ginkgo Biloba has been studied for its effectiveness in the treatment of Alzheimer's disease, Cerebral

Arthrosclerosis, Cerebral insufficiencies, Cochlear deafness, Dementia, Depression, Menopause, Peripheral and Cerebral circulatory stimulation, Peripheral vascular disease, Reynaud's syndrome, Retinopathy, Senility, Short term memory loss, Tinnitus, Vascular diseases and Vertigo.

Uses in Eye Diseases;

1. Central Retinal vein Occlusion
2. Ischemic Central Retinal vein Occlusion
3. Branch Retinal vein Occlusion
4. Hemi retinal vein Occlusion
5. Central Retinal Artery Occlusion
6. Branch Retinal Artery Occlusion
7. Age Related Macular degeneration
8. Anterior and posterior ischaemic optic neuropathy

Ginkgo Biloba causes vascular dilation, increases blood flow and help to reduce Retinal damage due to macular degradation and may reverse reduced blood flow.

Uses in Ear Diseases;

1. Tinnitus
2. Vertigo
3. Involution of Cochlea of labyrinth
4. Deafness
5. Vascular insufficiency to inner ear structures.


Ginkgo Biloba increases blood flow to the inner ear and may reverse deafness caused by blood flow.

Dosage are usually based on the severity of the symptoms and the type of the problem. Administration of drug should not be less than 6-8 weeks. Cases of Tinnitus and Vertigo requires long term therapy.

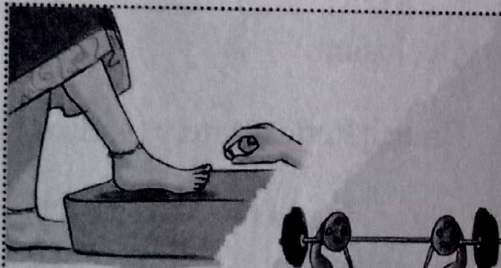
Side effects of Ginkgo Biloba may be stomach upset, nausea, diarrhea, dizziness or headache may occur. A very serious allergic reaction to this product is rare.

Thus Ginkgo Biloba, a herbal product can be used in Eyes and Ear disorders as well as many systemic vascular diseases.

The prevalence of retinal vascular diseases and diseases like vertigo, tinnitus, deafness are high.

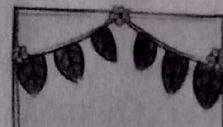
Ginkgo Biloba is easily available and relatively chief drug and can be used safely. 

Dr. Kiran B. Patil, M.S.(AYU.)
Asso. Prof.
Yashwant Ayurvedic College Post Graduate Training and Research Center, Kodoli. Tal. Panhala Dist.- Kolhapur, Maharashtra.



Why do women wear toe rings on their second toe?

Because the pressure strengthens the uterus, thanks to a particular nerve in the toe that connects the uterus, passing to the heart.



Why do we use mango / neem leaves to decorate doors?



They are good disinfectants, making the atmosphere fresh and happy!

TINNITUS

It is ringing sound or noise in the ear. Roaring, hissing, swishing, rustling or clicking of noise. It is more in quite surroundings and particularly at night.

Types: Two

1. **Subjective:** only patient can hear sounds
2. **Objective:** patient as well as examiner can hear sounds

Causes:

A. Otologic:

1. Impacted wax
2. Fluid in the middle ear
3. Acute suppurative otitis media
4. Chronic suppurative otitis media
5. Abnormally patent Eustachian tube
6. Menieres disease
7. Otosclerosis
8. Presbycusis
9. Noise Trauma
10. Ototoxic drugs
11. Tumours of 8th cranial nerve
12. Glomus vascular tumour

13. Aneurysms
14. Palatine Myoclonus etc.

B. Non otologic:

1. Diseases of central nervous system
2. Anemia
3. Arteriosclerosis
4. Hypertension
5. Hypotension
6. Hypoglycemia
7. Epilepsy
8. Migraine etc.

C. Psychogenic:

Treatment:

1. Treatment of cause
2. Reassurance and Psychotherapy
3. Techniques of relaxation and biofeedback
4. Sedation and Tranquillizers
5. Masking of Tinnitus



Dr. Kiran B. Patil, M.S.(AYU.)
Asso. Prof.
Yashwant Ayurvedic College Post
Graduate Training and Research
Center, Kodoli. Tal. Panhala
Dist.- Kolhapur, Maharashtra.

OTALGIA: EARACHE

Pain in the ear is called as otalgia or earache. It can be local or referred to it from remote areas.

A. Local Causes:

1. External Ear

- a. Furuncle
- b. Impacted wax
- c. Otitis Externa
- d. Otomycosis
- e. Myringitis Bullosa
- f. Herpes Zoster Infection
- g. Neoplasms

2. Middle Ear:

- a. Acute suppurative otitis media
- b. Eustachian tube obstruction
- c. Mastoiditis
- d. Extradural abscess
- e. Aero otitis media
- f. Malignancy of middle ear

B. Referred Causes:

1. Via Trigeminal Nerve:

- a. **Dental:** carries teeth, periapical abscess, malocclusion
- b. **Oral Cavity:** ulcers, benign and malignant lesions
- c. **Temporomandibular Joint:** bruxism, osteoarthritis, dislocation etc.

d. Sphenopalatine Neuralgia

2. Via Glossopharyngeal Nerve:

- a. **Oropharynx:** tonsillitis, ulcers of soft palate, tonsil and its pillars peritonsillar abscess etc.
- b. **Base of Tongue:** Tuberculosis and malignancy
- c. Elongated styloid process

3. Via Facial Nerve:

Malignancy or ulcerative lesions of vallecula, epiglottis, larynx, Laryngopharynx, oesophagus

4. Via C2 & C3 Spinal nerve:

- a. Cervical spondylosis
- b. Injuries to the Cervical spine
- c. Cervical spine etc.

5. Psychogenic Causes:

Pain may be functional in origin. Patient should be kept under observation with periodic reevaluation.

Otalgia is a symptom & it is essential to find its cause before specific treatment can be initiated.



Dr. Kiran B. Patil, M.S.(AYU.)
Asso. Prof.
Yashwant Ayurvedic College Post
Graduate Training and Research
Center, Kodoli. Tal. Panhala
Dist.- Kolhapur, Maharashtra.

SKIN CARE

The skin is the largest organ of the body performs multiple functions. Skin consists of 3 layers and acts as a barrier against harmful elements of the environment like dirt, bacteria and other germs entering in your body. It plays vital role in regulating the body temperature. Millions of nerve endings helps us to identify hot, cold, hard, sharp, or dull sensations.

Factors triggering a skin infection:

Most common skin problems occur due to bacterial, yeast, or fungal infections, and other causes like allergies or sunburn. Many times the cause could be an Autoimmune response.

Skin diseases usually occur in mild form, the most common being pimples and Acne, which threaten the aesthetic look more rather than the health, at least in the early stages. Some skin infections may even take a serious form if left untreated, and become difficult to treat at a later stage.

Symptoms indicating a skin infection:

1. Warmth
2. Tenderness

3. Pain
4. Discoloration
5. Itching followed by rash
6. Discharge from wounds on the skin surface

Common skin diseases:

There are various types of skin infections and diseases that range from mild to dangerous skin diseases. Some of which include;

1. Acne
2. Dermatitis
3. Eczema
4. Pigmentation
5. Psoriasis
6. Rosacea
7. Vitiligo
8. Warts
9. Melanoma etc.

Preventions of skin diseases:

1. Maintain good hygiene and keep your hands clean at all times. Always wash your hands before and after meals, after

- using toilet and before and after attending any wounds.
2. Educate yourself about the type of skin you have. Take extra care to keep your skin moisturized if it is dry or cracked, more so during winter.
 3. Try to have a good portion of fruits and vegetables in your diet. Keep yourself well hydrated by drinking at least 8 glasses of water/ fluids during the day.
 4. Keep cuts, abrasions and burns clean and covered with a bandage until they are healed. Watch carefully for any signs of infections.
 5. Avoid sharing personal items such as cloths, towels, hairbrush and razors through which an infection can be easily transmitted.
 6. Avoid too much use of cosmetic products on your skin as the chemicals in them may cause a reaction, rash or an infection. Natural and mild products will be much safer.
 7. Avoid excessive exposure to sun, especially during peak hours of the day. If going out, apply sunscreen on the exposed areas of the skin.
 8. Though there are innumerable methods and remedies available today for different skin conditions, natural methods of treatment, especially pertaining to skin are accepted in a big way today. □

Dr. Kiran B. Patil
 Shalakyta Tantra
 Associate Professor
 Y.A.C.P.G.T.& R.C. Kodoli.
 Dist- Kolhapur, Maharashtra.

1. PAN - permanent account number.
2. PDF - portable document format.
3. SIM - Subscriber Identity Module.
4. ATM - Automated Teller machine.
5. IFSC - Indian Financial System Code.
6. FSSAI(Fssai) - Food Safety & Standards Authority of India.
7. Wi-Fi - Wireless fidelity.
8. GOOGLE - Global Organization Of Oriented Group Language Of Earth.
9. YAHOO - Yet Another Hierarchical Official Oracle.
10. WINDOW - Wide Interactive Network Development for Office work Solution.

OTORRHOEA

Otorrhoea is usually due to the diseases of the ear, but it may be due to a few other causes outside the ear.

Aetiology :

A. Causes in the Ear

1. **External ear**
 - i. Furunculosis, acute otitis externa.
 - ii. Otomycosis.
 - iii. Viral otitis externa.
 - iv. Seborrhoeic otitis externa.
 - v. Eczematous otitis externa.
 - vi. Granulomas.
 - vii. Myringitis.
 - viii. Wax with secondary otitis externa.
 - ix. Tumours (rare): Ceruminoma, malignant tumours.
2. **Middle ear**
 - i. Acute suppurative otitis media.
 - ii. Chronic suppurative otitis media.
 - iii. Tumours (rare).

3. Inner ear

- i. Suppurative Labyrinthitis may indirectly add to otorrhoea caused by otitis media, which is the primary cause of labyrinthitis.

B. Causes outside the Ear

- i. Cerebrospinal fluid otorrhoea.
- ii. Parotid abscess rupturing into the external auditory canal.
- iii. Temporomandibular joint abscess rupturing into the external auditory canal.

Features:

The ear discharge may be profuse or scanty, continuous or intermittent.

1. Serous discharge may be due to eczematous otitis externa.
2. Mucoid or mucopurulent discharge containing mucin is produced by the mucosa of the middle ear in patients having perforated ear drum.
3. Purulent discharge may come from the lesions of external ear, middle ear or an abscess affecting the parotid gland or temporomandibular joint.

4. Foul smelling discharge is often due to cholesteatoma.

5. Sanguineous discharge may be caused by a polyp, granulations, trauma or tumour.

6. Watery discharge is caused by cerebrospinal fluid otorrhoea.

Investigations:

1. Otoscopy (examination of the ear).

2. Bacteriological examination of the discharge for smear, culture and antibiotic sensitivity.

3. Exfoliative cytology of the discharge, if malignancy is suspected.

4. Tests of hearing.

5. Radiological examination of the ear.

6. Biopsy.

7. Routine investigations for anaesthetic fitness.

Management:

1. Specific treatment depends on the cause.

2. General management for otorrhoea is similar to the conservative treatment of chronic otitis media.

- i. **Ear drops:** Antibiotic ear drops are not advised if there is fungus infection.

Similarly, ear drops are not advised for cerebrospinal fluid otorrhoea, as the drops may enter the cranial cavity.

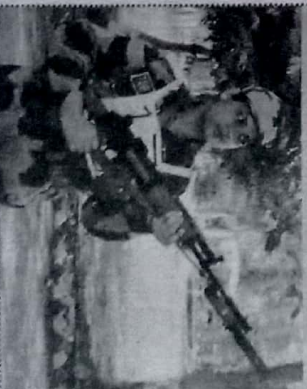
- ii. Systemic antibiotics are prescribed if necessary.

- iii. **Aural toilet:** Water should be prevented from entering the ear.

The discharge may be mopped by swab sticks. The ear may also be cleaned by suction.

Dr. Kiran B. Patil, M.S.(AYU.)
Asso. Prof.
Y.A.C.P.G.T & R.C. Kodoli.
Dist- Kolhapur, Maharashtra.

25-year-old Tanushree Pareek has become the first woman combat officer to be commissioned by the Border Security Force (BSF) in its 51-year history.



THYROID GLAND

It is the endocrine gland situated in the centre of the neck. It secretes hormones T3 and T4 with the help of Iodine.

Functions of Thyroid Gland:

1. It keeps the balance between various organs and various activities in the body.
2. It maintains the body weight.
3. It converts the fat into energy.
4. It maintains the balance in female menstrual cycle.
5. It regulates the body growth, bone growth, and brain development in children's.
6. It enhances brain activities and its functions.
7. It regulates the level of lipids in the body.
8. It regulates the heart beats.
9. It enhances the mental and sexual growth in the children's.
10. It regulates the hair growth.
11. It enhances the fetal brain and spine development.

These and other important functions in the body are governed by the thyroid gland.

Diseases of the Thyroid Gland:

Thyroid diseases can occur at any age and in either sex, but in

females the percentage of thyroid diseases is 80%. In 50% cases it occurs in pregnancy or after delivery. In children's congenital thyroid diseases may be present. In 20 to 30% cases it occurs after the age of 50.

The functions of thyroid gland are regulated by TSH hormone which is secreted by the Pituitary gland situated in brain. Iodine in food also regulates the functions of this gland.

Following types of diseases can occur:

1. Hypertthyroidism
2. Hypothyroidism
3. Goiter
4. Thyroid Cancer

Hypertthyroidism:

In this condition level of T3 and T4 increases and TSH levels decreases.

- ### Clinical Features:
1. Weight Loss
 2. Palpitation
 3. Fear
 4. Sweating
 5. Irregular Menses
 6. Hair loss
 7. Bone and Joint density

decreases and bone and joint pain increases

8. Swelling in the Neck
9. Hot flushes
10. Weakness, fatigue, anxiety, anger
11. Indigestion, loose motions
12. Exophthalmia
13. Tremors in hands

All these symptoms are due to imbalance in metabolism so it is difficult to diagnose the condition.

Investigations:

1. Thyroid function test (TFT)
2. Serum Electrolytes
3. X ray
4. CT Scan
5. USG
6. Radioactive Iodine essay
7. FNAC, etc

Management:

1. Restriction of Iodine in food
2. Carbimazole (Neomecarazole)
3. Propranolol
4. Other measures according to symptoms

Hypothyroidism:

Most of the times it occurs after delivery. T3 and T4 cells gradually decreases and its level decreases and TSH increases.

Clinical Features:

1. Weight Gain
2. Irregular Menses
3. Loss of appetite
4. Periorbital Swelling in the morning
5. Swelling over feet's
6. Weakness, Fatigue
7. Hair loss, etc.

Investigations:

1. Thyroid function test (TFT)
2. Serum Electrolytes
3. X ray
4. CT Scan
5. USG
6. Radioactive Iodine essay
7. FNAC, etc

Management:

1. Eltroxine
2. Iodine
3. Surgery
4. Other measures

Dr. Kiran B. Patil

Asso. Prof.
Y.A.C.P.G.T & R.C. Kodoli,
Dist- Kolhapur,
Maharashtra

HALITOSIS (BAD BREATH) – CAUSES AND TREATMENT

Now a days the diseases of oral cavity are quite common in our country. Diseases of Gums impair Digestive System and Physical Health of the Patient and Bad Breath decreases Social image of the Human Being.

80 % of the people suffers from the bad breath because of the poor oral hygiene.

Causes of Bad Breath:

1. Due to lack of cleanliness of oral cavity, small food particles lodged into teeth which becomes seat for infection. Infection leads to liberation of gases which are foul or offensive smelling. These gases are the main cause of Halitosis.
2. **Nasal Infection:** Sinus infection, Nasopharyngitis, Chronic Rhinitis, Atrophic Rhinitis, Adenoid infection causes foul discharge, sometimes maggots formation leading to Headache and Bad Breath.
3. **Dry Mouth:** Starvation, Smoking, Adenoid infection, Snoring, Oral Breathing

causes Dry Mouth and it leads to infection and ultimately Bad Breath.

4. **Artificial Restorative Denture Material:** It leads to poor cleanness of oral cavity and it causes infection and Bad Breath.
5. **Infections of the Gums:** Streptococci viridians, Staphylococci, Aspergillus, Pseudomonas causes infection in Gums and Periodontium leading to Halitosis.
6. **Congenital Anomalies:** Diseases like Cleft lips, Cleft palate are the seat of Infection.
7. **Affections of the Esophagus and Lungs:** Various infections of the Esophagus and Lungs leads to Bad Breath.



8. **Renal Failure:** In Uremia waste materials accumulates in blood. This blood reaches in the lungs. Lungs expels gases which are offensive in nature.
 9. **Hormonal Changes:** Diabetic Ketoacidosis, Hepatic Failure, Premenstrual Conditions causes various odours.
 10. **Constipation:** Due to Constipation odour of waste materials comes from Breath.
 11. **Specific food Materials:** Onion, Garlic contains more sulphur which leads to Bad Odour.
4. Oral Vitamins and Calcium etc.
 5. Routine Dental check- up and treatment.
 6. Other Ayurvedic treatment includes,
 - a. **Amalaki Rasayana** – 5gm Bid
 - b. **Arogyavardhini Vati**- 500mg + Shankha Bhasma 250mg Bid with water
 - c. **Triphala Choorna** – 6gm Kwath for Kaval and Gandoosh
 - d. Dashansanskar Choorna 5gm for oral toilet
 - e. Dantamanjana with Neem, Khadhir etc – two times a day. □

Types of Odour:

Fishy

Fruity

Ammonia cal

Offensive etc.

Treatment of Halitosis:

1. **Nidana Parivarjana:** Detection of cause and it's prevention and treatment.
2. **Improvement in oral hygiene:** Proper tooth brushing, oral cleaning etc.
3. 3% H₂O₂ Gargles.

Dr. Kiran B. Patil, M.S.(Ayu.)
Asso. Prof.,
Y.A.C.P.G.T.& R.C. Kodoli.
Dist. Kolhapur, Maharashtra.

Xigua (Water Melon)

Prevents asthma, cancer.
Regulates blood pressure,
hydration, improves skin
health, digestion.



OTORRHOEA



Otorrhoea is usually due to the diseases of the ear, but it may be due to a few other causes outside the ear.

Aetiology :

A. Causes in the Ear

1. External ear

- i. Furunculosis, acute otitis externa.
- ii. Otomycosis.
- iii. Viral otitis externa.
- iv. Seborrhoeic otitis externa.
- v. Eczematous otitis externa.
- vi. Granulomas.
- vii. Myringitis.
- viii. Wax with secondary otitis externa.
- ix. Tumours (rare): Ceruminoma, malignant tumours.

2. Middle ear

- i. Acute suppurative otitis media.
- ii Chronic suppurative otitis media.
- iii Tumours (rare).

3. Inner ear

- i. Suppurative Labyrinthitis may indirectly add to otorrhoea caused by otitis media, which is the primary cause of labyrinthitis.

B. Causes outside the Ear

- i. Cerebrospinal fluid otorrhoea.
- ii. Parotid abscess rupturing into the external auditory canal.
- iii. Temporomandibular joint abscess rupturing into the external auditory canal.

Features:

The ear discharge may be profuse or scanty, continuous or intermittent.

1. Serous discharge may be due to eczematous otitis externa.
2. Mucoid or mucopurulent discharge containing mucin is

produced by the mucosa of the middle ear in patients having perforated ear drum.

3. Purulent discharge may come from the lesions of external ear, middle ear or an abscess affecting the parotid gland or temporomandibular joint.
4. Foul smelling discharge is often due to cholesteatoma.
5. Sanguineous discharge may be caused by a polyp, granulations, trauma or tumour.
6. Watery discharge is caused by cerebrospinal fluid otorrhoea.

Investigations:

1. Otoscopy (examination of the ear).
2. Bacteriological examination of the discharge for smear, culture and antibiotic sensitivity.
3. Exfoliative cytology of the discharge, if malignancy is suspected.
4. Tests of hearing.
5. Radiological examination of the ear.
6. Biopsy.
7. Routine investigations for anaesthetic fitness.

Management:

1. Specific treatment depends on the cause.
2. General management for otorrhoea is similar to the conservative treatment of chronic otitis media.
 - i. **Ear drops:** Antibiotic ear drops are not advised if there is fungus infection. Similarly, ear drops are not advised for cerebrospinal fluid otorrhoea, as the drops may enter the cranial cavity.
 - ii. Systemic antibiotics are prescribed if necessary.
 - iii. Aural toilet: Water should be prevented from entering the ear. The discharge may be mopped by swab sticks. The ear may also be cleaned by suction.

□

Dr. Kiran B. Patil, M.S.(AYU.)
Asso. Prof.,
Y.A.C.P.G.T.& R.C. Kodoli.
Dist. Kolhapur, Maharashtra.

Worst time to Drink milk

Morning

Unless followed by lots of physical activity, milk can be heavy to digest and mess with your meal timings.

HEADACHE

Introduction

Headache has troubled mankind from dawn of civilization. A headache is an unpleasant thing because it attacks the seat of reason. It is a common human experience, diverse in its expressions, complex in its manifestations and difficult to understand in any simple mechanistic way. It may thus be inferred that headache represents an inability of an individual to deal in some measure with the uncertainties of life.

Often headaches are one of the consequences of a disease suffered by patients or congenital weakness in some of the bodily system or a state of the nervous system that can be altered, causing a neurogenous or psychogenous headache i.e. Headache associated with overstrain of the basic nervous process – stimulation and inhibition.

Pain Sensitive Structures of the Head

Based on the studies of Ray and Wolf (1940), certain specific structures of brain were found to be pain sensitive, which are as follows:

1. Skin. Subcutaneous tissue, muscle, extra cranial arteries and periosteum of the skull.
2. Parts of dura at the base of the brain and the arteries within the dura and the pia arachnoids.
3. Intracranial venous sinuses especially in the pericavernous region.
4. Middle meningeal and superficial temporal arteries.
5. Structures of the eye, ear, nasal cavity and the sinuses.
6. Pain sensitive fibers of optic, oculomotor, trigeminal, glossopharyngeal, vagus and first three cervical nerves.
7. The proximal 20% of larger arteries forming the circle of Willis. Thus, pain is the only sensation produced by stimulation of these structures.

The brain, the ependymal lining of the ventricles and choroids plexus within the brain and much of the dura and the pie-arachnoids, which cover the convexity of the brain are insensitive to pain.

Pain occurring in the cranium is experienced in the following parts:

1. **External cranial organs:**
Covering of the skull. Specially muscles of the posterior region on the skull and artery.
2. **Internal cranial organs:**
Internal parts of the brain, duramater, cerebral and dural arteries. 5th, 9th, 10th cranial nerves three cervical nerves.
3. **Pathway of the nerves:** 5th cranial nerve; 2nd, 3rd cervical nerve; 9th, 10th cranial nerve.

In short, the pain from a headache does not start from inside the brain. (The brain itself cannot feel pain.) Instead, headache pain begins in one or more of the following locations:

- The tissues covering the brain
- The structures at the base of the brain
- Muscles and blood vessels around the scalp, face, and neck

Headache is generally categorized as primary or secondary.

Primary Headache:

A headache is considered primary when a disease or other medical condition does not cause it.

1. Tension headache is the most common primary headache

and accounts for 90% of all headaches.

2. Neurovascular headaches are the second most common primary headaches.

This type includes migraines and cluster headaches. Such headaches are caused by an interaction between blood vessel and nerve abnormalities.

Headaches are usually caused by muscle tension, vascular problems, or both.

Migraines are vascular in origin, and may be preceded by visual disturbances, loss of peripheral vision, and fatigue. Over-the-counter pain medications can relieve most headaches.

Secondary Headache:

Secondary headaches are caused by other medical conditions, such as sinusitis, neck injuries or abnormalities, and stroke. About 2% of headaches are secondary headaches caused by abnormalities or infections in the nasal or sinus passages.

It is not uncommon for someone to experience a combination of headache types. □

Dr. Kiran B. Patil, M.S.(Ayu.)
Asso. Prof.,
Y.A.C.P.G.T.& R.C. Kodoli.
Dist. Kolhapur, Maharashtra.

FEVER: MYTHS AND FACTS

"Give me the power to produce fever, and I will cure all diseases." This is the quote of Hippocrates more than 23 hundred years ago. It is important and helpful to know the facts from fiction in the treatment of fever for better care and speedy recovery.

1. **Myth:** Fevers are bad for children

Fact: Fever is a positive sign of a healthy immune function and is in fact helping us to fight infection.

2. **Myth:** If a child feels warm, he/she has fever

Fact: Children get warm after playing for a long time, crying or when the temperature is hot.

3. **Myth:** Touching the skin is a reliable test to assess the temperature

Fact: Not really

4. **Myth:** Taking a cold bath will lower the temperature

Fact: No. It will cause the person to shiver which will only raise the temperature

5. **Myth:** Fever should be brought down as soon as it appears

Fact: Not necessary. Fever increases the infection fighting and slows the growth of micro organisms

6. **Myth:** Exact reading of temperature is important

Fact: More important is how the patient looks and feels

7. **Myth:** Seizures can occur in anyone with fever and it is harmful

Fact: Only 4% of people with fever develop seizures and it is rarely cause Permanent neurological damage

8. **Myth:** Fever upto 104 F cause Brain damage

Fact: Brain damage can occurs with temperatures above 108 F

9. **Myth:** All fevers need to be treated

Fact: Treatment is required only if it causes discomfort to the patient

10. **Myth:** Without treatment, the fever keeps on increasing

Fact: The brain acts as a thermostat and the temperature never rises Above 103 – 104 F

□

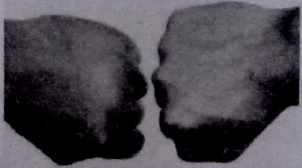
Dr. Kiran B. Patil, M.S.(AYU.),
Asso. Prof.,
Y.A.C.P.G.T. & R.C. Kodoli.
Dist- Kolhapur, Maharashtra.

OEDEMA

It is a condition characterised by an abnormal collection of watery fluid in the interstitial space located under the skin and in the cavities in the body.

Causes of Oedema:

- 1. Cardiac cause:** Cardiac patients presents with oedema of the feet with history of dyspnoea on exertion, which has been gradually increasing.
- 2. Hepatic cause:** If a severe alcoholic patient starts developing oedema of the feet, suspect alcoholic liver disease.
- 3. Renal cause:** Patients with puffiness of the face especially over the eyelids, more in the mornings and swelling of the feet may be because of renal impairment. The urine shows large amount of albumin.
- 4. Nutritional anaemia with hypoproteinaemia:** If the patient has pallor of palms, tongue, palpebral conjunctiva and nails, anaemia with hypoproteinaemia is often responsible for oedema. The oedema is often generalised with puffiness of the face. This condition is very common in poor patients.
- 5. Venous insufficiency:** Old deep vein thrombosis of the legs is also one of the cause of oedema of legs. The condition is more common in females. The high heeled shoes increases the symptoms. The incidence is maximum in middle aged females after every pregnancy. They often complain of swelling of the feet and ankles after prolonged standing, or after sitting for few hours, in the theatre, in the train, or at a sewing machine, or in an office chair.
- Filariasis is also one of the cause of unilateral lymphatic oedema of the feet. Here the overlying skin is usually pigmented and the oedema does not pit easily due to underlying induration of the subcutaneous tissue.
- In obese people salt retention is the most common cause of the swelling of the feet without any ischaemic heart disease.



Usually this type of oedema is not gross and only slight pitting is seen. The only permanent treatment is to lose weight.

8. Iatrogenic cases of swelling of the face and feet are also very common. Cortisone, phenylbutazone, hypotensive drugs, oestrogens are the drugs responsible for salt retention.
9. In young women's swelling of the whole body, more in the breasts is quite common during premenstrual period.
10. Idiopathic oedema is also seen quite commonly in practice where the cause of oedema is not known. The patient is investigated extensively without arriving at the final diagnosis.
11. Allergic angioneurotic oedema is also seen in practice. It occurs in one eye or a lip and is of sudden onset. Associated itching or past history of urticaria confirms the diagnosis.
12. Generalised puffiness of the whole body due to thyroid deficiency is rarely seen.
13. Loss of elasticity of the skin in old age can produce pitting like oedema.

These are the various causes of oedema seen in medical practice. Through examination proper investigation and history taking confirms the diagnosis.



Dr. Kiran B. Patil,
M.S., Ph.D. (Ayu.),
Associate Professor,
YACPGT & RC, Kodoli,
Tal. Panhala, Dist. Kolhapur,
Maharashtra. Pin. 416 114.

Life before computer

- Window was a square hole in a room..
- Application was something written in paper..
- Mouse was an animal..
- Keyboard was a piano..
- File was an important office material..
- Hard Drive was an uncomfortable road trip..
- Cut was done with knife and Paste was done with Glue..
- Web was spider's home..
- Virus was flu..
- Apple and Blackberry were just fruits..



MUCORMYCOSIS

Abstract:

It is an acute invasive fungal infection involving nose and paranasal sinuses, where fungal hyphae invade blood vessels causing ischemic necrosis. Commonly involves lateral nasal walls and turbinates and quickly spreads to orbit, palate, face and cranium. Treatment is Surgical debridement and Amphotericin-B.

Introduction:

Mucormycosis is an acute invasive fungal infection of nose and paranasal sinuses. It is a fulminant opportunistic infection which may prove rapidly fatal.

Aetiology:

It is seen in uncontrolled diabetics or in those taking immunosuppressive drugs.

Clinical features:

The symptoms are rapidly increasing. Nasal blockage and discharge are the Primary Symptoms. The presence of a "Black Turbinate" is a cardinal feature which is caused by Fungal Hyphae invading blood vessels which in turn causing ischemic necrosis.

From the nose and paranasal sinuses, infection can spread to orbit, cribriform plate, meninges and brain. The rapid destruction associated with the disease is due to affinity of fungus to invade the arteries, thus causing Endothelial damage and Thrombosis.

Typical finding is the presence of "Black necrotic mass" filling the nasal cavity eroding the septum and hard palate. Special stains help to identify fungus in tissue section.

Treatment:

1. Systemic antifungal agents are used.
2. Amphotericin-B is the drug of choice.
3. Surgical debridement of the affected tissues.
4. Control of underlying predisposing causes.



Dr. Tushar Bhaskar Shelar, M.S.
(Scholar) Asso. Professor,
Dr. Kiran B. Patil, M.S., Ph.D.
Asso. Professor,
Department of Shalakyatantra.
Y.A.C., P.G. Training and R.C.,
Kodoli, Kolhapur-416114.