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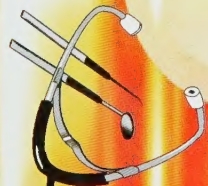
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**Nov 30, 2014
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26770 (05/2014)

Message from the Chairman

November 30, 2014

It is a great pleasure and honour as the Chairman of Canadian Tamil Medical Association to welcome you all to the 11th annual Lights of Healing Fund Raising Gala.



CTMA, formerly known as CMDDA, is a charitable organization of Canadian physicians, dentists and other healthcare professionals of Sri Lankan descent. This organization was established in 1998. For the past 15 years, our association embarked on several medical and dental projects and humanitarian support to the communities affected by natural disaster and civil disturbances in Sri Lanka. We have also supported several major and minor projects in Toronto & GTA.

Our commitment for the humanitarian and healthcare support was well demonstrated when we sent 2 medical and dental relief missions of our doctors to the deprived Vanni area in 2003 and 2004 and the 2 more in early 2005 for the Tsunami affected regions in Sri Lanka, and major projects like 'Save a Heart' to equip the cardiac unit of Jaffna Teaching Hospital, funding for South Asian Autism Awareness Centre in Scarborough, Markham Stouffville Hospital expansion, Providence Health Centre, Mannar Mental Health Unit and School dental care programs in Sri Lanka.

The need for assistance in the war affected North & East of Sri Lanka is enormous. We keep receiving appeals for financial support for health related and other projects from different organizations in Sri Lanka. Last month, we met 3 doctors who manage several programs for improving the livelihood of the war victims in Vanni and Batticaloe districts.

We are proud to announce the launching of our health journal, Nalamthana 2014 this evening at this event. There are several interesting articles written by our healthcare professionals and health information in this issue. The editorial committee welcomes suggestions from the readers. This year we are raising funds in support of community wellness centre in Toronto and Mental Health Rehabilitation Centre & humanitarian support for the war affected paraplegic persons in North & Eastern provinces in Sri Lanka. In the next year or two, CTMA has been planning to address some of the health and behavioural related problems in the Sri Lankan community. We have now leased an office space for us at 208-31 Progress Avenue in Scarborough and have recently ventured a project on diabetic management.

We are grateful for the ongoing commitment of our sponsors, especially the platinum sponsors, advertisers and volunteers. I would like to express my sincere thanks to our board members for their cooperation and every one of you present for this fund raiser.

Yours Sincerely,

Your Sincerely,

Dr. Shan A. Shanmugavadivel

Chairman, Canadian Tamil Medical Association

Executive Committee

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Dr. Shan A. Shanmugavadivel, Dr. Rajes Logan, Dr. M. Arun, Dr. V. Santhakumar
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Premier of Ontario - Première ministre de l'Ontario



November 30, 2014

A PERSONAL MESSAGE FROM THE PREMIER

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

As Premier, I believe that providing access to health care is a crucial step in creating a fair society, both here in Ontario and around the world — one in which all people have the chance to prosper and to contribute to the life of their community.

The CTMA's commitment to supporting health and wellness projects in Sri Lanka and the Greater Toronto Area reminds us that we are global citizens in an increasingly connected world — and that we can help to build such a society, from anywhere we currently call home.

I commend the CTMA's volunteers for their hard work in organizing tonight's fundraiser. To the guests, I offer my thanks: your generosity ensures that the CTMA can continue its valuable work now and in the years to come.

Please accept my best wishes for a memorable evening and a successful fundraiser.

Kathleen Wynne
Premier

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Dipika Damerla, MPP
Mississauga East-Cooksville
315-1420 Burnhamthorpe Rd. E
Mississauga, ON, L4X 2Z9

November 21, 2014

On behalf of the government of Ontario, it is a pleasure for me to extend warm greetings for this year's fund raising gala and the launch of the health journal.

This year's theme, "Lights of Healing," is of special significance especially during a time in which we are witnessing unfortunate violence and natural disasters around the world. Dangers at home and abroad affect us all - humanity is always deeply impacted when part of it is not at peace.

Today the Canadian Tamil Medical Association is significantly helping to make this world a better place for us all.

As the Associate Minister of Health and Long-Term Care and the MPP for Mississauga East-Cooksville, I thank you for your leadership and I wish you many more years of continued success.

Yours truly,

Dipika Damerla, MPP
Mississauga East- Cooksville

Tel: 905.238.1751

Fax: 905.238.4918

ddamerla.mpp.co@liberal.ola.org

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Frank Scarpitti
Mayor

November 30, 2014

MESSAGE FROM MAYOR SCARPITTI

On behalf of Members of Council and the City of Markham, I am pleased to extend a warm welcome to everyone attending the Canadian Tamil Medical Association (CTMA) “**Lights of Healing**” annual fund raising dinner.

Tonight’s fundraising gala will raise funds in support of the Community Wellness Centre in Toronto and the Mental Health Rehabilitation in support of paraplegic persons affected by war in Sri Lanka.

We thank the CTMA for your commitment to volunteering your time locally and abroad by providing educational health seminars in the GTA, and medical and dental assistance to the communities affected by civil war and natural disasters. There is no greater service you can perform for your community than volunteering your time and energy for the good of humanity. I commend the Canadian Tamil Medical Association for the support you have given to various community initiatives as well as the support you have given internationally.

As Mayor, I am proud of your humanitarian service and contributions to our community.

Best wishes for an enjoyable evening, and a successful fundraising gala.

Sincerely,

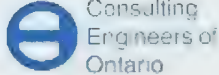
Frank Scarpitti

Frank Scarpitti
Mayor





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OTTAWA, ON

Greetings from Member of Parliament, Mr. Patrick Brown on the *Lights of Healing Gala*

I would like to extend my warmest greetings to all those attending the Canadian Tamil Medical Association's *Lights of Healing Gala*. I commend the CMTA and volunteers for organizing this tremendously successful annual event.

Through your hard work and leadership in providing humanitarian assistance to communities in Sri Lanka who have been affected by war, the CMTA exemplifies the very best of the Canadian community spirit.

I am pleased to see this event continue to build recognition and support each year as it displays the true compassion of our Canadian Sri Lankan medical professionals.

Please accept my best wishes for an enjoyable evening.

Kindest regards,

Patrick Brown
Member of Parliament
Barrie





November 30, 2014.

Logan Kanapathi
Councillor, Ward 7

GREETINGS FROM MARKHAM

It is with great pleasure that I extend my warmest greetings to everyone attending the Canadian Tamil Medical Association's (CTMA) Fundraising Gala "Lights of Healing 2014" tonight.

I have witnessed firsthand, the wonderful community service CTMA has been doing over the years both locally and globally. As a Councillor of Markham, I'm very glad to acknowledge that the Lights of Healing 2011 made a significant contribution to Markham Stouffville Hospital Expansion Project and they were the first organization to do so in the Tamil Community.

I am pleased to learn that CTMA will be raising funds in support of Community Wellness Centre in Toronto and for Mental Health Rehabilitation for the war victims in Sri Lanka, indeed worthy causes and much needed services for people in need. I commend your consistent efforts in bringing health care accessible to the needy people in our motherland, devastated by war and striving to thrive.

My sincere appreciation to the entire team of CTMA for their commitment, compassion and care to help those in need. Keep up the great work! I wish you all the best in your future endeavours as your organization grows and continue to expand the great service across the globe. Let the lights of healing touch many more lives around world!

Sincerely,

Logan Kanapathi
Councillor, City of Markham

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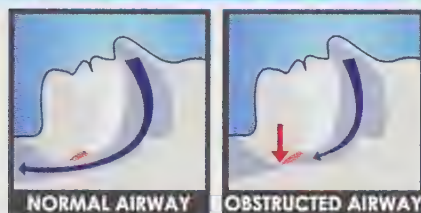
WHAT IS SLEEP APNEA?

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

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

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

HOW OBSTRUCTIVE SLEEP APNEA AFFECTS YOUR BREATHING



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

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

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Snoring & Sleep Apnea What are the EFFECTS?



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Bas Balkissoon, MPP
Scarborough-Rouge River



A Personal Message from MPP Bas Balkissoon

I am pleased to offer my greetings to everyone attending the “Lights of Healing” annual fundraising dinner on November 30th, 2014, hosted by the Canadian Tamil Medical Association (CTMA).

Founded in 1998, the CTMA is a charitable organization made up of Canadian dentists and other health professionals. I commend your efforts to raise funds for Medical and humanitarian assistance in Canada and also for providing financial aid for the areas of Sri Lanka affected by war.

I understand that this year’s fundraising will support the Community Wellness Centre in Toronto and Mental Health Rehabilitation Centre. As well, support will be provided for war affected paraplegic persons in North & East of Sri Lanka. These are important initiatives. Mental Health, directly or indirectly affects 1 in 5 persons and the Ontario government recognizes the importance and has invested to create a comprehensive mental health and addictions plan.

On behalf of the Legislature of Ontario, please accept my best wishes for a successful and memorable celebration. I wish you much luck with your fundraising efforts.

Sincerely,

Bas Balkissoon, MPP
Scarborough-Rouge River

Queen’s Park, Toronto
November 30, 2014





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Canadian Tamil Medical Association's Projects for 2014 in Northern Sri Lanka

Our commitment for medical and humanitarian support to the victims of civil war in Sri Lanka is made possible by the funds raised at our annual Lights of Healing gala.

Tharmapuram, Kilinochchi 'Wellness Centre' received funding from CTMA and few other organizations. More financial aid will be needed as this centre comes to full operation. Our initial funding for the paraplegic has helped some of the needy ones getting the beds, wheel chair, etc. Oral health education program of school children has also been started in Thunukai area of Mullaitheevu district.

Report: Wellness centre, Tharmapuram, Killinochchi

The construction of extensions to Tharmapuram Hospital is complete. Already the staff has been identified for the unit. This includes a centre manager and five other members from Tharmapuram Hospital. They have undergone training at the detox centre in Chavakachcheri for over ten days. This training was provided by the Jaffna district Mental Health services free of charge. The doctor who will be supervising the unit and the social worker had additional training at TTK hospital in Chennai for two weeks.

Two training workshops are to be conducted next week. The first one is to train outpatient department (OPD) doctors in the hospitals Killinochchi and Medical Officers of Health (MOHs) of the four divisions to identify, do brief interventions and refer to the centre for further input. The second training is the first of a series to Primary Health care staff (PHC) including Public Health Inspectors (PHIs) and Family Health workers (FHW). They will be trained identification and referral. All the PHC staff in the district will be covered in a series of workshops.

We have had discussions with the Government Agent of the district and the secretary of Ministry of Social Services to train all the community level staff to identify and refer clients and to encourage them to conduct community level programs to reduce harm in the community. We are hopeful this will happen in the coming months. We will keep you posted on further developments.

Short version of the report sent by

Dr. M. Ganesan, Consultant Psychiatrist, Sri Lanka



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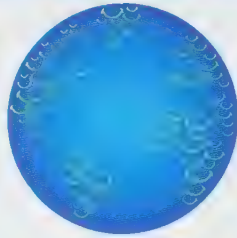
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1. BREAST SCREENING

Breast cancer is the most common cancer in Canadian women, with 1 in 9 women expected to be diagnosed with it in their lifetime.

Breast cancer occurs primarily in the women of 50 to 74 years of age (57% of cases). Most women diagnosed with breast cancer have no family history. There is no way to prevent breast cancer as of yet, but if breast cancer is found early and when it is very small, there is a good chance that it can be cured.

A Mammogram can find changes in the breast even when the tumor is too small for you or your healthcare provider to feel or see. In Ontario, it is recommended that women aged 50 to 74 have a screening mammogram, generally every 2 years.

The Ontario Breast Screening Program (OBSP) is a program of Cancer Care Ontario and it provides breast cancer screening for women aged 50 to 74 years. If you get your screening in one of the OBSP approved centers, then you will be automatically called in for your screening to complete this on time. The OBSP also screens women of all ages, as early as 30, to identify if they are at a higher risk for breast cancer.

Here is the list of some high risk situations:

- First degree relatives with Breast cancer or Breast & Ovarian cancer (Invasive Serous), multiple cases of Breast and or Ovarian Cancer in the family, Breast Cancer at early age - 35 years, Male Breast Cancer, Received Chest Radiation treatment under 30 years.
- Carriers of Gene mutation BRCA1, BRCA2 and first degree relatives of a mutation carrier.

You are excluded from this screening if you are already diagnosed with Breast Cancer or had Mastectomy done. In these situations, you will be following with the Oncology Team.





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Kalvi Connections would like to thank CTMA for their continued support for the past three years in making Kalvi Connections successful.

Best Wishes to CTMA for continued success in raising funds for medical and humanitarian assistance in Canada and the war torn areas in Sri Lanka.

-Kalvi Connections



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2. CERVICAL SCREENING

Cervical cancer is preventable. Yet year after year, about 630 women are diagnosed with cancer of the cervix, and annually, about 150 women die from this disease in Ontario. Regular screening is an essential defense against cervical cancer. Cervical cancer screening can detect early cell changes on the cervix caused by persistent human papillomavirus (HPV) infection. These changes seldom cause any symptoms, but can progress to cancer if not found and, if necessary, treated. Cervical cancer screening – Papp testing is now recommended every 3 years for all women starting at age 21 (who are sexually active) to age 69. In Ontario, your teenage daughter is receiving HPV vaccine 3 doses in school to prevent cervical disease as a pilot program.

You are excluded if you are already being followed for cervical disease and if you have had Hysterectomy done.

3. COLORECTAL SCREENING

Colorectal cancer is the third most commonly diagnosed cancer in Ontario. Ontario has the highest rates of colorectal cancer in the world. Per 2013 estimation, an estimated 8,700 Ontarians would have been diagnosed with colorectal cancer, and approximately 3,350 Ontarians would die from it.

Colon cancer check recommends that all Ontarians aged 50 and over be screened for colorectal cancer. For those at average risk for colorectal cancer, a simple at home test - the Fecal Occult Blood Test (FOBT) - once every 2 years is recommended. If you are tested positive, then you will need a colonoscopy evaluation.

Again, if you have a family history of colon cancer, then you need to go for regular colonoscopy screening and not just the FOBT.

You are excluded if you have Inflammatory Bowel Disease, had Colectomy done or had a Colonoscopy exam within the last 5-10 years.

4. IMMUNIZATIONS

All children need to complete the Provincial Schedule of Vaccinations on time including the ones given at school. They also need to update Tetanus Diphtheria & Pertussis vaccine every 10 years afterwards. Annual Flu Vaccine is recommended for all, especially those over 65 years and the high risk individuals with reduced immunity.

Who should be prioritized for Flu Vaccination?

- people with chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus)
- people who are immunosuppressed (including immunosuppression caused by medications or by human immunodeficiency virus)
- people who are residents of nursing homes and other chronic-care facilities, health-care personnel, household contacts and caregivers of people with medical conditions that put them at higher risk for severe complications



Zostavax is recommended for elderly and high risk individuals, but not covered by the Government, to prevent Shingles and the related post herpetic neuralgia pain.

Pneumovax is recommended for over 65 and high risk individuals.



5. SMOKING & TOBACCO

Facts about tobacco

- Tobacco use is a major cause of preventable illness and death in Ontario and Canada.
- Approximately 9,800 new cases of cancer diagnosed in Ontario during 2009 were estimated to be caused by tobacco smoking, specifically from cigarettes.
- Tobacco smoking causes lung cancer and several other cancer types, including cancer of the oral cavity and pharynx, nasopharynx, nasal cavity and paranasal sinuses, esophagus, stomach, colon and rectum, liver, pancreas, larynx, cervix, ovary, kidney, bladder and other urinary, and bone marrow (myeloid leukemia).
- All types of tobacco products - cigarettes, cigars, and smokeless tobacco products - as well as exposure to second-hand tobacco smoke can cause cancer.
- In general, the risk of developing a smoking-related cancer is linked to the number of cigarettes smoked each day and the number of years someone smokes.
- The risk of developing a tobacco-related cancer decreases when a person quits. For some cancers (such as lung) the risk declines quickly, but remains higher compared to never-smokers. But for certain cancers, such as oral cancer, the risks are the same as a never-smoker 10 years after quitting.

**LET US ALL ASSESS OUR SITUATION ON ABOVE PREVENTIVE STRATEGIES
CONSULT YOUR FAMILY PHYSICIAN FOR FURTHER ASSISTANCE**

Dr. V. Santhakumar, MBBS, CCFP - Family Physician, Mississauga
Thank you - Cancer Care Ontario

Childhood tooth decay

Dr. Shan A. Shanmugavadivel

Early childhood caries is a common chronic condition seen in our children. I have been observing this problem for a long time. The Centres for Disease Control and Prevention reported that this disease has been increasing and as a result kids are suffering from pain, swollen faces and inability to eat and sleep well.

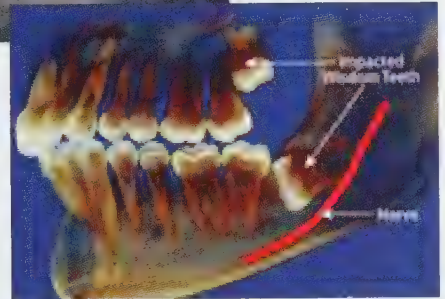


Good oral health is an important part of overall health. The Ontario government has taken steps to increase access to free dental services for kids in low income families and made it easier for parents to access dental care under the Healthy Smile Ontario Program (HSO). This covers diagnostic services, cleaning and basic treatments. The children with large dental decay tend to be poorly nourished, underperform in school with behavioural problems and lower self-esteem than their peers. Therefore parents should take care of their children from the time teeth come into the mouth. A visit to the dentist by age 2 is a good practice. Effective brushing of teeth, good eating habits and avoiding sending the child to bed with bottle will help in reducing early dental caries (decay). All cavities in the teeth need to be filled as early as possible. Yearly visit to the dental office is a must for children and adults.

Wisdom teeth removal

Surgical removal of third molar teeth or wisdom teeth has become a necessary ritual for almost all our children when they turn eighteen years of age. Most

of the dentists and oral surgeons would advocate to early removal of impacted third molars and others who suggest these teeth should be removed if and when they have caused problems because of the risks associated with surgical procedure.



We will now see the problems that can happen when impacted last molars are not removed without a lot of pain, swelling or other major problems. A large swelling due to abscess in relation to the lower impacted wisdom that was left in the mouth for several years with roots extending deep down close to the lower border of the lower jaw would need antibiotics to control the infection before surgical removal of the tooth. The removal of tooth in this situation might cause complications and in a few cases result in fracture of the mandible if extreme caution is not taken during the surgery.

Impacted teeth left in the mouth may result in decay of the healthy adjoining second molar tooth. If the depth of the caries is too extensive, root canal treatment might be the choice of treatment to save this tooth. In a few patients I have seen, large cystic lesions associated with a few buried impacted wisdom teeth and in some cases tooth get displaced far away from the original site of the tooth.

As with any surgical procedure, decision to remove impacted third molar teeth should only be made after risks and benefits of the procedure are evaluated. Bleeding, swelling and bruising and numbness of the lip and to a lesser degree the tongue, post extraction infection are the main complications of removal of wisdom teeth.

Removal of impacted lower teeth between 17 and 20 years of age is easier as the roots are shorter with surrounding softer and more pliable bone. Younger patients tend to heal faster with fewer complications. Based on this, my approach is recommending removal of lower wisdom teeth earlier before problems arise after informing the patient and parents of the potential risks and benefits of extraction.

Treating Gum Recession

We see patients complaining about gum recession – moving away of gum margin towards root of the

tooth. In minor recession by bringing the gum towards the original position & stitching down, we may be able to cover the receded portion of the tooth/teeth. In more larger cases tooth surfaces are covered with tissue graft or synthetic material and stitched to the gum flap brought down to cover the defects. This will also help patients to reduce sensitivity of teeth with cold/hot drinks/food.



Outcome of this surgery depends on how much of attached gum and bone present in the area of treatment.

References: Oral Health, CDA Essentials



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Diabetes and Gum Problems

As Canadians mark National Diabetes Awareness Month this November, and World Diabetes Day on November 14, members of the Canadian Dental Professionals are important members of the diabetes health care team.

According to the Canadian Diabetes Association, 9 million Canadians are living with diabetes or prediabetes. These individuals are particularly susceptible to oral health problems because of a lowered resistance to infection and exaggerated inflammatory responses. In particular, people living with diabetes are twice as likely as those without diabetes to develop gingivitis. Left untreated, gingivitis can lead to periodontal disease. This can result in increased difficulty in controlling blood sugar levels, which can lead to more serious systemic complications such as blindness, kidney failure, heart disease, stroke, and even amputation of extremities.



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How to navigate the health care system when it comes to children's mental health.

Children's mental health is huge issue in today's society. According to current numbers, mental health is in fact 30 percent of the total health care visits. However, only 20 percent of the children that need services are getting the help they need. How are we going to resolve this issue and how do you get the help, if your child needs it.

First and foremost, remember the primary care provider is your key resource. Who do I mean by that? Well that is your family doctor or pediatrician. There are all trained in mental health issues, in fact, mental health is part of their core curriculum in medical school. A great deal of them are very knowledgeable in this area, since mental health issues compose a great deal of doctors and Emergency Room visits. If the condition is not complex they are able to treat it with medications or refer you to a local mental health agency that can provide counselling. This can involve individual or family counselling depending on the situation. Every area in Canada has its own mental health agency and usually has a specific child and adolescent section. Social workers and psychologist at these facilities are well trained to help with most conditions. If the family doctor or pediatrician has a complex case, which requires further help with diagnosis and support they can refer the patient to a hospital child psychiatrist or someone in private practice to see your child. There is no cost on your part to get this service. A great deal of time, you have to remember most child psychiatrist do a full assessment for diagnosis. After this session, they will most likely send the patient back to the family doctor or send the patient to a community mental health agency. There are times if medications are involved they may follow the patient up for a couple of visits before sending your child back to the family doctor.

There are some issues that most child psychiatrist do not see on a regular basis and there are specialized doctors that follow this up. Substance dependence is usually seen separately at mental health agencies. It should be noted that most agencies do not require a doctors referral, which means it is self-referral, especially if the child is 16 and over. The second major

specialized area is autism services, again it requires team in order to provide a good evaluation and ongoing follow up support. As a result you may need to go to CAMH, Centre of addictions and mental health for a comprehensive evaluation and then followed up by such agencies such as Kerry's Place, Surrey Place and the Geneva Center. There is usually a waiting list to get these services as a result there are other agency like South Asian Autism Center that can also provide support.

Lastly, if your child is diagnosed with a mental health condition, it is essential to have school support. Many families are very hesitant to do this since they do not want anyone to know. It is essential to remember school support means confidentiality on their part. It is important to have an IEP, or Individual Educational Plan. They will allow the child to have more time for test and exams if they have a diagnosed mental health condition. The school will also be a little more understanding if they have an IEP. Any parent is allowed to talk to the school by themselves if they have child with a mental health condition to get this IEP. Moreover, having IEP will not hinder you child going to college or university. In fact we can provide further support via the disability services in the university if they have a diagnosed mental health condition. This will allow for a child to attain its full potential in this world.

It is essential to remember that a mental health diagnosis does not mean that they will not have a full life, to the contrary they will. Abraham Lincoln and so many other prominent people have had depression and other mental health conditions and gone on to be very successful and won noble prizes. It is important to seek help so you can have a complete life. We cannot allow stigma to keep us from being healthy and lead a complete life.

Raj Rasasingham M.D.FRCP©.DAPN.

Child and Adolescent Psychiatrist.

Assistant Professor, University of Toronto.

Director of Child Psychiatry Education at Site UofT



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HOW TO MANAGE YOUR CHILD'S URGENT DENTAL NEEDS

HOW TO MANAGE YOUR CHILD'S URGENT DENTAL NEEDS Good oral health is important to children's overall health. Plans are available to your family to assist with your child's dental needs.

Healthy Smiles Ontario is a program for children 17 and under.

Children 17 and under may be eligible if they are residents of Ontario, do not have any access to any form of dental coverage are members of a household with a low family net income.

To qualify you will need to show the following documents:

Your annual Goods and Services Tax (GST) Credit entitlement notice OR Annual Canada Child Tax Benefit and Ontario Child Benefit Notice.

Your Child's valid Ontario Health card

Your government issued identification - a valid Ontario Health card/ Passport/ Certificate of Canadian Citizenship, Permanent Resident Card, Canadian Immigration identification Card, or valid Ontario Driver's License

For more Information

To find out more about Healthy Smiles Ontario and to see if you qualify, call,

Service Ontario, Info line at 1866-532-3161

In Toronto, **TTY 416 327 4282**, Hours of Operation: 8:30 am -5:00pm

Or call your local Public Health Unit CINOT- (Children in need of treatment)

Who is eligible?

For residents of Ontario, have an urgent dental condition identified during screening by one of the public health office, do not have access to any form of dental coverage The parent/legal guardian signs a declaration that their family does not have any dental coverage for the necessary dental treatment will create a financial hardship. The parent/legal guardian also signs to say they understand and that they may be required to provide financial documentation to substantiate the declaration of financial hardship. CINOT program covers basic treatment including oral exams, x-rays, topical fluoride, cleanings, fillings, root canals, extractions, and out of hospital anesthetic coverage.

For more information parents can call their local public health unit to arrange for a dental screening, or to find out more about public health programs.

<http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx>

1. Ontario disability support program

You may qualify for Income Support if you:

18 years of age or older, live in Ontario, in financial need, and

a "person with a disability" as defined under the Ontario Disability Support Program Act. A person with a disability is someone who has a substantial physical or mental impairment that is continuous or recurrent, expected to last a year or more, and the physical or mental impairment must directly result in a substantial restriction in the person's ability to work, take care of him or herself or take part in community life.



4. Ontario Works Who is eligible?

To be eligible, you must live in Ontario, need money right away to help pay for food and shelter, How Ontario Works can help you:

Health benefits:

If you are receiving Ontario Works, you and your family may be eligible for certain health-related benefits.

Dental coverage for children: eligible to receive basic dental coverage for your children.

C. P. Giri, DDS





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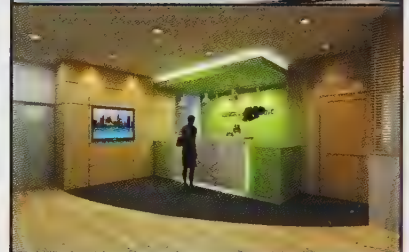
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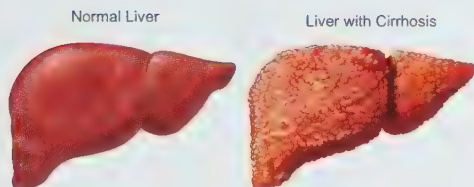


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A Quick Glance at Liver Cirrhosis



5 Causes of Liver Cirrhosis

- Chronic alcohol abuse
- Chronic viral Hepatitis – Hep B and Hep C
- Hemochromatosis
- Autoimmune hepatitis
- Non-alcoholic fatty liver disease – from obesity, diabetes, high cholesterol and some medications

Liver cirrhosis is an end stage liver disease. Chronic alcohol abuse, viral hepatitis and non-alcoholic fatty liver disease (NAFLD) are the most common causes of liver cirrhosis in North America. There is no curative medical treatment for liver cirrhosis. The definite treatment for liver cirrhosis is liver transplant. People who have liver cirrhosis are at high risk for liver cancer. These patients need close follow-up with their family physicians and their gastroenterologist or hepatologist.

5 Complications of liver cirrhosis

- Gastric or esophageal variceal bleeding
- Fluid retention (Ascites)
- Liver cancer (Hepatocellular carcinoma)
- Hepatic encephalopathy
- Kidney failure (Hepatorenal syndrome)

People with liver cirrhosis can develop varices (enlarged blood vessels) in stomach and esophagus which can bleed from time to time. Variceal bleeding can sometimes be life threatening. Variceal bleeding can be prevented by proper screening and treatment of esophageal and gastric varices through gastroscopy. Cirrhotic patients can accumulate fluid in their abdominal cavity called ascites. This is a sign of worsening of liver cirrhosis. These patients should take less than 2g of salt a day. Chronic ascites can predispose to kidney failure and abdominal infection which is called spontaneous bacterial peritonitis (SBP). These patients need urgent antibiotic treatment. Patients with cirrhosis may have low

blood sodium. This can be due to worsening liver cirrhosis or the diuretics used to control ascites. If the blood sodium is low that does not mean that the patient should take more salt. This should be discussed with their physician. As cirrhotic patients have high risk for liver cancer they need biannual ultrasound to screen for liver cancer. Cirrhotic patients can not clear all toxic by-products as a normal person could. Accumulation of these toxic materials in the body can cause drowsiness, sleep disturbance, confusion, unsteadiness and finally, coma. This condition is called Hepatic Encephalopathy (HE). A simple treatment with lactulose, a laxative, can fix this problem. Patients with a history of hepatic encephalopathy are asked to stay on lactulose and have 2-3 bowel movements a day. Sometimes these patients need antibiotic therapy.

5 Goals of treatment of liver cirrhosis

- Slow down the deterioration of the liver
- Identify the cause of liver cirrhosis and treat it
- Prevent any complications – bleeding, liver cancer
- Protect the liver from other sources of damage
- Determine if and when a liver transplant is needed

Patients with liver cirrhosis should completely avoid alcohol and hepatotoxic medications. Most herbal preparations can deteriorate the residual liver function. Milk thistle, an herbal medication, has shown some benefit in cirrhotic patients. A liver transplant is the ultimate treatment of liver cirrhosis. Patient compliance is one of the factors considered in liver transplant assessment. Patients should abstain from alcohol for at least 6 months in order to be considered for liver transplant. Those who continue to be social drinkers will not be candidates for liver transplant.



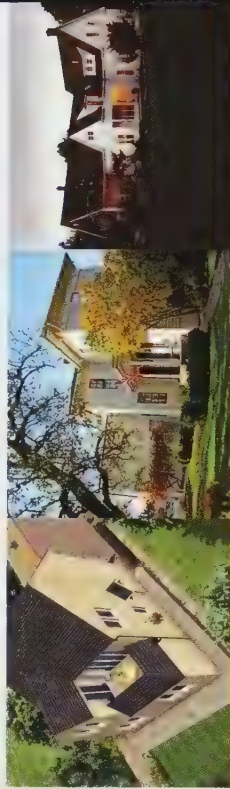
Patient with liver cirrhosis and large volume ascites

Dr. Bahe Rajendran MD. FRCP



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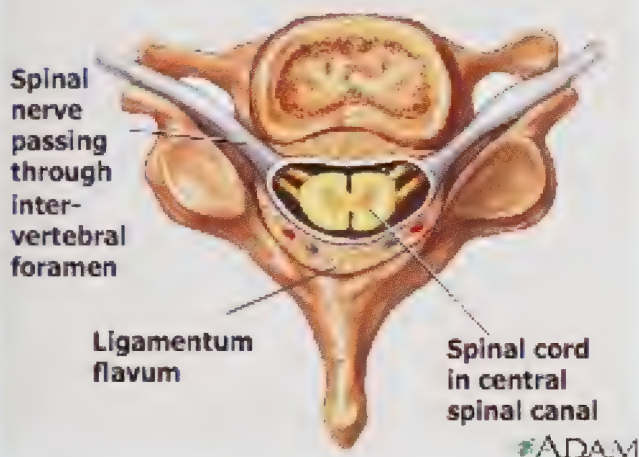
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Lumbar Spinal Stenosis

Dr. Shironika Thambirajah, DC, Dip. Ac.
Chiropractor

What is Lumbar Spinal Stenosis?

Lumbar spinal stenosis, otherwise known as Neurogenic Claudication, is one of the most common causes of lower back pain, particularly in older adults. This condition not only induces lower back pain, but also elicits leg pain. According to research, symptoms tend to appear over the age of 65 and commonly occur amongst men.



What Causes Lumbar Stenosis?

This condition occurs when the spinal canal, which comprises of the spinal cord, starts to narrow (also known as stenosis). This results as the various structures of the spine interfere with the spinal canal, and can cause compression of the spinal cord or the spinal nerves.

The below image of a house, represents the cross-section of a spine.

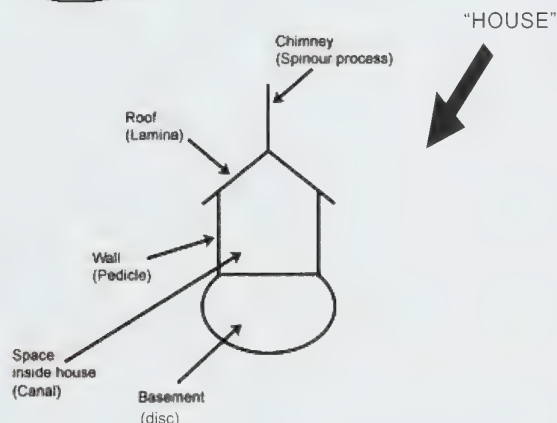
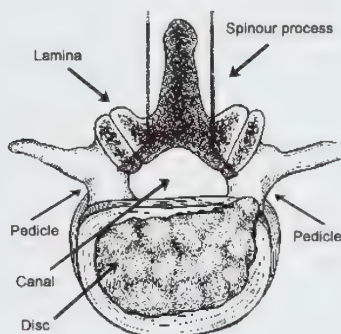
Central narrowing of the spinal canal can occur at any time if the "space" of the house is compromised by any of the following:

A) the basement or the foundation of the house moves into the "space" (aka disc bulge)

B) arthritis or swelling of the walls or roof occurs limiting the "space"

C) formation of bone spurs (bony outgrowths) on the walls and roof, as a result of arthritis, narrows the "space"

D) a ligament against the inside of the roof (not shown in image) becomes thickened decreases the "space"



http://www.hss.edu/conditions_lumbar-spinal-stenosis.asp

What are the symptoms of Lumbar Stenosis?

Symptoms of Lumbar stenosis often presents as pain and weakness in the buttocks, thigh, and calves bilaterally. Paresthesia (abnormal sensation), cramping and heaviness of one or both legs is also very common. These symptoms are typically brought on when the spine is in extension, as this is when the spinal canal is narrowed. Such examples include, when the individual is standing upright, walking or extending the spine. Thus, individuals in these situations typically stoop/flex forward while walking

(ie. leaning over a shopping cart while walking) or sitting to relieve these symptoms. It is thought that with forward flexion, the cross sectional area of the spinal canal is likely to increase, thus relieving the pressure on the neural structures.

What Type of Posture Do People with Lumbar Stenosis Have?

Often these individuals will be observed to have a kyphotic posture with a flattened lumbar lordosis to increase the diameter of the spinal canal and to minimize symptoms (see image B). On the other hand, individuals in the early stages of lumbar stenosis, may be observed to have an increase in

lumbar lordosis with an increase in their symptoms, as they have not yet adapted to a flexed spinal posture.



How is this Condition Diagnosed?

Diagnosis can be made through a thorough history and physical examination with a health practitioner. Examination findings will reveal reproduction of symptoms with spinal extension. A decrease ability to stand on one leg or to perform tandem gait (heel-to-toe walking). Neurological examination of the lower extremities can reveal: decrease in muscle strength, decrease in sensation and/or decrease in reflexes. The diagnosis can be confirmed with magnetic resonance imaging (MRI) or computerized tomography imaging (CT).

How Can Lumbar Stenosis Treated?

In more severe cases, whereby individuals experience severe symptoms (such as urinary or bowel incontinence, saddle anaesthesia numbness and tingling at the inner parts of thighs near the genitals and severe neurological symptoms in the lower extremities), surgical intervention is recommended. For those who are not good surgical

candidates, epidural steroid injections may sometimes be helpful.

If individuals have less severe symptoms, Chiropractic treatment and Physiotherapy is recommended. Having spinal adjustments or mobilizations of the spine have shown to be effective for relieving stiffness and pain. Exercises which strengthen the abdominal and lumbar (back) musculature is also advised to reduce spinal extension, thus relieving symptoms. Lower extremity strengthening and proprioceptive exercises are also vital.

References:

Creighton, D et al. Management of Lumbar Spinal Stenosis through the Use of Translatory Manipulation and Lumbar Flexion Extension Series. *Journal of Manual and Manipulative Therapy*. 2006. 14(1):1-10.

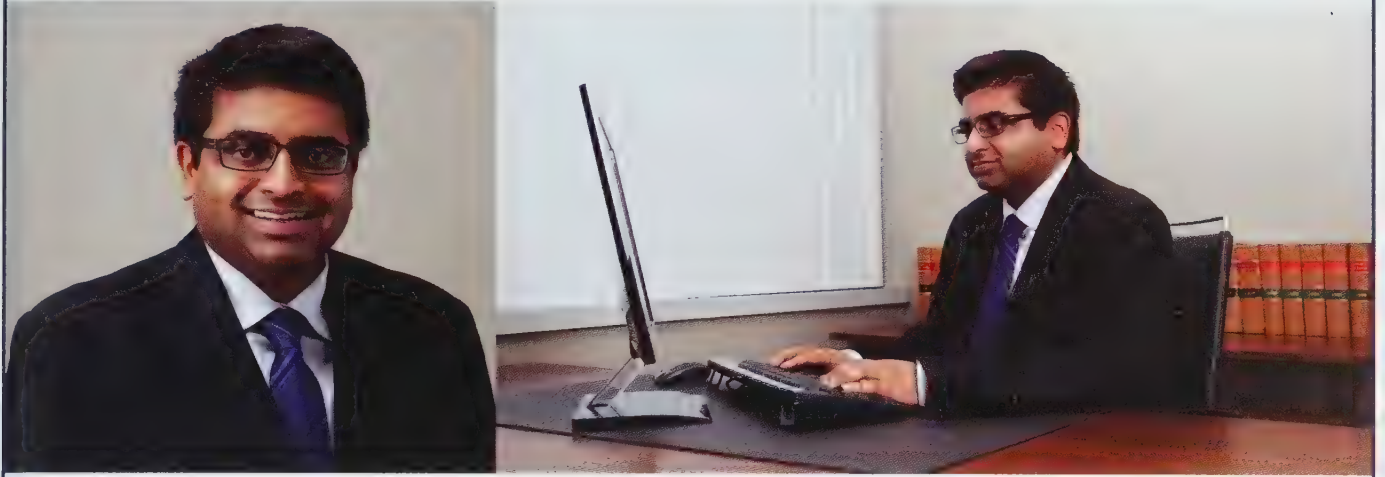
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Spine Vertebra Illustrations and Diagram of "House" analogy from http://www.hss.edu/conditions_lumbar-spinal-stenosis.asp





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OSTEOPOROSIS

1. What is Osteoporosis?

Osteoporosis refers to thinning of the bones, which can increase the risk of fractures. It most commonly affects the hips and the spine. Osteoporosis deals with bone strength, as opposed to Osteoarthritis, a form of joint disease.

2. How common is Osteoporosis?

Osteoporosis is more common in women and in the elderly. In Canada, approximately 1 in 40 individuals will develop Osteoporosis.

3. What are the signs that you may have Osteoporosis?

- a gradual loss of height over time (due to collapse of the vertebral bones)
- fractures (typically of the wrists and upper legs) following minor falls

However, osteoporosis can be asymptomatic!

4. What are common risk factors for developing Osteoporosis?

(i) Aging: we reach our peak bone mass in our late 20s to early 30s. Thereafter, the rate of bone decay is higher than bone production. This results in net loss of bone mass over time.

(ii) Family History

(iii) Lack of exercise

(iv) Underlying medical conditions, such as: low hormone levels (ie. early menopause), problems with thyroid and parathyroid hormones, chronic liver disease, Rheumatoid Arthritis and malabsorption syndromes.

(v) Certain Medications, such as: steroids, heparin and dilantin

(vi) Low Body Mass Index (being underweight)

(vii) Increased alcohol intake

5. How does my Doctor monitor me for Osteoporosis?

Bone mineral density testing is performed using a special machine called a DEXA (Dual Energy X-ray Absorptiometry) scan. This test evaluates the thickness of your bones at your spine and hips. A diagnosis of Osteoporosis is made if your bones are

found to be thin/weak. This test is performed on all individuals over the age of 65. Your Doctor will decide whether you should be tested sooner, as well as the frequency of testing, based on your individual risk factors for Osteoporosis.

6. What is the treatment for Osteoporosis?

Lifestyle:

(i) exercise: walking or cycling for 30 minutes at least three times a week. Additionally, light weight training is helpful.

(ii) dietary modification: limit alcohol and caffeine intake. Aim to include at least two to three servings of dairy per day.

(iii) smoking avoidance

Medications:

(i) Vitamin D: aim to use approximately 1000 IU per day

(ii) Calcium: depending on your dietary intake, you may need to use supplements to reach a daily intake of between 650 to 1000mg per day

(iii) Anti-resorptive agents: This is a type of medication that helps to block bone breakdown

–Bisphosphonates: such as Actonel and Fosamax

–Anti-RANK ligand: Prolia

****Depending on your personal history, risk factors and drug response, your Doctor may speak to you about initiating alternative Osteoporosis medications that help to build new bone. Examples of these drugs include Forteo.**

References/Resources:

1.Osteoporosis Canada – www.osteoporosis.ca

2.The Arthritis Society of Canada – www.arthritis.ca

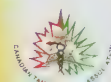
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5:00pm **Cocktail & Hors D'oeuvres in Foyer**

6:00pm **Seating**

6:30pm **Lighting of Traditional Lamp**

Canadian & Tamil National Anthem

Dance Performance

Welcome address from CTMA Chairman

- Dr. Shan Shanmugavadivel

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Greetings from Distinguished Guest

Diabetic Initiative Introduction

- Dr. Rajes Logan

Raffle Draw

Music Vocal

8:30pm **Dinner**

Vote of Thanks

9:30pm **Open Dance floor**

Benefits of physiotherapy

Physiotherapy allows us to obtain optimal mobility and physical function. It helps to rehabilitate and manage acute conditions like motor vehicle accident, slip and fall and work injuries, etc. It also has other important roles in treating chronic conditions like Diabetes Mellitus, COPD, asthma, Parkinson's disease, arthritis, osteoporosis, and obesity. Chronic conditions require working with other health professionals, like doctors, dieticians, respiratory therapists, nurses podiatrists, etc. Physiotherapy plays a major role in prevention and early detection of movement dysfunction, prevention of re-injury and functional decline.

Diabetes is a chronic, debilitating disease that requires rigorous control of blood sugars. Usually, individuals with diabetes also develop high blood cholesterol as well. Diabetes can affect all our organ systems, including the musculoskeletal, circulatory, and nervous systems. Physiotherapy helps maintain the flexibility of joints and muscles, and helps manage diabetic neuropathic pain. Medications, proper

diet, and a regular exercise program are vital to the management of diabetes.



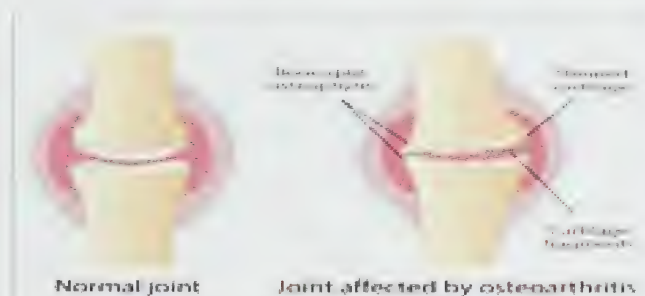
Individuals with diabetes can benefit from aerobic exercises, such as walking, swimming, dancing and biking and muscle strengthening exercises.

Asthma and COPD are characterized by shortness of breath, coughing and

wheezing. Individuals affected by these diseases often have rapid and shallow breathing. The stale, deoxygenated air in their lungs is not exhaled properly, and remains in the lungs, and new, oxygen containing air is not properly inhaled. Physiotherapy helps promote proper breathing and relaxation techniques, as well as mucus clearance.



Arthritis is a disease that has many different subtypes. Osteoarthritis is the most common type of arthritis, affecting one in ten Canadians. Osteoarthritis is caused by wear and tear on the cartilage of the joint, and is associated with aging. There is no cure, but early diagnosis and proper management helps to delay the severity and onset of symptoms. Osteoarthritis is characterized by swelling, morning stiffness, pain and movement limitations. It commonly affects the spine, knees, hips, fingers and feet.



Physiotherapy helps control swelling and pain at the acute stage of osteoarthritis. The joint needs to be supported by proper braces and walking aids at this stage. Additionally, various exercises can help to maintain the mobility of the joint, to regain and maintain the muscle strength, and to improve the alignment of the joint. Maintenance of proper body weight also helps decrease strain on the joints.

Parkinson's disease is another progressive illness that affects movement. It is characterized by slowness, tremor, stooping posture and breathing

difficulties. Regular medications can help reduce tremors and rigidity. Physiotherapy can be used to maintain the flexibility of joints and tissues. Postural exercises, breathing exercises, balance activities and endurance training are an integral parts of the management of individuals affected by Parkinson's disease.

Osteoporosis is a disease that affects the quality of the bone, causing the bone to become fragile. The common sites of fractures are the spine, wrist and hip. It is attributed to be the cause of 80% of all fractures after age 50. One in three female and one in five males are affected by osteoporosis during their lifetime. It is described as pediatric illness with geriatric consequences. Most of our bone mass accumulates during our teens and peaks by age 30. A well balanced diet with adequate calcium, Vitamin D and regular exercise are essential for forming strong bones.

In addition to a proper diet, weight bearing and strengthening exercises help to maintain strong



bones. Instructions on preventing falls, proper body mechanics for daily activities, balancing and postural exercises are essential parts of physiotherapy treatment.

The industrial and computer era are partially responsible for the repetitive strain injuries commonly seen in the Western World. Doing the same motions repeatedly, especially with poor habitual posture and faulty body mechanics can cause micro traumas in our body. Children spend a lot of time with electronic gadgets playing games, texting, typing etc. Initially it doesn't cause any pain, but over time the effects accumulate and manifest as pain and movement dysfunction. It can create

muscle imbalances, tendon injuries and cause shoulder, elbow, wrist, back and knee pain. Early interventions are important to help to culminate the accumulated effects of repetitive strains. Education of proper exercises, proper body alignment and body mechanics and creating awareness of repetitive trauma can help prevent repetitive strain on the joints and muscles.

Physiotherapy also has a role in treating urinary incontinence. There are different types of incontinence.

Stress incontinence is when urine leaks due to sudden pressure in the lower abdominal muscles such as coughing, sneezing or lifting. It is usually due to weak pelvic muscles. The exercises to strengthen the pelvic muscles can help manage the incontinence.

Back pain is common during and after pregnancy. Sometimes we attribute the back pain to the epidural injection received at the time of delivery, which is not true. The mother's body goes through many changes during and after pregnancy. Taking care of the baby adds additional demand to her body. The exercises to strengthen the weak muscles like abdominals and back muscles and releasing the tight muscles are important. Instructions on body mechanics with activities like taking care of the baby prevent further injury to body. Getting treatment without delaying got lot of benefits and prevent the culminating effects later on her life.

Summary

Physiotherapy helps clients of all ages and with a wide range of health conditions from an acute injury like a sprained ankle to a variety of conditions. Utilize the therapy effectively and efficiently. Do not delay. Check yourself annually with a therapist for your physical function just like your annual blood test.

Sumathy Santhakumar, BSc. Phys iotherapy

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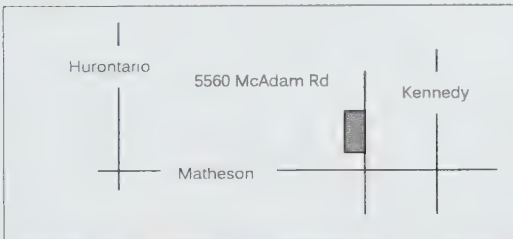
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I SEE "BLACK DOTS"

"I see little fruit flies" ...
"I see black dots" ...
"I see a wiggly line" ...
... You likely have floaters

What are FLOATERS

Majority of the eye is filled with a gel-like substance called vitreous. The function of this vitreous is to keep the inside lining of the eye, called the retina, in place, and maintain the shape of the eye. The vitreous is attached at certain points to the retina. The natural aging process causes the vitreous to shrink and change the gel-like consistencies into a more fluid form, which is when it will start to pull away from the retina. During this natural process, the vitreous separates from the retina = "vitreous detachment" (aka: PVD, posterior vitreous detachment, floaters), and the detached portion of vitreous will remain floating within the eye. Most often, a vitreous detachment will not be a threat to vision.

Who gets FLOATERS

Vitreous detachments, commonly known as floaters, occur naturally through the aging process. Individuals with high nearsightedness (myopia), physiologically, have large eyes. The large eye structures will cause the vitreous and retina to stretch and have an increased risk to form floaters, at any age.

Symptoms of FLOATERS

As the vitreous separates from the retina, it will remain floating within the eye. This floating portion of vitreous will cast shadows on the retina and will be seen as "floaters", "cobwebs", and "specks".

At the start of a vitreous detachment, you may initially notice a sudden increase in the number of "floaters", which may be accompanied by flashes of light (eg. lighting streak, camera flash).

The symptoms experienced during a vitreous

detachment are similar to those of developing a tear in the retina; which is a vision threatening condition. To determine whether you are having a non-vision threatening vitreous detachment, or a vision threatening retinal tear, you must have your eyes examined.

How to check for FLOATERS

The only way to confirm a vitreous detachment is by having an ocular health examination with an optometrist or ophthalmologist.

Most often, the eye doctor will dilate your pupils using drops, shine light into your eyes to find the vitreous detachment and ensure there were no associated damages to the retina, such as tears or holes. If the ocular health examination reveals damage to the retina, immediate treatment may be necessary to preserve vision.

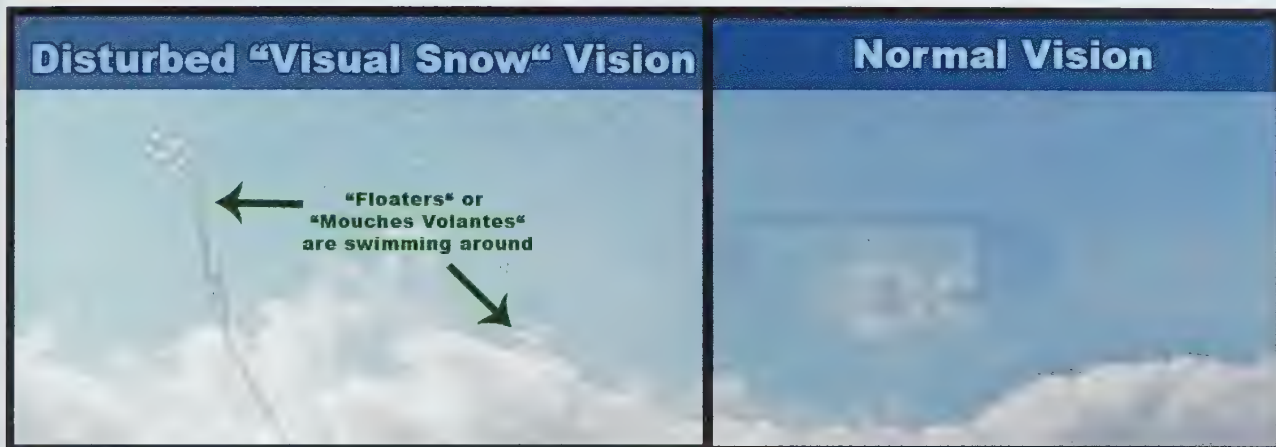
How to treat FLOATERS

A vitreous detachment in and of itself, will likely not harm your vision. There is the option of removing your vitreous (vitrectomy), but this is an invasive procedure, where the risks may outweigh the benefits. There is also the option of laser of the floaters, which will break one floater into smaller pieces, making it less visible; but this treatment is not the standard of care for a vitreous detachment and once again, the risks may outweigh the benefits.

However, during the formation of the vitreous detachment, if there were any associated damages to the retina (eg. retinal tear, retinal detachment), adequate treatment may be required to prevent vision loss. Common treatment methods are laser to the retina, or more complicated treatments may be scleral buckles, gas bubble or vitrectomy (removal of vitreous and floaters). If adequate treatment is not sought in a timely manner, permanent vision loss is possible.

It is advisable, if you:





- experience an increase in the number of floaters
- see them more frequently
- notice flashes of light, or a curtain/veil falling in front of your vision

Have your eyes examined within 24-48hrs to have appropriate treatment provided if necessary.

Living with FLOATERS

Once you have been diagnosed with having a vitreous detachment, or "floaters", and are not considering any surgical procedure to remove them, you must realize these floaters will be there forever.

Initially, these floaters will disturb your reading, and other activities. The floaters may present themselves when in a very bright situation, or looking at a plain surface. However, with time, the floaters will not appear as often because your brain will learn to ignore them.

Final word on FLOATERS

If the symptoms of floaters return and occur more often, you must have your eyes examined again to confirm there have been no new associated damages.

By Dr. Mathangi Arun, M.Sc.



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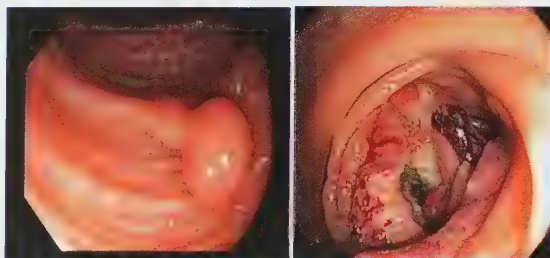
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A Quick Glance at Colon Cancer



Simple colonic polyp and advanced colon cancer

Colon cancer is the third most commonly diagnosed cancer in Ontario. Ontario has one of the highest colorectal cancer (CRC) rates in the world. There is over a 90% chance of curing colon cancer if it is diagnosed at the early stage. Colon cancer screening is the best way of detecting cancer at the early stage. 10-15% of CRC occur in people with family history of colon cancer. Individuals who have inflammatory bowel disease over a decade have increased risk for CRC.

5 Symptoms of colon cancer

- Abdominal pain
- Altered bowel movement (Diarrhea or constipation)
- Rectal bleeding
- Weight loss
- Abdominal bloating

At early stages colon cancer does NOT normally cause any symptoms. When it comes to late stage it can cause symptoms. There are no specific symptoms with colon cancer; the symptoms can vary patient to patient. They also depend on the location of the tumor in the colon.

What is my life time risk of getting colon cancer?

Family History	Your life time risk (%)
General population	6
Third degree relative with CRC	7
Second degree relative with CRC	8
1 st degree relative with CRC at age > 50	12
1 st degree relative with CRC at age < 50	22
Two 1 st degree relatives with CRC	30

Life time risk of getting colorectal cancer (CRC) for a normal person is 6%. It can vary with the family history of colon cancer. The above table shows this very clearly.

5 Ways of screening colon cancer

- Fecal Occult Blood Test-FOBT (Every 2 years)
- Flexible sigmoidoscopy (Every 5 years)
- Barium enema (Every 5 years)
- CT colonography (Every 5 years)
- Colonoscopy (Every 10 years)

Fecal Occult Blood Test (FOBT) is the cheapest and the least efficacious test; however, it is a good test for large volume screening. Colonoscopy is the best test out of all. It not only makes the diagnosis, but also allows the physician to take biopsies and remove the polyps. Polyps are the precursors for colon cancer. Most polyps take 5 to 10 years to become cancer. Polyps are found in about one in three people. By removing the polyps at the early stage one can prevent future colon cancer. If you have a history of colonic polyps you should go for routine surveillance colonoscopies. If you had colon cancer in the past or have a first degree relative with colon cancer you need a colonoscopy, not FOBT for CRC screening.

Who are qualified for screening colonoscopy?

- Anyone over the age of 50
- First degree relative with colon cancer (start screening at age 40 or 10 years younger than the cancer patient)
- Multiple second degree relatives with colon cancer
- History of previous colon cancer (survivor)
- History of chronic inflammatory bowel disease
- Patients with familial polyposis conditions

The screening colonoscopies are for people who do not have any GI symptoms. Anyone who has GI symptoms such as abdominal pain, rectal bleeding, weight loss, diarrhea or constipation can be a candidate for colonoscopy based on their symptom history. For high risk patients a screening colonoscopy is recommended at the age of 40 or 10 years earlier than the age of the affected patient. For average risk patients screening colonoscopy can be initiated at the age of 50.

Dr. Bahe Rajendran MD. FRCPC



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Diabetic Retinopathy

"I have diabetes, Will I lose my vision? Will I go blind?"

What is diabetes?

Diabetes mellitus (diabetes) occurs when the level of sugar (glucose) in the blood becomes higher than normal.

The foods we eat are broken down into glucose in cells, and then absorbed into the blood stream. To remain healthy, blood glucose level should not go too high or too low. When blood glucose begins to rise (after eating), insulin hormone level rises to take the excess glucose into the cells from bloodstream. When body stops making insulin (as in type 1 diabetes) or do not make enough insulin for body's needs (as in type 2 diabetes) the blood glucose level becomes higher than normal.

How does healthy eyes see?

When light enters into eye, it passes through the lens which focuses the light on to the retina. The retina is like film of a camera. It made up of special light absorbing cells at the inner back layer of eyes. Messages on the retinal cells (about what you see) are then passed to the optic nerve, and on to the brain. There are many tiny blood vessels in the retina take oxygen and nutrients to the retinal cells.

What happens in diabetic eyes?

Over many years of high blood glucose level in diabetes patients can weaken and damage the tiny blood vessels in the retina, called Diabetic Retinopathy. The weaken blood vessels leaks blood (haemorrhages) and fluids (exudates). Sometimes Blood vessels may get blocked, which can cut off the blood and oxygen supply to parts of the retina. New abnormal blood vessels may grow from the damaged blood vessels. These new vessels are delicate and can bleed easily, thus can cause more damage. In some severe cases, damaged blood vessels bleed into the jelly-like centre of the eye (vitreous humour). This can also affect vision by blocking light rays going to the retina.

What are the symptoms in diabetic retinopathy?

Most people with diabetic retinopathy do not have any symptoms or visual loss due to their retinopathy. Initial symptoms that may include blurred vision, seeing floaters and flashes, or even having a sudden loss of vision. Without treatment, diabetic retinopathy can gradually become worse over the years, and lead to visual loss or even blindness.

Diabetic retinopathy is the most common cause of blindness in people of working age group in US. It contributes 4.8% of the 37 million cases of blindness throughout the world.

Different types and serverity of diabetic retinopathy

• Mild–Moderate Non-proliferative retinopathy:

It has few-some tiny leaks of fluid and tiny bleeds (microaneurysms) in various parts of the retina. An optometrist can see these as tiny dots and blots on the retina when they examine the back of the eye. It does not change sight.

• Severe Non-proliferative retinopathy:

It will have signs of blood flow becoming restricted, but not yet showing new blood vessels growing. It may cause blurred vision.

• Maculopathy:

The central part of retina (macula) is damaged by leak of fluid, bleeding or restricted blood flow. It is a serious issue and definitely causes blurred vision.

• Proliferative retinopathy :

It occurs when new tiny blood vessels to grow from the damaged blood vessels. This is an attempt to repair the damage. However, these new blood vessels are delicate, and can easily bleed, obscuring your vision.

If the proliferative retinopathy becomes severe then many abnormal new blood vessels grow. They may block the drainage channels in your eye, causing



glaucoma, or accompanying fiber growth may cause the retina to detach from the back of the eye.

The effects of retinopathy may be different in each eye.

"I am diabetic, will I get diabetic retinopathy?"

Diabetic Retinopathy is very common in people with type 1 diabetes.

Risk factors for diabetic retinopathy include:

- Duration of diabetes: The longer you have had diabetes, the higher your risk of developing retinopathy. It is uncommon if you have had diabetes for less than five years. However, there is 90% chances who have had diabetes for longer than 30 years can be affected.
- Poor glucose control: It more likely to develop retinopathy.
- High blood pressure: If blood pressure is not well-controlled then this will increase your risk of developing retinopathy.
- Kidney disease: It is a result of diabetes and associated with worsening retinopathy.
- High cholesterol level & Obesity
- Smoking & Pregnancy: increases the chances of retinopathy (damages in retina) in diabetes.

How can diabetic retinopathy be prevented?

If one has mild Non-proliferative retinopathy, it is less likely to progress to more serious retinopathy, if:

- blood sugar level is well-controlled. (with a healthy diet, losing weight if you are overweight, regular exercise and medication if required.)
- blood pressure and cholesterol levels are well-controlled.
- Cease smoking.

What is the treatment for diabetic retinopathy?

For mild diabetic retinopathy, there is no treatment other than controlling any risk factors (blood pressure, glucose and cholesterol levels). There are different types of laser treatment available for proliferative retinopathy and maculopathy. The laser burns and seal leaks from blood vessels, and stops new vessels from growing further. It usually works well to prevent

retinopathy from getting worse, and prevents loss of vision. However, laser treatment cannot restore vision that is already lost. You may find after your laser treatment that your sight may become dim or blurred. This normally improves over the following few days. Severe retinopathy may need various eye surgeries.

Importance of eye checkup for Diabetic Retinopathy

In most cases, treatment can prevent loss of vision and blindness. Therefore, if you have diabetes, it is very important that you have regular eye checks to detect retinopathy before your vision becomes badly affected.

When to initiate screening:

In type 1 diabetes - five years after diagnosis in all individuals ≥ 15 years

In type 2 diabetes - at diagnosis

Follow-up care:

You should have an eye check at least once a year. In Ontario, the OHIP offers a free annual screening appointment to all with diabetes.

The annual screening includes testing vision and checking for changes in retina with drops. Some clinics take digital photographs of retina, which is a great tool to compare the change easily over the time.

If you are found to have no retinopathy or mild non-proliferative retinopathy, and your vision is not affected, then likely you just return to the clinic for checkup in 6-12 months' time. If more severe changes are detected, you may be referred to an eye specialist for a detailed eye examination, and treatment if necessary.

Even if your eye check shows no retinopathy then one should still look after his/her diabetes and have a healthy lifestyle to reduce the risk of a retinopathy developing in the future.

If one notices any change in vision before his routine checkup, he arrange an eye check earlier with an optometrist.

Dr. Sukanthi Bream, OD



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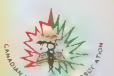
Damian Nadarajah is a Product Advisor at Scarborough Toyota Scion with 6 years experience representing the Sri Lankan community.

Damien's attention to customer service has led him to receive consistent 5 star reviews from his customers. He values his customer's expectations and needs and is always excited to greet you with a smile!

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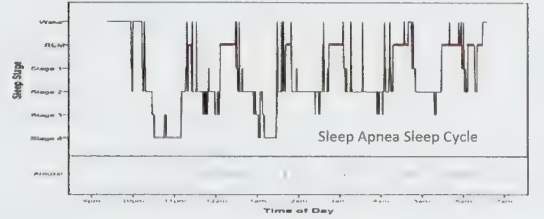
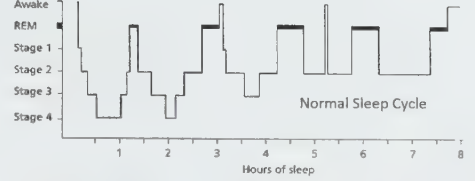
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தூக்க நிலை 3, 4 – deep and slow wave sleep (ஆழமான தூக்கம்)

REM sleep – தூக்கத்தில் கனவு நிலை (இதை அருகில் உள்ள படத்தில் அவதானிக்கக்கூடியதாக இருக்கும்)

- ஆழமான தூக்கத்தின் போது தான் நோய் எதிர்ப்புச் சக்தியும், உடல் ஆற்றல்களும் பலப்படுத்தப்படுகின்றது. REM தூக்கத்தின் போது, உடல் ஒவ்வெடுப்பதுடன் மூளையில் தகவல்கள் பதிக்கப்படுகின்றன.



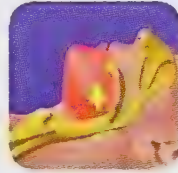
- பொதுவாக, நாம் மூச்சை மூக்கு அல்லது வாய் மூலம் எடுத்து, பின் தொண்டை, மூச்சுக்குழாய் வழியாக நுரையீரலில் ஆக்சிஜன் (O_2) இரத்தத்தில் கலக்கும்.
- தொண்டை ஒரு சிக்கலான அமைப்பு, இதைத் தசைகள் சுற்றியுள்ளன. Soft palate, உள் நாக்கு, tonsils, நாக்கு என்னும் உறுப்புகளை இந்தத் தசைகள் தான் அந்தந்த இடத்தில் வைத்திருக்கின்றன.

- தூக்கத்தில் நடைபெறும் மூச்சுத்திணறல் – தொண்டையை சுற்றி இருக்கும் தசைகள் நித்திரையின் போது இலகுவாகி, அதன் பலத்தை இழக்கின்றது. தூக்கத்தில் இந்தத்தசைகள் இலகுவாகும் போது, சிலருக்கு மூச்சுத்திணறல் ஏற்படுகின்றது. இது பலருக்கு, நிமிர்ந்து நேராக படுக்கும் (supine position) போதுதான் கூடுதலாக நடைபெறுகின்றது.

- தொண்டைத்தசைகள் சுவாசக்குழாயை அரைகுறையாக அல்லது முழுமையாக அடைக்கும் போது மூச்சு எடுப்பது குறைந்து, இரத்தத்தில் ஆக்சிஜன் (O_2) அளவை குறைக்கின்றது.

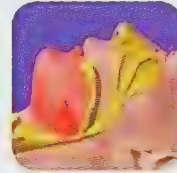
- மூச்சுத் தடைபடும் போது மூளை இதனை உணர்ந்து, எச்சரிக்கை (signal) அனுப்பித் தூக்கத்தில் இருந்து எழுப்பும். எழுப்பினவுடன், தொண்டைத் தசைகள் உறுதி பெற்று மீண்டும் சுவாசக்குழாயை திறக்கின்றது. இது வெகு விரைவில் நடைபெறுவதால், பலருக்கு நித்திரையால் எழுந்தவுடன் இந்த ஞாபகம் இருப்பது இல்லை.

Normal



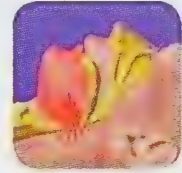
During normal sleep, the muscles that control the tongue and soft palate hold the airway open.

Snoring



When these muscles relax, the airway narrows. This can lead to snoring and breathing difficulties.

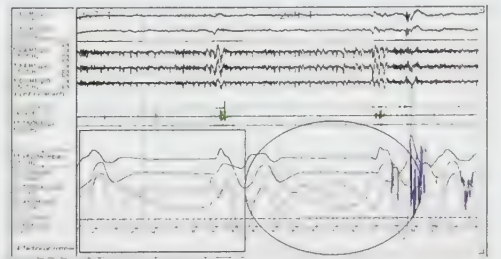
OSA



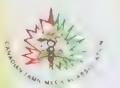
If the muscles relax too much, the airway can collapse and become blocked, obstructing breathing.

- ஒவ்வொரு மூச்சுத் தடையும் 10 வினாடிகளுக்கு மேலாக அமைந்தால் மட்டுமே, அது ஒரு மூச்சுத்திணறல் எனக் கணிக்கப்படும். இவ்வாறு கணக்கிடப்படும் மூச்சுத்திணறலின் தீவிரத்தன்மையை பின்வரும் பிரிவுகளைக் கொண்டு கணிக்கலாம்.

- இயல்பான அளவு – ஒரு மணித்தியாலத்திற்கு 0 - 4 மூச்சுத்திணறல்கள் (Apnea Hypopnea Index of 0 - 4)
- வீரியம் குறைந்த அளவு – மணித்தியாலத்திற்கு 5 - 14 மூச்சுத்திணறல்கள் (AHI of 5 - 15)
- மிதமான அளவு – மணித்தியாலத்திற்கு 15 - 30 மூச்சுத்திணறல்கள் (AHI of 15 - 30)
- கடுமையான அளவு – மணித்தியாலத்திற்கு 30 க்கு மேலான மூச்சுத்திணறல்கள் (AHI > 30)



மேல் காண்பது ஒரு sleep test ன் போது பதிவு செய்யப்படும் மூச்சுச்சுடைப்பு நிகழ்வு. முதல், இரண்டாவது நேர் கோடுகள், மூச்சுத் தடை செய்யப்பட்டதை காட்டுகிறது. அதற்குக் கீழ் இருக்கும் இரண்டு signal ம் நெஞ்சு மற்றும் வயிற் மூச்சை எடுக்க முயற்சி செய்வதை பதிவு செய்கிறது.



- மணித்தியாலத்திற்கு 20 முறை அல்லது அதற்கு மேல் ஒருவர் தூக்கத்தில் இருந்து விழித்தால், அவர் தூக்கத்தின் ஆழமான நிலைகளை, குறிப்பாக REM தூக்கத்தை அடைய முடியாது. இதனால், உடல் தூக்கத்தின் போது ஓய்வெடுக்காமல் ஆரோக்கியம் குறைந்து விடும்.
- தூக்கத்தில் மூச்சுத்திணறல் இருப்பதற்குரிய அறிகுறிகள்.
 - அதிகப்படியான பகல் தூக்கம், உரத்த குறட்டை
 - தூக்கத்தில் தொண்டை அடைத்தல் (choking/gasping), திடுக்கிட்டு எழும்புவது
 - அமைதியற்ற நித்திரை அல்லது நித்திரையின் போது வியர்வை சிந்துதல்
 - மனத்தளர்ச்சி, காலை எழுப்பும்போது தலைவலி, ஆற்றல் குறைவு, இரத்த அழுத்தம்
 - ரூபகமின்மை, இதயத்துடிப்பின் ஒழுங்கற்றநிலை, எரிச்சல் மற்றும் சினத்தல்
- தூக்கத்தில் மூச்சுத்திணறல் கூடுதலாக இருப்பதற்குரிய சில காரணிகள்.
 - உடல் பருமன் (BMI > 30)
 - ஆண்களை இது கூடுதலாகப் பாதிக்கின்றது
 - பரம்பரை, இரத்த அழுத்தம் (high blood pressure)
 - அகலமான அல்லது கட்டையான கழுத்து, இயல்புக்குமாறான முக அல்லது மேல் சுவாசகுழாய் அமைப்பு
 - குடிப்பழக்கம், புகைப்பித்தல்
- தூக்கத்தில் நடைபெறும் மூச்சுத்திணறலால் வரக்கூடிய வேறு வருத்தங்கள்.
 - அதிக இரத்த அழுத்தம், தமனிகள் (artery) கடினப்படுத்தப்படும்
 - மார்படைப்பு, இதயச் செயலிழப்பு, பக்கவாதம்
 - நினைவாற்றல் இழப்பு, ஒருநிலைத்தன்மை (concentration) குறைவு
 - மன அழுத்தம், சோர்வு, எடை அதிகரிப்பு
 - சக்கரை நோய் அதிகரிப்பு, hormone ஒழுங்கற்று வெளியாகும்
- சிகிச்சை முறைகள்
 - **CPAP Therapy** - இதன் விரிவாக்கம் 'continuous positive airway pressure'. ஒரு சிறிய machine மூலம் காற்றை அழுத்தி தொடர்ச்சியாக சுவாசவழி மூலம் கொடுக்கும் போது, தூக்கத்தில் நடைபெறும் அடைப்பு நீக்கப்படும். மூக்கு அல்லது மூக்கு, வாய் இரண்டிற்கும் mask அணிந்து, அதன் வழியாக காற்றை நிலையாக வழங்கப்படும். அழுத்தி வழங்கப்படும் காற்று, தொண்டையில் தளர்ச்சி பெற்றிருக்கும் தசைகளை பக்கங்களுக்கு தள்ளி, சுவாசவழியை திறந்து கொடுக்கும். இதன் மூலம் தூக்கத்தில் மூச்சுத்திணறல்களை நீக்கி, தூக்கத்தின் போது எளிதாக சுவாசிக்க உதவும். இது மூச்சுத்திணறலுக்கு மிக சிறந்த சிகிச்சை ஆகும்.
 - **பல் உபகரணங்கள் (dental appliances)** - பல்லுக்கு அணியும் இந்த appliance, நாம் பல்லை பாதுகாக்க இரவில் அணியும் dental guard போல் இருக்கும். இந்த சாதனம், கீழ்த்தாடையை முன்னோக்கி தள்ளி வைத்திருக்கும். இதனை தூங்கும் போது அணிந்தால், தொண்டை மூடாமல் மற்றும் நாக்கு சுவாசக்குழாயைத் தடை செய்யாமல் பாதுகாக்க உதவும். இது குறிப்பாக வீரியம் குறைந்த அல்லது மிதமான மூச்சுத்திணறல் மற்றும் குறட்டையை போக்க உதவும்.
 - **அறுவை சிகிச்சை** - இந்த அறுவை சிகிச்சை மூலம் அதிகப்படியாக இருக்கும் மென்மையான திசுவை (soft tissue) நீக்கி, சுவாசவழி திறக்கப்படும். இதனால் கடுமையான குறட்டை நீக்கும் ஆனால், தூக்கத்தில் மூச்சுத்திணறல் 50% மட்டுமே குறைக்க உதவும்.

இந்த தூக்கத்தில் மூச்சடைப்பு ஒரு பொதுவான பிரச்சினையாகும், மற்றும் அது பேரழிவு வாய்ந்த உடல் நலக்குறைவைக் கொண்டுக்கூடும். எங்கள் பரம்பரை மற்றும் சுவாசக்குழாய் அமைப்பினால், ஆசிய சமூகங்கள் இடையே இந்த நோய் வர வாய்ப்புகள் அதிகம் உள்ளன. இது மிகவும் குறைவாக மதிப்பிடப்பட்டுள்ளது, குறிப்பாக எம் தமிழ். இந்திய சமூகத்துக்குள். எனவே இதன் முக்கியத்துவம் அறிந்து, நாம் நமது தூக்கப் பழக்கத்தில் அதிக கவனம் செலுத்த வேண்டும். அத்துடன், உங்கள் தூக்கத்தில் பிரச்சினைகள் இருப்பின், விரைவில் மருத்துவ கவனிப்பை நாடி, ஆலோசனை பெறவும்.

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அறனை பெயர்தலுடன் உயிர் வாழ்தல் Living with Dementia

உலக சுகாதார ஸ்தாபனம் அறுபது வயதை கடந்தவர்களை முதியோர்கள் (Elderly Adult) என்கிறது. உலகம் முழுவதும் 800 மில்லியன் மக்கள் இவ்வயதில் வாழ்கின்றனர். இத்தொகை 2050 ஆண்டளவில் 02 பில்லியன் வரை அதிகரிக்கலாம் எனவும் எச்சரித்துள்ளது. அப்போது முதியோர் ஏனைய வயதினரை விட அதிகளவில் உயிர்வாழ்வார்கள். இம் முதியோர்களில் பல்வேறு உடல், உள நோய்கள் ஏற்பட்டாலும் அறனை பெயர்தல் (ஐநாநவெயை) மிகப் பொதுவாக காணப்படும் ஒரு கூட்டு நோய்குறித்தொகுதியாகும்.

அறனை பெயர்தல் (Dementia)

பொதுவாக வழக்கில் ஞாபகமற்றி நிலையை "அறனை பெயர்தல்" என்கிறோம். சிறுவயதில் ஏதாவது மறந்த ஒருவரை "அறனை" என அழைக்கின்றோம். முதுமையில் இதுவொரு நோய் குறித்தொகுதியாக உருவெடுக்கும் போது முதியவர்களில் ஞாபக மறதி, சிந்தனை, பேச்சாற்றல், நடத்தை கோளாறுகள் நாளாந்த செயற்பாடுகளான குளித்தல், உணவருந்துதல், உடை மாற்றுதல், கழிவறை செயற்பாடுகள் என்பன பாதிக்கப்படுவதோடு அவர் மற்றவர்களில் தங்கி வாழவேண்டிய நிலை அல்லது பராமரிப்பதற்கு பிரத்தியேகமான அணுமுறை தேவைப்படுகின்றது.

அறனை பெயர்தலிற்கான பொதுவான காரணங்கள் பின்வரும் நோய்கள் அறனை பெயர்தலை ஏற்படுத்துகின்றன. Alzheimer's Disease (55%), Vascular Dementia (20%) சில உடல் நோய்களும் + போதைவஸ்து பாவனையும் (10%) மீளக்கூடிய காரணங்கள் (15%), மூளையின் உட்புற குருதிப்பெருக்கு, விற்றமின் B12 குறைபாடு என்பனவாகும். அறனை பெயர்தல் நோய்க்குருதித் தொகுதி உடையவர்களில் மூளையின் கொள்ளளவு நரம்புகளின் செயற்திறன் என்பன படிப்படியாக குறைவடைகின்றது (Neuro - Degenerative Syndrome) இவை மீள முடியாதவை.

மருத்துவ சிகிச்சைகள் குறித்த நோயாளி பொது வைத்திய நிபுணர்களின் மருத்துவ பரிசோதனைக்களிற்கு உட்படுத்தப்பட்டு, குணமாக்கக்கூடிய உடல் நோய்கள் இருப்பின் அவற்றை குணமாக்குவதன் மூலம் வயோதிபரை மீள் நிலைக்கு கொண்டு வரலாம். இங்கு மனச்சோர்வு, உளமாய நோய்கள் (Psychosis) மாநாட்டம் (Delirium) என்பனவும் அறனை பெயர்தல் போன்று காணப்படலாம்.

அறனை பெயர்தலிற்கான சிகிச்சை முறைகள்



இங்கு மருத்துவ, மருத்துவமற்ற முறைகள் கையாளப்படுகின்றன. அறனை பெயர்தலை குணமாக்க முடியாது. இருந்தபோதும் முதியவரின் சிந்தனைப்பகுதி (Cognitive) மேலும் பாதிப்படைவதை தவிர்ப்பதற்கான மருந்துகள் காணப்படுகின்றன. ஆரம்பத்திலேயே, இனங்காணுதல், முறையான உடல், உள மருத்துவ நிபுணர்களின் வழிகாட்டலில் மருந்துகளை பாவித்தல், சுயமாக இயங்குதல், வாசித்தல், பயனுடைய பொழுதுபோக்குகளில் ஈடுபடுதல், குடும்பமாக வாழ்தல், சமய சமூக, செயற்பாடுகளில் ஈடுபட வைத்தல் என்பன முதியவர்களில் அறனை பெயர்தலின் தாக்கத்தை குறைக்க உதவும்:

சிந்தனைப்பகுதி புத்துயிர்பாக்கலிற்கு (Cognitive Enhancement), Tacrine, Donepezil, Rivastigmine, Selegiline, Vit-E என்பன பாவனையில் உள்ளன.

உளமாய நோய்கள், அலைந்து திரிதல் என்பனவற்றிற்கு குறைந்தளவில் (Risperdone, Olanzapine, Quetiapine என்பன பாவிக்கப்படுகின்றன.

உலகம் முழுவதும் அறனை பெயர்தலுடன் 35.6 மில்லியன் மக்கள் உயிர்வாழ்வதாக அறியப்பட்டு உள்ளது. இத்தொகை 2050ம் ஆண்டளவில் 115.4 மில்லியனாக அதிகரிக்கும் என அறியப்பட்டுள்ளது.

அறனை பெயர்தலிற்கான பராமரிப்பு முறைகள்

அறனை பெயர்தலை குணப்படுத்த முடியாது, தவிர்க்க முடியுமான முயற்சிகள் தோற்றுப் போனால் பராமரிப்பு என்பது அவர் உயிருடன் இருக்கும் வரைக்கும் செய்யவேண்டியது. ஒரு குழந்தையை பராமரிப்பது என்பது தாயாருக்கே தெரியும், ஆனால் முதுமையில் ஏற்படுகின்ற அறனை பெயர்தல் நோய் குறித்தொகுதியால் பாதிக்கப்பட்டவரை பராமரிக்கும் பக்குவம், பொறுமை, சகிப்புத்தன்மை என்பன சாதாரணமானதல்ல. பெரும்பாலான மக்கள் இவ்வாறு பாதிக்கப்பட்ட முதியவர் "நடிக்கிறார்" என தண்டித்த சந்தர்ப்பங்களையும் அறிந்துள்ளோம்.

ஒரு குடும்பத்தில் கணவன், மனைவி உயிருடன் இருந்தால் அதில் ஒருவருக்கு ஏற்பட்டால் மற்றவர் ஏனைய குடும்ப உறுப்பினர்களுடன் சேர்ந்து உதவமுடியும். இங்கு கூட்டுக்குடும்ப வாழ்க்கை முறை சமூக ஆதரவு என்பன பராமரிப்பாளர்களிற்கு உதவியாக அமையும். சில வேளைகளில் அறனை பெயர்தலுடன், பார்வை கோளாறு, பாரிசுவாதம், மூட்டுவாதம், கேளாமை போன்று ஒன்றுக்கு பல பிரச்சினைகள் ஒரு முதியவரில் காணப்பட்டால் பராமரிப்பாளர்கள் மிகவும் களைப்படைந்து விடுவார்கள்.

தற்போதய காலகட்டத்தில் தனிக்குடும்பம், கணவன்-மனைவி இருவரும் வேலைக்கு சென்றால் தமது பெற்றோருக்கு அவர்கள் உதவி செய்யக்கூடிய நிலைமை காணப்படாது.

மேற்கத்தைய நாடுகளிலும், வளர்முக நாடுகளிலும் முதியவர்களிற்கு என இளைப்பாறல் கிராமங்கள், தனியான விடுதிகள், பராமரிப்பு இல்லங்கள் காணப்படுகின்றன. இலங்கையில் இவை இன்னும் பேச்சளவிலேயே உள்ளன. எதிர்காலத்தில் இவை ஆரம்பிக்கப்பட வேண்டும்.

அறனை பெயர்தல் நோயினால் ஏற்படும் தீவிர நடத்தைக் குழப்பங்களைக் கையாள்வதற்கான நடைமுறைக் குறிப்புகள்

- நாளாந்தம் நிறைவேற வேண்டிய காரியங்களை வரிசைப்படுத்தி பட்டியல் ஒன்றைத் தயார்செய்து வைத்துக்கொள்ளுங்கள். எதையெதை எந்த நேரத்தில் எப்படிச் செய்யவேண்டும் என்பதை இதன் மூலம் நீங்கள் அறிந்து வைத்திருப்பதால் இது உங்களது வாழ்வை மிக இலகுவடுத்தும்.

- முடியுமானவரை அவ்வயோதிபரை சுதந்திரமாக இருக்க விடுங்கள். உதாரணமாக இந்நோயால் பாதிக்கப்பட்ட பலர் சுறுசுறுப்பின்றி உறுதி இல்லாதவர்களாக இருப்பினும், தமது உணவை தாமாகவே உட்கொள்ள இயலுமானவர்களாக இருப்பர்.

- அவர்களுக்கும் தன்மானம் உண்டென்பதை ஒருபோதும் நீங்கள் மறந்துவிடக் கூடாது. அவர்

இருக்கும்போது அவரைப்பற்றி எதிர்மறையாகப் பேச வேண்டாம்.

- அவருடன் வாக் குவாதப் படுவதையும் முரண்படுவதையும் தவிர்த்துக் கொள்ளுங்கள்.

- அவருக்கு வேண்டிய வேலைகளை எளிதாக அமைத்துக் கொடுங்கள். அவருடன் சேர்ந்து சிரியுங்கள். அவரைப் பார்த்து ஒருபோதும் கேலி செய்ய வேண்டாம்.

- அவருக்கு நீங்கள் உதவுவது அவரது ஆற்றலில் சிறந்த முன்னேற்றத்தைக் கொண்டுவரும். அவரால் செய்யக்கூடிய அவருக்கு பயிற்சியாக இருக்கக்கூடிய சில இலகுவான வேலைகளை அவருக்கு கொடுக்கமுடியும்.

- அவரது மூக்குக் கண்ணாடி சரியாக அணியப்பட்டுள்ளதா என்பதை உறுதி செய்து கொள்ளுங்கள்.

- மெதுவாகவும் தெளிவாகவும் அவருடன் உரையாடுங்கள். அவர் அதைப் புரிந்து கொள்ள வில்லையெனில் சாதாரண சொற்களையும் குறுகிய வாக்கியங்களையும் உபயோகித்து அவருக்கு அதை தெளிவுப்படுத்த முயற்சி செய்யுங்கள்.

- முடியுமானபோதெல்லாம் அவர்மீது அன்பும் பரிவும் காட்டுங்கள். ஒரு அன்பான வார்த்தை ஆயிரம் மாத்திரைகளைவிடப் பெறுமதியானது.

- ஞாபகசக்திக்கு உதவுகின்ற விடயங்களைப் பயன்படுத்துங்கள். உதாரணமாக: குளியலறை, மலசலகூடத்திற்கான வழியை (உம்: ஒரு அம்புக் குறியீட்டுக்) குறித்துக் காட்டுங்கள். ஒவ்வொரு நாளும் அன்றைய திகதியை எழுதுகின்ற எழுது பலகையில் எழுதுதல்.)

- தேவையற்ற மருந்துகளைத் தவிருங்கள். குளிப்பும் தனிநபர் சுகாதாரமும்

- சுதந்திரம் : உதவியின்றி தன்னால் முடிந்தளவு சுயமாக காரியங்களைச் செய்வதற்கு அவரை ஊக்குவிக்கவும்.

- தன்மானம் : குளிக்கும்போது அவரது மறைவிடத்தை கீழாடை கொண்டு அல்லது ஒரு துணியால் எப்போதும் மறைத்துக் கொள்ளுங்கள்.

- ஒரு ஒழுங்கு முறையில் மலசலம் கழிக்கச் செய்ய உதவ வேண்டும்.

- கட்டிலில் ஓய்வாக இருக்கும் நேரப்பகுதியில் குடிபானங்களை குறைத்து வழங்குங்கள்.



• இரவில் சிறுநீர் கழிப்பதற்காக கட்டிலின் கீழ் பொருத்தமான இடத்தில் பாத்திரத்தை வையுங்கள்.

• கட்டுப்பாடற்று மலசலம் கழிக்கும் பிரச்சினையுடைய முதியோர்களுக்கு பேட்ஸ் (பீனாசு)களைப் பயன்படுத்துங்கள்.
உணவு உண்ணல்

• விரல்களை உபயோகித்து உண்ணக்கூடிய உணவுகளை வழங்குங்கள்.

• உணவுகளை சிறிய சிறிய துண்டுகளாக வெட்டிப் பரிமாறுங்கள்

• அதிகம் சூடான உணவுகளைப் பரிமாற்ற வேண்டும்.

• கொடுக்கப்பட்ட உணவை எவ்வாறு சாப்பிடுவது என்று அவருக்கு ஞாபகப்படுத்துங்கள். (கையைப் பாவித்து அல்லது உணவுத் தட்டில் எவ்வாறு சாப்பிடுவது என்று)

• உணவை விழுங்குவதில் பிரச்சினைகள் இருப்பின் விசேட வைத்திய நிபுணரிடம் காட்டுங்கள்.

• சாப்பிடக்கூடிய தயார் நிலையில் உணவைப் பரிமாறுங்கள்.
வீட்டைவிட்டு அலைந்து திரிதல்

• அவரைக் கண்டு பிடிப்பதற்கு இலகுவாக ஒரு கைப்பட்டியையே அல்லது மாலையையோ அல்லது நிறமான ஆடைகளையோ அணிந்திருக்கச் செய்யலாம்.

• காணாமல் போய் தேடிய கண்டு பிடிக்கப்பட்ட போது உங்களது கோபத்தை அவரில் காட்ட வேண்டாம்.

அறளை பெயர்தலின் படிநிலைகள்:

01. ஆரம்பநிலை (Early Stage)

இந்நிலையில் ஒருவர் குழப்பத்திற்குட்பட்டிருப்பதோடு சற்றுமுன் நிகழ்ந்த விடயங்களை மறந்துவிடுபவராகத் தோன்றலாம். கவனத்தைக் குவிப்பதிலும் முடிவெடுப்பதிலும் சிரமங்களைக் கொண்டிருப்பார். தனது வழமையான செயற்பாடுகளில் பிடிப்பை இழந்து விடலாம். பொதுவாக குடும்பத்தவர்களும் சுகாதார உத்தியோகத்தார்களும் இவ்வாரம்ப நிலையை வயது முதியும் போது ஏற்படுகின்ற சாதாரண நிலையெனக் கருதுகின்றார்.

02. மத்திய நிலை (Intermediate Stage)

குழப்பம், மாறாட்டம், ஞாபக மறதி, மனோநிலை மாற்றங்கள் என்பன மிகவும் தீவிரமாகக் காணப்படும் நடத்தைப் பிரச்சினைகள். உதாரணமாக : மூர்க்கப் போக்கு மற்றும் பாலியல் பிரச்சினைகள் என்பன

உருவாக முடியும். அவ்வயோதிபர் வீட்டை விட்டு வெளியில் அலைந்து திரியலாம். அவரது தூக்கம் பெரிதும் பாதிக்கப்படுவதுடன் தன்னைத்தானே கவனித்துக் கொள்ளும் அவரது ஆற்றலும் பாதிக்கப்படலாம். சாதாரண விடயங்களைக் கூட (ஆடை அணிதல்) சுலபமாகச் செய்ய முடியாமல் போகலாம். அவர் நாளாந்தம் சாதாரணமாக பிறருடன் பேசுவற்றைப் பேசவும் புரிந்து கொள்ளவும் சிரமப்படலாம்.

03. பிந்திய .: காலங்கடந்த நிலை (Late Stage)

அவர் தனது உறவினர்கள் நண்பர்களை அறிந்து கொள்ளமாட்டார். உடல் எடை குறைதல், இடைக்கிடை வலிப்பு ஏற்படுதல், சிறுநீர் மலம் கழிப்பதில் கட்டுப்பாட்டை இழத்தல் என்பன காணப்படலாம். அவருடன் எந்தவிதமான பொருள் பொதிந்த உரையாடல்களையும் மேற்கொள்வது பெரும்பாலும் சாத்தியமாகாது. அவர் எல்லா நேரமும் குழம்பிய நிலையிலேயே காணப்படலாம்.

குழம்பியுள்ள நடத்தையுள்ள ஒரு வயோதிபரைக் கையாளும்போது நினைவிற் கொள்ள வேண்டியவை

01. ஒரு வயோதிபரில் தொந்தரவு மிக்கநடத்தைகள் வெளிப்பட அறளை பெயர்தல் (Demetia) உளமாய நோய் (Psychosis) குழப்பம் / மாறாட்டம் (Delirium) அல்லது மனச்சோர்வு (Depression) என்பன காரணங்களாக இருக்க முடியும். முதலில் மேற்குறிப்பிட்டவற்றை இனம்கண்டு அவற்றிற்குச் சிகிச்சையளிக்க வேண்டும்.

02. Alzheimer's Disease அறளைபெயர்தல் ஏற்படத் துவங்குகின்ற பொதுவான காரணியாகும். தற்போது இதனை குணப்படுத்தவதற்கு எந்தவித சிகிச்சையும் இல்லை.

03. நடைமுறை ஆலோசனைகளை உணர்வு ரீதியான ஆதரவு நடத்தைப் பிரச்சினைகளுக்கு உதவும் மருந்துகள் என்பன பராமரிப்புச் சுமையாகக் குறைப் பதற்குரிய மிகச் சிறந்த வழிகளாகும்.

04. முதியோர்கள் பாவிக்கின்ற பல மருந்துகளின் அளவு இளவயதினருக்குப் பயன்படுத்துகின்ற மருந்தின் அளவை விட கிட்டத்தட்ட மூன்றில் ஒரு பகுதியில் இருந்து அரைவாசி வரையாகும். அநாவசியமான மருந்துகளை தவிர்க்கவும்.

05. வைத்தியரின் ஆலோசனையின் படியே மருந்துகளை பாவிக்கவும்.

Dr. பா. யூடிர்மெஸ் ஜெயக்குமார்
சிரேஸ்ட் உளநல மருத்துவர்
மட்டக்களப்பு



“MINI MENTAL STATE EXAMINATION (MMSE)” “அறளை பெயர்தலை கண்டறிவதற்கான வினாக்கொத்து”

(A) Orientation (நினைவாற்றல்)

01. இன்றைய நாள் என்ன?
02. இன்றைய திகதி என்ன?
03. இந்த மாதம் என்ன?
04. இந்த வருடம் என்ன?
05. இப்போது நேரம் என்ன?
06. இந்தக் கட்டிடத்தின் பெயர் என்ன?
07. இந்த நகரத்தின் பெயர் என்ன?
08. இந்த மாவட்டத்தின் பெயர் என்ன?
09. எமது நாட்டின் பெயர் என்ன?
10. எமது நாட்டின் தலைநகரின் பெயர் என்ன?

(சரியானவற்றிற்கு 1 புள்ளி வீதம் கொடுக்கவும்) மொத்தம் - 10 புள்ளிகள்

☐

(B) Registration / Concentration / Recall (உள்வாங்குதல் / கிரகித்தல் / மீள்கொணர்தல்)

01. நான் உங்களிற்கு 03 பொருட்களின் பெயர்களைக் கூறுவேன். அதன் பின் நீங்கள் அப்பொருட்களின் பெயர்களை கூறவேண்டும். மீண்டும் சிறிது நேரத்தின் பின் அப்பொருட்களை மீளசொல்லும் படி கூறுவேன். அப்போதும் நீங்கள் அவற்றைக் கூறவேண்டும். 3 தடவைகள் வரையில் பயனாளிக்கு பொருட்களின் பெயர்களை கூறலாம். (அப்பிள், மேசை, பந்து)

(ஒவ்வொரு புள்ளி வீதம் கொடுக்கவும்) மொத்தம் - 03 புள்ளிகள்

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02. “புத்தகம்” இந்த சொல்லை பின் இருந்து முன்னோக்கி சொல்லிக் காட்டவும், அல்லது எழுதவும். “ம் க த த் பு”

(ஒவ்வொரு புள்ளி வீதம் கொடுக்கவும்) மொத்தம் - 05 புள்ளிகள்

☐

03. முதல் சொன்ன 03 பொருட்களை மீண்டும் கேட்கவும்.

(ஒவ்வொரு புள்ளி வீதம் கொடுக்கவும்) மொத்தம் - 03 புள்ளிகள்

☐

(C) Language / Drawing (மொழித்திறன் / வரைதல்)

01. இந்த மட்டையில் உள்ளதை வாசித்து அதன்படி செய்யவும். (மட்டையில் “கண்களை மூடவும்” என எழுதியிருக்கும்)

(சரியாகச் செய்தால் ஒரு புள்ளி கொடுக்கவும்)

☐

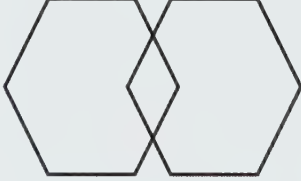

02. முழுமையான வசனம் ஒன்றை எழுதச் சொல்லவும். (பேப்பர் பேனை என்பவற்றைக் கொடுக்கவும்) சரியான இலக்கண நடைமுறை என்பவற்றைப் பார்க்கவும். எழுத்துப் பிழை மற்றைய பிழைகளைப் பொருட்கடுத்தத் தேவையில்லை.

(ஒவ்வொரு புள்ளி வீதம் கொடுக்கவும்)

☐

03. இந்தப் படத்தைப் பார்த்து இந்த தாளில் வரையவும்.

(சரியான வரைபடத்திற்கு 1 புள்ளி வீதம் கொடுக்கவும்)

☐


04. நான் சொல்லும் பழமொழியை மீண்டும் எனக்குக் கூறவும். “வேள்ளம் வருமுன் அணைக்கட்ட வேண்டும்”

(சரியான பழமொழிக்கு 01 புள்ளி வீதம் கொடுக்கவும்)

☐

05. நான் காட்டும் பொருட்களின் பெயர்களைக் கூறுங்கள் “பேனை, மணிக்கூடு”

(சரியானவற்றிற்கு 01 புள்ளி வீதம் கொடுக்கவும்) மொத்தம் 02 புள்ளிகள்

☐

06. நான் உங்களிற்கு ஒரு பேப்பரை தருவேன். நான் சொல்வதை விபரமாகக் கேட்டு அதன்படி அந்தப் பேப்பரைச் செய்ய வேண்டும்.

“பேப்பரை வலது கையால் எடுத்து அதனை இரண்டாக இருகைகளாலும் மடித்து அதனை மேசையில் வையுங்கள்.....”

(சரியானவற்றிற்கு 01 புள்ளி வீதம் 03 புள்ளி கொடுக்கவும்)

☐

மொத்தம் - 09 புள்ளிகள்

மொத்த புள்ளிகள் - 30

சாதாரணம்.....27 கிற்கு மேல்

அறளை பெயர்ந்த நிலை 25 புள்ளிகளை விட குறைவாக உள்ள போது, எனினும் இதற்கான வரையறை கல்வியறிவு, நுண்ணறிவு என்பவற்றுடன் மாறலாம்.

குறிப்பு :- உளச்சோர்வு (Depression) மாறாட்ட நிலைமை (Acute Confessional State) ஆகிய நிலைமைகளிலும் புள்ளிகள் குறைவாகக் கிடைக்கும்.

A Tamil Diabetes Advocacy Network

It is well known in the medical community that individuals of South Asian descent are considered a high risk population for diabetes due to:

- Genetic factors
- Cultural factors (high-fat, refined flour diet)
- Altered fat distribution (increased abdominal fat, increased insulin resistance)
- Higher prevalence of metabolic syndrome

Recognizing the burden of diabetes in the Tamil community, we are currently developing Tamil DHAN (Tamil Diabetes Health Advocacy Network). The initially proposed logo was as follows:

Based on feedback, the word 'Health' was added to change the acronym to Tamil DHAN and it was suggested that it was not clearly evidence that the leaf represents a banana leaf, and thus the new logo will show the leaf in a more expanded format.



The objective of this Tamil DHAN is to promote healthy lifestyle choices in the Sri Lankan Tamil Canadian population.

The goal of Tamil DHAN is to develop initiatives that will improve patient and caregiver education for diet and lifestyle interventions. Such initiatives will focus on three core groups:

- Community / Patients
- Physician / Healthcare provider
- CTMA (Canadian Tamil Medical Association)

One of the initial planned objectives of the organization is to engage local restaurants and recreational clubs, to encourage local groups to promote healthy living (i.e. additional of healthy menu options, promote or facilitate recreational activities) and discuss benefits of partnership to local business owners.

Diabetes is a significant burden on the Tamil community in Canada. We need to act quickly and efficiently to prevent the long-term consequences diabetes. We hope that the Tamil DHAN will provide the resources our community requires to battle this ongoing epidemic. Your support and participation in Tamil DHAN initiatives is vital to the success of this program!

Sincerely,

Tharsan Sivakumar, MD, MPH, FRCPC (Endocrinologist)

Director, Institute of Diabetes & Endocrinology

மாற்றுத் திறனாளிகளுக்கான Water Mattress, Mattress Wheel Chair& Pampers வழங்கும் நிகழ்வு

Canada Tamil Medical Association (CTMA) நிதி அணுசரணையில் கல்வி வளர்ச்சி அறக்கட்டளையூடாக மாற்றுத்திறனாளிகளுக்கு Water Mattress ,Mattress Wheel Chair& Pampers வழங்கும் நிகழ்வு .

Sponsored by :

Canadian Tamil Medical Association

Implemented by :

Kilinochchi Education Development Trust



மேற்படி நிகழ்வு 2014.11.02ந் திகதி ஞாயிற்றுக்கிழமை காலை10.00 மணியளவில் கிளி/புனித திரோசா பெண்கள் கல்லூரி மண்டபத்தில் கல்வி வளர்ச்சி அறக்கட்டளை உத்தியோகத்தர் அ.தீலீபன் தலைமையில் ஆரம்பமானது. அவர் தனது தலைமையுரையில் கல்வி வளர்ச்சி அறக்கட்டளையின் செயற்பாடுகள் பற்றியும் மற்றும் சேவைகள் தொடர்பாகவும் ஊவுஆயு வின் பணிகள் தொடர்பாகவும் எடுத்துக்கூறியதுடன் கல்வி வளர்ச்சி அறக்கட்டளையின் தலைவர் Dr த.சத்தியமூர்த்தி அவர்களின் பெரும் முயற்ச்சியின் விளைவாக CTMA யிடமிருந்து இவ்வுதவியை பெறப்பட்டது எனத்தெரிவித்தார்.



தொடர்ந்து கல்வி வளர்ச்சி அறக்கட்டளையின் உறுப்பினர் திருமதி ஜெயந்தி தனபாலசிங்கம் கருத்து தெரிவிக்கையில் ஒவ்வொரு பொருட்களையும் சரியான முறையில் பயன்படுத்த வேண்டும் எனவும் எல்லோரும் வாழ்கையில் முன்னேறுவதற்கான ஆலோசனைகளையும் கூறினார்.

தொடர்ந்து Dr ப.கோகுலன் அவர்கள் உரையாற்றுகையில் வடமாகாணத்தை சேர்ந்த மாற்று திறனாளிகளுக்கு அந்தந்த பிரதேச வைத்தியசாலையில் மருத்துவ உதவிகளை இலகுவாக பெறுவதற்கான ஏற்பாடுகளை அப்பிரதேச மருத்துவ அத்தியேட்சகருடன் கலந்துரையாடி பெற்று தருவதாகவும் கூறினார்.



அதனைத் தொடர்ந்து கல்வி வளர்ச்சி அறக்கட்டளையின் உறுப்பினரான திரு க.கடம்பசோதி கருத்து தெரிவிக்கையில் எல்லோரும் இவ் உதவியினை சரியான முறையில் பயன்படுத்த வேண்டும் எனவும் மற்றவர்களுக்கு உதவி செய்யும் மனப்பாங்கினை நாம் வளர்த்து கொள்ள வேண்டும் எனவும் தெரிவித்தார்.



அடுத்து மாற்றுத்திறனாளிகளுடன் கலந்துரையாடியபோது தங்களுக்கு கிடைத்த இவ் உதவி தங்கள் வாழ்கையில் மிகவும் முக்கியமானதும் சரியான நேரத்திலும் கிடைக்கப் பெற்றதாகவும் இதற்காக CTMA யினருக்கும் கல்வி வளர்ச்சி அறக்கட்டளையினருக்கும் தமது நன்றியினை தெரிவித்துக் கொண்டனர்.

இறுதியில் நன்றியுரையுடன் மதியபோசன உணவு எல்லோருக்கும் வழங்கப்பட்டதுடன் நிகழ்வுகள் யாவும் முடிவுற்றது.

CTMAவின் நிதி அனுசரனையுடன் கல்வி வளர்ச்சி அறக்கட்டளையினால் மேற்கொள்ளப்பட்ட இரண்டாம் கட்டத்திற்கான பற்குகாதார செயற்றிட்ட அறிக்கை - 2014.

CTMA(கனடா)வின் நிதியுதவியினால் கிளிநொச்சி கல்வி வளர்ச்சி அறக்கட்டளையினால் நடைமுறைபடுத்தப்படும் துணுக்காய் பாடசாலைகளுக்கான இரண்டாம்கட்டத்திற்கான பந்தூரிகை, பற்பசை வழங்கல் நிகழ்வு. இடம் - துணுக்காய் வலையம் காலம் - 12.09.2014 நேரம் - காலை 10.00.

Sponsored by :

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மேற்படி நிகழ்வானது துணுக்காய் வலயக்கல்விப்பணிப்பாளர் திருமதி மாலினி வென்றின் தலைமையில் எமது கல்வி வளர்ச்சி அறக்கட்டளையின் தலைவர் னுச த.சத்தியமூர்த்தி மற்றும் துணுக்காய் வலயத்தினை சேர்ந்த பாடசாலை அதிபர்கள், கல்வி வளர்ச்சி அறக்கட்டளை அலுவலர்கள் ஆகியோர் கலந்து கொண்டனர்.

பின்னர் கல்வி வளர்ச்சி அறக்கட்டளையின் தலைவர் னுச த.சத்தியமூர்த்தி அவர்கள் உரையாற்றுகையில் மாணவர்களை பாடசாலை அதிபர்கள் ஒவ்வொரு தலைமைப்பண்புமிக்கவர்களாக வளர்க்க வேண்டும். அத்தோடு அதிபர்கள் அனைத்துதரப்பினரும் தொடர்புகளை சரியான முறையில் பேணி தமது பாடசாலையினை வளப்படுத்திக்கொள்ள வேண்டும். சிறுவர்கள் கல்வி, கலாச்சாரம், குழுவேலைத்திட்டம் மற்றும் விளையாட்டு துறை சார்ந்த ஏனையவற்றில் சிறந்த ஆளுமை மிக்கவர்களாக வளர்த்துக் கொள்ள வேண்டும். தொடர்ந்து கருத்து தெரிவிக்கையில் பாடசாலை மாணவர்களுக்கு சரியான முறையில் பற்குகாதார தொடர்பான விழிப்புணர்வு வழங்க வேண்டும் என்றும் எதிர்காலத்தில் இது தொடர்பான நோய்கள் இல்லாத சமூகத்தை உருவாக்க வேண்டும் என்றும் கேட்டுக்கொண்டார். இறுதியில் அதிபர்கள் நோய்கள் ரீதியான சந்தேகங்களை வினாவிய போது அதற்குரிய ஆலோசனைகளையும் வழங்கினார். தொடர்ந்து துணுக்காய் வலயத்தினை சேர்ந்த 54 பாடசாலைகளுக்கான 730-பந்தூரிகை, 73-பற்பசை வழங்கப்பட்டது. பின்னர் 1.00மணியளவில் நிகழ்வு நிறைவுபெற்றது.





CANADIAN TAMIL MEDICAL ASSOCIATION

CHARITABLE ORGANIZATION #823467279RR0001

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Canadian Tamil Medical Association Conveys Sympathy to Victims of Landslide in Sri Lanka

Canadian Tamil Medication Association (CTMA) conveys our deepest sympathies to the people affected by the recent landslide at Koslanda tea plantation in Badulla. Most of the people affected are Tamils and more than 200 people are missing with very slim hope of finding survivors.

As a charitable organization, CTMA has taken part in several humanitarian relief programs. Considering the urgency of the situation our charitable association will be collecting funds to aid the individuals affected by the landslide. Donations collected will be given to a reputed non-government organization in Sri Lanka.

We urge the Canadian community to donate in support of relief to those affected by this disaster. Funds raised will be donated in their entirety. All donations over 20 dollars will be issued charitable donation receipts by CTMA. Donations are accepted in cash or cheque (payable to CTMA) at the following locations:

SCARBROUGH

Dr. S. Shanmugavadel
(416) 266 5161
2466 Eglinton Avenue East, Unit 7
Scarborough, ON, M1K 5J8

Dr. K. Ravi
(416) 293 0130
5005 Steeles Ave East
Suite # 100, Scarborough, ON.

MARKHAM

Dr. R. Logan
(905) 944-0100
7380 McCowan Rd
Markham, ON L3S 3H8

Dr. M. Arun
(905) 201 1201
9889 Markham Rd. Unit 3
Markham ON L6E 0B7

MISSISSAUGA

Dr. V. Santhakumar
(905) 273 6895
5560 McAdam Rd
Mississauga ON L4Z 1P1

Please leave your name and mailing address to receive your tax-deductible receipt.

We will continue to raise funds at our annual charity fundraiser, Lights of Healing, happening Sunday, November 30, 2014.

For more information, please contact us at ctmacharity@gmail.com



பற்குத்தை, ஞானப்பற்களை அகற்றுதல்

எமது சிறு குழந்தைகளின் பற்குத்தைகள் அதிகமாக அவதானிக்கப்படுவது விரும்பத்தக்கதல்ல. இன்று வசதி குறைந்தவர்களின் பிள்ளைகளின் பற்சிகிச்சைக்கு ஒன்ராறியோ அரசு (Health Smile Ontario) என்ற திட்டத்தின் கீழ் உதவி வழங்குகின்றது. பற்களில் ஏற்படும் சிதைவுகள் குழந்தைகளின் உடல் வளர்ச்சியையும் உள்ளத்தின் மேம்பாட்டையும் பாதிக்கின்றன. எனவே பெற்றோர் இதில் கவனம் செலுத்தவேண்டியது அவசியமாகும்.

பதினெட்டு வயது நிரம்பிய பருவ வயதினரின் கடைசிப்பற்கள் (ஞானப் பற்கள்) தாடைகளில் இடம் போதாமையால் பிடுங்க வேண்டிய நிலைமை ஏற்படுகிறது. இப்பற்களைக் காலந்தாழ்த்தாது அகற்றிவிடுவது விரும்பத்தக்கது என்பது எனது கருத்தாகும் காலந்தாழ்த்துவதால் பக்க விளைவுகள் பல ஏற்பட இடமுண்டு. இப்பற்களின் வேர்கள் நீண்டு தாடை நரம்புகளை அண்மிப்பதால் சத்திர சிகிச்சையின் போது போதிய கவனம் செலுத்துவது அவசியமாகிறது. இது பற்றிய மேலும் விபரங்களை உங்கள் பல்வைத்தியரிடம் கேட்டு அறிந்து கொள்வது கட்டாயமானது.

முரசு தேய்வினால் பற்குச்சம் ஏற்படுவது வயதேறும்போது நாம் அவதானிக்கின்றோம். இதற்கு நகர்ந்த முரசை பழையபடி சரிசெய்வதற்கு முரசுச் சத்திர சிகிச்சை உதவுகின்றன.

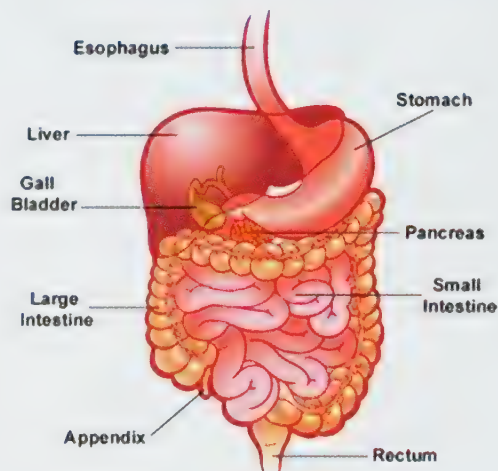
டாக்டர் அ. சண்முகவடிவேல்

எமது மக்கள் மத்தியில் நீரிழிவு நோய் உள்ளது பலரும் அறிந்ததே. இதற்குப் பல காரணங்கள் உள்ளன. இந்த நிலைமையைக் கட்டுப்படுத்தும் நோக்குடன் தமிழர் நீரிழிவு அமைப்பின் (Tamil DHAN) அனுசரணையுடன் எம்மவர்க்கு சமூக அடிப்படையில் உதவுவதற்கு கனடா தமிழ் மருத்துவர் சங்கம் (CTMA) திட்டங்களை வகுத்து நடைமுறைப்படுத்த விரும்பியுள்ளது.



நவம்பர் மாதம் கனடாவில் நீரிழிவு மாதமாகக் கடைப்பிடிக்கப்படுகிறது. இவ்வியாதியினால் இந்நாட்டில் பலர் பாதிக்கப்பட்டுள்ளார்கள். எம்மவர்களிலும் இந்நோயின் பாதிப்பு அதிகமாக உள்ளது. இதன் காரணமாக இவர்களின் முரசில் பாதிப்புகள் அதிக பட்சம் ஏற்படுகின்றன. எனவே சலரோகத்தால் பாதிக்கப்பட்டவர்கள் அவ்வியாதியைக் கட்டுப்பாட்டில் வைத்திருப்பதுடன் பற்களையும் ஈறுகளையும் பல் வைத்திய உதவியுடன் பேணவேண்டியது அவசியமாகிறது.

A Quick Glance at Gastroesophageal Reflux Disease (GERD) and Peptic Ulcer Disease (PUD)

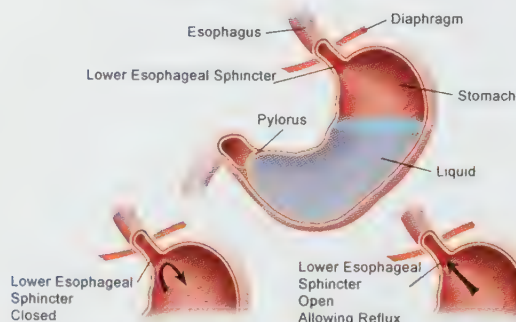


5 Symptoms of Gastroesophageal Reflux Disease (GERD)

- Burning sensation in the chest or upper abdomen (Heartburn)
- Feeling of indigestion
- Difficulty swallowing (Dysphagia)
- Feeling of vomiting (Nausea)
- Tasting undigested food and gastric content

Heartburn is the general term for gastroesophageal reflux. However, not everyone with gastroesophageal reflux gets heart burn. Acid refluxing into the esophagus can cause inflammation. Inflammation at the lower esophagus can cause nausea, feeling of indigestion, abdominal bloating, and pain. If the inflammation is severe or chronic, people may experience difficulty swallowing or feel food get stuck at the lower esophagus.

Gastroesophageal Reflux



5 Causes of Gastroesophageal Reflux Disease

- Late night meals or bedtime snacking
- Large meals
- Spicy food
- Excessive alcohol, coffee or tea
- Hiatus hernia

People with a hiatus hernia are prone to have gastroesophageal reflux. Hiatus hernia is a diaphragmatic weakness around the lower esophagus which permits the gastric content to reflux into the esophagus freely.

5 Ways to prevent acid reflux (GERD)

- Avoid or reduce the use of coffee, tea and alcohol
- Avoid spicy food
- Stop night time snacks and late night meals
- Lose body weight mainly from the abdomen
- Keep head of the bed elevated by 4 to 6 inches

Lifestyle changes i.e., avoid the triggers, lose weight and eat on time can give symptom improvement. Nighttime snacking or late night meal is a common cause of GERD for most people. Symptomatic patients are asked not to eat or snack for at least 3 hours before bedtime. People think minimal alcohol use is acceptable with GERD. Unfortunately, if the person is symptomatic and alcohol is considered the trigger, a complete abstinence from alcohol is recommended. Adding extra pillows will not elevate the upper body, but just the head. The head of the bed should be raised by using a wedge pillow or a piece of wood under the leg. Regular exercise and weight loss may help with reflux symptoms. Exercising soon after a meal may cause more reflux symptoms. Patients should consider exercising at least 2 hours after meal.

5 Complications from untreated GERD

- Esophageal stricture
- Esophageal ulcer and bleeding
- Chronic upper abdominal pain
- Micro-aspiration and chronic cough
- Esophageal Adenocarcinoma



Esophageal ulcers, strictures, and cancer can cause difficulty swallowing. People may feel food get stuck at the bottom or top of the chest. Difficulty swallowing that starts with solids and progresses to liquids needs urgent medical attention. Esophageal ulcer can cause pain and bleeding which can result in tarry black stools.

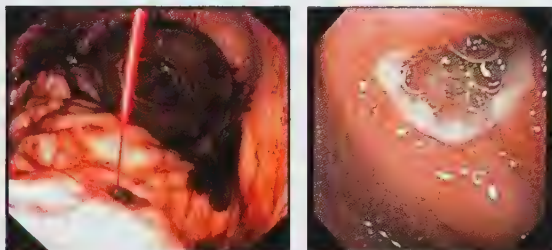
5 Reasons for heartburn while on medical therapy

- Not on the right medication
- Not taking the medication regularly
- Not taking the medication properly (30 min before meal)
- Symptoms are not related to acid reflux (functional)
- Continue to have triggers - (drinking/smoking/spicy food)

Proton Pump Inhibitors (PPI) are the most common medications use to treat GERD. Most PPI should be taken at least 30 minutes before meal to get the optimal benefit. Taking PPI after symptom onset or with the meal is less beneficial. PPI's cut down the acid secretion by blocking the acid pumps. They do not neutralize the acid to alleviate the symptoms therefore; they have to be taken prior to meal. If the symptoms have already started TUMS, Pepto-Bismol or Gaviscon may be helpful. Stress induced or functional esophageal pain will not completely respond to acid suppressing medications. It may respond to a small dose of antidepressant at bedtime.

5 Signs and symptoms of GI bleeding

- Coffee ground vomit
- Vomiting frank blood (not coughing up)
- Tarry black stools
- Drop in hemoglobin on blood test
- Fresh or old blood from the rectum



Bleeding and non-bleeding ulcers

5 Common causes of peptic ulcers?

- Aspirin (even baby Aspirin)

- Frequent or regular use of NSAIDs (Advil, Ibuprofen, Naproxen, Arthrotec, Aleve)
- *H.pylori* infection – *Helicobacter Pylori* is a bacterium
- Cancer of the stomach
- Stress

The most common causes of PUD include Aspirin, NSAID use and Pylori infection. Tylenol or acetaminophen does not normally cause peptic ulcers. NSAIDs which are commonly used to treat arthritis can cause peptic ulcers. If you require NSAID for your arthritis you should consider taking a medication for your gut protection as well. Pylori is a bacteria found in about 10% of the population. It can cause peptic ulcers and rarely gastric cancer. People who have Pylori infection are at high risk for PUD when they take NSAIDs. As Pylori can cause peptic ulcers and gastric cancer, a complete eradication is always recommended. Pylori are some time difficult to treat. Pylori treatment consists of at least two different antibiotics and a PPI for up to 2 weeks. The medications should be taken as prescribed without missing a dose. A few months after the treatment you should ask you family doctor to check and confirm the eradication. If your symptoms persist regardless of optimal medical treatment a gastroscopy is indicated to rule out malignancy.

5 Treatments of peptic ulcer disease (PUD)

- Acid suppressants (PPI's, H2 blockers)
- Endoscopic treatment
- Stop taking Aspirin and NSAIDs
- Treat and eradicate *Pylori* infection
- Surgical resection (very rare)

Proton Pump Inhibitors (PPI–Tecta, Nexium, Pariet, Prevacid, and Dexilant) are the most common medications used to treat peptic ulcers. These are more efficacious compared to any H2 blockers. Actively bleeding ulcers can be treated endoscopically. Bleeding can be stopped by clipping, cauterizing or injecting the bleeding lesion. Endoscopic treatment and medications treat over 95% of the ulcers and have almost eliminated the need of surgery for peptic ulcers.

Dr. Bahe Rajendran MD. FRCPC

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About the Self Management Program

Many people live with one or more chronic conditions. Although these conditions may be different, often the frustrations, challenges and concerns are the same. Having a long-lasting health condition can impact a person's physical, mental and emotional health as well as compromise a person's ability to carry on with routines or take part in activities. The good news is that individuals with one or more chronic conditions can maximize their health by learning positive self-management skills.

The Self Management Program is FREE of charge and fully supported by the Ontario Ministry of Health and Long Term Care. The program was created at Stanford University. In the Mississauga Halton region, this program is called Maximize Your Health.

Who Should Attend?

This program is for people who live with a lifelong health condition like diabetes, lung or heart disease, arthritis, have a mental health diagnosis, or any other condition. Spouses and caregivers are also welcome.

What will workshop participants learn about?

Some of the valuable topics covered in the workshop include:

- Setting achievable goals
- Overcoming barriers
- Thinking positively
- Health Eating and Activity
- Working with your healthcare providers
- Managing symptoms and much more!

What is the Format of this Workshop?

Participants meet for 6 weeks, once a week for 2 1/2 hours and also receive a FREE resource book to use at home.

What if I don't live in Mississauga or Halton?

Good News! The Self Management Program is available throughout Ontario. Please call or e-mail the Maximize your Health Program at 1-855-223-6847 ext 4877 or maximizeyourhealth@haltonhealthcare.on.ca to get connected with a program near you!























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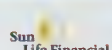
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