

MEDITIME

A Medical Bulletin from TIME Pharmaceuticals (P.) Ltd.

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दीर्घ दमखोकी (सीओपीडी) के हो ?

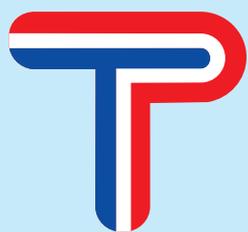
जाडोमा प्रदूषणको असर

Common Cold or Allergies

Paediatric Cough



Touching Lives, Delivering Promises



MEDITIME

A Medical Bulletin from TIME Pharmaceuticals (P.) Ltd.

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Editorial



“Visit Nepal 2020” with a slogan “Lifetime Experience” began with the onset of 2020. Tourism is the backbone of national economy and would like to wish a grand success of Visit Nepal 2020 on behalf of TIME Pharmaceuticals. As it is the mission of the nation, we should join hand wherever we are for its magnificent accomplishment.

This issue of MEDITIME is especially focused on the seasonal disease, especially winter disease which is very common as the temperature goes down. We are in the midst of the winter season. Especially old age people and children are very sensitive to cold and can develop varieties of illnesses during this season. Flu, common cold, respiratory disease, streptococcal pharyngitis, sinusitis, bronchitis etc are the most common winter disease. Viral flu, pneumonia is common in children as their immune system will not be developed well. So, immediate doctors should be contacted rather than ignoring and using OTC molecules. Similarly, COPD is common in old age people in this winter season. Majority of winter illnesses occur due to weak immunity so immunity system should be kept healthy to prepare body well in advance to accept changes in season.

TIME Pharmaceuticals, from its establishment, is focused on manufacturing quality medicine for the treatment of these diseases. Beside the products in solid and liquid dosage form, we are stepping ahead for manufacturing metered dose inhalers (MDIs) and dry powder inhalers (DPIs) as a future plan for treatment of chronic respiratory ailments.

In this issue, we are supported with the articles related to seasonal disease like COPD, cough, effect of pollution in winter season. Beside this, we also have the articles related to biliary cyst in infant and mental health at workplace. We feel honor to share the information from our valued doctors with our readers. I thankfully acknowledge all medical fraternities for your continuous support for MEDITIME, and wish similar support with valuable feedback and suggestion for improvement in it.

Lastly, I wish Happy New Year 2020 to all well wishers.

Thank you

Sudarshan Lal Shrestha
Editor in Chief

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Winter Allergies on Rise

Today, air pollution in Kathmandu and other big cities is worsening day by day with large chunk of the population being exposed to higher concentrations of pollutants in the air. Hence, an epidemic of pollution-related allergens sweeps these big cities as winter wears on. As a result, allergies have reached epidemic proportions, doctors say, as have respiratory illnesses, aggravated by the unsafe level of smoke, dust and chemicals in the environment.

The onset of winter can be a challenging time for those with chronic allergies and asthma. During this season, dry air can be a respiratory irritant and this can contribute to the worsening of allergy and asthma symptoms. Worldwide, 400 million people are affected by hay fever, while 300 million more suffer from asthma. While in Nepal, most hospitals during winter are filled with people with exacerbated COPD (Chronic Obstructive Pulmonary Disease) due to concentrated pollutants in the air. Research shows COPD top the list as 43% of non-communicable diseases taken in various hospitals of Kathmandu Valley which is on increasing trend. (Saud B et. al, *The Threat of Ambient Air Pollution in Kathmandu, Nepal, 2018*).

The number of people suffering from dust allergy is on the rise; thanks to the roads filled with dust and smoke in Kathmandu valley. Kathmandu's persistent pollution with larger dust particles especially in cold season can lodge themselves in the upper respiratory tract and cause allergic rhinitis, while very fine soot particles smaller than 2.5 microns enter the bloodstream, increasing the incidence of asthma. (*Nepali Times, 2018*). People suffering from dust allergies have respiratory problems such as rhinitis, sinusitis and pharyngitis. The most common manifestation is rhinitis as said by Dr. Khem Raj Bhusal, a consultant physician at Green City Hospital, Basundhara. (*The Himalayan Times, 2019*)

Most of winter allergy symptoms are really just as ordinary seasonal allergy symptoms. Because of the colder and harsher weather typical of the winter season, we are more likely to spend more time indoors and increase our exposure to indoor allergens like: dusts mites, molds, and insects more often. Manifestation of allergy can be seen in upper and lower respiratory tracts, skin, mouth, nose and eyes. However, seasonal allergies in upper and lower respiratory tracts due to cold weather and dust are common in Nepal, with symptoms like: itching, sneezing, rashes, runny or stuffy nose.

While most allergies are not life-threatening, they often cause discomfort and stress for many patients. The first step in managing an allergy is a proper diagnosis, which begins with talking to our doctor about our symptoms as well as our family and medical history. To treat seasonal allergies, doctors recommend taking medications such as oral antihistamines, nasal decongestant sprays, eye drops, a saline nasal rinse and washing bedding frequently in hot water, which helps kill dust mites and remove allergens. It is also recommended to get the flu vaccination.

Ecdcd Prepares National Guidelines for Snakebite Management

Kathmandu, December 11

Epidemiology and Disease Control Division under the Department of Health Services has come up with national guideline for snakebite management in Nepal.



According to EDCD, an estimated 20,000 people get bitten by snakes and 10% of them succumb to snakebites, across the country, every year.

Earlier, there was a protocol on snakebite management published by Ministry of Health in 2003.

The national guideline has explained about kinds of snakes found in Nepal, clinical manifestation of common venomous snakes, diagnosis of snakebite, clinical syndrome of snakebite, first aid treatment for patient of snakebite, referral of snakebite patients to health facilities and their role for snakebite management. The guideline explains about condition of referral, management of snakebite when no anti-venom is available and prevention of snakebite.

"The guideline will provide information on venomous snakes found in Nepal and will help in diagnosis of snakebite and its management. The guideline is intended to ensure standardised, timely and effective management of snake bite in the country. This guideline, I hope will be helpful for all health practitioners, army and police personnel, who have been working in preventing and treating snakebite patients, across the country," said Dr Bibek Kumar Lal, director Epidemiology and Disease Control Division.

The government is committed to achieving the national target, which is aligned with World Health Organisation's target of 50% reduction in deaths and disabilities due to snakebite by 2030.

"The guideline will help health workers to ensure early intervention and efficient use of anti-venom to save lives," added Dr. Lal. The national guideline is expected to avoid misuse of anti-venom, help early recognition of clinical features of snakebite, reaction to anti-venom, and provide appropriate management including artificial ventilation for patients if required.

Snakebite is life threatening medical emergency and survival of snakebite patients depends largely on appropriate first aid measures and immediate transportation to the nearest health centre where facility to administer anti-snake venom and supportive care is available.

The division has planned to train master trainers to help prevent snakebite in all provinces across the country.

"There will be at least three master trainers in all provinces across the country within this fiscal. These trainers will train other health workers in their respected provinces to help save lives from snakebite," said Dr. Lal.

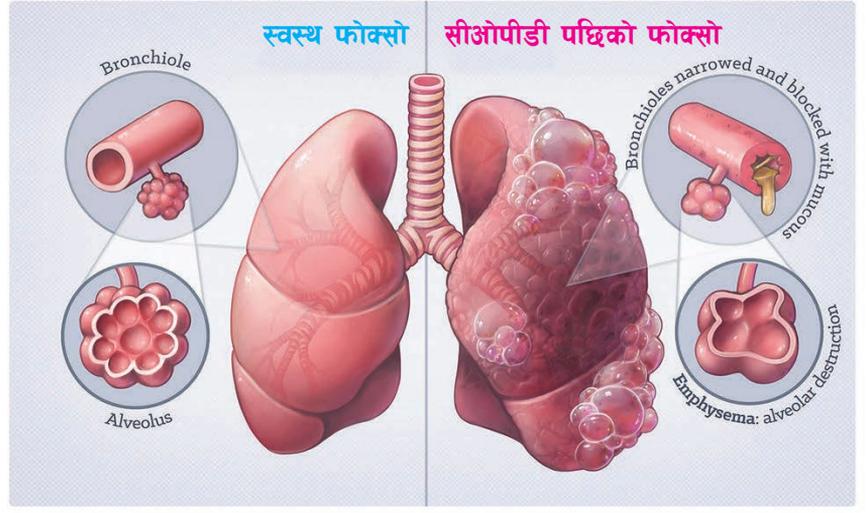


दीर्घ दमखोकी (सीओपीडी) के हो ?



डा. निरज बम
सहप्राध्यापक र छातीरोग विशेषज्ञ
त्रिवि शिक्षण अस्पताल

श्वासनली तथा फोक्सोका कोषहरू नष्ट भएर श्वास प्रश्वास प्रणालीको कार्यक्षमता घट्न गई श्वास प्रश्वास प्रक्रियामा अवरोध उत्पन्न भई सास फेर्न अति कठिन हुने दीर्घ प्रकृतिको रोगलाई दीर्घ दमखोकी (क्रोनिक अक्सट्रक्टिभ पल्मोनरी डिजिज) अर्थात सीओपीडी भनिन्छ ।
नेपाल स्वास्थ्य अनुसन्धान परिषदले गरेको एक सर्वेक्षणले करीब १२ प्रतिशत नेपालीलाई सीओपीडीको समस्या रहेको देखाएको छ । यो रोग नेपालमा नसर्ने खालका रोगहरू मध्येबाट मृत्यु हुने मध्ये एक प्रमुख रोग पनि हो ।



फोक्सोका श्वासप्रश्वास नलीहरूमा लामो समयसम्म धूम्रपान, वायुप्रदूषण तथा भान्साबाट निस्कने धुँवाँ, धूलोको दीर्घ रूपमा असर भई श्वास प्रश्वास नलीका भित्री भित्ताहरूमा क्रोनिक इन्फ्लामेसनका साथै फाइब्रोटिक प्रक्रिया भई श्वासप्रश्वास नली स्थायी रूपमा साँघुरिने र श्वास प्रश्वास तथा प्रवाह प्रक्रियामा गतिरोध उत्पन्न भई सास फेर्न कठिन हुन थाल्छ । समयमा उपचार भएन भने यो रोग क्रमिक रूपमा बढ्दै अन्य अंगहरूमा पनि असर गर्दछ । प्राय ४० बर्षको उमेर पछि कतिपय व्यक्तिमा सीओपीडीको समस्या देखा पर्दछ ।

फोक्सो त्यस्तो अंग हो जसले रगतलाई ताजा राख्न बाहिरी हावाबाट अक्सिजन लिने र शरीरमा जम्मा भएको कार्बनडाई अक्साइडलाई बाहिर फाल्ने गर्छ ।

फोक्सोमा अंगुरको गुच्छा आकारमा स-साना हावाका थैलीहरू हुन्छन् जसलाई एल्भीओली भनिन्छ । बाहिरको हावा श्वास नली मार्फत एल्भीओलीमा प्रवेश गर्दछ जहाँ हावामा भएको अक्सिजन रगतमा जान्छ र रगतमा भएको कार्बनडाई अक्साइड बाहिर निस्कन्छ ।

फोक्सोले सास फेर्नका लागि श्वास प्रश्वासमा संलग्न मांसपेशीहरूको पनि महत्वपूर्ण भूमिका हुन्छ । दम रोग दीर्घ रूपमा बढ्दै गएपछि सास फेर्न गाह्रो

हुँदै गएपछि शरीरमा अक्सिजनको मात्रा पनि घट्दै जान्छ र केही पछि फोक्सोले कार्बनडाई अक्साइड पर्याप्त मात्रामा फाल्न नसकी शरीरमा समस्या बढ्न सक्छ । साथै सीओपीडी रोग बढ्दै गएमा श्वासप्रश्वासमा संलग्न मांसपेशी कमजोर हुने र शरीरको तौल घट्दै जान सक्छ ।

सीओपीडी रोग विशेषगरी क्रोनिक ब्रोङ्काइटिस र इन्फाइसेमा भन्ने दुई रोगहरू संलग्न हुन्छन् ।

- ◆ क्रोनिक ब्रोङ्काइटिसमा दुई बर्षसम्म प्रत्येक बर्ष तीनमहिना भन्दा बढी लगातार खोकी लागिरहने हुन्छ ।
- ◆ इन्फाइसेमामा फोक्सोका स-साना श्वास नली एवं नलिकाहरू सुनिने तथा फाइब्रोसिस भई स्थायी रूपमा बिग्रिन जान्छन् ।

सीओपीडी रोगले स्नायू प्रणाली, मुटु, हाडजोर्नी, रगतमा असर गर्दछ । यो रोगले मानसिक स्वास्थ्य समस्या डिप्रेसनसमेत गराउन सक्छ । अत्यधिक धूमपान गर्ने व्यक्तिलाई सीओपीडीका साथै फोक्सोको क्यान्सर हुन सक्छ ।

यस्तै शरीरका मांसपेशीहरू कमजोर भएर जाने, पाचनप्रणाली कमजोर हुँदै जाने, शरीर सुनिने समस्याहरू आउन सक्छन् ।

सीओपीडी रोगमा फोक्सोको अक्सिजन शरीरमा लिने र कार्बनडाई अक्साइड ग्याँस शरीरबाट श्वास प्रश्वासको माध्यमबाट बाहिर फाल्ने क्षमता घट्दै जान्छ । फोक्सोका श्वास प्रश्वास नलिहरू स्थायी रूपमा साँघुरिएर जान्छन् र श्वास प्रश्वास नलीका भित्री भित्ताहरू इन्फ्लामेसन भई सुनिनेर जान्छन् र विभिन्न ग्रन्थिहरूबाट बढी खोकीका साथै प्रशस्त फोहोर खकार निस्कन थाल्छ ।

के कारणले हुन्छ सीओपीडी ?

- ◆ अधिकांश पुरुषका साथै महिलामा अत्यधिक धूम्रपानको सेवन ।
- ◆ भान्सामा खाना पकाउन प्रयोग हुने इन्धनबाट निस्किएको अत्यधिक धुँवाको फोक्सोमा असर ।
- ◆ औद्योगिक क्षेत्र तथा कलकारखानाबाट निस्किएको धुँवाका साथै सिलिका, कोइला, एस्वेस्टोसको असर श्वास नलीमा दीर्घ रूपमा पर्नु ।
- ◆ गर्भवती महिलाले धूम्रपानको सेवन गरी रहेमा विकसित भई रहेको भ्रुणको फोक्सो तथा श्वासप्रश्वास नलीको जन्मेपछि उपयुक्त विकास नहुनु ।
- ◆ जन्मिदै कम तौल भएका शिशुको फोक्सोको विकास यथेष्ट नभएमा ।
- ◆ बालबालिकामा छिटो छिटो संक्रमण

भई रहेमा पछि यो समस्या देखा पर्न सक्छ ।

- ◆ बायु प्रदुषणको असर फोक्सोमा दीर्घ रूपमा रहेमा पनि यो रोग लाग्न सक्छ ।
- ◆ $\alpha-1$ एन्टिट्रिप्सिन इन्जाइमको अभावमा हुने सीओपीडी परिवारमा बंशाणुगत हुनसक्छ ।

लक्षणहरू

प्रायः ४० वर्ष माथिका उमेरलाई शुरु हुने सीओपीडी रोगमा निम्न अनुसारका लक्षण देखा पर्न सक्छः

- ◆ तारन्तार खोकी लागिरहने
- ◆ छाती गह्रौं हुँदै जाने
- ◆ खकार बढ्दै जाने, खकारमा रगत पनि देखिन सक्ने
- ◆ श्वास फेर्न कठिनाई बढ्दै जाने
- ◆ छातीमा घ्यार-घ्यार आवाज आउने
- ◆ शरीर तथा खुट्टा सुन्निने
- ◆ कार्वनडाईअक्साइड शरीरमा जम्मा भई बिहानीपख टाउको दुख्ने
- ◆ तौल घट्दै जाने, छाला चाउरिने

ब्रोङ्किएल आज्मा, क्षयरोग, ब्रोङ्कियाक्टासीस, कन्जेस्टिभ हार्ट फेलरका विरामीहरूको पनि लक्षण सीओपीडीसंग मिल्न सक्छ । तर उपचार विधि फरक छ ।

परीक्षण

माथि उल्लेखित लक्षणहरू देखा परेमा विरामीहरूले चिकित्सक संग परामर्श लिनु उपयुक्त हुन्छ । लामो समयसम्म

धूलो, धूवाँको सम्पर्कमा रहेका मानिसहरूमा माथिका लक्षणहरू देखिए निम्न परीक्षण गराउन उपयुक्त हुन्छ ।

- ◆ छातीको एक्सरे ।
- ◆ रगतको परीक्षणबाट रक्त अल्पता साथै पोलिसाइथेमिया पत्ता लाग्दछ ।
- ◆ स्पाइरोमेट्री परीक्षण (पल्मोनरी फडसन टेष्ट) ।
- ◆ खकार परीक्षण र रगतको बायोकेमिकल परीक्षण ।
- ◆ सीओपीडी बाहेक अन्य रोगको शंका लागेमा सीटी स्क्यान परीक्षण पनि गर्नुपर्ने हुनसक्छ ।

उपचार

सीओपीडी रोगको पहिचान भएमा विभिन्न किसिमका ब्राङ्कोडाइलेटर औषधि लगायतका औषधिहरू शुरु गरिन्छ ।

यस्तै श्वास नलीलाई खुलाउने औषधिहरू उपलब्ध छन् । जसमा इन्हेलेन्ट (सुँघेर लिईने औषधि) एक प्रमुख औषधि हो ।

$\beta-1$ एगोनिष्ट तथा स्टेराइड रहेका इन्हेलेन्टहरूले श्वास नलीलाई खुलाई श्वास प्रश्वासमा सहज बनाउँछ । फोक्सोमा संक्रमण भएमा विभिन्न एन्टीबायोटिक्स प्रयोग गरिन्छन् ।

- ◆ शरीरमा अक्सिजन कम भईरहेमा र SpO_2 स्थिर नरहेमा अस्पताल तथा घरमै अक्सिजन लिएर बस्नुपर्ने हुन्छ ।
- ◆ सीओपीडीका विरामीहरूले पोषिलो र प्रोटीनयुक्त खाना खानु पर्दछ ।

- ◆ न्यूमोनिया तथा एन्टी इन्फ्लएन्जा खोपले रोग बिग्रिएर जाने समस्यालाई रोकथाम गर्न मद्दत पुऱ्याउँछ ।

दीर्घ दमखोकी विरामीका लागि श्वास प्रश्वास व्यायम

श्वास प्रश्वास व्यायमको उद्देश्य दीर्घ दम खोकीका विरामीहरूलाई सास फेर्न सहज बनाउनु तथा विरामीहरूको दैनिकीलाई आरामदायी बनाउनु हो । यस अन्तरगत निम्न क्रियाकलापहरू पर्दछन् :

- ◆ आरामदायी अवस्थामा बस्ने
- ◆ श्वास प्रश्वास व्यायम
- ◆ खकार निकल्ने विधी
- ◆ मांसपेशीको व्यायम
- ◆ अक्सिजन थेरापी

रोकथाम

- ◆ धूमपान र मदिरापान त्याग्ने ।
- ◆ व्यक्तिगत सरसफाईमा ध्यान दिने ।
- ◆ जीवनयापन गर्ने वातावरण स्वच्छता राख्ने
- ◆ दाउरा गुईठाबाट भन्दा धूवारहित चुलोको भान्सा प्रयोग गर्ने ।
- ◆ वातावरणीय प्रदूषण न्युनिकरणमा सहयोग पुऱ्याउने ।
- ◆ धूमपान तथा चुरोट त्यागेमा फोक्सोको श्वासनली साँघुरिने क्रम नबढ्ने र फोक्सोको तीब्र गतिमा घटी रहेको क्षमता हास हुनबाट बचाउन सकिन्छ ।

WHEN DRY ALLERGIC COUGH
MAKES LIFE UNCOMFORTABLE

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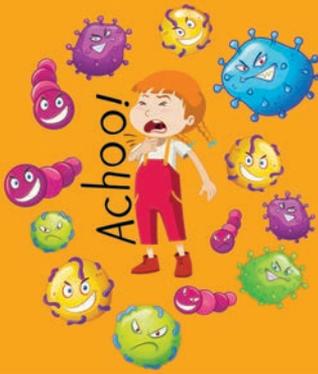
CONFIRMED VICTORY AGAINST ALLERGY

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Paediatric COUGH

– An Approach



Dr. Ashok Regmi
M.D., Paediatrician

Cough

It is high-velocity expulsion of gas from the airways that serves to clear them of mucus, cellular and microbial debris, or foreign bodies. An absence or inability to cough can lead to recurrent pneumonia. Cough can be acute (<2 weeks), subacute/protracted (2-4 weeks), or chronic (>4 weeks).

Pathophysiology

Cough results from a complex reflex phenomenon initiated by cough receptors that is mediated through the brainstem. The receptors are located in the respiratory tract from the larynx to the segmental bronchi, paranasal sinuses, external auditory canal and stomach and are triggered by thermal, chemical, mechanical, or inflammatory stimuli. Cough is generally reflexive but may sometimes be voluntarily initiated or suppressed.

Diagnosis

Differential Diagnosis

Infection and asthma are the most common causes of cough in all pediatric age groups and should always be considered. Children have an average of 6-8 Upper Respiratory Infections (URIs) per year, with each lasting up to 2-3 weeks. Roughly 1/3 of preschool- aged children cough more than 10 days after a cold, and 10% of preschool children cough more than 25 days after a cold.

Causes of acute (2 weeks) or subacute/protracted (2-4 weeks) cough

Infection, Reactive airway disease (RAD), Sinusitis, Irritants, Allergy, Foreign body

Causes of chronic (> 4 weeks) cough

Bronchitis, Post infectious, Sinusitis, Asthma, Irritants (cigarette smoke exposure, air pollution), Allergic Rhinitis Foreign body, Gastroesophageal reflux (GER), Habitual or Psychogenic, Anatomic abnormalities: Tracheoesophageal fistula, Tracheobronchomalacia, Laryngeal cleft, Polyps, Adductor vocal cord paralysis pulmonary

sequestration, bronchogenic cyst, Cystic hygroma, vascular ring. Tumor, Cystic fibrosis (CF), Ciliary dyskinesia Immunodeficiency states that result in recurrent respiratory infections: HIV, immunoglobulin deficiencies (IgA, IgG), Phagocytic defects, Complement deficiency, Interstitial lung disease, Angiotensin-converting enzyme inhibitors, Stimulation of external auditory canal cough receptors (Arnold reflex cough).

Approach To Patient

Given the common nature of cough and the large differential diagnosis it generates, an extremely thorough history and physical exam (H&P) should direct a rational, stepwise approach.

History

Q.No. 1: How long has the child coughed ?

Significance: Most acute and sub-acute coughs are associated with viral URIs. Pediatric chronic cough is defined as daily cough that lasts for more than 4 weeks.

Q.No. 2 : Is there a recent history of URI?

Significance: Serial URIs the most common cause of chronic Cough in children can be diagnosed by a careful history of waxing and waning symptoms and will avoid unnecessary tests. Also consider post infectious cough (due to heightened cough receptor sensitivity) or sinusitis (which complicates up to 5% of URIs). Overall 8-12% of children with URIs develop complications.

Q.No. 3: What are the associated symptoms?

Significance:

- Fever and nasal discharge suggests infection
- Fever with chills or night sweats suggest TB in children with chronic cough
- With rhinorrhea, halitosis, headache, or facial edema, consider sinusitis
- With respiratory distress, suspects RAD infection or foreign body.

Q. No. 4: What is the quality of the cough?

Significance:

- Acute wet cough suggests upper or lower airway respiratory infection or asthma.
- Subacute wet cough suggests sinusitis bronchitis or asthma.
- Chronic wet cough is always abnormal and can be associated with sinusitis, bronchitis asthma, CF, ciliary dyskinesia, bronchitis, or anatomic lower airway abnormality such as tracheomalacia.
- Dry cough can suggest asthma.
- Barking cough is usually associated with croup.
- Brassy cough is associated with tracheomalacia.
- A honking or barking chronic cough that increases during times of stress and is absent during sleep is typical for habit cough.
- Staccato cough suggests chlamydial pneumonia in infants.
- Paroxysmal cough, with or without whoop, suggests pertussis or parapertussis.

Q.No. 5: What is the pattern of the cough ?

Significance:

- Chronic night time cough suggests RAD. Postnasal drip from Allergic Rhinitis, or GERD.
- With night time/early morning cough. Consider sinusitis or allergic Rhinitis.
- Seasonal cough suggests allergy.

Question No. 6: Are there any known triggers of cough (e.g., smoke, cold air, dust, URI)?

➤ **Significance:** Consider irritant, allergy, or RAD.

Test

Chest X-ray (Posteroanterior/ Lateral), Spirometry, Paranasal sinus CT scan CBC, Bronchoscopy, Barium swallowed, Mantoux test etc.

Treatment

General Measures

- Cough should be treated based on etiology
- OTC cough medicines are widely

- prescribed and overused
- To avoid overuse of antibiotics, parents should be informed that viral
- URI can cause cough that commonly lasts up to 2-3 weeks
- Educate parents about the beneficial function of cough to remove irritants and about the potential harm of suppressing a productive cough or cough secondary to RAD

Issues for Referral

The vast majority of cases of cough, even when chronic, can be diagnosed and managed by the primary care physician. Factors in making a referral:

- The cough is unresponsive to treatment.
- The cause is likely to be an anatomic malformation or foreign body aspiration.
- There appears to be involvement of other organ systems (e.g. Failure to thrive, CF congestive heart failure, immunodeficiency, unusual infection).
- Hemoptysis



Is it common Cold or Allergies?

– Phr. Bikash Kafle



It's a question that puzzles lots of folks when those familiar symptoms hit: Is all that coughing and sneezing from a cold or hay fever?

It's sometimes a tough call, but how long your problems last is one of the big clues.

What Are Colds and Allergies?

Cold: You get a cold when a tiny living thing called a virus gets into your body. There are hundreds of different types that can get you sick. Once a cold virus gets inside you, your immune system, the body's defense against germs, launches a counter-attack. It's this response that brings on the classic symptoms like a cough or stuffed up nose.

The viruses that cause colds are contagious. You can pick them up when someone who's infected sneezes, or shakes hands with you. After a couple of weeks, at the most, your immune system fights off the illness and you should stop having symptoms.

Allergies: It's a different story with allergies. They're caused by an overactive immune system. For some reason, your body mistakes harmless things, such as dust or pollen, for germs and mounts an attack on them.

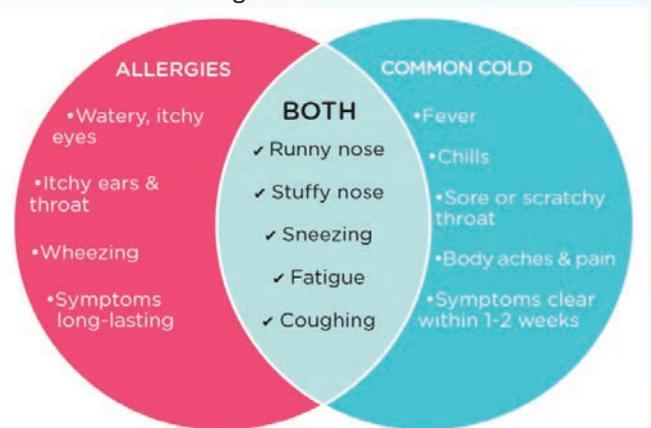
When that happens, your body releases chemicals such as histamine, just as it does when fighting a cold. This can cause a swelling in the passageways of your nose, and you'll start sneezing and coughing. Unlike colds, allergies aren't contagious, though some people may inherit a tendency to get them.

Similar and Difference symptoms:

Colds and allergies do share similar symptoms. For example, both conditions can affect the respiratory system. The most important difference is that colds usually don't last longer than 14 days. So see your doctor if you still have

Characteristics	Cold	Allergy
How Long It Lasts	3-14 days	Days to months -- as long as you're in contact with the allergy trigger and a short time after
When It Happens	Most often in the winter, but possible at any time	Any time of the year -- although the appearance of some allergy triggers is seasonal
When It Starts	Symptoms take a few days to appear after infection with the virus	Symptoms can begin immediately after contact with allergy triggers

symptoms after 2 weeks. Major common and difference symptoms that can occur with either allergy or cold is included in Venn-diagram:



Treatments:

Cold:

- ◆ Usually involves getting plenty of rest, staying well hydrated and using a humidifier to decrease congestion.
- ◆ Medications (to improve symptoms): Decongestants to decrease nasal stuffiness and pain medication to help reduce a sore throat or body aches

Allergies:

- ◆ Medications: Antihistamines, which usually come in a pill or nasal spray, Nasal steroid sprays are sometimes recommended.

Reference: WebMD Medical May 15, 2019, Centers for Disease Control and Prevention

Congenital Solitary Intrahepatic Biliary Cyst in Infant

A Rare Case Report

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Introduction

Solitary liver cysts (SLCs) rarely manifest in infancy. They are unilocular, benign lesions of the liver and can be defined as a simple cyst or a biliary cyst according to the composition of the cyst fluid and the cyst's anatomical relationship with the biliary tree. SLCs are usually asymptomatic. Perioperative cholangiography should be performed in all cases to detect connections between the SLC and the biliary tree. Management options include percutaneous aspiration, injection of sclerosing agents, laparoscopic or open fenestration, and surgical cystectomy or Roux-en-Y hepaticojejunostomy.

The aim of this study was to describe the clinical, imaging features, differential diagnosis, histopathological findings and the surgical options for cyst.

Case report

This full term male infant was antenatally diagnosed with cystic abdominal mass at 28 weeks of gestation. Prenatal diagnosis could not confirm the exact origin of cyst. The diagnostic options could be mesenteric cyst, duplication cyst, choledochal cyst and omental cyst. Postnatal abdominal ultrasound demonstrated cystic mass but the baby was asymptomatic. At 12 months of age, he was admitted to our hospital for further evaluation. In laboratory findings, total bilirubin 4.8micromol/l, direct bilirubin 2.4micromol/l, ALT 12U/L. PT, alkaline phosphate and albumin were within normal range (Table 1a). Routine urine examination, renal function test and chest x-ray were normal. A repeat abdominal ultrasound showed a 5.9 × 4.7 × 5.0 cm homogeneous anechoic hepatic hilum cystic mass. The computed tomography (CT) revealed the cystic mass in the right hepatic lobe, and the size is 5.4 × 4.8 cm, extending to the hepatic hilar region (Fig. 1a). Magnetic resonance imaging (MRI) showed an irregular single mass in the right hepatic lobe, which is about 5.1 × 4.6 × 4.3 cm, adjacent intrahepatic duct was slightly pressed, the mass extending to the hepatic hilar region and has close relationship with intrahepatic bile duct (Fig. 1b). Magnetic resonance(MR) scan was performed to further define the anatomy but it failed to confirm the connection between cyst and biliary tree. As the diagnostic dilemma continued, laparotomy was done. In the meantime echocardiography demonstrated the PDA, which was ligated and the Patient was readmitted after 8 months. We performed a right subcostal incision, which revealed a large cystic mass in the center of the right lobe of liver. The cyst wall was opened which were filled with fluid. Intraoperative

cholangiography was done which confirmed the connection between the cyst and biliary tree and biliary strictures (Fig. 1c). The cyst was located close to and has connections with the intrahepatic biliary ducts. Because of biliary strictures, cyst was completely excised and a Roux-en-Y hepaticojejunostomy was performed with enteric drainage (Fig. 2a) and liver biopsy was taken. Perioperative diagnosis was a solitary intrahepatic biliary cyst.

Postoperative period was uneventful. He was discharged on 14th post-operative day. Followed up 3 monthly for 1 year, with abdominal ultrasound and liver function test (Table 1b). Histopathology showed the wall is composed of fibrous tissue, hemorrhagic cystic wall, focal necrosis, infiltration of inflammatory cells, few areas lined with simple cuboidal epithelium (Fig. 2b).

Discussion

Congenital non parasitic liver cysts are categorized as solitary or multiple; the latter is associated with polycystic kidney disease and Caroli's disease. Solitary liver cyst (SLC) never involves other organ, and is further classified as simple solitary liver cyst and solitary intrahepatic biliary cyst (SIBC). The etiology of SLC is unknown. However it has been hypothesized that obstruction of aberrant bile ducts from infection or as a result of a vascular disruption during the fetal period can be a cause. But these etiologies does not hold true in our case. SLC is located to and connections with the intrahepatic bile ducts. It is likely that solitary liver cyst is of biliary duct origin.

SLCs are usually asymptomatic and their symptoms do not manifest until patients are in their forties or fifties. The anteroinferior segment of the right hepatic lobe is the most frequent site of SLC.

Table 1a

Liver function tests before operation.

Normal range	Results	Tests
0-40	12 U/L	ALT
60-320	167 U/L	ALP
8-40	36.4 U/L	AST
5.1-18.8	4.80 μMOL/L	TBil
1.7-6.8	2.40 μMOL/L	DBil
3.4-10.3	2.40 μMOL/L	IBil
130-280	287 U/L	LDH
35-55	43.60 g/l	Albumin

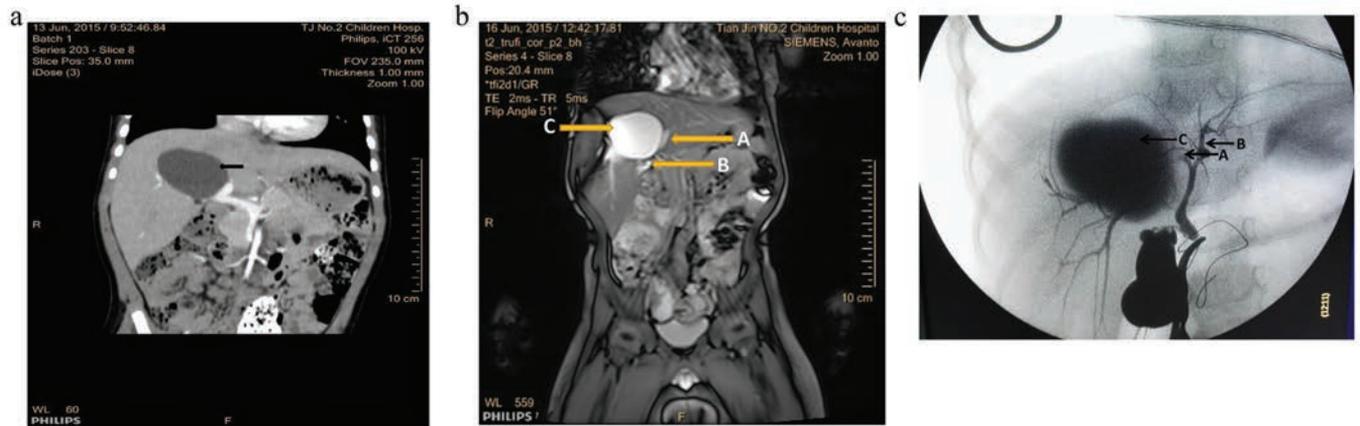


Fig. 1. a: CT scan (arrow) shows cystic mass in the right hepatic lobe, the mass boundary is irregular, the size is about 54.1 * 48.6 mm, extending to the hepatic hilar region. Fig. 1b: MRI showing an irregular mass in the right hepatic lobe, which is about 5.1_4.6_4.3 cm, the border is clear. Adjacent intrahepatic duct is lightly pressed, the mass extending to the hepatic hilar region and has close relationship with intrahepatic bile duct. (A. left hepatic duct, B. right hepatic duct, C.cyst). Fig. 1c. Intraoperative cholangiogram showing the cyst is communicated with intrahepatic bile duct. (A. right hepatic duct, B. left hepatic duct, C. cyst).

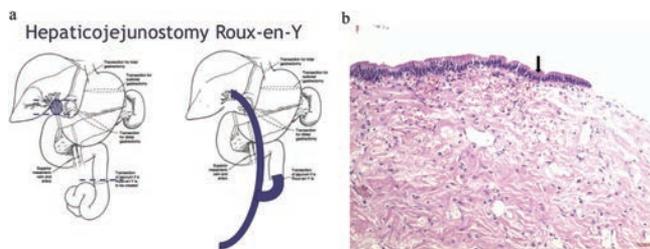


Fig. 2. a. Roux-en-Y hepaticojejunostomy. b. Histopathology of right lobe of liver showing the wall is composed of fibrous tissue, hemorrhagic cystic wall, focal necrosis, infiltration of inflammatory cells, only few areas (arrow) lined with simple cuboidal epithelium.

An SLC is usually unilocular and lined by cuboidal or columnar epithelium with no connection to the biliary tree. The outer layer of the cyst wall is composed of collagen, muscle fibers, bile ducts, and liver cells, which are separated from the epithelial lining by vascular tissue. The cystic fluid may be clear, brown, or occasionally bilious.

The differential diagnosis included a mesenteric cyst, lymphatic malformation, hepatic malignancies, biliary atresia, choledochal cyst, or liver cyst. Accurate diagnosis is made primarily by radiographic studies often requiring histopathological verification. On ultrasonography, a SLC appears as an anechoic unilocular fluid-filled space with a posterior acoustic enhancement. SLC typically cannot be differentiated from cystic malignant tumors on radiological studies; tissue diagnosis is necessary, even in asymptomatic patients. Histological criteria for an SLC include an outer layer of thin dense fibrous tissue, an inner epithelial lining (cuboidal or columnar), and lack of mesenchymal stroma or cellular atypia as in our case.

Perioperative cholangiography should be performed in all cases to detect connections between the SLC and the biliary tree. The communication between the cyst and the biliary tree was seen on cholangiography as in our case. The postoperative course may be complicated by infection, cholangitis, and recurrence. Total excision should be attempted for easily accessible SLCs and enucleating may also be chosen for small cysts. When total excision is not possible, partial excision has been recommended. As much of the cyst wall as possible should be excised, taking care not to

Table 1b

Liver function tests during follow up.

Normal range	Results	Tests
0-40	22 U/L	ALT
60-320	199 U/L	ALP
8-40	38 U/L	AST
5.1-18.8	2.80 μMOL/L	TBil
1.7-6.8	1.20 μMOL/L	DBil
3.4-10.3	1.60 μMOL/L	IBil
130-280	253 U/L	LDH
35-55	40.90 g/l	Albumin

damage vital structures. Internal drainage of the cyst via cystoenterostomy or Roux-en-Y hepaticojejunostomy has been recommended when the biliary system drains into the cyst and bile drainage into the enteric circulation cannot be obtained. Biliary reconstruction is required in several clinical situations, including resection of biliary malignancies, benign biliary strictures, intraoperative injury, and liver transplantation. Bilioenteric anastomosis using the Roux-en-Y jejunum limb is a well-established approach. Reconstruction using the jejunum allows for safe and permissive anastomosis with infrequent postoperative bile leakage even when the anastomoses involve small intrahepatic branches as in our case.

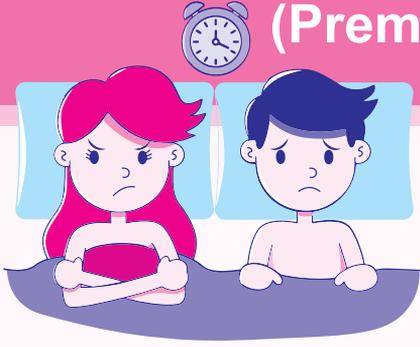
Conclusion

A congenital solitary liver cyst is rare, and the differential diagnosis includes a broad spectrum of pathologies. The diagnosis may be challenging, and intraoperative cholangiography should be performed to define the anatomic connection between the cyst and the biliary tree. Since accurate diagnosis can only be made by intraoperative cholangiogram and histopathology which differentiate the cyst from malignant lesions. In several clinical situations, including resection of malignant or benign biliary lesions, reconstruction of the biliary system using the Roux-en-Y jejunum limb should be performed as the standard procedure.

For reference, please mail us at mpd@timepharma.com

शीघ्र स्खलन

(Premature Ejaculation)



यौन मानव जीवनको आधारभूत आवश्यकता हो । यौन मजबूत दाम्पत्य सम्बन्धको प्रमुख कडी पनि हो । हालको व्यस्त जीवन शैलीका कारण यौन साथी (sex partner) बीच यौन क्रियाकलापमा समस्या देखिएको छ, विशेषतः यौन अवधिको कारणले हाल युवाहरूमा टाउको दुखाइ रहेको पाइन्छ । उचित परामर्श एवं सो को बारेमा खुलेर छलफल गर्न नसक्दा शीघ्र स्खलन (Premature Ejaculation-PE) जस्तो सामान्य यौन समस्यालाई पनि हाल बजारमा यौन दुर्बलतामा (Erectile Dysfunction-ED) प्रयोग हुने औषधि सेवन गरिरहेको पाइएको छ ।

शीघ्र स्खलन :

यौन क्रियाकलापको क्रममा पुरुषको वीर्य यदि पुरुषको चाहना वा उसको यौन साथीको चाहना अगावै स्खलन हुन्छ भने त्यसलाई शीघ्र स्खलन (PE) भनिन्छ । एसिया प्यासिफिक क्षेत्रको अध्ययनले सो क्षेत्रमा ३१% पुरुष यस समस्याबाट प्रभावित छन् भन्ने देखाएको छ ।

शीघ्र स्खलनका केही कारणहरू यस प्रकार छन् :

- ◆ यौन क्षमता प्रदर्शनीमा चिन्ता
- ◆ तनाव, चिन्ता र डिप्रेसन
- ◆ सम्बन्धमा समस्या
- ◆ व्यायाममा कमी
- ◆ मदिरा र मनोरञ्जनात्मक लागुपदार्थको दुर्व्यसन
- ◆ अनुचित खानपान

के शीघ्र स्खलन र यौन दुर्बलता एकै हो ?

धेरै मानिसहरू शीघ्र स्खलन र यौन दुर्बलता एकै हो भनेर भ्रमित छन् तर यी दुई एकदम फरक हुन् ।

शीघ्र स्खलन: स्खलन समयलाई नियन्त्रण गर्न नसक्नु हो भने यौन दुर्बलता erection लाई कायम राख्न नसक्नु हो ।

फरकहरू :

□ Erection सम्बन्धी

शीघ्र स्खलन: यौन क्रियाकलापको लागि उपयुक्त erection हुने भएकोले यौन क्रियाकलापमा समस्या हुदैन ।

यौन दुर्बलता: यौन क्रियाकलापको लागि उपयुक्त erection हुदैन ।

□ Erection कायम रहने सम्बन्धी

शीघ्र स्खलन: पुरुषको लिङ्ग वीर्य स्खलनको समय सम्म कडा भइ रहन्छ ।

यौन दुर्बलता: पुरुषको लिङ्ग वीर्य स्खलन अगावै नरम हुन्छ ।

□ स्खलन सम्बन्धी

शीघ्र स्खलन: पुरुष वा यौन साथीको चाहना अगावै स्खलन हुन्छ वा स्खलनलाई नियन्त्रण गर्न सकिदैन ।

यौन दुर्बलता: स्खलन अगावै erection नियन्त्रण नभई लिङ्ग नरम हुन्छ, त्यसैले पुरुषहरूले लिङ्ग नरम हुनु अगाडि नै स्खलन गर्न चाहन्छन् ।

□ असर देखिने पुरुष वर्ग

शीघ्र स्खलन: १८ वर्ष माथिका युवाहरूमा हुन सक्छ ।

यौन दुर्बलता: वृद्ध/वयस्क पुरुषमा हुने गर्दछ ।

औषधि उपचार विधि:

सर्वप्रथम शीघ्र स्खलन र यौन दुर्बलताको उपचार विधि फरक हुन्छ भन्ने बुझ्न जरूरी छ । शीघ्र स्खलन, दिमागमा Serotonin भन्ने केमिकलको कमिले गर्दा हुने गर्दछ । त्यसैले दिमागमा Serotonin को मात्रा बढाउने

Selective Serotonin Reuptake Inhibitor (SSRI) वर्गका औषधिहरूको प्रयोग नै प्रभावकारी हुन्छ ।

संसारका विकसीत मुलुक जस्तै: USA, UK, Japan हरूले पनि यहि वर्गका औषधिहरूको समुचित प्रयोग विधिलाई अगाडि बढाएका छन् ।

Dapoxetine (PROLONG-30), सोहि वर्गको औषधि, जसले छिटो असर देखाउने र शरीरबाट छिटो बाहिरीने भएकोले यसलाई प्रभावकारी र सुरक्षित मानिएको छ ।

अत्य विकसीत मुलुक जस्तै नेपाल, बंगलादेश, पाकिस्तान, भारत लगायतका दक्षिण पूर्वीय एसियन मुलुकहरूमा PDE5-inhibitor जस्तै Sildenafil (जसलाई प्रचलित जनबोलीमा भायग्रा (Viagra) भनिन्छ), सो को प्रयोग शीघ्र स्खलनमा अत्याधिक भएको पाइएको छ । वास्तवमा PDE-5 inhibitors हरू शीघ्र स्खलनमा नभइ यौन दुर्बलतामा प्रयोग हुने औषधि हुन् । धेरै अध्ययनहरूले शीघ्र स्खलनमा SSRI सँग PDE-5 inhibitors चलाउँदा, त्यसको प्रभाव राम्रो देखिन्छ भनेता पनि, PDE-5 inhibitors शीघ्र स्खलनमा खासै प्रभावकारी औषधि भने होइन । PDE-5 inhibitor को प्रयोगले उल्टै पुरुषहरूमा टाउको दुख्ने, अनुहार रातो हुने, अपच हुने र रक्तचाप कम हुने जस्ता समस्या देखिन सक्दछ ।

अतः शीघ्र स्खलन यौन समस्या भएकोले सो बारेमा चिकित्सकसँग उचित परामर्श सहित औषधि सेवन गरेमा यौन जीवन सुखमय र सफल हुनेछ ।

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PROLONG-30

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Enhances Your Controllability



Issue of Mental Health at our Work Place



Dr. Dhana Ratna Shakya
MD, Professor
Department of Psychiatry
BPKIHS, Dharan

A significant part of a day and entire life of an individual of this era is spent in his/her work place, station or field. There are factors in particular office, workplace or field which exert protective effect to the holistic health of the related stakeholders and empower them. Similarly, there may be some risk factors leading to ill health, lost peace and failure in life. These factors not only affect body, but also mind and brain, mental direction, psychological state and mental health as a whole. The circumstances, environment and exchanges in the work place interact not only psycho-socially, but also biologically in a complex way, either to protect or risk an individual from ill health. Mental illness affects a significant proportion of any population but many of them remain undetected and unattended.

The morbidity, disability and mortality due to suicide and neglect of overall health because of psychiatric illness remain high. The unattended/ untreated illness also results in reduced working capacity and skills, decline in economical status and overall productivity. The cost incurred due to chronic illness also contributes to economic drop. Mental disorder spares none of us; staff, workers, teachers, students, farmers, managers, leaders, policy makers and all. It affects though in some varying proportions depending on the risk and protective factors within and around us, including those in our workplace. Hence, there is a need for an employee, employer, manager and organization to closely observe this interaction. Are we conscious and concerned enough about this issue? Here, we intend to raise and draw attention of related stakeholders towards this often forgotten (in our context) but important issue.

Our institute, B. P. Koirala Institute of Health Sciences (BPKIHS) was established on Jan 18, 1993 with main objective of developing socially responsible and competent health workforce, providing health care and involving in innovative health research. This has been work place directly to a total of 1648 staff including faculty, other teachers, administrative and other staff (1008 on permanent, 99 performance, 541 contract basis) and an educational centre for a total of 1598 students of various programs and levels in this academic year of 2017/18 AD (BPKIHS, December 2017). These stakeholders; not only the buildings, roads, lands here are the basis of the direction of, move towards, progress and achievement of these objectives. Only with this complementing appreciation and accordingly the behavior among the stakeholders (authority, staff, workers, teachers, students), we will be able to achieve the goal.

Medical and education fields, both are sensitive and stressful. Now, it is high time to look into our local contexts, circumstances and stressor status of both medical and non- medical staff of this institute. We, as a part of this institute, leading in the country should strive to set an example in the direction of mental health friendly work place. For this need of the era, let's unite and work step by step.

First thing, we need to start in this direction, is the information and data regarding overall health status including mental disorder and stressor, health indicators, local contexts and circumstances, risk and protective factors. Realistic analysis, sincere approach and appropriate management are as equally important as timely increment of salary for the rise of happiness index and quality of life here. Time has come now for all the related sides; the institute, authority, teachers, staff and students to take their respective role of resource mobilization, coordination, research conduction and participation for generation of such operational research data. Second equally important component is mental health friendly policy and plans. Whole country is involved these days in writing and revising the Constitution of Nepal. Let's not forget that only with mental peace and health of its stakeholders, we will be able to move this institute forward.

It is not only important to bear respective role at institute level, but also at individual level. Let's we teachers, health professionals, staff, students, all service providers introspect ourselves whether we have open and healthy communication, respectful and civilized manners, empathetic and supportive behaviors among ourselves and with service users.

Are we encouraging behaviors or cultures inviting ill health, like rampant use of alcohol, cannabis or displaying wasteful expenses in parties and celebrations? Are we secluding ourselves and our children sparing from our healthy cultures, festivals, occasions and traditions, and indiscriminately indulging in internet and social media in the name of modernity and advancement?

No one from outside will bother whether our working environment, residential settings and places are safe (e.g. humps with no coloring and adequate light), healthy, peaceful; free from pollution (noise, air, water, soil) or having adequate lighting and comfortable temperature etc. and free from or with minimum of occupational hazards. There is no alternative to our own sincere concern.

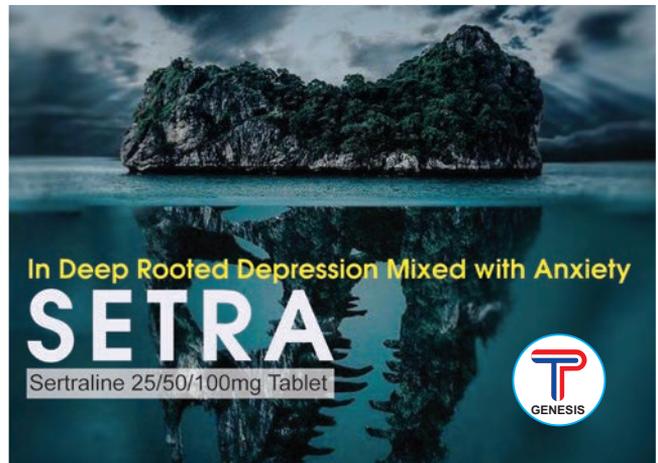
We have enough evidences indicating that many and many people are affected by mental agony, ailments and stress. We are not the exception. But, are we well informed, aware, alert and concerned about this? Let's consider and accept this fact and develop positive attitude. We need regular awareness raising programs for all stakeholders. Let's review whether we have a mechanism, process and unit to ensure that our needy people (with stress, problem, issue or disorder) are appropriately heard, attended and helped. Are we adopting compatible view to our colleagues in our own work place struggling or recuperating from stress and mental illness?

Continuous review is required regarding whether our departments, units and offices are compatible to the interest, skill, subjects, training, post/designation of its staff. Transparent review on the equitable distribution and provision of opportunity for training, education and career development is paramount for both individual and academic organization. At organizational levels, let's consider whether our work place, burden and schedules are overburdened and stressful or whether less stimulating, too boring or too leisurely. At individual level, let's be watchful whether any of us are displaying warning signs of stress, ill health or mental disorder. Let's help

each other and facilitate seek help from the expert. It's high time now to think sincerely about mental health at workplace. May we not be left behind!

The intention of raising this issue here in this journal is to support brain storming, introspection, reflection, and motivation for clear direction, expression and execution of mental health friendly workplace philosophy.

For reference, please mail us at mpd@timepharma.com



MENTAL HEALTH in the Workpalce

A psychologically healthy workplace is a respectful and productive environment that makes every reasonable effort to promote and protect the mental health of employees.

Employers

are responsible for protecting the health and safety of employees.

**TOP 8 PRACTICES
WHAT CAN YOU
DO TO HELP?**

<p>1</p> <p>SUPPORT employee participation and decision making</p>	<p>2</p> <p>DEFINE employees' duties and responsibilities</p>	<p>3</p> <p>PROMOTE work-life balance</p>	<p>4</p> <p>ENCOURAGE respectful behaviours</p>
<p>5</p> <p>MANAGE workloads</p>	<p>6</p> <p>PROVIDE training and learning opportunities</p>	<p>7</p> <p>HAVE conflict resolution practices in place</p>	<p>8</p> <p>RECOGNIZE employees' contributions effectively</p>

BENEFITS OF A PSYCHOLOGICALLY HEALTHY WORKPLACE

- ◆ engagement
- ◆ morale
- ◆ satisfaction
- ◆ retention and recruitment
- ◆ productivity

- ◆ absenteeism
- ◆ grievances
- ◆ health costs
- ◆ medical leave/disability
- ◆ workplace injuries

Employers should assess their workplace for hazards, whether physical or psychological, then develop a plan to address and mitigate those hazards.

जाडोमा प्रदूषणको असर



डा. निरज बर्म

सहप्राध्यापक र छातीरोग विशेषज्ञ
त्रिवि शिक्षण अस्पताल

धुवाँ, धुलो र प्रदूषणका कारण छातीसम्बन्धी विभिन्न समस्या देखापर्ने गर्छन् । हिउँदमा हुने बढी सुखापनका कारण प्रदूषण बढ्छ र चिसोले समेत समस्या निम्त्याउँछ । शहरी क्षेत्रमा गाडीको अत्याधिक चाप र यसबाट निस्कने फोहोरले मानिसको स्वास्थ्यमा बढी असर गरिरहेको हुन्छ ।

प्राथमिक समस्या

वायुमा हुने प्रदूषणका कारण सुरु-सुरुमा भाइरल इन्फेक्सन, निमोनिया, एलर्जी र रुघाखोकीजस्ता समस्या देखापर्छन् । जसकारण पछिल्लो समय श्वासप्रश्वास र दमका बिरामीको संख्या बढेको पाइन्छ । अधिकांशमा छाती कसिएको जस्तो हुने, सास फेर्न गाह्रो हुने, चाँडै रुघाखोकी लाग्ने, नाक बन्द हुनेजस्ता लक्षण देखापर्छन् ।

जटिल समस्या

वायुमा केमिकल, सल्फर अक्साइड ग्यास हुने भएकाले अधिकांशमा दमको समस्या देखिने गरेको पाइन्छ । लामो समयसम्म खोकी लागिरहने र लामो समयसम्म निको नहुने हुन्छ । त्यस्तै, छातीमा संक्रमण भई निमोनिया हुने गर्छ । पछि गएर फोक्सोमा क्यान्सर हुने सम्भावना बढी हुन्छ ।

प्रदूषित भूभाग र भिडभाडबाट सकेसम्म टाढा रहनुपर्छ । यो मौसममा हावामा कीटाणु थिग्रिएर रहने हुँदा बिहान सबेरै मर्निङ्गवाकमा जानुहुँदैन । मर्निङ्गवाक बिहान ६ बजेपछि मात्र जानुपर्छ ।

दमका रोगीमा प्रदूषित वायुका कारण सास फेर्न गाह्रो हुने, बारम्बार अस्पताल जानुपर्नेजस्ता समस्या देखिन्छन् । हिजोआज बढिरहेको चिसो र प्रदूषणले गर्दा वृद्धवृद्धामा इन्फ्लुएन्जा भाइरसको समस्या बढी देखिएको छ ।

खासगरी ६० वर्षभन्दा माथिका मानिसमा इन्फ्लुएन्जाको समस्या बढी देखिएको हो । प्रदूषण तथा अस्वस्थकर जीवनशैली तथा धुलो, धुवाँबाट जोगिन नसक्दा छातीसँगै मुटुमा समेत उत्तिकै असर गर्छ । छातीमा संक्रमण भएर ओपिडी (क्रोनिक अब्स्ट्रक्टिभ लङ्गडिजिज) जस्ता समस्या देखापर्छन् ।

कसरी बच्ने ?

काठमाडौँ लगायत शहरी क्षेत्रमा प्रदूषणको मात्रा दिनानुदिन बढिरहेको छ । प्रदूषणबाट बच्नका लागि अनिवार्य रूपमा मास्कको प्रयोग गर्नुपर्ने हुन्छ । बजारमा पाइने सामान्य मास्कले प्रदूषण नछेक्ने हुँदा एन ९५ वा एन ९९ नामक मास्कको प्रयोग गर्न सकिन्छ ।

जाडोबाट बच्नका लागि दाउरा, अन्य काठ वा भुस बाल्ने चलन छ । तर, यसबाट निस्कने धुवाँले पनि मानव शरीरमा असर गरिरहेको हुन्छ ।

बढी धुवाँ फाल्ने सवारीसाधन नचलाउने र धुवाँधुलो निस्कने कलकारखानालाई पनि व्यवस्थापन गर्नुपर्ने हुन्छ । त्यस्तै, समय-समयमा बाटो भत्काउने गर्दा पनि धुवाँधुलो बढेको हुन्छ । त्यस्ता ठाउँमा मास्क लगाएर हिँड्नुपर्छ । प्रदूषण नियन्त्रणमा सबै जुट्नुपर्छ ।

Pulmarin, Lipilow, Eg, Tzolines, Sinek

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Q	P	U	L	M	A	R	I	N
Z	R	A	I	P	L	E	N	T
F	U	Z	P	G	A	G	E	C
T	Z	O	L	I	N	E	S	A
J	T	I	O	C	L	O	L	R
X	E	M	W	N	I	X	E	D
M	O	P	H	A	R	M	A	O
G	T	I	U	S	I	N	E	X

Questions:

- 1) For speedy relief of dry allergic cough.
- 2) Trusted nasal decongestant for children.
- 3) An orodispersible tablets for rapid relief of allergic rhinitis.
- 4) Statin drug of Time Pharma.
- 5) Star anti cold tablets.



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Dr. Nikesh Raj Shresth
Interventional Cardiologist, Brt.

TIME Pharmaceuticals (P) Ltd. welcomes your comments/suggestions/inputs for coming issue of this bulletin.

Last date of "Circle Brands" answers Submission : 14th Chaitra 2076 (27th Mar. 2020)

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MOMENTS IN TIME



Celebrating Topi diwas at MO



Participating at CPHI Delhi, 2019



Participating at PESCON, 2019



Participating at Surgery Conference, 2019

Celebrating 23rd Anniversary of TIME Pharmaceuticals



Felicitation of 15 years of service in MO



Felicitation of 15 years service in Factory and HO



Blood Donation on the occasion of 23rd anniversary



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कसरी सुरु हुन्छ	भाईरल संक्रमण भएको केही दिनमा	एलर्जी गर्ने तत्वसंग सम्पर्क भए लगत्तै
कहिले हुन्छ	बिशेष गरी जाडो याममा	जुनै याममा पनि हुन सक्ने (कुनै मौसमी पनि हुने)
कति सम्म रहन्छ	३ - १४ दिन	दिनदेखि महिनौसम्म, एलर्जी गर्ने तत्वसंग सम्पर्क रहन्जेल



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