

By G Y C

GP Corner

The SMA News is pleased to introduce "From the Family Physician" to engage and articulate the perspective of our General Practitioners. Doctors are encouraged to share interesting stories, tips and words of wisdom gleaned through years of seeing high patient volumes.

RENAL COLIC AND KIDNEY STONES.

In South-East Asia there are two hot seasons, and two slightly cooler ones. For six weeks during March, April and May, and for four weeks in September and October, it becomes hotter. This occurs between the two monsoons and patients come with pains and blood in the urine indicating kidney or ureteric stones.

The patient's diet is often rich in oxalates and urates, and with less water to spare during the hot seasons, crystals tend to form in the evidently stronger urine. (The aroma around former 19th century public lavatories in Raffles Place was evidence of this.)

Apart from drinking more beer and water it is advisable to prescribe Lobak Puteh (*Raphanus sativus*), the white radish or carrot to be taken three times a day in any form – steamed, boiled, raw (Japanese Daikon) or as a soup. Lobak Puteh contains diallylsulphide (a diuretic), Vitamin C, atsiri oil and other things which may act like enzymes. A better alternative, suggested by one patient, is okra.

The stone or stones usually appear within a few days or sometimes remarkably, by the following day and often in exactly the same form as seen on x-ray. Adjuvant medicines like the antispasmodic Buscopan, with an enzyme like Proctase-P, now no longer available (or Papase and Nanase) and a simple bacteriostatic antibiotic such as Dhatrin, Septrin, Bactrim and so on will usually suffice. There should be no need then for surgery or lithotripsy.

HERPES ZOSTER (SHINGLES), "ULAR" – SNAKE OR DRAGON.

Immediate attention is needed if the ophthalmic division of the 5th trigeminal nerve is attacked by the virus of herpes zoster, as delay may lead to blindness in both eyes. This is the only place in the body where shingles can cross the mid-line, and one vesicle noted on the forehead or upper eyelid should be enough to make a doctor reach for a syringe of vitamin B12 (2,500 micrograms) and inject it intramuscularly, daily till the patient improves.

This treatment has been known since 1944, a long time before the "Cyclovirs" appeared expensively on the market. In fact, one can still treat shingles with this vitamin alone even now, and not need to prescribe any of the Cyclovirs. One would not take a chance however, with herpes ophthalmicus and prescribe one or other of the Cyclovirs for that. Instead, the doctor should consult immediately with the nearest ophthalmic surgeon for his frequent observations of the cornea.

Though old-fashioned sounding, there are other treatments for shingles as it attacks other parts of the body. To wear a silk garment next to the skin is comforting, and dusting with fine talcum powder or application of calamine lotion is also cooling. Taking short-acting antihistamines, rather than long-acting ones is better since the latter makes the patient drowsy.

Locally it is also advised that one should not eat seafood, shellfish, beef and chicken livers. Here, foods high in protein content are implicated, so all others should perhaps be kept to a minimum.

It has too often been reported that some doctors exclaim, "It is shingles! There is nothing to be done! Take Panadol! Good morning!" These doctors should be given a dose of herpes somewhere themselves. If early treatment is not given for the lesions and the pain, then post-herpetic neuralgia can result and last the rest of a patient's life; this can be agonisingly distressing and there is no cure for that.

Doctors are to attend early and provide relief and cure if they can. There is a time limit here – it is certainly too late after three months to offer B12 injections but a successful response can be achieved at three weeks from onset. The use of vitamin B12 is essential for the formation of myelin; it restores that lost protective fatty myelin sheath on the affected nerve fibres. This should be considered in the early treatment of other neuro-pathologies where myelin is lost, two of which are multiple sclerosis and motor neurone disease. ■