



ISSN 0118-4253

# HealthBeat

The Official Publication of the Department of Health

Issue No. 34

January - February 2002

2001 ACCOMPLISHMENT REPORT  
**DOH On Top of  
the Health Situation**  
JR0201

PHARMACEUTICALS  
**Reducing Drug Prices**  
SR0201

CANCER PAIN RELIEF  
**Don't Let the Pain Remain**  
SR0201

14-15-16  
**Who Wants to be  
The Weakest Link?**  
SR0201

INTEGRATED COMMUNITY  
HEALTH SERVICES PROJECT  
**Palawans Lusog Lupon**  
SR0201

Don't Let the Patient Follow the Doctor

**Use to Do!**  
**Patak Komitang**

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the Department of Health  
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HealthBeat is published bi-monthly by the Health Communication Division of the National Center for Health Promotion (NCHP) and the Media Relations Unit of the Office of the Secretary, Department of Health.

Articles, artworks, photographs, caricatures, letters and other contributions are most welcome. Materials will be edited for clarity and space. Unsolicited manuscripts will not be returned unless accompanied by a self-addressed, sufficiently stamped envelope. Contributors must indicate their names and addresses.

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Entered as Third Class Mail at the Philippine Postal Corporation, National Capital Region under permit no. 993-96 NCR, dated 6 November 1996.

## HealthBeat

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Volume VII No. 1 Issue No. 34  
January - February 2002

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The printing of HealthBeat is  
made possible through support provided by  
the Integrated Community Health Services  
Project (ICHSP).

## A Glimpse of 2002

*"May kaguluhan sa pagbibigay ng mga health services." This is a prediction of noted psychic Rene Mariano in one of his television guestings at the start of the year.*

He did not say directly, however, that the "kaguluhan" will happen inside the Department of Health organization. Back in 1996, his prediction involved the DOH and it happened in March. Then Health Secretary Hilarion Ramiro was caught in a web of scandals that led to his resignation after only almost eight months in office.

But not all predictions for 2002 is bad. In fact, psychics note that this year is much better than last year. Even Chinese astrology confirms this. The Year of the Horse, will be ushering in some good fortunes according to them.

Whether or not we believe in predictions, one reality remains: life goes on. Most of the time, it is just entertaining to know what astrology and seers say may happen in the future. We just do not want to waste all our time and energy being stressed out waiting for them to happen.

As far as the DOH is concerned, it will be on top of the country's health situation, with or without "kaguluhan."

The DOH started the year with an all-out nationwide immunization campaign to totally eradicate the re-emerging polio

problem and maintain the polio-free status of the country and the rest of the Western Pacific Region.

The DOH, together with the local government units and other partners in health, came knocking door-to-door delivering oral polio vaccines to children ages 0 - 59 months old in February and March. This immunization drive will go on in all health centers until global polio-free certification is attained in 2005.

Aside from child health programs like polio eradication and measles elimination, the DOH also lined up five more major priority programs for the year, namely: Pharma 50 or the reduction of prices of essential medicines; expansion of the indigency package of the Philippine Health Insurance Corporation; provision of adequate and sustained supply of drugs for tuberculosis prevention and control; women's and reproductive health; and promotion of healthy lifestyle which focuses on tobacco control.

Now, if **HealthBeat** can continuously solve its funding problems, then we can chronicle all the achievements and even the forewarning "kaguluhan sa health services" for you.

- The Editors



## Poliomyelitis

# Staging A Comeback

by

**DONATO DENNIS B. MAGAT**

HealthBeat Staff

### Polio-Free or Not?

The last poliovirus was isolated in 1993. Since then, no case of poliomyelitis due to the wild polio virus was reported. The last case was a female child from Cebu. Seven years have passed and no wild poliovirus has been detected.

As a result, the World Health Organization's (WHO's) Western Pacific Region, which includes the Philippines, was certified "polio-free" in Kyoto, Japan on 29 October 2000.

But barely a year of being declared polio-free, poliomyelitis cases started to stage a comeback. The Acute Flaccid Paralysis Surveillance System was able to monitor and confirm three cases in the country.

On 15 March 2001, an eight-year old boy from Cagayan de Oro in Mindanao with a vaccination history of three doses of oral polio vaccine (OPV) was diagnosed to have onset of paralysis.

On 23 July 2001, a three-year old girl from Laguna with a vaccination history of three doses of OPV had pneumonia and initial neck rigidity and was admitted to the hospital.

Then on 26 July 2001, a third case in Cavite was detected. A 14-month old boy who had two doses of OPV was suspected to have polio on clinical grounds and had onset of paralysis.

The culprit is not the wild poliovirus but a mutant strain known as circulated vaccine-derived poliovirus (cVDPV).

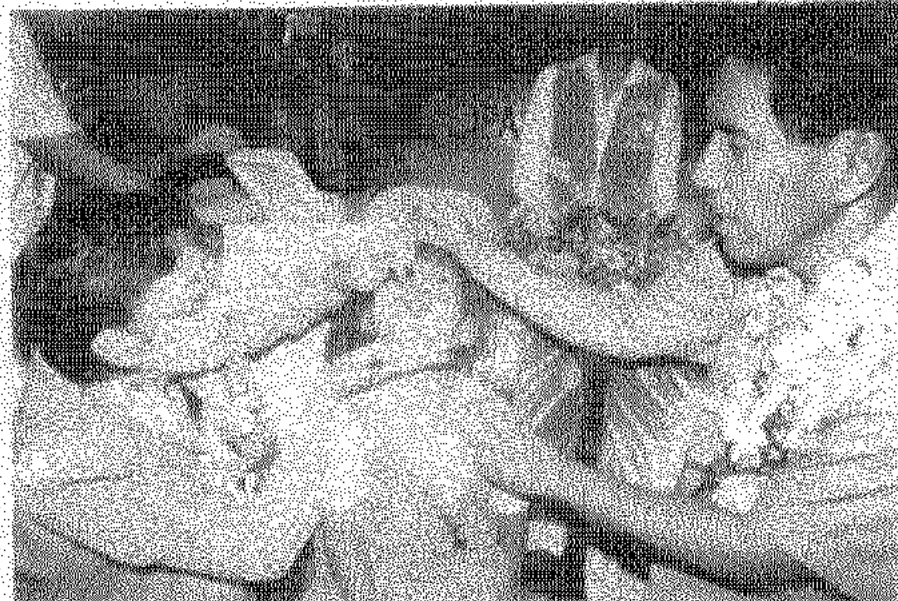
### Vaccine-Derived Poliovirus

Why the sudden emergence of the poliovirus in areas already declared polio-free? What is this

mutant strain?

The existence of cVDPV has also been detected in Egypt and Hispaniola Island which includes Haiti and the Dominican Republic.

The OPV consists of live but attenuated poliovirus that normally replicates in the intestines of vaccinated children. Because it is weak and attenuated, the vaccinated child is able to develop immunity against it without developing any illness. However, due to the decline in routine OPV vaccination of infants in recent years, especially in 1999-2000, the virus was able to



Mayor Vibma Santos (left) and Health Secretary Manuel M. Dayrit (right) launch the Door-to-Door Patak Kontra Polio in Lipa City, Batangas.



transform itself into another strain that behaves like the wild poliovirus - that is, it can cause illness, death and large epidemics.

Health Secretary Manuel M. Dayrit disclosed that the re-emergence of polio in the country could also be attributed to the erratic vaccine supply over the past two years.

Since the mutant strain was already detected by the Acute Flaccid Paralysis Surveillance system in three confirmed cases in the country, Sec. Dayrit stressed that this is the most crucial time to prevent more transmission.

Immunization coverage against the disease must remain high in all countries, particularly those that have been polio-free for a prolonged period and special attention must be given to population groups that may be traditionally missed, such as those living in crowded, unsanitary conditions in mega cities.

Improved routine and supplementary immunization stopped the circulation of cVDPV in Egypt and the Dominican Republic. In Hispaniola Island, 21 cases due to cVDPV type 1 were virologically confirmed from mid-2000 to mid-2001. Improved routine vaccination, enhanced surveillance and house-to-house supplementary immunization activities were done in response to the outbreak.

Since January 2001, laboratories at the Centers for Disease Control and Prevention have retrospectively screened every poliovirus isolated from acute flaccid paralysis cases in the Americas since 1997. No evidence was found for circulating vaccine-derived viruses other than in the Dominican Republic and Haiti.

### A National Emergency

In order to cut the trans-

mission of this mutant virus in the Philippines, Sec. Dayrit declared a national emergency and all-out war against polio.

Last December 8-14, 2001, health workers conducted door-to-door oral polio vaccination in Cagayan de Oro, Laguna and Cavite, places where confirmed cases were identified.

The health chief revealed that since the cases occurred in the Northern and Southern islands, it means that the mutant virus has already travelled far and wide, hence the need for national immunization coverage. National immunization days were also set on February 2-8 and March 2-8.

To prevent an impending outbreak, the Department of Health has to do a pre-emptive strategy. A special door-to-door coverage has to be done in congested urban areas especially in Mindanao, Laguna and Cavite to ensure that no children below five years old will be left unprotected.

Based on the recommendations of the 2001 Global Meeting of the Technical Working Group for Polio Eradication, the holding of national immunization days would help in rapidly achieving the global polio eradication goal, maintain high polio immunization coverage in all countries and ensure certification standard of polio surveillance by screening all polioviruses.

"Vaccination is our only tool to combat the threat of re-emergence of polio in the country," Sec. Dayrit stressed. *HE*



*El Shaddai members promise to support the DOH polio vaccination campaign. Here, Sec. Dayrit poses with Brother Mike Velarde and his wife (left). Also in photo is Dr. David Lazada (right).*



## *What you need to know about the* **Oral Polio Vaccine**

Vaccination is the best weapon in the fight against the re-emerging polio virus in the country. The Department of Health employs a door-to-door strategy to vaccinate children less than five years old in the entire country. Health centers are also open for parents who prefer to bring their children to "patuk" centers.

The oral polio vaccine

(OPV) the DOH is using are potent. All vaccines came from the United Nations Children's Fund (UNICEF). Most of the supplies has expiration dates up to 2003. The vaccines have vaccine vial monitors that are used to indicate if the vaccine has been exposed to too much heat. This will ensure that only potent vaccines are used during the vaccinations.

The OPV is not a perfect vaccine because the immune response is not 100%, but only about 80 - 85%. This means that in a total of 100 children the DOH vaccinates once, only 80 - 85% will be able to respond well and that their response will not be for all the three wild polio strains. (The OPV has three classical

*Please turn to page 37.*

# Understanding Neonatal Tetanus

by

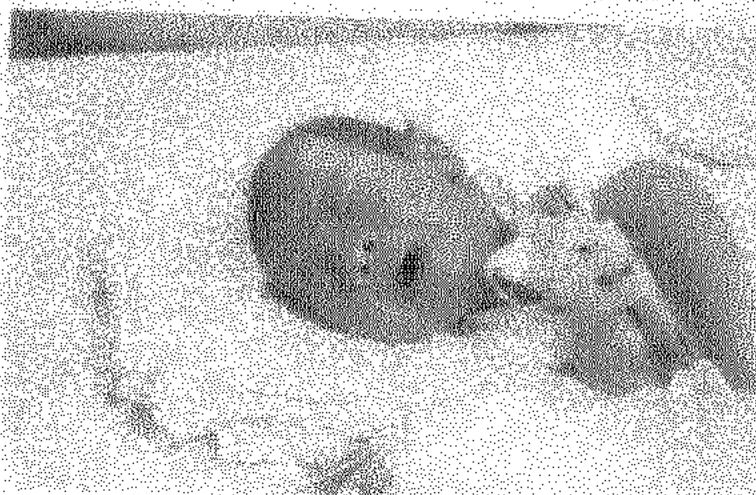
GLEN ACE S. RAMOS

HealthBeat Staff

## A Sad Case

A boy from Rizal Province was delivered by an untrained *lulol* (traditional birth attendant) who is also the child's grandmother. She used bamboo to cut the umbilical cord of the child and later wiped it with oil combined with herbs and spices (i.e., pulverized pepper and ginger). The child's mother had one tetanus toxoid immunization. Only the first child received complete immunization among the five children as claimed by the mother.

A month after his birth, the child started to experience on and off seizures. The child was immediately brought to a clinic but was advised by the doctor to proceed to a hospital for proper treatment and care. The child was later referred to a private pediatrician for further evaluation. It



A child with neonatal tetanus. (Photo from DOH's EPI Manual.)

was found out that he was very pale and suffering from stiffness of the neck and rigidity of the whole body. A few hours later, the boy died. The findings: neonatal tetanus.

## Neonatal Tetanus

Neonatal tetanus is the second leading cause of death from vaccine preventable diseases among children worldwide. Cases are higher in developing countries (estimated at more than 270,000 deaths

worldwide per year) and more common in agricultural and rural areas where contact with animal excreta is very likely.

The tetanus bacilli are widely distributed in the soil and in the intestine and feces of horses, sheep, cattle, dogs, cats, rats, guinea pigs and chickens. Manure-treated soil may contain large

numbers of spores. In agricultural areas, a significant number of human adults may harbor the organism. The spores can also be found on skin surfaces and in contaminated linen. Tetanus, however, is not transmissible from person to person.

The infectious agent (*Clostridium tetani*) enters the body through a cut or wound which then produces a toxin that causes tetanus. It is characterized by serious, painful spasms and stiffness of all muscles in the body. A person with tetanus



## PHARMA 50

## Reducing Drug Prices

by

**BENJAMIN P. REYES, DMD**

HealthEast Staff

*Magastos Magkasakit*

In the Philippines, when the poor gets sick, they either go to private clinics or to government facilities. When they choose to see a private physician, they pay for their medical needs especially if they are not insured. When they see government doctors, most probably

they will pay for the drugs and medicines they need.

Very few government facilities provide free medicines. With the high cost of medicines, it is likely that the poor will get indebted and spend all their savings on medicines. Even if they get well, they end up terribly indebted that they start to cut their expenses for essential needs like

food, clothing and comfortable shelter. When they do this, inevitably, they will get sick again.

And so, the cycle of indebtedness and sickness continues for the poor. With the poor getting deeper in debt with every cycle, it means having less and less capacity to purchase medicines.

Last year, approximately P4.7 billion worth of drugs was accessed through private hospitals. About P1.6B (35%) was sold through government hospitals. This scenario seems very bleak and defeatist. Unfortunately, it is a reality for the majority of our countrymen.

This brings to mind the wisdom of a popular multi-vitamin advertisement: "*Sa panahon ngayon, magastos magkasakit!*"

**What is the Government Doing to Address the Problem?**

President Gloria Macapagal-Arroyo in her State of the Nation Address (SONA) last July 2001 pledged to reduce the cost of (essential) drugs by at least 50%. This would mean that the public can



Quality essential drugs can be bought cheaper by at least 50% in DOH Botikas. This is one of the President Gloria Macapagal-Arroyo's commitments in her State of the Nation Address.

experiences locking of the jaw. He/she cannot open the mouth, swallow, or suffers difficulty in breathing. Three out of 10 people who get tetanus die from the disease.

Neonatal tetanus is a form of generalized tetanus that attacks newborn infants. It occurs in infants born without protective passive immunity, because the mother is not immune or has not received tetanus toxoid vaccine. It usually occurs through infection of the unhealed umbilical stump, particularly when the stump is cut with an unsterile

instrument or improper handling of cord stump especially when treated with contaminated substance.

A newborn child with tetanus has a normal suck and cry for the first two days of life and appears to be healthy. After five to seven days, the baby's mouth will become taut and is not able to suck followed by stiffness of the body or convulsions. Seven to 10 days after birth, the baby's entire body is tight and experiences severe fits. The baby eventually dies.

Immunity from tetanus can

be obtained through tetanus toxoid immunization. Two primary doses of tetanus toxoid at four weeks interval in pregnant mothers one month before delivery is enough protection for the mother and the baby. Three booster doses further increase antibody levels from tetanus.

Passive immunity lasts for about five months to infants born to mothers who are vaccinated with tetanus toxoid. Although recovery from tetanus does not result in solid immunity, a second tetanus attack may still occur. HB

## tidBeats

# Aftermath of the New Year's Eve Celebration Firecracker-Related Tetanus

Failing to seek immediate treatment after sustaining firecracker-related wounds can lead to death.

The Department of Health reported five firecracker-related tetanus cases admitted at the San Lazaro Hospital from January 1 to 12 with two deaths. Compared to the same period last year, there were also five admitted cases but with three deaths.

Three of the five cases were from Metro Manila. All were male with ages ranging from 20 to 53 years.

Despite the early and

vigorous warnings of the government, there are still patients who developed tetanus because they do not seek immediate treatment from sustained injuries from using firecrackers.

Health experts said that tetanus is an acute bacterial disease caused by *clostridium tetani*. Although deep wound is needed to support the growth of the bacteria, minor wound is usually the entry point in children and adults. The incubation period of tetanus could be as short as one day to, usually three to 21 days.

The DOH stressed that all injuries sustained from firecrackers should be washed immediately with soap and water and referred to medical personnel for proper wound care and tetanus immunization.

To reduce firecracker-related tetanus cases in the future, Health Secretary Manuel M. Dayrit is recommending local government officials to strictly enforce Republic Act 7183, the law that regulates the manufacture, sale and use of fireworks and other pyrotechnics. HB

- DOH Media Release

## PHARMA 50

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Quality essential drugs can be bought cheaper by at least 50% in DOH Botikas. This is one of the President Gloria Macapagal-Arroyo's commitments in her State of the Nation Address.

## ***Presyong Tama, Gamot Pampamilya Bili na sa DOH-Certified Botika!***

Generic (Brand) Name	Disease treated	Price in Private Drug Stores	Price in DOH Certified Botika	Savings per unit dose
<b>Salbutamol</b> (Ventolin/Ventorlin) 100 mcg/dose x 200 doses MDI	Asthma	P 249.75	P 197.60	<b>P 52.15</b>
<b>Beclometasone</b> (Becloforte/Beconide) 250 mcg inhaler	Asthma	P 831.00	P 532.50	<b>P 298.5</b>
<b>Atenolol</b> (Tenormin) 50mg tablets	Hypertension	P 17.75	P 9.03	<b>P 8.72</b>
<b>Nifedipine</b> (Adalat Retard) 20 mg capsule	Hypertension	P 34.15	P 5.75	<b>P 29.00</b>
<b>Cotrimoxazole</b> (Bactrim) 400mg SMZ+ 80mg TMP tablet	Infection, Bronchitis, Pneumonia, UTI	P 24.10	P 5.10	<b>P 19.00</b>
<b>Cotrimoxazole</b> (Bactrim) 800mg SMZ+ 160mg TMP tablet	Infection, Bronchitis, Pneumonia, UTI	P 13.50	P 2.80	<b>P 10.7</b>
<b>Cotrimoxazole</b> (Septin/Septan) 200mg SMZ+ 5ml suspension 50ml bot	Infection, Bronchitis, Pneumonia, UTI	P 82.68	P 67.60	<b>P 15.08</b>
<b>Glibenclamide</b> (Daonil) 5mg tablet	Diabetes Mellitus	P 7.75	P 3.10	<b>P 4.65</b>

quality medicines not only complies with the SONA pledge of the President but it is also morally appropriate. *(The table shows other examples of drugs with reduced prices.)*

### **Why Are These Imported Drugs Affordable?**

Basically, local medicines are grossly overpriced. In fact, some drugs sold in our country are even more expensive than what is being sold in some European countries. The FTI and the DOH want to show that there is no reason for medicines to be so expensive. Therefore, the Philippine government imports only from countries which produces their own raw materials for the manufacture of the medicines, unlike multinationals in the country that import raw materials which add up to the cost of production. Moreover, these imported drugs are purchased by bulk by the government which also produces great savings. The government also purchases medicines from countries with an established price control system and where the cost of labor is cheaper. These factors contribute to the drastically reduced prices of these drugs.

### **Are These Drugs of Good Quality?**

Definitely, these imported drugs are of good quality. The DTI purchases drugs only from the largest and most reputable distributors abroad. These imports come from the same multinational drug

avail of quality drugs for almost half the price (or even lower) in all Department of Health Botikas located in 76 hospitals nationwide.

The DOH, in partnership with the Department of Trade and Industry (DTI), procured drugs through the Parallel Drug Importation Program to bring down the cost of essential medicines in the country and initiated the PHARMA 50 project.

The project, with the campaign slogan of "*Presyong Tama, Gamot Pampamilya, Bili na sa DOH-Certified Botika!*" had been implemented nationwide with

the reduction of prices for eight essential drugs.

For example, a popular brand of Cotrimoxazole tablet 800mg (an antibiotic commonly used for pneumonia) can be imported and sold in the Philippines (through DOH hospital pharmacies and/or DOH certified botikas) at only **P5.10**. The multinational drug company sells this same medicine at a popular drug store for **P24.60**. Thus, the price of Cotrimoxazole sold through the PHARMA 50 Project of the DOH and DTI is only *one-fifth* the price in popular drugstores.

Marketing affordable and



companies that produce these branded drugs. And if there is still any doubt that these multinational companies would want to blemish their good name, these drugs undergo rigid quality standard evaluation by the food and drug authority of the country of origin and our very own Bureau of Food and Drugs. These three factors guarantee the quality of the above mentioned drugs.

### Why Stop with Only 8 Drugs?

By February, an additional shipment of 22 essential drugs would have arrived in the country. These drugs, with varying dosages, will be distributed nationwide.

Moreover, local government pharmacies are enjoined to act as distribution sites for these medicines. In fact, the province of Capiz already bought two shipments of the imported drugs. Many patients benefited, especially those with chronic diseases who have to take medicines for life (i.e. diabetes, etc.). Hospital incomes have increased because of pharmacy sales. The sales in government hospitals have been so successful that private drugstores have also reduced their prices to compete. Capiz is now planning a third order of these drugs.

### What Are You Waiting For?

Go to the nearest DOH Botika for more information regarding these affordable, quality and highly effective medicines. HB

## Beware of Counterfeit Drugs

From idea to production, the development of a new drug can take up to ten years and cost about \$200 million. Manufacture and development of drugs/medicines is a P 60 billion industry in the Philippines. Still, less than a percent (about P100-400 million) of the amount earned by the industry comes from counterfeit drugs.

Oftentimes, counterfeits are cheap imitations of branded drugs. People who patronize these products do not realize that they are giving away money for something that has absolutely no value. Worse, some of these drugs can have harmful effects to the body. Below are some of the **most frequently counterfeited drugs** according to the Bureau of Food and Drugs of the Department of Health:

1. **Pizotifen + Vitamin-B complex**
2. **Paracetamol + Vitamin-B complex**
3. **Ofloxacin**
4. **Multi-vitamins and minerals**
5. **Trimetazidine**
6. **Inactive Rabies vaccine**
7. **Diclofenac sodium**
8. **Ranitidine**
9. **Cefuroxime**

### How to Spot Counterfeit Drugs

✓ Look for the Drug Registration number (DR#) or the Certification of Product Registration (CPR) label in packages of the medicines. Usually, the Lot number, Batch number and the Expiration date will also accompany the DR#. This will signify that the drug has been properly registered to BFAD for standards evaluation.

✓ Do not accept if the seal of the medicine had been tampered with, broken and/or damaged.

✓ Check for any suspicious discoloration and/or impurities in the packaging and the product respectively. Counterfeit drugs are manufactured cheaply and therefore cut down costs on quality assurance in the labeling and product.

✓ If a drug is suspected as counterfeit, inform BFAD for adequate evaluation of the product.

# Cancer Pain Relief Don't Let The Pain Remain

by

**ANTHONY R. RODA**

HealthBeat Staff

Many patients with cancer pain are not given the appropriate treatment, hence they suffer unnecessarily.

## Cancer Pain

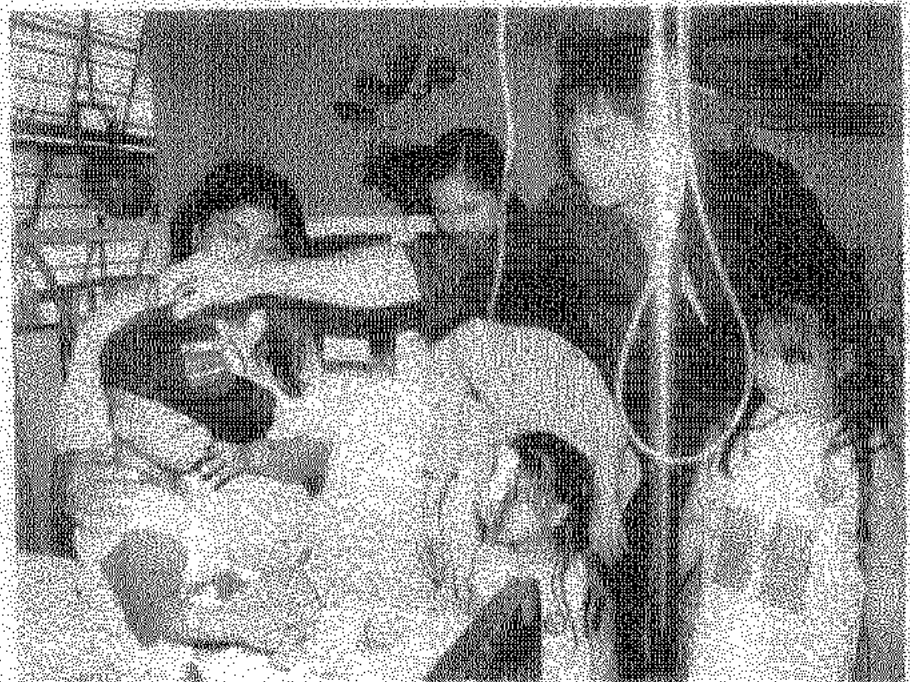
Pain is the most feared and distressing symptom of cancer. The World Health Organization (WHO) conservatively estimates that everyday at least four million people suffer from cancer pain. Some foreign studies reveal that about 30-50% of cancer patients undergoing treatment and up to 95% of patients with advanced disease suffer from pain. Even in developed countries, more than 50% of patients still suffer from unrelieved cancer pain.

In the Philippines, an estimated 200,000 Filipinos suffer from cancer pain every year. A national cancer pain prevalence survey (1989-1990) on pain profile of Filipino cancer patients in Baguio, Metro Manila, Cebu and Davao indicated that 73% of patients had pain related to their disease, 60% of which was persistent. The survey

also indicated that non-narcotic drugs were mainly used, with only 17.4% of cancer patients having a significant pain relief of 50% or more.

Not many is aware of this, but cancer pain can be controlled. The right drug in the right dose given at the right time will relieve cancer pain.

The Department of Health's cancer pain relief program adopts the WHO-recommended 3-Step Analgesic Ladder for cancer pain management. It is simple and inexpensive and, when used properly, this method is capable of relieving cancer pain in at least 90% of cases. This method has the



Action star Ronnie Ricketts, his wife Mariz and their children visit the Philippine General Hospital's Cancer Institute and give baseball caps and candies to children with cancer.

following principles:

- by mouth - if the patient can swallow oral administration is the route of choice,

- by the clock - analgesics are given regularly rather than "on demand", and

- by the ladder - the drugs are increased from non-opioids to mild opioids, and then to strong opioids to keep the patient continuously pain-free.

Under the analgesic ladder the patient is regularly administered with analgesic drugs, both non-opioid and opioid. Non-opioids are "non-narcotic analgesics" and opioids are "centrally-acting analgesics". These can be used in combination

particularly with soft tissue and bone pain.

The analgesics used are aspirin (non-opioid), codeine (weak opioid) and morphine (strong opioid). A move to the next step in the analgesic ladder is done if pain persists with optimum dosage of the analgesic in the current step.

By using oral medications, the focus of treatment is at home and the patient can return to a meaningful and productive life.

### Pain Control

Cancer patients need not suffer from pain.

Health Secretary Manuel M.

Davrit disclosed that there is a lack of awareness on the benefits of appropriate cancer pain control among patients, physicians and pharmacists. Only a few hospitals across the country have pain clinics, some hospitals provided with morphine supply by the DOH do not use their supply, which often times expire.

The latest evaluation of the implementation of the cancer pain control program revealed that patients still have fears concerning cancer pain and the use of opioid. Physicians, on the other hand, are still uncomfortable with the use of opioid in the management of cancer pain, although they believe that these

tidBeats

## Building Bridges Thru Ostomy Care

The Philippines hosts the 4th Asian Ostomy Association Conference and the 2th House of Delegates Meeting on October 21 - 26 at the Century Park Hotel. With the theme "Building Bridges through Ostomy Care" the conference will cover a wide spectrum of topics directly and indirectly related to stoma and ostomy care.

In simple terms, an ostomy is a surgically-made opening into the body. Ostomies can be due to birth defects, disease or accidents necessitating the removal of affected organs, usually bowel or bladder. *Asotoma* (Greek word meaning "mouth" or

an artificial opening) is created through the skin in which waste products are no longer excreted.

Examples of ostomies are: colostomy (when a part of the large intestine is removed), ileostomy (involves the removal of the whole large intestine as well as the rectum), and urostomy (when the bladder is removed).

The conference hopes to bring together ostomates (people with ostomy) and their caregivers from the different parts of the globe to interact and exchange ideas and experiences with each other and develop new insights.

The patroness of the conference is President Gloria

Macapagal-Arroyo and the honorary chairman is Health Secretary Manuel M. Davrit. The overall chair is Dr. Romeo Gutierrez, co-chair is Aurora Vale menta and the secretary general is Dr. Alberto Roxas.

The conference is held every three years to promote awareness about the disease and the well-being of ostomates.

For inquiries, visit or call the secretariat at the Philippine Cancer Society, 310 San Rafael St. San Miguel, Manila, PO Box 2066 with telephone numbers 733-2707 and 733-2485. Log on at [www.philcancer.org](http://www.philcancer.org) send an e-mail at [4thann@pcsa.com.ph](mailto:4thann@pcsa.com.ph).

drugs are effective. Many physicians are without opiod licence (S-2) and yellow prescription pads (a special prescription for regulated and dangerous drugs). Moreover, addiction is still an issue among patients and physicians.

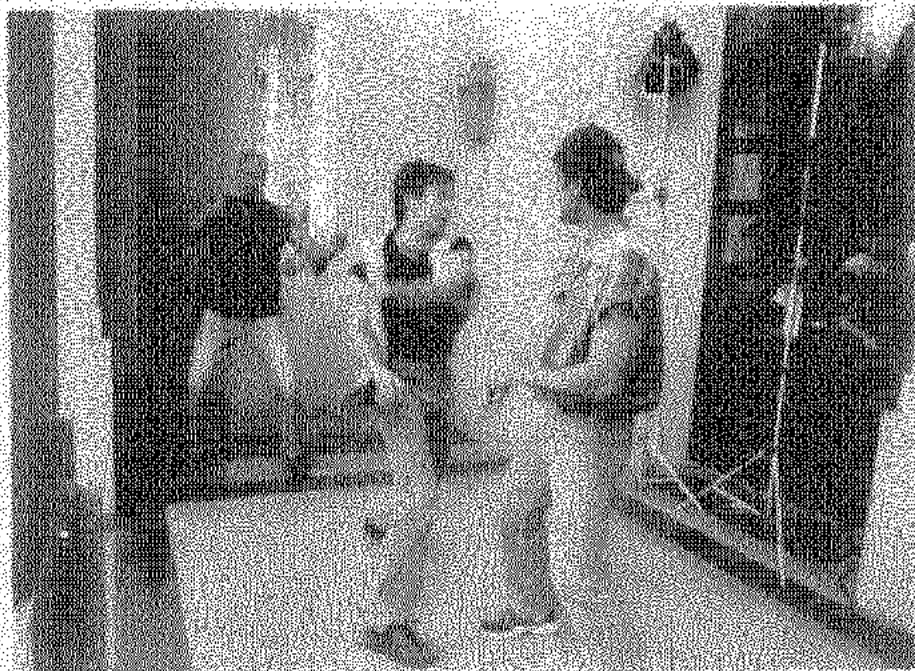
Dispensing opioids is also a significant issue. Only a few drug stores carry them. Nalbuphine is still a common drug used for cancer pain. Opioids such as morphine and fentanyl are not commonly used for cancer pain in many hospitals and clinics as reflected by the low purchase of such products. Only few hospitals purchase opioids for cancer pain management.

Hospital pharmacists do not honor the yellow prescription. It is only honored if the patient is under the hospital's care.

Patients are not allowed to buy all at once the total number of morphine tablets as written in the yellow prescription. They have to come back for a refill. However, refill is not allowed even if the total number of tablets of the prescription has not been bought yet. A new prescription has to be requested again from the physician.

A yellow prescription provides for only a limited number of drugs and this is not applicable for patients needing large doses of opioids.

There are regulatory factors as well that hinder the success of the cancer pain control program. Many doctors and pharmacists perceive as tedious the procedures set by the Dangerous Drugs Board (DDB) in



*"Sa pelikula, ang sakit na dulot ng suntok at siga ay balewala... Sa tunay na buhay, walang kasing-sakit ang krot na nararamdaman ng taong may kanser." Ronnie Ricketts (center), an advocate for cancer prevention and control, stresses in his latest TV advertisement.*

licensing, dispensing, procuring and prescribing opioids. They also complain of the "dangerous" location of the DDB office which is situated in Port Area.

According to the DDB, however, the process of getting the S-licenses for physicians and pharmacists takes only 10 to 15 minutes upon presentation of the application form with complete requirements. The DDB also stressed that the regional offices of the DOH's Bureau of Food and Drugs are duly deputized by the DDB to receive process and approve applications for registration and licensing.

#### For A Unified Effort

"Cooperation and education of physicians, pharmacists, hospital drugstores and regulatory

agencies must be forged for the cancer pain control program to be successful," Dayrit remarked.

The DOH has procured P6 million worth of morphine to be distributed and used by its hospitals and other various cancer care institutions.

Moreover, the DOH, in partnership with the Philippine Cancer Society, DDB, Pain Society of the Philippines and the Andres Soriano Foundation, has launched a massive information, education and advocacy campaign to unify and harness the implementation of an effective cancer pain control program. Its battlecry is "Walang Krot Kahit May Kanser", and the campaign started on the National Cancer Consciousness Week (January 13-19) and will go on the rest of the year, nationwide. HE



# Walang Kirot Kahit May Kanser

(Cancer Pain Management para sa Pasyente, Tagapag-alaga at Pamilya)

nina

C.A. NGELANGEL, B. RAMOS JR., M.L.R. ORDONO, et al

**Lahat ba ng mga pasyenteng may kanser ay mangangailangan ng gamot para sa kirot?** HINDI. Ang kirot ay nararamdaman lamang ng 1/3 sa lahat ng mga pasyenteng may kanser. Ngunit mahigit sa 2/3 ng mga advanced cases ay makakaramdam ng kirot.

**Ano ang mga sanhi ng cancer pain?** Ang kirot na nararamdaman ng mga pasyenteng may kanser ay dahil sa:

- mismong sakit na kanser (ito ang pinakamalimit na dahilan);
- paggamot sa kanser (halimbawa, kirot sa sugat pagkatapos ng operasyon);
- paghihina (halimbawa, bed sores dahil sa matagal na pagkakahiga);
- ibang sakit (halimbawa, rayuma).

Marami sa mga pasyenteng may advanced cancer ay nakakaramdam ng kirot na nagmumula sa iba't-ibang sanhi.

**Bakit nakakaramdam ng kirot ang pasyenteng may kanser?** Ang kirot na nararamdaman ng isang pasyenteng may kanser ay maaaring may relasyon sa mga sumusunod:

- sakit sa buto na kung saan kumakalat ang kanser;
- pagka-ipit ng ugat o nerves;

- pagkalat ng kanser sa iba't-ibang bahagi ng katawan;
- pagkalat sa bituka;
- pagtaas ng presyon sa loob ng utak; at
- muscle spasm.

**Kung may kirot, anu-ano ang ang binibigay na mga gamot?** Unang-una, kumunsulta sa inyong doktor. Ang tatlong klase ng gamot para sa kirot ay ang mga sumusunod:

- aspirin o ibang NSAIDs o paracetamol;
- tamadol; at
- morphine.

Ang lahat ng ito ay maaaring inumin at hindi kailangan ng injection. Ang paraan ng pag-inom ay ituturo ng inyong doktor. Sabihin sa kanya kung may allergy kayo sa mga gamot na nabanggit.

**Lahat ba ng pasyenteng may kanser ay nagiging malulungkutin?** HINDI. Ngunit, isa lamang ito sa mga nagiging psychological na problema ng isang pasyenteng may kanser. Ang iba pa ay ang takot, kaba at ang kawalang ng pag-asa. Ang mga problemang ito ay dapat alamín at lunasan sa pamamagitan ng mga gamot at counseling. Atkung hindi, ang kirot na nararamdaman ay hindi mapapawi.

**Gaano kagaling ang mga gamot sa pagsugpo ng kirot?** Kung gagamitin sa wastong paraan, ang mga gamot na ito ay makapigil sa kirot sa mahigit na 90% na pasyenteng may kanser. Unang ginagamit ang aspirin o ibang NSAIDs o paracetamol. Sinusundan ito ng tramadol; at pag hindi na ito tumatalab, dinadagdagan o pinapalitan ito ng tabletang mas malakas ang taglay na opyo (halimbawa: morphine).

**Ano ang wastong paraan sa pag-inom ng gamot sa kirot?** Sundin ang payo ng doktor. Inumin ang gamot sa tamang oras. Maaaring magbigay ng ibang gamot tulad ng steroids, anti-depressant at pampakalma kung kinakailangan.

Alalahaning kailangan na laging inumin ang aspirin



o gamot na NSAID (halimbawa: mefenamic acid, naproxen, diclofenac, celecoxib) o steroid (prednisone, prednisolone, dexamethasone) pagkatapos kumain o pag may laman ang sikmura.

Ang dami ng gamot ay iniiba-iba ng doktor depende sa pangangailangan ng pasyente at sa mga side effects nito. Alam niya ang mga side effects na ito at ginagamot na bago pa man mangyari.

**Kailangan bang gamitin ang opyo (morpina)?** Ang morpina ay binibigay kung ang ibang gamot tulad ng aspirin o tramadol ay hindi na mabisa. Kalimitan ito ang nangyayari kung ang kirot ay sobrang tindi.

**May mga kirot ba na hindi nadadala sa morpina?** OO. Hindi ginagamit ang morpina sa tension headache, post-herpetic neuralgia. Hindi rin ito mabisa sa sakit na dulot ng paglaki ng bituka at sa muscle spasm. Mga gamot na hindi opyo ang ginagamit sa mga ito. Kumunsulta sa inyong doktor.

**Gaano kabilis mawala ang kirot?** Dapat malaman ng pasyente at mga kamag-anakan niya na ang panimulang dami ng gamot ay maaaring hindi agad maging mabisa. Itanong sa inyong doktor kung sino ang dapat tawagan, saan dapat tumawag at kung ano ang gagawin sa bahay kung pagkalampas ng dalawang oras nang pag-inom ng gamot ay mayroon pa ring kirot na nararamdaman.

Ang dosis ng gamot ay pwedeng taasan depende sa pangangailangan ng pasyente. Sa mga pasyenteng nalulungkot, matindi ang kaba at sa iba't ibang

kirot na nararamdaman, aabot ng 3-4 na linggo bago magkabisa ang gamot.

Ang pagpawi ng kirot ay dahan-dahan at ang gamutan ay naglalayong:

- mapagaan ang pakiramdam ng pasyente sa buong maghapon at mapatulog ng mahimbing sa gabi ng walang kirot na nararamdaman;
- pawiin ang kirot sa maghapon habang nagpapahinga; at
- pawiin ang kirot habang naglalakad, nakatayo o nagtatrabaho.

**May mga pasyente bang nangangailangang uminom ng maraming morpina para mapawi ang sakit na kanilang nararamdaman?** OO. Maaaring magbigay ng morpina mula 5 - 1,200 mg. kada apat na oras. Kara-mihan ay nangangailangan lamang ng 15 mg. Konti lamang ang binibigyan ng mahigit 100 mg. Ang mga pasyenteng hindi nadadala sa 100 mg. ay maaaring malunasan kung itataas ang lakas ng morpina. Kailangan na ang doktor ang magpapasya kung itataas ang "dose" o hindi.

**Hindi ba mas mabisa ang injection?** HINDI. At masakit pa. At isa pa, laging aasa ang pasyente sa ibang tao na magbigay ng injection. Ngunit ang injection ay binibigay kung ang pasyente ay nasusuka o kaya ay hindi makalunok. Ang mga pasyenteng walang malay ay pwedeng lagyan ng NGT (nasogastric tube) para sa pagkain at gamot.

**Minsan, ang pasyente ay gumi-**



**gising nang madaling araw para uminom ng gamot o kaya ay nagigising sa umaga na may nararamdamang kirot. Ano ang dapat gawin?** Baguhin ang paraan sa pag-inom ng gamot. Ibigay ito kada apat na oras sa maghapon (6 am, 10 am, 2 pm, 6 pm) at doblehin ang dami nito sa gabi (10 pm). Para sa mga mahihina o mataatandang pasyente, gumamit ng isa't kalahati sa dapat na lakas sa halip na doblehin. Kumunsulta sa inyong doktor tungkol dito.

**Ano-ano ang mga posibleng side-effects ng morpina?** May mga posibleng side-effects, pero kaya ito:

- **Pagsusuka** - Mga 1/3 ng mga pasyenteng binibigyan ng morpina ay hindi mangangailangan ng gamot para sa pagsusuka. Pwedeng magbabad ng yelo o "ice chips", popsicle o sherbet sa bibig. Kumunsulta sa inyong doktor para mabigyan ng gamot.
- **Pagka-antukin** - Tulad ng pagsusuka, ang pagiging antukin ay isang problema sa panimula ng gamutan. Dapat tandaan na ang mga ito ay mawawala sa susunod na mga araw.
- **Sobrang antok at parang lumulutang ang isip** - Dapat malaman kung ang pagiging antukin ay dahil sa gamot o sa

pagkabagot dahil walang ginagawa. Karamihan sa mga pasyente na umiinom ng morpina ay nakakapagpahinga nang walang abala. Ibig sabihin nito, sila ay madaling nakakatulog lalo na kung nag-iisa at tahimik ang paligid. Kailangan nila ang mas mahabang panahong makapag-pahinga dahil sa kanilang sakit.

Sa totoo lang, maraming mga pasyente ang nagsasabi na gusto na nila ito dahil nakakatulong sa pagpalipas ng oras. Kung malakas ang pasyente, maaari siyang gumalaw o maglakad-lakad upang iwaksi ang antok na nararamdaman.

Maaari ring maranasan ng pasyente na hindi siya makapag-concentrate nang matagal at madaling antukin. Ikonsulta sa duktor kung sobra ang antok o hindi madaling magising. Baka kailangan palitan ang pagbigay ng gamot, kasali na ang morpina.

• **Pagkalito** - Ilang pasyente lamang ang makakaranas nito. Ito ay kadalasang nangyayari sa mga pasyenteng 70 taong gulang pataas at dapat ipaalam na ito ay posibleng mangyari sa unang mga araw ng gamutan ngunit lilipas din.

• **Pagkahilo sa biglang pagtayo** - Nararanasan din ito ng mga nagkaka-edad ng 70 pataas, pero lilipas din ito pagkaraan ng ilang araw. Huwag biglain ang pagtayo.

• **Mahirap na pagdumi** - Ito ang pinakamadalas na side-effect ng morpina. Bago uminom ng gamot, ang pasyente ay dapat uminom ng maraming tubig at juice.

Kumain ng pagkaing nakakatulong sa pagdumi tulad ng prutas, gulay at bran. Mag-ehersisyo nang regular. Uminom ng milk of magnesia kung hindi pa rin makadumi sa loob ng tatlong araw o gumamit ng rectal suppository (glycerin o dulcolax). Kung hindi pa rin makadumi, ikonsulta na sa duktor para mabigyan ng reseta ng gamot na makakatulong sa pagdumi.

• **Pinagpapawisan** - Ilang sa mga pasyente ay makakaranas din nito. Nakakatulong na laging nasa malamig na lugar sila nakapwesto. Uminom ng malamig na juice o softdrink.

• **Pagkalungkot** - Kakailanganin ng pasyente ang suporta galing sa pamilya, kaibigan, counselor at duktor kahit hindi pa sinisimulan ang gamutan.

**Magiging addict ba ang pasyente sa morpina?** HINDI. Hangga't ito ay ginagamit sa pagsugpo ng kirot ng dahil sa kanser at para sa pagpapagaling ng pasyente. Kalimitan, ang nangyayari ay kulang lang ang ginagamit na morpina at may nararamdaman pang kirot ang pasyente kaya humihingi ang pasyente ng dagdag pa at ito ay hindi addiction.

**Hindi ba masama ang kalagayan ng pasyente kung binibigyan ng morpina?** HINDI. Sa totoo lang, ang mga pasyenteng walang nararanasang kirot ay mas nabubuhay ng matagal, nakakapahinga, nakakatulog, kumakain ng mas marami at nagkakaroon ng panibagong lakas para mabuhay. Tandaan na dapat inumin ang morpina sa nakatakdang oras na payo ng duktor. Magpatingin nang regular sa kanya para sa mga pagbabago sa inyong schedule sa pag-inom at kung anuman ang

magiging problema.

**Bakit kaiba ang ginagamit na papel para sa prescription ng morpina?** Ang morpina ay tinuturing "opyo" at hindi pangkaraniwang gamot. Dapat alagaan ang yellow prescription ang ito. Walang dapat gumamit nito maliban sa pasyente. Ito ay binibili ng duktor mula sa pamahalaan. Itago ang kopya ninyo ng yellow prescription.

Kung hindi na kailangan ng pasyente ang mga tabletang morpina, ibigay ito sa inyong duktor para maibigay sa mga pasyenteng nangangailangan.

**Hindi ba nakakahiya o mainis o makukulitan ang duktor kung maraming tanong o makulit o complain nang complain ang pasyente?** HINDI. Ang pag-alaga sa inyo at pagtanggap ng inyong nararamdamang kirot ay isang importanteng bahagi ng gamutan. Magsabi kung mayroon pang kirot na nararamdaman o kung lumalala ang pakiramdam o kung bakit kahit na umiinom ng gamot ay nakakaramdam pa rin ng kirot. Hindi makakatulong ang inyong duktor kung hindi niya alam ang mga ito.

**Ano ang gagawin habang naghihintay ng susunod na konsulta o bisita ng duktor?**

- Inumin ang gamot batay sa pinag-usapan ninyo ng inyong duktor;
- Parating pakiramdaman ang inyong sarili kung ang kirot ay nababawasan at kung mayroon pang ibang nararamdaman. HB

*Halaw sa manual na "Kayang-Kaya" na Inilimbag ng Community-based Cancer Network, Philippines at ng DOH, 1998.*

## Confessions of a Game Show Contestant

# Who Wants to be The Weakest Link?

by

**ANTHONY R. RODA**

Health &amp; Staff

*"Kaninong magulang ang gusto ng patayin ang TV... Kaninong mga kapalid ang gusto ng mag-iba na ng apelyido... Kaninong ayo ang gusto ng maglayas."*

With such nasty words delivered at you by a game show host who could be fired at a slightest smile he makes on television, who wants to be the "weakest link"?

If you find pleasure in giving insults and have the guts in receiving one, then The Weakest Link hosted by Edu Manzano is your game show!

But can you deal with the stress this show deliberately give its contestants?

### I Want To Be On TV

Game shows are a dime-a-dozen. There are too many of them on television lately and they have been topping the audience ratings chart.

Experts claimed that the





surge in this kind of shows reflects the economic slump in the country. More people crave to acquire hundreds of thousand or millions of pesos the easiest way without having to beg, steal, borrow or even work hard for it.

Then again, if it is not the money that people are looking for in joining game shows, maybe it is the limelight - the chance of being seen on national television even only for a few minutes. Well, there is a saying that everyone, in his/her lifetime, is given 15 minutes of fame (or shame, for that matter).

I intended joining the "Weakest Link" because I wanted to be on TV. Compared to other game shows, my TV exposure in the "Weakest Link" is definitely better. Well, that is, if I will not be booted out in the first few rounds.

Okay, okay. I don't want to be a hypocrite. I also want the money. But believe me, this reason is just an added bonus.

### **The Tedious Process**

I selected the game show that fits me. Whoever still thinks that joining a game show is easy should change his/her views now.

I am a Globe cellphone subscriber and the show only allows its competitor, Smart, to make the call. I cannot use my landline because I am always out of the house. I cannot respond to the show's calling if ever I get selected. So, I bought a Smart SIM card and upgraded my cellphone into a dual SIM.

I waited for the right moment and dialed that 1-908

phone number which charges P10 per minute. Then it rang and I patiently went along with the tape recorded voice on the other end of the line doing a long introduction about the show's format and finally going through the seemingly tedious instructions. I wondered whether my prepaid load would be sufficient enough until all these blah, blah, blahs ended.

Finally, the question that I need to answer correctly in order to qualify came. I anxiously listened to the recorded voice: "What boxing movie won the Oscar Best Picture award? Press 1 for "The Champ"; Press 2 for "Rocky"..."

As soon as I heard "Rocky", I pressed that number. "Press 0 to confirm your answer," that getting-to-be-too-familiar voice said. Expectedly, I was right. And more instructions followed. I left my name and number and was told to wait for a production staff to call me at a certain day and time if I were selected as a contestant.

A staff did call. Joining was not so hard, after all. I did one call, and I was in! Maybe, people are intimidated by the show that they were too afraid to join.

I would finally be on TV, or so I thought. There still was a hitch. I needed to pass the audition at the Viva TV office in Quezon City. Another hurdle I had to endure.

So, I went. There were eight of us in my batch. We were led into a room where a mock game was held. Four was voted off, four of us remained. I did it!

The four of us who were selected were not allowed to talk to

each other. The production staff were careful enough for us not to get too close to one another. We would be disqualified if they caught us ever mingling with each other. Besides, there were still another four participants in our batch whom we did not know or see yet. Anyway, we filled out some forms, called for an interview, and were informed of the taping date which was five days later.

During the interview, the production staff wanted to find out if I had any illness or disorder that would hinder my participation. I said none of course, but the excitement of being on TV was weakening me already. Then the thought of the worst things that could happen during and after the show made me want to slip into coma.

What if I was not able to answer the questions? Or, I got insulted by my co-contestants and the nasty host? Or, I received some embarrassing remarks from people I know after seeing me on TV?

Is this what they call stress?

### **The Stress Factor**

We were booked for an overnight stay at the Bayview Hotel in Roxas Boulevard. The taping for our batch was scheduled in the morning at 9. The same strict rule was followed: do not talk with your co-participants. After breakfast, a van picked us up from the hotel to the Viva studio in Parañaque. During the trip we were allowed to converse with each other, a sort of getting-to-know-you so that you will know who to vote off in the game.

Finally, the moment we have been waiting for. The make-up was put on. Edu Manzano greeted us casually. And we were off to our own podium in the set. After some last instructions, which included again the don't-talk-to-each-other policy, the director said that the taping will last for about four hours. Huh?!!?

Could I endure being stressed-out for four hours?

Experts claim that stress is a fact of life, but there is nothing inherently wrong with it. And they are also saying that we need stress in order to survive. So, it is really stress that makes us "go".

However, experts too are saying that problems arise where too much stress is present. High levels of stress can make a person irritable and cranky. Too much stress for too long a time can literally make one sick.

I wondered if four hours is too long. Too many things were going on in my body, and not to mention my mind, already.

The manual "What You Should Know About Stress, Diet and Exercise Now!" published by the National Institute of Business Management in New York explains the physiology of stress. Here is what is happening inside the body:

- The message of being under stress is received by the cerebral cortex of the brain. This is the body's "alarm clock,"

and it alters another part of the brain and the brain stem to prepare the body.

- The pituitary gland, a pea-sized gland at the base of the brain, releases a hormone (ACTH) into the blood stream.

- The hormone's target is the adrenal glands, which then release two more hormones into the body (adrenaline and noradrenaline) and cortisone. These substances are the body's "energy" to adjust its functions so a person is now prepared to deal with what is causing the stress.

- About this time the heart speeds up, pumping more blood around the body more quickly. The pulse may increase from about 60

or 70 beats per minute up to 120 or 130.

- Because the heart is pumping more blood into the body, more oxygen is being delivered to the muscles.

- Simultaneously the body starts cutting down on the amount of blood being sent to areas that do not need right now. For instance, the blood vessels constrict in the stomach as it is most unlikely that a person under stress would stop and eat anything at this point. This frees even more blood to be sent to the muscles and brain.

- Along with the increased pulse, the person will now probably aware that his/her breathing has increased in speed and he/she has probably began sweating.

- Other stress changes going on in the body include: the spleen releasing more red cells into the blood to enable it to carry the extra oxygen; the liver releasing supplies of sugar into the blood; and increase in fibrinogen and platelets which clot blood and stop bleeding; and an increase in white blood cells (lymphocytes) which help repair body tissues.

Wow, think of all that activity in the body when under stress. If the body is always under stress, it begins to send distress signals. After a while it begins to break down. The body just cannot take all of this stress, even if a person thinks he/



Edu Manzano - the main "stressor" of the Weakest Link.

she can.

### Dealing with Stress

The game began. I was already feeling some unusual things in my mind and body. The first question was thrown at me because I was first alphabetically. I answered correctly; so far, so good.

Stress begins with pressure

which could be an internal or external stimulus to which a person responds. My sources of pressure in the game included: being able to immediately say the right answer; being able to bank money for the team; and the thought of being voted out in that round.

I recognized these pressures and positively thrived on my stress. It was the essence that made me tick

in that round. Statistically, I was the strongest link!

Then came the 15 - 30 minutes break. The production staff provided us with bottled water. It was a time to relax, meditate or do some breathing exercises while they check if the taping went alright. I supposed it was also the time to prepare Edu's script as well as know whom we voted off.

sa *Best*

# Weakest Link Booboos

EDU: Sinong American president and nagka-polio noong 1920's?

CONTESTANT: Apolinario Mabini!

\*\*\*

EDU: Kompletuhin ang kasabihang "Love your neighbor as you love your \_\_\_\_\_."

CONTESTANT: Your wife!

\*\*\*

EDU: Ilan ang leaflets ng pamosong four-leaf clover?

CONTESTANT: Tatlo!

\*\*\*

EDU: Kailan ang Pasko sa Davao?

CONTESTANT: Pass.

\*\*\*

EDU: Ano ang tawag sa pagkukunwaring kumakanta sa pamamagitan ng pagsabay sa recorded song?

CONTESTANT: Ghost singer!

\*\*\*

EDU: Ano ang mas malaki: itlog ng pugo o sanggol ng tao?

CONTESTANT: Itlog ng pugo!

*(Hindi ito pinalampas ni Edu at sa huli'y na-interview pa ang contestant.)*

EDU: Saan ka nakakita ng itlog ng pugo na mas malaki pa sa sanggol ng tao?

CONTESTANT: Akala ko po, Sir, ang sabi nyo eh itlog ng tao!

\*\*\*

EDU: Ano ang kulay ng orange juice kapag nilagay sa blue na baso?

CONTESTANT: Violet!

\*\*\*

EDU: Kung si Superman ay may Lois Lane, ano naman ang kay Robin Hood?

CONTESTANT: Pana!

\*\*\*

EDU: Ano sa Tagalog ang "No Loitering"?

CONTESTANT: Bawal Magkalat!

\*\*\*

EDU: Anong uri ng hayop si King Kong?

CONTESTANT: Pagong!

*(Hindi ulit pinalampas ni Edu...)*

EDU: Saan mo nakuha yan?

CONTESTANT: Sa Batibot po... si King Kong Pagong!

\*\*\*

EDU: Anong uri ng halaman ang tumitiklop kapag nahawakan?

CONTESTANT: Hiyang-hiyat!

\*\*\*

EDU: Paano i-describe and mga ulo ni Yul Brynner at Telly Savalas?

CONTESTANT: Patusok!

\*\*\*

EDU: Ano sa Spanish ang hello?

CONTESTANT: Adios!!!

\*\*\*



*The "Walk of Shame"*

Then the second round came. I answered all questions correctly. I was the strongest link again. I was doing fine, or so I thought.

The third round I was feeling relaxed already, but the bottled water they gave us every break made my bladder ache and I had to excuse myself and run to the toilet. Nevertheless, I was more confident—no more heart-pounding excitement, no more blood pressure rising. Or maybe, I was just getting tired and would have wanted to continue without going through long production breaks. That was my biggest mistake. I was not able to answer even the most easy questions. I was the weakest link that round. Thankfully, because of my good performance during the first two rounds, my co-participants did not boot me out of the game.

"What happened to you?"

Edu exclaimed at me. Frankly, I did not know how to answer that question.

At this point, Edu seemed delighted by the poor performance of our team. We were banking too little money. He must have also noticed that during the interviews, many of my co-contestants were eager to throw insults and nasty jokes. Words like "He sucks!" or "I think he left his brains in the hotel!" This was good for the ratings, I supposed.

Fourth and fifth round came. The questions seemed harder and my performance was not too elating. Then the sixth round, and only three of us were left in the set. One was 21-year old, the other 23-year old. I was older by more than 10 years. This was the moment of truth, one of us will not be able join the head-to-head portion.

I came on strong during this

round. Perhaps too strong, that they voted me off. At 38, I was told that I am old! My genetically-balding hair was even noticed. Uh, that hurts. I had to pay the price for wanting to be on TV.

Although statistics shown otherwise, I was the weakest link because of the two votes. This was my final moments on TV so I thought of a unique way of doing my "walk of shame". I brushed my hair with my hand and pointed at the camera with a smile. I also blurted out some derogatory remarks to the person who would be the game's winner. The only consolation I had was that he got only P43,000 out of a possible P1 million.

If you think that I relieved my stress at the end of the taping, well you are wrong. I had to wait for two whole weeks before it was finally shown on TV.

On January 4, a Friday, starting at 9:30 p.m. to 10:30 p.m., my home phone and my cellphone did not stop from ringing. It was from friends who either congratulated me (even though I lost) or made fun of me. The next few days, I was being greeted by neighbors with "Goodbye" (the signature greeting of the show) instead of "Hello". My friends from college and high school days phoned or e-mailed me. Children were even imitating my "walk of shame".

Wow, I received all that for being on TV for only about 40 minutes. All my stress turned to happiness!

Being the Weakest Link is not bad at all. Goodbye! HB

# Twenty Tips on Living with Stress

*Reprinted from the manual entitled "NIBM Guide to Feeling Good" published by the*  
**NATIONAL INSTITUTE OF BUSINESS MANAGEMENT, INC.**  
 1328 Broadway, New York, New York

Once you have recognized the fact that you are under too much stress, you are already well on your way to coping with it. While there are no pat answers or instant solutions, or one-day stress-off programs, there are a number of ways you can manage stress. Here are some suggestions, compiled with the assistance of a noted psychologist.

**1. Work off stress.** If you're angry or ready to blow up, physical activities are a terrific outlet. This is a time to vent that energy. Whether you go out and chop wood, take a run, wash the floor, or tackle a time- and energy-consuming project that you've put off, chances are that you'll feel better and also will have accomplished something useful.

**2. Talk to someone you truly trust.** Confiding in another person and talking out your problem, even if there is no immediate solution, usually makes you feel better. If you feel like there is no one you trust, not even a relative or clergyman, then call one of the hotlines that operate

around the country 24 hours a day. They are staffed with counselors who listen and/or discuss any problem with a great deal of understanding and compassion.

**3. Learn to accept what you cannot change.** Sometimes problems simply cannot be avoided or solved right now. Whether it's a serious illness in the family, a divorce, an economic setback, or even a death, simply accepting what has happened will lessen the stress.

**4. Avoid self-medication.** Many easily available substances, from aspirin to alcohol, are often abused in an effort to avoid the stress by blotting out pain. They are not a solution to a problem, and if taken in excess, become a problem in themselves. Think about what you are doing if you have an urge to "drown your sorrows."

**5. Get enough sleep and rest.** Sometimes we are so busy we tend to cut down on things we need most. Sleep is a wonderful cure-all, a time to recharge your body's batteries, and usually one of the first things to be sacrificed to stress.

Keep in mind that lack of sleep makes you cranky and irritable. If you find that you can't sleep, after a week or ten days, it would be wise to consult your family physician.

**6. Take time out to play.** All work won't make you dull, it's more likely to make you a nervous wreck. Working extra long hours tends to be counter-productive past a certain point. Make the time to relax, even if it's only to take a short nap. Schedule a sanity break. If you are too busy to take a weekend off, schedule mini vacations during the day. Treat yourself to an hour or two off whether it's to play ball, shop for something personal, or even take a walk around the block.

**7. Do something for others.** It may sound Pollyannaish, but doing some good things for others makes you feel good and helps you put your life back into perspective.

**8. Take one thing at a time.** Sometimes we are so overwhelmed that we try to do everything at once - and nothing gets accomplished. Take a few minutes



to make a list of what has to be done, establish priorities, and tackle one project at a time, the most essential thing first. Completing the most important pressing project will give you a sense of accomplishment, relieve some stress, and give you the strength to dive back into your workload.

**9. Agree with someone.** Sometimes we get so irritable that we wind up fighting with everyone. If life has turned into a battleground - from the bedroom to the boardroom - stop and agree with someone. Let them have their way, even if you really don't agree. They may turn around and agree with you on something else and the sense of working together, of cooperation, will change the emotional environment from one of hostility and stress to one of teamwork. Feeling like you are besieged by an army of enemies and idiots hurts you more than it hurts anyone else.

**10. Manage your time better.** The overwhelming feeling that there simply aren't enough hours in the day can defeat you before you begin. Perhaps it means take-out food instead of cooking, maybe it means asking your spouse to work out a new system of sharing, maybe you've really taken on too much. You need to develop a system that works for, not against you.

**11. Plan ahead.** If you see a period of increased stress coming up - a big project, holidays, vacation, moving, or even a possible promotion - plan now to rest and be ready. Or postpone what can be delayed.

**12. If you become sick,**

**don't try to carry on as if you're not.** No matter how pressing your work, don't be a martyr. Stay home. Get enough rest until you can resume your duties. If you go back prematurely, you risk a relapse. If you don't take off, you risk a breakdown. If your work is so vital that nothing can function without you, have work sent to your home.

**13. Develop a hobby.** Even if you are either totally happy and work is a thrill or you are too busy to have a hobby, you aren't indulging yourself but doing yourself a favor by changing the focus of your interest. It lessens stress to have a hobby. Quite simply, it's a good therapy.

**14. Believe the answer lies within you.** No one else can "give" you a stress-free life, although they can offer advice. It is up to you to take that advice and incorporate it into your lifestyle. Just as no one can tell you what happiness or peace is or describe chocolate to you, so you have to search out your own inner desires and needs and make them work for you.

**15. Eat well and exercise.** You can't simply relax and hope stress will go away. A liveable stress level is only attainable if you integrate stress management with proper nutrition and exercise.

**16. Don't put off relaxing.** Some people promise themselves that "tomorrow" or "next week" I'll take care of myself and take a break. That simply won't work. You have to relax every single day, even if it's for a few minutes between appointments or some deep breathing on your way home from

work.

**17. Don't be afraid to say no.** If you are asked to do someone a favor, or complete an extra project, if it really is too much say so. Taking on too much can in itself be the stress that breaks you down.

**18. Know when you are tired.** Being able to stop work when you are fatigued rather than pushing yourself beyond your limits will also reduce unnecessary stress.

**19. Learn how to delegate responsibility.** Sometimes you can't do everything yourself and yet work must get done. So don't be afraid to ask for help.

**20. Be realistic about perfection.** When there is a tremendous amount of work to be done, don't dwell on doing and redoing it until it is perfect. This isn't to advocate being slipshod but to accept that a fourth or fifth draft of a report that was due yesterday is putting an unnecessary amount of stress on yourself. **HE**



# Lusog Lupon

## *Strengthening Partnership for Community Health and Development*

by

MA. LUZ R. ESCUBIL, MD and ELMER JONES ELMA

Integrated Community Health Services Project, Palawan

Coordination is a popular word in the health sector these days. This is especially true in Palawan where it has long been recognized that the promotion of health programs and its successful implementation is a concern of both government and private sector. With the growing population and increasing health needs, the efforts and resources of the government are not enough to address the health problems.

This is evidenced in the involvement of the non-government organizations (NGOs) and people's organizations (POs) in the provincial health board and local development councils.

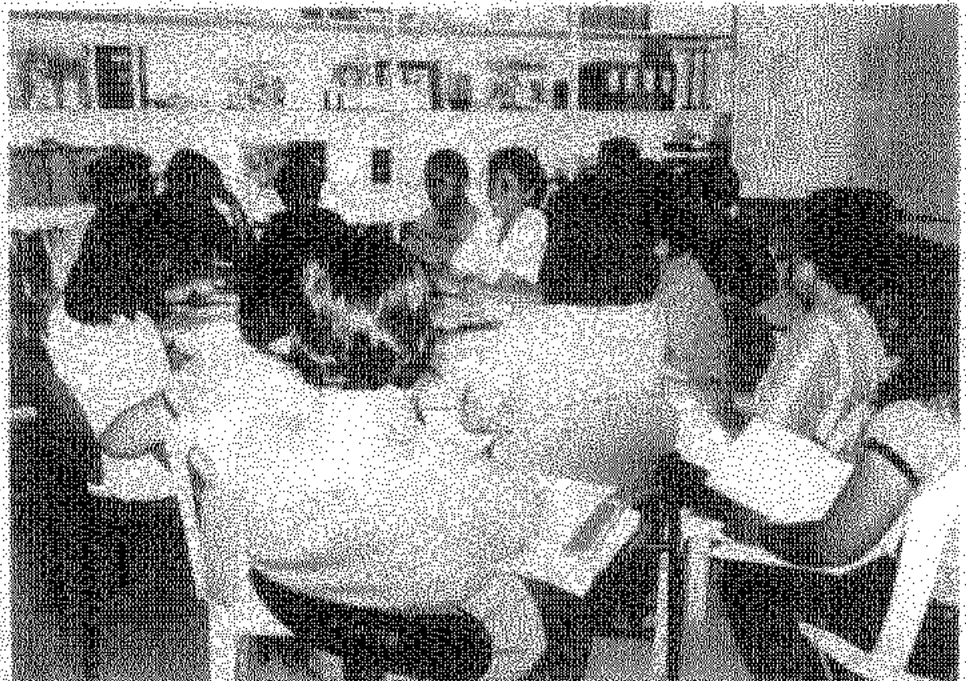
The latest move towards multi-sectoral collaboration is the establishment of *Lusog Lupon*, a coordinating body composed of the NGOs, POs, government offices, local government units and the community. This was formed through the initiative of the provincial health office (PHO) and the DOH Center for Health Development (CHD)

Southern Luzon, and further strengthened by the NGO-Community Mobilization component of the Integrated Community Health Services Project (ICHSP).

The *Lusog Lupon* is composed of representatives from 13 NGOs, three POs and four from government organizations.

These different entities

organized themselves to ensure that all actions towards health and the health-related agenda will move in one direction and to consolidate all efforts of concerned stakeholders on health development. *Lusog Lupon* will assist in strengthening the integration of all health and health-related programs and activities in the province. It will serve as an advisory



*Lusog Lupon, a multi-sectoral collaborating body, ensures that all actions towards health and the health-related agenda will move in one direction.*

# DOH: On Top of the Health Situation

*Prepared by the*  
**OFFICE OF THE SECRETARY**

2001 was a year of living dangerously. It started with a political turmoil in the country and ended with a war against terrorism. The health of the individual was at risk either because of the long-standing political issue of poverty in the country or the new threat of bioterrorism across the globe. Whatever the cause, the Department of Health was on top of the country's health situation.

At the helm is Health Secretary Manuel M. Dayrit who was appointed on February 21, 2001 (and was confirmed by the Commission on Appointments on January 16, 2002). His tasks were not easy, but he made it through a very

difficult year, and fared very well. Here is the DOH official

accomplishment report for 2001. — The Editors



Congress Commission on Appointments confirms Health Secretary Manuel M. Dayrit (far left) and Interior and Justice Secretary Hernani Perez (third from left) last January 16. They are greeted by Senators Renato Cayetano (second from left), Loren Legarda-Leviste (second from right) and Franklin Drilon (far right). Photo by Rody O. Pisueba.

# About ICHSP

One of the projects jointly developed by the Department of Health and the local government units (LGUs) to actualize the vision for devolt of health services is the Integrated Community Health Services Project (ICHSP). It provides for improving health management capabilities through institutional reforms in the DOH, LGUs and communities.

ICHSP is funded by the Asian Development Bank (ADB), the Australian Agency for International Development (AusAID) and the Philippine Government. It started in March

31, 1997 and will end by year 2003. Initially, the Project supports the improvement of health services in six provinces - Palawan, Kahingga, Aplayao, Cagayan, South Cotabato and Surigao del Norte. Successful models developed in these provinces will then be replicated in other provinces.

ICHSP aims to reduce the incidence and severity of childhood diseases in the Project provinces through improved preventive and curative health services. The Project also aims to improve the capacities of communities, LGUs and non-government organizations (NGOs)

to plan, manage, monitor and finance essential health programs.

Moreover, ICHSP strengthens the capability of the DOH at the national and regional levels to implement the health systems that will provide policy direction and technical support to LGUs, NGOs and communities.

Once again, ICHSP finances the printing of *HealthBeat* in the next three issues. *Good, hopefully they would extend for one whole year.* *Ely.* The last time the Project supported this magazine was in May 1999 to April 2001. **HE**

and recommendatory body to the PHO in matters pertaining to the multi-sectoral coordination mechanism.

Having been recognized and officially supported by the provincial government through the issuance of Executive Order No. 10 series of 1990, the *Lupon* is in the process of strengthening the partnership among the different stakeholders. Since its formation, *Lasing Lupon* has participated in the activities of the PHO and the DOH like the annual health assessment program and the Health Congress. The members have also been involved in health planning workshops both at the provincial and municipal levels.

Representatives of *Lasing Lupon* also form the technical coordination committee which is tasked

to review community project proposals and recommend them for approval to funding agencies. Currently, the ICHSP (funded by the Australian Agency for International Development or AusAID) is the main donor giving support to community health projects. However, it is hoped that other funding institutions would be tapped in the future.

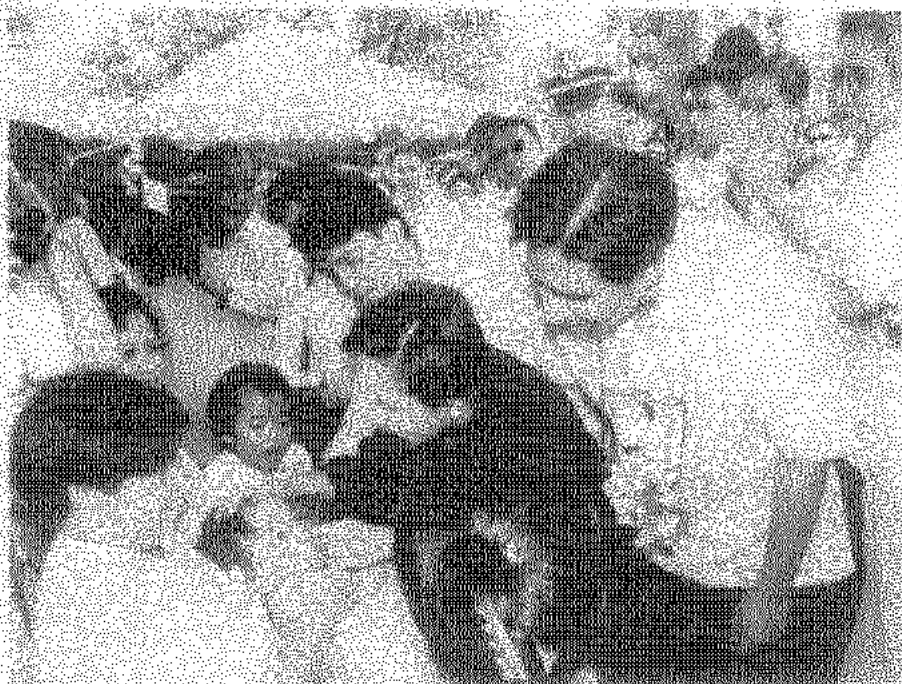
The group has been conducting regular bi-monthly meetings to discuss relevant issues and be updated on the community health projects being implemented by partner NGOs and POs. The meetings also provide opportunity to disseminate information on the different health programs and activities of the DOH and the PHO.

Members of the *Lupon*

have also been equipped with knowledge and skills in project proposal development, technical writing, communication, planning, development of information, education and communication (IEC) materials, interactive theater and puppetry, and participatory rural appraisal techniques.

*Lasing Lupon* has evolved from a coordinating group to a partnership. This partnership is being strengthened by goals and values shared by the members. Participation in common causes and activities facilitated the establishment of relationships among the partners which will bring to realization the vision of "healthy, self-reliant Palawan" by contributing to the development of communities. **HE**





President Gloria Macapagal-Arroyo and Health Secretary Manuel M. Dayrit giving vitamin A supplementation during the *Garantisadong Pambata* campaign.

## IMMEDIATE ACTION & ACCOMPLISHMENTS

### Control and Prevention of Epidemics

**Dengue:** as a result of the intensified dengue awareness and advocacy campaign, at least 100,000 cases did not occur as expected, saving the government millions of pesos in hospitalization expenses this year.

**Measles and other childhood diseases:** vaccination and mop up campaigns were sustained especially in Metro Manila and urban areas where measles remains high. *Garantisadong Pambata*, held last April and October this year, was refocused to zero in on 5 key life-saving

interventions—vaccination, exclusive breastfeeding, Vitamin A supplementation (given to 7,239,445 children in the two rounds of GP) and food fortification, salt iodization and loving care of the children.

**Food and water-borne diseases (hepatitis, typhoid, etc.):** a program on Solid Waste Management was launched consisting of an intensified awareness-raising campaign wherein Department of Health shared its multimedia resources with Metro Manila Development Authority and Department of Interior and Local Government. One hundred Metro Manila barangays that were effectively implementing waste segregation, composting and recycling were also recognized during the first 100 days of Health Secretary Manuel M. Dayrit's

administration.

### Immediate Response to Disasters and Epidemics

From February 20 to December 2001, there were no less than eight major crises where the DOH took active part in providing necessary health services personally supervised by Sec. Dayrit:

1. the violent rally in EDSA/ Malacanang where some rallyists tested positive for illegal drugs

2. the peace and order problem in Basilan where a hospital was destroyed;

3. the aftermath of the Mayon volcano eruption which displaced thousands of families in the Bicol region;

4. the strong typhoon in Region I and Cordillera Administrative Region which damaged a wing of the Baguio General Hospital;

5. the fire in Western Visayas Medical Center where P9M worth of hospital equipment were damaged;

6. the hepatitis A outbreak in Sampaloc, Quezon where 300 cases were affected as reported by Congressman Rafael Nantes;

7. the Manila Manor Hotel fire that killed about 74 people; and

8. the flu scare (and the bioterrorist threats) which resulted in the suspension of classes in major private schools in the Pasig-Ortigas area.

The Health Secretary was always at the scene in all of these crises to ensure the immediate assessment and adequate, timely



response of the health teams. As a new Secretary, his hands-on approach provided the DOH with a quick assessment of the efficiency or lack of it—of field response teams and systems. This included the unbiased assessment of the success and problems of the devolution of health services.

### TIMELY HEALTH ADVISORY & ADVOCACY CAMPAIGNS

**Mad Cow Disease:** Allayed fears on Mad Cow Disease preventing panic. However, surveillance of neurologic manifestations of illnesses and food sources are continuing. The public will be properly alerted whenever necessary.

**PPA (phenyl propanola-**

**mine):** The fallacies and distorted information were corrected so that the general public are not misled into buying even more dangerous or toxic cough medicines.

**Anti-Smoking:** A signature campaign against smoking was initiated across all sectors of the population. The school health program was started to organize peer groups among high school students to raise awareness and internal decision-making skills of youths who are being targeted by marketing campaigns of cigarette and tobacco companies.

**Rabies prevention and control:** Every year, there are about 400,000 animal bites treated, from whom 400 rabid cases are detected. Each high risk person bitten must be given anti-rabies vaccine and immunoglobulins which is estimated at P20,000 per person. It is estimated that there are about 25

million dogs in the country. Each dog will have to be vaccinated every year at P10 per dose. Since this concerns dogs, the program was linked with the Department of Agriculture. Dog vaccination, dog impounding and responsible pet ownership are included in the program with early detection and post-bite vaccination of high risk patients.

**GMOs (genetically modified organisms):** The Bureau of Food and Drugs (BFAD) is carefully studying the issue and is reviewing the evidence based on the issues raised by concerned groups in order to develop correct policies and procedures to protect the public.

**Soy sauce:** DOH quickly confirmed the source of the information and allayed public fears to prevent panic.

**Accident prevention:** The public is being reminded of the ways and means to prevent accidents through simple measures that they themselves can do, such as wearing of seat-belts and other road and home safety measures. Recently, the *Iwas-Paputok* campaign, in coordination with the Philippine National Police and media practitioners, was launched to discourage people from using firecrackers and firearms during the holiday festivities. There was a 55% reduction in the incidence of blast injuries this year compared to the previous year.

**Quelling the Anthrax Scare/Bioterrorism Threats:** In coordination with other government agencies involved in ensuring public welfare and safety, the DOH launched a campaign to increase



*The DOH is teaming up with the Department of Agriculture on rabies prevention and control program.*

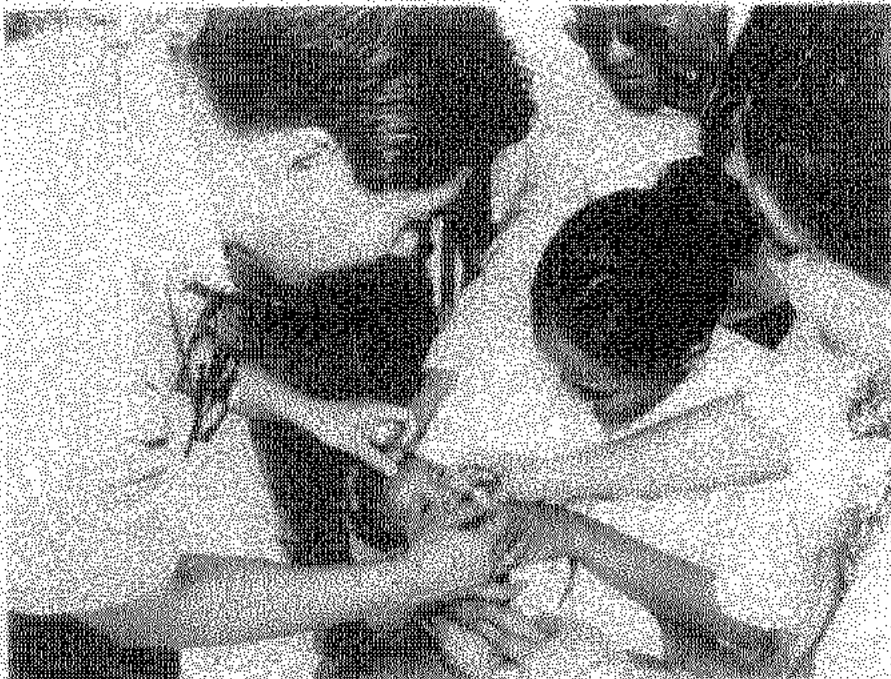
awareness on government's disaster management and bioterrorism preparedness plan, while improving public health laboratory capabilities, enhancing disease surveillance and control, undertaking training of government and private physicians in diagnosing illnesses caused by bioterrorist agents, networking with other agencies and establishing hotlines and public assistance centers for suspect mail. Fears were allayed by addressing particular concerns while sensationalism was toned down by providing accurate and verified data.

## ANTI-POVERTY PROGRAMS

**Improved access to tertiary care services in KALAHÍ (Kapit Bisig Laban sa Kahirapan Project) areas:** Since May 2001, DOH retained hospitals provided medical, pediatric, surgical, dental, and laboratory services in all the areas identified by the National Anti-poverty Commission (NAPC) and Philippine Commission for the Urban Poor (PCUP).

A total of 27,847 patients were seen by 14 DOH hospitals in about 30 KALAHÍ areas within 4 months, of whom about 9 severe cases were detected and admitted in the DOH hospitals.

**Expansion of the Indigency Package of the Philippine Health Insurance Corporation (PHIC):** As part of President Gloria Macapagal Arroyo's State of the Nation



*DOH hospitals reach out to urban poor communities by providing medical, pediatric, surgical, dental, and laboratory services as part of the Kapit Bisig Laban sa Kahirapan or KALAHÍ Project.*

Address (SONA) commitment, a total of 156,039 urban poor families have been enrolled in the indigency program of PhilHealth from March to December 28, 2001.

Advocacy with local chief executives are ongoing, with negotiations with local government units (LGUs) being actively undertaken by the President and CEO of PhilHealth himself, Dr. Francisco Duque.

About 40% of urban poor beneficiaries have already been identified and awareness among the urban poor regarding the National Health Insurance Program has increased.

**Reduction in the price of drugs:** Another SONA commitment is the reduction in prices of essential medicines commonly bought by the poor by 50%.

In order for many Filipinos

to have access to low-priced quality drugs and medicines, distribution outlets have been expanded from 30 to 70 DOH hospitals. These hospitals will be carrying many assorted, affordable medicines acquired through parallel importation and through local manufacturers.

Presently, 300 National Food Authority (NFA) rolling stores are selling household remedies, herbal medicines and over-the-counter drugs made possible through a Memorandum of Agreement between the DOH through an attached agency, the Philippine Institute of Traditional and Alternative Health Care (PITAHAC) and the NFA.

An additional 800 Botikang Barangay (BnB) located in hard-to-reach areas shall be provided with PHP 20M worth of seed money as part of the total PHP 100M

Philippine Charity Sweepstakes Office (PCSO) support for the DOH SONA commitment to lower drug prices.

There are continuing dialogues with local manufacturers, dealers and pharmacies or drug retailers to synchronize plans and programs of cooperation.

**Development and implementation of a more culturally integrated, thus more effective, family planning and responsible parenthood program:** Poverty is worsened by the inability to provide for the children in the households. Ill health, especially among infants and children, are a huge economic drain on the family and government resources.

Previous family planning services, however, have not been truly developed according to the spiritual and human values of the Filipinos, especially since most of the artificial interventions are regarded as foreign and thus are feared by many.

Recently, a more aggressive campaign for natural family planning methods, which includes the newly launched Standard Days Method or Necklace Method, was undertaken in partnership with government and private sector partners, to increase the couples' access to family planning methods that are best suited to them.

Central to this campaign is improving the levels of fertility awareness among couples as well as encouraging local governments to support and advocate for responsible parenthood in their respective localities.



*Sec. Dayrit and Undersecretary Antonio S. Lopez hold a dialogue with MEWAP representatives to understand their concerns about the DOH reengineering.*

## MANAGEMENT OF INTERNAL AFFAIRS

**Quick resolution of personnel problems:** In January 2001, then Health Secretary Alberto G. Romualdez was in the middle of reengineering the DOH. The reengineering efforts, however, caused staff unrest mainly due to the pervading feeling that the process was being carried out too hastily. About 100 DOH staff organized themselves into the Malaria Eradication Workers Association of the Philippines (MEWAP) and complained of being displaced, demoted or denied of due benefits. Sec. Dayrit's immediate actions included a dialogue with MEWAP representatives to understand their concerns, the creation of a special

review committee to process complaints and recommend individualized action, and reopening of the padlocked Malaria building.

Of the 100 plus originally complaining, more than 90 have reported regularly to work. A few remaining employees continued to refuse to report to any post until the court resolution is obtained on their complaints against Executive Order 102 signed by former President Joseph E. Estrada.

**Institutionalization of a Code of Conduct:** A 10-point guideline on Core Values was developed and adopted as the Code of Conduct for the DOH personnel. This was necessary to communicate to the top and middle managers as well as the rank and file personnel the behavior and ethics that the new administration will reinforce throughout the organization. Sec.



Dayrit is the first who promised to abide by his Code.

**Immediate assessment of the status of the devolution of health services:** Sec. Dayrit has personally visited all regions to date. In his visits, he counterchecked reports on the conditions of various health facilities, including those now being managed by local governments. His insights are shaping the future character and mechanisms of DOH support that will be provided to LGUs and these are now included in the long term plans to make devolution work in the field of health services (*see Long-Term Programs below*).

**Recruitment of Top Management Legal, Finance and Procurement Personnel and Leadership Rotation of Directors:** Undersecretary Alex Padilla was recruited to oversee the legal aspects of health operations programs and services. New staff were appointed to oversee Finance (Assistant Secretary Juanito Rubio) and Procurement (Carol Herradura). Central Office directors were rotated to the regional offices to give them time and experience to fully understand field conditions to reduce current gaps between national policies and programs and regional needs.

**Moratorium on central office workshops and seminars:** It was noted that central office budget used more than P30 million last year for meetings and seminars. These activities were temporarily discontinued until a system of prioritization is established. Field trainings and seminars deemed

necessary were, however, continued.

**Restoration of hospital budget to previous levels:** All hospitals suffered about 10% budget reduction in 2001. Considering the rising cost of hospitalization, hospitals need additional funds. Potential savings have been identified and the most needy hospitals have been proposed for budget augmentation.

Institutionalization of an electronic procurement system for drugs and medical equipment to improve efficiency and reduce corruption: A team was organized to assess the different systems currently available for electronic procurement. Discussions with COA will also be needed to ensure that the system that will be adopted will conform with COA requirements. However, since this is a pioneering effort, new rules are probably needed to shift to electronic procurement. It is hoped that the system will be used before the end of 2001.

**Review and redirection of DOH re-engineering:** The original plan to collapse regional offices and corporatize government hospitals is currently under thorough review to ensure that all elements are in place when transitions are effected so as not to cause disruption of health services. For instance, since the indigency program of PHIC is an essential element of the corporatization of hospitals, the pace of these two efforts should be synchronized. Regional offices should be more fully developed to be the true centers of gravity in planning and programming to ensure

success of devolution.

**Performance Evaluation of DOH Managers:** The present DOH leadership aims to make its key personnel better managers. Thus, the Performance Evaluation has been started to review the performance of undersecretaries down to division chiefs, to ensure that the individual objectives of its officials are attuned to organizational goals. These are SMART: specific, measurable, attainable, realistic and time-bound value-added goals which shall be constantly monitored and evaluated as to effectiveness and degree of accomplishment.

## LONG TERM PROGRAMS & FUTURE DIRECTIONS

### Response to the Lack of Health Personnel

**Instituting a formal training for the Doctors to the Barrios Program:** The Doctors to the Barrios Program is being transformed into a systematic and more sustainable masteral program in Health Management and Local Governance for Health for the volunteer doctors. Discussions are ongoing with the Ateneo Graduate School of Business (Rockwell) and a private company which will be financing the program to provide the volunteer rural physicians with the needed skills through distance teaching methods. The 3-year masteral proposal is also envisioned to provide additional support and incentives so that the doctor will be

able to eventually remain in the community.

### More Effective Preventive and Curative Care Services

**Doctors to the Barrios Program:** Last March 2001, 38 new doctors and 4 relievers were assigned to depressed communities, giving a total of 65 doctors currently in various communities in the country. As mentioned above, there are plans to redesign this program to ensure that the doctors get fuller, more substantial training in preventive health services and to provide support to ensure that they continue to stay in the community they are assigned to. A total of 337 doctors have been deployed under the DITB over a period of nine years, 30% of which have been permanently absorbed by the LGUs.

**Philippine Hospital Development Plan:** With funding support from central DOH and through foreign-assisted projects (FAPS), a number of government hospitals, both national and devolved, have been constructed, renovated or upgraded as part of the Philippine Hospital Development Plan.

- La Union Provincial Hospital was inaugurated and became operational in April 2001.

- New buildings for the JIB Lingad Hospital

in Pampanga was inaugurated.

- The Outpatient department of the Batangas Regional Hospital was likewise inaugurated recently.

- At the Davao Regional Hospital, a new rehabilitation unit and a hemodialysis center was recently established.

- Davao Medical Center has also conducted cornerstone laying ceremonies for a planned construction of a JICA-funded four-storey out-patient department.

- The National Children's Hospital has built an additional six-storey wing in its compound in Quezon City as well as a

Hydrocephalus center, the first and only one of its kind in the country.

- New services and facilities at:

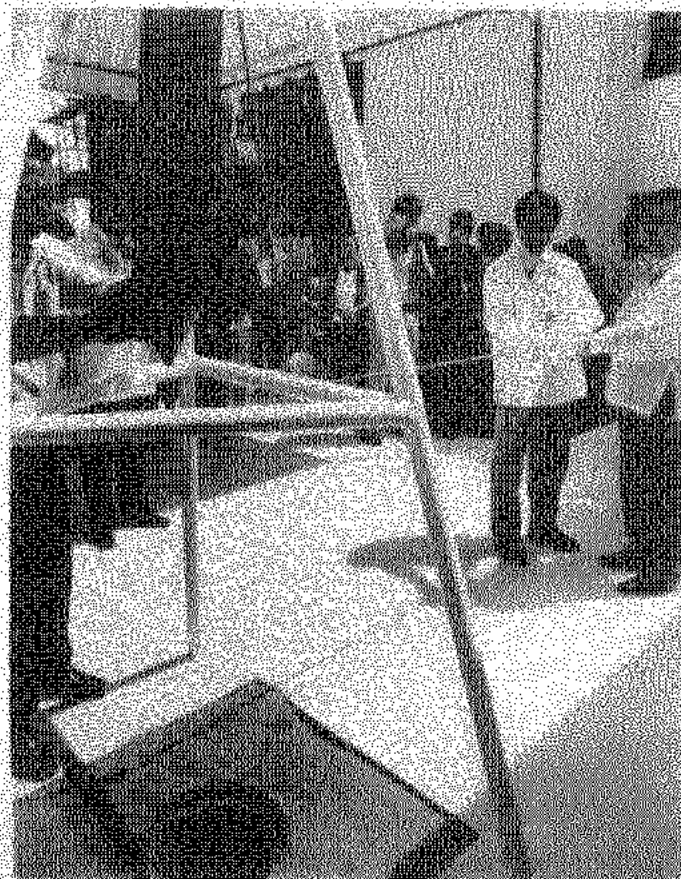
- a. Jose Reyes Memorial medical Center – Mammography unit

- b. Bicol Sanitarium – Endoscopy unit

- c. Bicol Regional Teaching and Training Hospital – Conducts Open Heart Surgeries

**Support to LGUs:** Secretary Dayrit met at least 50 legislators and local chief executives during various meetings and visits to different regions, provinces and cities. He also met with numerous barangay officials and barangay health workers. Assistance provided included donations of medicines, forging of Memoranda of Agreements on partnership programs and services.

Local health systems are being developed by establishing Inter-Local Convergence Zones in identified areas with strong local government support for health and development programs of the DOH. A system of referral and networking for resource generation, health financing and health service delivery is being developed in such areas, in collaboration with the LGUs, PhilHealth and the Management Sciences for Health (MSH).



**IMPROVING HOSPITAL INFRASTRUCTURE:** Lowering of a time capsule at the groundbreaking ceremonies of the National TB Reference Center at the Research Institute for Tropical Medicine in Alabang.



The Quality Improvement Accreditation Program of Sentrong Sigla has been reviewed with specific plans for redirecting the program away from the focus on cash incentives to genuine quality awards. Sources of funds for payment of previous awards have been clarified and processes are being facilitated. Improved indicators and procedures are expected to be used by June 2002.

Indicators to determine how well (or how unwell) devolution in health care services is going on is being developed to ensure that devolution will work for health care services. Studies are ongoing to develop systems that will promote integrated systems of preventive and curative services, sustained drug supply, correct and early diagnosis and referral.

Nine LGU hospitals are also proposed for upgrading of emergency and outpatient facilities and services.

**Stronger health education:** On the initiative of Health Secretary Dayrit, DOH launched a tie-up program with the Department of Education on a school-based (teacher and student) health volunteer program.

**Continuation of effective preventive care programs such as child vaccination and maternal and child health services:** Reducing trends in coverage of child vaccination and maternal and child health services should be reversed through a more timely procurement and distribution of essential medicines and supplies as well as effective and regular monitoring and feedback. About half a million

children are still missed by vaccination every year. Diseases that are prevented include measles, diphtheria, polio, pertussis, tetanus, tuberculosis and hepatitis B. If more funds become available, other vaccines can be added to the basic vaccination regimen of government.

**Expansion and sustenance of TB DOTS (Directly Observed Treatment Short Course):** Continuation of training, monitoring and improvement of facilities and systems to sustain the improvements in TB control including the provision of adequate and sustained supply of anti-TB medicines and supplies to 231,105 patients.

### EFFICIENT AND EFFECTIVE REGULATORY MECHANISMS

**Modernization of the BFAD:** P 82 million additional investments are proposed for 2002 budget. Undersecretary Padilla has been assigned to review BFAD policies and procedures to streamline the services. If necessary, obsolete and ineffective policies and procedures will be revamped. The plans to construct two additional satellite BFAD Laboratories in Davao and Cebu will be pursued. Campaigns against substandard and counterfeit drugs will be intensified.

**Promotion of good governance and proper utilization of government funds:** In addition to the electronic procurement system that will be installed, there are plans to install a system of monitoring

of prices and financial transactions in order to reduce overpricing, purchase of substandard or unnecessary equipment and drugs and other undesirable practices. This will be done through a quality improvement program in all DOH offices and facilities. This will include the strengthening of legal and administrative action against erring officials and staff.

**Continuation and expansion of anti-poverty measures:** Health services and programs for high risk communities will continue to be provided and expanded to reach underserved communities such as tribal and urban poor communities.

**Design and implementation of more complete, more effective and better sustained preventive and public education programs on healthy lifestyle:** In addition to the anti-smoking campaign, programs to promote healthy lifestyles such as proper nutrition and exercise, wellness programs for high risk groups like the youth, diabetics, hypertensives, hypercholesterol patients and others will be implemented with local government units. These are expected to save millions of pesos for the country.

**Improved health information and surveillance system:** With the institutionalization of ICD 10 (International Classification of Disease, Version No. 10) all health facilities will be supported. Data collection, analysis and utilization will tied up with the quality improvement program being designed for health services. **HB**

*Sec. Dayrit to Food Manufacturers:*

# Fortify Food Products Now

The Department of Health reiterates its call to food manufacturers to fortify their food products as it reveals that mandatory fortification should be effective in year 2004. This is mandated by Republic Act 8976 otherwise known as the Philippine Food Fortification Act of 2000.

According to Health Secretary Manuel M. Dayrit, the Philippine Food Fortification Program consists of voluntary and mandatory food fortification. It was drafted to address the increasing problem of micronutrient malnutrition in the Philippines. Dayrit further explains that micronutrient malnutrition results in loss of economic productivity.

Under the voluntary food fortification approach, the DOH shall encourage manufacturers to fortify their processed foods or food products based on Bureau of Food and Drugs (BFAD) rules and regulations. Food products meeting the standards set by the DOH through BFAD shall be granted the "Sangkap Pinoy" seal of acceptance. Currently, there are 45 food products with the "Sangkap Pinoy" seal.

Mandatory food fortification, on the other hand, shall mean the fortification of staple foods such as rice with iron, wheat flour with iron and vitamin A, sugar with vitamin A and cooking oil with vitamin A effective 2004.

Presently, there are already five flour millers producing vitamin A-fortified flour and all flour will soon be fortified with iron. The National Food Authority, on the other hand, is producing iron-fortified rice.

Non-compliance to food fortification process shall mean to exist if the food fortification levels do not comply with the DOH requirements, if the fortificant used is different from that approved by the DOH, and if the process of fortification do not conform to DOH standard.

Administrative sanctions will be meted to food manufacturers found not complying with the said Act. This consists of denial of registration by the DOH through BFAD and said food products shall not be allowed to put in the market, order the recall of the processed food or food products, or imposition of

fine amounting to not less than P300,000 and suspension of registration for the first violation.

Food manufacturers found violating the Act for the second time will be fined not more than P600,000 and suspension of registration while third time violators will be meted out a fine of not more than P1 million and cancellation of the registration of the product.

Meanwhile, several strategies are currently outlined in the Philippine Plan of Action for Nutrition is being implemented nationwide to curb this serious problem. This consists of community-based nutrition intervention programs such as food production to increase food security through gardening, food assistance through food subsidy, micronutrient supplementation, nutrient education and credit assistance through livelihood program.

Food fortification is considered as the most cost-effective and sustainable approach following the lessons of food fortification from other developing countries. **HZ**

- DOH Media Release

Aa... Ba... Ka...

Da... ahhhhhhh...  
ahhhhhhhh...



Para sa wastong mental development ng buong pamilya, gumamit ng iodized salt sa inyong pagkain. Gamitin sa pagluluto araw-araw para sa kalusugan ng inyong kaisipan. Di dapat ordinaryong asin - iodized salt lamang ang gamitin.

Ang iodized salt ay mabibili na pino o "rock salt". Takal man o pakete, hanapin ang iodized salt sa inyong suking tindahan.



Para sa Kalusugan ng Kaisipan,  
**IODIZED SALT** ang kailangan!

## Oral Polio Vaccine

*continued from page 7*

poliovirus strains).

This is the reason why giving several doses of the vaccine is needed. The use of several boosters stimulates higher immune response and herd immunity. The Door-to-Door Patak Kontra Polio campaign gives at least two doses one month apart (in February and March).

However, despite these acknowledged weaknesses, it is still the most potent tool against the poliovirus and any mutant strains. This has already been proven by the very successful elimination of the wild poliovirus in the 1993-1997 National Immunization Days. Remember that it is the same OPV the DOH used in the said campaigns.

The reason the mutant polio virus appeared is not because of the vaccine but because the country failed to use the vaccine adequately - i.e. not enough children were vaccinated. It is not the vaccine that produced the mutant poliovirus, it is the lack of the use of this vaccine.

### Pause

The  
biggest seller  
is cookbooks  
and the second  
is diet books -  
how not to eat  
what you've  
just learned  
to cook.

- Andy Rooney

# Sex Workers and Shabu

by

**AGUEDA T. SUNGA, MD, MPH, FPPA\***

Bureau of International Health Cooperation

The use of amphetamine-type stimulants (ATS), which include methamphetamine or shabu, is now a global public health concern. In the country alone, the Philippine National Police estimates that 5 million Filipinos are taking shabu.

The World Health Organization (WHO) sees the need for relevant and comprehensive approaches to prevent and control the health and social consequences of ATS use. It has commissioned research studies on ATS use among high risk groups, particularly among sex workers, in Thailand, Nigeria and the Philippines.

The Philippine study, conducted from January 2000 to May 2001, involved a focus group discussion (FGD) and in-depth interviews among sex workers aged 16 - 59 years old in Marilao and Bocaue in Bulacan and Caloocan City.

The respondents for the FGD were three female sex workers from Marilao and a male sex worker in Caloocan. On the other hand, the



respondents for the in-depth interviews were 98 sex workers, with a ratio of 1 male to 4.5 females. They are considered full-time sex workers in establishments, working for eight hours a day, 30 days per month.

## Working Hard for the Money (and Shabu?)

The results showed that shabu in its crystal form is the substance of choice with smoking or inhalation as the route of administration. Alcohol is the next substance of choice while marijuana ranked third.

Sex workers take shabu at home or at their friends' house, when going to work or at work. They said that shabu makes them perform well, and helps them gain self-confidence.

Majority of the respondents are heterosexual and had more than one sex partner in the past month. Many (almost 25%) of them said that they do not use condoms during regular, casual or paid sex. While over 50% of the respondents use shabu before having sex with a casual partner and paid sex, only about 25% said they use shabu before having sex with a regular partner.

The average dose they take is between 50 and 200 milligrams

*Turn to page 40...*

\*The author is the principal investigator of the study entitled "WHO Multi-Center Amphetamine Type Stimulants Study - Strand I: Instrumental Use Among Sex Industry Workers (Philippines)". Her co-authors include: Aurora S. Villarosa, MD, CPH; Robert Ali, MD, MPH; and Maristela Monteiro, MD, PhD.

# III Effects of Shabu

*Prepared by the*  
**DANGEROUS DRUGS BOARD**

## **About Shabu**

Shabu still remains the number one drug of abuse in terms of popularity, based on the number of raids and number of persons arrested.

Shabu is the street name for the chemical substance known as methamphetamine hydrochloride. It is also known as poor man's cocaine, shabs, ubas, S, siopao, sha and "ice".

Shabu is a white, odorless crystal or crystalline powder with a bitter numbing taste. At present, it has no known medically acceptable use.

Abusers are known to take this substance by ingestion, inhalation (chasing the dragon), sniffing (snorting) or by injection.

## **Acute Effects**

Using shabu produces anxiety, irritability, irrational behavior, talkativeness and loss of self control. It also results in the loss of appetite and inability to sleep. It can lead to acute psychotic reactions, violent

and destructive behavior and recklessness that may result in accidents.

The effects of shabu to the body include chest pain, irregularity of heart beat, hypertension, convulsion and even death from cardiac arrest.

## **Long-term Effects**

Psychiatric consequences are the major features of chronic shabu abuse and dependency. Prolonged use and even a single exposure, especially if injected, can lead to manifestations of a full-blown psychosis which is similar to schizophrenia characterized by the presence of paranoid delusions, auditory and visual hallucinations. The paranoia may lead to violent and aggressive behavior.

Some chronic users have difficulty concentrating or remembering things. Diminished ability to cope with problems and difficulties in facing reality are common. Loss of interest in sex, ambition or motivation may also result.

Chronic snorters may suffer from severe irritation of nasal passages and at times may even develop tissue perforation of the nasal septum so that they become prone to frequent nose bleed. Renal or kidney failure, heart disease and strokes have been documented among chronic abusers.

Injecting shabu from contaminated needles may lead to infections resulting in the inflammation of the blood vessels (phlebitis), blood poisoning (septicemia) and AIDS, all of which can lead to death.

Metamphetamine use by pregnant women has been implicated to cause malformation of the heart and vessels, biliary atresia (absence of bile ducts) leading to severe jaundice and microcephaly (small brain with mental retardation) in babies.

## **Tolerance & Dependence**

Abusers who frequently take shabu require higher doses to achieve the desired effects. Tolerance sets in after a few weeks



of regular use.

Shabu is known to produce psychological and physical dependency. These are characterized by anxiety, tension and craving for the substance. This behavior can lead to various criminal and other anti-social acts.

Withdrawal symptoms occur when drug use is abruptly stopped. Among these are feeling of apathy, hypersomnia (excessive period of sleep) and depression. Depression may lead to suicide.

### Shabu Trafficking

For the past five years, the Philippines has become a haven of

drug syndicates involved in the manufacture of shabu. This became clear with the discovery of sophisticated clandestine laboratories capable of yielding multi-kilo quantities of drugs, which could supply both domestic abuser population and illegal exporters.

Some laboratories were makeshift in nature, employing crude laboratory set-ups and mostly operated in residences or office rooms, which allowed dismantling and transfer to other places.

Shabu business is controlled/operated by both foreign-based and domestic-based syndicates. The foreign groups are mostly composed of the Hong

Kong-based 14K Gang and the Taiwan-based Bamboo.

A number of local drug syndicates are likewise involved in shabu trafficking in the Philippines. It is considered "big business" in the sense that large amounts of cash change hands regularly in the course of a one-day run, to include cash paid as bribe money and as other instruments of corruption.

The penalty for unauthorized possession or use, illegal manufacture, sale, administration, dispensing, delivery, transportation and distribution of the substance is life imprisonment to death and payment of fine amounting to P500,000 to P10 million. HB

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## Sex Workers and Shabu

*continued from page 38*

per day. This may be due to the fact that the available street package of shabu is 100mg/sachet at a price of P200/sachet or more depending on the purity of the substance. Purity depends on where it is purchased.

The respondents claimed that shabu is easily available anywhere, in every corner of the street. They avail of shabu through two to five different people, usually from a friend or an acquaintance.

The common method of purchase is said to be the "use now, pay later" scheme. The number of users is increasing with more users becoming dealers or pushers of the substance to sustain the habit.

### Implications to Health Care

The sex workers perceived their health to be very good, but follow-up questions in the study revealed that they suffer from chronic low self-esteem and mild depression.

Majority of the sex workers in the study claimed that they have the intention of reducing the use of shabu. This means that they can be targeted by health promotion activities. However, socializing with their friends who are also shabu users makes it difficult to fulfill their desires to change their practices.

The respondents identified that they need community-based

services such as accessible detoxification and rehabilitation units. Although a few of the respondents recognized their need for emotional support, establishing self-help groups and counseling units in the community may be relevant.

Basic medical prevention needs, like hepatitis B vaccine and the prevention of sexually transmitted diseases, HIV and AIDS, are wanting.

The results imply the need for relevant and appropriate health interventions. An outpatient treatment approach integrated into the primary health care services is worth exploring. HB

## *A Therapeutic Option for Diabetes Type 1?*

# Pancreatic Islet Cell Transplantation

by

**CARLO GERARDO RAMIREZ, MD**

National Kidney and Transplant Institute

Diabetes Type 1 affects millions of individuals and is associated with medical problems including renal (kidney) failure and a reduced life expectancy. Insulin administration reduces the secondary complications of diabetes and has enabled millions to survive and live normal lives; however, it does not offer a lifelong cure.

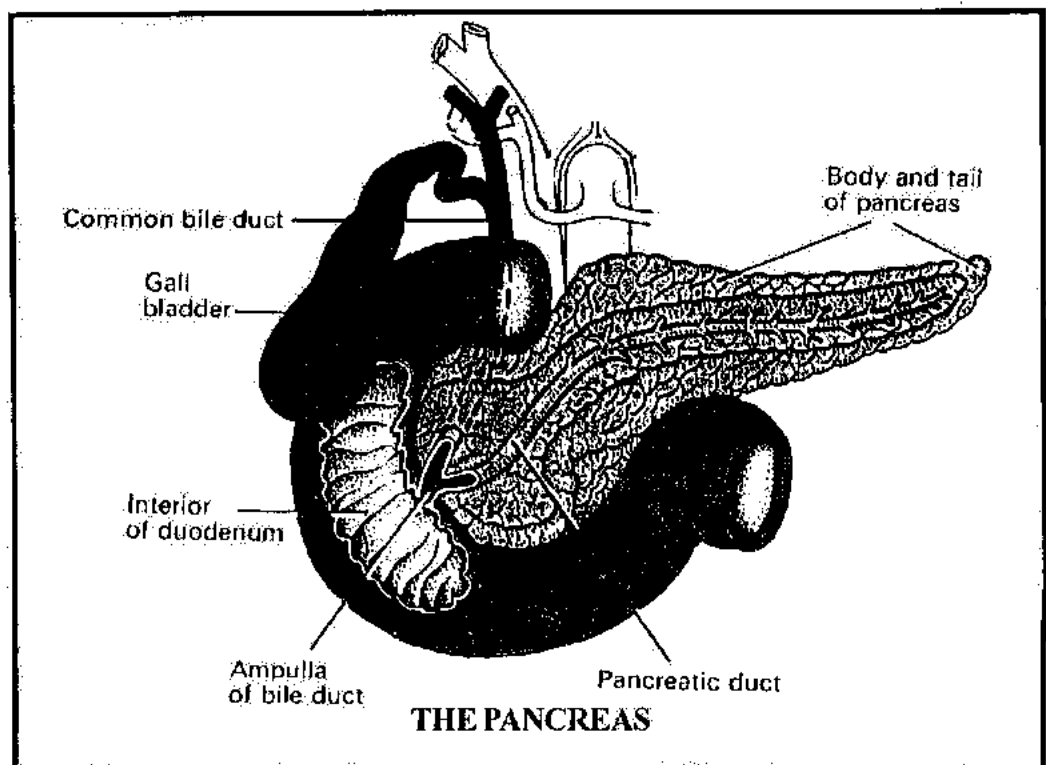
A reasonable therapeutic option for many diabetics with end organ disease (e.g. renal failure) is pancreatic transplantation which is now widely accepted. Nevertheless, it is associated with significant morbidity and mortality rate. Thus, most individuals with Type 1 are not candidates for pancreas transplant.

Islet transplan-

tation, however, may be the possible key to a cure for Type 1 diabetes.

The human pancreas is located behind the lower part of the stomach. It contains about one million islets that make up about 2 percent of the pancreas. Beta cells

found within the islets are the cells that help the body use glucose for energy. If the beta cells cannot produce insulin, diabetes ensues. In Type 1 diabetes, the insulin shortage is caused by an autoimmune process in which the beta cells are destroyed



by the the body's immune system.

The first islet cell transplantation was performed in 1977, and since then, there have been continuous researches and advances in this field.

In pancreatic islet cell transplantation, cells are taken from a donor pancreas and transferred to another person with diabetes. The Edmonton Protocol was developed by Dr. James Shapiro and Jonathan Lakey in Edmonton, Canada in 1999. They used specialized enzymes to separate islet cells from the pancreas of cadaver donors.

The transplant itself is performed under local anaesthesia using ultrasound-guided catheter placement through the upper abdomen and into the liver. The islets cells are then injected thru the catheter into the liver. Once transplanted, the new islets begin to make insulin.

Eight people with Diabetes Type I diabetes received the transplant. They use a new immunosuppressive drug combination that exclude steroids, which is known to be toxic to the islet cells. They also used fresh cells instead of frozen cells. One year later, all the eight, although still with abnormal blood sugar levels, no longer required insulin injection. It was also noted that they do not show signs of their immune systems attacking the transplanted islet cells.

Although the early results of this protocol are very encouraging, more research is needed to answer questions about graft survival and how often transplant procedures will be successful. **HB**

## Types of Diabetes Mellitus

# What's the Difference?

### Type I Insulin Dependent

This occurs when the insulin-producing cells in the body do not function, and make little or no insulin. Most people with this type of diabetes depends on insulin injections for the rest of their lives. This is a less common form of diabetes since only 10 - 20 percent of all diabetics is insulin dependent. This type usually begins in childhood.

#### RISK FACTORS

- A history of Type I diabetes in the family
- Viruses that have injured the pancreas
- A problem with the body's defense system that has destroyed the insulin-making cells in the pancreas

#### SIGNS AND SYMPTOMS

- Usually begin suddenly
- Excessive thirst
- Frequent urination
- Extreme hunger
- Unexplained weight loss
- Irritability
- Lack of energy
- Weakness and fatigue
- Nausea and vomiting
- Ants in toilet

### Type II Non-Insulin Dependent

This often begins in obese adults above 40 years old. Here, the pancreas still produces some insulin, but this is not enough to supply the body's needs. In other cases, the body may be making an adequate amount of insulin, but that is no longer effective because the cell's insulin receptors are obstructed.

#### RISK FACTORS

- Over 40 years old
- Overweight
- Family history of diabetes
- Have given birth to a baby weighing over 9 pounds
- Have the stress of an illness or injury
- Have high blood pressure

#### SIGNS AND SYMPTOMS

- May develop quite slowly
- Any or all of the signs and symptoms as in Type I and/or itchiness, especially in the genital area
- Slow-infections of the skin, gums or bladder
- Pain, numbness or tingling in the legs, feet or hands
- Blurred vision

The third kind of diabetes is called **GESTATIONAL DIABETES** which is much less common than Types I and II. This begins during pregnancy. If a pregnant woman has someone in her family who also has diabetes, above 30 years old and is overweight, she has a greater chance of developing diabetes during pregnancy. In 98 percent of the cases, the diabetes will go away once the baby is born. However, a woman who has developed gestational diabetes during one pregnancy will most likely develop it again during later pregnancies. She also has a higher chance of developing diabetes later in life.

## Acupuncture

# The Healing Needle That Works

*Prepared by the*

**PHILIPPINE INSTITUTE OF TRADITIONAL AND ALTERNATIVE HEALTH CARE**

Acupuncture is one of the traditional and alternative health care modality that has been accepted to be safe and effective. As a healing art practiced for 5,000 years, it involves the insertion of very fine, thin needles at anatomical points, which the traditional Chinese medicine identifies as conducive to energy or "qi" associate with electromagnetic charges in the body. These influence the flow of "qi", the vital energy running through the body resulting in healing of internal organs, skin and muscle.

From the western medical sciences' perspective, acupuncture inhibits pain (through neurological and hormonal mechanisms). It also directly affects peripheral micro-circulation, rhythm and stroke volume of the heart,



blood pressure, levels of circulating immunoglobulins, gastrointestinal peristalsis, secretion of gastric acids,

and production of red and white blood cells (possibly by activating the homeostatic function of the automatic nervous system). Thus, acupuncture seems to adjust the physiological processes of the body.

The practice is very popular in oriental countries but has yet to gain wide acceptance in the Philippines. The aversion to acupuncture may be traced to the Filipinos' common fear of injections or needles. But many are aware that the use of needles in acupuncture is painless and healing can be achieved through the use of needles.

The World Health Organization listed more than 40 conditions for which acupuncture may be effective.

• Upper Respiratory Tract  
• acute sinusitis, acute rhinitis, acute

tonsillitis and common colds.

- Respiratory System - acute bronchitis, bronchial asthma (most effective in children and most patients without complications).

- Disorders of the Mouth - toothache, post-extraction pain, gingivitis, acute and chronic pharyngitis.

- Disorders of the Eyes and Ears - central retinitis, myopia (in children), cataract (without complications), deafness (without complications), ringing in the ears, earaches.

- Gastro-intestinal Disorders - spasms of the esophagus and cardia, hiccups, acute and chronic gastritis, acute and chronic colitis, acute bacillary dysentery, constipation, diarrhea, paralytic ileus, gastric hyperacidity, acute duodenal ulcer (without complications), chronic duodenal ulcer (pain relief), hepatitis, hemorrhoids.

- Mental-Emotional - anxiety and stress, depression, insomnia.

- Dermatologic - eczema, acne, herpes.

- Neurological and Skeletal Disorders - headache and migraine, facial palsy (early stage within six months), trigeminal neuralgia, cervicobrachial syndrome, "frozen shoulder", "tennis elbow", sciatica,

lumbago (low back pain), osteoarthritis, tendinitis, sprains, bursitis, stiff neck, arthritis, neuralgia.

- Genitourinary and Reproductive - impotence, infertility, premenstrual syndrome (PMS), pelvic inflammatory disease (PID), vaginitis, irregular period, morning sickness.

- Others - high blood pressure, diabetes, hypoglycemia (low blood sugar), post surgical recovery, signs of aging, decreased immunity, withdrawal from addictions (cigarettes, alcohol, drug, coffee and food).

The Philippine Institute of Traditional and Alternative Health Care (PITAHC), in its efforts to promote and advocate the practice of acupuncture among medical practitioners, conducted a basic training course on acupuncture in partnership with the Philippine Academy of Medical Acupuncture,

Inc. To date, there are a total of 241 physicians trained on acupuncture, mostly from government hospitals and local government units.

The PITAHC has also established the DOH Medical Examination Department and Infirmary Acupuncture Clinic in 1997 after a Preceptorship Training Program was undertaken by Dr. Matias Timbang in coordination with the Manila Chinatown Charity Foundation. It has also been successful in setting up an acupuncture clinic at the East Avenue Medical Center through the efforts of Dr. Edgardo Javellonar.

Acupuncture is not here to replace the conventional medicine of treatment especially in pain management but to complement in bringing proven therapies into the mainstream and give patients expanded options and hope for successful treatment. HF



*PITAHC's training course on acupuncture.*



## *Herbal Medicine Preparation*

# Opportunity Knocks

*Prepared by the*  
**PHILIPPINE INSTITUTE OF TRADITIONAL AND ALTERNATIVE HEALTH CARE**

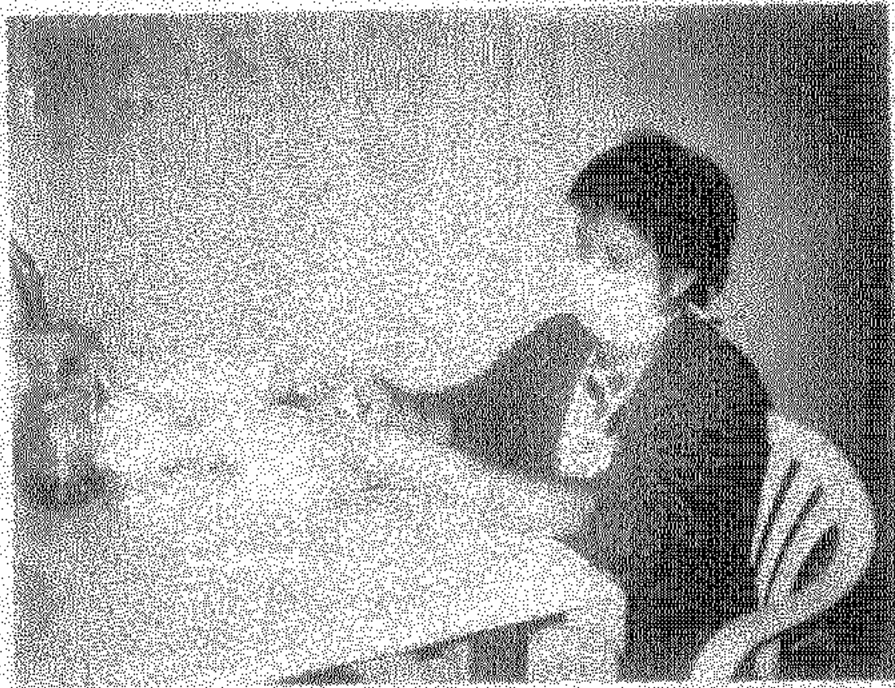
### **Nanay Azon**

Corazon Mandigma knows an opportunity when she sees one.

Nanay Azon, as she is fondly called, is a community health worker of the Share An Opportunity (SAO) Philippines, a non-government organization (NGO) working with churches and communities in Candelaria, Quezon. At 50, she is still enthusiastic about learning new things especially those that will provide an extra income. She has already learned several skills such as candy-making, food processing and even Shiatsu massage, herbal nutrient, capsule and syrup preparation.

On 30 November 2001, she joined a training program on the preparation of herbal soap, making herbal tea and cooking crispy ampalaya conducted by the Philippine Institute of Traditional and Alternative Health Care (PITAHC) of the Department of Health, and facilitated by SAO.

She became interested in making herbal soap and tea, and



*Nanay Azon, a community health worker, learned making herbal soap and herbal tea from a PITAHC training program. She now has an "Herbal Laboratory" at her home in Candelaria, Quezon. Business is booming as her neighbors and friends are convinced of the effectiveness of her products.*

started to make samples and gave them to her friends and neighbors. Two of her friends, after trying and being convinced of the effectiveness of the products, gave Nanay Azon the initial capital.

Now, her friends have become her distributors. Her herbal

soap is quite popular in her community and the surrounding communities. She now utilizes one of her small rooms as a stock room for her products and calls it "Herbal Laboratory".

*"Nagpapasalamat ako sa Panginoon sa paggamit nina ng*

*mga samahan katulad ng SAO at ng DOH sa pagtulung sa mga mahihirap na pamilya kagaya ko." Nanay Azon quips.*

### Turning to Alternative Medicine

These days, more and more people are turning to alternative medicine.

In the U.S., alternative therapy practitioners rose from 33% in 1990 to more than 42% in 1997. A study reported that herbal medicine is one of the most oftenly used form of alternative therapy aside from massage, homeopathy

and energy healing.

The Philippines has the potential of becoming competitive in the world market because of the abundant sources of indigenous plants with medicinal value. Moreover, the use of herbal medicine is deeply rooted in the country's tradition, culture and heritage.

PITACH's program, "Halamang Gamot: Sagot Sa Kalusugan, Dagdag Pangkabuhayan" is drawing crowds since its launching in February 2001. This is a regular, free hands-on training on herbal medicine preparation

every Thursday morning. Here, the technology on making soap, ointment, tea bag, decoction/syrup is being disseminated to the public.

PITACH has also been receiving numerous requests from various sectors, like local government units, NGOs, civic and religious organizations, and the academe to avail of the said training. As of December 2001, there are a total of 3,208 participants trained from all over the country.

What made the training program more interesting to the participants is that aside from its health benefits, it can also be made into income-generating projects. Many were encouraged to become instant entrepreneurs, like Nanay Azon.

The success of the PITACH's training program is one of the best examples of how to advocate the principles of primary health care. The use of herbal medicine in communities have resulted not only in economic benefits and accessibility of the needed health remedies but has also resulted in positive attitudinal change - building up people's confidence and self-image. More importantly, it practically freed them from the dependence on commercial drugs and demonstrated the community's ability to use and develop local resources to manage and solve their own health problems. HE



*"Halamang Gamot: Sagot Sa Kalusugan, Dagdag Pangkabuhayan" is drawing crowds since its launching in February 2001. This is a regular, free hands-on training on herbal medicine preparation every Thursday morning at the PITACH's office in the DOH compound in Sta. Cruz.*

For inquiries about the  
Halamang Gamot: Sagot Sa Kalusugan, Dagdag Pangkabuhayan  
visit or call PITACH at  
Bldg. 10 DOH Compound, Sta Cruz, Manila  
741-5266 or 781-8838

## Attractiveness, Comprehensiveness & Usefulness

# Evaluating HealthBeat

Excerpts from the undergraduate thesis of  
**PRINCESS ANNE DELOSREYES ALAFRIZ\***

University of the Philippines Los Baños

The study sought to evaluate the effectiveness of HealthBeat using three factors: attractiveness, comprehensibility and usefulness; readability and depth of report were also determined.

Forty-seven (47) out of a possible 100 subscribers in Marikina, Marikina City and Laguna were considered as respondents of the study. They were asked to answer a survey that evaluated the three factors of effectiveness.

All issues of HealthBeat from the first were borrowed from the Department of Health. HealthBeat is issued bi-monthly and 30 issues (special issues not included) have been produced from July-August of 1996 to May-June of 2001.

An article from each issue was studied. These were also used in conducting the readability test and determining the depth of report.

Suggestions and comments of HealthBeat readers were solicited as recommendations to further

improve the next issues.

### Attractiveness

The respondents were asked to evaluate *attractiveness* based on the following criteria: illustrations, photography, design and layout, printing quality and cover design. They were made to rate each criterion using a five-point scale: excellent-1; good-2; satisfactory-3; fair-4; and poor-5. A rate of 1 means that there are no improvements needed. However, a rate of 5 would mean that the sample article needs major changes.

For attractiveness, majority of the respondents gave each rating of 2 or "good". Respondents said that HealthBeat uses smooth, quality paper and that the printing is clear.

The respondents were asked to evaluate the over-all *attractiveness* of HealthBeat using "face values" (see box next page). There were nine face values given in

the survey form.

A positive face value such as happy, interested, optimistic, meditative and satisfied would mean that they find HealthBeat attractive. But a negative face value such as frustrated, confused, bored and puzzled would mean that the respondents find HealthBeat unattractive.

A total of 29 (61.7%) respondents were interested in HealthBeat, 23 (48.9%) were satisfied and 18 (38.3%) were happy. They said that HealthBeat was able to provide them health news and information that were interesting and it increased their awareness on public health. They imply that the respondents find HealthBeat attractive and appealing to them. Moreover, none of the respondents were frustrated, bored or puzzled.

The level of *attractiveness* of HealthBeat was also determined. There were five levels with corresponding points: very attractive (1-

\* The author's work is entitled "Evaluation of the Effectiveness of HealthBeat, the Official Publication of the Department of Health" in partial fulfillment of the requirements for the degree of Bachelor of Science in Development Communication (Science-Communication I), UP Los Baños, October 2001.

1-2); attractive (2-2.9); average (3-3.9); less attractive (4-4.9); and not attractive (5).

Majority of the respondents (85.1%) found *HealthBeat* attractive. The respondents said that it contains not only text but also illustrations and pictures that made the information attractive. They said that *HealthBeat* has a good layout making the magazine easy the eyes. The color cover design of the magazine and its quality of printing also attracted the respondents. This implies that the magazine was able to catch the attention of the responder which eventually lead them to read it.

### Comprehensiveness

*Comprehensiveness* refers to how a material is understood by the respondents. The respondents were made to evaluate the ease of reading, understandability, and whether illustrations helped increase comprehension of the articles.

**Readability.** According to *Readers' Evaluation*, Respondents were asked to rank according to: very easy to read-1; easy-2; no comment-3; difficult-4; and very difficult-5. Majority of them (93.6%) found the articles easy to read as these were short and direct-to-the-point. Most news stories were not more than 2 page and feature stories



Face values to describe the overall evaluation of *HealthBeat*.

were usually accompanied with illustrations.

**Understandability.** The respondents were asked to evaluate whether they understood the information or the content presented in the articles. Majority of them (89.3%) found *HealthBeat* easy to understand. Although there were articles that used medical terms, the respondents found it easy to understand since they were already familiar with it.

**Writing Style.** Respondents were made to assess what writing style is used in the articles. There were three choices of writing styles determined in the study. These are technical writing which uses scientific and medical terms, semi-technical writing which uses simple medical terms, and popularized which uses layman's term.

A total of 55.3% of the

respondents found *HealthBeat* articles to be written in a popularized style. Even there were medical terms used, it was well-explained and defined. There are also illustrations and photographs to help clarify an idea that were being presented. However, 38.3% of the respondents found the articles to be written in a semi-technical style. They suggested that if these were written in Filipino, it would be more easily understood. There were words that even when defined are still difficult

to understand.

**Illustration as a Tool.** The respondents were made to evaluate whether the illustrations or photographs accompanying articles in *HealthBeat* helped clarify an idea or allowed them to understand the articles better.

Majority of the respondents (91.4%) agreed that illustration and photographs do increase their comprehensibility of the information given in the magazine. This implies that illustrations and photographs used were good enforcers of information. However, the respondents said that photographs would be more helpful if these were color prints. It will give a more realistic appearance to the readers.

**Translation of *HealthBeat*.** The respondents were asked whether they prefer that *HealthBeat* be translated to other languages. A

total of 21 (44.6%) respondents preferred it to be translated into Filipino. They said that it would be easy to understand especially when shared to patients and even to children.

It is obvious why the respondents from Manila, Laguna and Marikina suggested Filipino. However, using pure Filipino will be difficult since the magazine is circulated nationwide.

### Usefulness

*Usefulness* refers how readers evaluate the information in terms of sufficiency, increases awareness and information gain, and application of information.

A total of 87.4% of respondents read the feature stories HealthBeat publishes. They find these articles very interesting since the featured diseases and other health problems are those that are common in the country.

Moreover, health tips and advisories and cover stories on the initiatives of the local government units are the next two segments respondent often read.

*Sufficiency of Information.* Sufficiency would mean having enough information needed to increase one's knowledge or awareness. Results show that majority (61.7%) of the respondents found the information given in HealthBeat sufficient and 25.5% find it very sufficient. This implies that the information given were enough for the respondents to get updates on DOH programs and activities as well as information on other health issues.

*HealthBeat as a Tool to Increase Awareness and Gain More Information.* Over 50% of the respondents agreed that HealthBeat increased their awareness and allowed them to gain information on DOH policies, standards and regulation, personalities, local government code implementation, public health and diseases, and disorders.

### Conclusion

From the results obtained in this study, it can be concluded that HealthBeat is effective in terms of its attractiveness, comprehensiveness and usefulness.

The presentation of HealthBeat was very much acceptable to the readers and was evaluated to be attractive. The packaging of health information creates interest to the readers. There were variations of information presented (from cartoons to literature and other artworks) that made it fun to read.

Most of the readers liked the quality of materials used in printing as well as the design and

layout. However, some student-respondents suggested that the cover page be improved. DOH and local government personalities are not much of their interest. Although to most of the health workers and other sectors, the presentation is just fine and is still appreciated and is found attractive.

Although most of the readers are familiar with medical terms used and find the articles easy to read and understand, they prefer Filipino than English.

The treatment used in reporting information shows that HealthBeat does not merely inform its readers of DOH programs, policies and activities, but it also caters to their increased awareness on public health and thus, improving their quality of life.

However, problems in accessibility of HealthBeat could cause it not to be effective neglecting other sectors of its intended readers. Problems on mailing should be handled. News today is history tomorrow, so it is important that copies be delivered to the subscribers on time. HE





into the Best

# The Midwife in the Family

By

**MARILOU MATCHIMURA-HON, RM, RSCM**

Primordial Health Officer - Calapan City, Oriental Mindoro

*Here is a story shared by one of our readers. She humbly delegates this to her mother.*

- Ed

My parents were blessed with 12 children. Imagine how hard it was to rear this number! Through thick and thin, they were able to provide the basic needs of our family.

My mother had the patience to earn extra income to augment our needs. She was earning through what we call "money business" or anything that she could do to earn money honestly. Her friends said like the proverbial heretics:

My father, on the other hand, has a vulcanizing shop, the first of its kind in Calapan, Oriental Mindoro. He started with a simple machine and "mano-mano" style. It still exists now, but more improved and expanded.

My parents prioritized education. This value was inculcated to us like music being repeatedly played in our ears. Then, they reminded us, is the solution to our present economic status. We all learned to agree with this and marriage had to wait until we finished our courses.

With extra grace from God, my parents' vision came into reality. Three of my sisters are educators, one of whom was appointed as a school admin-

istrator. One became a Senior Police Officer 4 (SPC4) and the others are government employees while the rest engaged in small-scale business. I became a midwife.

I pursued my childhood ambition to take up a course in the fields of health and medicine. I was inspired by my godparent, Dr. Jose Lapuz. My parents had a hard time supporting my studies, being the youngest child of the brood. But they persevered. I finished Midwifery with flying colors in Liceo de Batangas. I also passed the board exam just made it easier to be employed.

I became a health worker and was assigned to a barangay. I crossed rivers and climbed mountains to deliver health services to my constituents. I was forced to purchase an installment basis and learn how to drive a Yamaha V50 motorcycle to reach my assignment on time.

I found myself loving my profession. I am committed to implement government health programs at the grassroots level. I sometimes feel elated when some folks mistakenly call me the prestigious title "Doctor".

Despite my busy workload, I never forget my own family, especially my only daughter, Mariel Sharmaine Yvette. Every afternoon after my work, I try my best to drop by my parents' house to check on them too.

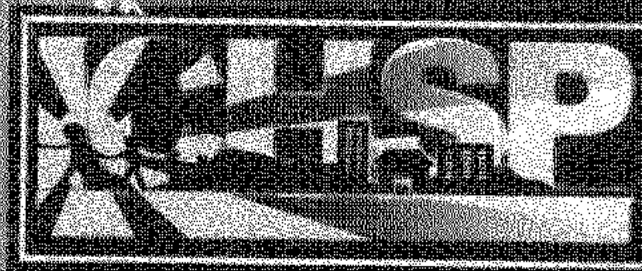
On 19 December 2001, my

mother got very sick and became comatose. She was confined at Oriental Mindoro Provincial Hospital Extension. She was diagnosed with pneumonia and suffered most from septic shock. The left side of her body was paralyzed.

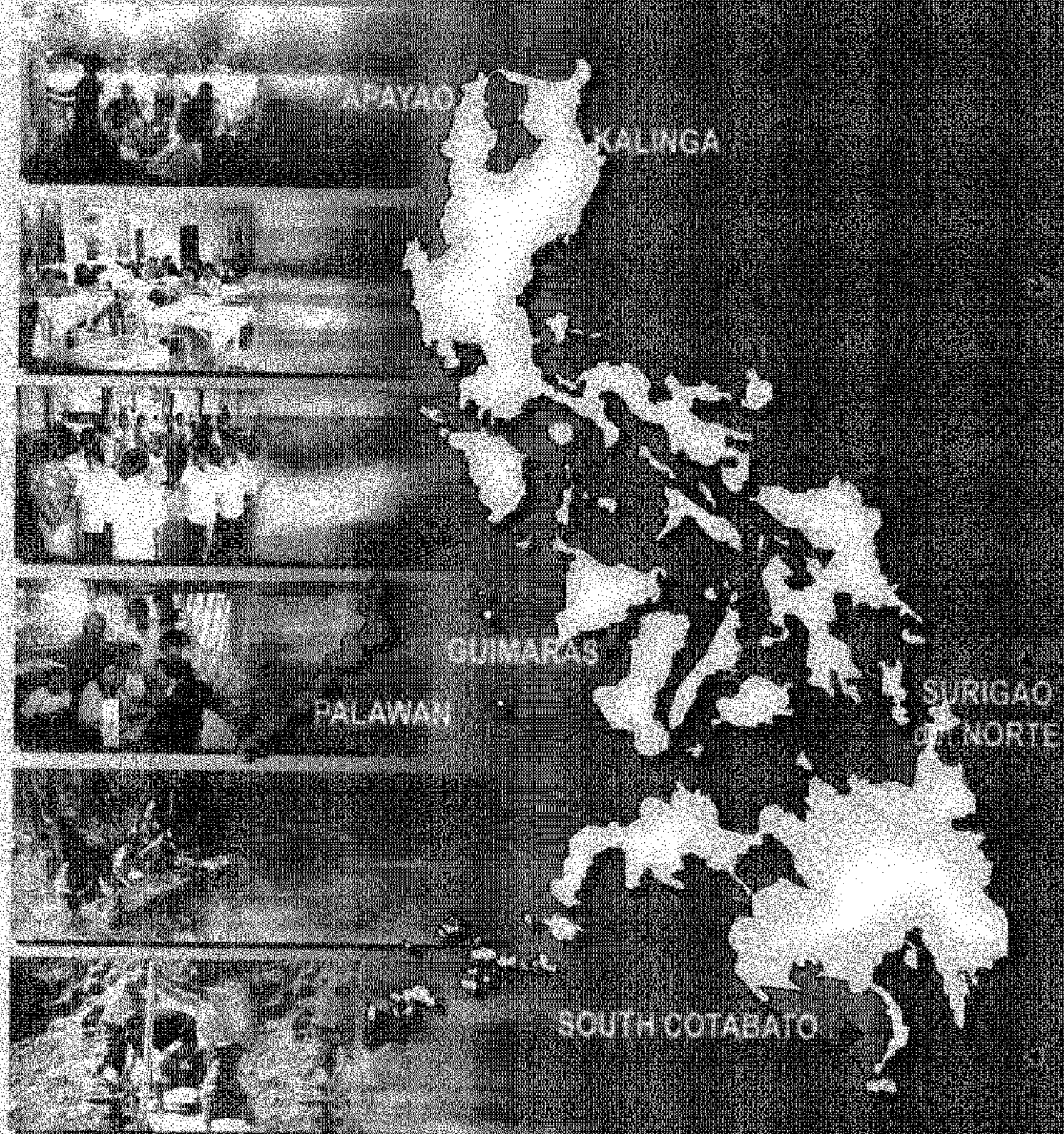
Apparently, before her hospitalization, she fell down. Her head was struck the foot of her bed. This damaged her lumbar and rib cage. Doctors recommended a CT scan to find out the extent of damage. She was transferred to another hospital, the Medstar Hospital in Lipa City, and I accompanied her. It was my first time to ride an ambulance and I felt very uneasy especially that the patient was my mother. Tears rolled down my eyes seeing my mother with dextrans, oxygen and nasogastric tube (NGT). I never felt tired diligently following the regular schedule of her oral medication, injection, and feeding.

During these sad moments, I have a clearer answer on why my mother persevered to support me in my studies. It was now my turn to provide her with the same love, care and sacrifices she had done for me and the rest of her children. I guess, having a midwife in the family is a blessing.

My mother, Mariela Zamora-Matchimura, met her creator. She passed away at age 73. And we will never forget her



# INTEGRATED COMMUNITY HEALTH SERVICES PROJECT





# WALANG KIROT AHIT MAY ANSER

Sa tamang gamutan  
at sapat sa kalinga  
at pagmamahal  
mababawasan ang kirot  
na dulot ng kanser.

PHILIPPINE  
NATIONAL CANCER CONSCIOUSNESS CAMPAIGN



as