

My experience with tuberculosis research paper example

[Health & Medicine](#), [Drugs](#)



Tuberculosis is an infectious disease that is lethal and caused by different strains of mycobacteria, often the *Mycobacterium tuberculosis*. The disease attacks the lungs in most cases but can similarly affect other body parts. Transmission is through the air when infected people with an active TB sneeze, cough, or transmit respiratory fluids through the air. Most of the new infections are usually latent and asymptomatic that sometimes progresses to become active especially when left untreated. Infection depends on individual immune systems. Symptoms for the disease include unexplained weight loss, shortness of breath, night sweats, fatigue, loss of appetite, coughing up mucus or blood, pain when breathing and coughing as well as chest pains and bad coughs lasting more than three weeks (Blumberg, Burman & Chaisson, 2003). Diagnosis in many countries relies on sputum smear microscopy whereby trained technicians examine sample sputum under microscopes for the presence of TB bacteria. New diagnosis procedures have been rolled out for detecting the Multidrug-resistant and HIV-associated TB together with detection in children which are more complex (Blumberg et al., 2003). Some included the use of culture, blood test, nucleic acid amplification tests (NAATs), chest radiograph and tuberculin skin test. Treatment of TB usually takes long and is through a standard six- nine month administration of four antimicrobial drugs these are often provided with the supervision of health workers to ensure patients adhere to the treatment (Boehme, Nicole & Nabeta, 2011). The exact length of treatment and drugs depends on age, possible resistance to the drugs, overall health, and location of infection in the body and form of TB (active or latent). For patients with the latent tuberculosis, only one drug is needed for

treatment. Active tuberculosis, on the other hand, requires a number of different drugs taken together due to its drug resistance capabilities. Some of the most common drugs are Isoniazid, Pyrazinamide, Ethambutol (Myambutol) and Rifampin (Rifadin, Rimactane) (Boehme et al., 2011).

Studies have suggested the existence of side effects of taking vitamin C and D during treatment. Other side effects of TB drugs are not common but are often severe when they occur. This is because all TB medications are harmful and toxic to the liver. Some of these side effects include nausea, vomiting, appetite loss, dark urine, abdominal pain, aching joints, easy bleeding, dizziness, skin rash, yellow skin color and fevers lasting more than three days (Crowley, 2010).

Living with TB has been a challenging experience. I often need to have regular checkups in clinics to ensure that my treatments are working. I also have to finish all my medicine and take my medication exactly as prescribed. There are instances when I usually forget and stop taking my drugs too soon and become sick again. I have also forgotten quite a number of times and taken dairy products and alcohol, actions that reduced the effectiveness of my treatment. Through the Direct Observed Therapy (DOT), a health worker has been guiding me to take my medicine correctly. My family has been helpful and caring too. They have always ensured I take the drugs as prescribed to prevent the active TB germs from becoming drug resistant. These days, however, I am able to take my drugs without the supervision of DOT through a routine I created, for instance, I take the drugs each day before breakfast, and I usually ask my family to remind me. Marking on the calendar after I take the drugs has also been helpful.

When I was diagnosed with TB, it took some time eventually to adapt to my new health status. I had to learn always to cover my mouth with a handkerchief when coughing, sneezing, and even laughing. I could not be able to go to school until my health care provider approved. I am now, however, accustomed to even the routine airing out of my room to prevent infecting others. Nurses should isolate new TB patients in negative pressure private rooms and wear high efficiency masks to filter the TB. Patients are about the form of the TB they have whether it is latent or active, a large number is often more concerned on whether, or not TB is curable (Crowley, 2010). People infected should, however, not be worried since TB is treatable and can be cured.

References

Blumberg, H. M., Burman, W. J., & Chaisson, R. E. (2003). American Thoracic Society/Centers

for Disease Control and Prevention/Infectious Diseases Society of America: treatment of tuberculosis. *Am J Respir Crit Care Med*, 167: 603.

Boehme, C. C., Nicol, M. P., & Nabeta, P. (2011). Feasibility, diagnostic accuracy, and

effectiveness of decentralized use of the Xpert MTB/RIF test for diagnosis of tuberculosis and multidrug resistance: A multicenter implementation study. *Lancet* 377, 1495.

Crowley, Leonard. V. (2010). An introduction to human disease: pathology and pathophysiology

Correlations. Sudbury, Mass.: Jones and Bartlett.