

Disadvantages of rural marketing assignment

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Back to top Food coming back up If you are having difficulty getting your food down, It may Just come back up again soon after swallowing. This is really more Like regurgitating food than being sick. With esophageal cancer, It Is usually hard food that sticks and comes back up at first. But If left untreated, you may start to regurgitate soft foods, drinks and even saliva.

Back to top Weight loss Losing weight is also a common symptom of esophageal cancer. It may happen because you are having difficulty swallowing or discomfort when eating and this is putting you off your food.

In some cases, extreme weight loss can be a sign of an advanced cancer. If you are losing weight and are worried, see your doctor. Back to top Pain or discomfort

In the throat or back Pain or soreness behind the breastbone, or between the shoulder blades, could be caused by cancer of the esophagi.

Back to top Acid indigestion If you get a lot of acid indigestion, it could be due to a tumor in the esophagi. A tumor by the valve (cardiac sphincter) between the stomach and esophagi can stop it from working. This allows acid to track back up into the esophagi.

Some people with cancer of the esophagi have back or shoulder pain. Or you may have pain in the centre of your chest, which may be worse when you try to swallow or during attacks of indigestion. Remember - acid indigestion is extremely common and is not usually caused by a cancer in the esophagi.

It can be very painful, even when there Is nothing seriously wrong. But It Is also a risk factor for getting cancer. So If you have It, see your doctor to get

It checked and treated. Back to top Hoarseness, or chronic cough warning

sign of esophageal cancer. Back to top Coughing up blood Cancers sometimes bleed.

If you are coughing up blood, or if there is blood in your vomit (or food that you bring back up), see your doctor. Back to top More information The earlier a cancer is picked up, the easier it is to treat it and the more likely the treatment is to be successful. So it is important that you go to your doctor as soon as possible if you notice worrying symptoms. Risks and causes of esophageal cancer It is the 9th most common cancer in adults, with around 8, 500 cases diagnosed each year in north east India. Esophageal cancer is about twice as common in men as in women.

As with most cancers, cancer of the esophagi is more common in older people than in younger. It can be seen mostly in people above 50 years of age. Most cases of esophageal cancer can be linked to lifestyle and environmental factors. Smoking and drinking alcohol Smoking tobacco and drinking a lot of alcohol are some of the main risk factors for esophageal cancer. Cigarettes contain intermarries and other chemicals that increase the risk of cancer. Pipe smoking also increases the risk of esophageal cancer. When you smoke, you always swallow some of the smoke as well as breathing it into your lungs.

Drinking alcohol increases the risk of one type of esophageal cancer – exogamous cell carcinoma (SIC). Smoking increases the risk of the two main hypes of esophageal cancer – SIC and esophageal demarcation. Your risk increases the longer you smoke. If you smoke and regularly drink more than the recommended limit (3 units of alcohol a day for men and 2 units for women), your risk of exogamous cell carcinoma is greater. The combined risk is greater than the risk of Just smoking plus the risk of Just drinking. But your risk gradually starts to reduce after you stop smoking or drinking.
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Chewing tobacco, snuff or betel quid (also called pan or pan) also increases your risk of cancer of the esophagi. Obesity Obesity means being very overweight. Body mass index (IBM) is a simple way of lassoing whether people are the right weight. It looks at weight compared to height. Obesity is when a person has a IBM of 30 or higher. Every 5 unit increase in IBM (for example a IBM of 25 to a IBM of 30) increases the risk of demarcation of the esophagi by more than half. A Cancer Research I-J study estimated that being overweight and obesity causes more than 1 in 4 esophageal cancers in men and more than 1 in 10 in women.

This may be because people who are obese are in itself. The acid coming back up from the stomach irritates the lining of the esophagi and over a long period of time can cause cell changes leading to Barrette's esophagi. Diet A diet high in fresh fruit and vegetables may reduce the risk of esophageal cancer. This may be because these foods contain antioxidants including vitamins A, C and E, and foliate. One study has estimated that more than 4 in 10 cases of esophageal cancer in the UK could be prevented if people ate the recommended 5 portions of fruit and vegetables a day.

Eating a lot of red or processed meat may increase your risk of esophageal cancer. Some studies have shown that a high intake of meat which is barbecued, fried or roasted at high temperatures is linked to a higher risk of esophageal cancer. These methods of cooking cause higher levels of chemicals called heterocyclic amines in food, and these chemicals may increase cancer risk. Drinking very hot drinks may increase your risk of esophageal cancer. The size of the risk increase varies in different studies.

But many studies show between double and quadruple the risk in people who drink beverages hot or very hot.

Hot drinks may damage the lining of the esophagi, but this is difficult to prove. Cancer of the esophagi is more common in southern and eastern Africa and eastern Asia. It may be that the different diets eaten in these parts of the world increases the risk. For example traditional Asian pickled vegetables might increase the risk of esophageal cancer. And some African diets may be low in fruit and vegetables. Some environmental factors may also be involved. Other medical conditions There are some other conditions that we know increase esophageal cancer risk.

These are * Barrette's esophagi * Chollis – a condition causing problems with the valve between the esophagi and stomach * Tolstoy – a rare skin condition * Plummet-Vinson syndrome – a condition causing difficulty swallowing Barrette's esophagi Barrette's esophagi means that the cells lining the esophagi have become abnormal. This can happen due to long term acid indigestion (acid reflux). The stomach acid comes back up into the esophagi and irritates the lining. However not everyone with Barrette's esophagi have acid reflux symptoms.

People who have symptoms of acid reflux every week or more have around 5 times the risk of demarcation of the esophagi compared to people who have symptoms less often or who do not have reflux. People with Barrette's esophagi may be around 1 1 times more likely than the general population to develop demarcation of the esophagi. Remember that the overall risk to any person of getting esophageal cancer is quite small. The risk for demarcation

with Barrette's esophagi may be 860 people with Barrette's esophagi will go on to develop esophageal demarcation each year.

Challis Challis is a condition where the valve between your stomach and esophagi (cardiac sphincter) does not relax properly. This valve prevents food and liquid backing up into the esophagi. So with challis, the lower part of the esophagi becomes stretched and food gets stuck there. Men with challis have an 8 to 16 times higher risk of both main types of esophageal cancer compared to the general population. Women with challis have a 20 times higher risk of demarcation of the esophagi. But no increase in the risk of exogamous cell esophageal cancer.

Tolstoy Tolstoy is an extremely rare inherited skin condition. The skin grows much too thick on the palms of the hands and soles of the feet. People who develop symptoms between age 5 and 15 (Tolstoy A) are at a greatly increased risk of exogamous cell esophageal cancer. Plummet Vinson syndrome This is a rare condition. People with Plummet Vinson syndrome have anemia (low red blood cells) due to a lack of iron. They also develop small, thin growths of tissue which block part of their food pipe, making swallowing difficult. Plummet Vinson syndrome has been linked to an increased risk of exogamous cell esophageal cancer.

Some pollutants and chemicals There is very little research into how occupation is related to the risk of esophageal cancer. And it is often difficult to separate the effects of occupational exposures from other lifestyle factors. But a few studies show that workers exposed for long periods of time to transcontinental (a chemical used in dry cleaning and metal decreasing),

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soot or working in rubber production have an increased risk of esophageal cancer. Helicobacter pylori infection Helicobacter pylori (H Pylori) is a bacteria that causes stomach ulcers and can cause stomach cancer.

Researchers have found that certain strains of H Pylori may protect against demarcation of the esophagi. This may be because H pylori seems to reduce the risk of Barrette's esophagi. Drugs and other medical treatments People who have had radiotherapy for previous cancers (including cancers of the breast, lung, oropharynx, larynx and Hodgkin lymphoma) have an increased risk of esophageal cancer. The risk of developing esophageal cancer in the general population is quite small so this increase in risk is still small.

Radiotherapy after a mastectomy for breast cancer seems to increase the risk more than radiotherapy after lumpectomy.

The risk to you from your primary cancer if you don't have radiotherapy is much higher than the risk of developing esophageal cancer if you do people with bone thinning (osteoporosis), myeloid or cancer which has spread to the bones. Some studies have shown an increase in risk of esophageal cancer in patients who take oral bisphosphonates. But other studies have not found this link. And so research into this is ongoing. A type of study called a meta analysis combines the results of several individual studies looking into a particular topic.

This is more reliable than than the results of a single study. Meta analyses have looked at the links between esophageal cancer risk and several types of drugs. Some of these are described below. Women who have ever taken hormone replacement therapy (HRT) for the menopause seem to have a

lower risk of esophageal cancer compared with women who have never taken HURT. But there is some evidence that women taking estrogen only HURT are more likely to have acid reflux, which has been linked to an increased risk of esophageal cancer.

People who take drugs to lower cholesterol in the blood (statins) also seem to have a lower risk of esophageal cancer compared with people who do not take statins. People who take aspirin or other non steroidal anti inflammatory drugs (such as Ibuprofen) seem to have a lower risk of esophageal cancer. These drugs might also reduce the risk of esophageal cancer in people with Barrett's esophagi. Remember that these drugs can be dangerous because they can irritate the stomach lining and cause bleeding. You should not start to take aspirin or other anti inflammatory drugs without checking with your doctor first.

Tooth loss Some studies have shown a higher risk of esophageal cancer in people who have poor oral hygiene or symptoms of oral disease, such as tooth loss or decay. But these findings are based on small numbers and so the evidence is not clear yet. Tooth loss can sometimes be due to poor diet or long term infection of the gums, and these factors may possibly increase the risk of esophageal cancer too. Tooth loss may also cause problems with chewing, so larger pieces of food are swallowed which may irritate the esophagi.