Doctors Under Attack

RHEUMATOID ARTHRITIS
SPINAL TUBERCULOSIS
HEMORRHOIDS
LIPOPLASTY

DOCTOR
राष्ट्रीय स्वास्थ्य बीमा योजना
याद रखें योग्य बातें

लाभार्थियों के अधिकार व कृत्य
- RSBY काउंटर पर स्मार्ट कार्ड दिखाएं।
- सत्यापन के लिए उंगलियों के निशान दें (मरीज के न होने पर मरीज के साथ आये व्यक्ति निशान दे सकते हैं)।
- निःशुल्क परामर्श पायें।
- इस योजना में भर्ती न होने कि स्थिति में दवाइयां व जांच तय नहीं है।
- निःशुल्क भर्ती पायें (कार्ड नियत राशि से ज्यादा होने पर देय राशि मरीज को अदा करनी होगी)।
- अनुमानित इलाज राशि व शेष राशि को जानें।
- अगर मां (RSBY) के अन्तर्गत है तो नवजात शिशु का इलाज निःशुल्क होगा।
- अस्पताल से छुट्टी होने पर ₹ 100/- यातायात भत्ता की मांग करें।
- छुट्टी के उपरांत 5 दिन तक निःशुल्क दवा (यदि हो तो) लें।
- स्मार्ट कार्ड अस्पताल में न छोड़े।

अस्पताल के कत्यों व जिम्मेदारियाँ
- लाभार्थी का सम्मान करना।
- उंगलियों के निशान से लाभार्थी को सत्यापित करना।
- ओपीडी उपचार सहित निःशुल्क परामर्श प्रदान करना।
- भर्ती के दौरान प्रश्न (पैकेज) राशि का पूर्वाभास करने हेतु (RSBY) स्मार्ट कार्ड का प्रयोग करना।
- छुट्टी होने पर लेन देने पूर्ण करने के लिए (RSBY) स्मार्ट कार्ड का प्रयोग करना।
- मरीज को निःशुल्क मोजन उपलब्ध करवाना।
- छुट्टी होने पर लाभार्थी को ₹ 500/-—यातायात भत्ता प्रदान करना।
- मरीज को छुट्टी के उपरांत 5 दिन तक निःशुल्क दवाये उपलब्ध करवाना।
- लाभार्थी को (RSBY) स्मार्ट कार्ड से काटी गयी राशि की पूर्ण सूचना दें।
- छुट्टी होने पर लाभार्थी को स्मार्ट कार्ड सौंप दें।
- बीमा कम्पनी द्वारा दिये गये निरिक्षित समय अनुसार ऑक्सीजन का स्थानांतरण सुनिश्चित करना।
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Doctors Under Attack

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- Nearly 75% of doctors fear for their lives
- Hospitals should have better communication with the patients

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RHEUMATOID ARTHRITIS
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The 10th issue of Health Spectrum is now in your hands. In this issue, we are honoured to share with our readers the profound and thought-provoking articles from renowned medical experts and health providers.

In this issue, we put special focus on "Attack on Doctors." The recent years have seen a rise in attacks on doctors/medical establishments. Resident doctors across Maharashtra are protesting in the wake of a string of attacks on their colleagues by patients’ relatives at government hospitals.

Violence is not new to the medical profession. In medieval times, the treating physician was buried alive alongside the royal deceased. A similar practice prevailed in certain European Kingdoms until a few hundreds years ago. That the doctor is held responsible for every adverse outcome or death and is assaulted in India even today, in the 21st century, is preposterous.

According to an Indian Medical Association survey, 3 out of 4 doctors in India have reported some kind of verbal or physical abuse in the workplace, with more than half of those assaults occurring in intensive care wards and surgical units involving families or other escorts of patients. The confrontations are often sparked by a sudden, unexpected death, a delay in providing care, denial of admission due to overcrowding or allegations of abuse or negligence by staff.

Experts say that dual forces are driving the increase in India, a country that spends only about 1 percent of its gross domestic product on public health, far less than many other countries. Those in the emerging and Internet-savvy middle class are paying more for health care and turning to private and corporate hospitals — raising expectations, sometimes unrealistic, about the standard of care.

It appears that treating serious or terminal cases has become particularly risky these days. The immediate threat to life, it seems, is not to patient but rather to the treating doctor. Then there is also the possibility of vandals destroying hospital property.

The doctor-patient relationship is under severe strain at this point. And unless both, the doctor as well as the patient, understand and learn to honour the finer point of their relationship, the healing process will not be complete.

On this note, I invite you to explore this magazine. So please, sit back and dive into this issue's selection of articles and discussions.

We want to clarify again that Health Spectrum is a platform for different shades of opinions, and many writers may not may not be conducting clinical trials or research. As such, we do not confirm statements made by any author. The magazine insists that readers should consult a medical doctor prior to following any opinion or advice or using any product or service published in the magazine.

We will look forward to your suggestions and feedbacks for improving the magazine. After all, it is your magazine. We will surely publish the worthwhile comments from our readers.

With warmest thanks,

Vinod Kumar
(Vinod Kumar)
Be an Angel for Animals!

Adopt a dog from the street or a shelter.

Sunny Leone

And rescued dog Kaali, for PETA
The number of breast cancer patients in UP could be higher than the national average because fewer women breastfeed their babies in the state, said doctors at the Indian Cooperative Oncology Network annual conference held in the city on Sunday.

The recently released National Family Health Survey fact sheet for UP has shown a drop in the total number of children exclusively breastfed. As per data, in 2004-05 (NFHS 3), 51.3% kids under six months of age in the state were breastfed. But in 2015-16 (NFHS 4), the number dropped to 41.6%. On an urban-rural scale, 64% babies in urban and 59% babies in rural areas under six months of age were not breastfed.

The dip in UP contradicts the national trend of improvement in breastfeeding practice. In 2005-06, national average for exclusive breastfeeding for India stood at 46.4, which increased to 54.9% in 2015-16.

The trend caught the attention of oncologists who gathered in the city for Indian Cooperative Oncology Network annual conference. "Breast cancer is one of the important modifiable factors in breast cancer prevention. While efforts should be made to promote breast feeding by women for six months to one year, a dip in it is a cause of concern," said Prof Sudeep Gupta, consultant in breast and gynaecological cancers, Tata Memorial Hospital, Mumbai.

Breast cancer risk factors are modifiable and non-modifiable. While age and family history cannot be altered (non-modifiable), obesity, lack of physical activity, breast-feeding and having first baby before 30 years can be modified. Dr Gupta stated that one cannot quantify the reduction in risk in the Indian scenario, the fact that women who breastfeed children are at a lower risk of the disease.

However, an assessment of 47 different studies on connection between breast-feeding and breast cancer published in the British Medical Journal showed that the risk is reduced by 7% for each baby a woman has. The risk reduces further by 4.3% if she breastfeeds the baby for 12 months.

He revealed that breast cancer was increasing at a rate of 1.5% per annum in India though the prevalence in the country was still one third of the rate in western world. "The prevalence was higher in urban areas than rural India. In urban centres like metro and big cities like Lucknow, 30 women out of 100,000 develop breast cancer, 10 rural women in 100,000 will have the disease," he said, adding that prevalence in developed world was 80-90 per 100,000. Dr Gupta stated that the move to give 180 days of maternity to each mother would aid in promoting breastfeeding practices. He said that private sector should also come forward to do the same.

Cancer risk reduces if women breastfeed for 1 year

Spiritual retreats may uplift mood, behaviour

Apart from enhancing well-being, people who spend their time on spiritual, meditative and religious retreats are likely to have changes in the brains systems associated with mood and social behaviour, sleep, memory, says a study.

The findings showed that the changes in the dopamine - responsible for mediating cognition, emotion and movement - and serotonin - involved in emotional regulation and mood - systems in the brains may prime the brain for spiritual experiences. The post-retreat scans revealed decreases in dopamine transporter (5-8 per cent) and serotonin transporter (6.5 per cent) binding, which could make more of the neurotransmitters available to the brain. This is associated with positive emotions and spiritual feelings.

"Since serotonin and dopamine are part of the reward and emotional systems of the brain, it helps us understand why these practices result in powerful, positive emotional experiences," said Andrew Newberg, Director of Research at the Thomas Jefferson University in Pennsylvania, US. In the study, post their retreats participants showed marked improvements in their perceived physical health, tension and fatigue.
Cutting salt in diet may reduce night-time toilet trips

There is good news for people who need to wake up one or more times during the night to go to the toilet. Researchers have found that simply cutting back on salt intake can reduce such night-time trips.

The need to pee at night or nocturia affects most people over the age of 60. Although it seems a simple problem, the lack of sleep can lead to other problems such as stress, irritability or tiredness, and so can have a significant negative impact on quality of life.

The new study presented at the European Society of Urology congress in London suggests that a slight dietary tweak can help tackle the problem.

Reducing the amount of salt in one’s diet can significantly reduce excessive peeing -- both during the day and when asleep, the study said.

"Night-time urination is a real problem for many people, especially as they get older. This work holds out the possibility that a simple dietary modification might significantly improve the quality of life for many people," said lead researcher Matsuo Tomohiro from Nagasaki University in Japan.

The researchers studied a group of 321 men and women who had a high salt intake and had problems sleeping.

The patients were given guidance and support to reduce salt consumption. They were followed for 12 weeks, and salt consumption measured biochemically.

As a result of the intervention, 223 members of the group were able to reduce their salt intake from 10.7 gm per day to 8.0 gm per day.

In this group, the average night-time frequency of urination dropped from 2.3 times per night to 1.4 times.

In contrast, 98 per cent increased their average salt intake from 9.6 gm per night to 11.0 gm per night, and they found that the need to urinate increased from 2.3 times per night to 2.7 times per night. The researchers also found that daytime urination was reduced when salt in the diet was reduced.

"This is the first study to measure how salt intake affects the frequency of going to the bathroom, so we need to confirm the work with larger studies," Tomohiro said.
Scientists turn spinach leaves into beating heart tissues

In an amazing breakthrough, scientists have turned a spinach leaf into working heart tissue. Researchers at Worcester Polytechnic Institute (WPI) in Massachusetts have found a way to use spinach leaves to build working human heart muscle, conceivably solving a major problem in efforts to repair damaged organs.

The experiment is believed to help solve the problem of recreating the tiny, branching networks of blood vessels in human tissues. For the longest period of time, researchers have struggled to make large-scale human tissue – while even though they have successfully created small lab samples. Till now, they have been trying to use 3D-printing techniques to recreate delicate and intricate networks of human tissues, but without much success. It is easy to create small samples but extremely difficult to rebuild a life-size structure.

With this pathbreaking discovery, it seems turning plants with its delicate veins into human tissue could be the solution to delivering blood through a vascular system into the new tissue. Researchers hope that eventually this technique could be used to grow layers of the healthy heart muscle to treat those who have suffered a heart attack. Though transporting chemicals around the body in plants and animals are very different, the networks of capillaries by which they do so are quite similar.

One of the symbolic traits of a leaf is the branching network of intricate veins that delivers water and other nutrients to its cells. Scientists have used plant veins to replicate the way blood moves through human tissues.

The study, published in The Journal of Biomaterials reveal: “The development of decellularized plants for scaffolding opens up the potential for a new branch of science that investigates the mimicry between plant and animal.”

For creating the artificial heart in the experiment, the researchers removed the plant cells from the spinach leaves, which leaves behind only a frame made of cellulose. They then “seeded” the human cells into the leaves so that the human tissue could grow on the spinach scaffolding and surrounded the tiny veins. Once the little leaves turned into a structure very similar to that of a human heart, scientists sent fluids and microbeads through its veins to show that blood cells can flow through this system.

“Cellulose is biocompatible [and] has been used in a wide variety of regenerative medicine applications, such as cartilage tissue engineering, bone tissue engineering, and wound healing,” the scientists elaborated in their paper.

Adding that this is just a new beginning and a long road waits ahead, they said, “Adapting abundant plants that farmers have been cultivating for thousands of years for use in tissue engineering could solve a host of problems limiting the field.”

Sleepless night may impair ability to recognise expressions

Researchers from University of Arizona in the US found people have a harder time identifying facial expressions of happiness or sadness when they were sleep deprived versus well-rested. About 54 participants, who were shown photographs of the same male face expressing varying degrees of fear, happiness, sadness, anger, surprise and disgust were studied. The study was published in the journal Neurobiology of Sleep and Circadian Rhythms.

Participants were asked to indicate which of those six emotions they thought was being expressed the most by each face. In order to assess participants’ ability to interpret more subtle emotional expressions, the images presented were composite photos of commonly confused facial expressions morphed together by a computer program. For example, a face might show 70 per cent sadness and 30 per cent disgust or vice versa. Participants saw a total of 180 blended facial expressions at each testing session. Their baseline responses to the images were compared to their responses after they were deprived of sleep for one night.

Researchers found that blatant facial expressions - such as an obvious grin or frown (90 per cent happy or 90 per cent sad) - were easily identifiable regardless of how much sleep a participant got. Sleep deprived participants had a harder time, however, correctly identifying more subtle expressions of happiness and sadness, although their performance on the other emotions was unchanged. When participants were tested again after one night of recovery sleep, their performance on happiness and sadness improved, returning to its baseline level, researchers said.

"While the difference in performance was not overwhelming, it’s enough that it could have a significant impact in critical social interactions, said William DS Killgore of University of Arizona."
Suffering from diabetes? Eating legumes may help

Eating over three servings of legumes like lentils, chickpeas, beans and peas every week may significantly reduce the risk of developing type 2 diabetes, a new study has found.

Legumes are a food group rich in B vitamins, contain different beneficial minerals (calcium, potassium and magnesium) and sizeable amounts of fibre and are regarded as a low-glycemic index food, which means that blood glucose levels increase only slowly after consumption.

Due to these unique nutritional qualities, eating legumes regularly can help improve human health. In fact, the Food and Agriculture Organisation of the UN (FAO) declared 2016 as the international year of legumes to raise people's awareness of their nutritional benefits.

Although legumes have long been thought to offer protection against type 2 diabetes (which is a significant health problem worldwide affecting more than 400 million adults in 2015), to date there has been little research to confirm this association. To increase the general level of knowledge in this area, researchers from Rovira i Virgili University in Spain evaluated the association between the consumption of the different sub-types of non-soy legumes and the risk of type 2 diabetes among individuals at high cardiovascular risk. They also evaluated the effect of replacing other protein- and carbohydrate-rich foods with legumes on the development of the disease.

After 4 years of follow-up, the results showed that compared to individuals with a lower consumption of total legumes (12.73 grammes per day, about 1.5 servings per week of 60 grammes of raw legumes), individuals with a higher consumption (28.75 grammes per day, equivalent to 3.35 servings per week) had a 35 per cent lower risk of developing type 2 diabetes.

Mother's hug can improve their baby's health and boost immunity

A mother’s hug can boost immunity, stabilise heart rate and maintain body temperature of the baby, say doctors in a survey. The survey also showed that 90 per cent of doctors believe that babies can recognise their mother’s hug.

Diaper company Huggies surveyed over 2,000 moms and 500 medical professionals in Delhi, Mumbai, Bangalore, Chennai and Kolkata with the aim of unfolding the power of a hug between a mother and her baby. About 76 per cent physicians feel that a mother’s hug can improve the baby’s immunity.

A mother’s embrace initiates a cascade of hormones that can help in regulating the body temperature as well.

About 85 per cent of doctors, in fact, encourage moms to embrace their children more often, given the health benefits these have for infants. The survey also showed that despite the scientific backing and compelling research that supports the power of hugs, 80 per cent of mothers were not aware that hugging had health benefits for their little ones.

Even so, hugging their loved ones is an integral part of their bonding process. In fact, 90 per cent of Indian mother’s express love for their children by embracing them, and 91 percent believe that hugging them seven to eight times a day helps ease their baby’s anxiety to a large extent.

The survey states that 91 per cent of Indian moms also recall the first hug shared, and about 95 per cent said that they found immense relief and comfort when hugging their baby immediately after delivery.

"While most parents believe the benefits of hugs are purely emotional, this survey throws light on the numerous other benefits that stem from a simple embrace. Hugs help in the development and growth of babies in multiple ways. Apart from the feel-good factor hugs offer, they also assist in making the child more emotionally secure and helps them grow into confident toddlers," said Prerna Kohli, a Mumbai-based clinical psychologist.
Indian Scientists developed a new technique to detect Synthetic Milk

Indian agriculture scientists have developed a new technique that can detect detergent adulteration in milk rapidly and reliably. It could help differentiate ‘synthetic’ from pure milk, claim scientists at the ICAR-Central Institute of Post Harvest Engineering & Technology (CIPHET), Ludhiana in their recent study published in scientific journal Food Chemistry.

The new method is based on ‘Fourier transform infrared spectroscopy’ that uses infrared or heat rays to obtain presence of chemicals. The method was found to detect and quantify the amount of a detergent called lissapol in milk reliably and rapidly.

In order to check sensitivity and specificity of the new test, scientists used a mixture of pure cow and buffalo milk, which was collected from Punjab Agricultural University Campus, Ludhiana in early morning hours of the day. The pure milk was deliberately adulterated or spiked with lissapol detergent. The pure and adulterated milk samples were tested at the Non-destructive quality evaluation laboratory at the Central Institute of Post-harvest Engineering and Technology, Ludhiana.

According to India Science Wire (Vigyan Prasar) the scientists have found that the new method could detect as low as 0.2% lissapol detergent in milk samples. “The current study has demonstrated the potential of FTIR spectroscopy as a sensitive and faster tool for high throughput detection of detergent in milk as compared to earlier methods”, say scientists.

Searching for new antibiotics from various natural sources is an uphill task. Now Indian scientists have developed a computer programme that can make the process easy and accurate.

The software is designed to hunt for chemical molecules with antibiotic properties. Known as peptides, these molecules are small proteins that occur naturally in various animals and plants and can confer immunity against bacteria, fungi, and viruses. These have recently gained popularity in clinical practice since they are safe and efficacious.

Microbes acquire resistance to available antibiotics over a period of time and as a result there is a need to constantly hunt for newer antibiotics. Antimicrobial peptides are better alternatives to chemical antibiotics. But, searching for them through lab experiments is labor intensive and costly.

Researchers at the Indian Agricultural Statistics Research Institute, New Delhi and Janata Vedic College, Baghpat have developed a computer program that can identify potential antimicrobial peptides with an accuracy of almost 96%. The open access prediction server named ‘iAMPpred’ is available free for researchers.

The server can predict if a protein sequence is antibacterial, antiviral or antifungal after the user enters necessary information about the protein sequence. Within a few seconds, the user can know if the protein sequence is a potential antibiotic.

The prediction server has been tested with more than 1,000 peptide sequences collected from plants, animals, and amphibians. “The accuracy of iAMPpred was found to be much higher than that of other available prediction servers”, claim scientists. The research findings have been published in the international journal ‘Scientific Reports’.

Researchers and clinicians are concerned about the rising antibiotic resistance. New and better software tools can help researchers across the globe to identify new antibiotics in lesser cost, effort, and time.
A group of scientists and clinicians have developed a new device to instantly test hemoglobin in blood. The device is portable, low-cost, and easy-to-use, and capable of testing hemoglobin from a single drop of blood in less than 30 seconds. In a conventional setup to measure hemoglobin, a clinician is required to draw blood for testing. The sample has to be transported to a lab where test results are accessible to a doctor after almost 4 hours.

With the new device, researchers say, the test can be performed in a clinic itself and results obtained immediately. Hemoglobin testing important to detect anemia particularly during pregnancy as it can increase the risk for preterm delivery. The device can be useful in rural areas where lab facilities may not be available.

Researchers at the Indian Institute of Science, Bangalore in collaboration with scientists from PathShodh Healthcare, Anand Diagnostics Laboratory, and Samatvam Diabetes Endocrinology Centre, Bangalore have published their results in scientific journal Nature Scientific Reports.

The device is based on two reagents - pyridine and imidazole - belonging to azaheterocyclic family of compounds that help in direct sensing of hemoglobin by electrochemical sensors in the device. It uses disposal strips for loading a drop of blood, eliminating the risk for diseases such as HIV. It has been tested on more than 100 clinical samples. The device can effectively measure hemoglobin in a range of 0.5 to 20.8 gram per deciliter blood in less than a minute, the study says.

"It is expected to have a big impact on public health for the diagnosis of anemia, especially in underdeveloped countries of the world," say scientists. According to the WHO, almost 58% of pregnant women in India are anemic, which accounts for 25–40% of maternal deaths. Since the new device has no special storage or handling requirements, it can be easily used in rural settings. - Bhavya Khullar (India Science Wire)
The 3rd edition of State AYUSH/Health Ministers’ Conference held in New Delhi

The 3rd Conference of Health/AYUSH Ministers of States/UTs was inaugurated by the Minister of State for AYUSH (Independent Charge) Shri Shripad Yesso Naik in New Delhi today. The day long conference was organized by the Ministry of AYUSH to provide an opportunity to States/UT to interact with each other for the development of AYUSH sector. The conference was attended by AYUSH/Health Ministers/Secretaries and officials from 23 States/UTs; senior officials of AYUSH Ministry and representatives of AYUSH organizations.

The AYUSH Minister said that the WHO advocates expanding the rational use of traditional medicine as one of the means to achieve Universal Health Coverage. The WHO also advocates harnessing the potential of traditional medicine, capacity building in traditional medicine practice and developing awareness among the public about the advantages of traditional medicines. Shri Naik appealed to all the State Governments to consider the WHO advisory on priority.

Shri Shripad Naik urged all State Governments to consider amending their State Medical Practitioner Act to enable AYUSH system to deal with medical emergencies. He said that States like Maharashtra, Haryana, Uttar Pradesh and West Bengal have already made such amendments in their State Medical Practitioner Acts. The Minister further said that the Ministry has been giving focus on the quality of AYUSH education. He advised to State Governments to closely monitor and ensure the quality of education as being imparted in AYUSH colleges.

Secretary AYUSH, Shri Ajit M. Sharan welcoming the dignitaries and delegates, briefed about the achievements and initiatives undertaken by the Ministry of AYUSH since it was accorded the status of independent Ministry in November, 2014.

State health authorities pointed out their problems in implementation of various programmes and schemes of AYUSH and concerned officers of Ministry of AYUSH addressed their issues.

Shri J P Nadda launches new initiatives to combat TB

The Health Minister announced that the National Strategic Program (NSP) will be finalized in one month and will be rolled out across the country. The resources will not be a constraint and the Government will continue to work with all stakeholders, in devising short term and long term approaches.

“Ensuring affordable and quality healthcare to the population is a priority for the government and we are committed to achieving zero TB deaths and therefore we need to re-strategize, think afresh and have to be aggressive in our approach to end TB by 2025.” Shri J P Nadda, Union Minister of Health and Family Welfare said at a function on the occasion of ‘World TB Day’, here today. He emphasized on the need for compassion in treatment of TB patients.

Shri Faggan Singh Kulaste, Minister of State (MoS) for Health & Family Welfare, Smt. Anupriya Patel, Hon'ble Minister of State (MoS) for Health & Family Welfare, Shri C.K. Mishra, Secretary (H&FW), Dr. Henk Bekedam, WHO Country Representative and Dr. Jagdish Prasad, Director General of Health Services also graced the occasion.

Acknowledging substantial progress made by the Government in combating TB, Shri Nadda said that TB control and India's National TB Control Programme has been recognized as one of the most successful Public Health Programmes. He said that TB is a disease which is largely curable and preventable. Still we are facing this task of high incidence and on top of it Drug Resistant TB. “Drug resistant TB is a growing threat and the diagnosis and treatment is much costlier. We have gone deep into the reason of such a situation and have decided to take a head on attack on the root cause of the disease,” Shri Nadda said.

He informed that the Government has made case notification mandatory. “A high proportion, almost 92% of TB patients with HIV has been put on antiretroviral therapy. He stated that the government has rolled out more than 500 CBNAAT machines in one year, offering rapid quality diagnostics, linking at least one such machine for each district and these steps have led to 35% rise in the Drug Resistant TB case notification in 2016. “New anti-TB drug Bedaquiline has been introduced under Conditional Access Programme (CAP) to improve outcomes of drug resistant TB treatment,” Shri Nadda elaborated.

He said that IT based E-Nikshay platform have been made user friendly so that Private Doctors find it easy to notify. The Health Minister reiterated that keeping TB at bay is everyone's responsibility, including the private sector to provide quality TB care to all TB patients. Every TB patient should be able to access treatment without fear of stigma or unwarranted retrenchment.

Swachh Bharat will be a top priority: UP CM Yogi Adityanath

The Chief Minister of Uttar Pradesh, Yogi Adityanath, declared that the goals and targets of the Swachh Bharat Mission are of top priority to the new government in the State. He made this declaration when a Central government team led by the Secretary, Ministry of Drinking Water and Sanitation, Shri Parameswaran Iyer, met him in Lucknow on 25th March.

Earlier, the Chief Minister had declared that 30 districts in the State will become Open Defecation Free (ODF) by December 2017. The Secretary, Shri Iyer, briefed the Chief Minister about the support that will be provided by the Centre to the State government to meet the ODF targets set by the State. This support will include posting of one young professional as a Zila Swachh Bharat Prerak (ZSBP) in each of the 75 districts of UP; priority fund allocation to the State, and continuous technical assistance, training and capacity building to the districts by the Ministry of Drinking Water and Sanitation.

The Central team, led by Shri Iyer, and the State Government, led by Chief Secretary of Uttar Pradesh, Shri Rahul Bhatnagar, reviewed Swachh Bharat Mission progress in the State through a video conference with the district magistrates (DMs) of the State. For the success of Swachh Bharat in the State without compromising on quality, the DMs were advised to focus on toilet technology, building a cadre of 1 lakh trained Swachhagrahis to trigger behaviour change on the ground and geo-tagging of toilets built. Districts that have gram panchayats situated along the banks of the Ganges were specifically asked to focus on making those Gram Panchayats ODF at the earliest. Districts were also asked to take up solid and liquid waste management work increasingly in the coming days. The DMs spoke about the efforts they are making to scale up sanitation in their respective districts, and the challenges faced by them in the process. The Chief Secretary directed officials of the State to take all necessary steps to move Swachh Bharat activities at a faster pace in their respective districts.

In particular, 4 districts of the State – Varanasi, Etah, Sonbhadra and Agra – volunteered to become ODF by the end of the year, in addition to the 30 districts announced by the Chief Minister, taking the total tally of UP districts targeting ODF status in 2017 to 34.

Three day Curtain Raiser International Yoga Fest inaugurated

A Three days International Yoga Fest was inaugurated by the Union Minister of Information and Broadcasting and Urban Development and Housing, Shri. M.Venkaiah Naidu at Talkatora Stadium, New Delhi today. The International Yoga Fest is being organized as a Curtain Raiser for International Day of Yoga (IDY) 2017.

In his inaugural address, Shri Venkaiah Naidu said that Yoga is the only solution to bring harmony and unity among people. While addressing the participants in International Yoga Fest, he also said that Yoga plays an important role to stay healthy and fit. Shri Naidu further said that Prime Minister wants yoga to become a people's movement and has spread yoga to 192 countries across the world. The Minister also thanked Yoga Gurus and Yoga Masters who are contributing to make Yoga a people’s movement.

Speaking on the occasion, the Union Minister of State for AYUSH (Independent charge) Shri Shripad Yesso Naik said that Yoga has earned the global recognition for its holistic health potentials and therapeutic credentials. The AYUSH Minister explained that Yoga is a traditional system of Indian medicine, it has the vast potential of prevention and therapeutic dimensions. India, being a home of more than one billion population needs an effective and holistic AYUSH system in health sector, so that large work force can be utilized in a cohesive and productive manner.

Shri Naik further said that with the advancement of modernization, busy and hectic schedule of the social life, the significance of Yoga has greatly increased. The Minister said that the scientific community, Yoga researchers, Educationists, and Therapists have started churning the very possible use and zest of Yoga in every field and walk of life. This enthusiasm will facilitate a new paradigm of Yoga for overall development of human beings.

Shri Shripad Naik informed the participants that the Ministry has taken several initiatives to promote Yoga among the masses. A franchise based Yoga league for popularizing and making Yoga youth friendly is being conducted. 200 fellowships are being given to AYUSH research scholars. One National Award and one International Award for the outstanding individual or organization for the promotion and development of Yoga will be given from this year.

On this occasion Secretary AYUSH, Shri Ajit M Sharan informed that State Yoga Fest are being conducted in different parts of the country in line with the International Yoga Fest organized last year. He said that activities relating to Yoga will be observed throughout the year. The secretary informed that the text books and course curriculum on Yoga have been prepared by the committee headed by Dr. H.R. Nagendra in consultation with UGC and CBSE.

The three days event is being organised by Ministry of AYUSH, Morarji Desai National Institute of Yoga (MDNIY) in association with Indian Yoga Association (IYA) and New Delhi Municipal Corporation (NDMC) to sensitize the masses regarding celebration of International Day of Yoga held every year.
Hospitals among best workplaces for women

Dr Dharminder Nagar, MD & CEO, Paras Healthcare

Women participation in the global workforce, workplace equality, safety and growth opportunity in careers are just a few of them. As they break ceiling after ceiling, women today are emerging as major players in the global economy. Two of Europe’s most powerful economies – Germany and UK – are being led by women today.

However, women’s participation in the global labor force remains much less than men’s. Back home in India, while women have closed in on the higher education gap (with 45.9% of all enrolled undergraduate students being women), the gap in labor force participation remains yawning. In 2009-10, women comprised only 29% of the total workforce in India.

Here, there is at least one industry that is making a difference. Healthcare industry in general and hospitals in particular are today emerging as the best and most equitable workplaces for women. Globally, women comprise more than 76% of hospital employees and over 77% of people working in doctors’ clinics. Even better, more than 88% of home health workers are women. While we do not have segregated figures for India, practical evidence suggests that women are emerging as the drivers of the hospital business here as well.

The pharmaceutical and healthcare sector has seen enterprising women leaders. The first woman to have been at the helm of a pharmaceutical empire, Swati Piramal, is regarded as a pioneer who campaigned for new drug research in India and highlighted the importance of scientific innovation.

The healthcare industry as an employer

The healthcare industry is booming at a tremendous pace because of rising disposable incomes, increasing demand for private healthcare, improved access to high-quality healthcare facilities and greater awareness of personal health and hygiene. The industry size is expected to touch US$ 160 billion by 2017 and US$ 280 billion by 2020. We expect to register a compound annual growth rate (CAGR) of 22.9% during 2015-20 to US$ 280 billion. With almost 74% of the country’s total healthcare expenditure, the private sector today is leading the growth spurt.

According to a 2010 report by National Sample Survey Organization (NSSO), India had a total female workforce of 112 million, out of which approximately 1.25 million or about 1.1% were employed by the healthcare sector. This makes healthcare one of the largest organized sectors employing women in India. This is bound to grow further as private sector penetrates its presence beyond top metropolitan cities. With rising demand for quality...
healthcare, more and more hospitals today are turning attention to unexplored tier II markets, and this is where the next spurt of employment growth will come up in the health sector. For women, this presents an enormous opportunity.

More women make for safer workplaces
It is an oft-reported fact that women feel safer in work environments where they are surrounded by more women. The chances of being bullied or harassed are minimized when there is gender parity in the workplace both in terms of number of women employees plus in terms of more women working in senior management positions. Having women managers who are part of the daily decision making automatically lends a more gender sensitive touch to the functioning of an organization. Workplaces that have more women in high potential and critical decision making care areas are invariably more gender sensitive (and safer). This makes hospitals an exceptionally safe place for women to work, particularly when safety of women is a major issue bedeviling our society.

Equitable work environment
Given the fact that most corporate entities who have charted healthcare wings are young organizations, corporate hospitals in India are emerging as organizations with greater gender parity as compared to many other industries. For women, it is not just easier to get employment in healthcare sector, but moving up the rank is also a smoother process. Women leaders have been found to embody qualities of motivating others, fostering relationships, taking a demographic approach, and participating closely within the organization which are crucial in this industry. More women in hospital services helps healthcare better represent the diversity of its patient population. Given the high representation of women in the healthcare workforce, hospitals today are one of the most gender equitable workplaces.

Better chances at growth
Discrimination against women at workplaces including issues such as unequal remuneration for equal work and bias during promotions are vital issues today. However, hospitals are one such area that provide a highly fair work environment to women where they are provided ample opportunities to grow. In fact, hospitals often prefer women in management positions in nursing, housekeeping and human resource departments. Medicine is also a profession where there is no scope of gender discrimination. In fact, studies have also suggested that men and women practice medicine differently. Women are more likely to adhere to clinical guidelines and counsel patients on preventive care. They are more communicative than men. All these factors make women employees, from doctors to nurses to managerial staff highly critical to healthcare delivery.

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Dr Dharminder Nagar
MD & CEO, Paras Healthcare
Doctors in our country are at rising risk in the workplaces due to the angst of distressed relatives. Many reports concern medical professionals being roughed up, even killed, by patients’ disgruntled relatives. There are a numerous cases of violence against healthcare professionals leading to death of some doctors as well as nurses by patient’s relatives. This situation seems to be similar in most of the countries in this region including China, Bangladesh and Pakistan.

Recently Maharashtra has witnessed four different incidents of attacks on doctors in just one week. These are physical, not verbal attacks, and quite vicious. In Dhule Civil Hospital, the doctor was attacked by thirty people and almost lost his vision. In Sion, the junior resident doctor was attacked, even as security guards watched. Similar stories came in from Nashik and Pune. In the last two years, there have been fifty-three recorded incidents of assault on doctors. The state has around 4500 doctors who work in public hospitals, and most of them are part of Maharashtra Association of Resident Doctors. But lest you think that only doctors from government-owned hospitals are the targets, think again.
The hazard of facing the ire and attacks by patients’ relatives is so real that there is a law against it. If you attack a doctor, you can go to jail. But nobody seems to be deterred. Taking the law into your hands is par for the course. Not only does the public assault doctors without fear of police action, there is even an organisation representing the rights of patients. Right to assault? In response some hospitals have now begun hiring private bodyguards for their doctors. The doctor in a public hospital, typically a junior resident, is the most visible part of the broken healthcare system.

To begin with we have a severe shortage of doctors who are then over-worked. Scarcity of seats means large illegal capitation fees. Compounding this is lack of resources, equipment, and medicines and poorly run medical colleges. The Dhule doctor had merely referred the patient to another hospital, since Dhule medical college did not have a neurosurgeon. That was reason enough to attack him, although the root cause was absence of adequate resources.

A violent society is detrimental to the practice of humane medicine; it negates all the ‘achievements’ of modern medicine. The medical profession must do more than just condemn such violence; it must reflect on the ethics of its own practice. For doctors, this means not perpetrating violence through their practice, through the medical system or through collusion with the perpetrators of violence. It also means practising an active social ethics, being at the forefront of preventing violence and caring for all victims of violence, irrespective of their crimes and ideological affiliations.

It May Be Asking Too Much Of Doctors To Be So Active, Given The Present State Of Affairs. We Can Begin Small, By Promoting Ethical And Honest Voices From Our Profession. We Can Also Increase Our Credibility By Condemning Colleagues Who Collude With Criminal Politicians.

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-Dr. (Prof.) RAJU VAISHYA
President, Arthritis Care Foundation &
Sr Consultant Orthopaedic & Joint Replacement Surgeon
Indraprastha Apollo Hospitals, New Delhi
modern equipment into hospitals, please? We also need to fill up all the vacancies in security personnel for hospitals. We also need swift action on the attackers. They were captured on CCTV anyway. Lastly we also need a long term awareness campaign that violence is not the solution to any of society's problems. Nor is taking the law into your hands. Beating up a doctor does not revive a dead patient. There is a legal way to pursue malpractice and negligence.

According to a recent study by the Indian Medical Association (IMA), over 75 percent of doctors in India have faced some form of violence at work. An another study published in medical journal The Lancet said that delay in attending to a patient, request of advance payments, or withholding a deceased body until settlement of final billing are a few of the reasons why angry relatives tend to lose their temper and attack doctors.

In view of growing violence many doctors feel that medicine has become a 'dangerous' profession, and they should be provided 'security'. A report suggests that almost 70% of doctors won't want their own children to go into the medical profession.

Increasing commercialization and corruption coupled with unethical practices by some medical professionals, lack of communication between doctor and the patient, poor image of medical profession, lack of faith in judicial system and the police and insufficient security for doctors have lead to increased violence against the healthcare professionals which has highlighted the importance of patients satisfaction and patient safety.

A number of news reports also throw light on the fact that violence in healthcare sector has been increasing at an alarming level throughout the country. Doctors become an easy target for the blame game by sensational media reports. Since a wide gap exists between the patient's expectations and the reality, patients who feel they have not been looked after properly then take the matters in their own hands. These incidents have certainly decreased the self esteem of the doctors. "Health Spectrum" has spoken to many doctors and health activists. According to them, it is high time that authorities in our country should wake up and initiate some effective measures. Some of these could be as under:

Nearly 75% of doctors fear for their lives

"I solemnly pledge myself to consecrate my life to service of humanity." This is the first declaration that we make as a doctor. The day we get our degrees and start practicing, a new life begins for us, a life that was pledged for humanity.

Doctors are considered as ambassadors of wellness and health, whom the society can look up to. It's no wonder that more than 50% of our population wants their kids to grow up and become a physician. Yet, doctors are the most misunderstood underrepresented and overworked community in India.

A resident is supposed to work for 36 hours continuously, without making any error. Today, under every circumstance a doctor is expected to be efficient, congenial and ever smiling. Any break in this perfect behaviour is dealt with extreme backlash, usually in the form of violence.

Violence amongst doctors is not something new, it's something that we read every now n then in the newspaper, condemn on social platform and then forget till the time another doctor gets beaten up.

Many blame this on the commercialisation of healthcare, which has led to a trust deficit between doctors and patient. But many of the incidents have happened even before the treatment was started. A resident ophthalmologist was beaten up in Jaipur till his hand was broken, all because he asked a patient to get in line for OPD. A dentist was beaten up in Pune because he wanted to step out for lunch after spending hours treating patients, and the patients waiting outside thought it was too much to ask for.

India as a country has grown largely intolerant towards doctors. Medicine is a noble profession, so how did we come to this point where violence against doctors has become an everyday occurrence?

1) Skewed patient: doctor ratio - According to a report there are only 0.7 doctors per 1000 people in India. This means that every doctor is overloaded with work, sometimes beyond human capacity. The sheer volume of patients that a single doctor has to treat is overwhelming and it's no wonder human that a few mistakes occur. If you overload an individual with work beyond human capacity, mistakes are bound to occur.

2) Deplorable condition of government run hospitals - Thousands of doctors graduate every year in India, out of these only 10% get to do a post graduation. What about the 90% who didn’t? They either try to find jobs or set up their own private practice. In a country that has a skewed patient: doctor ratio, it's an irony that there is a dearth of jobs for healthcare professionals. But unfortunately, government does not want to increase the number of vacancies in government hospital, and a few hospitals that do have vacancies are in deplorable conditions.

Patients who get treated in such institutions are obviously dissatisfied; they can't express their anger on the government so they blame it on the person nearest to them, the doctors.

3) Commercialisation of healthcare ecosystem- It's no secret that private hospitals have led to unethical medical practices. They exist to make profit and make no qualms about it. They justify their pricing by providing world class amenities to patients, but in the process they exploit patients. A doctor is still a healthcare professional who saves life, but a patient becomes a consumer who wants a perfect service. In such a scenario, if the doctor falls in anyway he/she has to face the wrath of the patients.

Nearly 75% of doctors feel that they are unsafe in this country and fear for their lives. As a healthcare professional, they should be able to invest their energy into saving lives of people, not their own.

- Dr Prerna Motwani
Writer with Curofy
There is no doubt that violence against doctor is increasing but cannot initially put the blame on the violator. Empathy is one thing that is missing now a day in medical profession because of lack of trained medical professionals and increasing work load leading to less time left for communication between doctors and patient that is the root cause of these violent episodes.

As a doctor, I myself have been a patient in one of the busiest hospital of Delhi, where I could not get to see the doctor who operated on me, before or after the surgery, being a surgeon myself I could understand there busy schedules and did not react as most of the majority who react to it, Probably as a doctor, I know everything is going to be fine, but non medicos get anxious very fast, when their close one has a medical ailment which they have no clue about, and the cold attitude from the hospital and staff make them go angry and leading to taking out there frustration on the doctor. It’s neither their fault nor the doctor’s. Its failure of communication and the warmth touch and assurance they need from medical side, which lots of hospitals fail to delivery. Hospitals should have special ”patient _medical staff” purely dedicated to communicate with the patients and their attendant and apprize them of condition of the patient.

In increasing commercialization and corruption coupled with unethical practices by some medical professionals, lack of communication between doctor and the patient, poor image of medical profession, lack of faith in judicial system and the police and insufficient security for doctors have lead to increased violence against the healthcare professionals.

1. Strict accreditation of medical and dental schools ordering closure of all those institutions with poor quality and standards. Those institutions which fail to get accreditation should be given some time to improve and make up the deficiencies failing which they should be closed down.
2. The number of enrollments in each medical and dental school should be based on the number, quality of teachers and other teaching facilities.
3. Doctors should never assure 100% cure and avoid negligence.
4. Each patient should be adequately examined, investigated and treated.
5. Negligence should not be accepted under any circumstances.
6. Over confidence and too much cautionousness in patient care should also be avoided.
7. A realistic appraisal of the prevailing situation and communication to the patient and their attendants, relatives should be ensured.
8. Patients should be involved in decision making regarding their treatment giving them adequate information about the possible complications.
9. Periodic updating of the condition of the patient to the attendants is necessary. Healthcare professionals in general and junior doctors in particular must develop proper communication skills and empathy.
10. Every healthcare facility must have a liaison office to deal with the media and respond to their queries. No media personnel the electronic media in particular should be allowed to enter the healthcare facilities without permission and they should be briefed by the liaison officer or the hospital spokesman. Media in particular has to show responsibility while reporting health issues and those covering health must have some core knowledge of health issues.
11. All healthcare facilities must have a proper boundary wall with adequate security system in place with monitored entry of public. Security guards should be posted inside the hospital particular in most sensitive areas like Emergency, Intensive Care Units, and Operation Theaters.
12. There is a need to improve the Doctor-Patient relationship. Under no circumstances the previous hospital or the referring doctor should be criticized.
13. Avoid using words like you have come late.
14. In desperate situations, the patient must be given the choice of calling another doctor for second opinion if they so desire.
15. Professional specialty organizations should play their role and come up with a mechanism of self monitoring of their members to ensure ethical medical practice.
16. Relationship between the Physicians and the Pharmaceutical Trade and Industry needs to be looked into and Guidelines prepared by the National Bioethics Committee on the subject should be implemented which will go a long way in eliminating unethical practices.

In short there is an urgent need to make the healthcare facilities a safe environment for the healthcare professionals to work only then they can be expected to work with devotion and dedication. Breaking News on the Television Channels regarding death of patients due to doctor’s negligence has only served to work against the patient’s own interest as now the healthcare professionals are very reluctant to handle serious cases, hence many precious lives which could have been saved are being lost.
Almost 100 different types of arthritis (joint disorders) are now known to the doctors. Out of these probably the most disabling & dreaded arthritis remains to be Rheumatoid Arthritis. Rheumatoid Arthritis (RA) is primarily an inflammatory disease of the musculo-skeletal system, involving the joints, but may also affect other organs of the body like heart, lungs, kidneys, blood vessels etc.

RA is a major cause of disability in our country & a drain on our national resources. It is estimated that almost 1 crore of people are suffering from it in India alone. It mostly affects people at the prime of their lives (3rd to 5th decades), but may also involve young ones below the age of 16 years, when it is known as Juvenile Chronic Arthritis. Females are affected 3 times more commonly than the males.

It was a common belief until recently, that RA can neither be cured & nor any one dies with it, one only has to live with it, but this is not true now. As this disease is now both satisfactorily treatable but can also cause early mortality in some patients. At 10 years from the onset of disease over 90% of the patients have some functional disability with 50% not able to continue in their pre disease employment & 15% not able to carry out even their activities of daily living. This disease not only causes severe disability but may shorten the life span of a patient by 10 years. Patients with severe RA have a 5 year survival patterns similar to that of triple vessel Coronary Artery Disease & stage IV Hodgkin’s lymphoma.

Thought to be a disease due to the wrath of Gods, we went over to the ever present...
threat of germs as the cause of RA. We have now come to believe that it is an autoimmune disease. It is postulated that an unknown stimulus (antigen) triggers off the immune system of the body leading to produce various harmful chemicals (pro-inflammatory cytokines). These attack the lining of the joint (synovium), where repeated & persistent attacks of inflammation (synovitis) causes damage.

The mode of onset of Rheumatoid Arthritis is highly variable. In majority of patients the onset is insidious with fatigue, anorexia, generalized weakness & vague musculo-skeletal complaints. This prodrome may persist for weeks or months & defy diagnosis in the early stage, leading the patient to either ignore the disease or to wander from one doctor to the other. In an established case, usually many joints are affected at a time, causing swelling, pain & morning stiffness. Later on there may be permanent deformity of these joint. The most commonly affected joints are the joints of hands, wrists, feet but almost all the synovial joints of the body can be involved. Apart from joint involvement, there may be involvement of heart, lung, kidney, blood vessels etc. This disease is characterized by phases of acute exacerbations & remissions. But only less than 10% patients go into remission phase without any active treatment. RA in pregnant females also has a tendency to go into remission phase temporarily only to come back in the post pregnancy period. RA can be diagnosed easily in most cases by its clinical manifestations, blood tests, X-rays etc.

In the absence of known causative factor(s) its cure remains elusive. Its present day treatment, therefore, is aimed at:

1. Symptomatic control mainly of pain & stiffness
2. Physical measures to prevent deformities & disabilities & to preserve joint function
3. Control/suppression of inflammation for arresting progressive joint damage
4. Prevention of complications
5. Surgical intervention for correcting the joint deformities, including total joint replacement

As a first step, the relief of symptoms of pain, swelling & stiffness is achieved by the use of increasingly safer painkillers & anti-inflammatory drugs (Cox-II inhibitors, NSAIDs). These drugs alone have no role in the prevention of the disease activity & hence cannot be taken for ever, as there could be drug related side effects of the stomach, kidneys, platelets etc.

Treatment with disease modifying anti-rheumatoid drugs (DMARDs) has shown significant benefits in controlling the progression of RA, in long term. Many such drugs are now available like Metho-
treset, Leflunamide, Gold, Sulfasalazine, Chloroquin etc. Some of them are immuno-suppresives & are also used for cancer patients. Many newer therapies are likely to be available in the near future, which may not only control the disease but may actually nearly cure this difficult condition. Gene therapy & Bone marrow transplantation are considered to be a likely major breakthrough in the management of RA, in immediate future.

Besides drug management, care has to be taken that the joints do not get deformed, muscles do not waste, soft tissues do not develop contractures/deformities & that the patient remains self sufficient. Hence, rehabilitation interventions, like physiotherapy are a part of the total modern system of medicines.

Those patients who either do not respond to medical therapy or have reported late when the joints are progressively getting damaged, are the ideal candidates for a surgical interventions. Surgery has proved to be a blessing for a large number of these patients with crippling arthritis & have given independence from agonising pain & disability of arthritis.

In the early stages of arthritis, the key hole surgery of the joints (Arthroscopy) has found to be extremely effective in the diagnosis & management of the patients with RA. It helps in halting the further progress of the disease & hence progressive damage of the joint(s) can be prevented. Arthroscopic surgery is now possible in most of the large hospitals in India. Almost all joints of the body can now be arthroscoped, like knee, shoulder, elbow, ankle etc. This key hole surgery is done with 2 small cuts of 0.5cms over the joints through which a telescope is introduced inside & the desired surgery is performed through another hole by fine instruments. This blood less & painless surgery is usually done as a day care procedure & the patients are allowed to walk from the very first day of the operation.

When the joint damage is severe & seems irreparable, then also the patients with arthritis can be made to walk again & lead a near normal life. This has been made possible by replacing the damaged joint with an artificial joint (Total Joint Replacement). Almost all the joints of the body can now be replaced successfully. The most commonly replaced joints of the body are knee, hip, shoulder, elbow, fingers & wrist joints. They perform near normal for about 15 to 20 years & if need be then they can always be re-replaced at a later date. The success rate of such artificial joints is very high & almost more than 1 million joints are being successfully replaced every year all over the world. These joints are made of plastic (UHDPE) & a metal alloy which are totally non-allergic & bio-compatible for the body.

Hence, in nutshell it is now possible to live gracefully & near normal life with any type of arthritis especially the Rheumatoid Arthritis, with the help of modern medicines & surgery.

Dr. (Prof.) Raju Vaishya, a surgeon of international repute, is best known for his swift surgical skills in the field of Orthopedic & Joint Replacement. He has been working at Indraprastha Apollo Hospitals, New Delhi as a Professor and Senior consultant. He is the founder president of Arthritis Care Foundation. Apart from his distinguished clinical work in the field of arthroscopic and joint replacement surgery, he is well known for his academic contributions.

Can Breastfeeding Reduce the Risk of Rheumatoid Arthritis in Moms?

A Chinese study has found that breastfeeding may be linked to lower risk of rheumatoid arthritis in women who nursed their infants.

The study reviewed data from more than 7,300 women aged 50 and older from China, who filled out questionnaires asking about their health and lifestyles, including whether they had breastfed their children. Most of the women had at least one child, and more than 95 percent of moms had breastfed for at least one month.

The average age at rheumatoid arthritis diagnosis was just under 48. The women had been born in the 1940s and 1950s, before China’s one-child policy was instituted in the late 1970s, and at a time when breastfeeding was more commonplace than it is now.

Women who had breastfed were about half as likely to develop rheumatoid arthritis as women who had not breastfed; and the longer a woman breastfed, the lower her risk was of developing the condition later on. The results of this study were published in January, 2014 in the journal Rheumatology.

Women are at higher risk of developing rheumatoid arthritis than men; in fact, up to 70 percent of people who develop this illness are women. Women who have never given birth, or who have recently given birth, are at greater risk.

A Chinese study has found that breastfeeding may be linked to lower risk of rheumatoid arthritis in women who nursed their infants.
Iron is a micronutrient which our body needs on a daily bases. Iron is important for the oxygen distribution. The deficiency of iron leads to anemia which is the biggest problem of Indian ladies and teenage girls. The absorption of iron (bioavailability of iron in body) is less, so it is important to make people aware of this and to increase the bioavailability of iron. Many studies show that Vitamin C helps in increasing the bioavailability of iron and make it easily absorb by the body.

Vitamin C, also known as L-ascorbic acid, is a water-soluble vitamin that is naturally present in some foods and is also involved in protein metabolism. Vitamin C is also an important physiological antioxidant and has been shown to regenerate other antioxidants within the body, including alphatocopherol (vitamin E).

In addition to its biosynthetic and antioxidant functions, vitamin C plays an important role in immune function and improves the absorption of nonheme iron, the form of iron present in plant-based foods. Insufficient vitamin C intake causes scurvy, which is characterized by fatigue or lassitude, widespread connective tissue weakness, and capillary fragility.

Approximately 70%–90% of vitamin C is absorbed at moderate intakes of 30–180 mg/day. However, at doses above 1 g/day, absorption falls to less than 50% and absorbed, unmetabolized ascorbic acid is excreted in the urine.

As vitamin C deficiency progresses, collagen synthesis becomes impaired and connective tissues become weakened, causing petechiae, ecchymoses, purpura, joint pain, poor wound healing, hyperkeratosis, and cork-screw hairs. Additional signs of scurvy include depression as well as swollen, bleeding gums and loosening or loss of teeth due to tissue and capillary fragility. Iron deficiency anemia can also occur due to increased bleeding and decreased nonheme iron absorption secondary to low vitamin C intake.

So to enhance the availability and absorption of iron from non-heme iron sources. Ascorbic acid supplementation is found to facilitate the dietary absorption of iron. The reduction of iron by ascorbic acid has been suggested to increase dietary absorption of non-heme iron. It is well known that in the presence of redox-active iron, ascorbic acid acts as a pro-oxidant in vitro and might contribute to the formation of hydroxyl radical, which eventually may lead to lipid, DNA or protein oxidation.

The current recommended dietary allowance (RDA) for vitamin C for adult nonsmoking men and women is 40 mg/d to prevent the deficiency disease scurvy. Vitamin C is abundantly available in fresh amla, bell peppers, guava, citrus fruits, lemon, and malted product.

Similarly, The current recommended dietary allowance (RDA) for iron for an adult is 17 mg/d and women is 21 mg/d to prevent the Iron deficiency can cause anemia.

While iron is better absorbed from heme (meat) sources, non-heme (plant) iron is better regulated causing less damage to the body. High iron foods include clams, liver, sunflower seeds, nuts, beef, lamb, beans, whole grains, dark leafy greens (spinach), dark chocolate, and tofu.
Skinny jeans, oversized bags, high heels may prove harmful for women’s health

Love skinny jeans, oversized bags and high heels? These fashion choices may be damaging your body, scientists have warned.

Wearing skinny jeans can wreak havoc in our body as they restrict free movement in areas such as the hips and knees, affecting the way we hold our body, researchers said. Researchers from British Chiropractic Association (BCA) in the UK, have found that fashion forward people are putting style ahead of their health.

As much as 73 per cent of women suffered back pain and their wardrobe could be a major cause of the discomfort out of which 28 per cent of women were aware that clothing effects their back or neck pain and posture. About 33 per cent were completely unaware that their choice of clothing could have an impact on their back or neck health.

According to the research, about 20 per cent of women chose to wear shoes which are without support at the back of the foot which will increase strain on the legs and lower back. Similarly, 10 per cent of women sported heavy jewellery, such as statement necklaces, which increase pressure on the neck and can wreak havoc with posture. Researchers revealed skinny jeans, oversized bags and those worn on one side of the body, coats with large fluffy hoods, high heeled shoes and backless shoes as the top five clothing culprits.

“Some of the most popular items of clothing can have a hidden health impact. While overloaded and heavy handbags are a common culprit, some more unexpected items like skinny jeans can also wreak havoc,” said Tim Hutchful of BCA.

“I am always surprised at how many of my patients are unaware that their clothing and accessories can affect their back health and their posture and, equally, how many decide their outfit-choice outweighs their pain,” Hutchful said.

“New trends such as asymmetric hemlines, oversized sleeves and hoods and heavy jewellery can also create problems,” he added.

The Real Harm in High Heels

High heeled if you're among the many who can't—or won’t—say no to stylish but uncomfortable high heels, Sajid A. Surve, DO, knows all about your pain.

Dr. Surve, co-director of the Texas Center for Performing Arts Health and an associate professor at the University of North Texas Health Science Center Texas College of Osteopathic Medicine, helps dancers and other frequent heel wearers counteract the head-to-toe toll high heels take on the body. He treats high heel pain daily, taking a whole person approach to help performers avoid long-term harm.

Focusing on whole-person care, Doctors of Osteopathic Medicine, or DOs, look beyond your symptoms to consider how environmental and lifestyle factors impact your health. With advanced knowledge of the musculoskeletal system, DOs also believe that the body performs better when it is in proper alignment. By partnering with their patients to help them get healthy and stay well, they can help them avoid injuries and pain from high heels.

“From an osteopathic perspective, we're looking for the body to be centered from head to toe. High heels put the foot at an angle and pull muscles and joints out of alignment, so the effects aren't limited to the feet,” Dr. Surve explained. “It's not unusual for people who spend lots of time in...
high heels to have low back, neck and shoulder pain because the shoes disrupt the natural form of the body.”

Structurally, the plantar fascia in the foot is connected to the calf muscle, which in turn connects to the hamstring. The hamstrings attach to the pelvis and low back, which is why wearing high heels can make your back ache along with your feet. Also, walking on the balls of your feet will shift your center of gravity forward, forcing you to arch your back when you stand and further contributing to back pain.

**The High Heel Stretch**

Regular stretching of the plantar fascia and calves will loosen hamstrings and work to alleviate back pain from your high heels. Dr. Surve recommends stretching before and after long periods in heels and sneaking in some foot work during breaks in your day.

It’s also important to understand that the slope of the shoe is more important than heel height when it comes to comfort, Dr. Surve notes. Look for a platform sole to decrease the angle between the heel and the ball of the foot, so your weight can be more distributed across the entire foot. A thicker heel also spreads your weight more evenly and decreases the risk of spraining your ankle.

Also, avoid narrow toe boxes that squeeze toes. Narrow, pointy high heels are the perfect storm for foot pain, according to Dr. Surve. Ideally, a pointed shoe will narrow after the toe box to give the illusion of length while providing ample space for your foot.

Finally, high heels should fit snugly and hold the foot firmly in place. High heels that are slightly loose cause your foot to slide back and forth. That friction is the culprit behind blisters, bleeding feet and ripped toenails, according to Dr. Surve.

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**Bad Habits can cost you your health**

Nowadays, women are engaged in a busy stressful life, inculcating bad habits without even knowing that it can compromise their own health. But, it’s never too late to reverse the ill effects of such behaviour.

- Smoking/Drug addiction is considered cool among certain circles, especially among teenage girls. But are they aware that smoking can damage their heart, lungs and even hair and skin? There are other alternatives available such as Nicotine Patches and ‘Electronic Cigarettes’ which are less harmful.

- Binge Drinking is also on the rise among Indian women. Consumption of 3-4 beverages daily can be detrimental to their health, leading to liver damage, increase in blood pressure, memory loss, fatigue and depression. Reversal of this habit will make the person feel more energetic and lively. Having a glass of red/white wine in a week is considered safe.

- Most of the women tend to skip their breakfast in the morning, and then much on ‘junk food’ to keep away the hunger cravings. This only leads to over-eating. This predisposes women to medical ailments like PCOS, obesity, diabetes and heart disease. Focus on having regular meals based on a high protein diet and low carbohydrate diet. Drink plenty of fluids.

- Spending long hours of ‘watching TV, browsing net/or on phone’ can affect the health enormously. This will not only affect the eyes but increases the risk of heart attack and sugar levels in the blood. Restriction may be difficult but gradual reduction with this addiction is the only solution.

- Some women sleep with their make up on at night. Now, this can damage the skin and may cause irritation including the eyes. So, always make sure that the make up is removed before going to sleep.

- Though carrying a ‘big heavy handbag’ seems to be a style icon for every woman, but this can cause aches and pains of the shoulders, neck and back due to pressure effect. Safest means is to only carry the essentials that are needed.
Hemorrhoids are common ailments. By age 50, about half of adults have had to deal with the itching, discomfort and bleeding that can signal the presence of hemorrhoids. Fortunately, many effective options are available to treat hemorrhoids. Although hemorrhoids occur in everyone, they become large and cause problems in only 4% of the general population. Hemorrhoids that cause problems are found equally in men and women, and their prevalence peaks between 45 and 65 years of age.
Hemorrhoids (HEM-uh-roids), also called piles, are swollen and inflamed veins in your anus and lower rectum. Hemorrhoids, mainly due to persistent increase in venous pressure, occurring within or just outside the anal sphincter of the rectum. The anal canal is the last four centimeters through which stool passes as it goes from the rectum to the outside world. The anus is the opening of the anal canal to the outside world. Although most people think hemorrhoids are abnormal, they are present in everyone. It is only when the hemorrhoidal cushions enlarge that hemorrhoids can cause problems and be considered abnormal or a disease. Hemorrhoids may result from straining during bowel movements or from the increased pressure on these veins during pregnancy, among other causes. Hemorrhoids may be located inside the rectum (internal hemorrhoids), or they may develop under the skin around the anus (external hemorrhoids). Hemorrhoids are common ailments. By age 50, about half of adults have had to deal with the itching, discomfort and bleeding that can signal the presence of hemorrhoids.

Fortunately, many effective options are available to treat hemorrhoids. Many people can get relief from symptoms by making lifestyle changes.

Prevalence of hemorrhoids
Although hemorrhoids occur in everyone, they become large and cause problems in only 4% of the general population. Hemorrhoids that cause problems are found equally in men and women, and their prevalence peaks between 45 and 65 years of age.

Signs and symptoms of hemorrhoids
• Painless bleeding during bowel movements — you might notice small amounts of bright red blood on your toilet tissue or in the toilet bowl
• Itching or irritation in your anal region
• Pain or discomfort

• Swelling around your anus
• A lump near your anus, which may be sensitive or painful
• Leakage of feces

Hemorrhoid symptoms usually depend on the location. Internal hemorrhoids lie inside the rectum. You usually can’t see or feel these hemorrhoids, and they usually don’t cause discomfort. But straining or irritation when passing stool can damage a hemorrhoid’s delicate surface and cause it to bleed. Occasionally, straining can push an internal hemorrhoid through the anal opening. This is known as a protruding or prolapsed hemorrhoid and can cause pain and irritation. External hemorrhoids are under the skin around your anus. When irritated, external hemorrhoids can itch or bleed. Sometimes blood may pool in an external hemorrhoid and form a clot (thrombus), resulting in severe pain, swelling and inflammation.

When to see a doctor
Bleeding during bowel movements is the most common sign of hemorrhoids. But rectal bleeding can occur with other diseases, including colorectal cancer and anal cancer. Don’t assume that bleeding is coming from hemorrhoids without consulting a doctor. Your doctor can do a physical examination and perform other tests to diagnose hemorrhoids and rule out more-serious conditions or diseases. Also consider seeking medical advice if your hemorrhoids cause pain, bleed frequently or excessively, or don’t improve with home remedies. If your hemorrhoid symptoms began along with a marked change in bowel habits or if you’re passing black, tarry or maroon stools, blood clots, or blood mixed in with the stool, consult your doctor.
immediately. These types of stools can signal more extensive bleeding elsewhere in your digestive tract. Seek emergency care if you experience large amounts of rectal bleeding, light-headedness, dizziness or faintness.

**What is stapled hemorrhoidectomy?**
Stapled hemorrhoidectomy is a surgical technique for treating hemorrhoids, and is the treatment of choice for third-degree hemorrhoids (hemorrhoids that protrude with straining and can be seen on physical exam outside the anal verge). Persistent or intermittent manual reduction is necessary. Stapled hemorrhoidectomy is a misnomer since the surgery does not remove the hemorrhoids but, rather, the abnormally lax and expanded hemorrhoidal supporting tissue that has allowed the hemorrhoids to prolapse downward.

For stapled hemorrhoidectomy, a circular, hollow tube is inserted into the anal canal. Through this tube, a suture (a long thread) is placed, actually woven, circumferentially within the anal canal above the internal hemorrhoids. The ends of the suture are brought out of the anus through the hollow tube. The stapler (a disposable instrument with a circular stapling device at the end) is placed through the first hollow tube and the ends of the suture are pulled. Pulling the suture pulls the expanded hemorrhoidal supporting tissue into the jaws of the stapler. The hemorrhoidal cushions are pulled back up into their normal position within the anal canal. The stapler then is fired. When it fires, the stapler cuts off the circumferential ring of expanded hemorrhoidal tissue trapped within the stapler and at the same time staples together the upper and lower edges of the cut tissue.

**Who is a good candidate for stapled hemorrhoidectomy?**
Stapled hemorrhoidectomy, although it can be used to treat second degree hemorrhoids (hemorrhoids that extend outside the anus after a bowel movement or straining, but return inside by themselves), usually is reserved for higher grades of hemorrhoids - third and fourth degree. Third degree hemorrhoids can be pushed back into the anus with a finger after a bowel movement. Fourth degree hemorrhoids are always outside. If in addition to internal hemorrhoids there are small external hemorrhoids that are causing a problem, the external hemorrhoids may become less problematic after the stapled hemorrhoidectomy. Another alternative is to do a stapled hemorrhoidectomy and a simple excision of the external hemorrhoids. If the external hemorrhoids are large, a standard surgical hemorrhoidectomy may need to be done to remove both the internal and external hemorrhoids.

What happens to the staples from a stapled hemorrhoidectomy? During stapled hemorrhoidectomy, the arterial blood vessels that travel within the expanded hemorrhoidal tissue and feed the hemorrhoidal vessels are cut, thereby reducing the blood flow to the hemorrhoidal vessels and reducing the size of the hemorrhoids. During the healing of the cut tissues around the staples, scar tissue forms, and this scar tissue anchors the hemorrhoidal cushions in their normal position higher in the anal canal. The staples are needed only until the tissue heals. After several weeks, they then fall off and pass in the stool unnoticed. Stapled hemorrhoidectomy is designed primarily to treat internal hemorrhoids, but if external hemorrhoids are present, they may be reduced as well.

**How long does stapled hemorrhoidectomy take?**
Stapled hemorrhoidectomy is faster than traditional hemorrhoidectomy, taking approximately 30 minutes. It is associated with much less pain than traditional hemorrhoidectomy and patients usually return earlier to work. Patients often sense a fullness or pressure within the rectum as they need to defecate, but this usually resolves within several days. The risks of stapled hemorrhoidectomy include bleeding, infection, anal fissuring (tearing of the lining of the anal canal), narrowing of the anal or rectal wall due to scarring, persistence of internal or external hemorrhoids, and, rarely, trauma to the rectal wall.

Stapled hemorrhoidectomy may be used to treat patients who have both internal and external hemorrhoids; however, it also is an option to combine a stapled hemorrhoidectomy to treat the internal hemorrhoids and a simple resection of the external hemorrhoids.

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Dr. Gandhi is associated with a number of associations & Organisations including Indian Medical Association, Indian Association of Gastro Intestinal Endo - surgeons, Association of Surgeons of India. Jain Doctors Federation & Bombay Nursing Home Association.
With more cases of swine flu or H1N1 coming to light, we should adopt simple measures to prevent the spread of the virus. These include steps like washing hands, covering mouth & nose during coughing or sneezing, avoiding crowded spaces and boosting immunity.

However, the good news is that with the soaring temperatures in the city, doctors are predicting a dip in the number of swine flu cases.

Monsoon and H1N1

Heat is usually good for infections as it helps in killing the germs. The infections during summers mostly occur due to the scarcity of water during this season which in turn can lead to the use of contaminated water in various places and poor hygiene. This can cause ailments like skin infections, diarrhoeal diseases, eye infections etc.

There is no co-relation with monsoon and H1N1. Monsoon season can lead to various infections due to humidity and people staying indoors to avoid rains, leading to spread in infections. The main reason why we see a rise in H1N1 cases is because proper diagnostic tests are in place and the awareness about H1N1 has increased among the people. Due to this there are more cases being registered. However, the rate of mortality remains the same as earlier.

Symptoms of swine flu

The symptoms of swine flu are similar to seasonal influenza which include fever with chills, cough, sore throat, headache and body ache, and occasionally associated with nausea and diarrhea. It is pertinent not to ignore any symptom and seek medical attention immediately especially if you have symptoms like shortness of breath, dizziness, vomiting, chest pain.

How H1N1 spreads

The H1N1 virus spreads from human to human. It typically spreads when an infected person sneezes in the open and scatters the virus in the air. It also spreads when we touch or shake hands with infected people or touch objects like doorknobs, tables, chairs in public places that may have been infected.

This makes it very contagious as even a single sneeze can scatter thousands of germs in the air and infect many people. People who work in extremely crowded places and come in contact with an overcrowded environment on a regular basis are at extreme risk. So are the people who use public transport daily. Children, pregnant women, elderly population, people with diabetes and chronic obstructive lung diseases are more susceptible to severe conditions of H1N1 and should get themselves tested at the earliest.

Below are a few steps that one can follow to avoid getting infected:

- Wash hands multiple times a day thoroughly using soap and water; if you are out of home, make it a point to wash hands often or clean hands with alcohol based hand sanitizers.
- Avoid touching objects like doors, seats, tables, handles at public places; they might be carrying the virus. If you touch, clean hands with soap and water or alcohol based hand sanitizers
- Drink plenty of water and fluids and consume fresh fruits which contain vitamin C to boost your immunity; this is the best way to ward off the virus
- Always cover your nose and mouth with a paper napkin or handkerchief when you sneeze and discard them in a closed dust bin. If you do not have them hand-sneeze or cough into the sleeve of your clothes
- If you feel ill, stay at home and seek a doctor’s help, and avoid contact with other people to keep from spreading the infection to others.
- Get vaccinated if you are in the high risk group – people who work in crowded places, elderly, children, people who have lung or respiratory diseases / cardiac disease /pregnant women/diabetes/kidney disease
- Avoid handshakes and hugs; stick to verbal greetings when you meet people
- Wear light coloured/ cotton clothes
- Children should avoid the sun and should go out in the mornings or evening (after sunset) to play.
- For office goers, if the office is small, make sure to open the windows to increase ventilation
- Elderly people and children should try to be in cooler places to avoid heat-related illnesses.
- Heat can lead to water scarcity and use of contaminated water in various places. Hence avoid drinking water or juices outside. If you can’t avoid it completely, make sure that you check that the water is safe for drinking. Diarrhoea is one of the main ailments that can arise due to consumption of contaminated water.

Dr. Rini Banerjee is a Consultant (Infectious Disease) at Columbia Asia Referral Hospital, Yeshwanthpur.
Spinal Tuberculosis

Since the advent of antituberculous drugs and improved public health measures, spinal tuberculosis has become rare in industrialized countries, although it is still a significant cause of disease in developing nations. Tuberculous involvement of the spine has the potential to cause serious morbidity, including permanent neurologic deficits and severe deformities. Medical treatment or combined medical and surgical strategies can control the disease in most patients.

Spinal tuberculosis or tuberculous spondylitis, also known as Pott’s disease is one of the oldest demonstrated diseases of humankind, having been documented in spinal remains from the Iron Age in Europe and in ancient mummies from Egypt and the Pacific coast of South America. In 1779, Percivall Pott, for whom the disease is named, presented the classic description of spinal tuberculosis.

Spinal involvement occurs in less than 1% of patients with TB, but the increasing frequency of TB in both developed and developing countries has continued to make spinal TB a health problem. Spinal TB (Pott’s disease) is the most common as well as one of the most dangerous forms of skeletal TB and accounts for 50% of all cases of skeletal TB. Although the thoracolumbar junction seems to be the most common site of the spinal column involvement in spinal TB, any part of the spine can be affected. Furthermore, the incidence of neurologic complications in spinal TB varies from 10% to 43%.

Spinal Tuberculosis in India

India accounts for approximately 20 percent of the world’s TB patients. Ten percent of six million who suffer from this...
disease have bony infections – and spine is the most common bone affected.

Although tuberculosis of the lungs is more common, tuberculosis of the spine is equally a cause for concern, having disastrous and often irreversible complications. Nearly two lakh people in India suffer from tuberculosis of the spine. Nowadays, there is an increasing trend of spine tuberculosis in the country in view of irregular medical management, emergence of resistant strains and low immunity in patients to chemotherapy, steroids or surge in patients of HIV.

**Morbidity**

Pott’s disease is the most dangerous form of musculoskeletal tuberculosis because it can cause bone destruction, deformity, and paraplegia. Pott’s disease most commonly involves the thoracic and lumbosacral spine. The lower thoracic vertebrae make up the most common area of involvement (40-50%), followed closely by the lumbar spine (35-45%). Approximately 10% of Pott’s disease cases involve the cervical spine.

**Symptoms**

The symptoms for spinal tuberculosis are localized back pain, painful movements, fever, a hump in the back, excessive weight loss, and in worst cases, weakness of hands or legs.

*Mycobacterium tuberculosis* invades the vertebral body causing an inflammatory reaction and then later progressing to destroy bones of the spine. Sometimes, there can be a visible appearance of a deformity of the back.

In majority of the cases, spinal TB has a slow onset. The initial symptoms are common to all types of tuberculosis: tiredness, lack of interest in work, loss of weight and appetite, night sweats and shooting up of temperature in the evening. Symptoms particular to spine TB are:

1. Stiffness of the back
2. Pain over the infected spine bones which become worse in the night and does not get relieved even with bed rest
3. A small bend in the back, over the affected spinal bone
4. Varying degrees of weakness of arms and/or legs
5. Twitching of leg or arm muscles
6. Loss of sensation of leg/arm muscles
7. Problems in passing urine or stool
8. Swellings in the spine bone, which may or may not be painful
9. Respiratory difficulties (for TB of the neck bone)
10. Pus discharge from skin caused by bursting of pus containing sac, in patients who have not taken proper treatment

**Diagnosis**

Advanced imaging techniques such as magnetic resonance imaging (MRI) make the early diagnosis of spinal TB easier and a considerable number of patients with spinal TB are diagnosed earlier and treated more effectively before significant neurological deficits develop.
However, patients can still present late with considerable spine deformity.
Diagnosis of spinal tuberculosis is complex. In the early stages, MRI scans would detect the infection long before we see it on X-rays. Pathological / microbiological examination of affected tissue is the most definitive test.

Early diagnosis followed by prompt and adequate treatment can completely cure spinal tuberculosis. Treatment options include antibiotics and corrective spine surgeries. Advanced surgery procedures are quite safe and in a proper set-up have given excellent results consistently.

**Treatment of Tuberculosis of Spine**

Persistent back pain present even during rest, fever and loss of appetite should alert one. Drugs are effective in control of disease. Improper or inadequate treatment with medicines can aggravate the problem by creating drug-resistant bacteria which may be very difficult to treat. A brace is used to protect the spine during treatment period.

**Chemotherapy**

The treatment of spinal tuberculosis is mainly by chemotherapy. Presence of neurological deficit complicates the matters and for sake of simplicity, I have divided the treatment into two groups:

**Treatment of Spine Tuberculosis Without Neural Deficit**

The prevention of neural deficit in tuberculous disease of the spine is of paramount importance, it can be largely achieved by early diagnosis of spinal caries, bed rest and its prompt and suitable treatment.

These patients are treated with antitubercular chemotherapy which consists of isoniazid, rifampicin, pyrazinamide and ethambutol as first line of drugs. However, depending upon the patient profile, drugs may be added or replaced.

Gradual mobilization of the patient is encouraged in the absence of neural deficit with the help of suitable spinal braces. After 6 to 9 weeks of starting of treatment the patient is put on back extension exercises. Spinal brace is continued for about 18 months.

Surface cold abscesses may be aspirated, deeper collections may not be required to drain. Open drainage of the abscess is performed if aspiration fails to clear the collection. Sinuses in a large majority of cases heal within 6 weeks to 12 weeks from the onset of the treatment.

Periodic evaluation of patient with X-rays and ESR is done to assess the
activity of the disease.

**Treatment of Spine Tuberculosis With Neural Deficit**

Patients with neural deficit require more aggressive approach. Classical approach was to put all the patients on chemotherapy and strict bed rest.

Some surgeons suggest radical approach which advocated operating almost every tubercular lesion with [or even without] neural deficit to debride the tissue and relieve the pressure on neural structures.

While first approach produced less than desirable results, second one is associated with increased surgical burden and associated mortality.

Middle path regime solves this problem to a great extent by taking best of both approaches.

It puts the patient on chemotherapy and rest and observes for response. The premise of the treatment is that, as the drugs act on the bacteriae, the reduced destruction and pus production leads to lesser pressure on the neural structures which tend to recover once milieu gets better by use of medicine.

This regime advocates surgery for the patients of TB of the spine who do not get better with the initial treatment or are not candidates for conservative treatment.

**Surgery**

Every patient with neural complications will not be cured by antitubercular drugs and rest alone, however, all patients do not need surgical decompression.

An absolutely conservative approach to Pott's paraplegia is considered unjustifiable as one might be losing very valuable time. Irreparable damage of the cord may take place if the deterioration progresses to complete loss of motor and sensory function.

**Indications for surgery in presence of neural deficit are:**

- Neurological complications which do not start showing signs of progressive recovery to a satisfactory level after a fair trial of conservative therapy (3 to 4 weeks).
- Patients with spinal caries in whom neurological complications develop during the conservative treatment
- Patients with neurological complications which become worse while they are undergoing therapy with antituberculous drugs and bedrest
- Patients who have a recurrence of neurological complication
- Patients with prevertebral cervical abscesses, neurological signs and difficulty in deglutition and respiration
- Advanced cases of neurological involvement such as marked sensory and sphincter [bladder/bowel] disturbances, flaccid paralysis or severe flexor spasms.

In the cases who started showing progressive recovery complications on triple drug therapy between 3 to 4 weeks and progressed to complete recovery surgical decompression was considered unnecessary.

**Surgery in Spinal Tuberculosis**

Surgery in the spinal tuberculosis is required mostly for decompression of the neural structures or drainage of abscesses and provide stability to the spine.

Surgery is also done for deformity correction in severe kyphus.

In children, posterior spinal fusion is done so as to correct the deformity with growth.

**Operative Procedures for Decompression of Neural Tissues**

- Decompression and debridement with or without bone grafting
- Cervical spine and cervicodorsal junction- anterior approach

- Dorsal spine and dorsolumbar junction – Peritoneal approach or transpleural approach
- Lumbar spine and lumbosacral junction – extraperitoneal approach.
- Laminectomy for posterior spinal disease, extradural granuloma or tuberculosis
- Anterior transposition of the cord through the anterolateral in severe kyphotic deformity causing paraplegia.

**Recovery after surgery**

Recovery after surgery has been observed after 24 hours to 12 weeks after the decompression. Most of the patients showed the first evidence of objective recovery within 3 weeks of the decompression, however, others take a longer time to recover. The time taken for near complete recovery varied between 3 to 6 months, and in few cases more than a year.

Extensor plantar response, a sign of pyramidal tract involvement, lasts for a very long time.

Patients who recover are able to return to their full activity within 6 to 12 months of the treatment. Brace is recommended for about 2 years.

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Dr. Rahul Gupta, has rich experience of working as faculty in teaching government institutes. He has performed thousands of complex vascular, endo-vascular, skull base and minimally invasive brain surgeries.
Lipoplasty or Liposuction is mainly used to improve how a person looks. In many cases, the patient would probably achieve the same, sometimes even better, results if they adopted a healthy lifestyle.

Liposuction is a surgical procedure that uses a suction technique to remove fat from specific areas of the body, such as the abdomen, hips, thighs, buttocks, arms or neck. Liposuction also shapes (contours) these areas. Other names for liposuction include lipoplasty and body contouring.

Liposuction isn’t typically considered an overall weight-loss method or a weight-loss alternative. If you’re overweight, you’re likely to lose more weight through diet and exercise or through bariatric procedures — such as gastric bypass surgery — than you would with liposuction.

You might be a candidate for liposuction if you have too much body fat in specific spots but otherwise have a stable body weight.

Why it’s done
Liposuction is used to remove fat from areas of the body that haven’t responded to diet and exercise, such as the:

- Abdomen
- Arms
- Buttocks
- Calves and ankles
Liposuction is sometimes used for breast reduction.

When you gain weight, fat cells increase in size and volume. Liposuction reduces the number of fat cells in a specific area. The amount of fat removed depends on the appearance of the area and the volume of fat. The resulting contour changes are generally permanent — as long as your weight remains stable.

After liposuction, skin molds to the new contours of the treated areas. If you have good skin tone and elasticity, your skin is likely to appear smooth. If your skin is thin with poor elasticity, however, skin in treated areas might appear loose.

Liposuction doesn’t improve cellulite dimpling or other skin surface irregularities. Likewise, liposuction doesn’t remove stretch marks.

Liposuction isn’t recommended for people who have conditions that could complicate surgery, including:

- Restricted blood flow
- Coronary artery disease
- Diabetes
- A weak immune system

**Risks**

As with any major surgery, liposuction carries risks, such as bleeding and a reaction to anesthesia. Possible complications specific to liposuction include:

- Contour irregularities. Your skin might appear bumpy, wavy or withered due to uneven fat removal, poor skin elasticity and unusual healing. These changes might be permanent. Damage beneath the skin from the thin tube (cannula) that’s used during liposuction might give the skin a permanent spotted appearance.
- Fluid accumulation. Temporary pockets of fluid (seromas) can form under the skin. This fluid might need to be drained with a needle.
- Numbness. You might feel temporary or permanent numbness in the affected area. Temporary nerve irritation also is possible.
- Infection. Skin infections are rare but possible. A severe skin infection might be life-threatening.
- Internal puncture. Rarely, a cannula that penetrates too deeply might puncture an internal organ. This might require emergency surgical repair.
- Fat embolism. Pieces of loosened fat might break away and become trapped in a blood vessel and gather in the lungs or travel to the brain. A fat embolism is a medical emergency.
- Kidney and heart problems. Shifts in fluid levels as fluids are being injected and suctioned out can cause potentially life-threatening kidney and heart problems.

The risk of complications increases if the surgeon is working on larger surfaces of your body or doing multiple procedures during the same operation. Talk to your surgeon about how these risks apply to you.

**How you prepare**

**Food and medications:** Before the procedure, discuss with your surgeon what to expect from the surgery. Review your medical history, list any medical conditions you have, and tell the surgeon about any medications, supplements or herbs you’re taking.

Your surgeon will recommend that you stop taking certain medications, such as blood thinners or NSAIDs, at least two weeks prior to surgery.

**Other precautions**

If your procedure requires the removal of only a small amount of fat, the surgery might be done in an office setting. If a large amount of fat needs to be removed — or if you plan to have other procedures done at the same time — the surgery might take place in a hospital followed by an overnight stay.

**What you can expect**

- Tumescent liposuction procedure

Before the procedure: Before liposuction, the surgeon might mark circles
and lines on the areas of your body to be treated. Photos also might be taken so that before and after images can be compared.

**How your liposuction procedure is done depends on the specific technique that’s used:**

- **Tumescent liposuction**
  This is the most common type of liposuction. The surgeon injects a sterile solution — a mixture of salt water, which aids fat removal, an anesthetic (lidocaine) to relieve pain and a drug (epinephrine) that causes the blood vessels to constrict — into the area that’s being treated. The fluid mixture causes the affected area to swell and stiffen.
  The surgeon then makes small cuts into your skin and inserts a thin tube called a cannula under your skin. The cannula is connected to a vacuum that suctionst fat and fluids from your body. Your body fluid might be replenished through an intravenous (IV) line.

- **Ultrasound-assisted liposuction (UAL)**
  This type of liposuction is sometimes used in conjunction with tumescent liposuction. During UAL, the surgeon inserts a metal rod that emits ultrasonic energy under your skin. This ruptures the fat cell walls and liquefies the fat for easier removal.

- **Laser-assisted liposuction (LAL)**
  This technique uses high-intensity laser light to liquefy fat for removal. During LAL, the surgeon inserts a laser fiber through a small incision and emulsifies fat deposits. The fat is then removed via a cannula.

- **Powered liposuction**
  This type of liposuction uses a cannula that moves in a rapid back-and-forth motion. This vibration allows the surgeon to pull out tough fat more easily. Powered liposuction might sometimes cause less pain and swelling and can allow the surgeon to remove fat with more precision, especially on smaller areas, such as the arms, knees or ankles.

**During the procedure**
Some liposuction procedures might require only local or regional anesthesia — anesthesia limited to a specific area of your body. Other procedures might require general anesthesia, which induces a temporary state of unconsciousness. You might be given a sedative, typically through an IV injection, to help you remain calm and relaxed.

The surgical team will monitor your heart rate, blood pressure and blood oxygen level throughout the procedure.
If you feel pain, tell your surgeon. The medication or motions might need adjustment.

The procedure might last up to several hours, depending on the extent of fat removal. After the procedure, the surgeon might leave your incisions open to promote fluid drainage.

If you’ve had general anesthesia, you’ll wake up in a recovery room. You’ll typically spend at least a few hours in the hospital or clinic so that medical personnel can monitor your recovery. If you’re in a hospital, you might stay overnight to make sure that you’re not dehydrated or in shock from fluid loss.

**After the procedure**
Expect some pain, swelling and bruising after the procedure. You might need to wait a few days before returning to work and a few weeks before resuming your normal activities — including exercise.

Your surgeon might prescribe medication to help control pain and antibiotics to reduce the risk of infection. You also might need to wear tight compression garments, which help reduce swelling, for a few weeks. During this time, expect some contour irregularities as the remaining fat settles into position.

**Results**
After liposuction, swelling typically subsides within a few weeks. By this time, the treated area should look less bulky. Within several months, expect the treated area to have a leaner appearance.

Liposuction results are generally long lasting if you maintain your weight. If you gain weight after liposuction, your fat distribution might change.

**After liposuction, skin molds to the new contours of the treated areas. If you have good skin tone and elasticity, your skin is likely to appear smooth. If your skin is thin with poor elasticity, however, skin in treated areas might appear loose.**

For example, you might accumulate fat around your abdomen regardless of what areas were originally treated.

Dr. Talwar is one of the leading cosmetic and plastic surgeon in India. Since 1996 he has been running Cosmetic Laser Surgery Centre of India. He was also associated with the Indraprastha Apollo Hospitals, New Delhi (India) as a Senior Consultant, Cosmetic Surgeon. His clientele includes Top Models and Film Stars from neighbouring countries, Sport Stars and a lot of foreign toursists.

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What is making you feel low and unenergetic?

It might have both physical and mental causes, writes Dr. Shweta Sharma, Clinical Psychologist, Columbia Asia Hospitals, Gurgaon
It might have both physical and mental causes, writes Dr. Shweta Sharma, Clinical Psychologist, Columbia Asia Hospitals, Gurgaon.

Going through high phases and low phases is the most common characteristic of human body and mind. Most of us have been through phases in life when things don’t seem to be working out well – on the academic front, professional front or personal front. An unexpectedly poor performance at an exam, failure to get that highly coveted promotion or the loss of a loved one or the end of a cherished relationship, all these factors and more often tend to send individuals into a phase of low feeling and lack of motivation. However, sometimes such feelings seem to erupt out of nowhere!

We see a number of patients in our daily practice that report symptoms of being low all the time, experiencing difficult mood blues, feeling of cutting off themselves from everybody or suffering from a complete lack of energy. While in some cases the cause of such feelings can be traced to an important life event, in some it is an undiagnosed physical disorder or condition that is responsible for the situation. Yet, there are other cases where no plausible reason can be found to be responsible for the ‘low phase’.

As medical practitioners, we take a holistic view while treating such patients. The key is to rule out all potential physical causes, and then treat the person through counseling or mental therapy.

Here are some physical disorders that can lead to the feeling of being fatigued and low:

**Underactive thyroid**

The butterfly shaped thyroid gland in our throat secretes the crucial thyroid hormone (thyroxine) that facilitates a series of metabolic processes in the body. An underactive thyroid gland known as the condition of hypothyroidism, means you have too little thyroid hormone in your body. This can make you feel tired and fatigued all the time, cause aches or weakness in the muscles, and lead to weight gain, even depression in some people.

**Anaemia**

Iron deficiency is another highly common condition that causes fatigue, weakness and feeling of tiredness all the time. This condition affects both men and women, but is more common in pre-menopausal women. The constant condition of feeling weak and tired can in turn cause anxiety and mood lows.

**Diabetes**

The condition of having high blood sugar in the body is a chronic
Depression is the condition where an individual feels down, sad, low, detached and complete un-motivated to do anything. People with depression also experience bouts of tearfulness, sleep disturbance, inability to concentrate as well as extreme lack of energy. This condition that can cause serious repercussion if left unmanaged. The possible complications include heart disease, stroke and kidney disease. However, one common aspect of diabetes is the feeling of being fatigued and tired.

If the above conditions are ruled out, and they can be done by a simple blood test, it is extremely important to take a look at the psychological sphere.

**Depression:**

One of the most common mental health problems that afflicts much more people than we can imagine, depression is the condition where an individual feels down, sad, low, detached and complete un-motivated to do anything. People with depression also experience bouts of tearfulness, sleep disturbance, inability to concentrate as well as extreme lack of energy. They fail to find interest even in the activities they used to enjoy previously.

While a sudden loss is a major cause of depression, another type of depress-}

taxing responsibilities for a long time, working without any vacation, constantly being sleep deprived on account of work, and having unpredictable and highly busy work schedules are realities of the day which can lead to significant burnout and depression that creeps on you gradually. Most patients experiencing this condition say, “My mind is numb”, “I don’t know what’s happening.”

**Anxiety:**

Uncontrolled feelings of anxiety, commonly known as Generalised anxiety disorder, are another common condition that afflicts a large number of people. It is characterized by a constant feeling of apprehension, negative thoughts or a feeling that something is about to go wrong.

**In case you are feeling low, detached or sad for no apparent reason, here is what you need to do:**

- **Take stock of your life:** (And start anew if needed) ask yourself a few questions: are you enjoying the work you are doing? Is too much pressure burning you out? Do you need to reshuffle your priorities in life? Once you have taken these things in account think about taking a sabbatical, moving to a new job, possibly starting a new venture on your own, or simply cutting down on your current responsibilities to spend more time with family.

- **Make health your top priority.** Work at getting enough sleep and rest, ensure you are eating balanced and nutritious diet, say no to excessive tea, coffee, smoke and alcohol; and start getting some rigorous exercise daily. Try to adopt yoga in your daily life and activities such as deep breathing and walking for better stress management.

- **Seek medical help:** Unfortunately, most people in India fail to get the right medical help when they are fighting depression. If you are struggling with this condition or are feeling sad for no reason, book an appointment with a psychologist and talk your heart out. Treating depression is possible and highly important. The conversations between the doctors and the patients are confidential.

**Writer Dr. Shweta Sharma is a Clinical Psychologist at Columbia Asia Hospitals, Gurgaon**
Unlike western countries where preventive health check-ups are a norm, India is yet to catch up to the idea of regular health screening tests. When it comes to women, this practice is almost absent.

Once you turn 25, there are certain things that cannot remain in the backseat; your health is one of them. Pre-emptive measures prevent issues from escalating and are life-saving at times. Preventive screening tests help by detecting any potential health problems while they are still treatable. So it is advised to be proactive!

“Your 20s are an important time for your body, and this is when you must start paying attention to the small signs your body is sending. Conditions such as high blood sugar and high blood pressure don't necessarily show in initial stages, so it's important to get tested from time to time for them. Women in their reproductive age can experience a series of health concerns such as hormonal imbalance or development of cysts or fibroids in the ovaries. Regular health screenings can also help prevent fertility-related issues later on in life,” says Dr. Shilva, Consultant Gynecology and Obstetrics, Paras Bliss Hospital, Panchkula.

Here's a list of health screenings women must start at 25:

**Breast Examination** – Women in their 20s must start the practice of undergoing a clinical breast examination every three years. When they turn 40, an additional mammogram every year must be added to their preventive screening. By catching possible nodes and tumors early on, a screening increases chances of successful treatment and recovery.

Breast cancer accounts for a majority of cancer-related deaths in Indian women, because a majority of diagnosis in India take place in stage 3 or 4. The disease can be very aggressive and prevalent among women who have a family history of it, but regular screening significantly decreases the chance of breast cancer deaths.

**Thyroid testing** – Thyroid dysfunction characterized by hyperthyroidism (over active thyroid gland) or hypothyroidism (under active thyroid gland) are quite common among women. Since its symptoms overlap with many other conditions, often they are initially mistaken as indicators of other health disorders. By identifying and treating the under or overactive thyroid gland, potentially serious health conditions such as arrhythmia can be prevented. Women must start undergoing a thyroid function test every year once they turn 25.

**Pap Smear test** – Regardless of your sexual activity, women must start having a pelvic exam and pap smear test every year once they turn 21. This helps in early identification of cervical cancer risk. The screening detects inflammation or the presence of abnormal cells in the cervix area, thereby indicating potential signs of cervical cancer.

**Blood Pressure** – High blood pressure can lead to heart disease, kidney failure, or stroke, so get comfortable with the sphygmomanometer (that pump and arm cuff device). Prevalence of blood pressure related disorders are quite common today. In fact, in recent years, doctors have witnessed a downward shift in the age of incidence of high blood pressure. Starting 25 years of age, you should get checked every year to make sure your blood pressure is in the range of 120/80. If the reading is higher, you may have to get checked more often and should also be screened for diabetes.

**Blood Sugar** – 1 in 10 women in the age group of 20-30 has diabetes. The risks involved with this disease include heart attacks, stroke, blindness, and problems during pregnancy, and kidney failure. If your blood pressure is higher than 135/80 or your BMI is greater than 25, you need to get screened for diabetes so that you can start suitable medication and make certain lifestyle changes to reduce your risks.

Even if you're in the pink of health, you should visit your doctor your regular check-ups as they help in avoiding problems in the future.

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**Health Screenings Women Must Start at 25**
You've taken those vitamins, you've diligently done the tests, you've even exercised and eaten right! You've picked your gynaec, your hospital for delivery, even the dress you'll wear when you carry your baby home! There's just one more decision—should you bank your baby's umbilical cord blood? The answer is, yes of course, but you should still know a few things about the purpose and the process.

1. What is cord blood anyway?

Blood that is taken from the umbilical cord, minutes after the birth of a baby is cord blood. The importance of cord blood lies in the fact that it is very, very rich in stem cells. Stem cells can be derived from many parts of the human body. However the most reliable and richest source of stem cells is from the Umbilical Cord. Cord blood then is an extremely valuable resource used in a relatively new field of medicine that is seeing a great deal of research: Regenerative Medicine. At present, umbilical cord blood (UCB) is banked because stem cells have the ability to treat blood-related disorders, such as leukaemia and thalassemia, sickle cell disease etc. It is also being banked for possible future developments that may result in therapies and treatments that use these stem cells.

2. Who will it benefit?

This really depends on what kind of cord blood bank you choose. If you choose a bank that preserves the cord blood for the benefit your baby and
your immediate family, then the pos-
sibility of use is low. So, if your child
develops a blood disorder, you won't
be able to use the cord blood because
dysfunctional genes that caused the
problem in the first place are already
in the UCB. If a sibling develops the disor-
der then there is only a 25% chance of
the cord being usable.

However, if you put your baby’s
cord blood in a Pool Banking facility,
your own baby’s cord may benefit some-
one else, while you and your family will
have access to thousands of healthy,
perfectly matched cords. Research
shows that nearly 70% of patients of In-
dian origin who require bone marrow
transplantation (for which stem cells
from cord blood is used) do not find
a match within their own family. They
need to look in a shared Pool.

In a Pool bank the benefit is also
a financial one. For every cord that is
banked, the bank will take the respon-
sibility of finding a healthy matched cord,
which can be used. If you don’t to bank
your cord, then you would have to pay
Rs 5 lakhs and above to buy a cord from
a Pool or Public bank.

3. Why is choosing a bank such
a big deal?
Choosing a bank is a very big deal
indeed. There are two kinds of banks. One is bank that just stores your baby’s
cord for use of the same baby and its
family members. The other kind is a
bank that is a pooled bank where every
cord stored becomes a part of a shared
pool. The first type of bank is of no real
use, as using a cord for yourself has
very limited usage. The Pool Bank is the
only right way to bank a cord, so that in
all disorders, genetic, hereditary or ac-
quired you will be able to find and use a
healthy, matched cord.

Secondly find a bank that prom-
ises to harvest 80ml of blood. Anything
less than that is of no use in the field
of transplantation medicine. If a bank
assures you of collecting 24ml or 30
ml it is technically telling you that his
amount will be of no use.

The third most important point
is dual storage of cords. If a cord blood
bank is offering you dual storage as dou-
ble insurance, please keep in mind that
the minimum required blood is 80ml.
So, if that splits into two areas, and one
area has a mishap, the amount which is
left is anyway of no use. So dual storage
is a highly suspect benefit.

Fourthly find a bank that is at-
tached to either a research laboratory or
does the entire HLA matching and pro-
cessing of your cord before storing it.

4. How will this help my child?
Stem cells have the potential to
generate cells and even tissue, and are
hence often the last resort in terminal
diseases such as leukemia and blood-re-
lated disorders. Cord blood banks also
preserve cord blood in the hope that fu-
ture research will throw up more heal-
ing treatments. This form of therapy is
a branch of regenerative medicine that
helps with the process of replacing lost
cells and organs, and is on the brink of
becoming the future of medicine.

5. When will this be taken?
As soon as your labour pains be-
gin and you are about to leave for the
hospital, inform the cord blood bank.
They will send a phlebotomist (profes-
sionals trained to collect blood) to the
hospital to collect the cord blood. For
any therapy, at least 80 ml of cord blood
is necessary, so do make sure that this
clause is mentioned in the paperwork
that you sign with the cord blood bank.
This blood is then stored cryogenically,
which means it is frozen. When it needs
to used, this will be thawed in con-
trolled conditions, to ensure minimum
loss of stem cells.

6. Where will it be stored?
It will be stored at -196oC (if its
temperature) and for a period of 21
years, which is the medically proven
duration that cord blood can be stored
for.
Beware from infected blades
Your Routine Visit to the Barber Shop May Give You Hepatitis

Hepatitis C is a dangerous blood borne infection that can cause liver cirrhosis and even cancer. The infection is transmitted through infected blood, unsterile medical equipment, needles and even razors.

A blood-borne infection that can lead to liver cirrhosis and liver cancer, hepatitis C is mostly usually transmitted through transfusion of infected blood. Most people, however, are not aware that even small cuts sustained at a barber’s shop can spread the infection.

Dr Ajay Bhalla, HOD of Gastroenterology, Fortis Hospital, Noida, says apart from improving blood screening protocols in all blood banks, eradicate unsafe surgical practices and use of unsterile needles, it is equally important to educate people about necessary precautions against Hepatitis C.

“Blood transfusions with unscreened blood, surgical procedures that follow unsafe practices and the use of unsterile needles by intravenous drug users are the primary causes of hepatitis C infections. However, there are a set of secondary causes that can be prevented if people are adequately aware. These secondary causes include sharing personal care items such as toothbrushes and razors and having unprotected sex with an infected person. In a number of cases even very small cuts sustained during a haircut or shaving procedure at a barber shop can spread the infection, in case the razor or blade has not been sterilized after being used on an infected person,” says Dr Bhalla.

“Straight razors are likely to draw blood; therefore, disposable blades or safety razors should be used and discarded after each customer by the barber. During shaving (mundane) ceremonies of children, we must make sure a new razor is brought or the one being used is washed and sterilized in hot water. A little precaution can save hundreds of new infections,” adds Dr Bhalla.

Hepatitis C is a blood-borne hepatotropic virus (which exclusively attacks the liver over the long term), and can lead to liver inflammation, cirrhosis, and even chronic liver cancer if not treated on time. Most people infected with the hepatitis C virus (HCV) may show negligible or no symptoms at all. In fact, in many cases, people don’t even know they have the infection until liver damage shows up, after decades, during a routine medical check-up.

“Hepatitis C can be spread through various modes. People who are exposed to blood-related problems or undergone dialysis or kidney failures before the 90s are at high risk of acquiring the infection. In Punjab and Delhi-NCR, the incidence more because of IV drug abuse. People who are exposed to previous blood-related diseases should take extra precautions,” adds Dr Bhalla.

Hepatitis C is known as a silent killer as it does not show any obvious symptoms. This makes its detection difficult. Hence it remains undiagnosed, eventually causing chronic HCV infection. Such cases account for 55-85% of cases, as per the World Health Organization. Early detection can ensure complete recovery. Later detection does cure, but if there is damage to the liver, the cure rates diminish. Preventive health check-ups and screenings must be conducted in a more integrated manner.

People at high risk must especially be tested. This includes those who have been given multiple injections throughout life, those who may have had operations and those who have had blood transfusions. If women plan to get pregnant, they should take the test before as a precautionary measure.

At the same time, more consciousness is needed on the part of medical practitioners to ensure eradication of unsafe and unscrupulous practices during treatment and surgical procedures such as using unsterile needles, reusing syringes or using unsterile medical equipment. It is also important to implement NAT (Nuclear acid tests) in blood banks and better blood screenings modalities to prevent infection in unsuspecting patients.
Single Parenting
Effects and Responsibilities

Raising a child in itself is a strenuous job. It’s the contribution of both the parents who supports the child, nurture him and help him to lead a healthy and brighter life ahead. As soon as the question comes to the ‘Single Parents’ it becomes quite arduous for the parent to handle several tasks solely. In countries like India, single parents are judged at every phase, it is often regarded as a social stigma in our society. Single parents are often embarrassed by the invasive questions coming up from their kith and kins.

There used to be a saying that “It takes a village to raise a child”, which holds to be true as previously a child used to be raised by the whole family; with modernization the concept of the ‘village’ has started fading. Nowadays, not only men, women too has grabbed a foothold in almost every aspect. Modernization has played a crucial

Dr. Rita Bakshi
Founder and Chairperson
International Fertility Centre (IFC)
New Delhi
With the changing picture now women or men are independent in their own field and when they find stability in their career they desire parenthood. Previously, women used to get dependent on their husband for almost everything: be it financial responsibility or for any household duties. With the changingpicture now women or men are independent in their own field and when they find stability in their career they desire parenthood. Sometimes single parenthood comes as a consequence of separation or death.

There ought to be different problems that a single parent or the child faces:

Encountering Behavioral Problem- It becomes a moment of grief for the single parent, when their child envies their friends who are living with both the parents. It also becomes onerous to maintain discipline as the parent is the sole disciplinarian in the family, this tends to give rise to the behavioral problems in the child.

Problems in handling responsibility. The single parent finds it quite stressful in managing his/her job, housework and raising the child together. This sometimes leads to fatigue and stress amongst them.

Well, there are always two sides of a coin. Single parenting not only has negative effects, but there are few positive ones too. Most of the time it is seen that there is a unique bond between the child and the nuclear parent. The mother/father not only is a guardian, but also they bestow love and care like that of a friend, stands at times of joy and sorrow. A child tends to model his parent because of his/her efforts towards the child.

Moreover, the child raised by a single parent share the responsibilities of household works and provide contribution in holding their parent at times of need. Psychologically, these children are more mature and help their parent to manage emotions.

There are few ways which can help single parent to manage their schedules and make it all set:

1. Structuring the routine: Structure the work, if a parent is not with the child during the daytime he/she should try to spend time at time at night, so that the child don't feel alienated.

2. Set a few rules: Praising child for the hard work he does, using a light and jolly tone while interacting with the child, during hardships and mood swings the parent should try to control his/her anger to the child. It is the responsibility of the parent not to let his/her child know about the negative emotions. Knowing and appreciating child's caliber is a must need for a single parent. The parent should pique the interest of his/her child and appreciate their choice. Unconditional love is the key to every situation.

3. Know the child: Parent should know their child and also should set a few boundaries for his/her child's behavior. A parent should observe and direct his/her child to correct direction. But unnecessary restrictions should be avoided. A parent should always try to give an honest reply to the child and they should try to be patient while handling their child.

Tusshar Kapoor just became a single father, thanks to surrogacy.

Bollywood filmmaker Karan Johar become a single parent after fathering twins - a girl and a boy - through surrogacy.
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a) Issue of Tenders free of cost.

b) Exemption from payment of earnest money deposit.

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Since May 1976, DGS&D appointed NSIC as agency for registration of MSEs under this scheme.

**Single Point Registration Scheme (SPRS) - at a Glance**

- Avoids multiplicity of registrations with various Government departments.
- Capacity assessment, after third party inspection of the units in terms of its quality and standards, volume of production and financial capability.

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