NHI Dialogue

Quarterly Health Magazine of Cardio Diabetes Research Society

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NHI Dialogue

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and
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Editorial Voice

Dear friends !

Greetings from the NHI Dialogue Team!

Hope the festivities and vacations have been good for you!

It's the support and continued patronage from our keen readers, contributors and sponsors that your magazine enters the 13th year of publication, both print and electronic. The last data of January 2017 revealed a circulation of 21,000 print & over 2,00,000 e-magazine quarterly.

Please continue to send your valuable comments and suggestions ...

Once again hoping to raise the hope!

Yours truly

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WISH YOU ALL A VERY HAPPY DEEPAWALI

DON'T GO UP IN SMOKE!

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Smoking and body building are two uniquely human habits that separate us from animals (among other things)! We all know that tobacco is bad for us, but exactly how bad, and why? How does tobacco give us a 'high', and just why do we find it so difficult to quit? Before delving into these questions, let us go through some eye-opening figures:

- The World Health Organization (WHO) estimates that tobacco caused 5.4 million deaths in 2004 and 100 million deaths over the course of the 20th century.
- The United States Center for Disease Control and Prevention describes tobacco use as "the single most important preventable risk to human health in developed countries and an important cause of premature death worldwide."
- In 2000, a staggering 1.22 billion people smoked, a figure projected to jump to 1.9 billion by 2025.
- Smoking is generally five times more prevalent among males than females, however the gender gap declines with younger age. In developed countries smoking rates for men have peaked and have begun to decline, however for women they continue to climb (and we thought the ladies were smarter!).
- As of 2002, about 20% of young teens (13–15) smoked worldwide, with 80,000 to 100,000 children taking up the habit every day—roughly half of whom live in Asia. Half of those who begin smoking in adolescent years are projected to go on to smoke for 15 to 20 years.
- Rates of smoking have leveled off or actually declined in the developed world, while in the developing world, it is rising by 3.4% per year. The WHO in 2004 projected 58.8 million deaths to occur globally, from which 5.4 million were tobacco-attributed in 2007. 70% of these deaths were in developing countries.
- This alarming shift of demographics to a younger age group of smokers can be attributed to the 12.5 billion dollars the tobacco industry splurges on annual advertising worldwide. Youngsters feel that smoking is associated with a sophisticated, cultured, progressive and

successful image. This has had a negative impact on the efforts to improve childhood and adolescent health, in developed and under-developed countries alike.

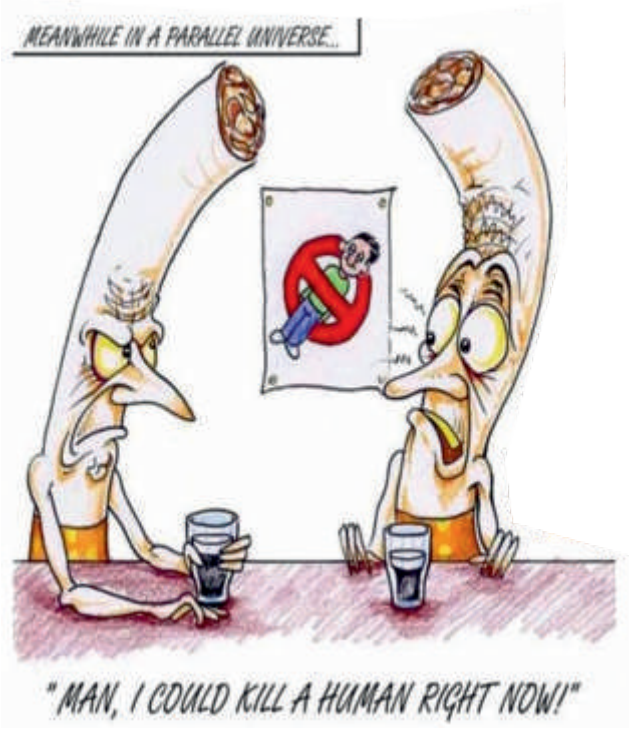
Way back in the 1930s, German scientists demonstrated that cigarette smoking causes lung cancer. Doll and associates, in their landmark study spanning 5 decades, demonstrated that about half of the persistent cigarette smokers born in 1900–1909 were eventually killed by their habit (calculated from the logarithms of the probabilities of surviving from 35–70, 70–80, and 80–90) and about two thirds of the persistent cigarette smokers born in the 1920s would eventually be killed by their habit. A study in the journal Paediatrics warned of the dangers of what the authors called 'third hand smoke', that is the residual chemicals left in the atmosphere where smoking had taken place earlier.

Now we know the extent of the menace, we can turn our attention to how tobacco wreaks its havoc.

Smoke, or any partially burnt organic matter, contains carcinogens (cancer-causing agents). The potential effects of smoking, such as lung cancer, can take up to 20 years to manifest themselves. Smoke contains several carcinogenic products that bind to DNA and cause genetic mutations. Particularly potent carcinogens are polynuclear aromatic hydrocarbons (PAH). The first PAH to be identified as a carcinogen in tobacco smoke was benzopyrene, which has been shown to get activated (by heat) into an epoxide that irreversibly attaches to a cell's nuclear DNA, which may either kill the cell or cause a genetic mutation. If the mutation inhibits programmed cell death, the cell can survive to become a cancer cell.

Similarly, acrolein, which is abundant in tobacco smoke, also irreversibly binds to DNA, causes mutations and thus also cancer. However, it needs no activation to become carcinogenic. Nitrosamines, found only in cigarette smoke also is a potent carcinogen.

As if this wasn't enough, tobacco also contains radioactive lead and polonium, albeit in minute amounts. Research by scientist Ed Martell determined that radioactive compounds in cigarette smoke are deposited in "hot spots" where bronchial tubes in our lungs branch. Since tar from cigarette smoke is resistant to dissolving in lung fluid, the radioactive compounds have a great deal of time to undergo radioactive decay before being cleared by natural processes. Indoors, these radioactive compounds linger in secondhand smoke, and therefore greater exposure occurs when these radioactive compounds are inhaled during normal breathing, which is deeper and longer than when inhaling cigarettes. Damage to the



protective epithelial tissue from smoking only increases the prolonged retention of insoluble polonium 210 compounds produced from burning tobacco. Martell estimated that a carcinogenic radiation dose of 80–100 rads is delivered to the lung tissue of most smokers who die of lung cancer.

Smoking an average of 1.5 packs per day gives a radiation dose of 13-60 mSv/year, compared with living near a nuclear power station (0.0001 mSv/year)!

Coming to the Big Boy of cigarette smoke, Nicotine. It is a stimulant and one of the main factors leading to continued smoking, even the first cigarette being addictive. Although the amount of nicotine inhaled with tobacco smoke is quite small (most of the substance is destroyed by the heat), it is still sufficient to cause physical and/or psychological dependence. Ingesting a compound by smoking is one of the most rapid and efficient methods of introducing it into the bloodstream, second only to injection. On average it takes about ten seconds for the substance to reach the brain. As a result of the efficiency of this delivery system, many smokers feel as though they are unable to cease. Of those who attempt cessation and last three months without succumbing to nicotine, most are able to remain smoke free for the rest of their lives. There exists a possibility of depression in some who attempt cessation, as with other psychoactive substances.

Depression is also common in teenage smokers; teens who smoke are four times as likely to develop depressive symptoms as their nonsmoking peers. Although nicotine does play a role in acute episodes of some diseases (including stroke, impotence, and heart disease) by its stimulation of adrenaline release, which raises blood pressure, heart rate, and free fatty acids, the most serious longer term effects are more the result of the products of the smouldering combustion process.

This has enabled development of various nicotine delivery systems, such as the nicotine patch or nicotine gum, that can satisfy the addictive craving by delivering nicotine without the harmful combustion by-products. This can help the heavily dependent smoker to quit gradually, while discontinuing further damage to health. Nicotine has been found to be more addictive than cannabis, caffeine, ethanol, cocaine, and heroin when considering both physical and psychological dependence. Recent evidence has shown that smoking tobacco increases the release of dopamine in the brain, activating the same neuro-reward circuit activated by drugs of abuse such as heroin and cocaine. This suggests nicotine use has a pleasurable effect that triggers positive reinforcement; that is a

"Graveyard of the vanities"

person, under the influence of nicotine, will seek to consume more of it. A person's increased risk of contracting disease is directly proportional to the length of time that a person continues to smoke as well as the amount smoked. However, if someone stops smoking, then these chances gradually decrease as the damage to their body is repaired. A year after quitting, the risk of contracting heart disease is half that of a continuing smoker. The health risks of smoking are not uniform across all smokers. Risks vary according to amount of tobacco smoked, with those who smoke more at greater risk. Light smoking is still a health risk. Likewise, smoking "light" cigarettes does NOT reduce the risks.

The primary risks of tobacco usage include many forms of cancer, particularly lung cancer, kidney cancer, cancer of the larynx and head and neck (especially oral cancers), breast cancer, bladder cancer, cancer of the esophagus,cancer of the pancreas and stomach cancer. In the lungs, respiratory infections, asthma, bronchitis, emphysema show a markedly increased incidence in smokers as compared to non-smokers.

Inhalation of tobacco smoke causes several immediate responses within the heart and blood vessels. Within one minute the heart rate begins to rise, increasing by as much as 30 percent during the first 10 minutes of smoking. Carbon monoxide in tobacco smoke exerts its negative effects by reducing the blood's ability to carry oxygen.

Smoking also increases the chance of heart disease, stroke, atherosclerosis, and peripheral vascular disease. Several ingredients of tobacco lead to the narrowing of blood vessels, increasing the likelihood of a blockage, and thus a heart attack or stroke. According to a study by an international team of researchers, people under 40 are five times more likely to have a heart attack if they smoke. Tobacco usage is also associated with Buerger's disease, which is an inflammation and narrowing of the medium and small-sized arteries of the lower limbs, which leads to gangrene and limb loss.

Smoking tends to increase blood cholesterol levels. Furthermore, the ratio of high-density lipoprotein (the "good" cholesterol) to low-density lipoprotein (the "bad" cholesterol) tends to be lower in smokers compared to non-smokers. Smoking also raises the levels of

fibrinogen and increases platelet production (both involved in blood clotting) which makes the blood viscous. Carbon monoxide binds to haemoglobin (the oxygen-carrying component in red blood cells), resulting in permanent loss of blood cell functionality. All

these factors make smokers more at risk of developing various forms of arteriosclerosis (thickening and hardening of the blood vessel walls). As the arteriosclerosis progresses, blood flows less easily, making the blood more likely to form a thrombus (clot). Sudden blockage of a blood vessel may lead to an infarction (stroke). However, it is also worth noting that the effects of smoking on the heart may be more subtle. These conditions may develop gradually given the smoking-healing cycle (the human body heals itself between periods of smoking), and therefore a smoker may develop less significant disorders such as worsening or maintenance of unpleasant dermatological conditions, e.g. eczema, due to reduced blood supply.

And if all this wasn't distressing enough, in a study of men aged 24 to 36 seeking treatment for infertility, Zavos confirmed the results of earlier studies demonstrating that smoking harms sperm quality in every way, from longevity to motility. But he also found that smoking affected sexual behavior. The smokers had sex an average of 5.7 times per month, while the nonsmokers reported an average of 11.6 encounters. And on a scale of 1 to 10, the smokers rated the quality of sex at a lacklustre 5.2, compared to 8.7 for nonsmokers! Smoking during pregnancy is associated with a higher incidence of miscarriages, with even paternal smoke playing a role.

Finally, although smokers claim that the habit helps them to beat stress, studies have shown that stress levels in this group of the population is actually higher (presumably the result of efforts to get around the bans imposed on them!). Smoking has also been shown to be a predictor of divorce!

All in all, it befits us all to quit this habit of not just smoking, but tobacco usage in any form, even passive smoking, or else risk developing a whole medical textbook's worth of diseases and death…or at least risk losing a highly successful sex life!

NUTRITIONAL NEEDS AS YOU AGE

Ms. Simarjeet Kaur, ***Sr. Dietician, NHI***

Changes associated with normal aging increase nutritional risk for older adults. Aging is characterized by diminished organ system reserves, weakened homeostatic controls, and increased heterogeneity among individuals, influenced by genetic and environmental factors. There's no question about it: Our bodies change as we age. In turn, seniors have very different nutritional needs than teenagers, children, and even middle-aged adults.

Nutritional needs of the older individual are determined by multiple factors, including specific health problems and related organ system compromise; an individual's level of activity, energy expenditure, and caloric requirements; the ability to access, prepare, ingest, and digest food; and personal food preferences.

These are some of the changes:-

- **The metabolism slows down.** This happens naturally, but it becomes more pronounced if you don't get as much exercise as you should. When the metabolism slows, the body doesn't burn as many calories, which means you need to eat less to stay at a healthy weight. As a result, the foods you eat should be as nutrient-rich as possible. Most women with average activity levels need about 1,800 calories per day. Men with an average activity level need about 2,300 calories each day. You'll need fewer calories if you're sedentary, more if you are very active.
- **The digestive system changes.** The body produces less of the fluids that it needs to process food in the digestive system when you get older. These changes can make it harder for your body to absorb important nutrients like folic acid and vitamins B6 and B12.
- **The appetite may change.** Many seniors take one or more medications for health conditions; these can cause side effects such as a lack of appetite or stomach upset, which can lead to poor nutrition.
- **The emotional health may be affected.** Seniors who feel depressed or lonely often lose interest in eating. On the other hand, emotional issues may cause some people to eat more and gain unwanted weight.

The best way for an elderly individual to maintain optimum levels of health is to eat a balanced diet which caters to the specific nutritive needs of their age group.

The basics

No matter what age we are the body needs a diet made up of lots of healthy and nutritious foods in order to function correctly. The basic components of any diet should include a combination of the following:

- Protein from meat, fish, eggs and pulses.
- Five portions of fruit and vegetables .
- Carbohydrates from brown rice, potatoes, cereals and wholewheat.

What we need to avoid also remains the same as we age and it is advisable to limit the amount of salt and alcohol we consume.

However, though the basics remain the same, it is also important that we endeavour to include other specific nutrients in our diet which help the body to remain healthy as we age

There are certain nutrients which become particularly important as we get older, including the following:

Calcium

Calcium is an essential component for the maintenance of healthy bones, but unfortunately may begin to be reabsorbed back into the body from the bones as we get older. This condition is known as osteoporosis and eventually leads to weakening of the bone tissue which leaves bones brittle and fragile. In order to reduce the risk of osteoporosis and to keep the bones healthy, individuals can obtain calcium from milk and dairy foods such as curd and cheese, leafy green vegetables and calcium fortified cereals.

Fat

Older people who are fit, well and within a healthy weight range should minimise saturated fat intake to improve heart health. However, elderly adults who are above the age of 75 may find that fat restriction is not beneficial, especially if a person is frail, below a healthy weight or has a small appetite. In some cases extra fat may actually be required to increase the number of calories consumed and to aid weight gain.

Fibre

Bowel problems can become an issue as we age and many older and elderly adults do suffer from constipation. In order to keep bowel issues and irritations to a minimum, older adults should include an adequate amount of fibre in their diets as this will help to ensure the digestive system is healthy and in working order. Good sources of fibre include wholegrain cereal, porridge, wholegrain bread, brown rice, fresh fruits and vegetables and pulses. Also remember to drink plenty of fluids as this will help the gut to function properly.

Fluid

As we get older the body's ability to conserve water gradually decreases and the perception of thirst becomes less sensitive. However, dehydration can result in drowsiness and confusion among other side effects so it is important to keep hydrated throughout the day even if we don't feel thirsty. Fluid intake does not necessarily mean just water and can also include hot drinks such as tea and coffee, fruit juice or squash.

Iron

Iron can be found in some vegetables and dried fruit. The body uses it to make haemoglobin, which helps to store and carry oxygen in the red blood cells from the lungs to the rest of the body. Without iron in the blood, the organs and tissue receive less oxygen than they usually would leading to tiredness and

lethargy (this is known as iron deficiency anaemia).

VITAMIN C

This vitamin assists the body in its formation of collagen, which is needed to heal wounds and repair bones and teeth. It's also needed to make skin, ligaments, blood vessels and tendons and it's antioxidant properties are thought to help in the prevention of heart disease and cancer.

Fresh fruits and vegetables are the main source of vitamin C but supplements can also be taken to keep levels topped up.

VITAMIN D

Vitamin D helps the body to absorb calcium thus slowing the rate of calcium loss from bones. A key source of Vitamin D is exposure to sunlight, though it is important to supplement your diet with foods which are rich in the nutrient such as fish, eggs and certain fortified cereals and spreads. As you get older you may need to introduce a vitamin D supplement to your diet as your body may be unable to process enough from the sunlight and your diet alone.

ZINC

Zinc is required for the maintenance of a healthy immune system and is most commonly found in meat, shellfish, whole-wheat bread and pulses.

Now that you know what to do, you can make the necessary changes to the diet and a real commitment to your health. It's fine to start gradually: Exchanging junk foods for healthier options is a good first step. But try to make changes every day that will bring you closer to your goal of a healthy diet and a healthy life.

डायबिटीज से मुक्ति आसान

आगामी 14 नवम्बर को विश्व डायबिटीज (मधुमेह) दिवस है। भारत के लिये यह दिन अत्यंत महत्वपूर्ण है क्योंकि इस बीमारी ने हमारे देश के हर घर में प्रवेश कर लिया है। आज शायद ही कोई ऐसा घर होगा जो प्रत्यक्ष अथवा अप्रत्यक्ष रूप से इससे अछूता हो। जहाँ कोई न कोई इससे प्रभावित न हो। एक मोटे अनुमान के अनुसार हमारे देश में इस समय करीब 6.5 करोड़ लोगों को डायबिटीज (निराहार शर्करा >120 / भोजन के बाद >200) है। यह संख्या 2025 आते आते 9 करोड़ के करीब पहुँच जाएगी। इसके पीछे अनेक कारण है जिनमे प्रमुख है हमारी अत्यंत बिगड़ गयी जीवन शैली, खराब खान–पान, तनावपूर्ण जीवन, शहर का प्रदूषित वातावरण / खाद्य पदार्थ तथा हमारी आनुवंशिकता (डायबिटीज प्रिय भारतीय जीन्स)। जन स्वास्थ्य की दृष्टि से यह अत्यंत भयावह स्थिति है जिस पर नियंत्रण पाना देश की सामाजिक, आर्थिक और सामरिक दृष्टि से बहुत मायने रखती है क्योंकि बीमार देश न आगे बढ़ सकता है न ही अपनी सीमाओं की रक्षा कर सकता है। ऐसा भी नहीं है कि हम डायबिटीज पर विजय नहीं प्राप्त कर सकते हैं। सच पूछिए तो हम बहुत ही सरल तरीके से इस समस्या पर नियंत्रण कर सकतें हैं। संक्षिप्त शब्दों में कहें तो हम यों कह सकते हैं:

मोटापे पर ध्यान,

व्यायाम और ध्यान,

खानपान पर कान,

डायबिटीज से मुक्ति आसान।

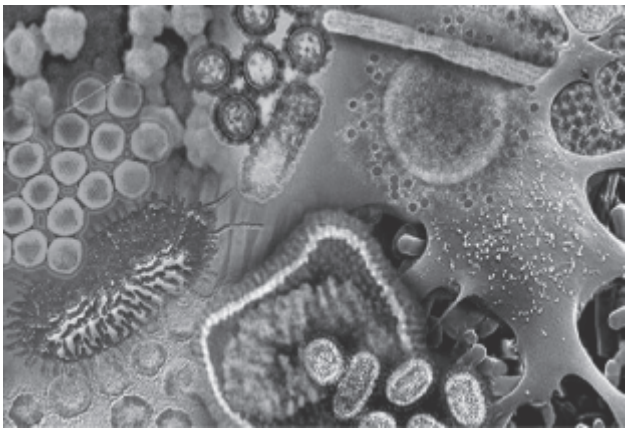
अर्थात मोटापा अपने पास फटकने न दे। मोटापे पर किशोरावस्था से ही ध्यान दें। अपने नित्य प्रति के कार्यक्रम में व्यायाम अथवा सैर को शामिल करें। नियमित ध्यान के लिये नियम से अलग समय रक्खें। खाने में अधिक से अधिक मौसमी सब्जी, फल, मोटे अनाज व दालों तथा मेवों का सेवन करें। रेड मीट का सेवन न करें। इन बातों का पालन करने पर डायबिटीज आपके लिये विशेष समस्या नहीं खड़ी कर पायेगी।

Swine flu (H1N1 and H3N2v influenza virus) Facts

Dr. Adarsh Kumar, Sr. Consultant Internal Medicine, NHI

- Swine flu is a respiratory disease caused by influenza viruses that infect the respiratory tract of pigs and result in a barking cough, decreased appetite, nasal secretions, and listless behavior; the virus can be transmitted to humans.
- Swine flu viruses may mutate (change) so that they are easily transmissible among humans.

- Pigs can play a unique role as an intermediary host to new flu types because pig respiratory cells can be infected directly with bird, human, and other mammalian flu viruses. Consequently, pig respiratory cells are able to be infected with many types of flu and can function as a "mixing pot" for flu RNA segments. Bird flu viruses, which usually infect the gastrointestinal cells of many bird species, are shed in bird feces.
- Pigs can pick these viruses up from the environment, and this seems to be the major way that bird flu virus RNA segments enter the mammalian flu virus population.



How is swine flu transmitted? Is swine flu contagious?

- Swine influenza is transmitted from person to person by inhalation or ingestion of droplets containing virus from people sneezing or coughing; it is not transmitted by eating cooked pork products. The newest swine flu virus that has caused swine flu is influenza A H3N2v (commonly termed H3N2v) that began as an outbreak in 2011. The "v" in the name means the virus is a variant that normally infects only pigs but has begun to infect humans. There have been small outbreaks of H1N1 influenza since the pandemic; a recent one is in India.

What is the incubation period for swine flu?

- The incubation period for swine flu is about one to four days, with the average being two days; in some people, the incubation period may be as long as about seven days in adults and children.

What is the contagious period for swine flu?

- The contagious period for swine influenza in adults usually begins one day before symptoms develop in an adult and it lasts about five to seven days after the person

becomes sick. However, people with weakened immune systems and children may be contagious for a longer period of time (for example, about 10 to 14 days).

How long does the swine flu last?

- In uncomplicated infections, swine flu typically begins to resolve after three to seven days, but the malaise and cough can persist two weeks or more in some patients. Severe swine flu may require hospitalization that increases the length of time of infection to about nine to 10 days.

What are swine flu symptoms and signs?

- Symptoms of swine flu are similar to most influenza infections: fever (100 F or greater), cough (usually dry), nasal secretions, fatigue, and headache, with fatigue being reported in most infected individuals. Some patients may also get a sore throat, rash, body (muscle) aches or pains, headaches, chills, nausea, vomiting, and diarrhea. In Mexico, many of the initial patients infected with H1N1 influenza were young adults, which made some investigators speculate that a strong immune response, as seen in young people, may cause some collateral tissue damage. The incubation period from exposure to first symptoms is about one to four days, with an average of two days. The symptoms last about one to two weeks and can last longer if the person has a severe infection.
- Some patients develop severe respiratory symptoms, such as shortness of breath, and need respiratory support (such as a ventilator to breathe for the patient). Patients can get pneumonia (bacterial secondary infection) if the viral infection persists, and some can develop seizures. Death often occurs from secondary bacterial infection of the lungs; appropriate antibiotics need to be used in these patients.

What tests do health care professionals use to diagnose swine flu?

- Swine flu is presumptively diagnosed clinically by the patient's history of association with people known to have the disease and their symptoms listed above. Usually, a quick test (for example, nasopharyngeal swab sample) is done to see if the patient is infected with influenza A or B virus. Most of the tests can distinguish between A and B types. The test can be negative (no flu infection) or positive for type A and B. If the test is positive for type B, the flu is not likely to be swine flu. If it is positive for type A, the person could have a conventional flu strain or swine flu. However, the accuracy of these tests has been challenged, and the U.S. Centers for Disease Control and Prevention (CDC) has not completed their comparative studies of these tests. However, a new test developed by the CDC and a commercial company reportedly can detect H1N1 reliably in about one hour; the test was formerly only available to the military. In 2010, the FDA approved a commercially available test that could detect H1N1 within four hours. Most of these rapid tests are based on PCR technology.

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What is the treatment for swine flu?

The best treatment for influenza infections in humans is prevention by vaccination. Two antiviral agents have been reported to help prevent or reduce the effects of swine flu. They are zanamivir (Relenza) and oseltamivir (Tamiflu), both of which are also used to prevent or reduce influenza A and B symptoms. These drugs should not be used indiscriminately, because viral resistance to them can and has occurred. Also, they are not recommended if the flu symptoms already have been present for 48 hours or more, although hospitalized patients may still be treated past the 48-hour guideline. Severe infections in some patients may require additional supportive measures such as ventilation support and treatment of other infections like pneumonia that can occur in patients with a severe flu infection. The CDC has suggested in their guidelines that pregnant females can be treated with the two antiviral agents. Some researchers suggest the data on Tamiflu and Relenza is not correct and suggest the antivirals are not effective.

On Dec. 22, 2014, the FDA approved the first new anti-influenza drug (for H1N1 and other influenza virus types) in 15 years, peramivir injection (Rapivab). It is approved for use in the following settings:

Diarrhea, skin infections, hallucinations, and/or altered behavior may occur as side effects of this drug.

- Adult patients for whom therapy with an intravenous (IV) medication is clinically appropriate, based upon one or more of the following reasons:
  - o The patient is not responding to either oral or inhaled antiviral therapy, or
  - o drug delivery by a route other than IV is not expected to be dependable or is not feasible, or
  - o the physician decides that IV therapy is appropriate due to other circumstances.

What are the risk factors for swine flu?

- All children 6 months to 4 years (59 months) of age
- All people 50 years of age and older
- Adults and children who have chronic pulmonary (including asthma) or cardiovascular(except isolated hypertension), renal, hepatic, neurological, hematologic, or metabolic disorders (including diabetes mellitus)
- People who have immunosuppression (including immunosuppression caused by medications or by HIV)
- Women who are or will be pregnant during the influenza season

- Children and adolescents (6 months to 18 years of age) who are receiving long-term aspirintherapy and who might be at risk for experiencing Reye's syndrome after influenza virus infection
- Residents of nursing homes and other long-term-care facilities
- People who are morbidly obese (BMI e"40)
- Health care professionals (doctors, nurses, health care personnel treating patients)

Is it possible to prevent swine flu ?

- The CDC occasionally makes changes and updates its information on vaccines and other recommendations about the current flu pandemic. The CDC states, "for the most accurate health information, visit http://www.cdc.gov or call 1-800-CDC-INFO, 24/7." Caregivers should check the vaccine package inserts for more detailed information on the vaccines when they become available.
- The CDC says that a good way to prevent any flu disease is to avoid exposure to the virus; this is done by frequent hand washing, not touching your hands to your face (especially the nose and mouth), and avoiding any close proximity to or touching any person who may have flu symptoms. Since the virus can remain viable and infectious for about 48 hours on many surfaces, good hygiene and cleaning with soap and water or alcohol-based hand disinfectants are also recommended. Some physicians say face masks may help prevent getting airborne flu viruses (for example, from a cough or sneeze), but others think the better use for masks would be on those people who have symptoms and sneeze or cough.
- The use of Tamiflu or Relenza may help prevent the flu if taken before symptoms develop or reduce symptoms if taken within about 48 hours after symptoms develop. Some investigators say that administration of these drugs is still useful after 48 hours, especially in high-risk patient populations. However, taking these drugs is not routinely recommended for prevention for the healthy population because investigators suggest that as occurs with most drugs, flu strains will develop resistance to these medications.

Symptomatic people should stay at home, avoid crowds, and take off from work or school until the disease is no longer transmittable (about two to three weeks) or until medical help and advice is sought. Sneezing, coughing, and nasal secretions need to be kept away from other people; simply using tissues and disposing of them will help others. Quarantining patients is usually not warranted, but such measures depend on the severity of the disease. The CDC recommends that people who appear to have an influenza-like illness upon arrival at work or school or become ill during the day be promptly separated from other people and be advised to go home until at least 24 hours after they are free of fever (100 F [37.8 C] or greater), or signs of a fever, without the use of fever-reducing medications. The novel H1N1 swine flu disease takes about seven to 10 days before fevers stop, but research data suggests waiting until the cough is gone since many people are still infectious about one week after fever is gone. However, the CDC did not extend their recommendations to stay home for that extra week.

What is the prognosis (outlook) and complications for patients who get swine flu?

In general, the majority (about 90%-95%) of people who get the disease feel terrible (see symptoms) but recover with no problems, as seen in patients in Mexico

People with suppressed immune systems historically have worse outcomes than uncompromised individuals; investigators suspect that as swine flu spreads, the mortality rates may rise and be high in this population. Current data suggest that pregnant individuals, children under 2 years of age, young adults, and individuals with any immune compromise or debilitation are likely to have a worse prognosis. Complications of swine flu may resemble severe viral pneumonia or the SARS (severe acute respiratory syndrome caused by a coronavirus strain) outbreak in 2002-2003 in which the disease spread to about 10 countries with over 7,000 cases, caused over 700 deaths, and had a 10% mortality rate. At the beginning of the pandemic, the numbers of people with flu-like illness were higher than usual and the illness initially affected a much younger population than the conventional flu. As the pandemic progressed, more young children became infected than usual, but the mortality statistics became more similar to the conventional flu mortality rate, with an older population (especially ages 50-64) having the highest death rate. Pneumonia (viral and secondary bacterial pneumonia), is the most serious complication of the flu as it can cause death. Other complications include sinus and ear infections, asthma exacerbations, and/or bronchitis.

Happiness is many things.....

One of them is feeling good about you. I have started controlling my food intake with the help of calorie count. Wow, what an eye opener. It has been a little over three month since I first started and I feel so much better.

I reached my goal weight easily and never felt deprived. Thanks to my friend and Diabetologist who put me on to this 'make your own diet' and helped me get on track I now feel totally rejuvenated. I have always worked out but after Diwali had put on an extra 9 kgs .

So, for the most part of my life I was overweight (Yes, I have been blessed with a bad metabolism) and at 64 going on 65, I knew it would get more and more difficult to get the kilos off. Thanks to calorie count I have found the exercise of keeping track of my food intake not only an eye opener but actually fun. If I would have known how much fun dieting can be I would have started sooner.... To everyone out there, keep at it, it works and be patient. That is what I will continue to strive for.

Remember : daily regime of :

A : apple
B : beans
C : calorie count
D : dahi
E : exercise
F : fruits with low glycemic index
G : grain with bran
H : herbs like - fenugreek , garlic, haldi
I : ignite the good feeling in friends
J : just enough to fill 3/4 of your stomach in each meal
K : kind words deeds & gestures
L : low fat milk & cheese
M : manage 4 small meals
N : no smoking / tobacco
O : oil balance of SAFA MUFA & PUFA
P : practice & preach good lifestyle
Q : question the validity of un scientific Weight reducing medicines
R : ready to help others
S : sugar monitoring regular
T : tea , coffee in moderation
U : utmost care in foot wear
V : vegetables, in all forms
W : waste management & waist watching
X : X- mas, Diwali, Eid or Gurpurb celebrate all
Y : yes to laughter No to Cribbing
Z : zamaana hum se hai...

खराब जीवन शैली के कुछ नये आयाम

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विगत पचास – साठ वर्षों में हमारी दिनचर्या, जीवन शैली और सोच में आमूल चूल परिवर्तन हुआ है। हमारे खान–पान में विविध प्रकार के तम्बाकू युक्त पदार्थ, धूम्रपान, तुरंत भोजन, विभिन्न प्रकार के कोला पेय, पैकेजड और प्रसंस्कारित खाद्य पदार्थ का सेवन, देर रात तक जगने की आदत, कम समय में अधिकतम उपलब्धि के लिये संघर्ष और तनावपूर्ण जीवन यापन की सहजता और भौतिक सुख साधन के प्रति कशमकश, आज के जीवन की कुछ प्रमुख विशेषतायें हैं। आधुनिकतम तकनीकी उपकरणों को प्राप्त करने के लिये मांग कर या उधार लेकर और जरुरत पड़े तो चुराने से भी परहेज नहीं आज की मानसिकता का ज्वलंत पक्ष है। इस जीवन शैली का कुफल यह हुआ है कि आज हम नाना प्रकार की उन बीमारियों से घिरे पड़े हैं जिन्हे अच्छी जीवन शैली अपनाकर हम आसानी से टाल सकते थे।

परेशानी की बात यह है की हम खराब जीवन शैली के नित नये प्रकार के नमूने ढूढ़ लेते हैं जो नये नये रोगों को जन्म देने की क्षमता रखते हैं। ऐसा लगता है मानों तम्बाकू, शराब, तुरंत भोजन, मोटापा, चिंता – ईर्ष्या, व्यायामहीनता, सोने–खाने के समय के प्रति असावधानी आदि दुर्गुण हमारे शरीर को नाश करने के लिये काफी नहीं थे इसलिए हम नये–नये दुर्गुणों की सूची बढ़ाते चले जा रहें है। इन नयी आदतों में प्रमुख हैं –

1. मोबाईल पर बात करने के साथ साथ बाइक चलाना, गाड़ी चलाना, तेजी से फुटपाथ पार चलना, सड़क पार करना। मोबाइल पर बात करने के साथ धड़ल्ले से सीढियाँ उतरना या चढ़ना। इन परिस्थितियों में घातक दुर्घटना या चोट–चपेट की प्रबल सम्भावना रहती है।
2. गर्दन टेढ़ी करके मोबाइल को कान के कर्णपालियों के पीछे खोंस कर सड़क पर बाइक चलाते रहना और बातें करते रहना। ऐसे व्यवहार के चलते गर्दन की हड्डियों में तनाव उत्पन्न होता है और जवानी में स्पॉन्डिलाइटिस का रोग होने का खतरा बना रहता है।
3. लेटे–लेटे या बैठे – बैठे घण्टों स्मार्टफोन, लैपटॉप, कम्प्यूटर के ऊपर आँखें गड़ो कर पत्राचार–वार्ता या चौटिंग करना। इसके कारण आँखों, स्नायुतंतुओं और मस्तिष्क पर अनावश्यक जोर पड़ता है। ऐसे लोगों की तोंद निकल आती है और तोंद निकलने का मतलब है सभी असंचारी रोगों से दो दो हाथ।

   यह सब देखकर किसी व्यंग्य चित्रकार ने कल्पना की है कि आज के हजार साल बाद जो जीवाश्म कंकाल मिलेगा उसके हाथों में स्मार्ट फोन का अवशेष जरूर होगा। आँखों के कटोरे मोबाइल के पट पर केन्द्रि होंगें।
4. चौराहे पर लालबत्ती रहते हुए भी धड़ल्ले से सड़क पार करना। ऐसे में प्राणांतक दुर्घटना हो सकती है।
5. फुटपाथ या सड़क के किनारे ढाबों या ठेलों से जंक भोजन/पूड़ी परौठा/भेलपूरी आदि चिकनाई युक्त भोजन खाना। ज्यादातर ऐसे स्थानों के आसपास परनाला या गन्दा नाला बहता रहता है जिसके अंदर मक्खी, मच्छर और हजारों–लाखों की संख्या में हानिकारक कीटाणु पनपते रहते हैं। ऐसा भोजन विभिन्न प्रकार के पेट के रोग, दिल के रोग और डायबिटीज को जन्म देता है।
6. अपने आफिस से बाहर किसी ठेले पर चाय/काफी पीना और धूम्रपान करना। स्मरण रहें ऐसी आदतें असंचारी रोगों की जड़ हैं।

अत्यंत जीवट वाले प्रेरक लोग

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आज की इस भीड़–भाड़ वाली दुनिया में जब किसी को एक दूसरे को जानने – सुनने की फुर्सत नहीं है उस समय यदि कोई जीवट वाला व्यक्ति मिल जाये या दिख जाये जो आपके मन को छू ले और अपनी अमिट छाप छोड़ जाये तो उसके विषय में लिखना जरूरी उत्तरदायित्व बनता है। हो सकता है इन प्रसंगों से कई अन्य लोग भी प्रभावित हों और अपनी जीवन धारा को उसी के अनुरूप ढालने का प्रयत्न करें। आईये मिलते हैं ऐसे कुछ महानुभावों से:

1. सेहत के प्रति समर्पित युगल:

'क' पिछले तीस साल से अधरंग (आधा अंग लकवे से कमजोर) से पीड़ित हैं। घर में डाका पड़ा और बदमाशों ने उनके सर पर मुद्गर से प्रहार किया। सर फैट गया। दाहिने प्रमस्तिष्क में सांघातिक चोट लग गयी। पन्द्रहियों अचेत रहे। जीवन की आशा खतम हो चुकी थी लेकिन गहन चिकित्सा और ईश्वर का आशीर्वाद धीरे धीरे उनकी स्थिति में सुधर होने लगा। चोट इतनी जबरदस्त थी की पूर्ण स्वस्थ होने के बावजूद बायाँ हाथ – पैर अशक्त हो चुका था। किन्तु वाह री उनकी मनस्विता और दृढ़ इच्छाशक्ति वह विगत तीस साल से नियमित सैर करते हैं और तेजी से चलते हैं। सेवानिवृत्ति के बाद भी उनका सैर–व्यायाम का क्रम नियम से चल रहा है। यही नहीं वह अपनी पत्नी जो शरीर से अत्यंत भारी हैं। चलने में कष्ट होता है। घुटने साथ नहीं देते। इसके बावजूद उन्हें अपने साथ प्रेरित करके ले आते हैं। वे अत्यंत सरल हृदया हैं। परम स्थूलता के बावजूद नियमित सैर करती हैं। मैं अक्सर देखता हूँ महाभागा के शरीर से पसीना चू रहा है फिर भी वे अपने सैर के क्रम से विमुख नहीं होती। सामने पड़ जाने पर सौजन्यतावश मुस्करा कर अभिवादन स्वीकार करती है। वाह री महाभागा ! मैं सेहत के प्रति शत प्रतिशत समर्पित इस युगल को मन ही मन नमन करता हूं।

इसी प्रसंग के साथ यदि मैं शेर–शेरनी, युगल – गिट्टे तथा दक्षिण – दम्पति की चर्चा न करूँ तो सैर पथ में अक्सर भेंट होने वाले इन दंपतियो की सेहत के प्रति सतर्कता और मानवीय संबंधों की गूढ़ता वाली बात अधूरी रह जायेगी। इसे फिर कभी बताऊँगा।

2. 'पार्किन्सोनिज्म' की विवशता:

'ख' की उम्र 70 से ऊपर होगी। बाल खिचड़ी हैं। चेहरे पर तेज टपकता है परन्तु उनके हाथों में उठते कम्पन, चेहरे की भावशून्यता, झुकी कमर, चाल की शैली और बाहुओं की जड़ता 'पार्किन्सोनिज्म' की तरफ इशारा करती है। शायद भूल भी जाते हैं। एक दिन अपना मोबाईल सैर पथ में भूल गये थे। किसी साधु प्रकृति के सहयात्री ने कठिन खोज बीन के बाद उन्हें वापस कर दिया। इस उपकार के बाद वे उन सज्जन को देखते ही एक क्षीण मुस्कान से स्वागत करना नहीं भूलते हैं। तमाम सारी विकलताओं के बावजूद 'ख' नियमित सैर करते हैं। सामने पड़ने पर नमस्कार करने पर एक मंद हँसी से जवाब देने का प्रयत्न करते हैं।

3. पोलियो अपनी जगह आत्म विश्वास अपनी जगह:

'ग' 40–45 साल के आस पास के होंगे। उनका बायाँ हाथ पोलियो ग्रस्त है। दाहिने की अपेक्षा बिलकुल पतला और कमजोर है। चलते समय या व्यायाम करते समय बायें हाथ को दाहिने हाथ से सहारा देते रहते हैं पर उनका नियमत: तेज गति से चलना और व्यायाम नौजवानों को दांतो तले ऊँगली दबाने को विवश कर देता है।

4. स्वच्छता का निस्वार्थ रूप:

'घ' की उम्र 55 वर्ष के करीब होगी। पेशे से व्यापारी हैं। उनके दोनों घुटनों में सूजन है। दर्द करते हैं। उनको आराम देने के लिये घुटनों पर टोपी पहनी हुई है। पर घूमने और आस–पास की सफाई के प्रति इतने

समर्पित हैं कि हाथों में दस्ताने पहन कर पूरे सैर पथ में जगह जगह बिखरी प्लास्टिक की थैलियां या बोतलें इकठ्ठा कर उन्हें विभिन्न कूड़ा पात्रों में डालतें हैं। कहाँ मिलेंगे ऐसे निस्पृह लोग ? मेरे मन में 'घ' के प्रति सहज ही असीम श्रद्धा उत्पन्न होती है। उनको देखते ही मुझे बरबस बचपन में लखनऊ की पुरानी गली वाले एक प्राइमरी के मास्टर साहेब की याद आ जाती है। बड़े बुजुर्ग उन्हें टिक्कू जी के नाम से बुलाते थे। बच्चे व किशोर बड़े आदर भाव से मास्टर साहेब कहते थे। उनके पिताजी घोर सनातनी पंडित थे। स्पर्शास्पर्श का विचार रखने वाले व्यक्ति। मजाल कोई उन्हें छू ले। पर मास्टर साहेब अपने सफाई के मिशन में मशगूल सबेरे सबेरे पूरी गली साफ करते थे। वह आजादी के तुरंत बाद का समय था। लोगो के मन में इस प्रकार के देश हित से सम्बंधित कामों को करने का जूनून था। परन्तु आज के भौतिकतावादी युग में जहाँ सबको अपने मतलब से मतलब हो उस समय अपनी शारीरिक कठिनाइयों के बावजूद कोई रोज निस्वार्थ भाव से नियम पूर्वक सफाई अभियान में लगा रहे वह वस्तुतः अनुकरणीय और सराहनीय बात है। (क्रमशः)

हृदयाघात का घाव

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वरिष्ठ हृदय रोग विशेषज्ञ
नेशनल हार्ट इंसटीच्यूट, नई दिल्ली–110065

1. हृदयाघात का घाव

सैर का अभाव,
मोटापे का प्रभाव,
तम्बाकू से लगाव,
अत्यधिक तनाव,
सब्जी फल का अभाव,
हृदयाघात का घाव।

2. हृदयघात तेहिं पाहिं

जे नर करहिं न कठिन श्रम योग सैर कछु नाहिं,
पियहिं तमाखू मदिर रस हृदयघात तेहिं पाहिं।

3. करहिं हृदय को खार

धूम्रपान सुर्ती सकल पुंगी* गुटक बहार,
ई –सिगरेट हुक्का सबै करहिं हृदय को खार।

*पुंगी का मतलब सुपाड़ी से है। सुपाड़ी किसी भी तरह से ली जाये चाहे अकेले या पान अथवा अदृश्य रूप में पान मसाले अथवा गुटके में मिश्रित चूर्ण की भांति। सुपाड़ी हृदय के लिये, मुंह के लिये और दांतों के लिए अत्यंत हानि कारक पदार्थ है। इसका काफी दिनों तक प्रयोग डायबिटीज को जन्म देता है।

4. गैस के वेश में आया हृदयाघात

गैस का कष्ट आपके प्राण नहीं लेता परन्तु गैस के रूप में आया हृदयाघात (दिल का दौरा) प्राणलेवा जरूर हो सकता है। इसकी उपेक्षा या स्वयं चिकित्सा कदापि न करे किसी योग्य डाक्टर से परामर्श तुरंत करें क्योकि हृदयाघात में एक एक क्षण क्षण कीमती होता है। समय पर किया गया उपाय अथवा न किया गया प्रदास प्राण रक्षक या प्राण हन्ता हो सकता है। कभी–कभी हृदय का दर्द गैस की तरह मालूम होता है। हृदयाघात के विषय में एक प्रसिद्ध सूत्र है – 'समय में चिकित्सा हृत्पेशी की सुरक्षा'। प्रश्न यह है की दिल के दौरे में गैस जैसी तकलीफ क्यों होती है ? ऐसा तब होता है जब हृदयाघात हृदय के अधर/निचले भाग को प्रभावित करता है और रोगी यह समझता है कि उसे पेट में गैस की तकलीफ हो रही है। इसके लिए वह वह गैस शामक दवाईयां या तो स्वयं लेता है या किसी नीम हकीम व्यक्ति अथवा किसी डाक्टर से फोन पर पूछ कर या दिखा कर कुछ गोलियां या सिरप ले लेता है। कभी कभी उसे क्षणिक आराम भी मिल जाता है। पीड़ित इसी मुगालते में रहता है और हृदयाघात की चिकित्सा का स्वर्णिम समय उसके हाथ से निकल जाता है। बाद में जब पता चलता है गैस जैसी यह दिक्कत उसे दिल के दौरे के कारण हुई है तब तक बहुत बिलम्ब हो चुका होता है। एक कहावत है – 'अब पछिताये का होत है जब चिड़ियाँ चुग गयी खेत'।

FOODS HIGH IN URIC ACID

By Nutrition Awareness Service CDRS

Studies have shown that foods high in uric acid play a major role in the development and aggravation of diseases such as gout. In conjunction with a healthy lifestyle and changes in diet, it can actually be easier to manage than many people believe, as long as the sufferer is willing to make some significant changes in their eating habits.

Gout is a painful disease that is most common in men, especially older men, but can also affect women. It is caused by a condition called hyperuricemia, which means that there is actually too much uric acid in the blood. While uric acid is actually a waste product left over from metabolism of chemical compounds called purines, it can also be found in some foods and alcohol.

Diets to reduce uric acid are extremely helpful in lowering levels of uric acid in the body, and will usually involve reducing or cutting out foods that have high levels of purines.

Normally, uric acid is eliminated from the body by the kidneys and a bit of hyperuricemia usually does very little harm. In fact, most people with high levels of uric acid in the blood never develop gout. However, some people are more sensitive to high levels of uric acid, and their bodies will form crystals that accumulate in the joints and cause painful gout symptoms.

The main goals of treatment for gout are relieving the chronic pain that comes with this disease as well as prevention of future gout attacks. Left untreated, it can also lead to long term problems like joint destruction and, ultimately, kidney damage. Diets to reduce uric acid also benefit gout sufferers by helping them lose weight, which has also been shown to help lower concentrations of uric acid in the blood.

Foods containing uric acid and the compounds that metabolize into uric acid include most animal meats, such as beef, pork and seafood. *Poultry and ham, the "white meats," can have some degree of purine content and should be eaten very sparingly, but they are not as detrimental as the "red meats."* Bacon, however, is very high in purines due to the processing used to make it ready for human consumption and should be avoided. *Alcohol and breads which contain yeast are also foods high in uric acid that should be kept out of the diet.*

Black cherry juice, also known as sour cherry or bitter cherry, is also being used in great quantities to help relieve the symptoms of gout in conjunction with diets to reduce uric acid. Celery seed extract and bromelain are some popular alternative medicine remedies that have been used as natural anti-inflammatories and have been well received by those who suffer chronic inflammation. *Adding eicosapentaenoic acid (EPA) and folic acid to the diet can also assist in reducing inflammation in gout episodes.*

By eliminating some foods high in uric acid from the diet, many gout sufferers have found some measure of relief from their pain and taken back control over their bodies that they feel had been taken away from them. Diets to reduce uric acid are also quite beneficial in conjunction with other natural therapies such as heat therapy and acupuncture, and many people are reporting a definite decrease in pain and other symptoms simply by making a few changes to their diet and lifestyle.

CONTROLLING YOUR BLOOD PRESSURE THROUGH LIFESTYLE

From the desk of **Dr. Vinod K. Gujral**

What does my lifestyle have to do with my blood pressure? — The things you do and the foods you eat have a big effect on your blood pressure and your overall health. Following the right lifestyle can:

- Lower your blood pressure or keep you from getting high blood pressure in the first place.
- Reduce your need for blood pressure medicines.
- Make medicines for high blood pressure work better, if you do take them.
- Lower the chances that you'll have a heart attack or stroke, or develop kidney disease.

Which lifestyle choices will help lower my blood pressure? — Here's what you can do:

- Lose weight (if you are overweight).
- Choose a diet rich in fruits, vegetables, and low-fat dairy products, and low in meats, sweets, and refined grains.
- Eat less salt (sodium).
- Do something active for at least 30 minutes a day on most days of the week.
- Limit the amount of alcohol you drink.

If you have high blood pressure, it's also very important to quit smoking (if you smoke). Quitting smoking might not bring your blood pressure down. But it will lower the chances that you'll have a heart attack or stroke, and it will help you feel better and live longer.

Start low and go slow — The changes listed above might sound like a lot, but don't worry. You don't have to change everything all at once. The key to improving your lifestyle is to "start low and go slow." Choose 1 small, specific thing to change and try doing it for a while. If it works for you, keep doing it until it becomes a habit. If it doesn't, don't give up. Choose something else to change and see how that goes.

Let's say, for example, that you would like to improve your diet. If you're the type of person who eats cheeseburgers and French fries all the time, you can't switch to eating just salads from one day to the next. When people try to make changes like that, they often fail. Then they feel frustrated and tend to give up. So instead of trying to change everything about your diet in 1 day, change 1 or 2

small things about your diet and give yourself time to get used to those changes. For instance, keep the cheeseburger but give up the French fries. Or eat the same things but cut your portions in half.

As you find things that you are able to change and stick with, keep adding new changes. In time, you will see that you can actually change a lot. You just have to get used to the changes slowly.

Lose weight — When people think about losing weight, they sometimes make it more complicated than it really is. To lose weight, you have to either eat less or move more. If you do both of those things, it's even better. But there is no single weight-loss diet or activity that's better than any other. When it comes to weight loss, the most effective plan is the one that you'll stick with.

Improve your diet — There is no single diet that is right for everyone. But in general, a healthy diet can include:

- Lots of fruits, vegetables, and whole grains.
- Some beans, peas, lentils, chickpeas, and similar foods.
- Some nuts, such as walnuts, almonds, and peanuts.
- Fat-free or low-fat milk and milk products.
- Some fish.

To have a healthy diet, it's also important to limit or avoid sugar, sweets, meats, and refined grains. (Refined grains are found in white bread, white rice, most forms of pasta, and most packaged "snack" foods.)

Reduce salt — Many people think that eating a low-sodium diet means avoiding the salt shaker and not adding salt when cooking. The truth is, not adding salt at the table or when you cook will only help a little. Almost all of the sodium you eat is already in the food you buy at the grocery store or at restaurants (figure 1).

The most important thing you can do to cut down on sodium is to eat less processed food. That means that you should avoid most foods that are sold in cans, boxes, jars, and bags. You should also eat in restaurants less often.

To reduce the amount of sodium you get, buy fresh or fresh-frozen fruits, vegetables, and meats. (Fresh-frozen foods have had nothing added to them before freezing). Then you can make meals at home, from scratch, with these ingredients.

As with the other changes, don't try to cut out salt all at once. Instead, choose 1 or 2 foods that have a lot of sodium and try to replace them with low-sodium choices. When you get used to those low-sodium options, find another food or 2 to change. Then keep going, until all the foods you eat are sodium-free or low in sodium.

Become more active — If you want to be more active, you don't have to go to the gym or get all sweaty. It is possible to increase your activity level while doing everyday things you enjoy. Walking, gardening, and dancing are just a few of the things that you might try. As with all the other changes, the key is not to do too much too fast. If you don't do any activity now, start by walking for just a few minutes every other day. Do that for a few weeks. If you stick with it, try doing it for longer. But if you find that you don't like walking, try a different activity.

Drink less alcohol — If you are a woman, do not have more than 1

"standard drink" of alcohol a day. If you are a man, do not have more than 2.

A "standard drink" is:

- A can or bottle that has 12 ounces of beer.
- A glass that has 5 ounces of wine.
- A shot that has 1.5 ounces of whiskey.

Where should I start? — If you want to improve your lifestyle, start by making the changes that you think would be easiest for you. If you used to exercise and just got out of the habit, maybe it would be easy for you to start exercising again. Or if you actually like cooking meals from scratch, maybe the first thing you should focus on is eating home-cooked meals that are low in sodium.

Whatever you tackle first, choose specific, realistic goals, and give yourself a deadline. For example, do not decide that you are going to "exercise more." Instead, decide that you are going to walk for 10 minutes on Monday, Wednesday, and Friday, and that you are going to do this for the next 2 weeks.

When lifestyle changes are too general, people have a hard time following through.

Now go. You can do it!

डेटिग और मधुमेह

इस बारे में कुछ कामयाब नुस्खे निम्नलिखित हैं:

1. अपने रोग को छुपाएं नही, बताने के लिए समय का इंतजार करें। पहली ही मुलाकात में अपने मधुमेह ग्रस्त होने के बारे में बताने की जल्दी न करें, पर अत्यधिक देर भी न करें। मतलब जितना जल्द बता सकें बतायें।
2. ईमानदार बनें। अपनी/अपने प्रिय को बतायें कि मधुमेह के साथ आप कैसा जीवन बिता रहे है और भविश्य से आपकी क्या अपेक्षाएं हैं।
3. मधुमेह देखभाल में अपने प्रिय को भी शामिल करें। अपने मित्र/प्रेमी/प्रेमिका को कार्बोहाइड्रेट की गणना और उच्च और निम्न ब्लड शुगर देखभाल के बारे में बताये। साथ ही उसे अपने ब्लड शुगर के बारे में तथा इंस्युलिन पंप के बारे में भी बतायें। कभी–कभी अपने साथी से अपना ब्लड शुगर नापने या इंस्युलिन पंप कार्टिरिज साफ करने में सहायता करने के लिए कहें। डॉक्टर से जांच के लिए मिलते जाते समय कभी–कभी उसे भी अपने साथ ले जायें। मधुमेह से जुड़े कार्यों में जितना संभव हो सके उसे शामिल करने का प्रयत्न करें। कुल मिलाकर उसे इस प्रकार प्रशिक्षित करें जैसे किसी मधुमेह रोगी को किया जाता है।
4. धैर्य बनाये रखें। सीख्ने के लिए हमारे पास हमेशा काफी कुछ बचा रहता है। आपको पूरा जीवन मधुमेह की देखभाल के लिए कुछ न कुछ सीखना पड़ेगा। साथ ही आपके साथी को भी इसमें शामिल होने पड़ेगा।

ऐसे कदम उठाकर आप दोनों एक दूसरे के प्रति संबंधों को न केवल मजबूत बनायेंगे बल्कि भविश्य के लिए भी अपने संबंधों कों पुख्ता करेंगे। यदि आप दोनों ईमानदार खुले विचारों, मधुमेह के प्रभावों के बारे में सचेत और सूचित व्यक्ति हैं तो निश्चय ही मधुमेह आप दोनों के संबंधों के बीच कभी दीवार नहीं बनेगी। इससे एक व्यक्ति के और एक युगल के रूप में आपकी चारित्रिक विशेशताएं और मजबूत बनेंगी। इससे आप दोनों के बीच के संबंध मजबूत बनेंगे और आपको एक दूसरे से पहले की अपेक्षा और नजदीक लायेंगे।

Answer these questions?
Know your own Heart Risk during next 5 years!

1. Your Gender	:	r MALE	r FEMALE		
2. Your Age	:	r 25-35	r 36-45	r 46-55	r 56-75
3. Do You Smoke / have smoked till 1 year back	:	r Yes	r No		
4. Family History (blood relative) of heart attack	:	r Yes	r No		
5. Existing, Recent past heart disease, Stroke	:	r Yes	r No		
6. Diabetes	:	r Yes	r No		
7. No Diabetes but Fasting Blood sugar	:	r more than 100mg%			
8. Your Waist Size	:	Male :	r <38"	r >38"	
		Female :	r <35"	r >35"	
9. What is your Systolic (upper BP)	:	r <130/80	r >130/85		
10. Are you taking Medicine for high BP	:	r Yes	r No		
11. What is your : Total Cholesterol	:	r <180	r >180		
12. What is your : LDL	:	r <100	r >100		
13. What is your : HDL	:	r >45	r <40		

Please send us your answers we will get back to you.

NHI Dialogue

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मधुमेह : मिथक और वास्तविकता

हमारे बीच मधमेह रोग और उसके उपचार के बारे अनेक भ्रतिंया और गलत बातें फैली हुई हैं जिनमें कुछ उदाहरण निम्नलिखित हैं

- **चीनी के अधिक सेवन से मधुमेह रोग होता है**
- **मधुमेह के सभी रोगियों को इंस्युलिन लेना जरूरी है**
- **मधुमेह के रोगी को बहुत कम भोजन करना चाहिए :**
- **मधुमेह से पीड़ित महिलाएं मां नहीं बन सकती**

मिथक

मधुमेह रोग केवल अमीरों को ही होता है

वास्तविकता

मधुमेह रोग किसी भी व्यक्ति को हो सकता है। यह रोग किसी व्यक्ति की आमदनी और पृश्ठभूमि नहीं देखता। शरीर की आवश्यकता से अधिक भोजन करने और शारीरिक व्यायाम से विमुख रहने से कोई भी व्यक्ति मधुमेह टाइप 2 के जोखिम की परिधि में आ सकता है।

मिथक

मधुमेह और मोटापा आनुवंशिक होते हैं इसलिए उचित आहार और व्यायाम की बात करना बेकार है

वास्तविकता

स्वस्थ जीवने के लिए उचित आहार और व्यायाम बहुत ही महत्वपूर्ण कारक हैं। इन्हीं के अभाव में मधुमेह जैसे रोग को आने, पनपने और फैलने में मदद मिलती है। शोध से यह पता चला है कि जिन लोगों और परिवारों में मधुमेह फैलता है उनमें उचित आहार ओर व्यायाम के प्रति लंबे समय तक लापरवाही बरती गई है। यदि ऐसा न हुआ होता तो मधुमेह से बचा जा सकता था।

मिथक

बच्चों को मधुमेह नहीं होता

वास्तविकता

मधुमेह टाइप 1 केवल बच्चों में ही पाया जाता है। भारत में मधुमेह टाइप 2 अधिकतर वयस्क काल में होता है। लेकिन इधर अत्यधिक मोटे बच्चों में भी 9 वर्श की अवस्था से ही मधुमेह होता पाया गया है।

मिथक

मधुमेह टाइप 2, मधुमेह टाइप 1 की तुलना में कम दुखदायी होता क्योंकि इसमें इंस्युलिन का प्रयोग नहीं करना पड़ता

वास्तविकता

हालांकि मधुमेह टाइप 1 व 2 दोनों ही उपचारणीय रोग है लेकिन यदि समय रहते इनका उपचार न किया जाए तो यह भविश्य में शरीर को बहुत नुकसान पहुंचा सकते हैं।

मिथक

मधुमेह टाइप 2 के रोगियों को इंस्युलिन लेने की आवश्यकता नहीं होती

वास्तविकता

यदि मधुमेह टाइप 2 काफी पुराना और शरीर के लिए जोखिमशील हो जाए तो शरीर में ब्लड शुगर को नियंत्रित करने और कारगर स्तर पर बनाए रखने के लिए मधुमेह टाइप 2 में भी इंस्युलिन का प्रयोग करना पड़ सकता है।

मिथक

इंस्युलिन लेने से उसकी आदत बन जाती है और बाद में इससे और तकलीफें बढ़ सकती हैं

वास्तविकता

इंस्युलिन लेना तभी जरूरी होता है जब वह शरीर की आवश्यकता बन जाए, और इसके प्रयोग से हुदय, गुर्दों और आंखों को जटिल रोगों से बचाया जा सके।

मिथक

मधुमेह रोग से ग्रस्त लोग खेलों में भाग नहीं ले सकते

वास्तविकता

मधुमेह, ब्लड शुगर, कोलोस्ट्रोल आदि के नियंत्रण के लिए शारीरिक गतिविधियां बेहद जरूरी हैं। निम्न ब्लड शुगर से बचने के लिए कुछ सावधानियां बरतनी होती है। ऐसा करके आप अपना पसंदीदा खेल खेल सकते हैं। अनेक खिलाड़ी मधुमेह होते हुए भी खेलों में भी नाम कमा रहे है।

मिथक

मधुमेह रोग से ग्रस्त व्यक्तियों के लिए चावल, आलू, तथा जमीन के नीचे पैदा होने वाली सब्जियां, व मीठे फल निशेध होते हैं

वास्तविकता

संतुलित आहार में सभी वर्गों से आहार सम्मिलित किए जाते हैं। वसा (दूध, सूखे मेवे), कार्बोहाइड्रेट, (ब्रेड/रोटी, अनाज, सब्जिया, फल, चावल, आलू) और प्रोटीन (मछली, फलियां, अंडे),और आम, अंगूर, केले जैसे फल भी सीमिति मात्रा में खाये जा सकते हैं

मिथक

चीनी के स्थान पर शहद का प्रयोग किया जा सकता है

वास्तविकता

मधुमेह रोगियों के लिए शहद भी चीनी से बेहतर नहीं होती। दोनों को कभी–कभी और सीमित मात्रा में इस्तेमाल किया जा सकता है

मिथक

इंस्युलिन और दवा की अधिक मात्रा लेकर अधिक भोजन किया जा सकता है

वास्तविकता

दवाएं कभी भी आहार नियंत्रण का विकल्प नहीं हो सकतीं। इस तरह की मिथ्या बातों पर अमल करने से आपका वजन बढ़ेगा और रोग की पेचीदिगियां बढ़ेंगी।

मिथक

मधुमेह में शराब पीना एकदम मना है

वास्तविकता

भोजन के साथ सीमित मात्रा में अल्कोहल का प्रयोग बुरा प्रभाव नहीं डालता। हां, खाली पेट शराब पीने, अथवा काफी मात्रा में शराब का सेवन कुछ ही घंटों में ब्लड शुगर के स्तर को काफी कम कर सकता है

मिथक

बुखार और संक्रमण के इलाज के दौरान इंस्युलिन और मधुमेह की दवाओं को रोका जा सकता है

वास्तविकता

इस तरह की बीमारियों में अक्सर ब्लड शुगर बढ़ जाती है, इसलिए भोजन के आकार और प्रकार को देखते हुए इंस्युलिन और मधुमेह की दवाओं की मात्रा कम या ज्यादा करनी चाहिए। ऐसे में घर पर ही शरीर में ब्लड शुगर के स्तर में होने वाले उतार चढ़ाव की भी लागातार परीक्षा करते रहनी चाहिए।

मिथक

घास में नंगे पावं चलने से मधुमेह को नियंत्रित किया जा सकता है

वास्तविकता

इसमें पैरों के तलवों में चोट लगने और कीड़ों से कटने का खतरा रहता है। दोनो के द्वारा संक्रमण हो सकता है। मधुमेह रोगियों के तलुओं में संवेदना की कमी के कारण संभव है चोट लगने पर फौरन उसका पता न चले जो बाद में चलकर बढ़ा घाव बन सकता है और पैरों में गैंग्रीन तक फैल सकता है।

Indian Ethnicity Tied to Higher Diabetes Risk

NEW YORK (Reuters Health) - Americans of Indian descent may have a heightened risk of diabetes, even when their weight is in the normal range, research suggests.

Researchers found that among more than 7,400 Asian Americans in a national health study, ***those of Indian descent had roughly three times the risk of diabetes as U.S. whites as a whole, and a higher prevalence of the disease than people of other Asian ethnicities.***

Moreover, although type 2 diabetes is closely associated with obesity, Asian Indians' risk began to climb even at lower weights.

Among those with weights in the normal range - as measured by body mass index (BMI), a ratio of weight in relation to height - about 7 percent had diabetes. That compared with rates of anywhere from 2 percent to 4 percent among whites and people of other Asian ethnicities.

Among obese adults - as defined as a BMI of 30 or higher - one-third of Indian adults had diabetes. Among other ethnicities, the rate ranged from 12 percent to 17 percent.

The reasons for the findings are not entirely clear, Dr. Reena Oza-Frank and colleagues at Emory University in Atlanta point out in the journal Diabetes Care.

However, the researchers note, ethnic differences in body fat levels and body fat distribution may play a role.

Studies have shown that compared with people of other races and ethnicities, Asians tend to have a higher proportion of body fat at any given weight - along with a higher type 2 diabetes risk.

It's possible that people of Indian background are particularly likely to have body fat distributions - including more abdominal fat - that are closely associated with diabetes, according to Oza-Frank and colleagues.

Some studies, the researchers note, have suggested that this may be a factor in the higher diabetes risk seen in Indian adults compared with Europeans.

Because Asian adults tend to have more body fat - and, therefore, greater health risks at relatively lower weights - the World Health Organization (WHO) has proposed lowering the threshold for how "overweight" is defined in Asian populations.

The standard definition of overweight is a BMI of between 25 and 30; the WHO recommendation sets that at 23 to 27.5 for Asians.

However, the current findings, Oza-Frank and colleagues write, suggest that for Asian Indians, "ethnicity alone may be as informative as BMI with regard to diabetes risk."

They call for more research into the "complex relationships" among body size, body fat and disease risks across different Asian populations.

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