

NHI Dialogue

Quarterly Health Magazine of Cardio Diabetes Research Society

Vol.1 No. 12 May-July '09



Editor in Chief : V. K. Gujral

www.diabetesheartcare.com

Acute MI (Heart Attack) 6



10 Ask Your Eye Specialist !!

10 Foot Care Tips to Protect Yourself



Revealing Food's Inner Goodness



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NHI Dialogue

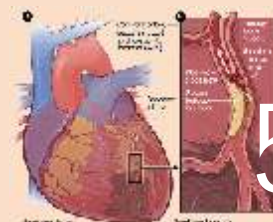


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*Readers are advised to first
consult their doctor before
starting any therapy.*

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Editorial Voice

Dear friends, hope you are enjoying the life. We, at NHI Dialogue are pleased to inform you that with all your attention and support, the circulation of print format as well as e-magazine format has shown desired increase and the feedback is encouraging.

Current issue presents to you a feature on Menopause, in addition to very important articles on diabetes prevention, heart attack recognition and rehabilitation after bypass surgery. There are some questions accumulated for eye care and we have got them answered by our eye specialist.

Once again requesting you to keep sending your questions, suggestions, write ups and we assure you of appropriate service.

With season's best wishes,

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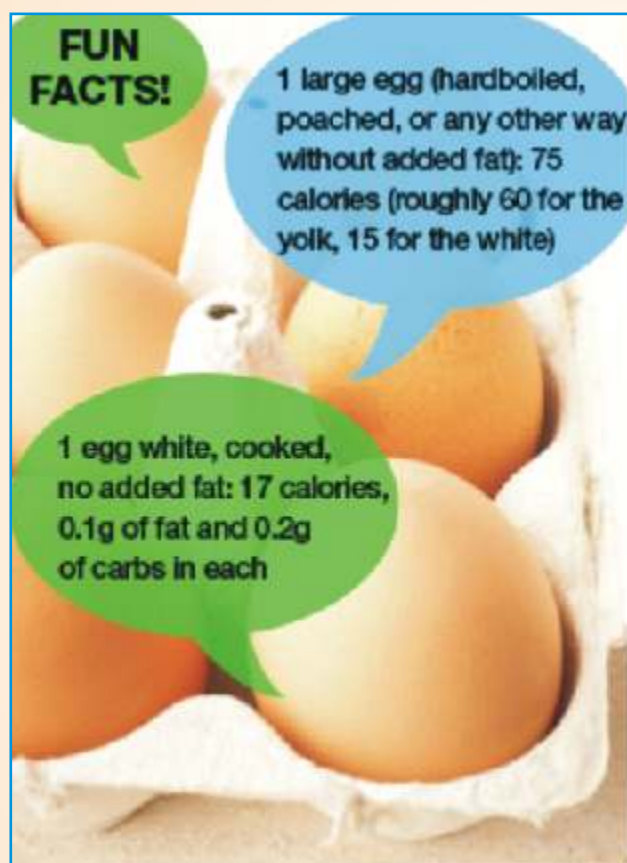
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Revealing Food's Inner Goodness

from Medical Nutrition Service of CDRS

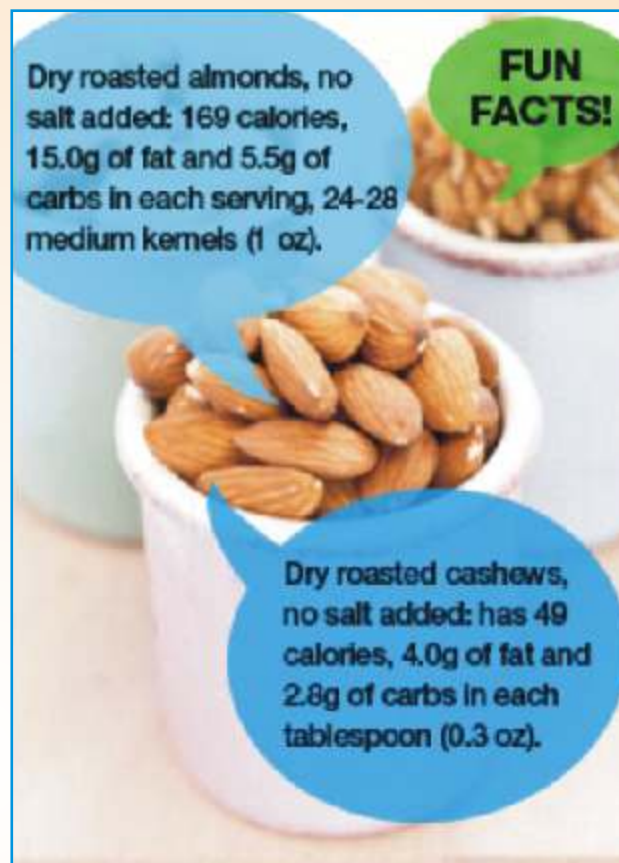
What if we told you you could eat “bad” foods, stay healthy and keep your budget in check? No food is actually bad, but some foods have an unfair reputation. Digging into the real nutrition facts of “bad” foods actually reveals that they may not be so bad for you after all.

5 “Bad” Foods That Are Good for You



Eggs

It's time to spread the love for eggs. At less than ten rupees per serving, and the easiest digestible protein, eggs are one of the few nutritious foods that provide you with a delicious breakfast, lunch or dinner. Eating two whole eggs per day keeps you within your daily cholesterol range. So we give you permission to dismiss any cholesterol woes that inhibit your egg intake. If you're not a fan of the yolk, try one whole egg and five egg whites, or an egg substitute. While the egg substitutes are typically yellow, they are still yolk-free



Nuts

People tend to steer clear of nuts because they are high in fat. However, we must remember that there is good fat and bad fat. Nuts have the good kind of fat. Filled with protein and fiber, nuts are tasty and extremely cheap. Try to stick with the healthier nuts, such as almonds, walnuts and cashews. If you throw a handful into your morning yogurt or oatmeal, it adds crunch and a boost of flavor



Cheese

Cheese tends to be a deliciously forbidden food on a healthy eating plan. Believe it or not, the fat in cheese is actually very flavorful, especially in hard cheeses like Parmesan and romano. Topping healthy dishes with a moderate serving of cheese gives you a good dose of protein without being bad for your health. Using a grater also gives you a little extra flavor



Chocolate

Because chocolate is considered a sweet, many people shove it away in the bottom of the cupboard. Let's set the record straight. Chocolate comes from a plant, which means it has many of the same health benefits as dark veggies. Loaded with flavanols (a pigment in plants that act as antioxidants), a piece of chocolate is great to munch on or brew some hot cocoa, and definitely won't break the bank. You can also find flavanols in fresh apples, grapes and red wine.



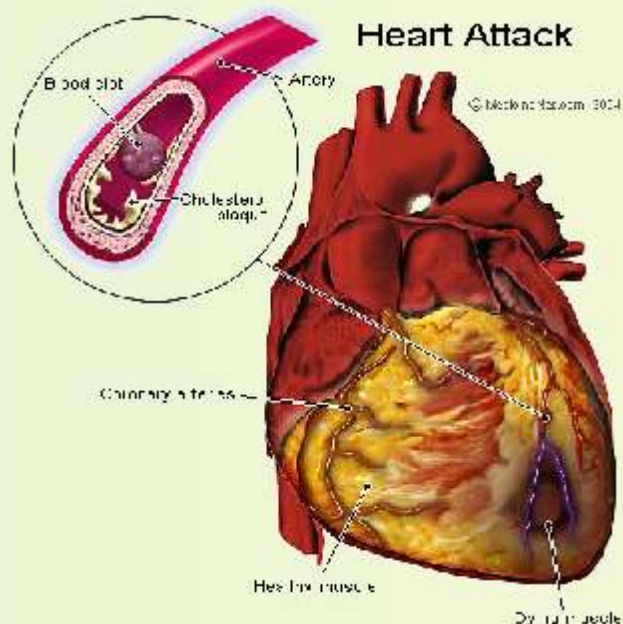
Pasta

Who doesn't like a big bowl of pasta with sauce? You can eat pasta in a healthy way without considering it an indulgence. Cheap and very easy to prepare, pasta is making a come back. Make sure you look for whole-grain pasta with fiber and protein—this keeps you fuller longer. While the calories are the same in white and whole-grain pasta, the extra fiber and protein (about 4 to 5 grams per serving) in the whole-wheat version allows you to have a smaller portion. And be careful, *wheat* is not the same as *wholewheat*

Acute MI (Heart Attack): Patients' Perspective and Cardiologist's Response in the First Six Hours

Dr Sarita Gulati

Senior Interventional Cardiologist, National Heart Institute, New Delhi



Myocardial infarction (heart attack) is a **medical emergency** which demands both immediate attention and activation of the **emergency medical services**. The ultimate goal of the management in the acute phase of the disease is to salvage as much myocardium as possible and prevent further complications. As time passes, the risk of damage to the heart muscle increases; hence the phrase that in myocardial infarction, "time is muscle," and time wasted is muscle lost.

Myocardial infarction (MI or AMI for acute myocardial infarction), commonly known as a heart attack, occurs when the **blood supply** to part of the **heart** is interrupted causing some heart cells to die. This is most commonly due to occlusion (blockage) of a **coronary artery** following the rupture of a **vulnerable atherosclerotic plaque**, which is an unstable collection of **lipids** (like **cholesterol**) and **white blood cells** in the wall of an **artery**. The resulting **ischemia** (restriction in blood supply) and **oxygen shortage**, if left untreated for a sufficient period, can cause damage and/or death (**infarction**) of heart muscle tissue (**myocardium**)..

In India, cardiovascular disease (CVD) is the leading cause of death. The deaths due to CVD in India were 32% of all deaths in 2007 and are expected to rise from 1.17 million in 1990 and 1.59 million in 2000 to 2.03 million in 2010. Although a relatively new epidemic in India, it has quickly become a major health issue with deaths due to CVD expected to double during 1985-2015. Mortality estimates due to CVD vary widely by state, ranging from 10% in Meghalaya to 49% in Punjab (percentage of all deaths). Punjab (49%), Goa (42%), Tamil Nadu (36%) and Andhra Pradesh (31%) have the highest CVD related mortality estimates.

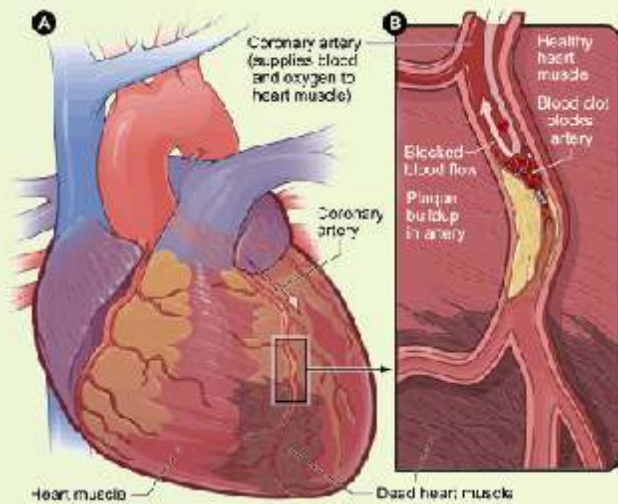
Presentation

Chest pain, usually across the anterior precordium is typically described as uncomfortable pressure, fullness, squeezing or pain in the center of the chest lasting more than a few minutes. The pain may be localised, or radiating to upper abdomen, neck, jaw, or inside the arms or shoulders. The left arm is more frequently affected; however, though a patient may experience pain in both arms. Pain may feel mild to intense, like pressure, tightness, burning, or heavy weight.

What does heart-related chest pain feel like?

If one suffers *chest pain* particularly while exercising, patient will almost certainly wonder whether it might be heart-related and rightly so. Heart muscle pain - angina - is likely to be the first warning of blocked coronary arteries, the cause of most heart attacks.

While there are no infallible guidelines about whether a chest pain is heart-related, it generally takes a particular form. Heart discomfort is rarely a sharp, stabbing pain. The description of angina is a feeling of heaviness, pressure, tightness or aching in



the chest, usually accompanied by shortness of breath. The pain generally goes away on stopping exertion, and it frequently isn't especially severe, which is, perhaps, unfortunate.

Heart attack may not be unbearably painful at first, permitting its victim to delay seeking treatment for as much as four to six hours after its onset. By then, the heart may have suffered irreversible damage. It is not unknown for patients to drive themselves to emergency rooms with what proved to be very serious and even fatal heart attacks.

The *Angina* is a protest from the heart muscle that it isn't getting enough oxygen because of diminished blood supply. A heart attack is simply the most extreme state of oxygen deprivation, in which whole regions of heart muscle cells begin to die for lack of oxygen. If the blockage in the arteries serving the heart muscle can be cleared quickly enough - within the first few hours of the onset of the attack - the permanent damage can be held to a minimum.

Ignoring this sort of pain because it is not unbearable or because it goes away is the worst thing one can do. It is the only warning you are likely to get of a potentially lethal condition. Heed it! Consult a cardiologist immediately.

- | *Breathlessness, which may accompany chest pain or occur as an isolated complaint, indicates poor ventricular compliance in the setting of acute ischemia. Breathlessness may be the patient's anginal equivalent, and, in an elderly person or a patient with diabetes, it may be the only complaint.*

- | *Nausea, abdominal pain, or both often are present in infarcts involving the inferior or posterior wall.*

- | *Anxiety*

- | *Light headed ness with or without syncope*

- | *Cough*

- | *Nausea with or without vomiting*

- | *profuse sweating*

- | *Wheezing*

- | *Elderly patients and those with diabetes may have particularly subtle presentations and may complain of fatigue, dizziness, or weakness. The elderly may also present with only altered mental status. Those with preexisting altered mental status or dementia may have no recollection of recent symptoms and may have no complaints whatsoever.*

- | *'How does the doctor know if I've had a heart attack?' The actual diagnosis must be made by a doctor who has studied the results of several tests. The doctor will:*

- | *Review the patient's complete medical history.*

- | *Give a physical examination.*

- | *Use a blood test to detect abnormal levels of certain enzymes in the bloodstream.*

- | *Use an electrocardiogram (or EKG) to discover any abnormalities caused by damage to the heart.*

- | *As many as half of MIs are clinically silent in that they do not cause the classic symptoms described above and consequently go unrecognized by the patient. A high index of suspicion should be maintained for MI especially when evaluating women, patients with diabetes, older patients, patients with dementia, and those with a history of heart failure. Patients with a permanent pacemaker in place may confound recognition of STEMI by 12-lead ECG due to the presence of paced ventricular contractions.*

.....to be continued in next issue (the care)

10 Foot Care Tips to Protect Yourself

Dr. Amar Pal Suri, *Consultant Foot care*



Diabetes can mean double trouble for your feet. First, diabetes can reduce blood flow to your feet, depriving your feet of oxygen and nutrients. This makes it more difficult for blisters, sores, and cuts to heal. And second, the diabetic nerve damage called peripheral neuropathy can cause numbness in your feet. When you can't feel cuts and blisters, you're more likely to get sores and infections.

If you don't notice or treat the sores, they can become deeply infected, and lead to amputation. A sad reality: *having a toe, foot, or lower leg surgically removed is 10 times more likely in people with diabetes.*

Diabetic peripheral neuropathy can also cause sharp pain in your feet. You may become excruciatingly sensitive to the lightest touch, like the sheets on your bed.

Fortunately, a little Tender Loving Care goes a long way in preventing foot problems from diabetes.

10 Tips to Protect Your Feet

Foot Care Tip 1. Check both feet daily.

Look over both feet carefully every day, and be sure you check between all of your toes. Blisters and infections can start *between your toes*, and with diabetic neuropathy, you may not feel them until they've become irritated or infected. If a physical challenge keeps you from checking your own feet, ask a family member to help.

Foot Care Tip 2. Wash with warm - not hot - water.

Wash both of your feet briefly each day with warm - *not hot* - water. You may not be able to feel heat with your feet, so test the water with your hands first. Avoid soaking too long in water, since waterlogged sores have a harder time healing. Dry your feet right away, and remember to dry gently between all of your toes.

Foot Care Tip 3. Make sure your shoes fit well.

It's an investment worth making. Even the slightest rubbing or misfit shoe can cause a blister that turns into a sore that becomes infected and never heals. Buy better-fitting shoes, or try different socks, even at the most minor signs of redness or irritation, since you may not be able to feel when it's getting worse. Before buying or putting on the shoes check your shoes for rough seams, sharp edges or other objects that could hurt your feet. And break your shoes in gradually.

Foot Care Tip 4. Skip the barefoot look.

Always wear shoes or slippers. Always wear socks with your shoes, since leather, plastics, and manmade shoe materials can irritate your skin and quickly bring on blisters. While you might prefer the look of hose, nylon knee-highs, or thin socks, you may find that these don't give your toes or heels enough protection. Wear thicker socks to pad your feet and cushion any calluses or sore spots.



Foot Care Tip 5. Speak up.

Nerve damage can be unpredictable. *Tell your doctor* about any changes in sensation in your toes, feet, or legs. Speak up if you notice pain, tingling, a pins-and-needles feeling, numbness, or any other unusual signs - even if it seems trivial to you. There's nothing small-potatoes about a potential foot amputation.

Foot Care Tip 6. Stay soft - but dry.

Your skin may be dry and cracked because of high glucose levels, and cracked skin means it's easier for bacteria to get under your skin and harder for infections to heal. Use a small amount of skin lotion daily, but *be sure your feet feel dry - not damp or sticky - afterwards*. Try not to get the lotion in between your toes. Keep your toenails trimmed and filed smooth to avoid ingrown toenails. You may find it easier to trim your nails after using lotion, when your cuticles are softer. Use a pumice stone after showering or bathing to softly file corns or calluses.

Foot Care Tip 7. Try non-impact exercise.

Swimming, cycling, yoga, and tai chi are increasingly popular ways to exercise - with minimal

impact on your feet. Talk with your doctor before starting an exercise program.

Foot Care Tip 8. Fix bunions, corns, and hammertoes.

If your big toe slants sharply in toward your other toes, with a big bump on the knuckle of your big toe, you've got a *classic bunion*. *Corns* are spots of thick, rough skin, where the tissue builds up on toes constantly barraged by too much rubbing or pressure. A buckled-under toe, called a *hammertoe*, can result from muscle weakness caused by diabetic nerve damage. All of these make it hard to fit shoes comfortably. But a good podiatrist (foot care specialist) can help you fix these problems and take better care of your feet.

Foot Care Tip 9. Consider fitted orthotics.

A podiatrist can also fit you with shoe inserts called orthotics to support your feet if you have diabetic nerve pain or the muscles have become weak from nerve damage. If pain or weakness is so severe that it's too painful or even impossible to walk, a foot brace or orthopedic shoes might help. A podiatrist is your best source for these devices.

Foot Care Tip 10. Control your blood sugar.

The best treatment for nerve pain, ultimately, is to manage your diabetes well. In fact, a major study in 2006 showed that strict blood glucose control with intensive insulin therapy lowered the chances of having symptoms of peripheral neuropathy - tingling, burning, and pain - by 64%. While you can't control whether or not you get diabetic nerve pain, you can help control your glucose levels with diet, exercise, and medications if you need them.

Your feet are your source of independence - or at least its foundation. Give your feet a little tenderness, a little loving care, each day. And be sure to have your doctor take a good look at your feet during each of your diabetes checkups, in case you missed anything.

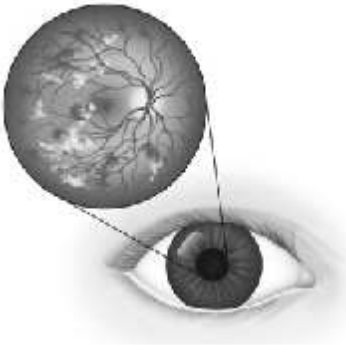
Ask Your Eye Specialist !!

Dr. Sudhir Bhatia MS.

Ram Kumar : Faridabad

1. I was diagnosed with type 2 diabetes and have never seen an eye doctor. On a clear day I see like garbage, cobwebs, etc. I need glasses for reading from the evening into the night. Help! Thanks.

Diabetes Affects the Retina



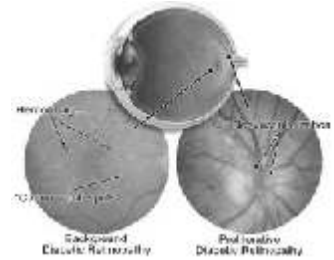
You've brought up three different points. First: Everyone with type 2 diabetes should have an eye exam right away. It's especially important to have annual eye exams with type 2 diabetes, because retinopathy can develop before diagnosis of diabetes. Sugar control is the best way to prevent retinopathy, but laser treatment may be an option if retinopathy develops. Second: The seeing of cobwebs or floaters is not uncommon in anyone, but it also can be a sign of a retinal tear and should be evaluated very soon with a dilated eye exam. Third: The need for reading glasses as one matures is normal and expected.

Ruby Batloa : Saket, New Delhi

2. My father and grandfather have diabetes and I'm afraid that I might have it too. I suffer from migraines and have symptoms like nausea and I'm always tired. Recently I lost my vision for a few minutes and was really scared because a friend said it could be diabetes or a brain tumor. But I don't want to worry my parents if it is nothing. Any advice?

First: If you have a family history of diabetes, you should have a doctor check you for diabetes at least on an annual basis. Second: Although temporary changes in vision can occur with migraines, the loss of vision that you mentioned can also be a sign of a stroke or poor blood circulation, and you should contact your primary care physician. You then can follow up with your eye doctor for a dilated eye exam.

Third: Most parents that I know would prefer knowing what you are seeing, and you should tell them what is going on.



Gul Himtiani :
Lajpat Nagar, New Delhi

3. What is the difference between a diabetic eye exam and a regular eye exam? Do I need a specialist for this?

You should see an ophthalmologist who is familiar with diagnosis and treatment of diabetes and diabetic retinopathy. The eye doctor that's checking for diabetic changes will dilate your pupils to get a thorough look. If the doctor does not dilate your pupils, you should probably see a different eye doctor to have a dilated eye exam. If significant diabetes related retinal problems are detected by your primary eye doctor, they should refer you to an ophthalmological "retinal specialist" for additional testing such as Optical Coherence Tomography and Fluorescein Angiography.

Raashi Kumaar : New Friends Colony

4. I've been diagnosed with type 2 diabetes, and my vision became very blurry as soon as I started taking medication. Will LASIK surgery help correct my vision? Is LASIK recommended for people with diabetes with blurry vision?

Changes in your blood sugar as measured by your A1c can cause changes in the focus of your vision. This can be true especially in a newly diagnosed diabetic who starts treatment to lower their blood sugar. However, it should stabilize once your A1C stabilizes. I would recommend waiting to consider laser eye surgery until you have at least a year of stability with your refraction. If you have poorly controlled diabetes or significant complications with diabetes, Lasik is not usually recommended.

Your Lab Results are in, and Yes, You Have Type 2 Diabetes

from Diabetes Counselling Service CDRS

But wait: You don't feel any different. Surely nothing is wrong. There's no reason to turn your life upside down over this. It's not something you need to worry about right now...

Denial: It's just one of the many ways people react to the shock of a diabetes diagnosis. Some may feel perfectly healthy, so the diagnosis just doesn't seem "real." Some have such terrible memories of family members' experiences with the disease that they can't bear to think about it. Others know so little about diabetes that they're just plain terrified. The list of emotional reactions to a diabetes diagnosis is not unlike the stages of grief that people experience in coping with loss and tragedy: some combination of denial, anger, bargaining, and depression, before finally attaining acceptance. When it comes to diabetes, you can also add sadness, frustration, anxiety, guilt, and shame.

People respond in a spectrum; we're all different and we all respond in different ways. People are going to have different rates of accepting their diabetes diagnosis, and that's OK.

What's a problem, however, is when these quite normal reactions take their toll on a person's health. All too often, someone who is newly diagnosed will suddenly isolate herself from others, withholding news of the diagnosis—or at least her anger about it—from loved ones. When such behavior leads to neglect in managing diabetes, the result can be dangerous.

So what can you do if you find yourself in that downward spiral? Find someone you can speak to about how you're feeling. Understand that the sooner you talk to people, the sooner you can start to live a normal life, and not live two separate lives. If you're loath to ask for help, think about it in terms of your physical health: Taking care of your feelings will help you take care of your body—but only if you make it a priority. A patient who leaves for work at 6:30 a.m., gets home at 6:30 p.m., and doesn't have any time for herself. She doesn't work out

anymore; she gets home and makes dinner, helps her child with homework, and her type 1 diabetes gets pushed out..If you are a caregiver at home, it's crucial to remember your own needs along with everyone else's. That may mean carving out personal time to exercise or asking family members to help keep diabetes-friendly foods in the refrigerator.

Appropriate introspection, healthy habits, and communication with others may be enough to help you cope. But watch for signs of depression, which indicate that you need additional help from a professional. Note that you may or may not feel intense sadness if you're battling depression. More telling signs include fatigue, insomnia, weight loss or weight gain, and flagging interest in activities you used to enjoy. If you have these symptoms for more than a couple of weeks, talk with a health care provider. And remember: About a third of people with diabetes develop depression at some point. You are not alone, and help is out there.

CDRS Resources That Can Help

Support Groups

No one knows the challenges of coping with and managing diabetes better than other people who have it themselves. Support groups are a place to ask questions, share your concerns, and solicit advice from others who have lived with the disease longer than you have. Some groups cater specifically to people with type 1, type 2, or gestational diabetes; others are open to everyone. If you have a child with diabetes, there are special support groups for both you and your kid.

Support groups. Offerings vary depending on where you live. Visit [CDRS website :www.diabetesheartcare.com](http://www.diabetesheartcare.com)

Online Networking

Online message boards, forums, and social networking Web sites can be a source of advice and a place to make friends.

How to Prevent or Delay Diabetes



Pre-diabetes is a serious medical condition that can be treated. The good news is that the recently completed Diabetes Prevention Program (DPP) study conclusively showed that people with pre-diabetes can prevent the development of type 2 diabetes by making changes in their diet and increasing their level of physical activity. They may even be able to return their blood glucose levels to the normal range.

While the DPP also showed that some medications may delay the development of diabetes, diet and exercise worked better. Just 30 minutes a day of moderate physical activity, coupled with a 5-10% reduction in body weight, produced a 58% reduction in diabetes.

The American Diabetes Association (ADA) is developing materials that will help people understand their risks for pre-diabetes and what they can do to halt the progression to diabetes and even to “turn back the clock.” In the meantime, ADA has a wealth of resources for people with diabetes or at risk for diabetes that can be of use to people interested in pre-diabetes.

What is a diabetes meal plan?

A diabetes meal plan is a guide that tells you how much and what kinds of food you can choose to eat at meals and snack times. A good meal plan should fit in with your schedule and eating habits. The right meal plan will help you improve your blood glucose, blood pressure, and cholesterol numbers and also help keep your weight on track. Whether you need to lose weight or stay where you are, your meal plan can help.

People with diabetes have to take extra care to make sure that their food is balanced with insulin and oral medications, and exercise to help manage their blood glucose levels.

This might sound like a lot of work, but your doctor and/or dietitian can help you create a diet plan that is best for you. When you make healthy food choices, you will improve your overall health and you can even prevent complications such as heart disease and some cancers.

What is a healthy diet?

A healthy diet is a way of eating that reduces risk for complications such as heart disease and stroke. Healthy eating includes eating a wide variety of foods including vegetables, whole grains, fruits, non-fat dairy products, beans, and lean meats, poultry and fish. There is no one perfect food so including a variety of different foods and watching portion sizes is key to a healthy diet. Also, make sure your choices from each food group provide the highest quality nutrients you can find. In other words, pick foods rich in vitamins, minerals and fiber over those that are processed.

People with diabetes can eat the same foods the family enjoys. Everyone benefits from healthy eating so the whole family can take part in healthy eating. It takes some planning but you can fit your favorite foods into your meal plan and still manage your blood glucose, blood pressure and cholesterol.

Create Your Plate

Often, when people are diagnosed with diabetes, they don't know where to begin. One way is to change the amount of food you are already eating. Focus on filling your plate with non-starchy vegetables and having smaller portions of starchy foods and meats. Creating your plate is an easy way to get started with managing blood glucose levels.

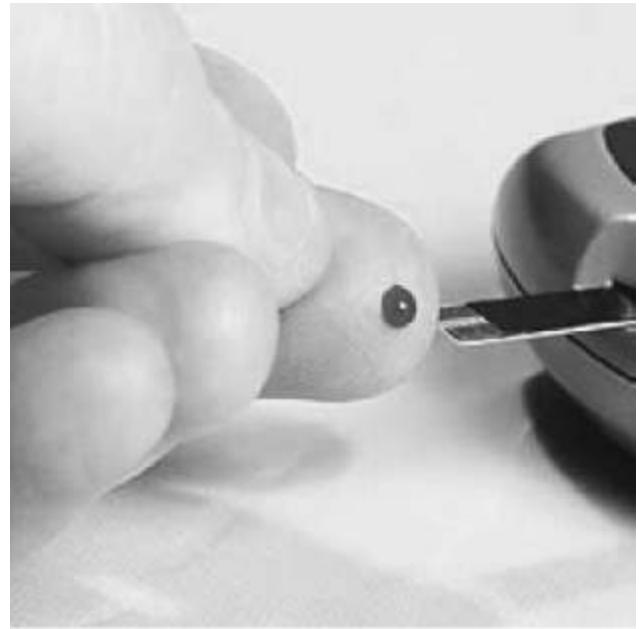
You don't need any special tools or have to do any counting. It's simple and effective — draw an imaginary line on your plate, select your foods, and enjoy your meal! You may have heard of this as the “Plate Method.” Once you've changed your portion sizes, you can work on making healthier food choices from each food group.

The easiest way to get started with managing your diabetes is to create your plate.

It's simple and effective for both managing diabetes and losing weight. Creating your plate let's you still choose the foods you want, but changes the portion sizes so you are getting larger portions of non-starchy vegetables and a smaller portion of starchy foods. When you are ready, you can try new foods within each food category.

Try these 6 simple steps to get started:

1. Using your dinner plate, put a line down the middle of the plate.
2. Then on one side, cut it again so you will have 3 sections on your plate.
3. Fill the largest section with non starchy vegetables such as:
 - | spinach, carrots, lettuce, greens, cabbage,
 - | green beans, broccoli, cauliflower, tomatoes,
 - | vegetable juice, salsa, onion, cucumber, beets,
 - | mushrooms, peppers, turnip
4. Now in one of the small sections, put starchy foods such as:
 - | whole grain breads, such as whole wheat or rye
 - | whole grain, high-fiber cereal
 - | cooked cereal such as oatmeal, grits, chapati,
 - | rice, pasta, dal,
 - | cooked beans and peas, such as black-eyed peas
 - | potatoes, green peas, corn, sweet potatoes, winter squash
 - | low-fat crackers and snack chips and fat-free popcorn
5. And then on the other small section, put your non veg / substitutes such as:
 - | chicken without the skin
 - | fish such as tuna, salmon, cod, or catfish
 - | other seafood such as shrimp, oysters, crab,
 - | tofu, eggs, low-fat cheese.
6. Add an 200 ml. glass of toned milk If you don't drink milk, you can add another small serving of carb such as a 6 oz. container of light yogurt.
7. And a piece of fruit or a 1/2 cup fruit salad and you have your meal planned. Examples are fresh, frozen, or canned in juice or frozen in light syrup or fresh fruit.



Know Why You Want to Quit



So you want to quit smoking, but do you know why?

“Because it’s bad for you” isn’t good enough.

To get motivated, you need a powerful, personal reason to quit. Maybe you want to protect your family from second hand smoke. Maybe the thought of lung cancer frightens you. Or maybe you’d like to look and feel younger.

Choose a reason that is strong enough to outweigh the urge to light up.

Don’t Go Cold Turkey

It may be tempting to toss your cigarettes and declare you’ve quit, plain and simple. But going cold turkey isn’t easy to do. Among those who try to stop smoking without therapy or medication, 95% end up relapsing. The reason is that smoking is an addiction. The brain depends on nicotine. In its absence, the symptoms of nicotine withdrawal occur.

Try Nicotine-Replacement Therapy

When you stop smoking, nicotine withdrawal may make you frustrated, depressed, restless, or angry. The craving for “just one drag” may be overwhelming. Nicotine-replacement therapy can reduce these feelings. Studies suggest nicotine gum, lozenges, and patches can help double your chances of quitting successfully when used with an intensive behavioral program. But using these products while smoking is generally not recommended.

Ask About Prescription Pills

To ease nicotine withdrawal without using products that contain nicotine, ask your doctor about prescription medications. There are pills that reduce cravings by altering the areas of the brain

affected by nicotine. This change may also make smoking less satisfying if you do pick up a cigarette. Other drugs can help reduce troubling withdrawal symptoms, such as depression or inability to concentrate.

Don’t Go It Alone

Tell your friends, family, and co-workers that you’re trying to quit. Their encouragement could make the difference. You may also want to join a support group or talk to a counselor. Behavioral therapy is a type of counseling that helps you identify and stick to quit-smoking strategies. Combine behavioral therapy with nicotine-replacement products or medication to boost your odds of success.

Manage Stress

One reason people smoke is that the nicotine helps them relax. Once you quit, you’ll need another way to cope with stress. Try getting regular massages, listening to relaxing music, or learning yoga or tai chi. If possible, avoid stressful situations during the first few weeks after you stop smoking.

Avoid Alcohol & Other Triggers

Certain activities may boost your urge to smoke. Alcohol is one of the most common triggers, so try to drink less when you first quit. If coffee is a trigger, switch to tea for a few weeks. And if you usually smoke after meals, find something else to do instead, like brushing your teeth or chewing gum.

Clean House

Once you’ve smoked your last cigarette, toss all of your ashtrays and lighters. Wash any clothes that smell like smoke and clean your carpets, draperies, and upholstery. Use air fresheners to help rid your home of that familiar scent. You don’t want to see or smell anything that reminds you of smoking.

Try and Try Again

It’s very common to have a relapse. Many smokers try several times before giving up cigarettes for good. Examine the emotions and circumstances that lead to your relapse. Use it as an opportunity to reaffirm your commitment to quitting. Once you’ve made the decision to try again, set a “quit date” within the next month.

Get Moving

Physical activity can reduce nicotine cravings and ease some withdrawal symptoms. When you want to reach for a cigarette, put on your inline skates or jogging shoes instead. Even mild exercise is helpful, such as walking the dog or pulling weeds in the garden. The extra calories you burn will also ward off weight gain as you quit smoking.

Eat Fruits & Veggies

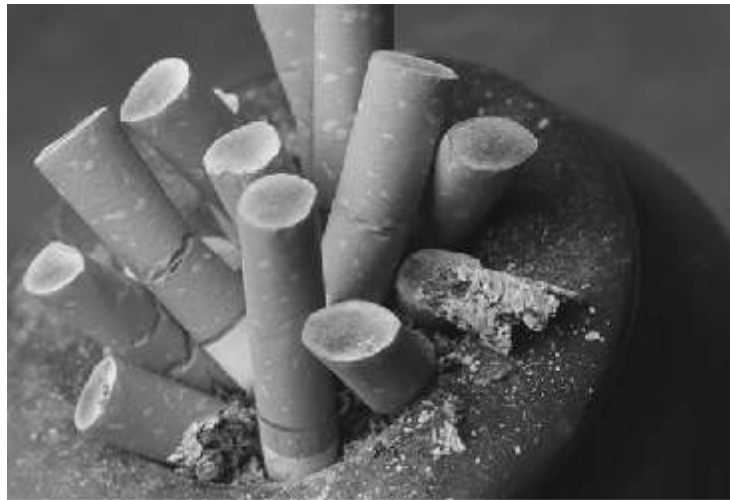
Don't try to diet while giving up cigarettes – too much deprivation is bound to backfire. Instead, focus on eating more fruits, vegetables, and low-fat dairy products. A Duke University study suggests these foods make cigarettes taste terrible. This gives you a leg up in fighting your cravings while providing disease-fighting nutrients.

Choose Your Reward

In addition to the tremendous health benefits, one of the perks of giving up cigarettes is all the money you will save. Reward yourself by spending part of it on something fun.

Do It for Your Health

There's more than the monetary reward to consider. Smoking cessation has immediate health benefits. It lowers your blood pressure and reduces your pulse after only 20 minutes. Within a day, oxygen and carbon monoxide levels in your blood return to normal, and risk of a heart attack decreases. Long-term benefits include a reduced risk for coronary heart disease, stroke, lung cancer, and other cancers.



Question:

Why do I need to cool down and stretch after I finish exercising?

Answer:

A cool down helps slow your heart rate down and helps muscles and joints return to an inactive state. You reduce your chances of injury and sore muscles if your brisk walks and other aerobic activities include the warm-up and stretch before you start and cool down and stretch after you finish. You can slow down your aerobic activity or walk slowly for 5-10 minutes after aerobic activity to cool down. The cool down should end with stretching. Again, the stretching includes neck rotations, shoulder rolls, arm swings, gentle knee bends, and ankle rotations. Your stretches should be smooth, fluid movements. As you do in yoga, you can hold a stretch, but do not make jerky, sudden movements or bounces. After the cool down and stretching, your body should feel relaxed and more flexible. Your heart rate should have returned to its normal pre-exercise rate by the end of the cool down and stretch.

Cardiac Rehabilitation After Cardiothoracic Surgery

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Cardiac rehabilitation (CR) is an important component of post operative recovery of a patient, who has undergone coronary artery bypass graft surgery or any form of open heart surgery. Recent published reports have clearly indicated that CR results in better patient outcomes and not only it helps in speedy stabilization of health but also, encourages resumption of effective daily activities faster. CR majorly focuses on early mobilization & return to gainful employment besides specialized attention on cardiac risk factor modification, optimal medication, education and counseling with regards to changes of lifestyle. As well, in-patient CR after cardiac surgery, provides a bridge between acute care discharge and independent living at home and guide patients back on the road to clinical stability and functional independence, while initiating the process of secondary prevention.

Cardiac rehabilitation starts right from the moment the operation is over. However, the in-hospital part of the rehabilitation is looked after by the doctors, nurses, physiotherapists and other trained medical and para medical personnel and therefore it shall not form a part of this review. We shall be focusing on the rehabilitation as applicable when the patient leaves the hospital. Infact leaving the hospital itself

to some is a joy occasion but for others it makes them feel apprehensive. Some times, these feelings are prompted by concerns about leaving the security of the hospital with its expert medical team and equipment. However, one must remember that no patient is allowed to go home until the doctors think that the condition is satisfactory and therefore there should be no room for any apprehension on this account. Recovery from the heart surgery usually takes 4-6 weeks. During this time, you start to build up your strength and get back to your normal routine. When you first get home, your activities should be the same as they were in the hospital. Do a little more each day. Rest when you are tired. Don't overdo it. Don't set goals. Face each day as it comes. Do things pragmatically and within your capabilities. Do not compare yourself to some one else. No two people are alike, neither in their looks, nor behaviour, so how can they be alike in their recovery?

Your Emotions

It's normal after surgery to have a "let down" or depressed feeling. You may be tearful or may even cry. At times you may be irritable. Some people have bad dreams. Others have a loss of memory or can't concentrate. These emotions should go away by the end of your recovery (4-6 weeks). There is no embargo on speaking or interacting socially, as long as you do not feel tired & exhausted.

Incisions

During the first week after surgery, your chest incision may be bruised. It may also itch, feel numb or be sore. At times your back or shoulder may also feel sore. All of these things are common and will go away slowly.

For back and shoulder soreness, maintain good posture and move your neck & shoulder muscles in a normal way. A good posture means sitting or walking straight, do not slump. Do not raise your hand above the shoulder height and do not lift heavy weights. A mild pain reliever may also help. If a vein graft was taken from your leg, you may notice some

swelling. Elevating your legs will help. If an arterial graft was used from your arm (Radial Artery), you may notice some numbness in your thumb and index finger. This will improve with time. It takes 6-12 weeks for the breastbone to heal completely. Wires hold this bone together, but you can't feel them. During this healing time you may notice slight clicking or movement of sternum (breast bone) when you breathe or turn. This is common and should go away when your sternum heals. Women may find that wearing a brassier can add support and reduce pain. Choose a comfortable but a firm and fitting brassier that is not binding.

Walking & Exercises

Take several short walks between times of rest. This keeps you from getting too tired while you are building your strength. You can climb stairs, but take your time and go slowly. Sit down and rest if you become tired, short of breath or dizzy. Do not cross your legs while sitting as it hampers blood circulation in the legs and increase the chances of clot formation in legs. Do the amount and kind of exercise your doctor or physiotherapist suggests. Exercise improves muscle tone and strength after surgery. You can start going out of house for short walks, but always keep help at hand.

Bathing

At first you may be weak, so have someone close by to help you, if needed. Until you feel stronger, it may help to place a stool in the shower. Wash your incisions gently with soap but DO NOT SCRUB. Pat dry. Leave wounds open, unless they are weeping & wet. Taking bath daily is desirable and strongly recommended.

Diet

Eating well-balanced meals will speed your healing and make you less tired after surgery. Your appetite may be down but it will pick up as you start to recover. Try eating small meals more often rather than two or three large ones. If you have diabetes, it is important to keep your blood sugar under control. A healthy heart diet is low in cholesterol, saturated fats, sugar, salt and calories.

The doctor (cardiologist), dietitian or nursing staff will explain how to modify your eating habits. It is wise to reduce coronary risk factors as much as possible by reducing saturated fats, cholesterol and salt in the diet. It is very important to avoid being

overweight. Obesity is bad for any heart patient. Generally the same food as the rest of family can be taken, if tolerated. Avoid salty foods such as potato chips. Salt should not be added to your plate but normal cooking salt is all right. Fatty foods are best avoided, so are aerated drinks. Take plenty of fruits, fresh vegetables & roughage in diet. Avoid confectionary and bakery products. Do keep track of invisible fats and calories especially in form of major snacks between meals.

Recommended Food Products after Coronary Artery Surgery

- | Skimmed milk and its products
- | Lentils
- | Low cholesterol butter
- | Poultry, fish, white of egg
- | Soups
- | Butter milk, coconut water, lime juice
- | Wheat flour with bran, besan
- | Green leafy vegetables
- | Fruits – apple, orange, sweet lime, grape, pears, water melon, musk melon
- | Grilled, baked, sesamed and roasted foods
- | Dry fruits – 15-20 gm/day

Cholesterol

Nutrition experts generally agree that keeping blood cholesterol at normal levels reduces the risk of heart complications in persons who have coronary artery disease. It is a good idea to check your blood cholesterol periodically. If it is high you will have to reduce it by proper diet and exercise. If diet and exercise don't do the job, medication may be needed.

Cooking

Use small amounts of vegetable oil in cooking. Corn, Soy, Sunflower, Peanut and olive oils are better to use. Bake, boil, steam or grill. Don't fry and don't add salt at the table. Don't re-fry food & don't reuse oil after it has been used once as repeated heating of oil leads to production of transfatty acids which are harmful to your heart and lead to cholesterol deposition in the arteries of the heart.

Driving

Do not drive a car or scooter for about 4-6 weeks after surgery. During recovery your reaction time

will be slowed due to weakness, fatigue or medicines. If you unfortunately meet an accident, even while wearing a seat belt, you could hit the steering wheel and re-injure your sternum.

Household chores

Wait until after 4 to 6 weeks to begin household duties (child care, making meals etc). During the first two weeks at home, as you get stronger, you may feel like

- | Setting and clearing the table
- | Dusting furniture
- | Potting plants
- | Shopping!

Any thing that is very tiring or causes discomfort should be stopped until after recovery. Do not lift more than 2-4 kg at a time for 4 to 6 weeks after surgery.

Smoking

For some of you, surgery forced you to stop smoking. It is very important that you continue not smoking. It may be hard not to smoke again, but you can do it. Stopping smoking is one of the best things you can do for your heart and your health. Smoking has a bad effect on the heart, as well as on other parts of the body. It is a major risk factor for additional heart disease after your surgery. If you smoke, quit and if you don't, please don't start.

Support Stockings

You may be asked to wear support stockings or crepe bandage during the first part of your recovery when you are less active. These stockings/ bandage aid blood flow and help reduce swelling in the legs. Keep wearing the stockings/crepe bandage for 4-6 weeks or till your activity is back to normal and swelling of the legs has disappeared.

If you have a problem with leg swelling:

- | Raise your legs when sitting or lying down so that your toes are above the level of your heart
- | Don't stand for long periods of time

Alcohol

Drink only if you have no addiction problem. You may drink alcoholic beverages, in moderation only, NEVER exceeding two drinks per day (60ml of

42% proof whisky or 200-300ml of Red wine). Too much alcohol can weaken the heart muscles.

Medications

You should take only those medicines, which have been prescribed in the discharge summary. Don't keep taking medicines that you took before the operation unless they are specifically prescribed. Before you leave hospital make sure you know which medication you have to take and what each tablet is for. This is most important. If you are to take anticoagulants (blood thinning tablets) you must understand how often follow up blood tests are to be done.

Anticoagulants (blood thinning tablets)

Some people get blood clots inside an artery, a vein or the heart. This may be a problem in people with irregular heartbeats, previous blood clots or heart valves that have been replaced. To lower the chance of having blood clots, an anticoagulant (such as Acitrom) is prescribed. Anticoagulants (often called "blood thinners") prolong the time it normally takes for blood to clot. If you are taking a blood thinner, keep appointment for a regular blood test (Prothrombin time/INR). The PT/INR tells your doctor how long it takes your blood to clot. This time is used to decide the right dose of blood thinner for you. While you are in the hospital, your blood will most likely be checked daily. When you first go home, PT/INR should be done twice a week for 1st week, then once a week for next two weeks. Later this may be needed only once a month. Level of anticoagulation for you will be mentioned in your discharge summary.

Caution: Watch for signs of bleeding, if you are taking a blood thinner. Let your doctor know right away if you have:

- | Black stools
- | Pink or red urine
- | A lot of bruising or unexplained swelling
- | Severe headaches or abdominal pain
- | Vomit that looks dark coloured
- | Bleeding from nose or gums
- | More than usual menstrual periods

If any dental work or surgery is planned, let the dentist or surgeon know that you are on anticoagulants. Your doctor may ask you to stop taking them for some time.

Spectacles

After any open-heart surgery, there is water retention in the body. Even the lens of eye gets swollen and therefore you may get haziness of vision and inability to read small prints. Please do not change lens of your glasses as this problem will go away automatically in 4-6 weeks time and you would be able to see normally once your lens tension returns to base line.

When should the doctor be contacted

Call the Doctor on duty if there is any problem, viz. if there is any sign of infection (redness, swelling or discharge from the incision), fever, chills, increased fatigue, shortness of breath, increased swelling on ankles, weight gain over 2 Kgs in 5 days, change in heart rate or rhythm or any other sign or symptom that seems disturbing.

Returning to Work

For sedentary workers, the average is four to six weeks. For persons who must perform heavy work, the time is six weeks or longer, varying from patient to patient.

Routine at home

Patients should follow these principles:

- | Get up at normal hour
- | Bathe or shower daily if possible
- | Always dress in regular clothes (Don't stay in sleeping clothes during the day) & take interest in personal grooming
- | Take a rest period in the mid morning, at mid afternoon or after a period of activity

A typical six weeks' programme

Week 1

- | Light activities
- | Avoid any heavy lifting, stooping or bending
- | Limit visitors
- | Frequent 5-10 meters walks around house and garden
- | Stairs – when essential, go slowly and rest mid way

Week 2

- | Gradually increase to moderate activities, more moving and for longer times
- | Walking 10-15 minutes twice daily at comfortable pace
- | Start receiving visitors

Week 3

- | Continue increasing activities
- | Half day outings and small social outings, but not too late at night
- | Walk 15-20 minutes twice daily

Week 4- 5

- | Longer activity times, faster walking
- | Carrying light weights
- | Walking 20-30 minutes, aim to walk 1 mile twice daily
- | Social outings; such as cinema/theatre/temple
- | Restaurant up to 3 hours

Week 6

- | Most activities, unless exceptionally heavy
- | Drive your car
- | Normal sexual activities
- | Return to job

The role of primary care physician in cardiac rehabilitation is of paramount importance and therefore it is important that they be involved in this process right from the day zero, i.e. when patient leaves the hospital or still better even when the patient is in the hospital. Cardiac rehabilitation programme should never be run under the aegis of the surgical services and should either be under a dedicated physician based at hospital or under a physician providing domiciliary service. Tertiary care specialists, that is the cardiac surgeon and cardiologist, should provide ancillary support only. This I reemphasize because most patients continue visiting the tertiary care specialists and the latter also for obvious commercial reasons, keep entertaining them but this is to the detriment of the patient. I once again repeat all patients must return to the primary care physicians and be in their regular care and appear to tertiary care set ups only for anecdotal check ups.

YOGA BASICS

M.M.Sharma, *Veteran Yoga Advisor, CDRS*



Yoga is an exercise system that consists of a series of poses, postures and positions. The practice of yoga began in India about 5,000 years ago to promote union of mind, body and spirit.

Yoga is a physical and spiritual practice with roots in ancient India but with relevance to daily life in modern times. The typical workout blends strength, flexibility and body awareness with a series of poses, postures and positions called “asanas”.

While there are many forms of yoga, most yoga newbies find Hatha the best school of yoga to start with. It includes all of the basic yoga moves and breathing exercises, but leaves out the spiritual aspects of some other forms. There are also many different styles of Hatha yoga, some more meditative, some more physically vigorous.

One of the most appealing aspects of yoga is its ability to promote flexibility and relaxation. Most gyms offer classes or you can check your phone book for a local yoga studio. Most places offer classes in a variety of skill levels and times throughout the week. If classes aren't your thing, check out a yoga DVD, TV program or book to help guide you through a routine.

Yoga can be practiced to enhance overall health, to improve balance, to heal and prevent injuries, to strengthen muscles and to open the body for meditation. Yoga's increasing popularity is proof that many people value an exercise system that

engages the mind, body and spirit in equal measure. If you've never done yoga before, give it a try and see what it can do for you.

Upside of Yoga

- | Most people begin to see and feel improvements in their flexibility, strength and stress levels after only a few classes.
- | Yoga energizes your body and the associated meditation can help calm your mind.
- | Yoga can be done nearly anywhere, just remember to pack your mat on your next business trip.
- | You need very little equipment. A basic class typically runs \$5-\$20 a session.
- | A sense of camaraderie can develop among students taking the same class. You and your yoga buddies will gently encourage each other.
- | When you master proper positioning, it feels great and then you'll feel more comfortable doing yoga at home on your own.

Downside of Yoga

- | If flexibility isn't your strong suit, you need yoga, but trying to get into and out of some of the asanas may be frustrating.
- | Yoga has its own terminology and you may feel as if you're trying to learn a foreign language as well as get your body into shape.
- | Large classes mean less individual instruction from the teacher so you may not use the right technique for the best, most comfortable results.

Is Yoga for You?

This chart can help you see how yoga fits your goals and lifestyle concerns.

Body Parts Worked	Overall body flexibility and strength
Calories Burned	About 180 an hour for a 70 kg person, 240 for a 90 kg person.
Gear	A mat is good if not essential; other props, such

	as ropes, blankets and blocks, may also be used.
Location	Almost anywhere
Time	Most classes last 30-90 minutes.
Schedule/Flexibility	The range of classes available can accommodate most schedules or you can do your yoga routine any time on your own.

Yoga Tips

- | Yoga classes range from moderately taxing to extremely challenging, so choose one that suits your abilities and fitness level.
- | A good yoga instructor should appear calm and in control, explaining movements before doing them.
- | When doing yoga at home, be sure you have enough space. Nothing disrupts the peace like knocking an elbow into the leg of a coffee table.
- | Yoga beginners may find classes intimidating, but having an instructor will help make sure you are getting into position correctly. Plus, with support of the group you may push yourself to try postures you'd skip at home.

Yoga may not seem a great workout for weight loss, but first glances can be deceiving. You won't burn a whole lot of calories while doing yoga, but it gives other benefits.

For one, yoga will help you build muscle. With more muscle, you'll maintain a higher metabolism even while at rest.

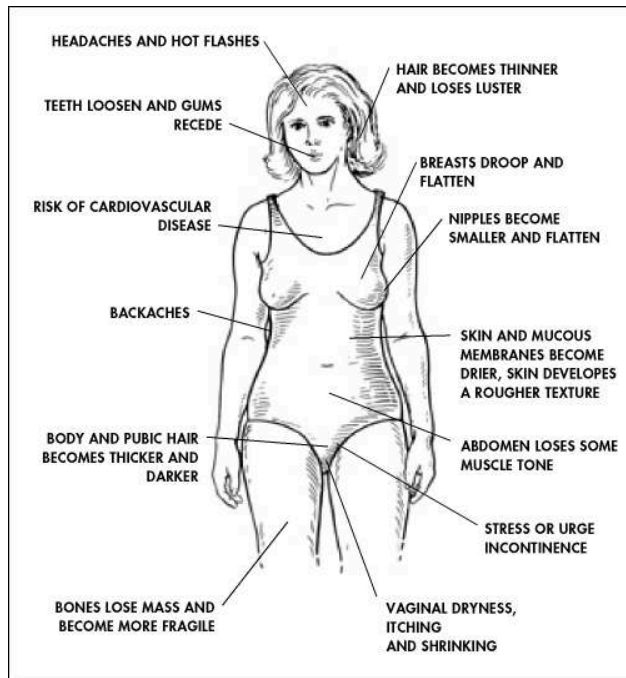
Yoga also improves your flexibility and posture, which will help you look taller and thinner and may help you burn more calories during other exercises, such as walking. While yoga may not be enough to get you to your weight loss goal, it is definitely a step in the right direction.



What is Perimenopause & Menopause ?

Dr. Alka Gujral, MD. *Gynaecologist & Laparoscopic Surgeon*

According to Stedman's Medical Dictionary, menopause is defined as the permanent cessation of the menses. This condition may be diagnosed in retrospect, when one year has passed since the last menses. Well that's pretty cut and dry and it's nice to know it was menopause you were going through last year.



But what can you do now? We know the average age of menopause is 51, but menopause starting at the age of 40 is considered normal. So what if you're having irritability, mood swings and irregular periods now and you're not 51? Can it be PMS? Is it premature menopause? Or is it the perimenopause? Can you still get pregnant? What are your treatment options? Do you need hormones or antidepressants or just vitamin E? These are difficult questions and although there is a blood test for menopause (FSH), the test can only tell you if you are firmly in menopause. However, by the time the test is positive it's quite obvious that you are into menopause.

Perimenopause is defined as the transitional period from normal menstrual periods to no periods at all. The transition can, and usually does, take up to ten years. During the perimenopausal transition you may experience a combination of PMS and menopausal symptoms or no symptoms at all.

PMS on the other hand can occur at any age but is more common in your 30's and 40's. The diagnosis and treatment of PMS has been hampered by the fact that there has not been a reliable definition for the condition. The American Psychiatric Association created a condition called the Premenstrual Dysphoric Disorder (PDD) which should not be confused with their earlier creation, the Late Luteal Phase Disorder (LLPD). Physicians have always viewed women as more vulnerable to mental disorders than men and have attributed it to the instability of their reproductive systems. Premenstrual Dysphoric Disorder (PDD) consists of a well defined set of symptoms but out of the estimated 30-60% of women who experience PMS symptoms only 3-5% of women meet the standards for PDD. But what if you don't meet the criteria? Doctors don't like to hear these questions because there is no good, simple and reliable test. There are ways to figure it out, but many physicians and patients just don't want to take the time and effort. However, it is important to figure it out because the treatments are different. So where do you start?

You start with your past. The age your mother or older sisters began menopause can have a bearing on when you will begin menopause. If your mother went through menopause in her late 40's and you're 34 it is most likely PMS. If your mother suffered from PMS then you are more likely to suffer as well. However, your mother might not remember when she went through menopause and your older sister may not admit to it. The only other reliable factor is if you smoke. If you smoke, you can count on menopause starting 1-2 years earlier than if you don't. Pregnancies, birth control pills, your age when you first began menses or breast-feeding have no impact on the age of menopause. If you are on oral contraceptives or other hormones such as Depo-Provera or estrogen, these can have an effect on mood, irritability, hot flashes, depression and your periods. Women who can't tolerate birth control pills are more likely to develop PMS and have a difficult perimenopause. Adjusting the dose, brand or time you take these medications can sometimes relieve unwanted side effects.

Some of the symptoms of depression are found in both PMS and perimenopause. Depression is not caused by menopause, but it can run in families. If feelings of depression, loss of appetite, insomnia, and general loss of interest or pleasure in life are at the top of your list you may be suffering from clinical depression. These feelings should be brought to the attention of your health care provider. Depression and PMS can occur together and it's not uncommon for anxiety or depressive disorders to worsen during the week before your period and at menopause. Sound confusing? Well, it can be. All of the above statements are generalizations but you have to remember that you are a unique individual.

After reviewing your family history for age of menopause and occurrence of PMS and depression, you should complete a symptom diary or calendar. This will be a unique record of your feelings on a daily basis. For three months keep track of your menses along with a daily record of your symptoms. Ideally, you should review your calendar with a health care provider but first there may be a lot you can learn on your own. There are two things you should look for. First look for patterns. In PMS you will generally see an increase in emotional symptoms beginning at mid cycle (around day 14). In the week before your period emotional symptoms will increase and physical symptoms may begin. In the last few days emotional symptoms will peak and then rapidly disappear after your menses start. There are variations of this pattern, but the key is symptoms that increase BEFORE and are relieved AFTER your period. Now that you have your symptoms calendar before you, look for depression that lasts most of the month. This could be a clue that you are depressed and need professional evaluation.

If your menses are occurring sooner than 21 days it may be perimenopause or a more serious gynecological condition and you need to be evaluated by your health care provider. Menses occurring later than 45 days is more consistent with menopause or perimenopause. If physical symptoms predominate, especially hot flashes, vaginal dryness and night sweats, and if they last throughout the month unrelated to menses think more about menopause. Remember menopause before the age of 40 is called premature menopause and is rare. However perimenopause can begin

before age 40. Surgical removal of the ovaries is the most common cause of premature menopause. Hopefully you know if your ovaries have been removed, but you may not. Years ago doctors routinely removed ovaries in women undergoing a hysterectomy (removal of the uterus). Now many gynecologists do not remove the ovaries.

Until you are firmly in menopause, that is, no periods for one year, you can still get pregnant. If you don't smoke, low dose oral contraceptives can be used right up to menopause. Hopefully your calendar will help you become more familiar with your symptoms. From here you can design a PMS / perimenopause / menopause treatment plan. Future articles in this series will address treatments, including the new prescription drugs SRI's, vitamin and mineral supplements, exercise, relaxation techniques, stress management, and nutrition.

THE FOLLOWING HERBS AND VITAMINS MAY BE USEFUL IN PMS PERIMENOPAUSE AND MENOPAUSE.

EVENING PRIMROSE (*oenothera biennis*)

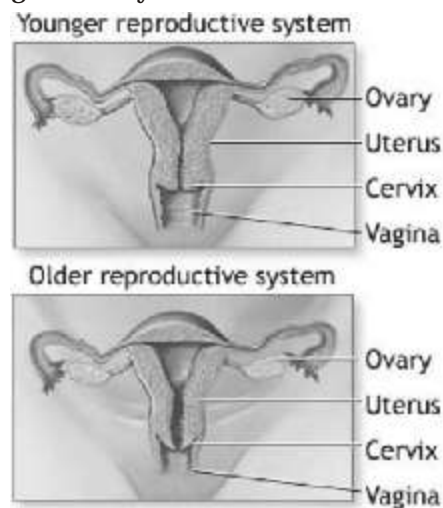
Other Names: Primrose Oil

General Description: Common in North America where it can be seen growing along road sides. It's a biennial herb.

Parts Used: Leaves, stem, flowers and especially the seed oil.

Active Ingredients: (GLA) Gammalinolenic acid and Linoleic acid

Traditional Uses: Evening Primrose seeds were gathered by Native Americans for food.



#ADAM

Current Status: The seed oil is a good source of GLA, an essential fatty acid. An essential fatty acid is a nutrient that the body can't make but is essential to good health. Evening Primrose Oil has been used for premenstrual syndrome (PMS) and mastalgia (sore breasts) Studies to date have been conflicting, some show a significant reduction in breast pain, while others fail to confirm this.

Precautions: No known contraindications or drug interactions reported.

FLAX SEED OIL (*Linum usitatissimum*)

Other Names: Linseed oil.

General Description: A perennial herb growing to 3 ft. with oily brown seeds, native to Europe and Asia.

Parts Used: Seeds and seed oil.

Active Ingredients: fatty acids, Palmitic, Steric, Oleic, Linoleic and Linolenic.

Traditional Uses: In the Middle East Flax has been cultivated for at least 7,000 years.

Current Status: Flax seed oil is a good source of essential fatty acids. Essential fatty acids must be taken in the diet as the body can not make them. Flax seed oil is rich in (GLA) gamma Linolenic acid used by many for PMS and breast tenderness.

Precautions: No reports of toxicity, when used at recommended doses.

Vitamin E (*d-alpha tocopherol*)

Food Sources: Polyunsaturated vegetable oil, seeds and nuts.

Adult Female (RDA): 12 International Units (IU).

Types Available: In natural vitamin E the small d in d-alpha tocopherol signifies a natural source which is preferable to synthetic vitamin E signified by the dl in dl-alpha tocopherol. Mixed tocopherols contain d-alpha, beta, delta and gamma tocopherols. Mixed tocopherols offer the greatest benefit. Look for natural mixed tocopherols.

Beneficial Effects: Vitamin E is an antioxidant. Can it prevent hot flashes? There were studies done in the late 1940's showing it to relieve hot flashes and postmenopausal vaginal dryness. More recent studies are lacking. There are other benefits. We

know from the Nurses Health Study that women who took vitamin E over a two-year period reduced their risk of fatal heart attacks by 40%. Vitamin E is also being studied for its effect on Alzheimer's disease and cancer. Combining vitamin E with other anti oxidants such as selenium, chromium, beta-carotene, and vitamin C may offer a synergistic effect. That means they work better together than separate. Dosage: 400-1200 IU a day.

Precautions: Vitamin E potentiate (cause a greater effect) of anticoagulant drugs such as Coumadin or aspirin. If you are on either of these drugs consult your doctor before starting vitamin E.

Vitamin B6 (*pyridoxine*)

Food Sources: whole grains, bananas, potatoes, nuts and seeds, cauliflower.

Adult Female (RDA): 1.6mg.

Types Available: pyridoxine hydrochloride.

Beneficial Effects: Pyridoxine is involved in the production of brain hormones (neurotransmitters). More than 50 chemical processes in the body are dependent on pyridoxine. Vitamin B6 levels can be low in depression or in women taking estrogen, in the form of birth control pills or hormone replacement therapy. Pyridoxine, folic acid and vitamin B6 deficiencies have been associated with osteoporosis in postmenopausal women. At least 10 studies have been done on the use of pyridoxine for PMS. Most studies have shown improvement of PMS symptoms with pyridoxine supplementation. Vitamin B6 has now been associated with a decrease in the incidence of heart disease in women see Menopause-Update February 3, 1998 for more information. Dosage: 50mg.

Precautions: safe when taken in recommended doses.

Herbal Relief for Hot Flashes?

Between 30% and 70% of women experience the hot flashes and night sweats as they go through menopause. These are symptoms prompted by a sharp fall in estrogen as a result of aging. Increasingly, women are turning to herbal treatments rather than pills and patches for relief, but is there any evidence they work? According to a recent issue of the Drug and Therapeutics Bulletin (DTB), not much.

There is little good quality evidence on the effectiveness of herbal medicines, or how they might react with prescription medicines is available, the DTB reports. And, in general, safety has been under-researched, which is a major concern given that herbal remedies are often assumed to be “safe” just on the grounds that they are natural. Published studies are often poorly designed, include too few participants, or don’t last long enough to be of real value. Furthermore, the chemical make-up of various preparations of the same herb may differ, which can make it difficult to compare trial results.

Take black cohosh, for example. It is one of the most common herbal remedies for hot flashes yet study results on effectiveness have been mixed with some studies suggesting it works well and others suggesting it is worthless. It also carries the risk of liver toxicity, a fact which many users are unaware. Still, the drugs regulator, the Medicines and Healthcare products Regulatory Agency (MHRA), has given a Traditional Herbal Registration to Menoherb, which contains black cohosh, under a scheme designed to boost the safety of herbal products on sale.

Rapid Transition Through Menopause Linked to Earlier Onset of Heart Disease

A new study detects a possible connection between shorter menopause and faster progression of the heart condition called atherosclerosis.

An evaluation of 203 women as part of the multifaceted Los Angeles Atherosclerosis Study (LAAS) found that those who transitioned more quickly through menopause were at increased risk for a higher rate of progression of “preclinical atherosclerosis” - narrowing of arteries caused by the thickening of their walls.

This observational study included 203 women between ages 45 and 60 at the time they entered the study. Fifty-two were premenopausal, 20 were perimenopausal and 131 were postmenopausal. None of the women had been diagnosed with cardiovascular disease. They were evaluated when they entered the study and at two 18-month

intervals, providing a snapshot over a three-year period of time.

Women who transitioned from being premenopausal to being fully postmenopausal within three years had more buildup of fatty plaque in their carotid arteries, suggesting that women who transition through menopause rapidly are at greater risk of early development of heart disease.

“We know that more fatty plaque accumulation predicts future heart attacks and strokes, but this is our first venture into this particular line of inquiry. This is an observational study, which doesn’t provide specific recommendations for patient evaluation and treatment, but it does raise questions,” said cardiologist C. Noel Bairey Merz, M.D., principal investigator of the study and director of the Women’s Heart Center and the Preventive and Rehabilitative Cardiac Center at the Cedars-Sinai Heart Institute.

“The findings suggest that we study this more definitively to possibly determine if women undergoing a more rapid menopause might benefit from early hormone replacement therapy,” she said. “In the meantime, physicians could consider using cardiovascular screenings for women who are rapidly transitioning or who have certain risk factors, such as cigarette smoking or chemotherapy, which are known to accelerate transition through the menopause.”

The study should not be used by patients to self-diagnose or presume they may be at higher risk because of symptoms.

“Women will say they’re perimenopausal because they’re having hot flashes or sleep disturbances or some cycle irregularity, but those are all symptoms. We use a very specific code of definitions to assess hormones and whether or not the ovaries are cycling,” Merz said, adding that all women from the age of 21 should have annual checkups, which include blood pressure, cholesterol, height, weight and other measurements. Those at increased risk for cardiovascular disease may be referred by their physicians for additional screenings.

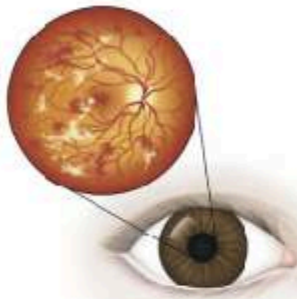
अपने नेत्र विशेषज्ञ से पूछें!!

डॉ. सुधीर भाटिया, एम.एस.

राम कुमार : फरीदाबाद

1. जांच में मैं मधुमेह टाइप 2 से पीड़ित पाया गया हूं।

Diabetes Affects the Retina



मैंने कभी किसी नेत्र विशेषज्ञ से संपर्क नहीं किया। साफ दिनों में भी मुझे देखने में मुझे धुंधला और जाला सा दिखता है। शाम से रात तक पढ़ते समय मुझे चश्मे की जरूरत महसूस होने लगी है। कृपया मेरी मदद करें। धन्यवाद।

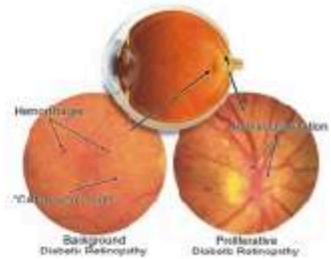
आपने तीन अलग-अलग प्रश्न उठाये हैं। पहला: प्रत्येक व्यक्ति को जो जांच में मधुमेह टाइप 2 से पीड़ित पाया जाए को नेत्र विशेषज्ञ से अपनी आंखों का परीक्षण करवाना चाहिए। मधुमेह टाइप 2 से पीड़ितों के संदर्भ में यह विशेष तौर पर महत्वपूर्ण है। आप जान लें रेटिनोपैथी मधुमेह का पता चलने से पहले ही प्रारंभ हो सकती है। रेटिनोपैथी रोकने का सबसे अच्छा तरीका मधुमेह नियंत्रण है। यदि रेटिनोपैथी विकसित हो चुकी हो तो लेजर उपचार इसका एक विकल्प हो सकता है। दूसरा: सामान्यतः धुंधलापन और जाला दिखना सभी में हो सकता है। किन्तु यह रेटिना की क्षति का लक्षण भी हो सकता है। इसलिए आंख विस्फारित कर इसकी जांच की जानी चाहिए। तीसरा: जैसे-जैसे उम्र बढ़ती है पढ़ने के लिए चश्मे की जरूरत होने लगती है। ऐसा होना सामान्य है।

रुबी भाटिया : साकेत, नई दिल्ली

2. मेरे माता व पिता दोनों ही मधुमेह के रोगी हैं। मुझे डर है कि कहीं मैं भी इससे ग्रस्त न हो जाऊं। मुझे माइग्रेन की शिकायत है और उल्टी व मितली के लक्षण भी होते हैं। मैं हमेशा थकी-थकी रहती हूं। अभी हाल ही में कुछ मिनिटों के लिए अचानक मेरी दृष्टि चली गई। इससे मैं बहुत डर गई हूं। मेरे दोस्तों का कहना है कि इसका कारण मधुमेह अथवा ब्रेन ट्यूमर है। यदि ऐसा नहीं है तो मैं अपने माता-पिता को नाहक परेशान नहीं करना चाहती। क्या आप कोई परामर्श दे सकते हैं?

पहला: यदि मधुमेह का आपका पारिवारिक इतिहास है तो आपको कम से कम वर्ष में एक बार डॉक्टर से अपनी मधुमेह जांच करवानी चाहिए। दूसरा: माइग्रेन होने के कारण दृष्टि में कुछ परिवर्तन हो सकते हैं लेकिन आपने कहा कि कुछ समय के लिए आपकी दृष्टि का लोप हो गया था। इसका कारण स्ट्रोक

अथवा असामान्य रक्त प्रवाह हो सकता है। इस संबंध में आपको अपने चिकित्सक से परामर्श करना चाहिए। उसके बाद आप किसी नेत्र विशेषज्ञ से मिलें और अपनी आंख की विस्फारित जांच करवायें। तीसरा: सच तो यह कि सभी माता-पिता चाहते हैं कि उन्हें बच्चों की तकलीफों की जानकारी हो इसलिए आपके साथ जो हो रहा है उसकी जानकारी अपने माता-पिता को दें।



गुल हिमत्यानी: लाजपत नगर, नई दिल्ली

3. सामान्य आंखों की जांच तथा मधुमेह आंखों की जांच में क्या अंतर है? क्या इसके लिए मुझे किसी विशेषज्ञ से मिलना चाहिए।

आपको किसी ऐसे ओपथामोलोजिस्ट से जो मधुमेह रेटिनोपैथी के उपचार में कुशल हो मिलना चाहिए। मधुमेह की दृष्टि से आपकी आंख की जांच करने वाला डॉक्टर आपकी आंख की पुतलियों को विस्फारित कर आंखों की जांच करेगा। यदि वह ऐसा नहीं करता तो आपको किसी अन्य डॉक्टर के पास जाना चाहिए। यदि पहले डॉक्टर को आपकी आंख में मधुमेह से जुड़े रेटिना रंग नजर आते हैं तो उसे आपको किसी ओपथामोलोजिस्ट 'रेटिना विशेषज्ञ' के पास अतिरिक्त जांच जैसे ऑप्टिकल कोहिरेंस टोनोग्राफी और फ्लूओरेसीन एन्जियोग्राफी के लिए भेजना चाहिए।

राशि कुमार : न्यू फ्रेंड्स कालोनी

4. निदान से पता चला है कि मैं मधुमेह टाइप 2 से पीड़ित हूं। जैसे ही मैंने दवा लेना प्रारंभ किया मेरी दृष्टि धुंधली होने लगी है। क्या लेसिक सर्जरी से मेरी दृष्टि फिर से ठीक हो सकती है। क्या मधुमेह पीड़ित धुंधली दृष्टि वाले लोगों के लिए लेसिक का परामर्श दिया जाता है?

ए एल सी से रक्त शक्कर में हुआ परिवर्तन आपकी आंख के फोकस पर प्रतिकूल प्रभाव डाल सकता है। मधुमेह के नये नामलों में विशेष रूप से जहां रक्त शक्कर को कम करने के उपाय किये जाते हैं ऐसा होना संभव है। जैसे ही ए एल सी नियंत्रित होता है, दृष्टि भी नियंत्रित हो जाती है। एक वर्ष तक पूरा नियंत्रण करने के बाद मैं आपको आंख की सर्जरी का परामर्श दूंगा। यदि मधुमेह पर आपका नियंत्रण बहुत खराब है या आप में मधुमेह की जटिलताएं परिलक्षित होने लगी हैं ऐसी अवस्था में आमतौर पर लेसिक का परामर्श नहीं दिया जाता।

पैरों की देखभाल के 10 उपाय

डॉ. अमर पाल सूरी, कंसल्टेंट फुट केयर



आपके पैरों के लिए मधुमेह मुसीबतों का पहाड़ बन सकती है। मधुमेह के कारण आपके पैरों में रक्त-प्रवाह कम हो जाता है। इससे आपके पैरों में ऑक्सीजन और पोषक तत्वों की कमी हो सकती है। पैरों में दाने, सूजन और घाव हो सकते हैं। उनके ठीक होने में परेशानियाँ आ सकती हैं। मधुमेह से प्रभावित नसों के कारण जिन्हें पैरीफेरियल न्यूरोपैथी कहते हैं आपके पैर सुन्न हो सकते हैं। सामान्यतः ऐसी स्थिति में भुक्तभोगी को अपने पैरों में होने वाले कटावों और दानों की जानकारी नहीं होती। यदि किन्हीं कारणावश आपकी नजर उन पर नहीं पड़ी और आपने उसका उपचार नहीं किया तो उनमें संक्रमण की संभावनाएं बढ़ सकती हैं। कटाव जख्म बन सकते हैं। हालात इतने बिगड़ सकते हैं कि पैर काटने तक की नौबत आ सकती है। मधुमेह पीड़ितों में ऐसी संभावनाएं सामान्य लोगों से 10 गुना अधिक होती हैं।

मधुमेह पैरीफेरियल न्यूरोपैथी के कारण आपके पैरों में अत्यधिक दर्द हो सकता है। आपके पैरों का किसी और वस्तु से थोड़ा सा स्पर्श जैसे ओढ़ने की चादर से रगड़ भी तीस पैदा कर सकती है।

सौभाग्य है कि इससे बचने के उपाय हैं। यदि आप नियमित रूप से अपने पैरों की थोड़ी सी भी देखभाल करें तो आप अपने पैरों को उपरोक्त परेशानियों से सुरक्षा दे सकते हैं।

निम्नलिखित 10 उपाय अपनाकर आप अपने पैरों की रक्षा कर सकते हैं

पैरों की देखभाल का उपाय 1: दोनों पैरों की प्रतिदिन जांच करें

प्रतिदिन अपने पैरों को अच्छी तरह से देखें। ध्यान रहे पूरे पैर को – एड़ियों और ऊंगलियों तक – देखें। ऊंगलियों के बीच दाने अथवा संक्रमण हो सकते हैं। यदि आप मधुमेह न्यूरोपैथी से ग्रस्त हैं तो जब तक वह तकलीफदेह और संक्रामक नहीं होता आपको इसका पता ही नहीं चलता। यदि किन्हीं शारीरिक कारणों से आप अपने पैरों की जांच स्वयं करने में असमर्थ हैं तो परिवार के किसी अन्य जन को सहायता लें।

पैरों की देखभाल का उपाय 2: बहुत गर्म नहीं, गुनगुने पानी से पैर साफ करें

नियमित रूप से रोज अपने पैरों को गुनगुने पानी से जो अधिक गर्म न हो सफ करें। हो सकता है पैरों को पानी की गर्माहट का भान न हो पाए इसलिए इस्तेमाल करने से पहले पानी को हाथ से छूकर उसकी गर्माहट का अनुमान करें। पैरों को अधिक देर तक पानी में डुबो कर न रखें। अधिक देर तक डूबे हुए दाने व संक्रमण ठीक होने में समय लेते हैं। साफ करने के फौरन बाद पैरों को पोंछ लें। ऊंगलियों के बीच के स्थान को आराम से पोंछें।

पैरों की देखभाल का उपाय 3: सुनिश्चित करें आपके जूते आपको पूरे आ रहे हैं

इस मद पर खर्च करना सार्थक है। अगर आपका जूता आपको जरा भी तंग करता है, कहीं से रगड़ दे रहा है तो सवधान हो जाएं। ऐसी रगड़ आपके पैरों को जख्मी कर सकती है और कई बार जख्म संक्रमित हो सकते हैं। कई बार इतने संक्रमित हो जाते हैं कि उनका ठीक होना मुश्किल हो जाता है। इसलिए हमेशा सही नाप के जूते ही खरीदें। पैरों पर छोटे से छोटा लाल निशान देखते ही जुराबें पहनें। ऐसा न हो कि पैरों में दाने संक्रमित होकर बिगड़ जाएं और आपको पता ही न चले। जूता खरीदते समय उसके खुरदरे सिलाई के धागों, नुकीले कोनो और ऐसी सभी चीजों को जो आपके पैरों को नुकसान पहुंचा सकती हैं गौर से देखें।

पैरों की देखभाल का उपाय 4: नंगे पैर रहने की आदत को बदलें

हमेशा जूते अथवा चप्पल पहनें। जूतों के साथ मोजे भी पहने क्योंकि जूते में लगे चमड़े, प्लास्टिक अथवा अन्य प्रकार की सामग्री आपकी त्वचा में रगड़ द्वारा दाने पैदा कर सकती है। यदि आप नाइलॉन अथवा बहुत पतली परत के गौजे पहनते हैं तो ध्यान रहें वे आपके पैर की एड़ियों और ऊंगलियों को उचित सुरक्षा देती हैं। हमेशा मोटे मौजे पहनें जो आपकी त्वचा को आराम भी दे और रगड़ आदि से भी बचाये।



पैरों की देखभाल का उपाय 5: तकलीफ हो तो चुप मत रहिए बोलिए

बिना किसी पूर्व सूचना के नसों को नुकसान हो सकता है। यदि आपके पैर, एड़ियों अथवा टांगों में किसी प्रकार की पीड़ा अथवा कोई बदलाव हो तो उसके बारे में अपने डॉक्टर से बात करें। यदि आपको किसी प्रकार का दर्द हो, पीड़ा रहित खुजली, दाने नजर आये या पैर सुन्न होने लगे अथवा अन्य किसी प्रकार के परिवर्तन का आभास हो, भले ही आपको वह कितना ही साधारण क्यों न लगे आप डॉक्टर से संपर्क करें। पैरों को कटने से बचाने के लिए ऐसे प्रयासों से बचना उचित नहीं।

पैरों की देखभाल का उपाय 6: पैरों को मुलायम किंतु नम न रखें

उच्च शक्कर स्तर के कारण आपकी त्वचा सूखती है। इसके कारण उसमें दरारें पड़ सकती हैं। सूखी और दरारों वाली त्वचा कीटाणुओं के संक्रमण के लिए सबसे अच्छी जगह है। इसे ठीक होने में काफी समय लगता है। त्वचा को मुलायम रखने के लिए प्रतिदिन लोशन लगायें। ऐसा करते हुए ध्यान रहे कि लोशन से आपके पैर की त्वचा चिपचिपी न हो, शुष्क ही रहे। ऊंगलियों के बीच में लोशन न लगायें। ऊंगलियों के नाखूनों को समय से काटते रहें। फाइल से रगड़ कर उसके कोनों को चिकना करते रहें। लोशन लगा कर नाखून काटने में आपको आसानी होगी। लोशन लगाने से नाखून नम हो जाते हैं। नहाते समय एड़ियों को साफ करने के लिए चूमिक स्टोन का प्रयोग करें।

पैरों की देखभाल का उपाय 7: पैरों के लिए उचित व्यायाम करें

तैरना, साइकिल चलना, योग और थाई ची आदि बहुत लोकप्रिय व्यायाम हैं। इनका पैरों पर कोई प्रतिकूल प्रभाव नहीं पड़ता। किसी भी व्यायाम को शुरू करने से पहले अपने डॉक्टर से सलाह लें।

पैरों की देखभाल का उपाय 8: गोखरू, कॉर्न और ठुकी ऊंगलियां

यदि आपका अंगूठा अन्य ऊंगलियों की तरफ झुकने लगा है, अंगूठे के पोर पर उभार उठने लगा है तो यह गोखरू है। कॉर्न यानी सूखी और मोटी त्वचा जहां लगातार रगड़ लगने से अंगूठे की त्वचा पर ऊतकों की परत जमने लगती है। करो अंगूठे को ठुकी ऊंगली कहते हैं। ऐसा मधुमेह नस क्षति व मांसपेशियों के कमजोर पड़ने के कारण होता है। इसमें जूता पहनने में परेशानी हो सकती है। ऐसे में आप किसी पॉडियाट्रिस्ट (पैरों की देखभाल के विशेषज्ञ) से सहायता कीजिए। वह इन परेशानियों में आपकी सहायता और आपके पैरों की बेहतर देखभाल कर सकता है।

पैरों की देखभाल का उपाय 9: ऑर्थोटिक्स युक्त जूते पहनने के बारे में सोचें

यदि आपको मधुमेह नस क्षति अथवा कमजोरी से मांसपेशियों में दर्द होता है तो पॉडियाट्रिस्ट से संपर्क करें। वह जूतों में ऑर्थोटिक्स लगा सही नाप के जूते पहना कर आपके पैरों को सही आधार प्रदान करेगा। यदि आपको बहुत अधिक दर्द अथवा कमजोरी का अनुभव होता है, आप चलने में अक्षम हैं तो फुट ब्रेस और ऑर्थोटिक्स आधार आपकी मदद कर सकते हैं। इन सबके लिए पॉडियाट्रिस्ट ही आपकी सहायता कर सकता है।

पैरों की देखभाल का उपाय 10: रक्त शक्कर को नियंत्रित करें

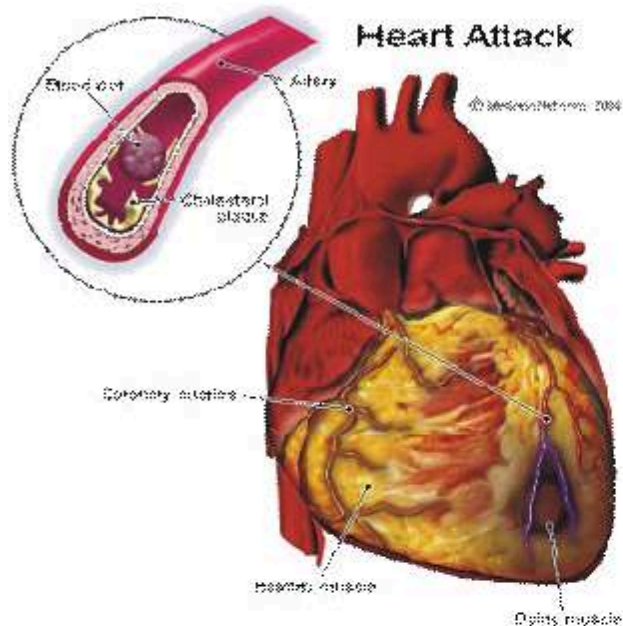
शरीर में रक्त शक्कर के स्तर को नियंत्रित करना नसों के दर्द के लिए सबसे कारगर और अंतिम उपाय है। सन् 2006 में हुए एक विस्तृत शोध अध्ययन के अनुसार इंस्युलिन थेरेपी द्वारा रक्त शक्कर पर कठोर नियंत्रण से पेरिफेरियल न्यूरोपैथी, झुनझुनाहट, जलन और दर्द में 64 प्रतिशत तक कमी होती देखी गई। यदि आप कठोर नियंत्रण में असमर्थ हैं लेकिन मधुमेह नसों के दर्द से पीड़ित हैं तो आप अपने रक्त शक्कर के स्तर को आहार के चुनाव, व्यायाम, और ध्यान द्वारा भी नियंत्रित कर सकते हैं।

आपके पैर आपकी स्वतंत्रता के स्रोत हैं – कम से कम उसका आधार हैं। अपने पैरों पर ध्यान दीजिए, प्रतिदिन प्यार से उनकी देखभाल कीजिए। ध्यान रहे जब भी आप अपने डॉक्टर से मधुमेह जांच के लिए मिलें उससे अपने पैरों की जांच करवाना न भूलें।

एक्यूट एम.आई.(दिल का दौरा) : पहले छह घंटों में रोगी की दशा और हृदय रोग विशेषज्ञ द्वारा उठाए गए कदम

डॉ. सरिता गुजराल

सीनियर इंटरनैशनल कार्डियोलोजिस्ट, नेशनल हार्ट इंस्टीट्यूट, नई दिल्ली



चिकित्सकीय दृष्टि से माइकार्डियल इनफ्रक्शन (दिल का दौरा) एक ऐसा आपातकाल है जहां तुरंत आपातकालीन चिकित्सकीय कदम उठाये जाने आवश्यक हैं। हालात को इस तरह काबू करना चाहिए जिससे रोग की भावी जटिलताएं कम से कम हो जाएं। जैसे-जैसे समय बीतता है हृदय की मांसपेशियों के क्षतिग्रस्त होने का खतरा भी बढ़ता है। इसलिए, इस संकट काल में समय ही मांसपेशियां हैं सूख को ध्यान में रखें। समय नष्ट करने का गतलव है मांसपेशियों को नष्ट होने देने का अवसर देना।

बोलचाल की भाषा में माइकार्डियल इनफ्रक्शन (एम.आई. या ए. एम.आई. एक्यूट माइकार्डियल इनफ्रक्शन), को दिल का दौरा कहा जाता है। यह वह स्थिति है जब हृदय को रक्त की आपूर्ति करने वाले मार्ग में रुकावट आ रही होती है। इसी समय हृदय की कुछ कोशिकाओं के नष्ट होने की संभावनाएं हो सकती हैं। यह स्थिति अधिकतर हृदय की धमनियों में रुकावट के कारण पैदा होती है। रुकावट धमनियों की सतह पर जमा लिपिड (कोलेस्ट्रॉल) और रक्त के सफेद कणों के जमाव के रूप में होती है। अवरोध व कोशिकाओं के क्षतिग्रस्त होने से हृदय को रक्त व ऑक्सीजन की आपूर्ति बाधित होती है। यदि लंबे समय तक इसका इलाज न किया जाए तो हृदय

की मांसपेशियों के तंतुओं (माइकार्डियल) की क्षति हो सकती है अथवा वे नष्ट (इनफ्रक्शन) हो सकते हैं।

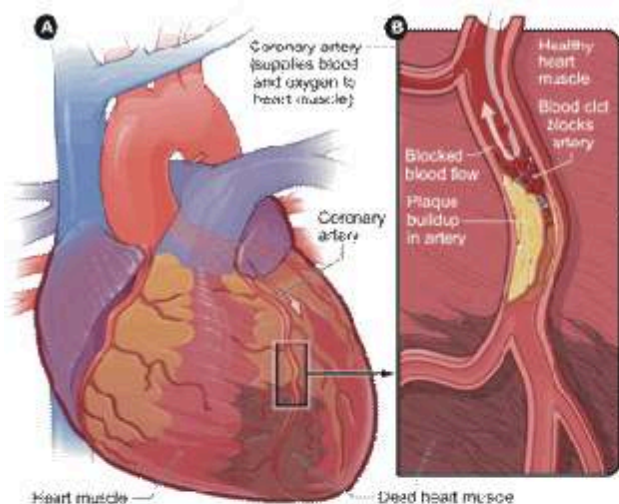
भारत में से सबसे अधिक मौतें हृदय रोग (सी.वी.डी.) से होती हैं। सन 2007 में हुई कुल मौतों में से 32 प्रतिशत केवल सी.वी.डी. रोग के कारण हुई। यह दर लगातार बढ़ रही है। सन 1990 में जहां यह संख्या 1.17 मिलियन, 2000 में 1.59 मिलियन हुई वहीं 2010 में बढ़ कर इसके 2.03 मिलियन हो जाने की संभावना है। भारत में हाल ही में हृदय रोग एक नई गुरीबत के रूप में उभरा है अब यह रोग बहुत तेजी से अधिकतर मौतों का कारण बनता जा रहा है। 1985 से 2015 के दौरान मौतों की संख्या के दुगुना हो जाने के संभावना है। विभिन्न प्रदेशों में हृदय रोग से होने वाली मौतों के प्रतिशत में अंतर है। मेघालय में यह 10 प्रतिशत, पंजाब में 49 प्रतिशत, गोवा में 42 प्रतिशत, तमिलनाडु में 36 प्रतिशत और आंध्रप्रदेश में 31 प्रतिशत है।

लक्षण

— छाती में दर्द, अक्सर हृदय के अगले भाग में होता है। इसमें एक खास तरह का असुविधाजनक दबाव, भारीपन, छाती के बीच खिंचाव अथवा दर्द कुछ मिनटों के लिए उभरता है। दर्द एक जगह पर भी हो सकता है और इधर-उधर घूमता हुआ भी। कभी-कभी पेट के ऊपरी भाग से गर्दन, जबड़े या बांहों और कंधों की ओर भी जाता प्रतीत हो सकता है। अधिकतर यह दर्द बायीं बांह में होता है। लेकिन ऐसा जरूरी नहीं। कई रोगियों को दोनों बांहों में दर्द का अनुभव होता है। दर्द सामान्य भी हो सकता है और तीव्र भी। इसके साथ-साथ दबाव, खिंचाव, जलन और भारीपन का भी अनुभव हो सकता है।

— हृदय से जुड़ा दर्द कैसा होता है?

यदि व्यायाम करते हुए यदि किसी को दर्द होता तो उसे लगता है कि कहीं यह हृदय से जुड़ा दर्द तो नहीं है। अक्सर मामलों में ऐसा होता भी है। हृदय की मांसपेशियों का दर्द जिसे एन्जाइना कहते हैं संभवतः हृदय की धमनियों में रुकावट की वजह से जो अधिकतर दिल के दौरों का कारण ही होता है। इसके द्वारा हृदय रोग का पहला संकेत देता है।



हालांकि अभी तक ऐसी कोई मार्ग दर्शिका नहीं बनी जिसके आधार पर तय हो सके कि छाती में होने वाला दर्द हृदय से जुड़ा है अथवा नहीं। लेकिन इस दर्द का अपना एक रूप है। दिल का दर्द आमतौर पर काफी तेज, और टीस मारने वाला होता है। सामान्यतः एन्जाइना छाती में भारीपन, दबाव, खिंचाव और दर्द के रूप में अनुभव होता है और इसके साथ सांस लेने में भी कठिनाई होने लगती है। जैसे ही आप आराम करते हैं दर्द दूर हो जाता है। दुर्भाग्यवश कई बार यह दर्द बहुत तेज और परेशान करने वाला नहीं होता। इसके चलते इस पर जो कार्रवाई की जानी चाहिए नहीं की जाती।

कई बार संभव है दिल के दौरे की शुरुआत में दर्द बहुत तेज या असहनशील न हो। जब स्थिति ऐसी हो तो शुरु होने के चार से छह घंटे तक इलाज के बारे में सोचा ही नहीं जाता। जब इस ओर ध्यान जाता है तब तक हृदय को अपूरणीय क्षति पहुंच चुकी होती है। कई बार इस अवस्था में रोगी अज्ञानवश स्वयं कार चला कर आपातकालीन कक्ष में पहुंचता है। ऐसा करना बहुत खतरनाक और जानलेवा साबित हो सकता है।

एन्जाइना एक प्रकार से हृदय की मांसपेशियों के विरोध का स्वर है। इसके द्वारा वे हमें बताने का प्रयत्न करती है कि रुकावट के चलते उन्हें उचित रक्त और ऑक्सीजन की आपूर्ति नहीं हो रही है। यदि दिल के दौरे की ऐसी अवस्था में कुछ ही घंटों में रोगी के हृदय की धमनियों में आई रुकावट को दूर कर दिया जाए तो हृदय को पहुंचने वाली स्थायी क्षति से रोगी को बचाया जा सकता है।

इसलिए इस प्रकार के दर्द की, क्योंकि यह असहनशील नहीं है, थोड़ी देर में स्वयं ही चला जाता है अवहेलना करने के भयंकर परिणाम हो सकते हैं। ध्यान रहे हृदय की ओर से आने वाली यह एक ऐसी चेतावनी है जिस पर आपको समय रहते कार्रवाई करनी चाहिए। ऐसी चेतावनी मिलते ही उसे सुने और फौरन हृदय रोग विशेषज्ञ से संपर्क करें।

- सांस लेने में भी तकलीफ के साथ छाती में दर्द भी हो सकता है। दोनों अकेले भी हो सकते हैं। सभी स्थितियां हृदय में ऑक्सीजन व रक्त के संचार की कमी और तीव्र इस्किमिया का संकेत हैं। सांस लेने में तकलीफ का लक्षण रोगी को एन्जाइना होने का संकेत है। संभव है बड़ी उम्र के लोगों अथवा रोगियों को जो मधुमेह से ग्रस्त हैं केवल यही शिकायत हो।
- मटली, पेट में दर्द या दोनों इस बात के संकेत हो सकते हैं कि धमनियों की दीवारें क्षतिग्रस्त हैं।
- उत्सुकता
- बेहोशी या बिना बेहोशी के हल्लेपन का अहसास
- खांसी
- उल्टी या उल्टी के बिना मतली
- अत्यधिक पसीना
- छाती में घरघराहट
- मधुमेह पीड़ित बड़ी उम्र के रोगियों में थकान, चक्कर आना और कमजोरी के लक्षण दिखाई दे सकते हैं। बड़ी उम्र के रोगियों की मानसिक स्थिति में भी परिवर्तन के लक्षण नजर आ सकते हैं। जिन रोगियों में पहले से ही जैसे देमेन्टिया आदि के लक्षण विद्यमान हैं वे हाल ही में उभरे लक्षणों को भूल सकते हैं। संभव है वे उनके बारे में कोई शिकायत ही न करें।
- डॉक्टर को कैसे पता चलेगा कि मुझे दिल का दौरा पड़ा है? इसका सही जवाब तो जांच के बाद डॉक्टर ही दे सकता है। डॉक्टर काफी अनुभवी होते हैं। उन्हें विषय का गंभीर ज्ञान होता है। वे अनेक परीक्षणों के परिणामों के बाद ही निष्कर्ष पर पहुंचते हैं। डॉक्टर निम्नलिखित करेगा:
 - रोगी के चिकित्सकीय इतिहास की समीक्षा करेगा
 - रोगी की शारीरिक जांच करेगा
 - रक्त प्रवाह में असामान्य एन्जाइम की जांच करने के लिए रक्त की जांच करेगा
 - इलेक्ट्रोकार्डियोग्राम अथवा ई.के.जी. का प्रयोग कर हृदय को हुई क्षति का पता लगायेगा
 - लगभग 50 प्रतिशत दिल के दौरे बहुत ही खामोश होते हैं। वे उपरोक्त लक्षण प्रदर्शित नहीं करते। यही कारण है उनमें से अधिकांश को रोगी पहचान नहीं पाता। मधुमेह पीड़ित महिलाओं, बड़ी उम्र के रोगियों, देमेन्टिया से पीड़ितों और जिनके परिवार में दिल के दौरे होने का इतिहास को हमेशा शक के घेरे में रखना चाहिए। जिन रोगियों को स्थायी रूप में पेसमेकर लगा हो उनको स्टेमी के लिए 12 लीड वाली ईसीजी से जांच करनी चाहिए।



Cardio Diabetes Research Society (CDRS)

(A Voluntary Society for Welfare & Research for Heart & Diabetes Patients)

Registered under societies act 1860 vide No. S 52780

Application Form for the Non Medico Life Membership of CDRS

To, Date.....

The Board of Management
Cardio Diabetes Research Society
Room 023, National Heart Institute
49-50, Community Centre
East of Kailash, New Delhi-110065

I / We / My Company, desire to join CDRS in the Following category

*Non Medico Life Members / *Donor / *Corporate Member Pharma / *Corporate Member Non Pharma. My / My Company's Particulars are :

1. Name / Age / Gender :
2. Company's Name / Business.....
3. Address : Residential.....
.....
Phones :Fax :
Email :
4. Address : Office / Corporate Office
.....
Phones :Fax :
Email :
5. Personal Educational Qualifications (with year).....
.....
6. Personal Occupation : Govt Job/*MNC/PSU Job/*Self Employed (with details).....
.....
.....
7. Corporate Company profile.....
.....
.....
8. Membership of other Societies (with designation).....
.....
9. Personal Health / Disease History * DIABETES * Heart Disease * High Blood pressure
* High Cholesterol * Brain Stroke * Other Diseases
.....
10. Area of Interest in CDRS.....
11. I am joining CDRS voluntarily & agree to abide by the rules & regulations of society.

Signatures

For Office Use Only : Accepted / Rejected / Put on Hold

Life Membership Fee : Rs. 501/- Payable to Cardio Diabetes research society.

Corporate Pharma Membership Fee : Rs. 50,001/-

Corporate Non Pharma Membership Fee : Rs. 30,001/-

Priviledges of Life Members

- FREE Heart, Diabetes, High Blood Pressure, High Cholesterol Consultations lifelong by senior, eminent specialists, at our Sunday free clinics.
- Assured Concession in Services, Purchases of Health care supplies by several organizations.
- 15% concession on All Outdoor Lab, Non Invasive Heart & Diabetes related Tests at National Heart Institute, New Delhi.
- 10% concession on All Indoor Services except Medicines & Consumables at National Heart Institute, New Delhi.
- 5% concession on out door Medicine Purchases at NHI.
- Choice to participate in community, research, and Social Projects of CDRS, & chance to prove your ability for Public Benefit activities.
- Useful Health Literature available at very low price / free of cost.
- For Corporate Member Organization : 25% concession on Sponsorship Money during conferences & Camps, with Choice of Stall, Display.
- Periodic Medical Education Lectures / camps / workshop for MNCs, Non Pharma Corporates.
- Special concession for Corporates for Executive Checkup at National Heart Institute, New Delhi.



49-50 Community Centre, East of Kailash, New Delhi-110065

Phones : 91-11-46600700, 46606600, 26414156,
26414157, 26414075, 26525849
26225845, 26428373, 26428374

Fax : 26225733, E-mail : contact@nhi.in

Website : www.nationalheartinstitute.com

24 Hrs. Help line : 65900900, 65900000

*27th Year
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Excellence...*

Mission -

"Provide Superior, Compassionate and Innovative Cardiac Care to prevent and treat diseases maintaining highest standards in safety and quality"

Department of Cardiology-

Cardiology OPD, Intensive Coronary Care, Coronary Angiography Angioplasty, Congenital Heart Disease, Pacemaker Implantation,

Department of Cardio-Vascular Surgery-

Bypass Surgery, Valve Surgery, Congenital Heart Disease operations, Carotid Bypass, Peripheral Vascular Surgery and Stenting Procedures .

Department of Diabetes life style Disorders -

Diabetes Clinics, Thyroid Clinic, Foot Care Clinic, Weight Management Counseling, Diabetes Emergency Care, Diet Counseling.

Department of Pulmonology & Sleep Medicine-

Chest Clinics, Sleep Lab, Apnea Therapy, Lung Function Tests.

Department of Radiology - All X-Ray's & Ultrasounds.

Department of Pathology & Microbiology - All investigations.

Executive Health Check-up Packages.

Free outdoor and Indoor Treatment for underprivileged.



www.diabetesheartcare.com

CARDIO DIABETES RESEARCH SOCIETY

(Registered under Societies Act XXI of 1860 vide. No. S-52780 (2005))

Secretariat : National Heart Institute, 49-50 Community Centre, East of Kailash

New Delhi-65 Ph. : 011-26225845, Fax : 011-26225733, email : vkg28@hotmail.com

(A Voluntary Organisation For Prevention of Heart, Diabetes & Lifestyle Diseases)

- Aims & Objectives :*
- To create awareness in masses about heart problems, specially in diabetes patients.
 - To evaluate diabetes patients who are at high risk of heart diseases.
 - To organize Free / affordable treatment for Diabetes & Heart Ailments.
 - Health Education to General Public.
 - Continuing Medical Education to Practicing Doctors.
 - Free Clinics for Heart & Diabetes.
 - Concessions for Tests & treatment at various Organizations & Hospitals.
 - Regular Magazine for the General Public.
 - Organise Camps for Screening of Diabetes & Heart Diseases.

Founder Members

Dr. A. K. Jhingan : Chairman
Dr. V. K. Gujral : President
Dr. Vinod Sharma : Gen. Secretary
Dr. R. L. Passi : Treasurer

Dr. O. P. Yadava : Chairman Scientific
Dr. Shikha Sharma : Chairperson Nutrition
Dr. Pankaj Aneja : Vice President
Dr. B. M. Makkar : Chairman Obesity Control