NHI Dialogue

Quarterly Health Magazine of Cardio Diabetes Research Society

Vol. 1 No. 25 Aug. - Oct. 2012

CDRS

Editor in Chief : V. K. Gujral

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NATIONAL HEART INSTITUTE

START early
STAY safe with

NovoMix™ 30 FlexPen®

(biphasic insulin aspart)

The 'Start Insulin' for type 2 diabetes[1]

Indian & International Guidelines support Premix, prefer Analogues[2,3]

- Simple to START with OADs[4], Simple to STAY[5]
- Effectively controls PPG & FPG with one insulin, one device[6]
- Superior and safer therapy compared to Human Premix[7,8]
- Once daily NovoMix™ 30 - Simple,[4,5] superior[9] and economical[10]

Abbreviated Prescribing Information

NovoMix™30 (biphasic Insulin aspart) NovoMix™30 FlexPen®. Contains biphasic insulin aspart 100 units/ml Indication: Treatment of diabetes mellilus. **Dosage:** Individualised by subcutaneous injection NovoMix™30 has a faster onset of action than biphasic human insulin and should generally be given immediately before a meal. When necessary NovoMix™30 can be given soon after a meal. No studies in children and adolescents under the age of 18 years. **Contraindications:** Hypoglycaemia, hyperuensitivity. **Warnings and precautions for use:** Inadequate dosing or Discontinuation of treatment may lead to hyperglycaemia and diabetic ketoacidosis, which are potentially lethal. Change in usual warning symptoms of hyperglycaemia may be seen upon tightening control The fast onset of action should be considered in patients where a delayed absorption of food might be expected. Transferring to a new type or brand of insulin should he done under strict medical supervision and may cause a need of change in dose Compared with biphasic human insulin. NovoMix™30 significantly lowers postprandial glycaemia up to 6 hours after injection. This may need tube compensated further through adjustment of dose and/or food intake. Hypoglycaemia way constitute a risk when driving or operation machinery. **Pregnancy and lactation:** Limited clinical experience in pregnancy. No restrictions on use during lactation. **Undesireable effects:** Hypoglycaemia oedema and refraction anomalies us instituting therapy, local hypersensitivity reactions, generalised hypersensitivity reactions are rare but potentially life threatening; lipodystrophy.

1. Shah S *et al. In Agarwal AK, editor.* Medicine Update (part 1)-The Association of Physicians India, 1st ed. India: A Publication of Association of Physicians of India, 2009. p. 383-8. **2.** Indian National Consensus Group. *J Assoc Physicians India* 2009;57(S1):42-6. **3.** Rodard H *et al. Endocr Pract* 2009;15 (6):540-59. **4.** Kabadi U *et al. Diabetes Res Clin Med* 2006;72(3):265-70. **5.** Garber A *et al. Diabetes Obes Metab* 2006;8(1):58-66. **6.** Global Product Monograph for NovoMix™ 30. **7.** Boehm B *et al. Eur J Int Med* 2004;15(8):496-502. **8.** Shah S *et al. Int J Clin Pract* 2009;63(4):574-82. **9.** Kalra S *et al. Diab Res Clin Pract* 2010;88:282-8. **10.** Based on comparision of MRP of NovoMix™30 FlexPen® vs Lantus SoloStar® as of Dec, 2010.

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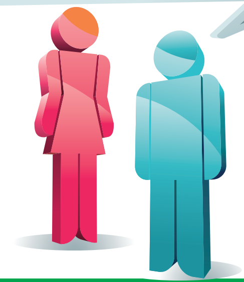


Readers are advised to first consult their doctor before starting any therapy.

Quarterly Health Magazine of
Cardio Diabetes Research Society
and
National Heart Institute
For Private Circulation Only.

Editorial Voice

Dear friends!

This special Annual day issue of your favourite magazine comes with regular columns along with the special achievements of NHI and CDRS. There is a small prose for the emotional freedom on the occasion of Independence Day!

Please fill up the 'diabetes risk test' and self calculate your risk of developing diabetes. Mark the free diabetes & heart clinics run by CDRS and make use of the quality facility.

Hoping a better, healthier 'saavan'
Happy independence day & bandhan!!

Your's

Vinod K Gujral
drgujral19@gmail.com
www.diabetesheartcare.com

Doctor's Room

Aspirin for Preventing the Recurrence of Venous Thromboembolism

Cecilia Becattini, M.D., Ph.D., Giancarlo Agnelli, M.D., Alessandro Schenone, M.D., Sabine Eichinger, M.D., Eugenio Bucherini, M.D., Mauro Silingardi, M.D., Marina Bianchi, M.D., Marco Moia, M.D., Walter Ageno, M.D., Maria Rita Vandelli, M.D., Elvira Grandone, M.D., and Paolo Prandoni, M.D., Ph.D. for the WARFASA Investigators.

N Engl J Med 2012; 366:1959-1967May 24, 2012

BACKGROUND

About 20% of patients with unprovoked venous thromboembolism have a recurrence within 2 years after the withdrawal of oral anticoagulant therapy. Extending anticoagulation prevents recurrences but is associated with increased bleeding. The benefit of aspirin for the prevention of recurrent venous thromboembolism is unknown.

METHODS

In this multi center, investigator-initiated, double-blind study, patients with first-ever unprovoked venous thromboembolism who had completed 6 to 18 months of oral anticoagulant treatment were randomly assigned to aspirin, 100 mg daily, or placebo for 2 years, with the option of extending the study treatment. The primary efficacy outcome was recurrence of venous thromboembolism, and major bleeding was the primary safety outcome.

RESULTS

Venous thromboembolism recurred in 28 of the 205 patients who received aspirin and in 43 of the 197 patients who received placebo (6.6% vs. 11.2% per year; hazard ratio, 0.58; 95% confidence interval [CI], 0.36 to 0.93) (median study period, 24.6 months). During a median treatment period of 23.9 months, 23 patients taking aspirin and 39 taking placebo had a recurrence (5.9% vs. 11.0% per year; hazard ratio, 0.55; 95% CI, 0.33 to 0.92). One patient in each treatment group had a major bleeding episode. Adverse events were similar in the two groups.

CONCLUSIONS

Aspirin reduced the risk of recurrence when given to patients with unprovoked venous thromboembolism who had discontinued anticoagulant treatment, with no apparent increase in the risk of major bleeding. (Funded by the University of Perugia and others; WARFASA Clinical Trials. gov number, NCT00222677.)

Cardio Diabetes Research Society's FREE CARDIO-DIABETES CLINICS:

First Sunday of every Month
At : Kalka ji Extension
9am – 12 noon
Shri M.M. Sharma 9811418595

Second Sunday of every Month
At : National Heart Institute
49-50 Community Centre East of Kailash
9am – 12 noon
011-46600700 , 46606600

Diabetes Risk Test for You, Please Answer

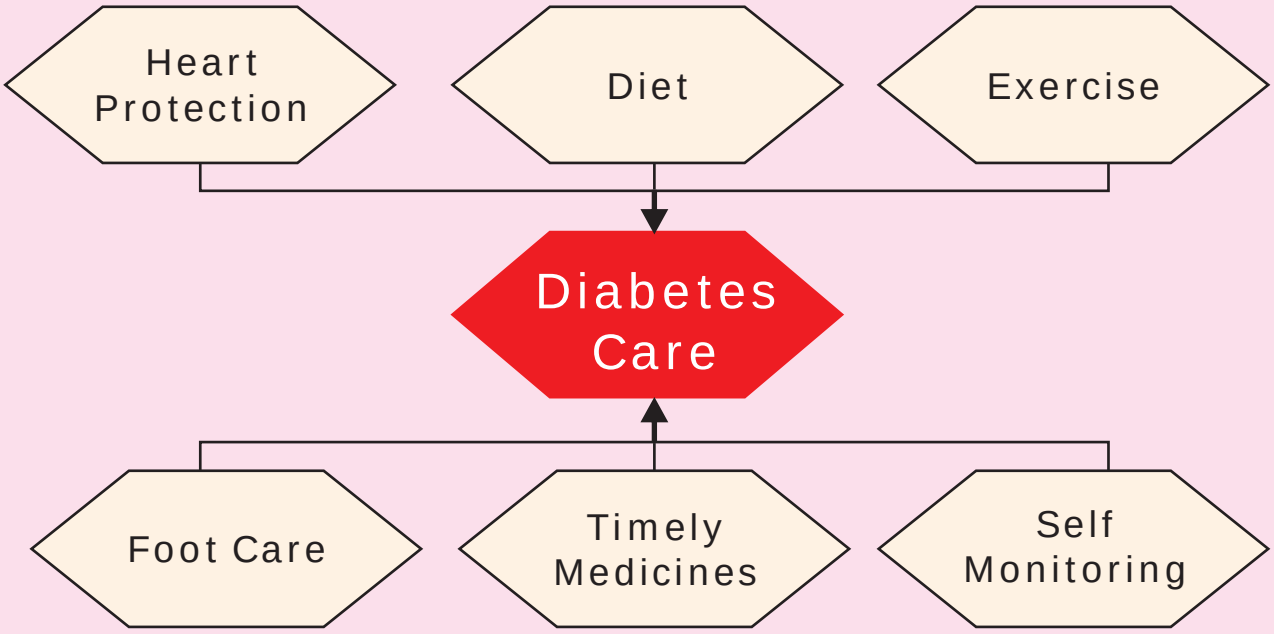
Your weight ..... Height ..... Waist size .....

If More than permissible : Yes, else : No

Q. I am under 65 Years & do no exercise. :	r Yes	r No
Q. I am between 45 & 64 years. :	r Yes	r No
Q. I am More than 65 years. :	r Yes	r No
Q. I am a woman & I have had a baby weighing more than 4 Kgs at birth. :	r Yes	r No
Q. I have a sister or Brother with Diabetes. :	r Yes	r No
Q. I have a parent / both parents with Diabetes. :	r Yes	r No
Q. I have High Blood Pressure. :	r Yes	r No

Each Yes carries (1) Point Each No carries (0) Point. SCORE : ☐ ☐

Less than 2 = LOW Risk, 3-5 = MEDIUM Risk and More than 6 = HIGH Risk



Ask for an Appointment at NHI

Diabetes & Lifestyle Clinic : 9899774944, 46600700

Diabetes facts & Figures

– Dr. Kumar Hrishikesk PGDCC, NHI

The prevalence of diabetes has reached epidemic proportions.

WHO predicts that developing countries will bear the brunt of this epidemic in the 21st century. Currently, more than 70% of people with diabetes live in low- and middle income countries.

- An estimated 285 million people, corresponding to 6.4% of the world's adult population, will live with diabetes in 2010. The number is expected to grow to 438 million by 2030, corresponding to 7.8% of the adult population.
- While the global prevalence of diabetes is 6.4%, the prevalence varies from 10.2% in the Western Pacific to 3.8% in the African region. However, the African region is expected to experience the highest increase.
- 70% of the current cases of diabetes occur in low- and middle income countries. With an estimated 50.8 million people living with diabetes, India has the world's largest diabetes population, followed by China with 43.2 million.
- The largest age group currently affected by diabetes is between 40-59 years. By 2030 this "record" is expected to move to the 60-79 age group with some 196 million cases.
- Diabetes is one of the major causes of premature illness and death worldwide. Non-communicable diseases including diabetes account for 60% of all deaths worldwide.

Lack of sufficient diagnosis and treatment.

- In developing countries, less than half of people with diabetes are diagnosed. Without timely diagnoses and adequate treatment, complications and morbidity from diabetes rise exponentially.
- Type 2 diabetes can remain undetected for many years and the diagnosis is often made from associated complications or incidentally through an abnormal blood or urine glucose test.
- Undiagnosed diabetes accounted for 85% of those with diabetes in studies from South Africa, 80% in Cameroon, 70% in Ghana and over 80% in Tanzania.
- The number of deaths attributable to diabetes in 2010 shows a 5.5% increase over the estimates for the year 2007. This increase is largely due to a 29% increase in the number of deaths due to diabetes in the North America & Caribbean Region, a 12% increase in the South East Asia Region and an 11% increase in the Western Pacific Region.
- Type 2 diabetes is responsible for 85-95% of all diabetes in high-income countries and may account for an even higher percentage in low- and middle-income countries.
- 80% of type 2 diabetes is preventable by changing diet, increasing physical activity and improving the living environment. Yet, without effective prevention and control programmes, the incidence of diabetes is likely to continue rising globally.
- Insulin is vital for the survival of people with type 1 diabetes and often ultimately required by people with type 2 diabetes. Even though insulin's indispensible nature is recognised by its inclusion in the WHO's Essential Medicines List, insulin is still not available on an uninterrupted basis in many parts of the developing world.

Diabetes costs – a burden for families and society.

- The financial burden borne by people with diabetes and their families as a result of their disease depends on their economic status and the social insurance policies of their countries. In the poorest countries, people with diabetes and their families bear almost the whole cost of the medical care they can afford.
- In Latin America, families pay 40-60% of medical care expenditures from their own pockets. In Mozambique, diabetes care for one person requires 75% of the per capita income; in Mali it amounts to 61%; Vietnam is 51% and Zambia 21%.
- Expressed in International Dollars (ID), which correct for differences in purchasing power, estimated global expenditures on diabetes will be at least ID 418 billion in 2010, and at least ID 561 billion in 2030. An estimated average of ID 878 per person will be spent on diabetes in 2010 globally.
- Besides excess healthcare expenditure, diabetes also imposes large economic burdens in the form of lost productivity and foregone economic growth. The largest economic burden is the monetary value associated with disability and loss of life as a result of the disease itself and its related complications.
- The World Health Organization (WHO) predicted net losses in national income from diabetes and cardiovascular disease of ID 557.7 billion in China, ID 303.2 billion in the Russian Federation, ID 336.6 billion in India, ID 49.2 billion in Brazil and ID 2.5 billion in Tanzania (2005 ID), between 2005 and 2015.
- Unless addressed, the mortality and disease burden from diabetes and other NCDs will continue to increase. WHO projects that globally, deaths caused by these health problems will increase by 17% over the next decade, with the greatest increase in low- and middle-income countries, mainly in the African (27%) and Eastern Mediterranean (25%) regions.

Source : IDF, Diabetes Atlas, 4th edition

Doctor's Room ....

Contrast Induced Nephropathy (CIN): Which definition works better ?

Definition : There are two different definitions for CIN.

Traditional definition (CIN-traditional) : 0.5 mg/dL(44 umol/L) increase in serum creatinine from baseline within 48-72 hours of IV contrast administration.

New definition (CIN-new) : 25% increase in serum creatinine (SCr) from baseline within 48-72 hours of intravenous contrast administration.

CIN-incremental : patients who meet the new definition of CIN, but not traditional definition.

Which definition is a better predictor of adverse renal and cardiac outcome in patients undergoing PCI ?

Answering this question, a study, published in latest issue of "American Heart Journal" (full text attached herewith).

This study compared the association of these two definitions with risk of death or need for dialysis among 58,957 patients undergoing PCI in a large collaborative registry.

Results : Compared to CIN-incremental, patients meeting the definition of CIN-Traditional were more likely to die (16.7% vs 1.7%) and require in-hospital dialysis (9.8% vs 0%).

Conclusions : These data suggest that the traditional definition of CIN (a rise in Cr of $\geq$0.5 mg/dL) in patients undergoing PCI is superior to 25% increase in Cr at identifying patients at greater risk for adverse renal and cardiac events.

Health Risks of Smoking with Diabetes

– Dr. V. K. Gujral, National Heart Institute

Many people may not know that smoking can cause the development of Type 2 diabetes. In fact, it may be one of the pieces that can help us identify who is at a greater risk for the disease. the most harmful effect of smoking is linked to a significantly higher risk of developing Type 2 diabetes.

In fact, the University of Lausanne (Lausanne, Switzerland) analyzed several studies involving more than one million patients and discovered that one of the risks of smoking is a 44% higher chance of developing Type 2 diabetes compared with non-smokers. In addition, the risk increases with the average number of cigarettes smoked daily.

For those who smoke an average of one pack per day, the increased risk of diabetes rose to 61% according to The Journal of the American Medical Association. When compared to non-smokers, the risk of developing diabetes for lighter smokers was still 29%, and nearly as high in former smokers (23%).

Harmful Effects of Smoking & Diabetes :

If you already have diabetes, the harmful effects of smoking can cause even more complications. For example, smokers with diabetes are :

- More likely to experience nerve damage and kidney disease.
- Three times more likely to die of cardiovascular-related complications than non-smokers with diabetes.
- More likely to have problems maintaining proper blood sugar levels, because smoking raises blood sugar.

Health Effects of Smoking on the Endocrine System for Women.

- For women that smoke, weight fluctuation and the distribution of body fat can make Type 2 diabetes more likely to develop – and once diagnosed, more difficult to manage.
- Other harmful effects of smoking to the endocrine system can include: changes in the hormonal regulation of body weight and the distribution of body fat; plus an increased risk of several endocrine system diseases, including one of the deadliest forms of cancer.

Diabetes & Smoking : Tips for Quitting

If you have diabetes and smoke, you need to quit – and there is no better time than the present.

Of course, quitting may be one of the hardest things you'll ever do. In addition to the physical addiction your body has developed to nicotine, strong psychological habits have also formed. Withdrawal from nicotine causes a wide range of physical symptoms, ranging from headaches and anxiety to irritability and strong cravings for sugar and salt.

Fortunately, physical nicotine withdrawal symptoms generally subside in 72-hours and one can typically overcome the psychological cravings in about six months. Plus, there are plenty of protocols that can support your quest to quit smoking by reducing the withdrawal symptoms, as well as improve the likelihood that you will remain smoke-free.

Nicotine replacement therapy (NRT): Nicotine replacement therapy is one of the most popular smoking cessation methods. Using a NTR product consistently more than doubles the chances of successfully quitting. But it may still affect your diabetes because of nicotine , though your heart risk reduction is there .

Medication :

There are a variety of medications, such as Zyban (Wellbutrin) and Chantix that reduce the urge to smoke. Zyban (Wellbutrin) is a mild anti-depressant whose side effects have been found to help people quit smoking. Chantix, on the other hand, is a new drug specifically designed to help people quit smoking by blocking nicotine from reaching the receptors in your brain.

Forty-four percent of smokers that completed a 12-week course of Chantix quit, as opposed to only 18% of those given a placebo.

Other popular smoking cessation methods include acupuncture, hypnosis, behavioral therapy, motivational therapy and quitting "cold turkey." (all at once)

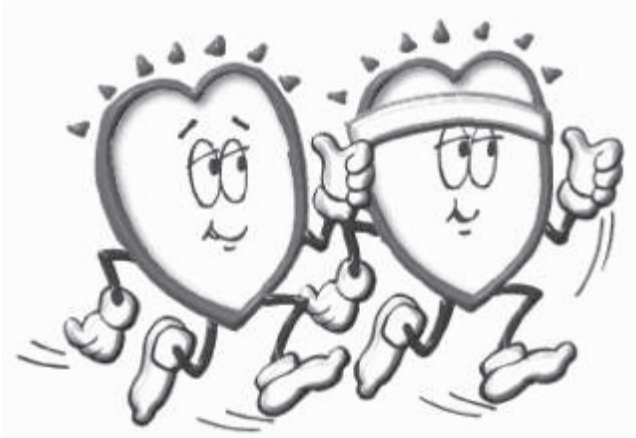
Before you begin a smoking stopping program, find out what the success rate is and then determine which one best suits you and your lifestyle. Keep in mind that approximately 25% to 33% of smokers using medications remain smoke-free for over six months.

Reduce the Health Risks of Smoking by Quitting :

When you quit smoking, you will reduce your risk of developing Type 2 diabetes. If you already have the disease and quit smoking, you will make it easier to control your blood sugar level. In addition, you will reduce your risk of cardiovascular and other related complications, while also eliminating other detrimental health effects of smoking.

Get up and get Going!

*A. Kundu, **O.P.Yadava,
*Consultant Cardiac Surgeon
**C.E.O. & Chief Cardiac Surgeon
National Heart Institute, New Delhi



One of the major risk factors for developing Coronary Artery Disease (CAD) is physical inactivity, or a sedentary lifestyle. CAD can aptly be dubbed as a curse of our modern lifestyle. Thousands of years ago, our primitive ancestors walked for miles and miles in search of food and shelter, occasionally stopping to do battle with some wild beast, often coming second best in the process! Life was one constant journey, always moving from one place to the other with very little rest. But today, we cut a sorry figure with regard to our physicality. No doubt life expectancy has soared, healthcare and nutrition have improved, but at the cost of physical activity. We no longer have to move from place to place to get the basic necessities of life. All our needs (and there are many of them!) can now be met literally with the click of a button. Our midriffs have seen a ballooning in diameter parallel to our increased cranial capacity compared to our primitive ancestors. Indeed one can present a strong case to have our species renamed "Homo sapiens modernus!" Physical activity and exercise thus assume paramount importance in our daily lives. Exercise improves heart health and can even reverse some risk factors for CAD.

The heart is essentially composed of muscle tissue. Like all muscles, it becomes stronger as a result of exercise, so it can pump more blood through the body with every beat and continue working at maximum level, if needed, with less strain. The resting heart rate of those who exercise is also slower, because less effort is needed to pump blood. A person who exercises often and vigorously has the lowest risk for heart disease, but any amount of exercise is beneficial. Studies consistently find that light-to-moderate exercise is even beneficial in people with existing heart disease. Note, however, that anyone with heart disease or cardiac risk factors should seek medical advice before beginning a workout program.

Effects of Exercise on Heart Disease and Cholesterol

Exercise benefits the heart and circulation via many pathways. These benefits include improving cholesterol and fat levels, reducing inflammation in the arteries, promoting weight loss and helping to keep blood vessels flexible and open. Studies continue to show that physical activity and avoiding high-fat foods are the two most successful means of reaching and maintaining heart-healthy levels of fitness and weight.

The American Heart Association recommends that individuals perform moderately-intense exercise for at least 30 minutes on most days of the week. This recommendation supports similar exercise guidelines issued by the Center for Disease Control and Prevention and the American College of Sports Medicine. However, as the predilection for disease in Indian subcontinent is high and the atherosclerotic process aggressive, one must indulge in at least 40 minutes of moderately intense activity everyday.

People who maintain an active lifestyle have a 45% lower risk of developing CAD than do sedentary people. Experts have been attempting to quantify just how much exercise is needed to produce heart benefits. Beneficial changes in cholesterol and lipid levels, including lower LDL ("bad" cholesterol) levels, occur even when people performed low amounts of moderate- or high-intensity exercise, such as walking or jogging over 19 kilometers a week. However, more intense exercise is required to significantly change cholesterol levels, notably increasing HDL ("good" cholesterol). An example of this kind of intense program would be jogging about 32 kilometers a week. Benefits occur even with very modest weight loss, suggesting that overweight people who have trouble losing kilos can still achieve considerable heart benefits by exercising.

Some studies suggest that for the greatest heart protection, it is not the duration of a single exercise session that counts but the total weekly amount of energy expended. Resistance (weight) training has also been associated with heart protection. It may offer a complementary benefit to aerobics. Resistance training should be started only after consultation with the healthcare provider in cases of persons with preexisting heart disease.

Effects of Exercise on Blood Pressure. Regular exercise helps keep arteries elastic (flexible), even in older people. This, in turn, ensures good blood flow and normal blood pressure. Sedentary people have a 35% greater risk of developing high blood pressure than physically active people do. It should be noted that high-intensity exercise may not lower blood pressure as effectively as moderate-intensity exercise. In one study, moderate exercise (jogging 3 km a day) controlled high blood pressure so well that more than half the patients who had been taking drugs for the condition were able to discontinue their medication. Experts recommend at least 30 minutes of exercise on most -- if not all -- days. Studies show that yoga and tai chi, an ancient Chinese exercise involving slow, relaxing movements, may lower blood pressure almost as well as moderate-intensity aerobic exercises. Anyone with existing high blood pressure should discuss an exercise program with their doctor. Before starting to exercise, people with moderate-to-severe high blood pressure should lower their blood pressure, and be able to control it with medications. Everyone, especially people with high blood pressure, should breathe as normally as possible through each exercise. Holding the breath increases blood pressure.

Effects of Exercise on Heart Failure. Traditionally, heart failure patients have been discouraged from exercising. Now, exercise performed under medical supervision is proving to be helpful for select patients with stable heart failure. Progressive resistance training may be particularly useful for heart failure patients, since it strengthens muscles, which commonly weaken in this disorder. Simply performing daily handgrip exercises can improve blood flow through the arteries. Experts warn, however, that exercise is not appropriate for all heart failure patients; hence it is important for patients to be appropriately stratified according to their symptom intensity before embarking on an exercise program.

Exercise Programs for High-Risk Individuals

Anyone with CAD or risk factors for developing CAD or stroke should seek medical advice before beginning a workout program. Patients with heart disease can nearly always exercise safely as long as they are evaluated beforehand. Some will need to begin their workout under medical supervision. At-risk individuals should be very aware of any symptoms warning of harmful complications while they exercise.

Some believe that anyone over 40 years old, whether or not they are at risk for heart disease, should have a complete physical examination before starting or intensifying an exercise program. Some doctors use a questionnaire for people over 40 to help determine

whether they require such an examination. The questions they use are as follows :

- Has any doctor previously recommended medically supervised activity because of a heart condition?
- Does physical activity bring on chest pain?
- Has chest pain occurred during the previous month?
- Does the person faint or fall over from dizziness?
- Does bone or joint pain intensify during or after exercise?
- Has medication been prescribed for hypertension (high blood pressure) or heart problems?
- Is the person aware of, or has a doctor suggested, any physical reason for not exercising without medical supervision?

Those who answer "yes" to any of the above questions should have a complete medical examination before developing an exercise program. Some people should get a full evaluation and a stress test.

Stress Test. A stress test helps determine the risk for a heart problem resulting from exercise. Anyone with a heart condition or history of heart disease should have a stress test before starting an exercise program. Some health care professionals also recommend this test before a vigorous exercise program for older persons who are sedentary, even in the absence of known or suspected heart disease. The test is expensive, however. Many physicians believe that it may not be necessary for older people who start low intensity exercise such as walking, and have no evident health problems or risk factors.

Heart Attack and Sudden Death from Strenuous Exercise

A word of caution, though; a small percentage of heart attacks occur after heavy physical work.

High-Risk Individuals. In general, the following people should avoid intense exercise or start it only with careful monitoring :

- People who have certain medical conditions: These conditions include uncontrolled diabetes, uncontrolled seizures, uncontrolled high blood pressure, a heart attack within the previous 6 months, heart failure, unstable angina, significant aortic valve disease, or aortic aneurysm.
- People with moderate-to-severe hypertension: Moderate or severe high blood pressure (systolic blood pressure over 160 mm Hg or diastolic (lower number) pressure over 100 mm Hg) should be brought to lower levels before a person starts a vigorous exercise program.
- Sedentary people should be cautious.
- Episodes of exercise-related sudden death in young people are rare but of great concern. Some are preceded by fainting, which is due to a sudden and severe drop in blood pressure. It should be noted that fainting is relatively common in athletes, and is dangerous only in people with existing heart conditions. Young people with genetic or congenital (present at birth) heart disorders should avoid intensive competitive sports.
- Anabolic steroids or products containing ephedra have been associated with cases of stroke, heart attack, and even death.

The risk for heart attack from exercise should be kept in perspective, however. Some form of exercise, carefully personalized, has benefits for most of the individuals mentioned above. In many cases, particularly when the only risk factors are a sedentary lifestyle and older age, exercise can often be increased over time until it is intense.

Hazardous Activities for High-Risk Individuals. The following activities may pose particular dangers for high-risk individuals :

- Intense workouts may be particularly hazardous for people with risk factors for heart disease, especially older people. Examples of intense workouts include heavy shoveling, running, race walking, tennis, heavy lifting, heavy gardening. These workouts tend to stress the heart, raise blood pressure for a brief period, and may cause spasms in the arteries leading to the heart.

- Some studies suggest that competitive sports, which couple intense activity with aggressive emotions, are more likely to trigger a heart attack than other forms of exercise.

Listening for Warning Signs. According to one study, at least 40% of young men who die suddenly during a workout have previously experienced, and ignored, warning signs of heart disease. In addition to avoiding risky activities, the best preventive tactic is simply to listen to the body and seek medical help at the first sign of symptoms during or following exercise. These symptoms include the following:

- Irregular heartbeat
- Shortness of breath
- Chest pain

Wishing you Happy Exercising !

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Following patients were operated under 'Gift of Life'
Programme as free cases (2011-12)

1	Baby N Debhani	10/08/11	VSD Closure
2	Baby N Lingthoi Devi	25/08/11	VSD Closure
3	Master S. Manglemba Singh	26/08/11	VSD Closure
4	Ms.Pooja	1/09/11	ASD Closure
5	Ms.Harjas Wali	16/09/11	ASD Closure
6	Mr.Wanlambok D'khar	3/01/12	ASD Closure
7	Ms.Roshni Devi	31/01/12	ASD Closure
8	Ms.Mayengbam Lata Devi	1/02/12	VSD Closure
9	Baby Gangi Linthoin Ganbi	1/02/12	ASD Closure
10	Master W. Laingam	15/02/12	VSD Closure
11	Baby S. Sophya	15/02/12	PDA Ligation
12	Master Priyanshu	29/02/12	ASD Closure
13	Master Rohit Kumar	13/03/12	ASD Closure
14	Ms.Rebecca	13/03/12	ASD Closure
15	Master Sachin Kumar	10/04/12	ASD Closure
16	Master Aman	25/04/12	VSD Closure
17	Ms.Sneha Sharma	19/06/12	ASD Closure
18	Master Sita Chitri	10/07/12	ASD Closure
19	Master Chang Khang	10/07/12	PDA Ligation

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Following patients were operated under 'Winning Heart'
Programme as free cases (2011-12)

1	Master Sonko Samuel	4/8/11	VSD Closure + PS
2	Mr.Mohd Mustakim	8/8/11	CABG
3	Mr.Mahesh	19/9/11	Redo VSD Closure
4	Ms.K. Sushima	22/9/11	ASD Closure
5	Mr.Khadag Bahadur	14/10/11	VSD Closure
6	Ms.Reema	14/10/11	ASD Closure + PS
7	Ms.Sunita	17/10/11	MVR
8	Mr.Shobat Singh	28/11/11	MVR
9	Mr.Rohit Singh	29/11/11	ASD Closure
10	Mrs.Prema Devi	30/11/11	MVR
11	Mr.Khalil Ahmed	20/01/12	CABG
12	Mr.Arjun Singh	03/02/12	CMV
13	Mr.Inshan Ali	14/02/12	ASD Closure
14	Mr.Ram Laut	16/02/12	MVR
15	Mr.Rais Mian	24/02/12	CABG
16	Baby Navaya	05/03/12	ASD Closure
17	Mr.Mukesh	28/03/12	AVR
18	Mr.Abdul Barak	12/04/12	Bentall
19	Master Aman	25/04/12	VSD Closure
20	Mr.Fariduddin	21/05/12	CABG

SEXUAL PROBLEMS OF DIABETICS

– Dr. Vipin Kumar, Sr. Consultant Physician, Mathura

The rare truth : Almost as soon as men get diagnosed with diabetes, they begin hearing dire warnings about their risk of impotence. Diabetes may indeed, impair erection, but this is by no means inevitable, and if it occurs, several safe, effective treatments are available.

What exactly is "impotence"?

Instead of term "impotence", with its frightening and mistaken implications of erection loss, better terms may be erection "problem", "impairment", or "difficulty".

The fact is that erection problems are extremely rare before mid-30s in diabetics. It usually begins as mild and occasional difficulty, and may take many years—even decades—to become severe, if it ever does. Lifestyle adjustments, notably quitting smoking, limiting alcohol, and practicing tight control often reverses or slows down the progression of impairment. And today there are more treatments then ever before.

Treatment : Do-it-yourself

- Tight control of sugar.
- Exercise.
- Low fat diet.
- Don't drink excess alcohol before lovemaking.
- Quit smoking.
- Beware of medicines.
- Understand the effects of aging.
- Give yourself enough time to recover from illness.
- There is also sex after heart attack.
- Minimise exposure to occupational pollutants.
- Take a look at your relationship.
- Don't be preoccupied with sex.

How is Erection Problem Caused ?

If it is not a psychologically caused, the following factors may cause erection impairment in diabetics :

- Neuropathy.
- Blood vessels occlusion by fats.
- Long standing poorly controlled diabetes.
- Presence of retinopathy, nephropathy.
- Some blood pressure medicines.
- Overweight.
- Alcohol.
- Drugs—tranquilisers, narcotics, Propranolol.
- Stress.
- Depression.
- Acute illness : fever, injury, gastroenteritis.
- Hormone imbalance.
- Prostate surgery.
- Smoking.
- A troubled relationship.
- Rushed lovemaking, Routine lovemaking.

Vitamin D deficiency

– Nutrition Service of CDRS

WHAT IS VITAMIN D? — Vitamin D is an oil-soluble vitamin that has several important functions in the body:

- It helps to absorb dietary calcium and phosphorus from the intestines.
- It suppresses the release of parathyroid hormone, a hormone that causes bone resorption.

Through these actions, vitamin D keeps the calcium and phosphate levels in the blood normal, thereby promoting bone health. Vitamin D may have other benefits, such as improving muscle and immune function, but these areas require more research.

Natural sources of vitamin D —

- Vitamin D is made in the skin under the influence of sunlight.
- The amount of sunlight needed to synthesize adequate amounts of vitamin D varies, depending upon the person's age, skin color, sun exposure, and underlying medical problems.
- The production of vitamin D from the skin decreases with age. In addition, people who have darker skin need more sun exposure to produce adequate amounts of vitamin D, especially during the winter months.
- Another important source of vitamin D is foods, where it may occur naturally (in fatty fish, cod-liver oil, and [to a lesser extent] eggs). commercially fortified cow's milk is the largest source of dietary vitamin D, containing approximately 100 International Units of vitamin D per 250 ml. Vitamin D intake can be estimated by multiplying the number of cups of milk consumed per day by 100 (two cups milk = 200 International Units vitamin D).
- cereals and bread products are often fortified with vitamin D.

Vitamin D plays an important role in many places throughout the body, including the development and calcification of the bones.

Adequate exposure to sunlight and the use of dairy products with vitamin D have significantly reduced the incidence of vitamin D deficiency. However, vitamin D deficiency is still a common problem in many populations, particularly older adults.

Although vitamin D is found in cod liver oil, some fish oils also contain high doses of vitamin A. Excessive vitamin A intake can be associated with side effects, including liver damage and fractures.

CAUSES OF VITAMIN D DEFICIENCY — The main reasons for low levels of vitamin D are:

- Lack of vitamin D in the diet, often in conjunction with inadequate sun exposure
- Inability to absorb vitamin D from the intestines
- Inability to process vitamin D due to kidney or liver disease

Inadequate intake — Infants, children, and elderly adults are at risk for low vitamin D levels because of inadequate vitamin D intake. Human breast milk contains low levels of vitamin D and most infant formulas do not contain adequate vitamin D. Elderly adults often do not consume enough vitamin D rich foods, and even when they do, absorption may be limited.

Inadequate sun exposure — Parents of infants and children are often advised to keep their child out of the sun, which reduces vitamin D synthesis from the skin. Exposure to the sun is not recommended as a source of vitamin D for infants and children due to the potential long-term risks of skin cancer.

Adults who have limited sun exposure are also at increased risk of vitamin D deficiency, especially if their skin is dark. In addition, reduced amounts of vitamin D are made in the skin and stored in the body as we age. In the summer months, the use of sunscreen limits vitamin D synthesis.

Diseases or surgery that affect fat absorption — Certain diseases affect the body's ability to absorb adequate amounts of vitamin D through the intestinal tract. Examples of these include celiac disease, Crohn's disease, and cystic fibrosis.

Surgery that removes or bypasses portions of the stomach or intestines can also lead to low vitamin D levels. An example of this type of surgery is gastric bypass

Kidney and liver disease — The liver and kidney have important enzymes that change vitamin D from the sun or food to the biologically active form of vitamin D. People with chronic kidney and liver disease are at increased risk of low active vitamin D levels because they lack these enzymes.

Less common causes of vitamin D deficiency include familial diseases that impair the enzymes in the liver or kidney that create the biologically active form of the vitamin. This results in inadequate amounts of active vitamin D.

POTENTIAL COMPLICATIONS OF VITAMIN D DEFICIENCY — *

- The most serious complications of vitamin D deficiency are low blood calcium (hypocalcemia), low blood phosphate (hypophosphatemia), rickets (softening of the bones during childhood), and osteomalacia (softening of the bones in adults). However, these complications have become less common over time because many foods and drinks have added vitamin D.
- "Subclinical" vitamin D deficiency or vitamin D insufficiency is common, and is defined as a lower than normal vitamin D level that has no visible signs or symptoms. However, vitamin D insufficiency is associated with reduced bone density (osteopenia or osteoporosis), a mild decrease of the blood calcium level, elevated parathyroid hormone (which accelerates bone resorption), an increased risk of falls, and possibly fractures, all of which can seriously affect a person's quality of life.

Thus, identifying and treating vitamin D insufficiency or deficiency is important to maintain bone strength. Treatment may even improve the health of other body systems, such as the immune, muscular, and cardiovascular systems, although more research is needed in these areas.

DIAGNOSIS OF VITAMIN D DEFICIENCY — A low vitamin D level can be diagnosed with a blood test called 25 hydroxyvitamin D or 25OHD (OH = hydroxy, D = vitamin D). Although there is no formal definition of vitamin D deficiency, some groups use the following values in adults:

- A normal level of vitamin D is defined as a 25OHD concentration greater than 30 ng/mL (75 nmol/L).
- Vitamin D insufficiency is defined as a 25OHD concentration of 20 to 30 ng/mL (50 to 75 nmol/L).
- Vitamin D deficiency is defined as a 25OHD level less than 20 ng/mL (50 nmol/L).

Who needs testing for vitamin D? — Testing for vitamin D deficiency or insufficiency is not recommended for everyone, but may be advised for people who are home-bound or in a long term care facility (eg, nursing home), if the person has a medical condition that increases the risk of vitamin D deficiency or insufficiency, and for anyone with osteoporosis or a past history of a low-trauma fracture (eg, fracture after fall from standing), low blood calcium (hypocalcemia) or phosphate (hypophosphatemia).

TREATMENT OF VITAMIN D DEFICIENCY

Vitamin D supplements — There are many types of vitamin D preparations available for the treatment of vitamin D deficiency

or insufficiency. The two commonly available forms of vitamin D supplements are ergocalciferol (vitamin D2) and cholecalciferol (vitamin D3). We suggest vitamin D3 when possible, rather than vitamin D2, because vitamin D3 is the naturally occurring form of the vitamin and it may raise vitamin D levels more effectively.

Dosing — The recommended dose of vitamin D depends upon the nature and severity of the vitamin D deficiency.

In people who do not have problems absorbing vitamin D:

- In people whose 25OHD is <20 ng/mL (50 nmol/L), treatment usually includes 50,000 International Units of vitamin D2 or D3 by mouth once or more per week for six to eight weeks, and then 800 to 1000 (or more) International Units of vitamin D3 daily thereafter.
- In people whose 25OHD is 20 to 30 ng/mL (50 to 75 nmol/L), treatment usually includes 800 to 1000 International Units of vitamin D3 by mouth daily, usually for a three month period. However, many individuals will need higher doses. The "ideal" dose of vitamin D is determined by testing the individual's 25OHD level, and increasing the vitamin D dose if the level is not within normal limits.
- In infants and children whose 25OHD is <20 ng/mL (50 nmol/L), treatment usually includes 1000 to 5000 International Units of vitamin D2 by mouth per day (depending on the age of the child) for two to three months.

In people who have diseases or conditions that prevent them from absorbing vitamin D normally (eg, kidney or liver disease), the recommended dose of vitamin D will be determined on an individual basis.

In people whose vitamin D level is normal (>30 ng/mL [≥75 nmol/L]), a dose of 800 International Units of vitamin D per day is usually recommended.

Do I need other vitamins or minerals? — During treatment for vitamin D deficiency, it is important to consume at least 1000 mg of calcium per day (for premenopausal women and men) and 1200 mg per day (for postmenopausal women).

Monitoring — A blood test is recommended to monitor blood levels of 25OHD three months after beginning treatment. The dose of vitamin D may need to be adjusted based on these results.

Side effects — Side effects of vitamin D are uncommon unless the 25OHD level becomes very elevated (>100 ng/mL or 250 mmol/L) and the person is taking high dose calcium supplements. However, it is important to follow dosing instructions closely and to avoid taking multiple products that contain vitamin D (eg, multivitamin and vitamin D).

If 25OHD levels do become very elevated, complications such as high blood calcium levels or kidney stones can develop.

PREVENTION OF VITAMIN D DEFICIENCY — As mentioned previously, the amount of vitamin D you need per day to maintain a normal level of 25OHD depends upon your skin color, sun exposure, diet, and underlying medical conditions.

In general, adults are advised to take a supplement containing 800 International Units of vitamin D per day to maintain a normal vitamin D level. Older people who are confined indoors may have vitamin D deficiency even at this intake level.

All infants and children are advised to take a vitamin D supplement containing 400 International Units of vitamin D, starting within days of birth. For infants and children, vitamin D is included in most non-prescription infant multivitamin drops. In some countries, it is possible to buy infant drops that contain only vitamin D.

Exposure to the sun or tanning beds is not recommended as a source of vitamin D because of the risk of skin cancer.

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i- ejh vk; 65 o'k l de g vkj e0;k;ke ugh djrk % gk@uk

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& vr%lk;h i.kkyh e iHkko udlkung gkr g % bld pyr gkjeku vlekU; :i l dk; djrk g ftll ekVkik c<rk g] 'kjhj e olk dk vlekU; forj.k gku yxrk gA vr^lk;h i.kkyh tfur vU; chekfj;k e ,d dlj tlh [krjukd chekjh Hkh gA bld gku dk [krjk c< tkrk gA

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llrkg e fd; x, 0;k;ke vkj [kp dh xb Åtk dh ek=k ij fuHkj djrh gA vojk/k ¼Hkkj mBkuk½ 0;k;ke gn; dk lj{kk inku djrk gA ;g ,jkfcd t l ykHk nrk gA ;fn vki gn; jkx l ihfMr g rk vojk/k 0;k;kek dk dju l io viu fpfdRld l ijke'k djA

jDrpki ij 0;k;ke d iHkko

fu;fer 0;k;ke l cMh me e Hkh /kefu;k dk yphykiu cuk jgrk gA bld jgr ukfM;k e jDr dk mfpr iokg dk;e jgrk g ftl l jDrpki lkekU; jgrk gA vkyl h ykxk e lfØ; ykxk dh ryuk e 35 ifr'kr l vf/kd jDrpki d tkf[kek dh lHkkouk jgrh gA ;gk ;g ckr /;ku e j[kuh pkfg, fd dBkj 0;k;ke jDrpki dk fu;f=r ugh j[krk yfdu e/;e ;k lkekU; 0;k;ke jDrpki dk lkekU; j[ku e enn djrk gA ,d v/;;u d vulkj] e/;e ;k lkekU; 0;k;ke ¼ifrfnu 3 fdykehVj rt pyuk½ u jDrpki dk bruk fu;f=r dj fn;k fd jDrpki dh nok yu okyk dk nok NkMuh iMhA fo'k'kK llrkg e lHkh fnu u lgh vf/kdk'k fnu 30 feuV 0;k;ke dju dh lykg nr gA v/;;uk l irk pyk g fd e/;e nt d ,jkfcd 0;k;ke dh gh rjg ;kx vkj ikphu phu dk rkb ph mPp jDrpki dk fu;f=r dju e l{ke 0;k;ke gA tk ykx jDrpki l ihfMr g mUg viu fy, 0;k;ke r; dju gr viu Mk- l ijke'k yuk pkfg,A tk ykx e/;e ;k mPp jDrpki l ihfMr g mUg 0;k;ke ikjHk dju l igy viu jDrpki dk fu;f=r dju d fy, nokvk dk i;kx djuk pkfg,A iR;d 0;fDr dk] fo'k'krkj ij jDrpki ihfMr 0;fDr;k dk 0;k;ke djr le; lkekU; :i l lkl yuh pkfg,A lkl dk jkdu l jDrpki e of) gkrh gA

gn;?kkr ij 0;k;ke dk iHkko

ol rk ijijk l gekj ;gk gn;?kkr g, ejhtk dk 0;k;ke u dju dh lykg nh tkrh jgh gA yfdu ,lk n[kk x;k g fd ;fn 0;k;ke fpfdRldh; lgk;rk l djok;k tk, rk ejhtk dk ykHk gkrk gA gn;?kkr d ejhtk d fy, [kklrkj ij ikxflo fjtLVl Vfux dkQh ykHknk;d jgh gA bll ekl if'k;k dk etcrh feyrh g tk bl chpf'kfFky vkj detkj gk tkrh gA ifrfnu gkFkk dh idM d 0;k;ke l /kefu;k e jDr iokg lpk# gkrk gA dN fo'k'kK prkouh nr g, dgr g fd ;g 0;k;ke gn;?kkr g, lHkh ejhtk d fy, mfpr ugh gA blfy,] vko';d g fd ,l ejhtk viu y{k.kk d ckj e viu fpfdRld dk crk, vkj lykg e'kfojk djd mudh vuefr l 0;k;ke djA

mPp tkf[ke'kh y 0;fDr;k d fy, 0;k;ke dk;Øe

,l lHkh 0;fDr tk lh,Mh l ihfMr g ;k ftUg lhvkMh ;k fQj gn;?kkr gku dk [krjk g o fdl h Hkh idkj dk 0;k;ke dk;Øe ikjHk dju l igy fpfdRldh; e'kfojk y yA gn; jkxk l ihfMr ftu ykxk dk 0;k;ke dju l igy eY;kdu fd;k tkrk g o ljf{kr :i l 0;k;ke dj ldr gA lHko g mue l dN dk fpfdRldh; n[kj[k e 0;k;ke djuk iMA tkf[ke'kh y 0;fDr;k dk 0;k;ke djr g, bldh udlkung tfVyrkvk dk ck/k gkuk pkfg,A

dN ykxk dk ekuuk g fd 40 o'k vk; d ckn d lHkh ykx gn; jkxk d tkf[ke e jgr gA mUg 0;k;ke dju l igy viuh ijh fpfdRldh; tkp djokuh pkfg,A dN MkDVjk u 40 o'k l vf/kd vk; d 0;fDr;k fy, ,d i'uekykr;kj dh g tk bl idkj g¼

& D;k igy fdl h MkDVj u vkid gn; d gkykr dk n[kr g, fdl h idkj dh fpfdRldh; tkp dk vujk/k fd;k Fkk\

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mijkDr i'ukoyh d fdl h Hkh i'u d ckj vxj vki dk tokc ^^gk** g rk ml dkb Hkh 0;k;ke dju l igy viuh ijh fpfdRldh; tkp djokuh pkfg,A dN ykxk dk ijh tkp d lkFk LVl VLV Hkh djokuk pkfg,A

¼ncko tkp½ LVl VLV

ncko tkp l 0;k;ke }kjk gn; ij iMu oky ifrdy iHkkok dk vkdyu fd;k tkrk gA gj ml 0;fDr dk tk gn; jkx l ihfMr gk ;k ml dk gn; jkx lc/kh bfrgkl gk 0;k;ke dk;Øe ikjHk dju l igy ;g tkp djk yuh pkfg,A dN LokLF; n[kHkky vuHkoh]

vkyL;i.k thou fcrku oky cMh vk; d ykxk dk] dk ekuuk g fd mu cMh me d ykxk d fy, ftue gn; jkx d y{k.kk dk dkb bfrgkl ugh jgk] de rhork dk 0;k;ke] tl iny pyuk vkfn ikjHk dju l io ;g tkp djkuk vko';d ugh gA

gn; jkx d y{k.k u gku ij Hkh dBkj 0;k;ke ikjHk dju l igy tkp djku dh lykg nr gA ;g tkp egxh gkrh g blfy, db fpfdRldk dk ekuuk g fd mu cMh me d ykxk d fy, ftue gn; jkx d y{k.kk dk dkb bfrgkl ugh jgk] de rhork dk 0;k;ke] tl iny pyuk vkfn ikjHk dju l io ;g tkp djkuk vko';d ugh gA

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& gkykfd ;okvk e 0;k;ke l gku okyh vkdfLed eR; dh nj cgr de g fQj Hkh ;g fprk dk fo'k;gA dN ykx igy cgk'k gkr gA ,lk jDrpki d vpkud fuEu Lrj ij py tku l gkrk gA bl ckr dk j[kkfdr dj fd f[kykfM;k dk cgk'k gkuk vke ckr g] yfdu ;fn ,lk 0;fDr gn; jkx l ihfMr g rk mld fy, ;g [krjukd gk ldrk gA o ;ok tk tUe d le; vkuof'kd ;k tUexr gn; jkx l xLr jg gk] mUg dBkj 0;k;ke l cpuk pkfg,A

& bQMk ;Dr miikpu fo'k'k jlk;u ¼,ukckfyd LVkjk;M½ ;k mld mRiknk d lou l nkjk] fny dk nkjk vkj ;gk rd fd eR; Hkh gk ldrh gA

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& gn; jkxk d mPp tkf[ke'khy ykxk] fo'k'kdj cMh me d ykxk d fy, vfr dBkj 0;k;ke [krjuk gk ldrk gA vfr dBkj 0;k;ke g% cypk l Hkkjh lkeku mBk dj Qduk] nkMuk] rt pyuk] Vful [kyuk] Hkkjh otu mBkuk] l?ku ckxokuh djukA bu 0;k;kek l FkkM le; d fy, gn; ij ncko iMrk g] jDrpki c<rk g vkj bld pyr gn; dh /kefu;k e ,Bu gk ldrh gA

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bl leL;k dk uildrk tlh Hk;Hkhr "kCnkoyh l ifjHkkf'kr u dj ^^ruko dh leL;k** ruko dh ncyrk ;k ij"kkuh dguk vf/kd mfpr gkxkA 30 o'k vk; l NkVh vk; d e/keg jkf;k e ruko dh leL;k u d cjkcj gkrh gA bldh "k#vkr rukoghurk vkj mle dHkh&dHkh vku okyh ij"kkfu;k d :i utj vkrh gA bld Hk;dj fLFkfr e igpu e db o'k] ;gk rd n"kd yx tkr gA thou"kyh e cnyko djd] tl /keiku NkM dj] "kjkc de djd vkj viu ij fu;=.k j[k dj /khj&/khj bll futkr ikb tk ldrh g ;k dg fd bld iHkko dk de fd;k tk ldrk gA vkt igy l dgh vf/kd bld bykt miyC/k gA

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Laughter is strong medicine for mind and body

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Laughter is good for your health

Your sense of humor is one of the most powerful tools you have to make certain that your daily mood and emotional state support good health.

Laughter relaxes the whole body. A good, hearty laugh relieves physical tension and stress, leaving your muscles relaxed for up to 45 minutes after.

Laughter is a powerful antidote to stress, pain, and conflict. Nothing works faster or more dependably to bring your mind and body back into balance than a good laugh. Humor lightens your burdens, inspires hopes, connects you to others, and keeps you grounded, focused, and alert.

Laughter boosts the immune system. Laughter decreases stress hormones and increases immune cells and infection-fighting antibodies, thus improving your resistance to disease.

Laughter triggers the release of endorphins, the body's natural feel-good chemicals. Endorphins promote an overall sense of well-being and can even temporarily relieve pain.

With so much power to heal and renew, the ability to laugh easily and frequently is a tremendous resource for surmounting problems, enhancing your relationships, and supporting both physical and emotional health.

Laughter protects the heart. Laughter improves the function of blood vessels and increases blood flow, which can help protect you against a heart attack and other cardiovascular problems.

The Benefits of Laughter

Physical Health Benefits:	Mental Health Benefits:	Social Benefits:
Boosts immunity	Adds joy and zest to life	Strengthens relationships
Lowers stress hormones	Eases anxiety and fear	Attracts others to us
Decreases pain	Relieves stress	Enhances teamwork
Relaxes your muscles	Improves mood	Helps defuse conflict
Prevents heart disease	Enhances resilience	Promotes group bonding

Laughter and humor help you stay emotionally healthy :

Laughter makes you feel good. And the good feeling that you get when you laugh remains with you even after the laughter subsides. Humor helps you keep a positive, optimistic outlook through difficult situations, disappointments, and loss.

More than just a respite from sadness and pain, laughter gives you the courage and strength to find new sources of meaning and hope. Even in the most difficult of times, a laugh–or even simply a smile–can go a long way toward making you feel better. And laughter really is contagious—just hearing laughter primes your brain and readies you to smile and join in the fun.

Dr. Vinod K. Gujral

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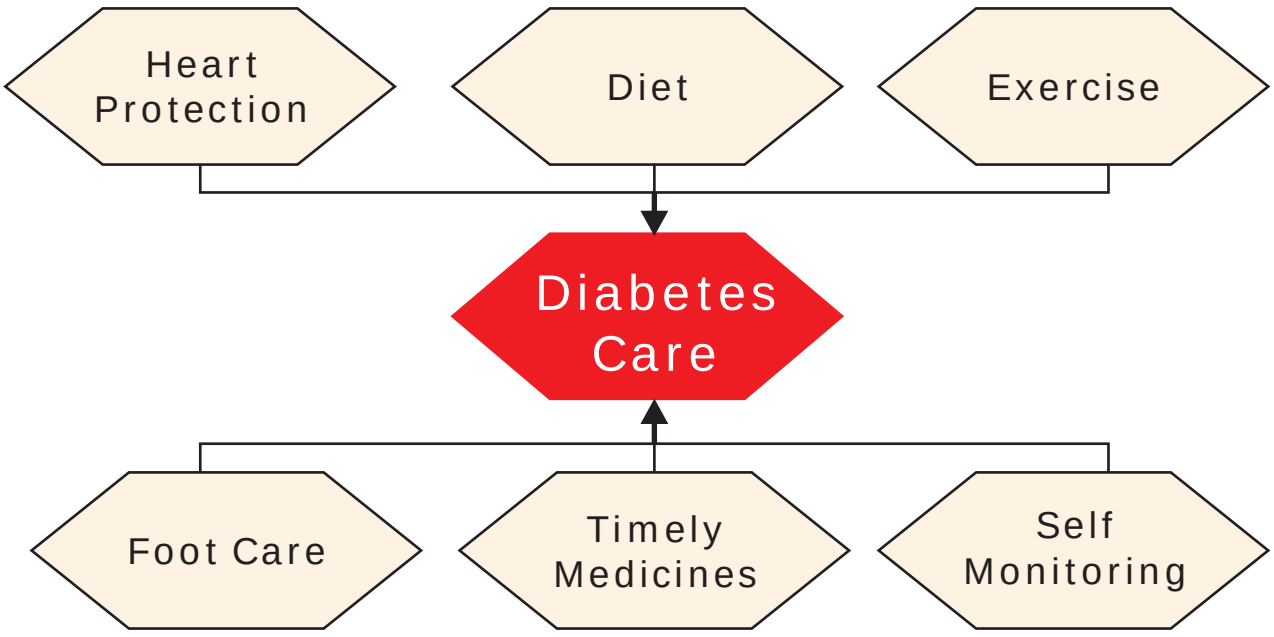

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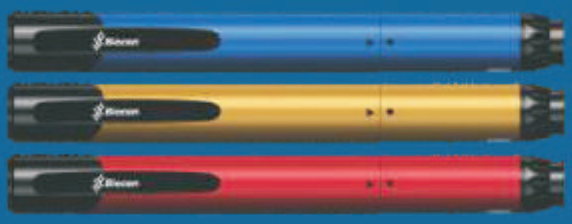

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(A Voluntary Organisation For Prevention of Heart, Diabetes & Lifestyle Diseases)

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.

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