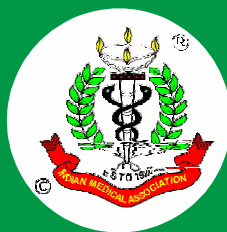


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YOUR HEALTH

OF INDIAN MEDICAL ASSOCIATION

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YOUR HEALTH

of the

INDIAN MEDICAL ASSOCIATION



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Dr Samarendra Kumar Basu
Hony. Editor, Your Health

Your Health is a health magazine for the general people which is being published for the last 70 years mainly to create health awareness amongst the public. In my tenure as Editor, we have published many important special issues of public interests, like Covid Vaccine, Balance Diet Balance Life, Snake Bite, Breast Feeding, Pyrexia or Fever, Health Problems of Adolescent Girl, Endocrine: Patient Information, Mental Health, Geriatric, Burn, Eye, Plastic Surgery, ENT, Handwashing, etc. I am grateful to receive appreciations from various quarters including Health department of Govt of West Bengal.

We advocate various health related national and international days throughout the year also. For December, we stress on the following three,

International Universal Health Coverage Day: 12th December, 2022 : ‘Build the World We Want: A Healthy Future for All’. United Nations’ historic and unanimous endorsement of universal health coverage in 2012.

In the world we want, all people can access quality health services without financial hardship. Universal health coverage lifts people out of poverty, promotes the well-being of families and communities, protects against public health crises, and moves us toward #HealthForAll.

Universal Health Coverage Day is the annual rallying point for advocates to raise their voices and share the stories of the millions of people still waiting for health, to call on leaders to make smarter investments in health and remind the world about the imperative of Universal Health Coverage (UHC).

Let's make your voices heard. Ask governments, world leaders, and those in power to act on their commitments to achieve universal health coverage on social media.

World AIDS Day : 1 December 2022 – ‘Equalize’

The need for AIDS awareness day is essential as HIV infection is currently incurable, but one can control it with good quality education about the disease, especially in rural areas. It was once an unmanageable chronic health condition, but now, with advances in HIV prevention, diagnosis, manage, and care including for opportunistic infections, people with HIV can live long, and healthy lives. In India, in the year 2019, 58.96 thousand AIDS-related deaths and 69.22 thousand new HIV infections were reported. This year 2022, the AIDS Day theme is “Equalize”, which emphasises eliminating the inequalities that have slowed the fight against the disease. The inequalities, such as gender inequality, limit women's access to HIV care and other forms of sexual and reproductive health care, which in turn affects their decision-making capabilities and their capacity to decline unwanted sexual encounters or negotiate for safer ones.

International Day of Persons with Disabilities : 3rd December 2022: ‘Transformative solutions for inclusive development: the role of innovation in fuelling an accessible and equitable world’. According to World Health Organization (WHO) 2021, more than 1 billion (15% of the world's population) people are disabled, with 80% living in developing countries, and this figure is expected to rise, owing in part to population aging and an increase in the prevalence of noncommunicable diseases. Up to 190 million (3.8%) people aged 15 and older are experiencing significant difficulties (barriers) in functioning and requiring frequent health care services.

My role as the Editor of Your Health is over this month. I thank Dr. Sarbari Dutta, Hony. Secretary for continuously supporting me to accomplish the herculean task of publishing a great publication with our limited resources.

I thank the Authors, Advertisers for their contributions. I also thank each and everyone who helped me in these two years.

I am grateful and whole heartedly thank my younger brother Dr. Sanjay Banerjee, Hony. Joint Finance Secretary for his support and guidance from day one to the last day of my relinquishing the office as Hony. Editor.

Long live IMA! Long live Your Health!



Dr Sarbari Dutta
Hony. Secretary, Your Health

From the Desk of Secretary

World AIDS Day 2022 – 'Equalize'

Human Immunodeficiency Virus (HIV) is an infection that attacks the body's immune system, specifically the white blood cells called CD4 cells. HIV destroys these CD4 cells, weakening a person's immunity against opportunistic infections, such as tuberculosis and fungal infections, severe bacterial infections and some cancers.

WHO recommends that every person who may be at risk of HIV should access testing. People at increased risk of acquiring HIV should seek comprehensive and effective HIV prevention, testing and treatment services. HIV infection can be diagnosed using simple and affordable rapid diagnostic tests, as well as self-tests. It is important that HIV testing services follow the 5Cs: consent, confidentiality, counselling, correct results and connection with treatment and other services.

People diagnosed with HIV should be offered and linked to antiretroviral treatment (ART) as soon as possible following diagnosis and periodically monitored using clinical and laboratory parameters, including the test to measure virus in the blood (viral load). If ART is taken consistently, this treatment also prevents HIV transmission to others.

At diagnosis or soon after starting ART, a CD4 cell count should be checked to assess a person's immune status. The CD4 cell count is a blood test used to assess progression of HIV disease, including risk for developing opportunistic infections and guides the use of preventive treatment. The normal range of CD4 count is from 500 to 1500 cells/mm³ of blood, and it progressively decreases over time in persons who are not receiving or not responding well to ART. If the person's CD4 cell count falls below 200, their immunity is severely compromised, leaving them susceptible to infections and death. Someone with a CD4 count below 200 is described as having an advanced HIV disease (AHD).

HIV viral load measures the amount of virus in the blood. This test is used to monitor the level of viral replication and effectiveness of ART. The treatment goal is to reduce the viral load in the blood to undetectable levels (less than 50 copies/ml), and the persistent presence of detectable viral load (greater than 1000 copies/ml) in people living with HIV on ART is an indicator of inadequate treatment response and the need to change or adjust the treatment regimen.

WHO's 2022–2030 global health sector strategy on HIV aims to reduce HIV infections from 1.5 million in 2020 to 335 000 by 2030, and deaths from 680 000 in 2020 to under 240 000 in 2030.

The global HIV response is in danger, even as HIV remains a major public health issue that affects millions of people worldwide. Over the last few years progress towards HIV goals has stalled, resources have shrunk, and millions of lives are at risk as a result. Division, disparity and disregard for human rights are among the failures that allowed HIV to become and remain a global health crisis.

On 1 December WHO joins partners to commemorate World AIDS Day 2022, under the theme "Equalize". WHO is calling on global leaders and citizens to boldly recognize and address the inequalities which are holding back progress in ending AIDS; and equalize access to essential HIV services particularly for children and key populations and their partners - men who have sex with men, transgender people, people who use drugs, sex workers, and people in prisons.

The "Your Health of IMA" is a publication of Indian Medical Association (IMA) for the masses from Kolkata. This November 2022 issue is dedicated to multidisciplinary subject. The different authors have done a marvellous job while composing the contents covering different fields in Medicine. I am grateful to all concerned those who have contributed to bring out this issue. I hope this will be of great help to the common masses to understand the subject. When you get this issue in your hand the world is preparing for WORLD AIDS DAY on 1st December 2022. Hope you will lend your hand towards millions of sufferers on this day by various activities.



Dr R V Asokan
National President Elect, IMA



Dr Vinay Aggarwal
Past National President, IMA

Re envision Primary Health care

Covid 19 has rewritten priorities in our national life, Health care has emerged as an important internal security issue. In fact it has asserted itself to be on par with economics. An appropriate and adequate response is in order. Strengthening Public Health infrastructure and human resources as well as outreach is the priority. The disparity incapacity between States is a challenge. Primary Health Care reduces morbidity and mortality. The need to re envision primary care cannot be overemphasised. It takes a courage of different order. The wellness centre concept was disruptive. Nevertheless it is a non starter for several reasons. It needs a qualitative overhaul. It is time to go back to the drawing board.

The path to wellness of a society or a nation should be tangible and defined. When we upscale wellness from a state of mental, physical and social well being of an individual to a society or its people, it would require to be structured as clinical services, public health services with diligent cognizance of social determinants of health. Conceptualizing good Governance to attain wellness of a people could mean clubbing together of these services (clinical, public health and social determinants) under one roof for which the prudent move would be to create a separate independent Ministry as Ministry for Wellness. The focused aim for the said Ministry would not only be the invocation of wellness for all but also ensuring its outcome measurement in the form of measurable happiness index as a parameter for the same. This can genuinely revolutionize the Health of the nation. At least water, sanitation and poverty alleviation should be clubbed with Health for attainment of wellness of all the people in the society.

Primary Health Care is essentially the entry point ambulatory care. The steel frame laid down by the Bhole Committee 1946 consists of Primary Health Centres. The concept of Community Health Centres and District Hospitals as referral centres essentially facilitates accessibility. If India has to achieve Universal Health Coverage prioritisation of Primary Health Care is essential. If this has to translate into a reality substantial resources need to be allotted. The classic dilemma between prioritising Primary Care and the

vertical programmes is reflected all along our Five Year Plans. India is a signatory to the Alma Ata Declaration. The declaration included social determinants of health. The definition of Primary Health Care needs to be expanded.

Primary Health care received a boost with National Rural Health Mission in 2004 and the Panchayat Raj connect it attempted to bring in. These two initiatives were substantial and in right direction, Devolution of power to Panchayats and bringing Government hospitals, CHCs and PHCs under them was a progressive step. At least one state Kerala implemented it in letter and spirit. Linking Primary Health Care to Panchayat Raj institutions is the most logical thing to do. This enhances the ownership and the sense of belonging of the local community, NRHM was a good experiment and has had a revitalising effect on Rural Health.

The comprehensive Primary Health Care document of the current Government speaks of several dimensions; yet still falls short of Alma Ata declarations. The major fallacy with its conceptualisation remains the advent of a non medical mid level provider. This betrays the lack of political will to invest in Health. The administrative slugfest that has led to this sub saharan solution for our people deserves contempt.

With covid breaking such traditional barriers in the mindset of the Governments, it is time to reset the clock. India has 554 medical colleges and 83075 fine MBBS graduates walk out every year. Around 40,000 foreign medical graduates take the qualifying National Board Examination every year. The Government is in a proactive mode in creating more medical colleges. It can be safely assumed that around one lakh doctors graduate every year. This number is unique. Sooner than later India will have enough and more doctors to meet the needs of the entire humanity. What has to be managed is the regional disparity and the urban bias.

There has been systematic devaluation of MBBS as a degree due to wanton neglect and biased attitude. Casual approach by the beurocracy has led to exploitation of MBBS graduates through ad hoc contract postings for paltry remuneration. These half

hearted attempts have created an artificial vacuum.

While there are a glut of fine medical graduates the Government maintains the posturing of lack of doctors. The entire NHS of UK is run by MBBS doctors. Most of them are from India. It is strange why the successive Governments have failed to cash on this national asset. The blame for the failures in primary care and Rural Health have been unfairly laid at the doorsteps of young doctors. We have adequate number of doctors to staff our subcentres. In Tamilnadu and Kerala the doctor population ratio is less than 1: 500. The Government should radically alter its thinking. At any given point of time around one lakh and fifty thousand MBBS graduates are unemployed and are populating the entrance coaching centres. Doctors spend 2 to 3 years to get into post graduate courses.

The Government is directly responsible for this criminal waste of medical manpower by not expanding the structure of Primary Health Care and not deploying

them in suitable permanent jobs. An MBBS doctor today does not have any relevance either in Government sector or Private Sector. He can neither survive on his own because of “you are only an MBBS attitude” of the people.

Deployment of MBBS doctors in the proposed wellness Centres in permanent jobs or a three year short service is a solution. The three year short service can be part of a new All India Cadre on attractive scales. As pioneered by erstwhile Medical Council of India this can be incentivized with dedicated marks for post graduate education. All sub centres should be manned by MBBS doctors. This will give meaning to these wellness centres. Paying lip service to Primary Care by forming endless committees and blaming doctors for failure of Rural Health will no longer sell. Radical restructuring and optimum use of medical manpower can rapidly change the scenario. Inflicting non medical care on villagers is a crime against humanity and the directive principles of the constitution.

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Dr R V Asokan
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It is rather fashionable to talk about TB elimination. That is if you are a Public Health expert. It gives you visibility and immediate access to powers that be. Partly because Prime Minister Shri Narendra Modi ji corrected course to confidently preponing 2030 End TB targets to 2025. He followed it up with personally reviewing TB Elimination Programme. That much for the political empowerment of the Programme.

Make no mistake. Our National TB Elimination Programme is one of the best Public Health Programmes launched anywhere in the world at all times. The way that it has transformed itself in the last three decades is nothing sort of a revolution. For that matter the credit should equally go to the WHO. It moved the goalposts alarmingly from DOTS (1994) to Stop TB (2006) and then with audacity to the most ambitious End TB (2015) strategy. Diagnosis moved from pedestrian sputum microscopy to Gene Xpert. Treatment moved from intermittent regimen to multi labyrinth fixed dose weight based regimens. Case Fatality rate fell from 30% to 15% .For its part the Indian Programme took everything enunciated in the End TB strategy to its logical conclusion. It's on autopilot now. From Fixed Drug Combinations to Active Case Finding every single small print was implemented with passion and dedication. The nation is reaping the benefit of a robust programme. It has proved it can withstand the vagaries of external determinants. The challenges in controlling and eliminating the current TB epidemic are both external and internal.

DR TB or the drug resistant TB is perhaps man made though a small percentage may be natural. The discovery of Bedaquiline and Delamanid molecules was well in time. Fortunately the Indian epidemic is by and large drug sensitive and the situation therefore warrants close attention. The private sector has been largely blamed for the drug resistance while there are no controlled studies on what damage could be attributed to the erstwhile Category 3 and the intermittent regimen. However the Programme brought qualitative changes to make available TRUNAT and CBNAAT which detect selective drug resistance and scaling it up across the country in all the

The challenges in TB elimination

districts and even sub districts. It has again succeeded in increasing the availability of Liquid culture and the Line Probe Assays which detect resistance in a comprehensive manner. Till now the Indian Programme has succeeded in keeping various forms of resistance under the wrap. Not a small thing to do. Moreover the Programme is constantly upgrading and improving the access to drugs and services.

One important challenge that arose in the last decade of last millennium is co infection with HIV. Significant progress has been made in TB HIV services. Fortunately the TB epidemic in India is driven by TB itself unlike most African countries where it is driven by HIV. Next to DR TB , TB HIV has emerged as a challenge impacting our efforts to contain TB.

The third major factor that emerged was the Covid 19 pandemic. There was a large global drop in TB notification. The clock was turned back by atleast ten years. In 2019, 7.1 million new TB patients were notified. It fell to 5.8 million in 2020. In 2021 it recovered partially to 6.4 million. India was affected substantially. However the fast recovery continues indicating a robust Public Health System and a vigilant Programme.

One of the major hurdles is the catastrophic expenditure suffered by patients due to poverty. Some breakthrough has happened by way of providing cash directly to the accounts of patients. Yet there is a long way to go on this front. The effective shift to community focus might be helpful.

However the unacknowledged blind spot of the Programme and the iceberg of TB elimination is the constituency of Private doctors. The Programme scarcely acknowledged the quantum of patients in the private sector until evidence piled up to show that atleast half of the patients were outside the Programme. Million cases went missing at some point of time. Fragmented half hearted attempts brought 26% of these patients into the Programme. False sense of security and smugness seem to be the reason for the lackadaisical approach.

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As per the World Health Organization, globally the second most common cause of mortality, among non-communicable diseases, after cardiovascular disease, is cancer. Several factors have been identified that are held responsible for the emergence of cancer burden across the globe like ageing of the population, unhealthy and sedentary lifestyle, urbanization, pollution etc. In India, according to the Globocan report published in 2020, the annual incidence of cancer is around 13 lakhs and almost 8.5 lakh people die of cancer every year. Compared to developed nations, the outcomes of patients diagnosed with cancer in India are usually worse. The possible reasons include lack of awareness, delayed diagnosis, lack of education, financial constraints and inequitable access to affordable treatment. Lack of awareness among the general population leads to delay in presenting to a healthcare facility, usually when the disease has already progressed to an advanced stage. Illiteracy and poverty have a direct bearing on the delay in reporting to the hospital. Moreover, most of the hospitals providing cancer care are located in and around the urban areas, leaving the expansive rural belts of India devoid of comprehensive tertiary cancer centres.

Screening is an important tool for secondary prevention of cancer through early detection and diagnosis. Although the national cancer control program in India has a screening component, screening programs in most part of the country is still in its nascent stage. In addition, the available screening methods are not optimally utilised as they are available in a few tertiary cancer centres. Even though running nationwide screening programs is a difficult task, one can focus on opportunistic screening where patients, especially the high-risk population for a given malignancy like tobacco chewers, coming to the outpatient department for other health related reasons can be screened for the commonly occurring malignancies.

Studies on awareness of cancer among Indian population reveals a wide difference in the level of awareness, ranging from as low as 57% (1) to as high as 98% (2). This can be explained by the difference in socio-economic status and literacy rates in the



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populations studied. Societies with a higher level of income tend to have better access to education and are more aware to health problems including cancer. These studies have also revealed that people are well aware about oral cancers, which is the most common cancers among the male population in India. Anti-tobacco advertisements through television and radio and warnings on packets containing tobacco products have had a significant impact with regards to generating awareness on tobacco-related cancers. However similar level of awareness is lacking for breast or cervical cancers, the two most common malignancies among the females. This implies that similar campaigns on these malignancies can lead to increased awareness among the masses, especially the womenfolk. Although nowadays one does come across programs and advertisements on breast cancer awareness, the situation is worrying for cervical cancer which is more commonly seen in the rural population. Discussing on the genitalia is still considered a taboo in the villages and women tend not to reveal symptoms arising from such private parts of the body even to their family members. As such, there is an urgent need to tackle this situation. Healthcare workers like Accredited Social Health Activists (ASHA) can play a vital role here. After getting trained adequately, they can start door to door campaigns and while discussing women's health issues, ASHA workers can broach the topic of awareness on cervical cancer and explain the common symptoms associated with it. Mere spread of information through mass media like television and internet may not be enough for cervical cancer awareness. Rather we must seek people's participation in generating awareness among the less economically developed, illiterate population.

The other aspect regarding awareness is the lack of knowledge about outcomes of cancer treatment. Even today several myths on the incurability of cancer are prevalent. More penetration in the society is needed for slogans like "Cancer is curable if detected early" among the rural population so that people are aware and seek medical advice as soon as they have symptoms suggestive of cancer so as to have an

Awareness of Cancer in India

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Dr Debasis Bhattacharya
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Graceful Aging

The old age usually refers to the stage of lifecycle beginning at the age of 65 years. Gerontologists now-a-days divide old persons in broad two sub-groups : young old , 65-74 years and old-old -75 and beyond. Such sub grouping has become essential , as the life-expectancy has significantly increased through ages . When average life-expectancy primitive persons was only 20-25 years and even in medieval time till 19th. Century it was approximately 55 years, average life-expectancy of modern person is closer to 70 years. This is largely due to improved hygienic environment and advanced medical facilities.

Now should we perceive this increased life-expectancy with increased number of old-population is a burden to society? It is true that geriatric-urinary gradual decline of the functioning of all body's systems - cardiovascular , respiratory, ophthalmic and orthopedic and others. Usually each person is endowed with one or more vulnerable systems.

Looking at this phenomenon in the context of improved healthcare and contemporary technological advances raises a few questions. We know that the longevity has increased consistently since the end of World War II. This fact indicates that the health-status has been improving dramatically as well .In this context I would site a personal experience ,which I think exemplifies my point.

Now at my 77 years age, I have been labeled as 'old-old' senior citizen. So indifference and negative attitude towards senescence is not a luxury I can afford any longer. Basically senescence is often perceived with western youth-centric cultural bias and one does not bother much until he gets there. Incidentally at this juncture, I came upon Gabriel Garcia Marques's book , 'Memories of My Melancholy Whores', where I found a resonance of my own experience –“ we are already old ...what happens is you don't feel it inside, but everybody can see it.” Now my personal experience has been persistently shaping my self-image.

Psychologically the main issue of the old age is related to adaptation to changes. Now-a-days such adaptations have been largely facilitated by spectacular advances in the field of medicine and

surgery. A few weeks back, we had a get together with our medical colleagues. It was there I bumped into my batch mate Dr. X. who had recently come back from UK after retirement. He looked quite slim and agile. He told me, two years back, he was seriously unwell due to cardiac ailments. He underwent cardiac by-pass surgery. During pre-operative investigations, he was diagnosed obesity with raised Cholesterol. This surgical operation opened up the blocks and medication brought the cholesterol under control. Since then he managed his diet and lifestyle. We were engrossed by the chit-chat in the party. There surprisingly we found that almost all of us have undergone cataract operation and our vision has been restored .One of us has undergone knee-replacement operation and he has been now walking without the help of any stick. Such information indicates that we do not accept old age as fate.

However, we must be aware that all living beings have a pre-determined life-span. Unless interrupted by any accident or disease, the life cycle completes a journey from birth to growth and ultimately ends by death. Though it is generally acknowledged that longevity. This is a continuum. Though we arbitrarily mark the old age as a phase of decay, , the biological decay of human body starts as early as 25 years. For this reason the career of most of the athlete and sports persons end around this period .The rote memory also starts declining in youth. A young adult , in comparison with a kid , won't be able to memorise 'nonsense ' words or rhymes. On the contrary with advancement of age, the power of understanding or 'grasp' increases. This is often termed as 'crystalline ' intelligence or memory. This power of preserving the essence of knowledge is termed as 'wisdom'. This wisdom is not a rare quality that is exclusive domain of intellectual elite. As man grows older, it greets the world with wonder and spontaneously adds its reflections to his mind. So the people from different walks of life do possess such wisdom. Theodor Roszak , a historian ,observes that,“ wisdom grows from any ordinary life provided that life that life is taken seriously and brought under reflection ..Unless we are in coma, everyday we live wises up.” Such learning with

'crystalline memories' is experiential and not related to formal education.

In nutshell mental ability and attitude qualitatively differ from younger generation. Several major lifestyle factors have proven effective in combating hippocampal aging. It has been documented that cognitive enrichment may be achieved by following some interactive mental activities like training on internet use, following some creative pursuits, playing cards or cross-word-puzzle.

Basically the attitude to accept aging gracefully is to be cultivated. As we become old, we have a choice: we can either cling to the world as we shaped it and become sceptical about the ideas of new generation or we can adapt to the changing world and remain curious. We should realize that each new generation breaks the old paradigms and overturn the odd ways of believing and doing things. If we learn to be flexible, we may accept the new world with curiosity and pleasant surprise.

In short, we should accept aging gracefully. Our goal should not be to cling youth as we go older, but to keep our joy alive nurturing by our inner child throughout our days. We should follow a healthy life style with regular schedule of physical activity and exercise, having balanced diet and planning to utilize the leisure positively. Often old persons, after retirement, perceive themselves as useless and unwanted in the family and in society. In fact post-retirement phase opens up new scope to participate in cultural activities like seeing theatre, cinema or musical performances, going for short trips to enjoy nature and to get involved in some creative works like writing, painting or gardening. Overall positive attitude will certainly infuse a pleasurable sense of existence. We should be aware that the older adults, from the emotional perspective, compensate society with their immense companionate love.

The challenges in TB elimination

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Private doctors are a conscientious group of people who are conscious of their duty to the nation. Peer pressure and recognition are the key to their involvement. Even non financial incentives will have a role. Such a large number of patients go to private doctors to protect their confidentiality. There is a perceptible gap in the area of confidentiality in how TB patients are handled. In spite of several outreach initiatives the spell of private sector is an enigma for

the Programme. Stigma and confidentiality are the obstructions we need to navigate. Private doctors hold the key. Lot of unlearning is required by the Programme. India remains the first among the High Burden countries. One in four TB patients in the world is an Indian. We need to work together lest we will end up converting a drug sensitive epidemic into a drug resistant epidemic. Let us live up to the words and expectations of our beloved Prime Minister.

Awareness of Cancer in India

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increased likelihood of cure. In addition, a comprehensive discussion on the risk factors for cancer and that some cancers are preventable is necessary. While focussing on tobacco, the role of alcohol, an equally potent risk factor for cancer, is often played down. Moreover, the importance of having a healthy diet and a healthy lifestyle must be highlighted.

Mass education as well as health information is the need of the hour – the sooner we realise it, the better it is for us. With an increase in the level of awareness in

the community, people are more likely to opt for screening for cancer.

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Dr Kavitha Ravi

Professor of Pathology Government Medical College, Thiruvananthapuram
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Challenges for the Female Medical/ Para-Medical Practitioners in India"

Women have many roles and positions in healthcare institutions, hospitals and medical education settings, such as doctors, nurses, laboratory staff, radiology staff, pharmacists, house keeping staff and also administrators, of which, nursing being the most dominant. Whatever be the position, women in health fields face challenges related to poor work environments, which include unequal pay, unsatisfactory working conditions including lack of sufficient support systems, limited opportunities for career advancement, work-related stress, consequences associated with pregnancy and motherhood, and unfavorable policies encouraging patriarchy. Though it might sound simple and silly, the lack of availability of hygienic rest rooms at our workplaces and the mental stress created by it, is a very important matter that adversely affects both our physical and mental health. Generally women are paid less than their male counterparts despite having equal output, equal amount of work, academic qualifications and experience., though there are exceptions in some centres. It's a fact that the struggle to maintain Work-family balance acts as a significant barrier to her professional growth, in addition to the gender inequality factors. More than doctors, nurses and paramedics especially those at the laboratories, pharmacy and radiology sections may be required to be away from their homes for longer hours including frequent night duties. We witnessed the worst of these situations during our fight against the Covid 19 pandemic in the last two years. As doctors and health care providers by profession and individuals who are constantly exposed to infections, we had been facing twin challenges at our hospitals and society. Back home, as wives, mothers and homemakers, a larger personal responsibility of keeping family members safe and secure awaited us. We had to multitask to the extreme with much care and eye for details, without compromising the responsibility of protecting our families too. Such stressors, singly or together force the female Health workers to have little time or opportunities for Me time, self-care or self-compassion, leading to lower levels of self-valuation. All such stress would be let out at their

spouses and children which further lead to conflicts and unrest at their homes too and the stresses keep mounting on. These factors badly affect the mental health of the lady doctors, nurses and paramedics and lead to significantly higher rates of burnout and depression than their male colleagues. These mental health issues eventually lead to physical manifestations too, seriously affecting the overall health of the lady professionals. Another burning issue is the increasing incidence of hospital violence. As per a survey conducted by the Indian Medical Association, over 75% of doctors face violence at the workplace. Violence against doctors can be of any form like verbal abuse, telephonic abuse or threatening, physical violence, mob lynching harassment, etc, Verbal violence being the most common sort of violence. Sexual harassment at workplaces has also been raised by the female HCW in different positions, be it doctors, nurses, paramedics or other support staff. The female healthcare workers are more likely to be emotionally disturbed and affected by violence of any kind at workplace. Consequently they develop the feeling of low self esteem and lack of confidence, resulting in reduced productivity. Some ladies go on long leave or even quit their jobs. Rajasthan-based gynaecologist Archana Sharma's suicide has generated serious concern for doctors and grievance among those in the medical profession across the country. If Archana's case was an instance of suicide out of mental harassment following unreasonable punishment by the law, the recent incidents of physical attacks on lady doctors in Kerala, for no proven reason or medical negligence were quite shocking and demoralising. Safety at our workplaces is at stake. Working as a doctor or in any role requiring direct interaction with the patients or bystanders has become quite risky. This cannot continue. We need safety and security in all manners. We need adequate working conditions. We need equality in all aspects. We need to safeguard our dignity, our physical and mental health. Let hospitals be declared as Safe zones; Let the Hospital violence acts be strengthened; Let the orders be enforced and most importantly let the society understand us and consider us as human beings.



Dengue & Platelets

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The Dengue fever is now slowly become a pandemic in the third world countries. It can spread to human beings by a bite of an infected Aedes mosquito. It has two variants i.e. Aedes aegypti and Aedes albopictus. About four billion people, nearly 1/2 of the world's humans live in areas with a risk of dengue. Zika, Chikungunya and other viruses are additionally spread by using these mosquitoes.

Dengue is caused with the aid of one of any four related viruses: Dengue virus 1,2,3 and four for this reason, an individual can be contaminated with dengue virus as many as four instances in his or her lifetime.

These mosquitoes normally lay eggs near standing water in containers that preserve water, like buckets, bowls, animal dishes, flower pots, and vases. These mosquitoes decide upon to bite people, and stay both indoors and outside near people. Mosquitoes that unfold dengue chew throughout the day time. Mosquitoes grew to become infected when they bite a person infected with the virus. Infected mosquitoes can then spread the virus to different people thru bites.

A pregnant girl already contaminated with dengue can omit the virus to her fetus throughout pregnancy or around the time of birth. To date, there has been one documented document of dengue unfold through breast milk. Because of the advantages of breastfeeding, moms are encouraged to breastfeed even in areas with hazard of dengue.

Rarely, dengue can be unfolding via blood transfusion, organ transplant, or through a needle stick injury.

SYMPTOMS:

- Mild symptoms of dengue can be burdened with other illnesses that cause fever, aches and pains, or a rash.

The most frequent signs and symptoms of dengue are fever with any of the following:

- Nausea, vomiting
- Rash
- Aches and pains (Eye pain, typically behind the eyes,

muscle, joint, or bone pain)

Symptoms of dengue typically remaining 2-7 days. Most people will get better after about a week.

- Warning symptoms and signs and symptoms of extreme dengue normally commence in the 24-48 hours after your fever has long past away.

The extreme signs of dengue are as following:

- Belly pain, tenderness
- Vomiting (at least three times in 24 hours)
- Bleeding from the nose or gums
- Vomiting blood, or blood in the stool
- Feeling tired, restlessness or irritable

TREATMENTS:

There is no unique medicine to treat dengue, deal with the signs of dengue.

- Rest as a great deal as possible
- Take paracetamol pill to control fever and relieve pain.
- Do not take aspirin
- Drink plenty of fluids to remain hydrated. Drink water or drinks with introduced electrolytes.
- For moderate symptoms, care for an ill infant, child, or household member at home.

Symptoms of dengue can come to be severe inside a few hours. Severe dengue is medical emergency. It requires immediate clinical care at a nursing home or hospital.

DENGUE TESTING:

To realize the presence of dengue virus in blood, you want to bear some definitive exams which includes;

- Dengue NS1 Antigen
- Immunoglobulin M (IgM)
- Immunoglobulin G (IgG)
- Dengue RNA PCR Test

DENGUE VACCINE:

There is a growing public fitness need for nice preventive interventions towards dengue, a disease

caused by using four viruses, termed serotypes 1-4. A safe, fine and low cost dengue vaccine in opposition to the 4 strains would characterize a foremost strengthen for the control of the sickness and ought to be an important device for achieving the WHO intention of decreasing dengue morbidity by means of at least 25% and mortality with the aid of at least 50% by 2020. One dengue vaccine has been licensed, Dengvaxia (CYD-TDV), developed by means of Sanofi Pasteur. Approximately 5 extra dengue vaccine candidates are in medical development, with two candidates (developed with the aid of NIH/Butantan and Takeda) now in Phase III trials.

CYD-TDV was first licensed in Mexico in December 2015 for use in persons 9-45 years of age living in endemic areas, and is now licensed in 20 countries. CYD-TDV given as a three dose series on a 0/6/12-month schedule.

PLATELETS:

Platelets are the smallest formed factors in blood, a disk shaped, non-nucleated aspect with fragile membrane produced in the bone marrow through fragmentation of megakaryocytes. A normal human being has a platelet number between 1.5 lakhs and four lakhs. The low platelet counts in the blood brought about via the Dengue virus destruct the capability to blood clot and make it unable to fight infections. Individuals having dengue has experienced a considerably fall in platelet count to around twenty to forty thousands.

The platelet number is low due to Dengue virus because of the following:

- Suppression of bone marrow, consequences drop in the production of platelets.
- The blood cells, which are affected by way of the dengue virus has the ability to harm platelets, so the healthy platelets are also damaged.
- Now the antibodies which are produced at some stage in this time caused a big destruction on platelets.

MOLECULAR RESPONSE OF PLATELETS TO DENGUE:

Platelets are anucleated blood cells that are derived from the bone marrow. The alpha granules contents of platelets are rich in cytokines such as CXC Motif Chemokine Ligand, CCL 53, and transforming growth factor TGF. The release of contents into the plasma can

be caused by the activation of platelets. The human immunodeficiency virus HIV H1N1 is one of the most common causes of platelet activation. The release of the cytokines CCL8 and CCL5 promotes the development of a pro inflammatory state along with the recruitment of other immune cells to the site of the infection. The interaction between Platelets and Monocytes and Neutrophils increases inflammation. The key regulators of the replication and propagation of several viruses in the host are known as platelet factor PF4 CCL5 and fibrinopeptides. Studies show that CXCL4 can increase the risk of HIV1 infections. Data from our lab shows that CXCL4 has a significant effect on the interferon IFN pathway and on the DENV replication in monocytes. Increased IFN production and suppression of DENV and JEV in monocytes can be achieved by blocking the CXCL4 signalling.

There is a key role played by platelets in the suppression of the disease. There are regulatory roles for cytokines, which are released from alpha granules. The CCR1/CCL2 axis plays an important role in the pathogenesis of the disease while the CCR1/CCL5 axis has a protective role. There was a year in 2014, a study suggests that low levels of CCL5 and high levels of CXCL8 could be a marker for severe Dengue disease. There is an increase in the expression of E-selectin on the endothelial cells after the DENV infection. E-selectin and P-selectin help in the attachment of the platelets to the endothelial cells. P-selectin is expressed on the surface of activated platelets and promotes interaction of platelets with monocytes and neutrophils. The cells of the erythrocytes that are involved in the production of CXCL8 IL6 CXCL10 and CCL5 are found in the body of a person. The cells contribute to the total cytokine pool. These cytokines help in increasing the permeability of the blood vessels in the body, which in turn leads to inflammation and the development of the disease.

CONCLUSION:

Now, an eminent physician discovered that using fluids and platelets in an illogical way can do more harm than good to patients. A real catastrophe has occurred after the platelet infusion, the body's inflammatory response increases, and the patient's condition becomes very serious due to the release of cytokines, causing a cytokine storm in the body's immune system, leading to cardiac arrest, heart failure, etc. So, judicious use of fluid, plasma & platelets should be done for the betterment of patients.



Dr Arvind Singh

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Vitiligo – 10 Questions Answered (A Psychologically Devastating Disorder Of The Human Skin)

1. What is Vitiligo?

Vitiligo is an acquired sudden loss of the inherited skin colour leading to white patch of various sizes, which can be localized or generalized anywhere in the body. The disease affects people of all races, men and women. It may appear in any age, as early as 06 weeks after birth to 80 years of age.

2. Is Vitiligo contagious?

No, Vitiligo is not a contagious disease, meaning it cannot be transferred from one person to another person, physically.

3. What is the actual cause of Vitiligo?

It is unclear what causes the damage to melanocytes (pigment cells) and its subsequent total inactivation and/or disappearance in the Vitiligo skin. There are several theories, the most prominent being the auto immunity. According to the convergence theory stress, accumulation of toxic compounds, infections, auto immunity, genetic predisposition, altered cellular environment and impaired melanocytes migration may all result in Vitiligo. A site of a skin physical trauma may initiate and develop Vitiligo.

4. I have a Vitiligo: Will my children have Vitiligo too?

Although most cases of Vitiligo are one only, but familiar clustering is also not uncommon and upto 20% of the patient report on affected relatives. The frequency of Vitiligo amongst first degree relatives are almost 06%.

5. Is Vitiligo a common disease?

The prevalence of Vitiligo in India is believed to be 0.0005% of the total population. Gujarat in India is considered to have the highest prevalence in the world with 8.8% of the local population being affected. The mean age of onset is earlier in those patients, having positive family history is more prevalent in young women (more than 30 years of age).

6. How can I be sure that I am really affected by Vitiligo?

Discrete, uniform white patches with convex borders and surrounded by normal skin, not painful, very rarely itching is the usual presentation, white hair may or

may not be associated with these patches.

The diagnosis of the Vitiligo is usually made clinically with the use of wood's lamp, a hand held device emitting ultra violet rays (at 365 nm) which makes the colour of the white patches look whiter. Mouth and lips depigmentation (white patches) may also be seen.

7. Can white patches on the skin be present, but not related to Vitiligo?

Yes, white patches on the skin, not related to Vitiligo are called Leukoderma. Chemical Leukoderma can be induced by dyes, perfumes, detergents, cleansers, insecticides, rubber, footwear or gloves, make ups, bindi/sindoor, lipsticks and lot of others. In addition to these Nevus depigmentosus is a segmental hypo/depigmentation detectable in the first year of life and grows in proportion to the child's growth. Piebaldism is another inherited disorder presenting at birth.

8. How is Vitiligo treated?

The treatment modality adopted should be tried for a sufficient period of time because the initiation of the re-pigmentation varies and is in general a rather slow process.

The first line of treatment is many prescribed topical oral agents that are inexpensive, easy to use and effective at halting disease progression and initiating re-pigmentation.

Focused phototherapy in combination with topical therapy is also very effective. Narrow band ultra violet type B (NB-UVB) phototherapy produces the greatest clinical improvement, combined with topical therapy. The 4th line of therapy is surgery, when lesions still persists despite appropriate therapy.

Camouflaging can always provide temporary cosmetic relief by use of skin colours available especially for this purpose.

9. Psychotherapy: When & How?

Vitiligo is often considered to be emotionally triggered. An incubation period of 2-3 weeks between the stress event and clinical manifestation patches

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Dr. Abul Kasem Molla
President – IMA Bengal State

Every year, health goals top the list of New Year's resolutions, a fact demonstrated by the sheer number of gym memberships purchased every January. People flock to their fitness centers vowing to lose weight and improve their overall health. One vital part of achieving this goal should be resolving to adhere to healthy medication habits.

Medical compliance & safety

What are healthy medication habits? What does that mean? These habits should include medication compliance, safety, and goals.

Healthy habit #1: Take your medications as prescribed

General peoples are notoriously terrible at taking their medications. Approximately one in five new prescriptions are never filled, and among those filled, approximately 50% are taken incorrectly, particularly with regard to timing, dosage, frequency, and duration.

Why is this? Most people simply forget. But some people have too many pills to keep track of, don't understand the directions, or decide the meds aren't working and discontinue use on their own.

It's essential to take your medications at the correct dosage, at the same time each day, according to the instructions on the prescription. The dangers of non-compliance are numerous. Most simply, the medication will be less effective when not taken as instructed, not effective at all, or infection has a high probability of returning, as is the case when a course of antibiotics isn't completed entirely.

Healthy habit #2: Develop and implement a strategy

If you're guilty of missing your meds on occasion, make a plan. Some helpful reminders include:

- Set your prescriptions near your toothbrush or coffee pot
- Set an alarm or notification on your phone
- Use a daily pill container or make pill packets for each day of the month
- Refill your prescription before you run out

New Year's Resolution: 7 Healthy Medication Habits for 2023

If you still have trouble, be honest with your doctor and find out if other options exist.

Healthy habit #3: Make a list of all your medications

Some medications can be harmful or even fatal if mixed with others, or with substances like alcohol. Make sure your doctor has a list of all your medications and other supplements, including vitamins and herbals you're currently taking. Also include dosage, the time of day you take it, and the method, such as pill or patch.

Keeping this list up to date will prevent unwanted side effects and unnecessary trips to the emergency.

Healthy habit #4: Store your prescriptions securely

Medications should be kept in the original bottle or packaging, and out of reach of children. It's also smart to keep them out of sight from other family members or visitors, especially if the medication is a controlled substance. It goes without saying that medication should not be shared. The potential for either abuse or diversion (the distribution or sale of drugs to others) is too great to ignore.

Healthy habit #5: Throw out old meds

Discontinued a prescription? Are some of those over-the-counter pills in your closet ancient? Time to get rid of them. Medications become less effective over time, which can pose health risks. Safely dispose of old or expired pills by either bringing them to a take-back program or drop-box. Throwing them in the trash can contribute to drug diversion and environmental contamination and flushing them can contaminate your community's water.

Healthy habit #6: Develop a follow-up plan with your physician

Setting goals and developing a plan to achieve them is key to your medication management. Keep both a symptom and side effects log to provide your doctor with important details about whether you're taking the right dosage or even the right medication.

If you're taking a medication for depression, when did

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Dr. Soumyajit Ghosh
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What to know about cold-induced Asthma?

Asthma causes airway inflammation and difficulty breathing. Several factors, including exercise and cold weather, can trigger asthma symptoms. Inhaling cold, dry air can cause the airways to tighten, making it harder to breathe.

Several treatments and preventive measures can help minimize the effects of cold air on a person with asthma.

This article describes why cold weather can worsen asthma symptoms and how to recognize when symptoms are being triggered.

How does cold weather affect asthma?

Inhaling cold, dry air can trigger asthma symptoms.

The nose and mouth typically warm and humidify the air before it reaches the lungs, and this makes it easier to breathe.

When the air is very dry and cold, as in the winter, it is more difficult for the body to warm.

When cold air hits the airways, the lungs react by tightening. Cold air contains less moisture, and breathing it in can dry out the airways. This can cause the airways to spasm, triggering an asthma attack, which can involve coughing.

According to the American College of Allergy, Asthma & Immunology, researchers once believed that the coldness of the air was the primary trigger of symptoms. However, more up-to-date research indicates that the dryness, rather than the temperature, is the culprit.

A person often finds that their symptoms worsen when they are being active outdoors — skiing, shoveling snow, or running, for example.

During exercise, it is more common to breathe through the mouth than the nose. Because the mouth does not warm air as well as the nose, a person is more likely to inhale colder air while exercising.

A combination of physical activity and breathing cold air can significantly worsen asthma symptoms.

Symptoms

Cold-induced asthma can cause symptoms that

include:

- chest pain
- coughing
- feeling short of breath
- a sensation of tightness in the chest
- wheezing

These symptoms tend to develop shortly after a person is exposed to cold air outdoors. They usually go away after the person reaches a warmer environment.

However, an individual with more severe asthma may experience longer-lasting symptoms.

How to manage

If a person has an asthma attack that is triggered by cold weather, they should first use their short-acting inhaler to loosen and open up the airways.

Typically, this inhaler contains albuterol, a beta agonist. A person should always carry their inhaler with them if they are going outdoors in colder temperatures.

Next, a person experiencing a cold-induced asthma attack should try to get to a warmer environment as quickly as possible.

After breathing in warmer air for several minutes, the airways should start to open up, and symptoms should reduce quickly.

If a person experiences these symptoms regularly, they should bring this up with their doctor. The doctor may prescribe further long-term treatments, such as a long-acting bronchodilator.

When exercise triggers asthma symptoms, the medical term for this is exercise-induced bronchoconstriction. To reduce this effect, a doctor may also prescribe medications called leukotriene receptor inhibitors.

For anyone with asthma, working to control symptoms and reduce the number of attacks can help prevent symptoms from developing in cold weather.

Prevention

A short-acting inhaler before going outdoors may prevent cold weather from triggering asthma.



A person can take certain steps to prevent cold weather from triggering asthma symptoms.

Beyond taking medications, the following strategies can help:

- **Warming up for about 5–10 minutes before going outdoors.** This could involve aerobic activity, such as dancing.
- **Using a short-acting inhaler 10–15 minutes before going outdoors.** This can reduce the likelihood that cold air will cause the airways to narrow.
- **Wearing something that covers the mouth when outside.** Covering the mouth with a scarf, for example, can warm the air on its way to the lungs.
- **Concentrating on breathing through the nose whenever possible.** This also helps to warm the air before it reaches the lungs.

If possible, a person with cold-induced asthma should avoid going outdoors when temperatures reach 10°F or lower. Weather this cold is significantly more likely to trigger asthma symptoms.

Summary

Cold weather is a common asthma trigger, though the dryness of the air is more likely to cause problems than the temperature alone.

Engaging in physical activity while breathing in cold air can further worsen asthma symptoms.

If a person cannot manage their asthma symptoms well with preventive measures and prescribed medications, such as short-acting inhalers, they should consult a doctor.

The doctor can recommend further treatments to prevent symptoms from growing more severe.

Vitiligo – 10 Questions Answered

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have been reported in over 70 percent patients. Even the localization of the white patches has been anecdotally, but significantly reported as related to specific affective relationship.

Vitiligo subjects may adopt (more or less consciously) different behaviours to cope with the disease. Some adopt the “mastery active” psychological mechanism consisting of reading, studying and researching

actively the cause of the disease, while some others behave as “natural acceptors”, showing good self esteem and not trying to hide the skin patches, some make heroic attempts to hide their white spots and are always embarrassed and often depressed limiting their social contacts. Cognitive behaviour therapy gives fair results versus different psycho approaches. Yoga and meditation may help achieve such goal.

New Year's Resolution:

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you notice your mood begin to improve? If you're taking blood pressure medication, check your blood pressure at home or make appointments for routine checks. Don't self-adjust your dosage or discontinue medication without your doctor's consent.

Lastly, don't expect your medication to do all the work for you.

Healthy habit #7: Make necessary lifestyle changes

The healthier you are, the better your medications will work. Physicians often recommend lifestyle changes such as diet, exercise, or sleep in addition to the medication they prescribe. Not only are these suggestions often ignored, but many people let

healthy habits slide once they begin to take their prescription, thinking their medication will solve the problem for them.

According to a study published in several Journals worldwide, participants with hypertension decreased exercise and gained weight once they began their blood pressure medication. These actions were, of course, counterproductive to their health goals. Not only will making lifestyle changes boost the power of your medication, but it will improve your overall health.

Use this start of a new year to reflect on your medication habits to see if there are ways you can improve your overall health and medication use.



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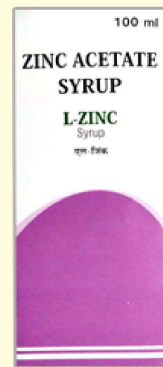
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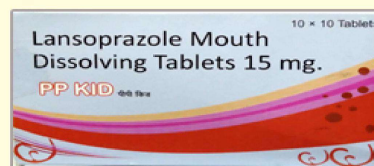
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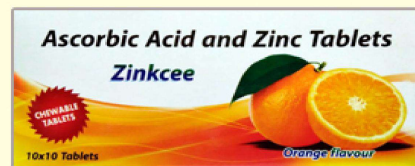
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