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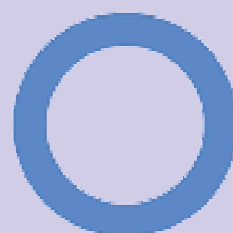
YOUR HEALTH

An Official Monthly Publication in English of the Indian Medical Association since 1952 for the people to propagate Health Awareness in the Community



**world
pneumonia
day**

12 November
<https://stopppneumonia.org>



world diabetes day

14 November

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YOUR HEALTH

OF INDIAN MEDICAL ASSOCIATION

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Dr Samarendra Kumar Basu
Hony. Editor, Your Health

November 12 - World Pneumonia Day
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November 12 - World Pneumonia Day: *Championing the fight to stop pneumonia*

On 12 November 2009, first World Pneumonia Day was observed under the 'Stop Pneumonia' initiatives by Global Coalition Against Child Pneumonia to fight the child mortality due to the respiratory infection

Pneumonia, an infection of the lungs, needlessly affects millions of people worldwide each year. Pneumonia can often be prevented and can usually be treated. Lower your risk of pneumonia with vaccines and other healthy living practices.

Vaccines of Pneumonia are safe, but side effects can occur. Most side effects are mild and go away on their own within a few days. Encourage your friends and loved ones to make sure they are up to date with their vaccines. Protect your health with these healthy living practices

Avoid people who are sick. If you are sick, stay away from others as much as possible to keep from getting them sick. You can also help prevent respiratory infections by:

- Washing your hands regularly
- Cleaning and disinfecting surfaces that are touched a lot
- Coughing or sneezing into a tissue or into your elbow or sleeve
- Limiting contact with cigarette smoke or quitting smoking
- Taking good care of medical conditions (like asthma, diabetes, or heart)

November 14 - World Diabetes Day: *'Access to Diabetes Care'*

Diabetes is a major cause of blindness, kidney failure, heart attack, stroke and lower limb amputation. Healthy diet, physical activity and avoiding tobacco use can prevent or delay type 2 diabetes. In addition diabetes can be treated and its consequences can be avoided or delayed with medication, regular screening and treatment for complications.

World Diabetes Day (WDD) was first observed in 1991 by IDF and the World Health Organization in response to growing concerns about the escalating health threat posed by diabetes. World Diabetes Day became an official United Nations Day in 2006. It is marked every year on 14 November, the birthday of Sir Frederick Banting, who co-discovered insulin along with Charles Best in 1922.

Recommended foods: Choose healthy carbohydrates, fiber-rich foods, fish and "good" fats.

Fruits, Vegetables, Whole grains, Legumes, such as beans and peas, Low-fat dairy products, such as milk and cheese, Avoid less healthy carbohydrates, such as foods or drinks with added fats, sugars and sodium. Eat heart-healthy fish at least twice a week, such as salmon, mackerel, tuna and sardines are rich in omega-3 fatty acids, which may prevent heart disease. Foods containing monoun saturated and polyunsaturated fats can help lower your cholesterol levels. These include: Avocados, Nuts, Canola, olive and peanut oils, But don't overdo it, as all fats are high in calories.

Foods to avoid:

Saturated fats: Avoid high-fat dairy products and animal proteins such as butter, beef, hot dogs, sausage and bacon. Also limit coconut and palm kernel oils. Trans fats: Avoid trans fats found in processed snacks, baked goods, shortening and stick margarines. Cholesterol: Cholesterol sources include high-fat dairy products and high-fat animal proteins, egg yolks, liver, and other organ meats. Aim for not more than 200 milligrams (mg) of cholesterol a day. Sodium : Aim for less than 2,300 mg of sodium a day. Your doctor may suggest you aim for even less if you have high blood pressure.

Be protective, be safe!



Dr Sarbari Dutta
Hony. Secretary, Your Health

From the Desk of Secretary

WORLD AIDS DAY 2022 – “EQUALIZE”

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.

RENEW OUR COMMITMENT TO END HIV

Persistent economic, social, cultural and legal inequalities and challenges posed by the COVID-19 pandemic and other global crisis requires renewed efforts to maintain visibility for HIV and to end AIDS as a public health threat. Getting tested for HIV is the only way to find out if you are infected.

FOCUS ON EQUALITY

Inequalities still persist for the most basic services like testing and treatment. We must ensure that everyone, everywhere has equal access to HIV prevention, testing, treatment and care. Health services should be adapted to reach and meet the needs of populations most at risk and affected, and this includes implementing a ‘zero tolerance’ policy to stigma and discrimination in all health services. All people living with HIV are eligible for & should have access to HIV treatment.

ELIMINATION LITMUS TEST – CHILDREN AND KEY POPULATIONS

WHO recommends a renewed focus on populations that have been left behind in the global response to HIV and AIDS. Only 52% of children living with HIV are on life-saving treatment. If we can show progress in ending new infections among children and ensuring all are on quality antiretrovirals (ARVs), we have greater hope and can ensure greater political commitment to end AIDS in all populations by 2030.

Globally, 70% of new HIV infections are among people who are marginalized and often criminalized. We can only end AIDS by scaling up HIV services and removing structural barriers & stigma and discrimination of key populations in every country.

As of 2021, 31.4 million people are living with HIV, of these 1.7 million are children.

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 suffers on this day by various activities.



Dr Pratnu Saha
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Parenting of teen-agers has always been more difficult task than that of children. Very often successful parenting of a child follows a lot of turmoil when that very child steps up into adolescence.

Common problems of adolescents that are concern for their parents usually center on behaviors and mood. Parents of adolescents usually complain of argumentativeness, tendency to challenge rules and disciplines, spending more time with peers, paying more importance to friends over family and mood swings. Sometimes risk-taking behaviors like experimentation with drugs and inappropriate sexual activities come to the surface. Mood swings often amounts to depressive disorder with complications like self-injurious behaviors and suicidal attempts. Global suicide rate among adolescents is on steep-rise.

If we look at other side of the coin, we would hear few grievances from adolescents against their parents. Adolescent boys or girls are usually dissatisfied with their parents on the issue of not relaxing grip of control over them considering their grown-up stage. They also point to their parents of imposing their own choices and desires over them without considering what their son or daughter likes. Thus, it's not a one-sided game.

To have a remedy of this age-old problem we've to understand our beloved teen-ager son or daughter in the light of changing phase of life. Adolescence is the period of maturation between childhood and adulthood. The developmental challenges in this period are negotiating puberty, developing a cohesive sense of self, and psychologically and physically forming a separation from the parents and family. The concept of normality in adolescent development refers to the degree of psychological adaptation that is achieved while navigating the hurdles and meeting the milestones characteristic of this period of growth.

The major developmental task of early adolescence is that of initiating independence from the family. Adolescents feel that they must extricate themselves from the caretaking hold of parents. Early adolescents engage in displaying their growing desire for independence, sometimes with challenging behaviors

Know your teen-agers

toward authority figures, including teachers. Often at the same time, the onset of pubertal development signals a wish for privacy and often for increased distance from a physically affectionate parent of opposite sex. More than any other stage of life earlier familial homeostasis may be most evidently disrupted in early adolescence. With the advent of adolescence, boys and girls tend to criticize usual family habits, insist on spending time with peers with less supervision, have a greater awareness of style and appearance and may challenge previously accepted family values. In this phase of development, adolescents tend to identify with a group of peers who become highly influential in their choices of activities, styles, music, idols and role models. Friendships in early adolescences are typically with members of same sex and tend to center more on joint activity than on the interaction itself. Even as the adolescent clings to groups, he or she also demands privacy. The closed-door secret conversations over mobile phone, chatting, messaging and listening music with earphones are few evidences of the need for privacy at this phase of life.

As adolescence advances, school and peer group gain in importance and sex differences in peer relationships now become apparent. During middle adolescence, social groups may extend to include members of opposite sex and sexual activities with opposite sex may begin. The physical effects of pubertal development are incorporated into one's self-image during these years, often with profound consequences. Poor self-image is a common problem during this time, particularly for girls. Asymmetric breast development or increased body fat, short height, poor body built often viewed negatively by adolescent boys and girls. Middle adolescence is the time for development of an identity. Sexual identity, sense of self and role in the community are essential part of identity development. Developmentalist Erikson defines identity crisis as a normal part of adolescence in which adolescents adopt alternative behaviors and styles but finally successfully blend

Continued on page 8...



Prof. Dr. Rathindra Nath Dutta, MD
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Holistic Dermatology

Holistic health is an approach to life that emphasizes the connection of the mind, body and spirit, with the goal of having everything functioning at its very best so you achieve maximum well-being.

Physical activity, mental exercise and social interaction help to alleviate risks of disease and depression, and can help you live longer.

A 2017 report from the International Council on Active Aging found that in Life Plan Communities with a wellness program, 91% of residents say their health and wellness is good, very good or excellent.

Skin changes with age. It loses fat, becomes thinner, less plump, dull and wrinkled. Healing takes a longer time. But, there are things we can do to protect the skin and to make it feel and look better.

Skin changes with age

Many older people suffer from dry spots on their skin, often on their lower legs, elbows, and lower arms. Dry skin patches feel rough and scaly. It loses fat, becomes thinner, less plump, dull and wrinkled. Healing takes a longer time. There are many possible reasons for dry skin, such as:

- Not drinking enough liquids
- Excessive sun exposure and / or sun tanning
- Exposed to very dry air
- Smoking
- Feeling stress
- Losing sweat and oil glands, (which is common with age)
- Diabetes
- Kidney Disease
- Using perfumes, antiperspirant
- Abnormal use of soaps
- Hotbath
- Few medicines may cause itching

But, there are things we can do to protect the skin and to make it feel and look better.

- Use moisturizers,

- Bath and Therapeutic bath
- Humidifier to add moisture to a room.

In this issue we shall deal with one Holistic Skin care tip which is usually neglected or taken for granted by Health Care workers, but is important, relaxing and satisfying.

BATH

Bathing is something we do for personal hygiene, leisure and health. There is nothing more enjoyable than going for a swim in the ocean on a warm day or having a hot fragrant bath in the cooler months.

The benefits of taking a bath have been scientifically proven and can ensure optimal health of the mind and body. Bathing, whether in cold or hot water; at home in a vessel or out in a natural body of water can have many health benefits without adverse effects. However, it is advised that a health professional is consulted if pre-existing health conditions or diseases are present before embarking on any form of hydrotherapy.

Benefits of taking a cold shower include:

- Calming itchy skin.
- Waking you up.
- Increasing circulation.
- Reducing muscle soreness post-workout.
- Potentially boosting weight loss.
- Glowing hair and skin.

Cold shower therapy is an ancient Ayurvedic remedy that has numerous health benefits such as treating anxiety and depression, improving circulation and toning skin. The use of coldness as a 'good stressor' on the body can help to trigger several helpful responses within the human body.

Cold water works great as an anti-wrinkle cream! It tones the skin making it look fresh and younger. Use cold water regularly to wash your face as it will slow down the aging process and helps to fill out the wrinkles on your face.

A shower before bed reduces the body temperature which plays a big role in getting a good night's rest.

Baths or soaks (balneotherapy) are an easy way to treat a variety of skin disorders involving large areas of the skin. They relieve general aches and pains and can ease dry or oily, inflamed or itchy skin. Hot baths are relaxing and stimulating; cool baths can reduce inflammation.

Therapeutic baths are useful for itchy skin, sunburn, chafing, poison ivy and oak, eczema, skin irritation, and dry skin. They may also help to relieve emotional tension and stress. Brief therapeutic baths may be useful in preventing pressure ulcers and other skin problems in the elderly.

The temperature of the water should be comfortable. The bath should not last longer than 20-30 minutes because of the tendency of these soaks to soften and wear away the skin.

A bath mat should be used, since medications may cause the floor of the tub to be slippery.

The bathroom should be well ventilated.

The water should not be allowed to cool too much. If an emollient action is needed, the patient should apply a lubricating agent to the skin after the bath, since this increases hydration.

Different types of therapeutic baths are used for different conditions:

- colloidal oatmeal coats, soothes, stops itch and doesn't dry out the skin
- potassium permanganate makes a good disinfectant
- bath oils are used as an emollient to ease itchy skin and eczema
- corn starch is a soothing, drying bath for itchy skin
- sodium bicarbonate can be cooling for hot, dry skin conditions
- saline (salt) water baths are used to treat lesions scattered over the body

Preparation

Keep the room warm to minimize temperature fluctuations. This precaution is particularly important when bathing elderly patients.

Aftercare

After the bath, the skin should be blotted (not rubbed) carefully with a towel. The patient should wear loose, light clothing after the bath.

Essential oils, like eucalyptus and peppermint to help clear sinuses, lavender and bergamot to help aid relaxation, eucalyptus oil and peppermint oil to help soothe your sore body, may be used and give a refreshing feeling.

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Know your teen-agers

these different experiences into a solid identity. A failure to do so would result in identity diffusion or role confusion. Adolescents explore different aspects of their psychological selves by becoming fans of heroes, musical or athletic idols. Some adolescents appear overwhelmed with a particular idol, whereas majority are modest in their expression. Adolescents who feel accepted by peer group and are involved in different activities are less likely to become engaged with adoration of an idol. Adolescents who are socially isolated, feel rejected by peers and overly identified with an idol to the exclusion of all other activities are at greater risk for emotional problems and maladjustment with family.

Adolescence stands out because of the changes in behavior and attitude, mood swings and difficulties in adjustment with family that have been considered

normal. For majority of adolescent, it's a period of successful adaptation to physical, cognitive and emotional changes, largely continuous with their previous functioning.

Parents of adolescents should keep in mind that during this transitional period of our beloved son or daughter we've to change our attitude towards them. We've to listen them empathically. We should provide a little bit privacy, some space for them and allow to some extent independence in their daily activities. Also, we should accept their likings and wishes as much as possible. Finally, we should spend some quality time with the teen-ager in our home.

We don't hold a paper-cup full of tea with same force as a cup made up of ceramic! Child and adolescent are different in mental make-up.



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Travel without Hassle: Follow the tip, enjoy the trip

Travel to different places can pose various risks to health, depending on the characteristics of both the traveller and the travel. Travellers may encounter sudden and significant changes in altitude, humidity, microbes, and temperature, which can result in ill-health. In addition, serious health risks may arise in areas where accommodation is of poor quality, hygiene and sanitation are inadequate, medical services are not well developed and clean water is unavailable. This article can be a ready reference for persons travelling to other places.

Most Common Travel Related Health issues:

- **Traveller's diarrhoea:** Contaminated food or water or anxiety and jet lag can contribute to traveller's diarrhoea. It often strikes abruptly and causes four to five loose or watery bowel movements. In most cases, traveller's diarrhoea will go away in a day or

two without medical treatment.

- **Motion sickness:** Travelers susceptible to motion sickness should consult a physician about over-the-counter or prescription medications. Some natural remedies have been shown to reduce symptoms, too. Options include acupressure wristbands, ginger tea or dietary supplements or aromatherapy.
- **Altitude sickness** is caused by dry air, a decrease in oxygen, and low barometric pressure when travelled to a higher altitude than you're used to. As a result, you may have problems, such as headaches, dehydration, and shortness of breath. Some people are affected at 5,000 feet (1,524 meters), but others aren't affected until they reach altitudes of 10,000 feet (3,048 meters) or more.

Traveler's Diarrhea (TD):				
When do I call it so?	Most common Pathogens	Risk	Causes	Treatment
≥3 or more loose stools in 24 hour period With ≥ 1 Systematic/ Enteric symptoms like Fever, Nausea, Vomiting, Abdominal Cramps	<ul style="list-style-type: none"> • Bacteria (Campylobacter, Salmonella, Shigella) • Parasites (Giardia) • Virus (Norovirus) 	<ul style="list-style-type: none"> • Factors • Destination • Poor hygiene in restaurants • Poor Drinking water quality • Pregnancy • Young age • Chronic PPI/ H2 blockers 	<ul style="list-style-type: none"> • Raw and poorly cooked vegetables are usually contaminated with Bacteria and parasites • Table-top sauces are major source • Contaminated Water 	<ul style="list-style-type: none"> • Self Limited (cures by itself within 2-3 days) • Hydration (ORS, Juices, Coco-nut Water, Soups NO TO TEA/ ALCOHOL) • Take Antibiotics as per doctor's advice.

Prevention

Concentrate what you eat:

- The general rule of thumb when traveling to another country is this: Boil it, cook it, peel it or forget it. But, it's still possible to get sick even if you follow these rules.
- Don't consume food from street vendors.
- Avoid unpasteurized milk and dairy products, including ice cream.
- Avoid raw or undercooked meat, fish and shellfish.
- Steer clear of moist food at room temperature, such as sauces and buffet offerings.
- Eat foods that are well cooked and served hot.
- Stick to fruits and vegetables that you can peel yourself, such as bananas, oranges and avocados.
- Stay away from salads and fruits you can't peel, such as grapes and berries.

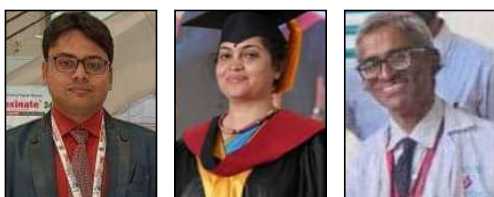
Concentrate on what you drink:

- Avoid unsterilized water — from tap, well or stream. If you need to consume local water, boil it for three minutes.
- Avoid locally made ice cubes or mixed fruit juices made with tap water.
- Beware of sliced fruit that may have been washed in contaminated water.
- Don't swim in water that may be contaminated.
- Keep your mouth closed while showering.
- Feel free to drink canned or bottled drinks in their original containers — including water, carbonated beverages.
- Use bottled or boiled water to mix baby formula.
- Order hot beverages, such as coffee or tea, and make sure they're steaming hot.
- If it's not possible to buy bottled water or boil your water, bring some means to purify water.

You can also chemically disinfect water with iodine or chlorine. Iodine tends to be more effective, but is best reserved for short trips, as too much iodine can be harmful to your system. You can purchase iodine tablets or crystals at camping stores and pharmacies. Be sure to follow the directions on the package.

General Instructions to be safe while travelling:

- Make sure dishes and utensils are clean and dry before using them.
- Wash your hands often and always before eating. If washing isn't possible, use an alcohol-based hand sanitizer with at least 60 percent alcohol to clean your hands before eating.
- Seek out food items that require little handling in preparation.
- Keep children from putting things — including their dirty hands — in their mouths. If possible, keep infants from crawling on dirty floors.



A Study Of Prescription Pattern in Rheumatic Heart Disease Patients Waiting for Valve Replacement Operation In A Tertiary Care Hospital in South India

Indranil Ray *, Eippa Matthan Kovoov**, Ananya Chakraborty***, Durga Prasad Reddy****

ABSTRACT

Background and objectives: Prevalence of rheumatic valvular heart disease is largest in India (13.17 million in 2015) among all countries and 15.7 million persons Worldwide. Multiple drugs are usually required pre-operatively. To reduce cost, antibiotics resistance, drug interactions and adverse effects, prescription pattern monitoring study is essential. The objectives of present study was to analyse the prescription pattern in these patients waiting for valve replacement operation, to identify the most commonly prescribed drugs before operation and to analyse whether the drugs were prescribed according to WHO prescribing indicators and 19th WHO List of Essential Medicines.

Methods:

From January to December, 2017, this observational, prospective and open-label study was conducted in 60 inpatients of Cardio-Thoraco-Vascular-Surgery (CTVS) department, at Vydehi hospital, Bengaluru. Data were collected regarding patient's age, sex, diagnosis, operation, different classes and percentages of various prescribed drugs. The utilized drugs were assembled into groups. Analysis was done based on WHO prescribing indicators.

Results:

Most commonly prescribed antibiotic was combination of oral Amoxicillin and potassium clavulanate, antiplatelet was Aspirin, anti-ulcer drug was oral Pantoprazole, antiemetic was oral Domperidone, mucous thinning agent was Oral N-Acetyl cysteine and sedative- hypnotic-antianxiety drug was oral Alprazolam. Polypharmacy like more than one antibiotics/patient was prescribed 30% participants and average eight drugs were drug

encountered per patient. Trade names were prescribed in 83.09% of prescriptions.

Interpretation & conclusion: All these leads to antibiotics resistance, drug interactions, adverse effects, increased cost, prescribing & dispensing errors. To improve prescription habits periodic prescription auditing, educational intervention, awareness, standard treatment guidelines are essential.

KEYWORDS

List of Essential Medicines, poly-pharmacy, rheumatic valvular heart disease; valve replacement surgery; WHO prescribing indicators.

INTRODUCTION

Acute rheumatic fever (ARF) is believed to be an autoimmune disease following group A streptococcus infection, with multisystem involvement. Its recurrence increases the chances of damaging the heart valves – called rheumatic heart disease (RHD).¹ In 2015, prevalence of RHD was, 33,194,900 in endemic countries and 221,600 in non-endemic countries. The countries with the largest numbers of RHD cases in 2015 were India (13.17 million cases), China (7.07 million), and Pakistan (2.25 million).² ARF may affect the skin, joints, heart and brain.³ Rheumatic fever is caused by multiple factors & follows group A Streptococcus pharyngitis (agent), in a susceptible individual (host), under deprived social conditions (environment).⁴ Fatigue, breathlessness, swelling in ankle, rapid heartbeat and heart failure are symptoms of RHD.³ For ARF management: NSAIDs, bed rest, fluid restriction and cardiac medications are required. Best care involves: penicillin prophylaxis as secondary prevention, echocardiography to assess left ventricular & valve function, and timely surgical referral.⁵ Vitamin K antagonists like acenocoumarol and warfarin are preferred in India for management of thromboembolic disorders.⁶ Prescription writing conveys the message from the prescriber to the patient.⁷ World Health Organization (WHO) has defined rational use of drugs as “patients receiving medicines appropriate for their clinical needs, in doses that meet their individual requirements, for an

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adequate period of time and at the lowest cost to them and their community".⁸ Prescription pattern monitoring studies (PPMS) are drug utilization evaluation (DUE) studies designed to improve the overall drug use and to assess drug usage appropriateness.⁹ To evaluate the trends of prescribing in health facilities WHO has designed standardized prescribing indicators which are number of drugs per prescription (1.4 to 1.8), antibiotics per prescription (20% to 27%), drugs prescribed by brand name (0%), prescribing by generic name (100%), from an essential drug list or EDL (100%), injectable drugs (13.4% to 24.1%).¹⁰

The objectives of present study was to analyse the prescription pattern in RHD patients waiting for valve replacement operation in a tertiary care hospital in south India, to identify the mostcommonly prescribed drugs before operation and to analyse whether the drugs were prescribed according to WHO prescribing indicators and 19th WHO List of Essential Medicines.

MATERIALS AND METHODS

The study was conducted by the Department of Pharmacology in collaboration with Department of Cardio-Thoraco-Vascular Surgery (CTVS) Inpatients (IPD) of Vydehi Institute of Medical Sciences and Research Centre, Bengaluru. This study was approved by the Institutional Ethics Committee. This was an observational, prospective and open-label study. The duration of the study was one year from January 2017 to December 2017. Total sample size was 60 and written informed consents were taken from all participants. Patients of 18-60 years old, waiting for aortic, mitral and double valve replacement operation where mechanical valve prosthesis to be used for RHD, were included in the study. Patients planned for any combined CTVS procedure, previous history of hemorrhagic tendency or embolic episode and history of known hypersensitivity to any drug were excluded from the study. Sixty prescriptions were analysed before valve replacement operation (pre-operatively). Data were collected regarding patient's demographic details (age, sex), hospital number, admission date, diagnosis, operation name, different classes and percentages of various prescribed drugs. The utilized drugs were assembled into groups. Analysis was done based on WHO prescribing indicators and the 19th WHO List of Essential Medicines. On Microsoft Office word and excel spread sheet collected datas were entered. Descriptive statistical analysis was done for demographic details (age, sex), diagnosis, treatment or planned operation and expressed as mean + SD, frequencies and percentages.

Utilized drug analysis were expressed in the form of percentage.

RESULTS

From January 2017 to December 2017, this study was conducted. Total sample size was 60. Following is the summarization of the observed results.

1) Patient characteristics and demographic profile:

Age and sex: Mean age \pm SD was 41.07 ± 11.808 . The number of patients belonged to age group of 41 to 50 years was 20 (33.33%), the number of patients belonged to 51 to 60 years was 16 (26.66%), the number of patients belonged to 21 to 30 years was 14 (23.33%), the number of patients belonged to 31 to 40 years was 8 (13.33%), the number of patients belonged to 18 to 20 years was 2 (3.33%). The number of male patient was 39 (65%) and female patient was 21 (35%). There was male preponderance.

2) Clinical profile: For mitral stenosis (MS) and/or mitral regurgitation (MR) 29 (48.33%) patients were planned for mitral valve replacement (MVR). For aortic stenosis (AS) and/or aortic regurgitation (AR) 14 (23.33%) patients were planned for aortic valve replacement (AVR). For stenosis and/or regurgitation of both mitral and aortic valve 17 (28.33%) patients were planned for double valve replacement (DVR).

3) Prescription analysis: The utilized drugs pre operatively were assembled into groups as various classes of drugs prescribed and percentage of individual drugs in each groups.

Different groups or classes of drugs: All the drugs utilized pre operatively were assembled into ten groups or classes and percentage of individual drugs, as shown in table 1, figure 1, table 2, figure 2, table 3 and figure 3. Drugs were prescribed for seven days before operation, in different doses like in gram(gm.), milli-gram(mg.), micro-gram(μ g.) and in different frequencies daily likeonce(od), twice(bid), thrice(tid), four times(qid) daily, sos (as and when required). All the antibiotics or antimicrobial agents were changed after operation in post-operative therapy.

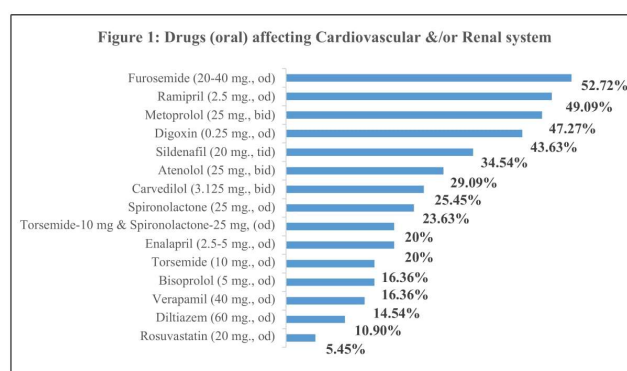


Table 1: Antibiotics or Antimicrobial agents:

Drug	Dose	Route	Frequency	Overall %
Cefoperazone and sulbactam	1 gm. & 500 mg.	Intravenous	bid	70.9 %
Amoxicillin and potassium clavulanate	1 gm. & 200 mg.	Intravenous	tid	38.18 %
Amoxicillin	1gm.	Intravenous	tid	29.09 %
Gentamicin	80 mg.	Intravenous	bid	29.09 %
Ampicillin	500 mg.	Intravenous	qid	25.45 %
Imipenem	500 mg.	Intravenous	qid	20 %
Meropenem	500 mg.	Intravenous	tid	20 %
Polymyxin E	5mg./kg./day	Intravenous	bid	10.9 %
Amoxicillin and potassium clavulanate	500 mg. & 125 mg.	Oral	tid	77.27 %
Albendazole	400 mg.	Oral	single dose	73.63 %
Cefixime	200 mg.	Oral	bid	52.72 %
Diethylcarbamazine	100 mg.	Oral	tid	34.54 %
Norfloxacin	400 mg.	Oral	bid	16.36 %
Linezolid	600 mg.	Oral	bid	14.54 %
Nitrofurantoin	100 mg.	Oral	bid	9.09 %

Table 2: Drugs related to respiratory system, like, Expectorants, Bronchodilators, Mucolytics and Mucokinetics:

Drug	Dose	Route	Frequency	Overall %
Hydrocortisone	100 mg.	Injectable	tid	20 %
Tablet N-Acetyl cysteine	200 mg.	Oral	tid	65.45 %
Normal Saline & N-Acetyl cysteine	0.09 % & 20 %	Inhalational (Nebulization)	tid	61.81 %
Levosalmamol & Ipratropium Bromide	200 micro gm. & 80 micro gm.	Inhalational (Nebulization)	qid	52.72 %
Levosalmamol & Budesonide	200 micro gm. & 200 micro gm	Inhalational (Nebulization)	qid	29.09 %
Salmeterol & Fluticasone	100 micro gm. & 100 micro gm	Inhalational (Nebulization)	bid	25.45 %
Formoterol & Budesonide	12 micro gm. & 200 micro gm.	Inhalational (Nebulization)	bid	25.45 %
Budesonide & Ipratropium Bromide	200 micro gm. & 80 micro gm.	Inhalational (Nebulization)	qid	20 %

Figure 2: Drugs (oral) affecting Gastro-intestinal (g.i.t) system

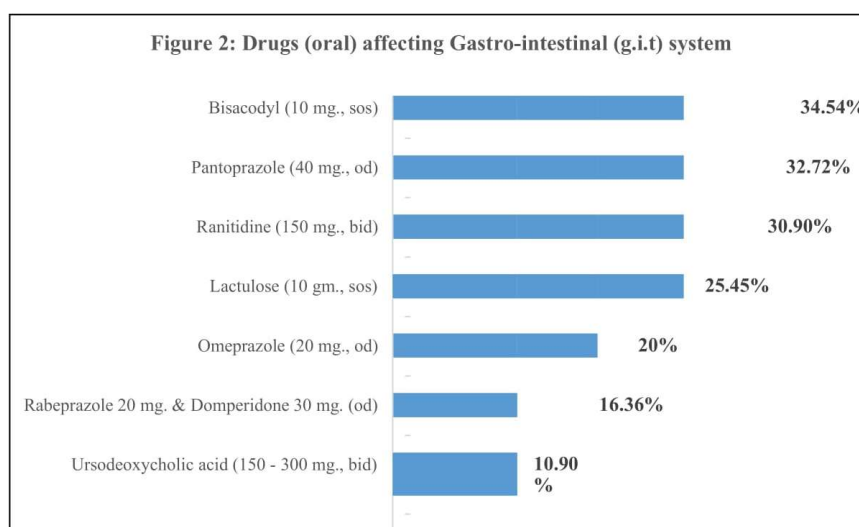
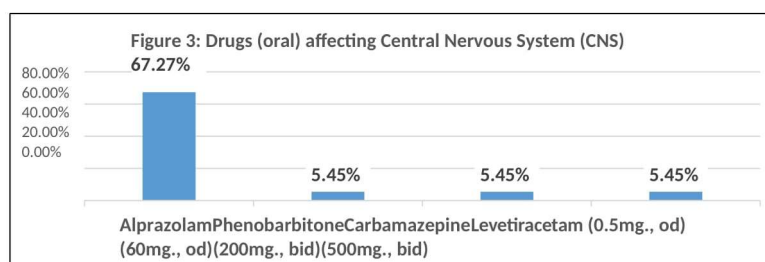


Table 3: Analgesics &/or antipyretics, Drugs affecting blood coagulation, Haematinics &/or Multivitamins &/or Multiminerals supplements, Endocrine system or hormones and Miscellaneous or Supportive therapy:

Analgesics &/or antipyretics:				
Drug	Dose	Route	Frequency	Overall %
Paracetamol	650 mg	Oral	tid	30.9 %
Drugs affecting blood coagulation, bleeding, thrombosis, like, Anticoagulants, Antiplatelets and Thrombolytics:				
Drug	Dose	Route	Frequency	Overall %
Heparin	5000 Unit	Injectable	qid	16.36 %
Aspirin	75 mg.	Oral	od	52.72 %
Warfarin	2 – 5 mg.	Oral	od	36.36 %
Clopidrogel	75 mg.	Oral	od / bid	34.54 %
Acenocoumarol	2 – 4 mg.	Oral	od	25.45 %
Haematinics &/or Multivitamins &/or Multiminerals supplements:				
Drug	Dose	Route	Frequency	Overall %
Zinc, Vitamin B1, B2, B6 & Folic Acid	41.4 mg, 10 mg, 10 mg, 3 mg. 1.5 mg.	Oral	od	60 %
Iron, Zinc & Folic acid	100 mg, 22.5 mg, 1.5mg.	Oral	od	56.36 %
Folic acid	5 mg.	Oral	od	38.18 %
Vitamin C	500 mg.	Oral	od	34.54 %
Drugs affecting Endocrine system or hormones:				
Drug	Dose	Route	Frequency	Overall %
Levothyroxine sodium or Tetraiodothyronine	100 micro gm.	Oral	od	5.45 %
Miscellaneous or Supportive therapy:				
Drug	Dose	Route	Frequency	Overall %
Povidone iodine mouth wash	1 %	Oral	sos	89.09 %
Povidone iodine bath	7.5 %	Topical	sos	34.54 %



Analysis of prescribed drugs based on WHO prescribing indicators and the 19th WHO List of Essential Medicines:

A total of 60 prescriptions were analysed for 60 participants. A total of 480 drugs (71 types) were prescribed, and an average of 8 drugs were prescribed per patient. Total 17

antibiotics were encountered in the study. Out of 17 antibiotics prescribed 8 antibiotics (47.05 %) were given as monotherapy. More than one antibiotics were prescribed in 18 (30%) participants, out of total 60 participants. All 71 types (100%) of 480 drugs (100%) were prescribed as per 19th WHO List of Essential Medicines. 12 drugs (16.9%) out of total 71 types of drugs were prescribed by generic name. Out of the 71 types of drugs prescribed, 10 (14.08%) were prescribed as injections. Trade name of drugs were used for 59 drugs (83.09%) out of total 71 types of drugs prescribed. It was noticed that directions for drug, dose, duration, route, time, doctor's signature, doctor's medical registration number and signature of the dispensing person was not completely written everywhere. Abbreviations were used in all prescriptions. In majority of prescriptions capital letters were not used.

DISCUSSION

The study duration one year is similar to other studies done by Kolasani et al⁸ and Gambre et al¹¹. Mean age \pm SD was 41.07 ± 11.808 which is almost similar with another study done by Kolasani et al (42.56 ± 11.23).⁸ Male participants 65% and female participants 35% are similar to another study done by Vakade et al (64.63% male and 35.37% female).⁷ In this study, MS, MR, AS & AR patients with history of RHD were included and planned for MVR, AVR and AVR operation. Mirabel et al mentioned that, in RHD, the immune system generates antibodies against the person's own heart valves leads to valve damage.³ In another study Laudari et al mentioned that surgical treatment is required for RHD patients.¹⁶ Carapetis et al mentioned that RHD patients with MS, MR, AS and AR cases should be referred to cardiac surgery for valve replacement.⁵ In this study, many groups of drugs and their individual percentages were assessed. This type of analysis was done by other studies like Vakade et al⁷, Kolasani et al⁸, Jayakumari et al¹³, Teng et al¹⁵, Begum et al¹⁷ and Shah et al¹⁸. Here, prescriptions were evaluated according to WHO prescribing indicators and the 19th WHO List of Essential Medicines. This analysis procedures was comparable to other studies done by Pallavi et al⁹, Sidamo et al¹⁰, Gambre et al¹¹, Anandhasayanam et al¹² and Rajathilagam et al¹⁴.

Commonly (70.9%) prescribed injectable antibiotic (Cephalosporins) is similar with other studies done by Pallavi et al⁹, Begum et al¹⁷ and Shah et al¹⁸. Commonly prescribed oral antibiotic (Amoxicillin and potassium clavulanate) is comparable to other studies done by Sidamo et al¹⁰ and by Anandhasayanam et al¹². Paracetamol was most commonly used analgesic orally (30.9%), which is similar with other studies done by Begum et al¹⁷, Sandvik et al¹⁹ and almost similar with another study done by Jayakumari et al, where Paracetamol was used in 33.52 % cases¹³. Drugs affecting cardiovascular & renal system is comparable to other studies by done by Vakade et al⁷, Rajathilagam et al¹⁴ and Teng et al¹⁵.

Use of anticoagulant including vitamin K antagonists like acenocoumarol or warfarin are almost similar with other studies done by Saksena et al⁶ and Harter et al²⁰. Here, average eight drugs were prescribed per patient, all (100%) drugs were prescribed as per 19th WHO List of Essential Medicines, only 16.9% drugs were prescribed by generic name, polypharmacy or more than 1 antibiotics were prescribed in 30% participants. All these findings are almost comparable to another study done by Pallavi et al⁹.

Limitation of the study:

Short study duration, small sample size. As this study was conducted in only one tertiary care hospital, results cannot be extrapolated to general population.

CONCLUSION

Use of generic name was very less. To reduce the economic burden on patients and to reduce prescribing & dispensing errors, prescription of drugs by generic names must be increased.

Polypharmacy was common but it was necessary as per the patients' condition. More than 1 antibiotic was prescribed in most of the prescriptions. Though these patients frequently harbour infections, but to reduce antibiotic resistance, adverse effects and cost, their use must be limited. Average drugs encountered per patient were high (seven) which may increase the risk of drug interactions and leads to poly-pharmacy. About the over-use of drugs, awareness must be created. Standard treatment guidelines, hospital formulary and continuing education are required to modify this behaviour to benefit the patient. Periodic prescription audit is very much essential to reduce error, rationalize the prescription and suggest cost effective management. For safe medication preparation and administration "seven rights" like right patient, right drug, right dose, right time, right route, right reason and right documentation must be followed.

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....Continued from page17

Maladies of a Junk Gobbler

works wonders. It relieves stress, builds up bonds and fosters feeling of self esteem and security. It improves communication which helps to resolve many an issue.

.....**Why?**

Weak family bonds and broken homes are the root causes of many social, psychological and emotional problems.

5. When to eat?

Eating on time respecting the biological clock wards off

many diseases.

...Why?

Skipping breakfast and missing meals lead to

- Lethargy
- Lack of concentration and academic skills
- Gastritis and resultant acid peptic disease
- Habit of resorting to junk food and carbonated beverages

So the moral is eat right, at the right time in the right place in the right manner!!!



Dr Liza Thomas
(Paediatrician and Adolescent Physician)
IMA Madhya Kerala Branch

Race with time and space is the order of the day and modern man needs to keep pace with this feverish rat race. Nuclear family that portrays the beautiful bunch of father-mother-kids nestled snugly onto one another, has far been outdated and islands of customized and individualized interests have become the rule and routine of modern world family. Paediatric OPD that, once upon a time, teemed with over loving grandmothers and overly anxious mothers who were too eager to open up the 'Pandora's box' of complaints about the picky eater kids in the family, has a sophisticated made-up face now, with grim-faced mothers understandably anxious or unbelievably ignorant about the ill-effects of their kids and teens routinely getting habituated to satiate hunger gobbling junk food to their fill, and quench their thirst sipping carbonated beverages at odd times in eccentric-looking hangouts.

This scenario of lifestyle modernization has of late been reflecting in the Paediatric OPD as missed breakfast, skipped meals and unhealthy eating habits which when coupled with stress and unhealthy lifestyle have sprouted into a multitude of pathological conditions. Volumes can be spoken about unhealthy food style and the resultant untoward consequences, but where time is the most precious thing and miniaturization and minimization seem to be the only acceptable norms in the present world, I need to resort to the 'what, why, how and so on' of the subject, to briefly and crisply jotdown the matter in an attempt to raise awareness amidst the hustle and bustle of daily life.

1. What should you eat? :

Remember the colours of our National Flag. Include all those colours in your diet: green for green leafy vegetables and everything lush green and fresh; saffron for the yellow and orange fruits and vegetables rich in vitamins and minerals; white for the carbohydrates and proteins that help kids grow up bouncing and prancing hither and thither, beaming with endless energy.

.....Why?

Junk food may be defined as any food that is high in sweet, salt and fat but poor in fibre, protein, vitamins and minerals.

- Excessive salt, sweet and fat lead to metabolic syndrome or syndrome X which comprises of or leads to Obesity, Diabetes, High Blood Pressure, High blood lipids, Heart Diseases, Stroke etc.
- Lack of fibre in diet leads to constipation, high blood sugar, high blood lipids and certain types of gut cancers
- Lack of vitamins and minerals leads to umpteen number of illnesses affecting skin, hair, nails, bones, nerves and almost every system and function of the body.

2. How much to eat?

Setting limit to the quantity of food intake is not advisable in case of growing children. The quality is to be supervised and not the quantity. For the teens who are in the tumultuous phase of their lives in view of physical, intellectual, emotional and psychological changes owing to the drastic hormonal drifts and shifts, food intake should be healthy and monitored scrupulously. A teen boy can take as much as his father takes and a teen girl should take more than what her mother eats.

.....Why?

It is a common practice to over feed or underfeed a child depending upon a subjective assessment of weight gain & this may prove hazardous.

3. Where to eat?

Well, this question looks odd, but is relevant in the present culture of frequent eat outs and less family time. Fast and junk food is alluring with its fancy colours and flavours. Hygiene is also not guaranteed. Home made food served piping hot in the hygienic ambience of one's own home is the best.

.....Why?

The diseases arising from lack of nutrients and lack of hygiene need to be addressed as this is posing risk to public health in many ways.

4. How to eat? :

Table-time together for the family-is it not important? Family cuddled up around the dining table eating together, cracking jokes and sharing joy and sorrows,

...Continued on page 17



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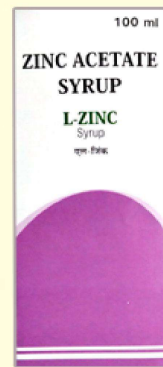
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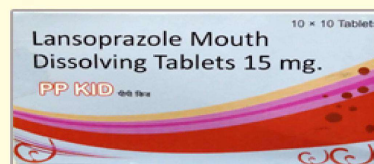
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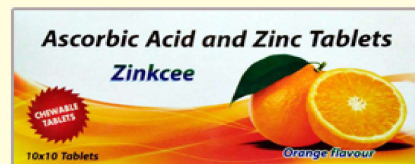
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