Cardiovascular diseases

72% hypertensive unaware of status even as 28% of deaths due to cardiovascular diseases
Hypertension is one of the most important risk factors for CVD (The Tribune: 20220509)


72% hypertensive unaware of status even as 28% of deaths due to cardiovascular diseases

Tribune News Service

A nationally representative study on the burden of high blood pressure in India has revealed that over 70 per cent of the people suffering from hypertension are not aware of it.

The Indian Council of Medical Research-National Centre for Disease Informatics and Research (ICMR-NCDIR) study, published in the Journal of Human Hypertension, found that 28.5 per cent of the Indian adults were hypertensive.

The study covered 10,593 adults. Of them, 3,017 (28.5 pc) were found to have hypertension. While 840 (27.9 pc) were aware they were in the hypertensive bracket, 72.1 pc were unaware and undiagnosed. Among those aware, just 438 (14.5 pc) were under treatment.

The findings become significant in light of hypertension being one of the most important risk factors for cardiovascular diseases (CVD), particularly ischemic heart disease and stroke. Currently, it is estimated that 28.1% of all deaths in India were due to CVD, and high systolic blood pressure (SBP) was the single largest contributor (8.5%) to disability-adjusted life years DALYs (productive years of life lost).

The prevalence of hypertension in the landmark national study was higher in urban areas (34%) than in rural areas (25.7%).
Among those receiving treatment, 99.6% were on allopathic medicines. Only 20% were being treated in public facilities while 80% were turning to the private sector, where treatment adherence was low.

“Health education regarding the modifiable risk factors was inadequate and found to be as low as 10%. Treatment adherence was 59.2% among rural residents and 83.2% among urban residents. We found that blood pressure control rates were better among women and rural residents,” Dr Prashant Mathur, Director, ICMR-NCDIR, and one of the study authors said.

He said recognising the low awareness and high rates of dropouts between the diagnosis of hypertension, its treatment and control called for better planning for the continuum of care for high blood pressure.

“Strengthening the high blood pressure screening and awareness strategies through all levels of healthcare delivery systems will help in achieving better control at the population level,” the authors conclude.

Importantly, the study found that those in the age group 50–69 were more likely to be under treatment for high BP than the others. Among the surveyed adults, 47.6% said they had never tested for BP in their lifetime.

This was significantly more among women as compared to men. The study further found that adults in northern and southern India were more prone to high BP as compared to their central Indian counterparts.

ICMR Study findings

10,593 adults covered in ICMR-NCDIR survey
3,017 found to have high blood pressure
840 aware of their medical condition. Of them, just 438 undergoing treatment for hypertension
34% prevalence of hypertension in urban areas, 25.7% in rural areas
47.6% never tested for BP in their lifetime
50–69 age group more likely to be under treatment for high BP

World Thalassemia Day

World Thalassemia Day: Early intervention key for this genetic disorders, say experts
Thalassemia is an inherited blood disorder that causes the body to have less haemoglobin than normal (The Tribune: 20220509)

World Thalassemia Day: Early intervention key for this genetic disorders, say experts

With over 10,000-15,000 children are born in India with thalassemia every year, experts say that the key in battling this genetic disorder is identifying it at early stages.

Thalassemia is an inherited blood disorder that causes the body to have less haemoglobin than normal. According to World Health Organisation, four million Indians are thalassemia carriers, while more than 100,000 are the actual patients battling the disease.

"This disorder is not as rare in the world as it seems because it has around 1.5 per cent prevalence across the globe, while in India, it has 1.5 to 3.7 per cent prevalence depending upon the region," Dr Prerna Chadda, consultant at Rajeev Gandhi Cancer and Research Institute, told IANS.

Early intervention of this disorder is the key and it depends on clinical presentation whether it should be called thalassemia minor, major, or intermediary, she added.

She said those with thalassemia major are easy to be detected but after a certain life span, they couldn't survive. But, problem in identification comes with those having thalassemia minor, and it goes undetected many times, added Dr Chadda.

She said that basic CVC and PS are two important measures for this disorder. In those having thalassemia major, the level of haemoglobin remains at lowest range while in minor it stands at lower range. "Thalassemia carriers are offered protection against severe malaria because the parasite is unable to survive in the defective red blood cells," she added.

"Minor thalassemia means the person infected are the carrier and they don't have active manifestation of this disorder," said Dr Archna Dhawan Bajaj, Delhi-based gynaecologist. She added that in the case of major thalassemia, it is inherited from both genes - mother and father results into multiple blood transfusion and lowest level of haemoglobin.

"Knowing thalassemia status at the time of pregnancy is must. If mother is normal, there is no need to follow up further. But, if mother is diagnosed with thalassemia minor, then father's status must be diagnosed. If father is also diagnosed with thalassemia, there is a possibility that child could inherit this disorder. If child takes from one gene, it would be thalassemia minor or carry from both side, it will be thalassemia major," she said.

Talking about the more prevalence of this disorder in north India, she attributes the reason of large scale of migration into the region from Central Asia where also it has the higher level of prevalence. IANS
Magnetic Resonance Imaging (MRI) is superior to Echocardiography for diagnosing heart failure and a powerful tool to predict patient outcomes, including death, according to a new study which sheds light on a better alternative and could revolutionise how the heart ailment is detected.

Until now, the best way of diagnosing heart failure has been an invasive assessment, but it carries risks for patients. Non-invasive echocardiogram, which is based on ultrasound, are usually used instead, but they are wrong in up to 50 per cent of cases.

A new study from the University of Sheffield and University of East Anglia and published in the European Heart Journal shows how magnetic resonance imaging (MRI) is superior to echocardiography for diagnosing heart failure, as well as being a powerful tool to predict patient outcomes, including death.

Lead researcher Dr Pankaj Garg, from UEA’s Norwich Medical School, said: “Heart failure is a dreadful condition resulting from rising pressures inside the heart. The best method to diagnose heart failure is by invasive assessment, which is not preferred as it has risks.”

“An echocardiogram, which is an ultrasound of the heart, is usually used to predict the pressure in the heart. However, it is not very accurate. We wanted to find out if MRI scans might offer a better alternative,” Garg said.

The research team studied 835 patients who received an invasive assessment and a heart MRI on the same day from the ASPIRE registry - a database of patients assessed at the Sheffield Pulmonary Vascular Disease Unit.

“We investigated if heart MRI can predict invasively measured left ventricular filling pressure. Once we had identified the key parameters - left atrial volume and left ventricular mass - we created an equation to non-invasively derive the pressure in the heart.” said Garg.

This simple equation can be applied in any centre around the world which does heart MRI, he said, asserting that the team also tested the equation in a separate group of patients and demonstrated its reliability.

“We showed that heart MRI is superior to Echocardiography in predicting pressure inside the heart. Almost 71 per cent of patients who had wrongly measured pressures by
Echocardiography had correct pressures by heart MRI. These findings will reduce the need for invasive assessment. This is not only cost-effective but also reduces risks to patients, as a heart MRI scan is a completely non-invasive test,” Garg said.

“We also showed that the results from heart MRIs were powerful tools to predict whether a patient would live or die. This research was not possible without technical expertise at Norwich and Sheffield and also the rich haemodynamic data from the ASPIRE registry,” the researcher said.

The study was funded by research grants from the Wellcome Trust and the National Institute for Health and Care Research (NIHR), the research partner of the NHS, public health and social care.

**Overweight, obesity may up cancer risk among boozers**

Regardless of alcohol intake, the analysis identified a dose-response relationship between larger waist circumference and risk of developing obesity-related cancer (The Tribune: 20220509)


Being overweight or having obesity amplifies the harmful effects of alcohol on the risk of developing alcohol-related cancer, particularly in people with a high body fat percentage, finds a new study.

The findings, presented at the European Congress on Obesity (ECO), also identified a dose-response relationship between higher obesity levels and the risk of developing obesity-related cancers, irrespective of alcohol consumption.

"Our results suggest that people with obesity, especially those with excess body fat, need to be more aware of the risks around alcohol consumption," said researcher Elif Inan-Eroglu from The University of Sydney.

"With around 650 million adults living with obesity worldwide, this is a hugely important issue. When it comes to the lifestyle factors and habits that people can change to reduce their risk of cancer, obesity and alcohol are top of the list," Inan-Eroglu added.

For this study, the team combined data from 399,575 participants, from the UK Biobank prospective cohort, who were cancer-free when the study began and followed for an average of 12 years. Cancers were identified from hospital admissions and cancer registry data.

Participants were divided into three groups according to their body fat percentage, waist circumference, and BMI) and classified according to their self-reported alcohol consumption
to examine the joint association of alcohol consumption and obesity with the risk of 21 different types of cancer.

Over an average follow-up of 12 years, 17,617 participants were diagnosed with alcohol-related cancer and 20,214 developed obesity-related cancer.

The researchers found that across all obesity markers, people with higher body fat percentage levels who drank more than the recommended guidelines were at greater risk of cancer.

Regardless of alcohol intake, the analysis identified a dose-response relationship between larger waist circumference and risk of developing obesity-related cancer. — IANS

WHO (The Asian Age: 20220509)

Covid-19 deaths’ data: Govt, WHO need to work together

An unlikely war has ensued between the Government of India and the World Health Organisation (WHO), the United Nations health arm, with respect to the number of deaths caused by the pandemic Covid-19 in 2020 and 2021. The WHO has estimated that 1.5 crore deaths have happened globally due to the pandemic or its impact, and the figure is not the officially recorded 54 lakhs. Most of these deaths have happened in Southeast Asia, the Americas and Europe. And of them, 47.4 lakh deaths, close to one third of the total deaths, happened in India. India’s official toll was 4.61 lakh at the end of 2021.

Apart from the deaths directly linked to Covid-19, WHO has considered those deaths which were caused by people’s inability to access health systems overburdened by the pandemic as Covid deaths. The world body also took recourse to mathematical modelling after classifying nations per its own norms. WHO classifies countries that have provided to it complete and nationally representative monthly all-cause mortality data for the specified period as Tier I and puts those nations that have not granted WHO access to the complete data and for which it requires the use of alternative data sources or the application of scaling factors to generate the national aggregate in Tier II. India is in the second tier.

India has questioned the very approach by which WHO arrived at the number of deaths in this country. India contends that it itself has a robust process for the registration of births and deaths. It claims its civil registration system (CRS) meticulously recorded the deaths and births, the data is authentic and published by Registrar-General of India and hence “mathematical models should not be used for projecting excess mortality numbers for India”. The government has also pointed out that WHO admitted that for 17 states it used data from websites and media reports which is a “statistically unsound and scientifically questionable” methodology. It has opposed the use of the Global Health Estimate of 2019, which considers a uniform test positivity rate for the entire country.

The WHO’s response has been limited to pointing out that it has good quality data to estimate excess mortality in countries with less accessibility and that it is not a ‘one-size-fits-all’ approach for modelling. It’s a “one-size-fits-all” approach and hence unacceptable. Several state governments, including those not ruled by the BJP, have questioned the process and reliability of the WHO data. Some state health ministers have even alleged that it is an attempt to defame India.

The WHO’s response has been limited to pointing out that it has good quality data to estimate excess mortality in countries with less accessibility and that it is not a “one-size-fits-all” approach. The data on Covid-19 deaths highlights the need for more investment in “resilient health systems that can sustain essential health services during crises, including stronger health information systems” according to the world body.

There is little to gainsay in this wordy war as it is about data. It is important that we have accurate and reliable data as it is critical to decision making. Rejecting the WHO methodology, questioning the results and attributing motives do not help the larger cause of the people. The government and the WHO must work together and get to the bottom of it with a common purpose of serving the people of India. Covid death data cannot remain an open question; it needs a closure.
World Thalassemia Day 2022

World Thalassemia Day 2022: Doctor explains myths and facts about this blood disorder
As long as people with thalassemia minor know of each other's thalassemia status and their DNA mutation testing, they can get married to each other, says a doctor (The Indian Express:20220509)


World Thalassemia day 2022

Thalassemia is an inherited blood disease which causes defective red blood cell production leading to low haemoglobin (Source: Pixabay Images)
Thalassemia is an inherited blood disorder passed to a child by either of the parents. It causes defective red blood cell production leading to low haemoglobin and such patients require lifelong blood transfusion to cope with their lives. There are two types of thalassemia — alpha and beta. Dr Ganesh Jaishetwar, consultant hematologist, hemato-oncologist and bone marrow transplant physician, Yashoda hospitals Hyderabad, told indianexpress.com, “The affected children with both defective globin genes are called as ‘thalassemia major’ who need regular blood transfusions and these cases can be fatal before 30 years of age, whereas the person with one defective globin gene and one normal gene are ‘thalassemia carriers’ and such carriers remain asymptomatic with normal life expectancy.”

One major purpose to mark this day is to debunk myths associated with thalassemia and help the patients lead a normal life. Some of the various myths and corresponding facts, as laid out by Dr Jaishetwar are:

Myth: Thalassemia is not preventable

Fact: Some communities have a higher prevalence of this gene. According to the health expert, the thalassemia trait in young couples belonging to such ‘at risk’ population can be detected by haemoglobin electrophoresis by HPLC. The beta gene mutation is subjected to detection by DNA analysis.

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“During early pregnancy in such at-risk thalassemia carriers, the DNA mutation analysis from the chorionic villus biopsy or amniotic fluid analysis can help check if the index fetus is thalassemia major. If so, we could offer medical termination of pregnancy (depending upon cultural and religious belief of the couple) to prevent birth of a thalassemia major child. Thus, Thalassemia major is preventable,” said the hematologist.

Also Read | 5 essential diagnostic tests for women over 30
Myth: Thalassemia carriers should not get married to each other and they will always have a thalassemia major child

Fact: As long as people with thalassemia minor know of each other’s thalassemia status and their DNA mutation testing, they can get married to each other. To ensure a non-thalassemia major birth, one can go for the pre-implantation genetic testing, PGTM (pre-implantation embryonic genetic testing) to select the embryo that does not have the thalassemia gene.

“There is only a 25 per cent chance that the foetus could be thalassemia major, but a 50 per cent chance that it could be thalassemia minor like either of the parents. In the remaining 25 per cent chance, the child could be normal. Which means that 75 per cent of the time there is no fear of a thalassemia major birth,” the doctor explained.

Also Read | Thalassemia can be prevented if diagnosed during pregnancy: Experts
Myth- There is no treatment for thalassemia major

Fact: “If a thalassemia major child is transfused with leukocyte filtered blood regularly, he or she can reach adulthood in good health.”

Additionally, the expert also mentioned the importance of looking at the level of ferritin for iron overload and medicines that remove excess iron from the blood through the urine which includes the oral iron chelation agent.

He said in order to get the best results for a proper growth, proper check-ups for early organ damage by MRI of the heart, pancreas and liver should also be performed. This would ensure the thalassemia patients a good quality of life. Bone marrow transplant and gene therapy are other treatment options for thalassemia major patients, according to the health expert.

Also Read | Stem cell donation: Essential things you must know
Myth – Thalassemia major cannot be cured.

Fact: According to the expert, there are ways to cure thalassemia major. He said, “Along with blood transfusions, allogeneic bone marrow transplantation can be a curative option for thalassemia major.” Another important therapy with curative potential for thalassemia major is gene therapy which has shown promise in phase II trials. He mentioned ‘gene therapy’ for curative potential for thalassemia major.
Dr Jaishetwar also mentioned novel therapies like Luspatercept that can help improve the haemoglobin of thalassemia major. He said this can contribute to making them relatively transfusion independent, however, it is expensive and needs a long-term treatment.

### Abortion

**Why access to abortion is essential healthcare for women**

"Access to good reproductive health care is an essential requirement for them and the right to safe abortions is just a part of it," said Dr Manjiri Mehta, consultant gynecologist, Hiranandani Hospital, Vashi. (The Indian Express: 20220509)

[https://indianexpress.com/article/lifestyle/health/why-access-to-abortion-is-essential-health-care-for-women-7901528/](https://indianexpress.com/article/lifestyle/health/why-access-to-abortion-is-essential-health-care-for-women-7901528/)

abortion, women's health
An expert explains why abortion is health care. (REUTERS/Evelyn Hockstein)

The US Supreme Court is likely to overturn the landmark 1973 Roe v. Wade judgement that made abortion a constitutional right in the country, according to a report by Politico. If the judgement is passed, it will restrict access to safe abortion for women, wreaking havoc on their mental and physical health.

We reached out to a health expert to understand why abortion is essential health care for women, and what can be the impact of restricting the same. Below, Dr Manjiri Mehta, consultant gynecologist, Hiranandani Hospital, Vashi, answers some important questions with regards to safe abortion:

Why is abortion essential healthcare for women?

Women’s reproductive rights are an integral part of their overall health. A significant portion of a woman’s adult life involves maintaining their reproductive health, which indirectly impacts their overall health. This means access to good reproductive health care is an essential requirement for them and the right to safe abortions is just a part of it.
Abortion is a controversial topic as it has many differing viewpoints, especially from a medical, social and religious perspective. From a medical point of view, abortion should be a part of essential healthcare or at least it should be freely available, as an unwanted pregnancy can wreak immense havoc in a woman’s life, be it emotionally, physically, mentally, and socially.

ALSO READ | Why your nearby chemist doesn’t have abortion pills, and why he should stock them
How is safe abortion important for a woman’s physical and mental health?

In many countries around the world, abortion is prohibited, and this directly results in the continuation of unwanted pregnancies, affecting a woman’s health in the long run. If abortions are not legally permitted and, therefore, not performed in the medically correct way, then women will have to go through it through unsafe means.

It is well-known that bleeding, infection, prolonged recovery period, and sometimes even death are complications of unsafe abortions, which can be prevented if women are given access to proper healthcare facilities.

Safe abortion is essential for a woman’s physical and mental health. If it is not performed accurately, it can cause physical and psychological stress, besides unnecessary emotional stress, all of which can impact a woman’s overall health and well-being.

Hepatitis cases

‘India too may have acute hepatitis cases… Child specialists must stay alert’
Over the last three weeks, several cases of acute hepatitis or liver inflammation of unknown origin have been reported among children in the US and Europe. At least 17 of them needed a liver transplant and one died of the disease as per the World Health Organization. Dr SHIV KUMAR SARIN speaks to ANONNA DUTT about how the disease is different from the usual hepatitis, the possible reasons for its spread among children, and preventive measures that parents can take. (The Indian Express:20220509)


Dr Shiv Kumar Sarin, vice-chancellor, Institute of Liver and Biliary Sciences, New Delhi
Why Dr Sarin: Dr Shiv Kumar Sarin is the vice-chancellor of the Institute of Liver and Biliary Sciences, a stand-alone government hospital dedicated to the treatment and research of liver diseases. He has helped develop 17 major treatment guidelines for gastric and liver diseases. His team helped establish that the ‘mother to baby route’ was a major route for transmission of Hepatitis B in the country. He was also instrumental in the launch of the Hepatitis-B
vaccination programme in India. He has received the Padma Bhushan and the Shanti Swarup Bhatnagar Prize, one of the highest multidisciplinary science awards in India.

How is this illness different from common hepatitis?

Acute hepatitis is the inflammation of the liver, measured by levels of an enzyme called SGPT that is released when the liver is damaged. When SGPT levels are more than 10 times the normal upper limit, a person is said to have hepatitis, whether it is with or without jaundice (a condition where the skin and the white of the eye turn yellow). Acute hepatitis is like fever. It can be caused due to several reasons, but it is most commonly due to Hepatitis A, B, C, D, or E infection.

In the current string of cases, the children did not have any of the hepatitis viruses. There are some other viruses – such as Epstein Barr, herpes simplex, parvovirus, and cytomegalovirus – which we usually test for if a patient does not have Hepatitis A to E. I know that the biopsies of these children are currently being studied to look for the less-common viruses, but for now it is thought to be caused by an adenovirus that was found in the samples of some 70 of these children.

Ayurveda

Why Ayurveda recommends consuming sweets before meals, not after them

"The following rules will serve as a guide for tapping into the ancient wisdom of Ayurveda and using it to create health, vitality, and energy through sweets," Dr Nitika Kohli said on Instagram

(The Indian Express:20220509)


sweets, mealsIt is not advisable to finish your meals with sweets (Source: Getty Images/Thinkstock)

For many, no meal is complete without a spoonful of their favourite dessert at the end. But, did you know that it is not advisable to finish your meals with sweets? On the contrary, Ayurveda suggests starting your meal with sweets for better digestion and nutrition, Ayurvedic expert Dr Nitika Kohli said in an Instagram post.

According to her, the timing of sweets and state of awareness during meals increase either ojas (vitality) or ama (toxicity). As such, it is necessary to be mindful of one’s eating habits.

ALSO READ |Heatwave in India: Diet and nutrition tips to remain healthy

“The following rules will serve as a guide for tapping into the ancient wisdom of Ayurveda and using it to create health, vitality, and energy through sweets,” she wrote.
Children’s health

Children’s health: Dos and don’ts to protect kids from heatwave
On Twitter, the National Disaster Management Authority (NDMA) shared some safety points for kids, mostly infants; read on. (The Indian Express:20220509)


heatwave, heatwave in India, dos and don'ts for heatwave, how to deal with heatwave, health problems caused by heatwave, children affected by heatwave, how to protect kids from heatwave, NDMA, indian express newsIt is important to give your infant plenty of fluids to drink. (Photo: Getty/Thinkstock)
The topic of heatwave is currently being discussed, owing to the rise in temperature in parts of the country. It should be noted that heat waves can bring with it a host of health problems, like dehydration, and one has to exercise caution while stepping out in the daytime and also when indoors.

ALSO READ |Early heatwave singes North India, experts call for Covid-like monitoring of old and vulnerable
One of the key things is to drink a lot of water, and to avoid going out unless absolutely necessary. While the heatwave can affect people of all age groups, it may be especially stressful for children and as such, some rules have to be followed, in terms of dos and don’ts.

ALSO READ |Raise a glass to summer: Cooling beverages that keep the gut happy: Part I
On Twitter, the National Disaster Management Authority (NDMA) shared the following safety points for kids, mostly infants; read on.

1. If you are travelling somewhere, do not leave your child in a parked car in the sun unsupervised. Vehicles can heat up rapidly to dangerous temperatures.

2. It is important to give your infant plenty of fluids to drink.

3. It is also important to identify heat-related illnesses in kids.

ALSO READ |Heatwave in India: Diet and nutrition tips to remain healthy
4. If you are wondering how to check for dehydration, know that a child will have concentrated or dark-coloured urine, which can indicate dehydration.

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Allergic rhinitis

Allergic rhinitis: From symptoms to diagnosis and prevention — all you need to know

Patients with allergic rhinitis have symptoms including nasal congestion, sneezing, ear blockage and breathing difficulties, itchy eyes and nose, and sore throat, says a doctor(The Indian Express:20220509)


Allergic rhinitis, allergic rhinitis signs, allergic rhinitis symptoms, what causes allergic rhinitis, allergic rhinitis prevention, allergic rhinitis treatment, cure for allergic rhinitis, indian express newsSimple prevention measures include maintaining cleanliness in surroundings and personal hygiene. (Photo: Getty/Thinkstock)

To understand how one can manage allergic rhinitis, it needs to be understood what this condition really is. Also commonly known as ‘hay fever’, allergic rhinitis is a form of allergic reaction that may occur upon inhaling tiny airborne particles called allergens through the nose or mouth, explains Dr Vijay Verma of the department of ENT, CK Birla Hospital, Gurugram.

According to him, patients with allergic rhinitis have symptoms including nasal congestion, sneezing, ear blockage and breathing difficulties, itchy eyes and nose, and sore throat; it is relatively common and can affect all age groups.

ALSO READ |Spring allergies: Keep runny nose, watery eyes, congestion at bay with these effective diet tips

“It can trouble you with seasonal change or throughout the year. Allergic rhinitis usually has a family history. It may be caused by exposure to certain allergens frequently present in our immediate internal and external settings — dust mites, plants, mold, insects. Even pigeon droppings can cause allergies. It is also seen in some patients of asthma,” he says.
How is it diagnosed?

Contraception

Important things to know about contraception failure
Contraceptives prevent pregnancy, and the most popular forms are condoms, birth control pills, intrauterine devices, emergency contraception pills and contraceptive implants (The Indian Express:20220509)


contraception failure, what causes contraception failure, contraceptives, contraceptive pills, unwanted pregnancy, things to know about contraceptives, what is contraception failure, indian express newsWhen choosing your choice of birth control, factors you should include are your health, how sexually active you are, how many people you are sexually involved with. (Photo: Getty/Thinkstock)

There is a lot of misconception surrounding contraception, about which method is the most effective, the options available for both men and women, etc.

Contraceptives, essentially, prevent pregnancy, and the most popular forms are condoms, birth control pills, intrauterine devices, emergency contraception pills (morning after pill) and contraceptive implants.

ALSO READ | Amrita Rao, RJ Anmol talk about pregnancy struggles and losing a baby via surrogacy

According to Dr Suhasini Inamdar, consultant — obstetrician and gynaecologist, Motherhood Hospitals, Indiranagar, Bangalore, no contraception method is 100 per cent effective. “Some methods claim that they are 98 per cent effective, which means that at least 2 out of 100 couples will get pregnant. However, this figure is only accurate if used precisely according to the doctor’s instructions,” she says.

The doctor blames it on “human error”. “There is a lack of awareness about the importance of birth control; some people still choose not to use it or forget to use it. If you find yourself forgetting to take your birth control pill more than once, it is recommended that you get an IUD or implant.”

Additionally, Dr Inamdar, says, even if people use contraceptives, they fail to use them properly. “Most people prefer to use condoms as they are easily accessible. However, knowing which condom is the right size for you and being careful while removing it is just as important.”

Apart from that, medications like antibiotics, antidepressants, natural herbs, and diabetes drugs can also interfere and make birth control pills less effective, she says.
Best contraceptive method

Is there any such thing as the ‘best contraceptive method’? No, because “everyone’s body is different”. “So, you should try to figure out which method of birth control works for you. When choosing your choice of birth control, factors you should include are your health, how sexually active you are, how many people you are sexually involved with, and whether you want to conceive in the future. Although IUDs are highly effective at preventing unintended pregnancy, it does not protect against STDs and HIV,” the doctor explains.

ALSO READ |Pills, patches and rings: The modern woman is discovering newer contraception methods
What should one do if birth control fails?
If they feel unsure about whether the contraceptive has failed or not, they can take a home pregnancy test or visit a gynaecologist. “If you think you are pregnant, in case of a positive pregnancy test, you will need proper prenatal care and support.”

The doctor concludes by saying that emergency contraceptive pills are to be avoided at all costs.

Child birth

Aorta clamp to save lives during child birth (The Hindu:20220509)


‘Paily aorta clamp’, developed by a Kerala obstetrician Dr. V.P. Paily, is providing good results without any incidence of vascular injury at multiple centres in low resource settings. An aorta clamp developed by an obstetrician in the State to control torrential bleeding during the surgical management of Placenta Accreta Spectrum (PAS), a serious obstetric complication and a significant cause of maternal mortality, has been found to be quite useful in containing blood loss and saving maternal lives, without any incidence of vascular injury.

The “Paily aorta clamp”, developed by V. P. Paily, a senior obstetric consultant and a master trainer for the Kerala Federation of Obstetrics and Gynaecology, is currently being used in multiple centres across the State and a few centres outside Kerala, with good results.

A retrospective study of 33 women with varying grades of PAS, who underwent Caesarean hysterectomies as elective or emergency procedures utilising the Paily aorta clamp, appears in the March 2022 issue of the International Journal of Gynaecology and Obstetrics.

With the rise in Caesarean sections (C-section) across public as well as private sector hospitals, PAS is emerging as a major concern and is a significant cause of maternal mortality and morbidity. A previous C-section scar is the most typical risk factor for PAS as the placenta deeply adheres to the scar tissue and into the uterine wall, sometimes extending to nearby organs, such as the bladder.
This means that the placenta will not eject itself naturally after delivery and any attempts to remove it results in torrential haemorrhage (especially if encountered unexpectedly during delivery). Even when saved, the woman suffers catastrophic morbidity, including loss of uterus, bladder injuries, and fistula formations.

The condition has to be identified early during antenatal ultrasound scans and the woman has to be referred to a tertiary care centre for a planned Caesarean hysterectomy, to be done at 34-25 weeks.

PAS management is thus a nightmare for obstetricians worldwide because, apart from the risk of catastrophic amounts of blood loss, there is also the the high probability of urological injuries and massive transfusion requirements encountered during non-conservative surgery.

In high-resource settings, PAS disorders are managed by multidisciplinary teams of expert gynecological and vascular surgeons, supported by anaesthesiologists, intensivists, radiologists and urologists.

In major tertiary centres, vascular surgeons attempt to reduce bleeding using intravascular balloon occlusion at the lower end of the abdominal aorta or the common iliac arteries.

But the application of the Paily aorta clamp in low resource settings, where the access to unlimited amounts of blood to transfuse and the services of a vascular surgeon might not be available, says Dr. Paily, who has conducted innumerable demonstrations across the State on PAS management using the aorta clamp.

The Paily aorta clamp is an easy aid that the obstetricians themselves can use to control bleeding. It can be applied rapidly, without retroperitoneal dissection to manage bleeding.

“We started promoting this method in 2011-12 and now, all Government Medical Colleges in the State and many private hospitals too are utilizing the same to prevent torrential bleeding in PAS. Many near-miss cases we analysed in our recent maternal near-miss reviews showed that the clamp had been very handy,” he says.

The clamp, once secured, leaves a bloodless field for the surgeon attempting complex pelvic dissection in high-grade PAS. Dr. Paily says that in emergencies involving PAS, the clamp works well as a “rescue intervention” because it can be applied faster than cross-clamping or aortic balloon occlusion.

Of the 33 PAS cases reviewed in the study, none developed any signs of aortic wall rupture and had positive surgical outcomes with no clamp-related adverse events.

Dr. Paily, however, insists that only obstetrician-gynaecologists with reasonable expertise should attempt to manage PAS using the aorta clamp and that the team must have a urologist to repair any inadvertent injuries.
Monkeypox virus

Monkeypox virus case confirmed in U.K. after Nigeria travel link
(The Hindu:20220509)


Monkeypox is mainly spread by wild animals. | Photo Credit: WHO/Nigeria Centre for Disease Control

Often confused with chickenpox, monkeypox is a rare viral infection that does not spread easily between people and is usually a mild “self-limiting illness” and most people recover within a few weeks.

The U.K. health authorities have confirmed a case of monkeypox, which is a virus passed from infected animals such as rodents to humans, in someone with a recent travel history to Nigeria where they are believed to have caught it.

The U.K. Health Security Agency (UKHSA) said monkeypox is a rare viral infection that does not spread easily between people and is usually a mild “self-limiting illness” and most people recover within a few weeks. However, severe illness can occur in some cases.

“It is important to emphasise that monkeypox does not spread easily between people and the overall risk to the general public is very low,” Dr. Colin Brown, Director of Clinical and Emerging Infections at the UKHSA, said on Saturday.

“We are working with NHS England and NHS Improvement (NHSEI) to contact the individuals who have had close contact with the case prior to confirmation of their infection, to assess them as necessary and provide advice. UKHSA and the NHS have well established and robust infection control procedures for dealing with cases of imported infectious disease and these will be strictly followed,” he said.

The patient is being treated in a specialist isolation unit at St. Thomas Hospital by expert clinical staff with strict infection prevention procedures, added Dr. Nicholas Price, Consultant in Infectious Diseases at Guy’s and St. Thomas’ Hospital.

As a precautionary measure, UKHSA experts said they are working closely with England’s state-funded National Health Service (NHS) and will be contacting people who might have been in close contact with the individual to provide information and health advice.

This includes contacting a number of passengers who travelled in close proximity to the patient on the same flight to the U.K.

Initial symptoms include fever, headache, muscle aches, backache, swollen lymph nodes, chills and exhaustion. A rash can develop, often beginning on the face, then spreading to other parts
of the body. The rash changes and goes through different stages before finally forming a scab, which later falls off.

It can be spread when someone is in close contact with an infected person. The virus can enter the body through broken skin, the respiratory tract or through the eyes, nose or mouth.

The NHS said the infection could be caught from infected wild animals in parts of west and central Africa and was believed to be spread by rodents.

The UKHSA said people without symptoms are not considered infectious but, as a precaution, those who have been in close proximity of the infected passenger are being contacted to ensure that if they do become unwell they can be treated quickly.

The first-ever recorded occurrence of the monkeypox virus in the U.K. was in 2018, and since then a handful of cases have been confirmed by health authorities.

**Fertility falls**

**Fertility falls, obesity goes up in India, says National Family Health Survey(The Hindu:20220509)**


The Total Fertility Rate, average number of children per woman, has further declined from 2.2 to 2.0 at the national level, says a survey. File | Photo Credit: Getty Images/iStockphoto

Women participating in decision-making and having bank account growing, says the survey.

The Total Fertility Rate (TFR), an average number of children per woman, has further declined from 2.2 to 2.0 at the national level between National Family Health Survey (NFHS) 4 and 5. There are only five States in India which are above replacement level of fertility of 2.1 — Bihar (2.98), Meghalaya (2.91), Uttar Pradesh (2.35), Jharkhand (2.26) Manipur (2.17) — as per the national report of the NFHS-5, released by the Health Ministry.

The main objective of successive rounds of the NFHS has been to provide reliable and comparable data relating to health and family welfare and other emerging areas in India. The NFHS-5 National Report lists progress from NFHS-4 (2015-16) to NFHS-5 (2019-21).

The other key highlights of the survey include _institutional births having increased from 79% to 89% in India and in rural areas around 87% births being delivered in institutions and the same is 94% in urban areas._
As per results of the NFHS-5, more than three-fourths (77%) children age 12-23 months were fully immunised, compared with 62% in NFHS-4. The level of stunting among children under five years has marginally declined from 38% to 36% in the country since the last four years. Stunting is higher among children in rural areas (37%) than urban areas (30%) in 2019-21.

Sustainable Development Goals
Additionally, NFHS-5 shows an overall improvement in Sustainable Development Goals indicators in all States/Union Territories (UTs). The extent to which married women usually participate in three household decisions (about health care for herself; making major household purchases; visit to her family or relatives) indicates that their participation in decision-making is high, ranging from 80% in Ladakh to 99% in Nagaland and Mizoram. Rural (77%) and urban (81%) differences are found to be marginal. The prevalence of women having a bank or savings account that they use has increased from 53% to 79% in the last four years.

Compared with NFHS-4, the prevalence of overweight or obesity has increased in most States/UTs in NFHS-5. At the national level, it increased from 21% to 24% among women and 19% to 23% among men. More than a third of women in Kerala, Andaman and Nicobar Islands, Andhra Pradesh, Goa, Sikkim, Manipur, Delhi, Tamil Nadu, Puducherry, Punjab, Chandigarh and Lakshadweep (34-46 %) are overweight or obese.

ALSO READ

Data | Fertility rates decline across religions in India, sharpest drop recorded among Muslims

The NFHS-5 survey work has been conducted in around 6.37 lakh sample households from 707 districts (as on March, 2017) of the country from 28 States and eight UTs, covering 7,24,115 women and 1,01,839 men to provide dis-aggregated estimates up to district level.

The national report also provides data by socio-economic and other background characteristics; useful for policy formulation and effective programme implementation.

The scope of NFHS-5 is expanded in respect of earlier round of the survey (NFHS-4) by adding new dimensions such as death registration, pre-school education, expanded domains of child immunisation, components of micro-nutrients to children, menstrual hygiene, frequency of alcohol and tobacco use, additional components of non-communicable diseases, expanded age range for measuring hypertension and diabetes among all aged 15 years and above, which will give requisite inputs for monitoring and strengthening existing programmes and evolving new strategies for policy intervention.

“NFHS-5 provides information on important indicators which are helpful in tracking the progress of Sustainable Development Goals (SDGs) in the country. NFHS-4 (2015-16) estimates were used as baseline values for a large number of SDG indicators and NFHS- 5 will provide data for around 34 SDG indicators at various levels,” said the release. It added that NFHS-6 is scheduled to be conducted during 2023-24.
भारत सरकार \ लोग नहीं चाहते कि अमेरिकी सरकार उनके शरीर, उनके जीवन के विकासों और परिवार नियोजन का निर्माण करे।

सुप्रीम कोर्ट का मसौदा लीक: अमेरिका में अब्जैन पर पाबंदी की आहट; पुरुषों को नसबंदी का ट्रेड बढ़ा, एक-दूसरे को सिखा रहे ‘अब्जैन कैसे करते हैं’

अमेरिकी सुप्रीम कोर्ट में आर्मी ने कुछ संशयों और विवादों का पता लगाया है। पाबंदी ने अमेरिकी सरकार को हर तरह से तेजी किया है।

लेकिन नये नियमों को लेकर भारत सरकार भी चर्चा कर रही है। उन्होंने कहा है कि वे सुप्रीम कोर्ट के नियमों को निर्माण करें।

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