Infant Morality (The Asian Age:20220610)

India's infant mortality rate isn't a fringe issue

Infants are our future. They must survive and thrive if India is to thrive. This can happen only if infant mortality is catapulted from the periphery to the centre of the political and societal priorities in the country.

Patralekha Chatterjee
Dev 360

I

m a week when the word “fringe” is a headline-grabber, let me start by saying that updates about the country’s high infant mortality rate (IMR) is not a fringe issue. It is central to a country’s future and its present.

Here’s why: The infant mortality rate, or the number of infant deaths out of every 1,000 live births, is a telling marker of the overall health and well-being of a population. Iniquitous access to medicine, skilled healthcare providers, clean water and nutritious food affect everyone’s health, but together they can dramatically impact infant mortality rates.

The latest data from the Registrar-General of India shows that India’s infant mortality rate is 28 (28 infant deaths per 1,000 live births). The reference year is 2022. The good news: we are saving more babies. Overall, the IMR has come down from 44 to 28 in the past decade. The corresponding dip in rural areas is 48 to 31; for urban areas, the figure is down from 29 to 15.

The grim news: the national average masks stark disparities between different states, and between the city and the village. Progress is slow in those states where infants have been dying in large numbers.

“Despite the decline in IMR over the last decades, one in every four infants die within the first year of their life in the national level (irrespective of rural or urban),” says the May 2022 SRS Bulletin from the Registrar-General’s Office. India has made progress on the IMR front, but many of our neighbours and peers have done even better: Bangladesh’s IMR is down to 14. The corre-

leagues ahead, with an IMR pegged at 86, Pakistan is worse off, with an IMR of 65.

Should special allowances be made for India because it is a large and diverse country? Here’s the catch — Brazil and China — both large countries, and fellow members of BRICS — have much lower IMRs than India.

Among India’s big states/Union territories, only Kerala has a single digit IMR — six infant deaths per 1,000 live births. Mizoram, which leads the IMR charts with three infant deaths per 1,000 live births, is in the list of smaller states. Interestingly, many states in India’s Northeast — Nagaland, Sikkim, Tripura, Manipur — do well on saving babies. Ditto with Goa.

Who are the laggards? Unsurprisingly, those states which have habitually trailed in human development, are also showing slow progress in arresting infant deaths. Uttar Pradesh’s IMR is 38. Arguably, many more babies in the state now live to see their first birthday due to the rise in institutional deliveries and availability of sick newborn care units, but UP has to invest more political energy into improving its IMR. Madhya Pradesh’s IMR score (43) is also worse than the national average. Once again, there is a big gap between cities and villages.

Whether a baby survives still depends on where it is born.

What is the big picture behind the numbers? Why do so many Indian children continue to die before their first birthday?

Having followed the IMR story for years, and talking to public health experts, of interlinked ground-level challenges. A high IMR exposes structural fault lines. It can’t be addressed by thinking in silos.

One key issue: nutrition. Points out Dr Pavitra Mohan, a community health physician, paediatrician, and co-founder of Basic Health Care Services, a Rajasthan-based NGO.

India continues to have a large pool of malnourished children. The World Health Organisation says that malnourished children, particularly those with severe acute malnutrition, have a higher risk of death from common childhood illnesses like diarrhoea, pneumonia, and malaria.

Malnourishment reduces immunity. In India, children suffering from Severe Acute Malnutrition (SAM) justifiably get attention. But then there is a larger pool of children suffering from moderate malnutrition (MAM). The latter are also at risk. Add to that another piece of stark reality — India has a large number of low-birthweight children. These children are at risk if they continue to be undernourished.

The second issue, says Dr Mohan, is the overall low quality of childcare during childbirth and after. In India, while the number of institutional deliveries has gone up, all health centres or hospitals are not the same. Every hospital does not have a labour room that is clean or well-staffed or well-equipped. The quality of care after a child comes home also varies.

Another key factor is maternal nutrition. The latest National Family Health Survey tells us that 52 per cent of pregnant women than what it was during the previous NFHS (2015-2016).

When you look at the state-level data, the disparities leap out once again. What is really worrying is that in many states, anorexia is rising for both women and children. Maternal anaemia affects child survival and health.

There are other challenges: Infants in remote areas remain at risk. Highways and arterial roads help but roads alone can’t save babies if health centres are inaccessible or understaffed or undernourished.

Finally, as Dr Mohan stresses, there is the core issue of underspending on public health. India still spends far too much on public health as a percentage of its gross domestic product (GDP). The annual health budget has hovered just above one per cent of GDP for the past decade. Some states allocate more resources on healthcare — Delhi and Trippura, for example, allocate nearly 10 per cent of their budget on healthcare. Unsurprisingly, when the overall spending on healthcare is low in most states, problems persist. All these issues are inter-connected and they cumulatively affect infant deaths.

One promising sign: Smaller states (carved out of bigger ones) are doing a better job of saving infants. For example, Uttarakhand has an IMR of 24 while the figure for Uttar Pradesh is 38. Chhattisgarh’s IMR is 33 while the figure for Madhya Pradesh is 43.

Jharkhand’s IMR is 25; the corresponding figure for Bihar is 27. Telangana’s IMR is 21 while the figure for Andhra Pradesh is 24.

The bottom line — infants are our future. They must survive and thrive if Delhi is to thrive. This can happen only if infant mortality is catapulted from the periphery to the centre of the political and societal priorities in the country.

The writer focuses on development issues in India and emerging
Covid vaccination

Covid vaccination lag grows amid case rise (Hindustan Times:20220610)

https://epaper.hindustantimes.com/Home/ShareArticle?OrgId=106bfce9e57&imageview=0

There is an increasing number of people not showing up for their second shots of Covid-19, data analysed by HT shows, heightening concerns about the country’s vulnerability to the pandemic at a time when cases have begun to rise in several parts of the country.
A total of 95.3 million people or 9.6% of those eligible are yet to take their second shots. This includes 21 million in the 12-18 years ago group who are late by more than six weeks, and 74.3 million adults who are late by more than 16 weeks. Two doses are needed for a full course.

This is in addition to people delaying the third or booster shots, which enhances protection in those with waning immunity, which occurs roughly six months after they completed their primary vaccination. Till June 8, almost 80% of those eligible for the booster shot, had not taken it.

The number of people not turning up for second shots is likely to be a significant underestimate because the mandatory gap for Covaxin, the most used vaccine in India (accounting for 17% of all doses) after Covishield, is a maximum of six weeks. All those in the 15-18 years age...
group are only eligible for Covaxin. The health ministry’s guidelines for Corbevax, given to those in the 12-15 age group, only specify a minimum gap of four weeks.

India reported 7,665 new cases on Thursday, an increase of 35% in the seven-day average of new cases compared to a month ago. Maharashtra (2,813 cases), Kerala (2,271) and Delhi (622) contributed the most cases on Thursday.

As many as 74.3 million adults, or 8.2% of the 906 million eligible adults, have delayed their second dose by more than 16 weeks. Teenagers who delayed the second shot by more than six weeks number 21 million, or 24% of the 86 million who took their first doses by April 27.

Then there’s the lower uptake of booster shots, where at least part of the problem might be complacency. 67.7% of the 71.3 million adults eligible on April 10 did not receive their booster on the day. This figure climbed to 78.1% of the eligible 165.4 million by June 8.

HT has previously highlighted that decrease in sites of vaccination and boosters not being free could have a role to play in this.

However, data for Delhi alone, which went through a small surge in cases in late April and early May, and made boosters free for all adults on April 22, suggests some of the delay could be because of complacency. Nearly three in four (74.8%) of eligible people were late for their boosters in Delhi on April 10, the first day when all adults became eligible for it.

The seven-day average of daily Covid-19 cases on that day was 147. People late for boosters decreased to 69.7% of eligible by May 9, when the daily caseload was 1,345, just past the May 3 peak of 1,423. As cases declined, the share of people late on their boosters became stagnant around 70% and did not decrease further.

Such complacency can possibly worsen the spurt in cases taking place in urban centres currently. Of the 707 districts for which data has been compiled by How India Lives up to June 6, 23 districts display two important signs of rising cases.

In these districts, the seven-day average of cases has increased by at least 20% in the 14 days up to June 6 and this average is now more than 10 cases.

Maharashtra, which contributes five of these 23, has some of the worst-affected districts: Mumbai (7-day average of 826 cases as on June 6), Thane (213 cases), and Pune (101 cases) have all averaged over 100 cases in the past week, which is more than three times the average from two weeks ago in Mumbai and Thane and more than two times in Pune.

Ten of the 23 districts are from Kerala, but at 193 cases per day, only Ernakulam averaged more than 100 cases in the past week. Of the remaining eight districts, Bangalore is only one averaging more than 100 cases. It recorded 225 cases per day in the week ending June 6, a 92% increase or almost double the average of two weeks ago. In Chennai, Hyderabad, Kancheepuram, Lucknow, and Ahmadabad the average cases are in the 30-60 per day range. But barring Hyderabad, in all other districts, these figures are double or more of what they were two weeks ago.
Fatty liver cases

Fatty liver cases rising due to sedentary lifestyle: Doctor (The Tribune:20220610)


“Fatty liver cases are increasing rapidly in the tricity due to sedentary lifestyle of people. Fatty liver disease, although a serious health issue, can be treated and averted with proper lifestyle modifications and routine check-ups,” said Dr JP Singh Saini, Senior Consultant, Gastroenterologist, Sohana Hospital, Mohali.

A weeklong campaign on “Liver Protection Week” began to spread awareness on liver disease at Sohana Hospital here, which will conclude on June 14.

“In Punjab, as many as 2 lakh Hepatitis-C cases were reported in the past five years. Of this, nearly 90 per cent patients have recovered. Fat accumulation in the liver not only causes problems throughout the body, but can also be very fatal, if not treated properly and promptly. In most cases, fatty liver is often caused due to excessive consumption of alcohol,” said Dr Saini.

While detailing about the liver disease, Dr Saini said people should not ignore the symptoms such as yellowish and pale skin, bloody and black stools, severe abdominal pain, weakness and not being able to concentrate.
Drug therapy

'It's a miracle': It was hard to believe, but tumour was gone, say Cancer patients
14 patients recover after drug therapy, without surgery | One of trial participants an Indian (The Tribune:20220610)

https://www.tribuneindia.com/news/nation/its-a-miracle-it-was-hard-to-believe-but-tumour-was-gone-cancer-patients-402202

'It's a miracle': It was hard to believe, but tumour was gone, say Cancer patients
Trial participants with two principal investigators Dr Luis Dias and Dr Andrea Cercek. Twitter image by Memorial Sloan Kettering

Surprising results of an ongoing medical trial holds a new ray of hope for the world of oncology, as all 14 rectal cancer patients (trial participants) managed to lose their tumours after a drug regimen of six months, without radiation or surgery.

At the end of six months, there was no sign of tumour in any trial participant during MRI scans, PET scans and endoscopy. The development is being described as the first in the cancer treatment history.

It’s a miracle

That day, I did not see the tumour. I thought maybe it was hiding somewhere inside, but the doctors told me there was no tumour. It is a miracle. — Nisha, Indian-origin patient

Study’s importance

Cancer is the second leading cause of death worldwide, accounting for 10 million deaths in 2020, or nearly one in six deaths. A correct cancer diagnosis is essential for appropriate treatment.

Feeling yet to sink in

The fact that you can go from feeling whether you are going to die or lose your colon to getting the news that you are going to be fine...it is amazing. Avery, trial participant

Led by oncologists at Memorial Sloan Kettering Cancer Center, New York, the study published in “The New England Journal of Medicine” has 32 authors and was primarily meant to test if TSR-042, a drug commonly called Dostarlimab, can treat advanced mismatch repair deficient cells, characterised by many DNA mutations which cause cancer.

All trial participants had mismatch repair deficient stage 2 or 3 rectal cancer and received the drug every three weeks over six months.
Trial leaders had planned to follow up the drug administration regime with chemotherapy and surgery as per the standard cancer treatment protocol. They had also expected some adverse reactions, as is the routine in such trials.

Surprisingly, after six months, there was no sign of tumour in any patient nor was any adverse event reported.

Leading gastrointestinal cancer expert Alan Burguete-Torres today hailed the study as a “game-changer for cancer patients”. He congratulated trial leader Andrea Cercek of the Memorial Sloan Kettering Cancer Center for the success.

Torres, however, said a longer follow-up was required to test trial resilience, with experts also calling for a larger trial base since 14 patient base was small and replicability was key to testing if the regime worked in big cohorts. Patients, part of the study, said they could not believe the news of trial success at first.

Indian-origin patient Nisha said she thought the tumour was just hiding somewhere.

In one of the testimonial videos released by the Kettering Cancer Center, another rectal cancer patient Imtiaz said the first thing he did after Dr Cercek told him about the trial success was to call his mother. “We both cried,” he said, breaking down again.

Cancer patient Sascha said she was not religious, but now believed in miracles.

“My friends had taken me to a healing mass prior and then I got the news from Dr Cercek that said it was working. So it was a combination of everybody saying it is miraculous combined with it actually being miraculous,” said Sascha. The participants will be followed in the long term to assess if they have actually been cured of rectal cancer.

**Monkeypox cases**

**More than 1,000 monkeypox cases reported to WHO**

Twenty-nine countries have reported cases in the current outbreak, which began in May(The Tribune:20220610)

https://www.tribuneindia.com/news/health/more-than-1-000-monkeypox-cases-reported-to-who-402137
NMC regulations draft proposes allowing doctors to refuse treatment in case of abusive and violent patients or relatives
According to the draft regulations, reasonable estimation of the cost of surgery or treatment should be provided to the patient to enable an informed decision
NMC regulations draft proposes allowing doctors to refuse treatment in case of abusive and violent patients or relatives
Photo for representational purpose only. iStock

With the aim to check violence against medicos, the National Medical Commission (NMC) in its draft professional conduct regulations has proposed allowing doctors to refuse treatment in case of abusive and violent patients or relatives.

According to the draft National Medical Commission Registered Medical Practitioner (Professional Conduct) Regulations, 2022, any request for medical records to a registered medical practitioner (RMP) responsible for patient records in a hospital either by a patient or authorised attendant has to be duly acknowledged and documents have to be supplied within five working days instead of the existing provision of 72 hours.

In case of medical emergencies, the medical records should be made available on the same day.

“The RMP who attends to the patient will be fully accountable for his actions and entitled to the appropriate fees. In case of abusive, unruly, and violent patients or relatives, the RMP can document and report the behaviour and refuse to treat the patient. Such patients should be referred for further treatment elsewhere,” the draft regulations stated.

It also specified that the use of alcohol or other intoxicants during duty or off-duty which can affect professional practice will be considered as misconduct.

According to the draft regulations, reasonable estimation of the cost of surgery or treatment should be provided to the patient to enable an informed decision.

“An RMP can refuse to continue to treat a patient if the fees, as indicated, are not paid. This is a new addition. It does not apply to doctors in government service or emergencies and the draft regulations clarify that the doctor must ensure that the patient is not abandoned,” the NMC’s Ethics and Medical Registration Board (EMRB) member Dr Yogender Malik said.

Also, for the first time, the term ‘emergency’ has been defined as “life and limb saving procedure”.

Previously, the term ‘emergency’ was not clearly defined, Dr Malik said.

“In case of emergency (life and limb saving procedure), an RMP shall provide first-aid and other services to the patient according to his expertise and the available resources before referral,” the draft regulations read.
NMC regulations

NMC regulations draft proposes allowing doctors to refuse treatment in case of abusive and violent patients or relatives (The Tribune:20220610)


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Milk

**From almond to soy: Does vegan milk have high protein content?**

Busting a commonly believed myth, nutritionist Bhuvan Rastogi took to Instagram to emphasise that "not all vegan milk options are high in protein" *(Indian Express:20220610)*


Vegan milk

Soy milk is the best choice for people who are looking for high protein content. *(Source: Getty Images/Thinkstock)*

Vegan milk has gained immense popularity in the last few years as an increasing number of people are now turning to veganism. Additionally, plant-based milk has also been the preferred choice of people with lactose intolerance — the inability of a person to digest lactose, the principal sugar in milk — giving rise to several gastrointestinal symptoms.

As such, almond milk is one of the most popular choices for people on a vegan diet considering its various health benefits such as being low in calories, rich in vitamin D and bone-strengthening properties among others. It is also widely believed that almond milk and other vegan milk options are high in protein too. But, is it really true?

Busting this commonly-believed myth, nutritionist Bhuvan Rastogi took to Instagram to emphasise that “not all vegan milk options are high in protein”.

“I asked if almond milk is high in protein, and about 60 per cent of you replied yes. This is the general misconception around anything which is claimed to be healthy. Technically, there should be no comparison between wheat and vegan milk but I’m making this just to emphasise that all vegan milk options are not high in protein. There are many comparable vegan protein sources, even in the least expected places,” he wrote.

Rastogi shared that one wheat chappati (30g) has 3-3.5 grams of protein. In comparison, “almonds are higher in protein density by weight than wheat, but to get 3.5 grams of protein you need to consume about 13-16 almonds. Since most commercial almond milk only uses 4-5 per cent almonds, most have just 1 to 2 grams of protein per 200 millilitres.”
Oat milk is even lower in protein, the nutritionist added. “Oats are in the same category, as oats are grains themselves, just marginally better than wheat. For example, oat milk has only 1.4 grams per 200 millilitres.”

WHO

Can’t rule out possibility of more mini Covid waves, says WHO chief scientist

WHO chief scientist Dr Soumya Swaminathan felt that due to home-based self testing, numbers could also be underestimated. "(Indian Express:20220610)


The BA.4 and BA.5 Omicron sub-variants are making their presence felt across various areas in the country with the daily Covid tally now showing a rise in the country. When contacted, Dr Soumya Swaminathan, WHO chief scientist, told The Indian Express that it could be the start of a mini wave.
“The sub-variants that are emerging are more transmissible than the original Omicron BA.1 and there is a likelihood of waning immunity. It is a possibility that there could be mini waves every four-six months or so and hence, apart from all Covid-appropriate precautionary measures that need to be taken, it is important to also track the variant,” Dr Swaminathan said.

The WHO chief scientist also felt that due to home-based self testing, numbers could also be underestimated. “We need to keep a watch on hospital-based admissions and ensure that the vulnerable group who are 60 years and above get their booster doses,” Dr Swaminathan said.

A tale of two Thackerays: From Ayodhya visit to BMC polls
With MLC polls move, SP accommodates Azam Khan but alliance splinters
Rajiv Mehrishi: Finance secretary, home secretary, CAG — and now pickle-maker

Referring to the recent fifth Covid wave in South Africa that was led by Omicron BA.4 and BA.5, Dr Swaminathan said it was a smaller one. According to a WHO report (June 2), new cases had decreased after four consecutive weeks of increase across Africa, signalling the possibility that the latest surge had reached its peak.

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According to Dr Gagandeep Kang, a noted virologist and professor at Christian Medical College, Vellore, “this is really whether one is considering a wave as cases or as illness that results in hospitalisation. In either case, what is clear is that what we are seeing now is most likely to be sub-variants of Omicron. They are capable of infecting people who have been previously infected but not necessarily causing the disease(in those who have recently been infected or vaccinated). Those at high risk of severe disease are the unvaccinated, aged people who have been vaccinated a long time ago or people who have comorbidities and the vaccines have not worked in them. In general, if you are healthy and vaccinated you may get infected but there is no need to panic or worry. We are likely to see more such waves and this is going to be the new pattern of the disease that we will see. Every time there is a variant or sub-variant, there will be an increase in cases.”

Dr Sanjay Pujari, technical expert with ICMR’s Covid-19 task force, said that to say it is a wave pan-India is difficult as there are regional spikes across various hotspots. “However, these spikes need to be observed. For instance the United States had a spike in cases in the last four to six weeks and now have reported to show a decline in the last two days,” Dr Pujari said. To term it a wave would also essentially mean the number of infections impacting the healthcare systems, and not just the numbers but also the cases with severe illness, he said.

Breast cancer drug

Breast cancer drug trial results in ‘unheard-of’ survival rates
The new study, presented at the annual meeting of the American Society of Clinical Oncology and published Sunday in the New
The patients had metastatic breast cancer that had been progressing despite rounds of harsh chemotherapy. But a treatment with a drug that targeted cancer cells with laserlike precision was stunningly successful, slowing tumor growth and extending life to an extent rarely seen with advanced cancers.

The new study, presented at the annual meeting of the American Society of Clinical Oncology and published Sunday in the New England Journal of Medicine, would change how medicine was practiced, cancer specialists said.

Cutting Edge | An innovative breast conservation surgery is helping patients lead better lives

“This is a new standard of care,” said Dr. Eric Winer, a breast cancer specialist, director of the Yale Cancer Center and head of the ASCO. Winer was not involved with the study. He added that “it affects a huge number of patients.”

The trial focused on a particular mutant protein, HER2, which is a common villain in breast and other cancers. Drugs that block HER2 have been stunningly effective in treating breast cancers that are almost entirely populated with the protein, turning HER2-positive breast cancers from those with some of the worst prognoses into ones where patients fare very well.

Don't miss | For the first time, cancer ‘vanishes’ in all patients in drug trial; experts emphasise the need for larger trial

But HER2-positive cases constitute only about 15% to 20% of breast cancer patients, said Dr. Halle Moore, director of breast medical oncology at the Cleveland Clinic. Patients with only a few HER2 cells — a condition known as HER2-low — were not helped by those drugs.

The clinical trial, sponsored by the pharmaceutical companies Daiichi Sankyo and AstraZeneca and led by Dr. Shantu Modi of Memorial Sloan Kettering Cancer Center, involved 557 patients with metastatic breast cancer who were HER2-low. Two-thirds took the experimental drug, trastuzumab deruxtecan, sold as Enhertu; the rest underwent standard chemotherapy.

Also Read | ‘Cancer vanishing drug trial exciting but far from a breakthrough’

In patients who took trastuzumab deruxtecan, tumors stopped growing for about 10 months, as compared with five months for those with standard chemotherapy. The patients with the experimental drug survived for 23.9 months, as compared with 16.8 months for those who received standard chemotherapy.

“It is unheard-of for chemotherapy trials in metastatic breast cancer to improve survival in patients by six months,” said Moore, who enrolled some patients in the study. Usually, she says, success in a clinical trial is an extra few weeks of life or no survival benefit at all but an improved quality of life.
Banana

Should a diabetic have banana?
Banana, as per its ripening, can be divided into 5 stages. 
"(Indian Express:20220610)

https://indianexpress.com/article/lifestyle/health/diabetic-banana-consumption-blood-sugar-levels-7951985/

diabetics Patients with uncontrolled sugar levels or blood sugar more than 300mg/dl should consult their dietitians on fruit consumption. (Source: Getty Images/Thinkstock)
Those diagnosed with diabetes or even pre-diabetes are often asked to eliminate banana from their diets. “But, as a dietitian, I can safely say that diabetics can have bananas. However, there are a few dos and don’ts to follow,” said Lakshita Jain, certified clinical dietitian, lecturer, diabetes educator, and founder of Nutr.

Hypertension, prostate cancer, and other tests that are a must for men over 40

Hypertension, prostate cancer, and other tests that are a must for men over 40
International Men’s Health Month: Over 80 per cent of people with hypertension do not have any symptoms and the only way to figure it out is by evaluation, says a doctor"(Indian Express:20220610)


International Men’s Health Month, men health, tests for men, men's health, health checkups for men after 40, healthy living men, cancer evaluation for men, heart health men, indian express newsCardiac evaluation is important. (Photo: Getty/Thinkstock)
June is observed as International Men’s Health Month, prompting men around the world to prioritise their health and look for signs and symptoms signalling health issues, which can be taken care of before they turn serious.

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After a certain age, regular health checkups are a must for both men and women, and Dr Niti Raizada, director, medical oncology and hemato oncology at Fortis Group of Hospitals, Richmond Road Bangalore says men above the age of 40 should approach their health in a specific way.
It’s not the same as heart attack': Cardiologist busts common myths about heart failure
This includes going for tests, and among them is a regular blood pressure check. “Over 80 per cent of people with hypertension do not have any symptoms and the only way to figure it out is by evaluation. Cardiac evaluation would include cholesterol levels and if there is an imbalance, it will have to be corrected before it causes atheromatous plaques in the blood vessels to heart, brain, limbs, etc.,” the doctor explains.

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She adds that a stress test on the treadmill is advocated to establish physical conditioning, which is crucial for longevity as well as any indicator of an impending myocardial ischemia. “However, as the sensitivity of this test is about 70 per cent, more advanced tests like cardiac CT evaluation are recommended.”

Next would be to evaluate the pre-diabetic state. “This will help determine if the person is on the course of metabolic syndrome and course correction in lifestyle will need to be immediately adopted to prevent future disorders,” says Dr Raizada.

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According to her, the next set of evaluations pertains to cancer. In this, prostate cancer tops the list, and serum PSA is the baseline test. Lung cancer by chest X-ray, colorectal cancer by annual stool examination for occult blood and sigmoidoscopy/colonoscopy once every 3-5 years, as indicated. “Screening for testicular cancer is done with ultrasound examination of scrotum. Genetic testing for various inherited disorders and cancers is now possible and a person needs to undergo it only once to evaluate risks.”

International Men’s Health Month, men health, tests for men, men's health, health checkups for men after 40, healthy living men, cancer evaluation for men, heart health men, indian express news A proper diet/nutrition plan as part of the evaluation for men aged 40 and above to prevent obesity. (Photo: Getty/Thinkstock)

Tests should also be done for osteoporosis or weakening of bones, she says, adding that vitamin D is important for absorption of calcium and depositing in the bones, and if this has dropped, it will need to be corrected.

The doctor mentions hormone testing, but one that is not limited to thyroid. “It should include testosterone for hypogonadism, which impacts nearly a third of men above 40. Check for levels of vitamin B12 and serum ferritin for the quality of hemoglobin. Normal hemoglobin values will allow physical activity without breathlessness.”

Other tests to do

* Infectious disease screening for sexually transmitted diseases like HIV, syphilis, chlamydia; diseases like Hepatitis C, B.
* Ruling out tuberculosis, which is common in immunocompromised patients.
* Viral markers for Covid and its effects (long Covid) are part of the mandatory testing.
* Dental checkup, dental hygiene.
* Ophthalmic evaluation.
* Preventive examination will include an immunisation plan for annual flu shots, prevention of pneumococcal pneumonia, Covid booster, diphtheria tetanus, herpes zoster/shingles.
* Obesity: A proper diet/nutrition plan as part of the evaluation for men aged 40 and above.

COVID-19 vigilance

**Health Ministry asks States to increase COVID-19 vigilance"**(The Hindu:20220610)


Maharashtra, Kerala, Delhi, and Karnataka have been directed again to employ a five-fold strategy to tackle upsurge in COVID-19 cases of test-track-treat-vaccine and adherence to COVID-19 Appropriate Behaviour.

Health secretary Bharat Bhushan has written to these states to keep an eye on COVID clusters. Stating that 81% of the cases in the last 24 hours were from

Covid Cases

**COVID-19| India registers over 7,000 cases after 99 days"**(The Hindu:20220610)


The active cases have increased to 32,498
The single-day rise in new coronavirus infections in the country was recorded over 7,000 after 99 days, registering around 39% jump in daily cases, while the daily positivity rate crossed 2% after 111 days, the Union Health Ministry said on Thursday.

Monkeypox cases

**More than 1,000 monkeypox cases reported to WHO"**(The Hindu:20220610)
There have been more than 1,000 monkeypox cases reported to the World Health Organization (WHO) in the current outbreak outside the countries in Africa where it more commonly spreads.

WHO Director-General Tedros Adhanom Ghebreyesus said the risk of monkeypox becoming established in these non-endemic countries was real, but

Infection "(Dainik Bhasker :20220610)

https://epaper.bhaskar.com/detail/1402852/724003613251/mpcg/10062022/194/image/
कोरोना • देश में नए मरीज बढ़ने का ट्रेंड दिखने लगा, संख्या 7 हजार पर नए केस 15 दिन में साढ़े 3 गुना, सक्रिय मरीजों की संख्या दोगुनी

रोज मिलने वाले मरीज 26 मई को 2050 थे, अब 7189; यह आकड़ा 3 मह बाद पर हुआ

रहत भरकरार... रोज होने वाली मौतों का ग्राफ लगातार घट रहा

सक्रिय मरीज: 32 हजार; 70% सिर्फ़ केशल (34%), महाराष्ट्र (28%) और कर्नाटक (8%) में

रोज मिलने वाले मरीज 15 दिन में नए सक्रिय मरीज दोगुने हुए।

जबकि रोज मिलने वाले मरीज 26 मई को 2050 थे, अब 7189; यह आकड़ा 3 मह बाद पर हुआ।

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लागू है। देश में सक्रिय मरीज की दर (टेस्ट पॉजिटिविटी रेट) का तेजी से बढ़ना है। देश में सक्रिय मरीज की दर 1.4% हो गई है, जो फिर दोनों हजार 1% से कम हो गई है। केशल में सक्रिय मरीज की दर 11% से पार हो गई है। इसके अलावा, जब रोज 1 तालाब नए मरीज दर्ज करता है, महाराष्ट्र और गोंदा में भी सक्रिय मरीज की दर 5% से बढ़ा हो गई है। यही संकेत है कि संक्रामक में नए मरीज 1700 दर से हो गए है। यह 29 जनवरी के बाद सबसे कंज्यूमर कस्ट मॉडल रूप पर है।