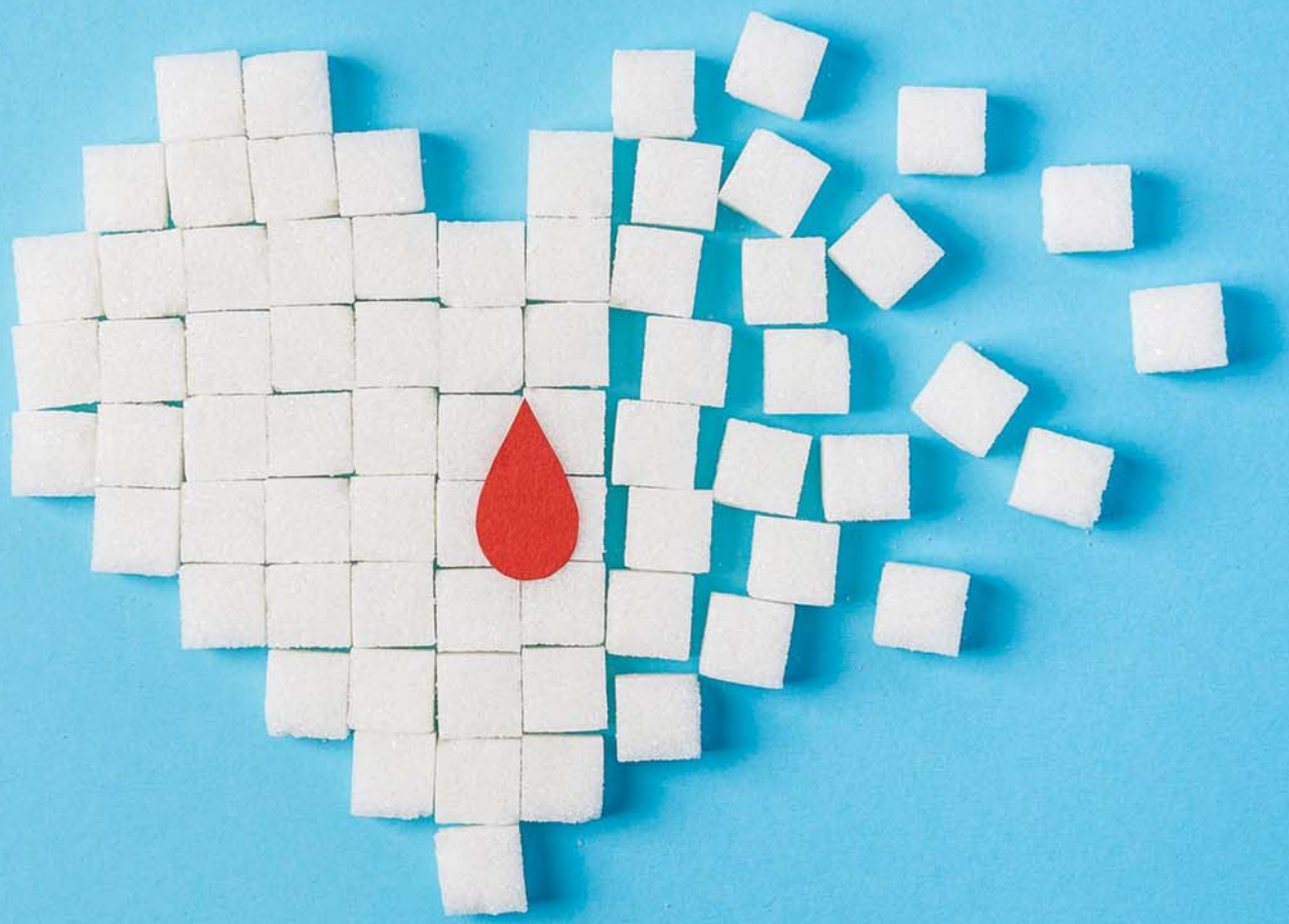
OFFICIAL JOURNAL OF HEART CARE FOUNDATION
October-December 2019 Vol 08 Issue No: 05

CARING HEARTS



Diabetes

special issue

Heart Care Foundation established in 2005 has completed 15 years of humanitarian service in the field of heart care in the state of Kerala. Cardio Vascular Disease (CVD) continues to be the major cause for the mortality in the State. Many a times the expense for the treatment of heart disease is quite exorbitant. The Foundation through its project 'Save 1000 Hearts' continues to provide financial assistance to economically weak heart patients. We need the support from the people to continue this humanitarian service to reach as many people as possible.

Please send your contributions by cheque/Demand Draft/ NEFT in favor of 'Heart Care Foundation'

Bank Details
Kotak Mahindra Bank,
A/c No.: 564011007697
A/c Name : Heart Care Foundation
NEFT/IFSC Code : KKBK0009016

If you feel like being a part of Heart Care Foundation, please fill up the Membership Form found overleaf and we will guide you on how to join hands with us in our journey to serve the needy and help the economically weak heart patients.

Chairman's MESSAGE

Padma Shri Awardee
Dr. Jose Chacko Periappuram
Chairman, Heart Care Foundation

Dear friends.

It is my proud privilege as the Chairman of the Foundation to put down my thoughts on the 50th edition of Caring Hearts. Caring Hearts which was first brought out in 2007 went on to become a much sought after health journal in the field of Cardiac care. I am also happy to note that the new editorial board is taking all efforts to make it more attractive both in terms of the quality of the articles and the variety of initiatives. The 50th edition of CARING HEARTS will be a collector's item, with all excellent and informative articles and tips for a healthy living. Please take this opportunity get one of these copies for your library.

The Heart Care Foundation will be celebrating the World Heart Day on 29th September 2019. We have a variety of programs slated this time also. The high lights are the HRUDAYASANGHAMAM, the CPR training sessions as well as the release of the 50th edition of our title publication, the CARING HEARTS and the presentation of the Life Time Achievement Award for the year.

As you know already, the Foundation is now focusing on prevention of heart and related illness which is a menace to our society. HCF has already adopted AlangadPanchyath, in Ernakulam district as a model Panchayth for heart disease prevention program. The project is sponsored by Alangad Panchayath and will be co-ordinated by the HCF.We are expecting this project to be completed by the June 2020 and will be a landmark in the history of Kerala, we hope.

I leave with you one of many tips to prevent heart disease and this edition message is.... Manage stress. We all live in a very stressful world and everyday of our life carries with it something or other to worry about. It's important that we should be contented with what we have to avoid unnecessary worries. And I remember one of my mentors once sending me a message. 'Don't pray to God for what you desire, but pray for what you deserve, as what you deserve may be more than what you desire'. So let's hope that with prayers God will give us all what we deserve and let's be contented with what he gives. I hope this message will take away at least some of your stress in life and give you a healthy heart and mind to live with.

On behalf of the Foundation I wish all the members and readers all the very best and the choicest of blessings.

Warm regards.

Dr Jose Chacko Periappuram
Chairman HCF

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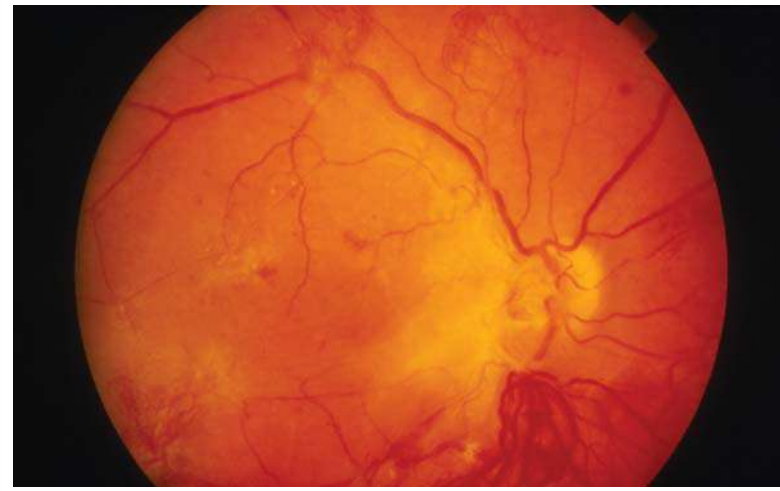

CARING HEARTS
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Mr. Dominic J Mechery
Executive Director

ED's MESSAGE

The Heart Care Foundation which has been working in the field of heart care for the past 15 years have repositioned its priorities and have put Prevention and Awareness on top of its agenda for the new decade.

Why now? The threat has never been more dire, the need for an action never so urgent. After decades of progress, a new tidal wave of heart disease is building. Look around you, fast food & super-sized meals have replaced healthy choices and appropriate portions. Video games and IPods have edged out exercise as source of entrainment. Smoking remains stubbornlyentrenched and our waist lines are expanding at an alarming rate. Today majority of us our overweight or obese and nearly everybody harbors one or more risk factors of heart disease.The statistics concerning Cardio Vascular Disease in general and heart disease in particular are staggering.

When it comes to heart disease, ignorance and complacency are the enemies.People affected by heart disease come from all strata of society from celebrities to teachers, fire fighters,athletes and even heart doctors. Heart diseasecan attack anybody – Young & old male& female- and prevention must begin early. The Foundation is precisely doing this and therefore our key initiative is to address the cause of Cardio Vascular Disease. Heart disease is not like breast cancer and prostate cancer, which often seem to strike unfairly and indiscriminately. We knowwhat causes heart disease- High blood pressure, smoking, elevated cholesterol, diabetes, obesity and family history. Except for family history, each of the other factors is modifiable – meaning that to a very great extent you can control it. Right now we are doing a poor job of managing our risk factors. The project Hridayapoorvamwhich has commenced its activities at Alangadaims to identify the risk factors of each individual early and help them to modify their condition so as to prevent Cardio Vascular Disease.

Dominic J Mechery, Executive Director

Mr. Krishna Kumar P.
Chief Editor

Editor's MESSAGE

Standing fearsome tall among the life-style diseases is Diabetes. A true silent killer, so easy to ignore, till its death grip has so firm a hold on you that complete escape is never an option.

Academically an interesting disease, it affects and impairs the function of almost every organ in our body, slowly but surely. Many even look at it as inevitable, since it is hereditary. Hencethe editorial team decided that this edition of Caring Hearts will take an in-depth look at it.

We have included a very interesting and informative article from an endocrinologist. And one of the best Ophthalmologists in the State has also contributed, expounding on yet another terrible consequence of diabetes, Diabetic Retinopathy. Being a life-style disease, what you eat habitually is to be carefully monitored for good diabetic control, especially if you are have heart problems. The article by a well renowned neurologist on neuropathy will surely be of help. And of course, there are many other articles included in this edition like the one on 'How to talk your doctor' which we hope will make a good read.

All in all, this edition also is a keeper.

Read on…

Krishna Kumar

World Heart Day 2019 being inaugurated by Mr. Justice Antony Dominic, Chairperson, Kerala State Human Rights Commission.

World Heart Day 2019

Dr. Jose Chacko Periappuram
Chairman, Heart Care Foundation

Mr. Justice Antony Dominic,
Chairperson,
Kerala State Human Rights Commission

The Heart Care Foundation celebrated the World Heart Day on Sunday September 29, 2019 at I M A house, Kaloor, Kochi. The days program included, 1) Hrudayasangamam 2) CPR (BLS) session 3) Public function 4) Awarding the Life Time Achievement Award and 5) Panel discussion. This was followed by Snehavirunnu.

The Cardio Pulmonary Resuscitation (CPR) Basic Life Support session which began at 10.00 am was well attended with over 115 participants from various colleges, institutions and Public. The session was handled by instructors from Indian Institute of Emergency Medical Services, Alert and Chiranjeev Hriday. Hrudayasangamam a unique event of Heart Care Foundation were the patients' undergone coronary Bypass Surgery/other procedures have an opportunity to interact with doctors, dietician and other paramedical staff along with their families was being held

"Follow your heart, listen to your inner voice, stop caring about what others think." - **Roy T. Bennett**

Dr. K.Venugopal receiving the Lifetime Achievement Award from the Chief Guest.

Dr. K.Venugopal delivering acceptance speach.

simultaneously in the fourth floor.

The proceedings of the Hrudayasangamam began with the Welcome/Introduction address by Dr.Jose Chacko Periapuram Chairman, Heart Care Foundation.

This was followed by a detailed presentation by Dr.Jo Joseph, Trustee, Heart Care Foundation on 'Heart disease-how to live with it'. After the lively presentation by Dr. Jo, Dr. Nisha, Dietician and Professor of nutrition St.Teresa's College& Governing Council member spoke on 'Healthy eating'.

At this point it was time for the official function of World Heart Day Celebration 2019 to commence. The Chief Guest, the Awardee of Life Time Achievement Award of the foundation along with other guests and council members were welcomed and seated in the places allotted to them.

The official function commenced with formal welcome address by Dr. Jose Chacko Periappuram, Chairman. Moving away from the customary style the Chief Guest and the guests of honor were presented with a rose bed in a gift pen holder made out of

Dr. Abraham Varghese, President IMA releasing the Special Edition of Caring Hearts by giving a copy to Fr. Thomas Vaikathuparambil, Director Lisie Hospital

wood by the husband of a transplant patient.This was followed by the presidential address by Fr. Thomas Vaikathuparambil, Director, Lisie Hospital. After the presidential address Mr. Justice Antony Dominic Chairperson, Kerala State Human Rights Commission lit the traditional lamp inaugurating the World Heart Day Celebration, and delivered his inaugural speech. In his inaugural address he said leading a healthy life is not only a fundamental right, but a human right too. He was all praise to the services provided by doctors and paramedical staff in the field of cardiology and he took the opportunity to congratulate the Life Time Achievement Awardee Dr K Venugopal and appreciated the contribution made by him in the field of Cardiology. Subsequently, Dr, Jacob Abraham,Trustee Heart Care Foundation introduced the Awardee of the Life Time AchievementAward. In his brief introduction of the Awardee Dr.Jacob listed the majorachievements of Dr. K Venugopal, HOD Cardiology Pushpagiri Institute of Medical Sciences (PIMS) Thiruvalla. Dr Jose Chacko read out the citation which was to be presented to the Awardee. Mr. Justice Antony Dominic Chairperson, Kerala State Human Rights Commission then presented the awardee with

Panelists (Dr. Jeevesh John Thomas, Mr. Felwin Mathew, Dr. Nisha Vikraman and Dr. Jo Joseph) clarify the doubts raised by the participants at The Hrudayasangamam 2019.

"When the heart speaks, the mind finds it indecent to object." - **Milan Kundera**

CPR class in progress.

theCitation and the Cash Award. Dr. K Venugopal after receiving the award delivered his acceptance speech. He also thanked Heart Care Foundation for nominating him for the Life Time Achievement 2019. In his address he emphasized the need for healthy lifestyle which is not seen taken up seriously in schools/ colleges. Fr. Thomas Vaikathuparambil released the 50th Edition of Caring Hearts by handing over a copy to Dr. Abraham Varghese IMA State President elect. As a special gesture six patients who underwent heart transplant surgeries were felicitated on the occasion.This was followed by felicitation by Dr. Abraham Varghese, President- elect, Indian Medical Association (IMA) and Dr. Jo Joseph Trustee,Heart Care Foundation proposed the vote of thanks.The official function thus came to a close.

Thereafter the panel discussionfor interaction with patients and families members commenced. The panelists were Dr.Jeevesh Thomas Cardio Surgeon, Dr. Jo Joseph, Cardiologist, Dr.Nisha Vikraman and Mr. Felvin Mathew. The panel discussion was very lively with audience competing with each other for asking questions and getting their queries answered. Finally the discussion came to a close at 1.30 pm. Mr. Dominic J Mechery, Executive Director-Heart Care Foundation presentedmementos to all panelists. This was followed by Snehavirunnu and with this curtains came down toWorld Heart Day celebration-2019.

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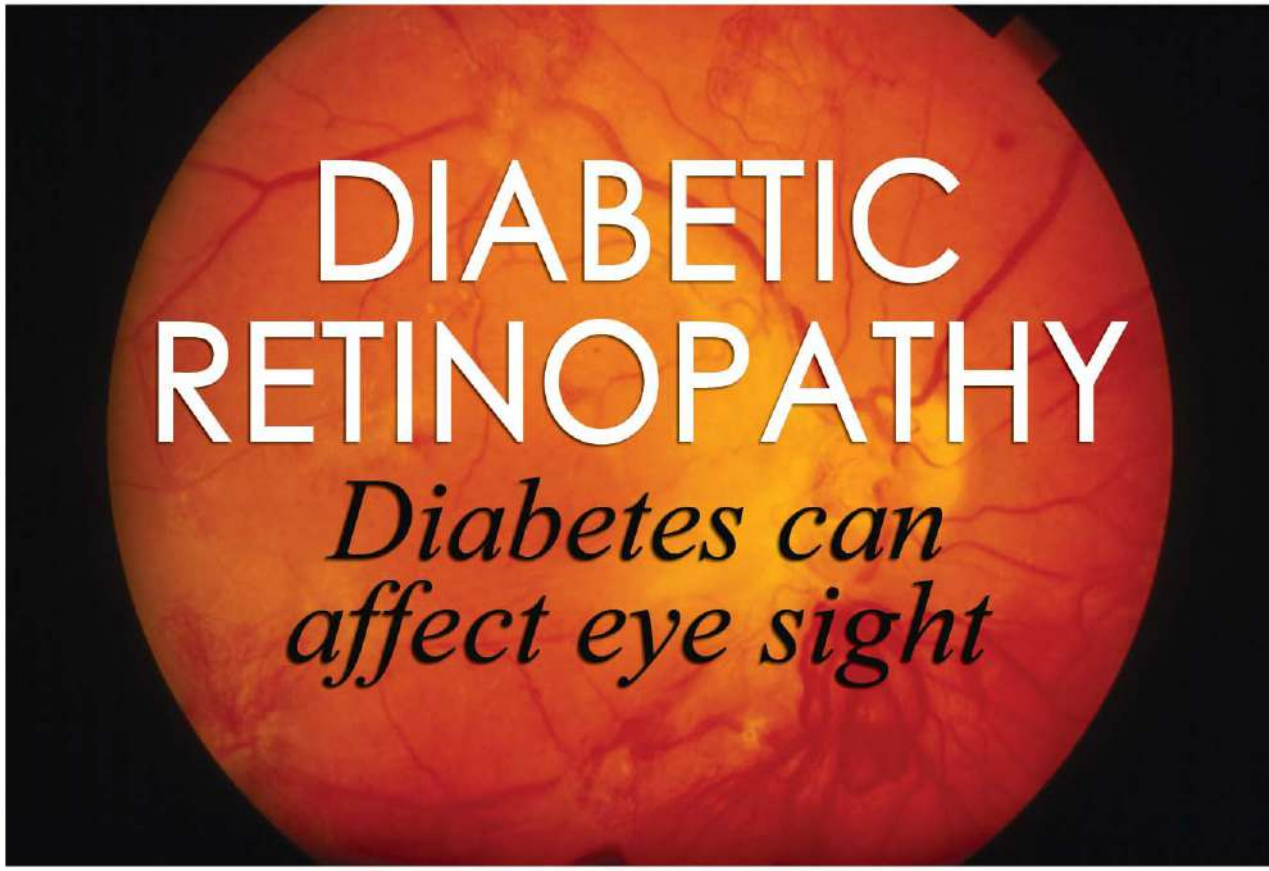


Dr. A Giridhar,
Medical Director &
Senior Vitreo Retina Surgeon,
Giridhar Eye Institute, Cochin.

Diabetic Retinopathy is an important complication of long standing Diabetes Mellitus. One in 10 patients with Diabetes Mellitus is likely to have some form of retinopathy and one in ten patients with retinopathy have sight threatening or vision threatening retinopathy. The incidence of diabetes retinopathy increases with increasing duration of Diabetes Mellitus and in persons with diabetes of morethan 15 years, over 60% may have some form of retinopathy.

What is Retina and what is Diabetic Retinopathy ?

The retina is the light sensitive tissue at the back of the eye. To put it in very simple language the retina is the inner lining of the white portion of the eye and therefore hemispherical in appearance. It is a complex structure that contains millions of vision cells. The retina converts light or the images in to an electrical impulse and these impulses are sent to the brain.

Diabetic Retinopathy is used to describe changes in the retina that occur in patients with Diabetes Mellitus. Long standing diabetes mellitus results in weakening or closure of the smaller blood vessels in the retina. This results in slow reduction of blood circulation of the retina and also sometimes leakage of fluid from the blood vessels into the retina resulting in retinal swelling.

Awareness of Diabetic Retinopathy among patients with Diabetes Mellitus

The awareness of Diabetic Retinopathy is low both among the diabetics and diabetic care providers. Many population based studies have shown that only one fourth of the community is aware that uncontrolled

"The heart has its reasons which reason knows not." - **Blaise Pascal**

Diabetes Mellitus was a risk factor for retinopathy. The awareness of Diabetic Retinopathy among diabetic care providers and Physician is also very poor. Only one fifth of the paramedics educate diabetics about possible Diabetic Retinopathy.

In a study conducted by our Institute we interviewed 1538 respondents with Diabetes and only 9.6% had undergone a screening examination for diabetic retinopathy.

Only 40.7% of these respondents had knowledge of Diabetic Retinopathy.

Do all patients with diabetes develop retinopathy?

No. Not all patients with diabetes develop retinopathy. Over 70% of patients with diabetes of over 20 years develop retinopathy.

What are the risk factors for developing retinopathy?

The various risk factors for development of retinopathy apart from duration of diabetes mellitus are

1. Uncontrolled diabetes
2. Younger age of onset of diabetes –
   If the onset of diabetes is below 40 years of age there is a greater risk. People who develop diabetes before 40 years of age have double the risk of developing retinopathy and also sight threatening retinopathy.
3. Coexisting other diseases like hypertension, high cholesterol
4. Obesity – Central obesity i.e. pot belly is associated with two times increased risk of diabetic retinopathy

What are the various stages of retinopathy?

Broadly there are two stages of retinopathy. The first stage is known as Non proliferative diabetic retinopathy (NPDR) and the second stage is known as Proliferative diabetic retinopathy (PDR).

What is Non proliferative diabetic retinopathy (NPDR)?

NPDR (Fig.1) is an early stage of retinopathy and most patients with NPDR are asymptomatic. They have normal vision. In this early stage there is minimal damage to the small blood vessel in the retina. When we examine the retina there are few blood clots on the surface of the retina.

Non proliferative diabetic retinopathy has three stages. The earliest stage is mild NPDR which can progress to moderate NPDR and then severe NPDR. Mild and moderate NPDR does not require any treatment. At this stage patients require yearly check-up. Once the disease reaches severe NPDR treatment will be required to prevent further worsening. Patient with severe NPDR also may be asymptomatic and can have normal vision. In severe NPDR when we examine the retina there are more extensive retinal haemorrhages. Unless these changes affect the centre of the retina called macula vision is not affected. Patient with severe NPDR require very frequent follow ups as they are at higher risk to progress to Proliferative diabetic retinopathy. Patient with severe NPDR have a 52% chance of progression to PDR in one year

The incidence of diabetes retinopathy increases with increasing duration of Diabetes Mellitus and in persons with diabetes of morethan 15 years, over 60% may have some form of retinopathy

meaning that half the patients with severe NPDR can progress to PDR. If you have mild or moderate NPDR there is only a 5% chance of progression to PDR in one year and 15% chances of progression to PDR in 5 years.

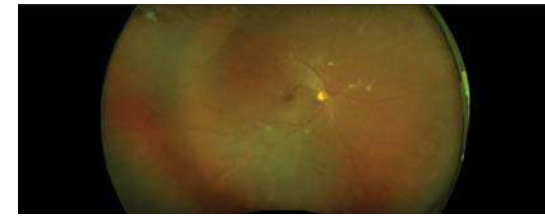


Fig. 1 - Moderate non-proliferative diabetic retinopathy with normal vision.

What is Proliferative Diabetic Retinopathy (PDR)?

Proliferative diabetic retinopathy (Fig. 2) is the advanced stage of diabetic retinopathy when abnormal blood vessels grow on the surface of the retina. These abnormal blood vessels are sometimes visible on eye examination or can be detected by a test called Fundus Fluorescein Angiography.

Patient with PDR also can have normal vision and may be asymptomatic. These abnormal vessels are friable and can rupture resulting in bleeding inside the eye resulting in loss of vision.

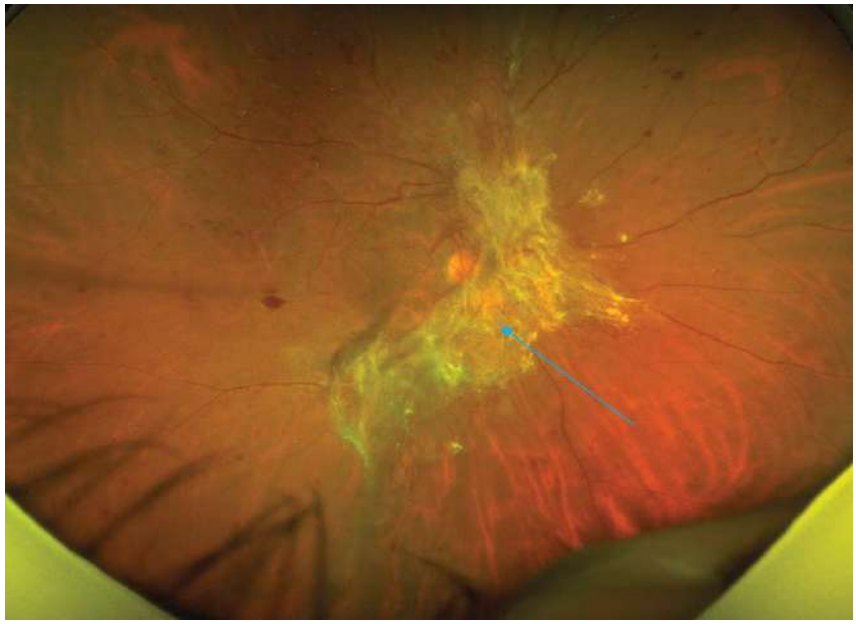


Fig.2 : Retina picture of the right eye showing proliferative diabetic retinopathy. Note the large whitish abnormal growth with blood vessels in the centre of the retina.

There are 2 reasons for patients with PDR to lose vision.

(a) The abnormal blood vessels rupture resulting in sudden bleeding inside the eye (Fig. 3)

(b) The abnormal blood vessels shrink resulting in dragging of retina causing retinal detachment

(c) Both these situations can result in sudden decrease in vision.

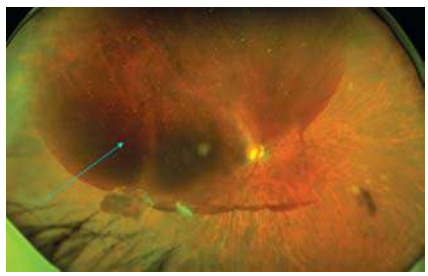


Fig. 3 : A case of proliferative diabetic retinopathy with blood on the surface of the retina resulting in sudden loss of vision.

What are the symptoms of Diabetic Retinopathy?

Diabetic retinopathy does not have any symptoms till very late in the disease. Patient can have advanced disease with normal vision. Therefore early detection of diabetic retinopathy is possible only by regular retinal examination of patient with diabetes mellitus.

Early detection can help to detect sight threatening retinopathy and can prevent visual loss.

Patient with diabetic retinopathy can present with sudden decrease in vision due to haemorrhage inside the eye or they can present with slow progressive decrease in vision due to swelling in the centre of the retina (macular oedema) or due to slow progressive tractional retinal detachment.

Diabetic retinopathy is detected by detailed proper retinal examination. Hand held retinal cameras are available whichfacilitates photography of the retina even through an undilated pupil

How is diabetic retinopathy detected?

Diabetic retinopathy is detected by detailed proper retinal examination. Hand held retinal cameras are available whichfacilitates photography of the retina even through an undilated pupil.

What are the treatment options for diabetic retinopathy?

a) Not all patients with diabetic retinopathy require treatment. Patients with mild NPDR and moderate NPDR do not require any specific treatment to the eye. Good control of diabetes and other coexisting diseases like hypertension etc. is sufficient. Yearly retinal examination to look for any progression.

b) Patient with proliferative diabetic retinopathy and diabetic macular oedema require treatment

What are the treatment options for proliferative Diabetic Retinopathy?

(a) Laser Treatment: The most significant treatment for diabetic retinopathy during the last 25 years is the laser treatment to retina. Laser treatment facilitates regression of abnormal tissue proliferation seen in proliferative diabetic retinopathy and also to seal the leaking defects in the small vein

to prevent collection of fluid within the layers of the retina. Laser treatment will prevent chances of haemorrhage and detachment of the retina in the eye. Laser treatment will help to preserve the existing vision.

(b) Injections: A new modality of treatment for some patients with Diabetic Retinopathy is injection of certain drugs in to the eye. These drugs reduce swelling in the retina and macula and also in some cases reduce the chances of bleeding inside the eye. The injection may be combined with laser treatment in some cases. In some patients the injections may have to be repeated after some time.

(c) Vitreous Surgery : The term Vitreous Surgery refers to a surgical procedure wherein the vitreous gel inside the eye is removed. Vitreous surgery is performed in eyes with advanced Diabetic Retinopathy to remove blood from the eye and also to remove all abnormal vascular growth on the retina.

What you should know about Diabetic Retinopathy ?

- Any patient with Diabetes Mellitus should have a retinal examination at the time of the diagnosis of Diabetes
- Once you have early Retinopathy, regular examination at least once a year is necessary
- Early Retinopathy is only detected by periodic retinal evaluation
- Good control of Diabetes Mellitus can reduce the chances of Retinopathy by 25%
- Good control of hypertension in patients with Diabetes reduces the incidence of Retinopathy by 37%
- Timely treatment of Diabetic Retinopathy can prevent significant visual loss
- Timely laser treatment for PDR causes 50% reduction in blindness
- There is no cure for Diabetic Retinopathy. But it can be controlled in most patients with appropriate treatment.
- You can have advanced Retinopathy with good vision
- Vision loss can be sudden or rapid due to bleeding inside the eye
- If you neglect Diabetic Retinopathy, it can lead to blindness

SUMMARY

Diabetic retinopathy is an important sight threatening complications of long standing Diabetes Mellitus. Early detection can prevent blinding complication of Diabetic Retinopathy. Advanced disease can result in irreversible blindness. Many patients with Diabetic Retinopathy have their first eye examination with advanced eye disease. Every person with diabetes should ideally have an yearly checkup of the retina by an eye specialist. Good control of diabetes can reduce the incidence and progression of retinopathy.

NEWS

Lab-grown heart cells implanted into human patient for the first time

In what is a world-first and potentially the dawn of a new medical technology to treat damaged hearts, scientists in Japan have succeeded in transplanting lab-grown heart cells into a human patient for the first time ever. The procedure is part of a cutting-edge clinical trial hoped to open up new avenues in regenerative medicine, with the treatment to be given to a further nine patients over the coming years.

The clinical trial harnesses the incredible potential of induced pluripotent stem cells (IPSCs), a Nobel Prize-winning technology developed at Kyoto University in 2006. These are created by first harvesting cells from donor tissues and returning them to their immature state by exposing them to a virus. From there, they can develop into essentially any cell type in the body.

The first transplantation of these cells is a huge milestone for the researchers, with the operation taking place earlier this month and the patient now recovering in the general ward of the hospital.

Dr. Johny Kannampilly
Senior consultant Diabetologist, Physican, Podiatry and Obesity specialist, Kochi.

The new Harmful face of diabetes

Diabetes has long been with us. Now, ways of Diabetes have changed with the times. Earlier, a person got affected by Diabetes only after the age of 60 years. Moreover, though the illness started at that age, only in the next 15 years, the worse complexities came visible and affected main organs. The disease could be controlled with low dose of medicines and at low cost.

Diabetes was seen as an old age-related disease and the age up to 75 or 80 were easily passed without big issues. The life span was covered with ebbs and flows of the disease. The number of persons who got affected in major organs were also very less. Even if affected by diabetes, it was towards the old age. It did not create much financial, mental or physical difficulties to the patient, family or society.

Our people are now becoming diabetes-stricken at a younger age of 20's, 30's or 40's. The reasons behind this are mainly unhealthy food habits, lack of exercise and mental stress. As time went by, uncontrolled diabetes starts to affect the organs slowly. And within 15 to 20 years itself, diabetes if not controlled affects major organs severely and one becomes a critically ill patient. A major chunk of middle-age people are under

Diabetes is a major public health problem that is approaching epidemic proportions globally. Worldwide, the prevalence of chronic, non-communicable diseases is increasing at an alarming rate

"Music is the literature of the heart; it commences where speech ends." - **Alphonse de Lamartine**

panic with the ill effects and complexities of the disease as well as the cost of treatment.

Diabetes is a major public health problem that is approaching epidemic proportions globally. Worldwide, the prevalence of chronic, non-communicable diseases is increasing at an alarming rate. About 18 million people die every year from cardiovascular disease, for which diabetes and hypertension are major predisposing factors. Today, more than 1.7 billion adults worldwide are overweight, and 312 million of them are obese. In addition, at least 155 million children worldwide are overweight or obese. A diabetes epidemic is underway. According to an estimate of International Diabetes Federation comparative prevalence of Diabetes number of people with diabetes is 246 million (with 46% of all those affected in the 40–59 age group) and likely to increase to 380 m by 2025.

Approximately 425 million adults (20-79 years) were living with diabetes; by 2045 this will rise to 629 million.

A person with type 2 diabetes is 2 – 4 times more likely to get cardiovascular disease, and 80% of people with Diabetes will die from it. Premature mortality caused by diabetes results in an estimated 12 to 14 years of life lost. A person with Diabetes incurs medical costs that are two to five times higher than those of a person without diabetes, and the World Health Organization estimates that up to 15% of annual health budgets are spent on diabetes-related illnesses. The annual direct healthcare costs of diabetes worldwide, for people in the 20–79 age groups, are estimated to be as much as 286 billion.

High economic and social costs of type 2 Diabetes and its rising prevalence make a compelling case for its prevention. Intervention prior to the onset of type 2 Diabetes may be the only way of preventing the complications of Diabetes. Because of its chronic nature, the severity of its complications and the means required to control them, diabetes is a costly disease, not only for affected individuals and their families, but also for the state and country.

According to World Health Organization (WHO), India had 69.2 million people living with diabetes in 2015. Nearly 98 million people in India may have type 2 diabetes by 2030, according to a study published in medical journal Lancet. ICMR INDIAB study showed there are 77 million people with pre-diabetes in india who will become diabetic in the coming years.

Diabetes is one of the major health challenges of the 21st century. No country. , rich or poor, is immune to the epidemic. It is a chronic, incurable, costly, and increasing but largely preventable non-communicable disease (NCD), which is responsible for millions of deaths annually, debilitating complications, and incalculable human misery.

When our society gets ready to leap with renewed energy, the truth that almost half of the population suffers under the grip of this fatal disease is getting ignored. It is high time that the political leadership, medical fraternity and all sections of the society rise up against this disease that has grave consequences.

Facts and figures by International Diabetes federation

- 79% of adults with diabetes were living in low- and middle-income countries
- The greatest number of people with diabetes were between 40 and 59 years of age
- 1 in 2 (212 million) people with diabetes were undiagnosed
- Diabetes caused 4 million deaths
- Diabetes caused at least USD 727 billion dollars in health expenditure in 2017 – 12% of total spending on adults
- More than 1,106,500 children were living with type 1 diabetes
- More than 21 million live births (1 in 7 births) were affected by diabetes during pregnancy
- 352 million people were at risk of developing type 2 diabetes

Diabetic Neuropathy

Dr. Neena Baby
Department of Neurology
Renai Medicity,
Kochi.

Diabetes mellitus is estimated to affect 69.2 million people living in our country and 23.6 million people in the United Statesand this number is growing by an alarming rate of 5% per year. This trend is increasingly becoming evident in other developed and developing countries, largely attrib-uted to the increased prevalence of overweight and obesity.

The most common form of diabetes mellitus, **type 2 diabetes mellitus**, is projected to affect an estimated 366 million people worldwide and 98 million people in India by 2030. 90% to 95% of persons with diabetes mellitushave type 2 diabetes mellitus.The risk of developing type 2 diabetes mellitus increases with age, obesity, and lack of physical activity.A stronggenetic predisposition for this disease exists. Hyperglycemia often develops gradually, and early symptoms are often not reported or recognized.

Type 1 diabetes mellitus accounts for 5% to 10% of people with diabetes mellitus. The hallmark feature of type1 diabetes is a reduction in insulin production due to an autoimmune destruction of pancreatic cells. Most of them have their symptom onsetin childhood or early adolescence, but it can occur at any age. Multiple genetic predispositions exist in addition to poorly defined environmental factors. Autoantibodies can be found in 85% to 90% of patient and they are prone for developing other autoimmune disorders.

Diabetes mellitus is defined by a2-hour plasma glucose of greater thanor equal to 200 mg/dL during an oralglucose tolerance test, fasting glucosegreater than or equal to

"Where your treasure is, there will your heart be also." - **Anonymous, Holy Bible**

126 mg/dL, orglycosylated hemoglobin (HbA1c)greater than or equal to 6.5%. Patientswith classic hyperglycemic symptomsand a random plasma glucose greaterthan or equal to 200 mg/dL also meetdiagnostic criteria for diabetes mellitus.Recently, there has been a greateremphasis placed on identifying patientswho are at an elevated risk fordeveloping diabetes mellitus.They have elevated glucoselevels but not to the degree that isrequired for the diagnosis of diabetesmellitus. They are defined as havingeither impaired fasting glucose (fastingplasma glucose between 100 mg/dLand 125 mg/dL) or impaired glucosetolerance (2-hour glucose value in anoral glucose tolerance test of 140 mg/dLto 199 mg/dL). Although less sensitive,a HbA1c value from 5.7% to 6.4% canalso be used to identify patients whoare at risk for developing diabetesmellitus. Both glucose measurementsand HbA1c values have a curvilinearrelationship with the risk of developingdiabetes mellitus. As their values rise,the risk of diabetes mellitus risesdisproportionately.

Diabetes is an important vascular risk factor leading to stroke and myocardial infarction. Diabetes can lead to complications involving other organs like eyes, kidney and nerves. Patients with all forms of diabetes of sufficient duration, whether insulin-dependent (IDDM) or non–insulin-depen-dent (NIDDM), are vulnerable to these complications.

Peripheral neuropathies can be subdivided into two major categories: those which affects the axons termed axonopathies and the myelin, primary myelinopathies. Neuropathies can be further subdivided on the basis of the diameter of the impaired axon. Large myelinated axons include motor axons and sensory axons responsible for proprioception, vibration, and light touch. Thinly myelinated axons include sensory fibers responsible for light touch, pain, temperature, and autonomic functions. Small unmyelinated fibers convey pain, temperature, and autonomic functions

Diabetes is the most common cause of peripheral neuropathy in the world. More than half of patients with diabetes have neuropathy, and half of patients with neuropathy have diabetes.

There are numerous causes for polyneuropathy and determining the cause can be challenging. The prevalence of peripheral neuropathy is estimated to be between 2% and 8%.Diabetes is an important cause of peripheral neuropathy. Around 45% for patients with type 2 diabetes mellitus and 54% to 59% for patients with type 1 diabetes mellitus develop neuropathy.Significant neuropathic pain occurs in 7.5% to 24% of all patients with diabetes mellitus.Neuropathicpain is also one of the most common presentations in impaired glucose tolerance.

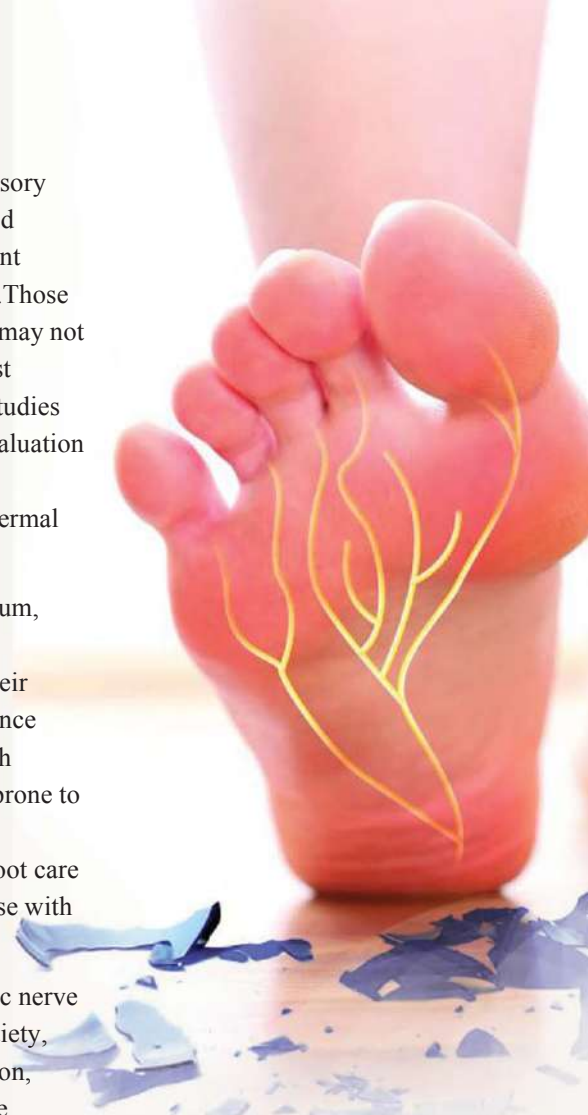
The different types of neuropathies associated with diabetes are(1) Distal symmetric sensorimotor polyneuropathy (2) Small fiber neuropathy (3) Autonomic neuropathy

(4) Diabetic neuropathic cachexia (5) Hypoglycemic neuropathy(6) Treatment-induced neuropathy (insulin neuritis) (7) Diabetic radiculoplexopathy (8) Mononeuropathies (9) Cranial neuropathies

Diabetes is the most common cause of peripheral neuropathy in the world. More than half of patients with diabetes have neuropathy, and half of patients with neuropathy have diabetes

Distal symmetric polyneuropathy(DSPN)

The most common form of diabetic neuropathy is the distal symmetric polyneuropathy which is a length dependent neuropathy.Approximately half of all patients with diabetes mellitus have such a polyneuropathy. It is typically a slowly progressive sensorypredominant neuropathy. Patients initially experience sensory loss in the toes and feet that results from lengthdependent dysfunction of nerve fibers. This type of neuropathy mainly occur due to the metabolic disturbance in the peripheral nervous system. Patients usually present with decreased sensation over the soles, feet and leg, or ‘‘positive’’ symptoms such as prickling,burning,



or aching sensations. Sensory disturbances have a stocking-glove distribution following a length-dependent pattern. Early sensory manifestations begin in the toes, gradually spreading proximally; when these reach above knee level, the fingers and hands become affected. In more advanced cases, sensation becomes impaired over the anterior chest and abdomen, pro-ducing a truncal wedge-shaped area of sensory loss.Most patients will develop only a minor motor involvement affecting the distal muscles of the lower extremities. Significant weakness is not a common finding in early diabetic neuropathy. There may be weakness of the toe flexor and extensor muscles which may lead to loosening of chappals and subclinical motor involvement can be documented on electrodiagnostic testing. The majority of patients note mild to moderate discomfortassociated with the neuropathy. Electrodiagnostic evaluation including nerve conduction studies helps in determining the extent of involvement.

Small fiber neuropathy is characterized by superficial burning pain in the feet caused by preferential involvement of thenerve fibers that mediate pain, temperature sensation, and autonomic function. Patients may report deep aching pain, shooting pain in their toes, tingling, and numbness and commonly report that their feet are persistently cold.On examination there is decreased distal pain and cold perception, sympathetic vasomotor changes (pallor alternating with redness, bluish discoloration, and mottling. Small fiber neuropathies are often seen in patients with impaired glucose tolerance. 81% of neuropathy patients with impaired glucose tolerance had exclusively sensory concerns, and 92% recognized neuropathic pain as a dominant symptom of their neuropathy.Those with small fiberneuropathies may not have any abnormalities on test including nerve conduction studies and they may need further evaluation including skin biopsy and measurement of the intraepidermal nerve fiber density.

At the other end of the spectrum, some patients with diabetic neuropathy are unaware of their sensory loss and may experience painless injuries. Patients with insensate feet are especially prone to developing foot ulcerations; education regarding proper foot care is especially important in those with diabetic neuropathy.

The symptoms of autonomic nerve involvement include early satiety, bloating sensation, constipation, diarrhea, urinary incontinence, erectile dysfunction and impotence ,abnormalities of sweating either increased or decreased and lightheadedness .Identification of autonomic neuropathy in diabetic patients is important because of its impact not only on morbidity but also on mortality. Specifically, the presence of cardiac autonomic neuropathy is associated with an increased mortality risk.This may be related to cardiac arrhythmias and silent myocardial ischemia. The incidence of clinical autonomic failure tends to increase withthe length of time the patient has had diabetes mellitus and the age of the patient; the majority of diabetic autonomic neuropathies develop aftermore than 10 years of diabetes mellitus.The severity of autonomic neuropathy also varies between type

At the other end of the spectrum, some patients with diabetic neuropathy are unaware of their sensory loss and may experience painless injuries

"Sometimes your heart is the only thing worth listening to." - **Marissa Meyer**

1 diabetes mellitus and type 2 diabetes mellitus. Signs of autonomic dysfunction are present in approximately 16%to 20% of all diabetic subjects and up to 75% of newly diagnosed subjects with type 1 diabetes mellitus. Diabetic autonomic neuropathy can cause disruption of microvascular blood flow to the skin, resulting in dry skin, loss of sweating, and development of fissures and cracks that can lead to skin infections

Orthostatic hypotension is defined as a fall in blood pressure in response to achange in posture. Common symptoms of orthostatic hypotension include light-headedness,weakness, fatigue, blurry vision, tremulousness or anxiety, nausea, and neck pain. However, manypatients, and especially those with diabetes mellitus, may be asymptomatic. Treatment should notonly be directed toward increasing blood pressure, but also toward educating patients to avoidsituations that may predispose them to develop symptoms. Treatment includes maintaining adequatehydration, elevating the head of the bed, counseling to arise slowly, performing physical countermaneuvers to increase blood flow to the thorax, and avoiding hot showers. In patients with diabetesmellitus, orthostatic hypotension usually results from impairment of efferent sympathetic fibers.Although typically seen in patients with long-standing and poorly controlled diabetes mellitus,autonomic neuropathy may be detected at the time of diagnosis.

Another type of diabetic neuropathy is **diabetic lumbosacral or cervical radiculoplexus neuropathy**. It is also called as diabetic amyotrophy. It's a relatively rare condition,but having significant morbidity. Usually it affects older persons more than 50 years of age and usually men are affected more than females. They usually presents with severe pain, usually affecting one side in the back, hips or thigh, then it spread to involve the whole limb, other side may affected within weeks to months. Later weakness of the limb with wasting mainly over thigh regionoccurs, most of them have significant weight loss. Patients usually complain of difficulty while climbing stairs, buckling of kness or difficulty in lifting foot while walking. There is characateristic asymmetry in the involvement compared to DSPN where symmetric involvement occurs.

Treatment-induced neuropathy of diabetes mellitus (also referred to asinsulin neuritis) is characterized by theacute onset of severe distal limb pain,peripheral nerve fiber damage andautonomic dysfunction that is precipitatedby a period of rapid glycemiccontrol. It occurs in both type 1diabetes mellitus and type 2 diabetesmellitus patients treated with eitherinsulin or oral hypoglycemic agents.The pain issevere and tends to be refractory to medications. Pain usuallyimproves with ongoing glucose controland typically resolves spontaneouslywithin a year of onset. Autonomicdysfunction is common with this disorder,especially among patients withtype 1 diabetes mellitus.

Diabetic neuropathic cachexia is a partiallyreversible disorder thatpresents withunintentional weightloss and an acutepainful neuropathy inpatients with poorlycontrolled diabetesmellitus. Depression isvery common in them.The presence ofproximal or truncaldysesthesia may be aclue to the diagnosis ofdiabetic neuropathiccachexia.

Diabetes neuropathy can also involve ocular motor nerves and presents with acute onset of pain behind or above the eye, drooping of eyelid and squinting of eyes. This mainlyoccur due to microvascular ischemia of the nerve. Facial palsy can also occur apart from the ocular motor nerve involvement. Cranial neuropathies in diabetes mellitus tend to improve and may resolve over time. A higher prevalence of compressive neuropathies, including **carpal tunnel syndrome** and ulnar neuropathy at the elbow, exist in patients with diabetes mellitus compared with the general population.Patients with diabetes can develop pain and paresthesia over hands which increases during sleep.

In general, the diagnosis of a definite diabetic neuropathy should be based on clinical symptoms, objective neurological signs, and Electrodiagnostic confirmation. Quality-of-life measurements also help us to judge the effect of neuropathy on everyday life.

MANAGEMENT OF DIABETICNEUROPATHY

Currently, no treatments exist thatconvincingly reverse diabetic neuropathies.However, the severity of diabeticneuropathy may be reduced. It isespecially important to identify patientswith pre-diabetes

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Dietary interventions and good exercise may reducethe progression of neuropathy or possiblyeven result in the regrowth of theepidermal nerve fibers

and neuropathysince interventions can be mosteffective in this population. However,management of diabetic neuropathyshould address: (1) treatment of riskfactors (2) a diet and exercise lifestyleintervention and (3) considering administrationof alpha-lipoic acid. Drugs which affect glycemic status should be carefully given. Strict glucose controlcan delay the onset orslow the progression ofdiabetic neuropathy,but there is an increasedrisk of hypoglycemicevents.Improved glycemiccontrol can reduce the progression ofdiabetes mellitus and complicationsthat include neuropathy. Another risk factor thatshould be treated is hyperlipidemiabecause of the association with neuroaxonalinjury.Currently, no evidencefrom a randomized study exists showingthat a lifestyle intervention canreverse somatic neuropathy (efferent and afferent nerves of the voluntarynervous system). However, studieshave shown that an intensive diet andexercise intervention can delay theonset of type 2 diabetes mellitus andmay reduce progression of small fiberneuropathy. Oral treatment with 600 mg of alpha-lipoic acidonce daily was shown to improveneuropathic symptoms and deficits inpatients with diabetic sensory neuropathywhen treated for 4 years.Symptomatic treatment is often thefocus of therapy for diabetic neuropathicpain, but it is important to point out thatlifestyle interventions may also reducethe severity of neuropathic pain.Different medications like tricyclic antidepressants like amitriptyline,nortryptiline,serotonin-norepinephrine reuptake inhibitors like duloxetine,and anticonvulsants like pregabalin,gabapentin are used for the symptomatic management. Narcotic (morphine,oxycodone) and non-narcotic(tramadol) pain medications are usedwhen first-line neuropathic agents areineffective. They should be closelymonitored because of the developmentof tolerance and potential for psychological dependency. Other causes of neuropathy like vitamin B12 deficiency, alcoholism also should be taken into consideration.Patients with insensate feet are especially prone to developing foot ulcerations; education regarding proper foot care is especially important in those with diabetic neuropathy.

CONCLUSION

Diabetic neuropathy is a common disorderwith a diverse presentation. Early diagnosis , good sugar control, blood pressurecontrolall helps to reduce theseverity and slow the progression ofdiabetic neuropathy. Dietary interventions and good exercise may reducethe progression of neuropathy or possiblyeven result in the regrowth of theepidermal nerve fibers. Management of neuropathic pain need medications.

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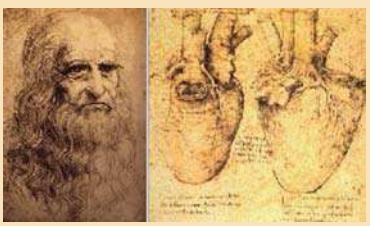
"The heart of a fool is in his mouth, but the mouth of a wise man is in his heart." **- Ben franklin**

A Light Hearted Quiz

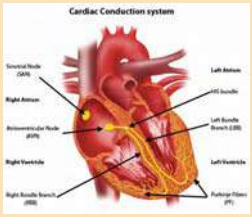
Dr Sajan Ahmad Z
MD DM DNB
Consultant Cardiologist,
Pushpagiri Medical College,
Thiruvalla, Kerala

Like the 12 tasks of Hercules, we have 12 questions for you. The answers are all at the end. Have fun, and get to know more about the heart !



Q1*:* Identify this multifaceted genius who has drawn beautiful and intricate sketches of the heart.

Q2: All of you are familiar with this equipment. What is the maximum BP (Blood Pressure) that can be recorded with this ?



Q3: The normal human heart is a hardworking organ and beats 72 times per minute for you. In the picture given below, identify the 'Pacemaker of the Heart' that generates this rhythm.

Q4: Which is the commonest blood test used nowadays to help in the diagnosis of an acute myocardial infarction (heart attack) ?

Q5: Fill in the blanks. A doctor who performs interventional procedures for patients is exposed to radiation in the Cath Lab everyday . He/she wears …….. aprons to get protection from radiation.

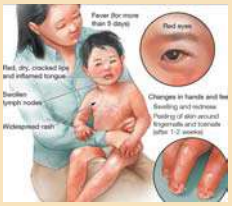
Q6: The Lipid Profile includes Total Cholesterol, LDL, HDL, TG and VLDL. Which among these is considered to be a 'good' component for your heart?

Q7: It is common knowledge that cigarette smoking is a major risk factor for heart attacks, especially among the young. But in addition to this, smoking also harms the people around who are exposed to the toxic effects of the smoke and its contents. This exposure is known as '……..…… smoking'.

Q8: I am a very common disease in India, especially in Kerala. I create trouble not just for the heart, but also for the kidneys, eyes and nerves. Who am I ?

Q9: Obesity is a risk factor for cardiovascular risk. It is quantified medically using the 'Body Mass Index' or BMI, which is calculated by using the person's weight and height. What is the formula for it ?

Q10: A coronary stent is a device that has revolutionised the treatment of critical blocks in the coronary arteries of the heart. How did the 'stent' get its name ?



Q11: I am a disease that affects children. Sometimes I create extra trouble and even cause heart attacks in children. I am named after an astute Japanese Pediatrician who described me, but my name might sound to you like that of a bike/ motorcycle. Who am I ?

Q12: Long before 'Traffic', which Malayalam movie released in 1992 explored the theme of Heart Transplantation ?

ANSWERS

How many did you get right ?

A1. Leonardo da Vinci
A2. 300 mm Hg
A3. SA node (Sinus node or Sino-atrial node)
A4. Troponin (Cardiac Troponin T or I)
A5. Lead apron
A6. HDL (High Density Lipoprotein)
A7. Passive or Second hand smoking
A8. Diabetes mellitus
A9. BMI = Weight (kg) divided by (Height in metre)^2
A10. Derived from the name of Charles Thomas Stent, an English Dentist (1807-1885)
A11. Kawasaki Disease, named after Dr Tomisaku Kawasaki
A12. Ayushkaalam

How to talk to your Doctor

(With health practitioners busier than ever, communication is essential to getting the best care)

At one time or another most of us have complained about feeling dissatisfied with a visit to the doctor's office. When I hear people voicing their concerns, I'm convinced that part of the problem lies in our difficulty about speaking honesty with doctors or health practitioners. Here are tips for conveying your needs, so your time with the doctor is as helpful as possible.

HUMANIZING YOUR DOCTOR

We expect a lot of health practitioners to spend a reasonable amount of time with us, to communicate effectively to be in a good mood and to have answers

to all our medical questions.

If you ask patients whether these expectations are met, some will say yes, but the majority feels let down. Why? It may be that our expectations are unrealistic, or it may be the result of a breakdown in communication. Patients often think of their doctors as infallible, but open conversation can change that. If we see our physicians as ordinary people, our expectation will become more realistic.

For example, when patient vested her doctor for a cold the doctor was annoyed with her for taking up valuable time. The patient was surprised that he would speak to her so irritably. When he so her reaction the doctor apologized. He explained that he had a heavy patient load that week and was also worried about his young daughter, who was sick. The patient realized that perhaps her doctor had a point about a needless visit and that he, too, had personal stresses.

COMMUNICATION DISCOMFORT

Tell your doctor if you feel uncomfortable with any aspect of your care you may be uneasy with groin, rectal or breast examinations, for example. A doctor will unusually

"If Light Is In Your Heart You Will Find Your Way Home." - **Rumi**

understand and try to ease your nervousness. But you might want to think about whether the problem could be your own aversion to invasive procedures, which is not uncommon.

If this is the case, you could try thinking or chatting about other things during such exams. Diverting attention can help both the patient and doctor relax. If however, you still don't feel at ease, it might be time to consider finding another doctor.

FEELING IGNORED OR DISSATISFIED

Expressing how you feel to your doctor is important. However, not everyone is open to hearing your criticism, especially if that person is target. Choosing the right time is important, as is figuring out how to make your point without causing offence. The old adage that you can catch more files with honey than vinegar rings true, as long as sincerity is a critical ingredient.

Suppose you feel your doctor doesn't grasp your symptoms accurately. You decide he or she is being obstinate and unwilling to hear what you have to say, and perhaps you're right. However, you might be able to get your message across by saying, for instance "Doctor, for some reason, I don't seem to be describing my symptoms clearly. I wonder if there is some other way I could describe help in to understand". This would give your doctor an opportunity to recognize that he or she isn't on the same page as you.

EXPLORING YOUR FAMILY MEDICAL HISTORY

You should take note of any changes in your body-such as unusual lumps, rashes or persistent pain-and to be sure to communicate them to your health practitioner

We often forget to inform the doctor about crucial family information that might affect diagnosis, prognosis, intervention and even medical treatment. There are many conditions with hereditary factors, such as heart disease, stroke, mental illness and certain type of cancer. If your doctor knows about these patterns, you can discuss which symptoms to watch for and what preventive steps to take.

Imagine that a patient becomes concerned about her risk of a stroke, so she books an appointment with her doctor to discuss it.

"I had no idea about the history of stroke in my family until my grandfather's last year", she says. "My mother told me that her own grandfather had died of stroke, too"

"I see", says the doctor, taking notes. "I'm glad you're telling me now. Better late than never".

"Then a friend told me that chronic stress can add to the risk", says the patient. "I have a high-stress job, so I began to worry".

"I think it's premature to start worrying", sys the doctor. "A family history of stroke is no guarantee that you'll have one too, and there are lots of things you can due to reduce your risk". She explains some of the lifestyle factor the patient could control, before finishing up by saying, "you were right to tell me about this possibility. It gives me a good frame of reference and means we can work together to keep you as healthy as possible". The patient leaves the doctor's office feeling relieved-and with a lot of accurate information about stroke.

DISCUSSING SYMPTOMS

You should take note of any changes in your body-such as unusual lumps, rashes or persistent pain-and to be sure to communicate them to your health practitioner. It allows for early detection of potentially serious conditions and will give your doctor the opportunity to hear about any worriers you might have.

Often we don't let the doctor know of the upsets and stresses in your personal lives, even though they might contribute to changes in our health. Emotional problems can for examples, aggravate depression, migraines, backaches, fatigue and stomach pain. "Doctors", says a patient, "my headache have become a lot of worse since my wife and separated last month. They're interfering with my work, and I'm finding it difficult to concentrate. I've tried talking over-the-counter painkillers, like you suggested last time, but they don't seem very

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effective. I don't know what to do".

"Oh", says the doctor, "I don't know last the time about all these changes in your life. They could certainly be increasing your tension level, which could be a reason for you headaches. How about if we check a few things?"

As she measures his blood pressure, she asks the patient to tell her more. The patient describes how feel about the break-up of his marriage and the stress of his job. By the end of the visit, he feels more relaxed about his situation.

DESCRIBING HOW YOU FEEL

It can be difficult to describe how you-feel to communicate degrees of physical or emotional pain. Sometimes using a comparison or an analogy might help. Look at the following example:

- "It feels like my shoulder has been pierced by an arrow".
- "My stomach feels bruised".
- "My muscles feel as if there are on fire".
- "I feel a crushing sense of responsibility, as if I'm carryings a heavy bag".

There are many words or images you can choose; the point is to find a way to describe exactly how you feel.

For example, after an accident, a patient felt as if his knee would explode. "I can see that you're in a lot of pain," said his doctor. "Where does it hurt most?"

"Here," said the patient, pointing to the side of his knee.

The doctor gently touched the knee. "It's quite swollen", she said.

"It's burning, throbbing", said the patient. "Please give me something to ease the pain",

"First, tell me how deep the pain is", said the doctor. "Can you describe it?"

"It feels as if a knife is piecing a nerve",

"I see", said the doctor. "Has it been gradual?'

"Yes it started slowly", said the patient. "But then it suddenly got worse",

In this way, the patient gave his doctor a picture of his pain that allowed for appropriate treatment and speedier recovery.

PARAPHRASING

Putting what you hear into your own words is an element of good listening. It's also a great way to check that you understand what your doctor is telling you.

A patient had an active life before she become plagued with chronic pain and low energy levels. She was no longer able to participate in sports and other exercises with the same enthusiasm as before.

Eventually, she found GP who diagnosed her condition as fibromyalgia, which involves chronic sore muscles, tiredness and mental fogginess, along with other symptoms.

"Make sure you stretch before you exercise", said her doctor. "You might also want to reduce the intensity of your exercise regime for now, to see how your body responds".

He handed her some brochures. "Here's some more information you can read when you get home, and we can talk about it some more at your next appointment".

"Okay, let me get this straight", said the patient. "I should take some time away from my regular sports, which are fairly intense. Then I should report back to you on how I'm doing right?"

"Right. Your next appointment should be in two weeks".
"Will that be my last visit?"
"No I think I should follow up with you for the first while", said the doctor.
"There are all kinds of options to explore, such as attending support groups and changing your diet. For now, start with those broachers I've given you".

If we are mindful listeners in patient-doctor exchanges, web can avoid unnecessary frustration and misunderstanding, and experience better result.

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"Loss alone is but the wounding of a heart; it is memory that makes it our ruin." - **Brian Ruckley**

GET THE MOST FROM YOUR CONSULTATION

Most doctors, especially top specialist, spend not more than 10-15 minutes with a patient. These tips will help you achieve a meaningful exchange to get the best out of your doctor's consultation.

Fix an appointment. Do it well in advance and reconfirm. Even if the doctor's office is supposed to inform you in case of a change or cancellation there is no harm in making that call.

Be there on time. Reach 15 to 20 minutes before the appointment time. This will give you enough time to check in and have your preliminary assessment done. Remember that doctors often have clinic at different locations. Reconfirm the date, time and exact place of your appointment.

Write out your questions. Take a few minutes to jot down key questions about your health concerns. These are easy to forget if you rely on your memory alone, very often patients make a list of quries that are irrelevant and in the process important issues are not addressed prioritization of quires always helps.

Be prepared to meet the team doctor first. Sometimes you may be asked to meet one of the team doctors, especially on your first visit. There are lot of things to be put together-from your past medical history to current medication and immediate concerns. Sometimes patients object having to be examined by one whom they consider a 'junior' doctor. However, seeing a team doctor contributes to better and more efficient care because minute details are picked up which could have been missed otherwise.

DO YOU COMMUNICATE WITH YOUR DOCTOR EFFRCTIVILY?

Select the answer that best describes you. The more you check 'Yes' the better the quality of your communication with your doctor 'No' answer indicate areas for improvement.

Do you offer your doctor a complete medical history? **Y/N**

Can you find words to describe your symptoms and how you feel? **Y/N**

Do you get your point across? **Y/N**

Do you make lists of questions to ask your doctor? **Y/N**

Do you understand the advice your doctor given you? **Y/N**

Do you negotiate with your doctor when you have differing opinions? **Y/N**

Do you tell your doctor if you're dissatisfied with the care you receive? **Y/N**

Do you feel satisfied with the service your doctor provides? **Y/N**

Carry your latest report. It will help your doctor understand the test that have been done recently (to avoid repeating testing) and those that need to be updated.

Know your medicines. Bring the list of the current medication your taking. If you do not understand your medication carry the medicine itself. This information is vital for your doctor to treat you.

Avoid distractions. Remember, your doctor is dealing with your medical concerns. Utilize your time for this rather than complaining about the parking. Your feedback is important, but do not waste your consultation time on this. Use feedback forms for this purpose. If you want to be bring something to your doctor's notice leave a note at the end of your

Courtesy: Readers Digest

Hridayapoorvam - Alangad

PROJECT LAUNCH

Hon'ble Speaker P.Sreeramakrishnan launching Hridayapoorvam Alangad project.

Hridayapoorvam -Alangad a joint project of Alangad Grama Panchayat and Heart Care Foundation with the active support ofAlangad Co- Operative bank, Neericode Co-operative bank and Kongorpilly Farmers Co-operative Bank was formally launched on August 05, 2019 by Hon'ble Speaker P. Sreeramakrishnan in a function held at Neericode Bank Auditorium. The project first of its kind in India propose to find the condition of heart of the people between the age group of 30-60 in Alangad Grama Panchayath and prevent heart disease at a very early stage and thereby make Alangad Panchayath free from heart disease. In his inaugural address he congratulated the Alangad Grama Panchayat and the Foundation for taking up such a

"Love is of all the passions the strongest, for it attacks simultaneously the head, the heart, and the senses." - Lao Tzu

Sri. M.K.Babu, Chairman, Hridayapoorvam Alangad project along with Ms. Radhamani Jaisingh, President Alangad Grama Panchayath handing over the project documents.

Launching of the project logo.

unique program for the first time in India and requested everyone to join hands to make this project a grand success. Speaker also touched upon the need for strengthening the Primary Health Centers (P.H.C) across Kerala instead of setting up Medical Colleges and Super Specialty hospitals in every District, since according to him this would detect the early stages of Heart disease. He also exhorted the people to take to nature, since; there is cure for all diseases in the nature.

In the meeting that was chaired by Sri. V K IbrahimKunju MLA, Smt. Radhamani Jaising President, Alangad Grama Panchayath welcomed everyone. Dr. Jose Chacko Periapuram, Chairman, Heart Care Foundation in his Key note address stated that the exponential growth in the number of heart patients both in the urban and rural area actually prompted him to venture into a project of this kind. Dr. Jo Joseph Trustee, Heart Care Foundation went on to explain in detail as to how the project will be implemented and emphasized the need for completing the same on a time frame.Mr.M K Babu Chairman, Hridayapoorvam Alangadhanded over the project proposal to President Alangad Grama Panchayat and Sri.Viju Chullikkad, President, Alangad Block Panchayath released the HridayapoorvamAlangadlogo.

The project first of its kind in India propose to find the condition of heart of the people between the age group of 30-60 in Alangad Grama Panchayath

Dignitaries present offered their felicitations, and Sri.Raju Kannampuzha, Secretary, Heart Care Foundation proposed the Vote of thanks. The Foundation was represented by Dr. Jose Chacko Periapuram, Fr.Austin Mulerikal, Mr. T V Lukose, Mr. S Sivakumar, Mr. Vinoo Devassia, Dr Jacob Abraham, Mr. Raju Kannampuzha, Dr. Jo Joseph, Mr. Dominic J Mechery and Mr. Stephan Pascal. ■■

Screening Camps

HRUDAYATHODOPPAM

Project under

Hridayapoorvam - Alangad

The screening camps under the project Hridayapoorvam Alangad commenced with the first camp held on Saturday December 14, 2019 at Neericode Bank Auditorium. This was followed by the second camp held on January 11, 2020 at SNDP Yoga Auditorium, Koduvazhanga. Both the camps went off very well with fairly good participation. Dr Jo Joseph Cardiologist (Trustee, Heart Care Foundation) made a detailed presentation in Malayalam and explained the relevance of Coronary Risk Analysis Report. Apart from the participants the screening camps were attended by people'srepresentatives, bank officials and the members of the Foundation. The first two camps have covered five wards so far, similar screening camps would be held for the remaining 16 wards in the coming months.

"All the knowledge I possess everyone else can acquire, but my heart is all my own." - **Johann Wolfgang**

Handing over the key of the house

Dr. Jose Chacko Periappuram Chairman, Heart Care Foundation handed over the key of the house to Ms. Leela Prabhakaran who lost her house during the floods of 2018, in a simple yet a touching function at Cheranallore, November 24,2019. The house number 27 in a series of houses built under the auspices of the project 'Thanal' was supported by Heart Care Foundation. The program was attended among others by Mr. Hibi Eden M P, Mr. T J Vinod M L A, Mr. M R Antony Edapally, Block Panchayath President, Ms. Soni Cheku President, Cheranallore Grama Panchyath and Trustees of the Foundation Mr. E P George, Dr Jacob Abraham and Mr. Dominic J Mechery Executive Director.

LAUGHTER IS THE BEST MEDICINE!

A patient walks into his Doctor's office and hands him a note that says 'I can't talk! Help me". O K, says the Doctor. 'Put your thumb on the table'. The man doesn't understand why that would help, but he does what he's told. The Doctor picks up a huge book and drops it on the man's thumb. 'AAAA' the man yells. Good, says the Doctor. Come back tomorrow and we'll work on B.

A Psychiatrist was talking to a new patient. 'Your form says you're here because your family is very worried about your taste in socks. Is that right'?. Yes, that's right, replied the patient. 'I only like woolen socks'. But that's perfectly normal', replied the psychiatrist. 'Many prefer woolen socks to those made from cotton or acrylic. In fact,I myself like woolen socks'. 'You do' exclaimed the patient, 'With oil and vinegar or just a squeeze of lemon'?

A lady brought her cat to the veterinarian. The doctor had her hold the animal on the examining table as he touched and gently squeezed it. He then walked slowly around the table, all the while looking back and forth, back and forth. When he was done, he handed over some medication and presented the owner with the bill. 'What? She cried, One hundred and fifty rupees for two pills? 'Not for just two pills', said the vet. 'I gave her a cat scan too'.

"Nothing can be more hurtful to your heart than betraying yourself." - **Roy T. Bennett**

Raul was agonizing at the hospital, so his family called Father Luis. The Priest came quickly, but when he approached Raul's bed, the sick man started to get worse and waved his arms anxiously indicating that he wanted something to write on. Father Luis gave him a piece of paper and a pencil, and Raul used his last ounce of energy writing a message. Then he passed away. Judging that it wasn't the most appropriate time to read the note, Father Luis put in his pocket for later. The next day he unfolded the note in front of Raul's family, and said: Raul surely wrote this note in an effort to comfort you. Then he read 'Move! You're standing on my oxygen tube!!'

The Doctor finished the examination and was ready to give his advice: 'Quit smoking and drinking and go to bed early every night and get up the crack of dawn'. He said. That's the best thing for you. Frankly Doc, the patient answered, I don't deserve the best, what's the second

The Medical student was shocked when he failed a radiology exam so he approached his Professor and demanded to know what he had done wrong. The professor told him that he had been impressed with an X ray that the student had taken of himself. It was a fine picture of your lungs, liver and Stomach'. He commented. Well, if it was so good, why did you fail me, asked the bewildered student? I had no choice, answered the professor. 'You didn't put your heart into it'.

Walking into his shop, a chemist finds a customer leaning heavily against the wall. 'What's wrong with that man? He asks his assistant. Well the assistant replies. 'He came in this morning to get something for his cough. I couldn't find the cough syrup, so I gave him an entire bottle of laxative.' You can't treat a cough with laxatives' splutters the Chemist. Yes, you can. 'Now he's afraid to cough'.

Good grief, 'you have got the biggest cavity I've ever seen'the dentist exclaimed as he examined a new patient. 'The biggest cavity I've ever seen'. The Patient snapped, 'you don't have to repeat it'. I didn't, replied the dentist. 'That was an echo'.

A junior Doctor, fresh from college, was lamenting to his Chief: 'The accident victim could have been saved, had he told me what his blood group was. Instead, he kept advising me-be positive, be positive…'

We need your help... Let us help those in need together...

Dear Friend, since you are reading this I presume that you either are a Heart Care Foundation member or a member friend has given this to you. Either way, you are very important to this humble movement called Heart Care Foundation and we all are thankful for whatever help your valuable association can bring to the Foundation.

*Let me briefly explain to you the activities of the Foundation. Founded on the World Heart Day, September 29, 2005 and inaugurated by the then Governor Sri. R.L Bhatia, HCF was able to successfully complete several projects related to heart care in Kerala. Our first project '**Save 1000 hearts, 1000 lives, 1000 families**' provided financial assistance to over 1500 needy patients from all over the state, without any discrimination in cast or creed. The next program '**Save a Life, Save a Lifetime**' launched in 2007 has been a big hit among the corporate houses, schools and colleges and we have conducted over 200 training sessions on Basic Life Support–CPR and was instrumental in the installation of AED's (Automated External Defibrillator) at many prominent public centers.*

*Every World Heart Day is celebrated as the inception day of Heart Care Foundation and during the very elegant official function each year, an eminent doctor, selected by an expert panel, is awarded the Heart Care Foundation's **Lifetime Achievement Award**. Another very important activity, '**Hrudayasangamam**' happens twice a year and its primary objective is the rehabilitation of patients who underwent heart surgery during the period. Through general Q&A with senior doctors, physiotherapists and dietitians, the patients are encouraged back in to normal life stream. Family members of the patients form an integral part of this get-together and the experience sharing as well as the general Q&A with the experts helps them realize that their loved one is no longer an invalid. Adding charm to this social gathering is our '**Social Excellence Award**' constituted in memory of our founder member Mr. C V Shanmugam. Selected by another expert panel, the awardeeis an eminent personality that exceled in their respective field of activity.*

*Yet another project is ongoing and is unique as well as ambitious and will help a much larger populace, hopefully covering the entire state. Recently launched by Sri P.Sreeramakrishnan,Honorable Speaker, Kerala Legislative Assembly, '**Hridayapoorvam**', is aimed at making the general public '**Heart care literate**', panchayath by*

HEART CARE FOUNDATION

*"My heart knows what my mind only think it knows." - **Noah BenShea***

panchayath. In a three phased program, people of age group 30 to 60 will be given tests at the local labs and the results will be fed in to a software program developed under the guidance of the HCF. The program will analyze the cardiac risk factor of each result and an awareness session conducted by an eminent cardiologist will make sure that everyone understands their cardiac health. Those with risks will be advised to consult their local physician and others will be given general tips to keep up a healthy, heart friendly life style. We have selected ***Alangad Grama Panchayath*** *as the first locality for the project and response from the people as well as the government agencies has been very heartening. Hopefully, entire Kerala will soon be* ***Heart Care literate*** *in a short while.*

There are many ways to actively associate with Heart Care Foundation. Being a member is the first step. Please get in touch with any member or directly with the HCF office and they will guide you.

We need your help. Let us help those in need together.

Looking forward to your association,

Dr. Jose Chacko Periappuram
Chairman, Heart Care Foundation

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HEART CARE FOUNDATION

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Category Of Membership: ☐ Individual ☐ Institutional ☐ Organization

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Tel. No: ..... Mobile No: ..... E-mail:.....

☐ I Want to sponsor a poor heart patient and enclose herewith a sum of Rs. 25,000/part thereof; and become a member of the Foundation.

☐ I Want to be a subscriber of the quarterly health magazine **'Caring Hearts'** for 3 years And become a member of the Foundation, by paying Rs. 1250/-

☐ I Want to become a member of the Foundation (by donating any amount as affordable)

Please ☑ wherever applicable.

Details Of payment favouring **Heart Care Foundation**, Kochi:

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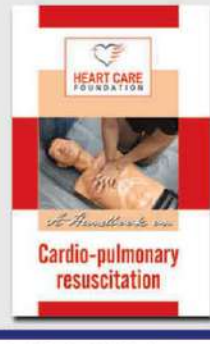

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