

OFFICIAL JOURNAL OF HEART CARE FOUNDATION

January-September 2020 Vol 08 Issue No: 06



CARING

HEARTS



COVID 19

SPECIAL



HEART CARE FOUNDATION

OUR MISSION



ABOUT

HEART CARE FOUNDATION

Heart Care Foundation was established on the World Heart Day of 2005. In a span of over 15 years the Foundation was able to launch and run successfully the following projects in the field of heart care in the State of Kerala.

Save 1000 hearts,
1000 lives,
1000 families

Save a life,
Save a lifetime

Installation of AED's
(Automated External
Defibrillator)

Caring hearts'
a quarterly
Magazine

Heart Bands

Life time achievement award'
for eminent doctors in the
field of Cardiology.

World heart day
(September 29)
Celebration

Hrudayasangamam

Social
excellence award

'Hridayapoorvam,
Alangad'



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

Chairman's MESSAGE

Dear Friends in Heart Care Foundation

I am writing to you during a time when the entire world is going through an unprecedented pandemic which has adversely affected everyone and every organization, one way or another. COVID19 pandemic, which first appeared in the world at the end of 2019, has ravaged us for more than 9 months. Despite the best efforts by the Governments the spread of virus is unabated and it's projected that by end of September 2020, India will have more than 50 lakh cases

and the world would have approximately 3 Crore cases with over 10 lakh deaths. On the positive side, various vaccines are in phase 3 trials in different countries and if everything goes well it is assumed that a vaccine would be ready for commercial use by the first quarter of 2021. Until then all of us will have to take precautions by using mask, washing hands using soap/sanitizer and maintaining social distance. I am confident that the world will get over this crisis too.

Before I dwell further, let me congratulate all the front line warriors that include doctors, nurses, administrators, health workers, sanitary workers and all paramedical staff who have been in the forefront fighting the deadly virus with their untiring work and sacrifice. From the perspective of Heart Care, I would like to inform you that long before the COVID19 pandemic affected us, we have been going through a 'Silent Pandemic' in Cardio Vascular Disease. Infact heart disease is still the leading cause of death world over. The pandemic has brought in two major issues 1) the genuinely sick people with serious heart condition are not able to avail treatment on time due to the restrictions in travel and the fear of contracting the virus. 2) The long lockdown has forced people to stay indoors thus denying them any physical activity. These two developments may see a surge in heart related issues in the coming days. I would therefore urge you to take care of your health and resume moderate physical activities and be careful in your food consumption.

As stated earlier, we will come out of this a lot stronger with many lessons learned during the pandemic. Until I write to you next, take care of your health which is the Number 1 priority at the moment.

Stay Home Stay Safe

A handwritten signature in black ink, appearing to read 'Jose', written over a light blue background.

Dr. Jose Chacko Periappuram
Chairman HCF



Heart Care Foundation

36/117 A 1, Second floor, Lisie Hospital Road,
Kottecanal Junction, Kochi- 682018.
Phone 0484 2406393, Mobile number: 9847006000
Email: mail@heartcarefoundation.com
Web: www.heartcarefoundation.com

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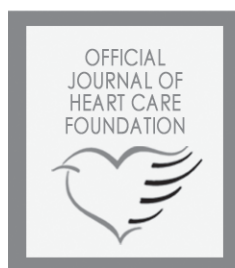
- Mr. Stephan Pascal

Executive Director

- Mr. Dominic J. Mechery

Conceived, Edited & Designed by

- themediafactory1@gmail.com



Heart Care Foundation

36/117 A 1, Second floor,
Lisie Hospital Road, Kottecanal Junction,
Kochi- 682018
Phone 0484 2406393
Mobile number: 9847006000
Email: mail@heartcarefoundation.com
Web: www.heartcarefoundation.com

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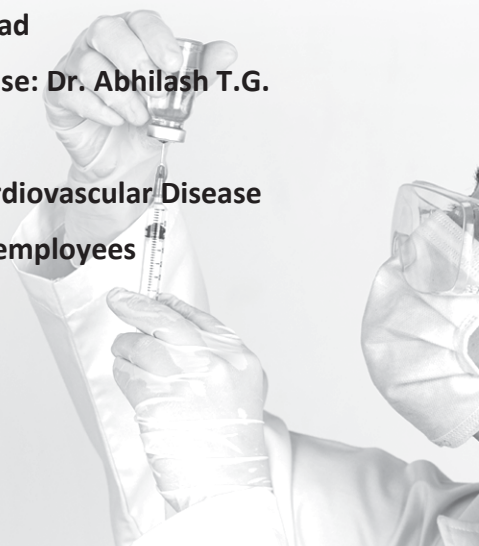
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Mr. Dominic J Mechery
Executive Director

ED'S MESSAGE

COVID 19 pandemic has brought regular activities of all organizations to a standstill; an N G O is no different. In fact NGO's have suffered the most since almost all the activities of an N G O involved close interaction with people. However, we cannot sit idle either in these trying times. While programs involving people directly has to be kept pending we can think of innovative methods to capture the attention of general public and our well-wishers. We understand from media that during these periods' even genuine people who fell sick could not avail of medical help fearing the virus and this is going to be a major challenge once the virus disappears. Even though medical experts speak about a balanced medical care this is not happening, since all the resources is currently concentrating on COVID 19.

The COVID 19 pandemic has brought in unprecedented restrictions and lock downs world over including India. Pandemic also exposed the preparedness in terms of infrastructure, availability of equipment's and medical teams to face a pandemic of this scale, a big learning to all countries even to the developed countries. In India while we went in for a total lockdown in the initial stages, once the same was relaxed the number of persons affected of the virus rose exponentially. While writing this message its projected that number would touch 50 lakh in India by September end.

Our Governments must put their heads together in revitalizing primary care and resuscitating a failing public health system, which was put to extreme tests during the pandemic and is of critical importance in the long run. It is high time the Government make a provision of 5% of its G D P for Public health from its current position of less than 2%.

Please note most of the developed/developing countries spend 10% of its GDP on public health. Further, we should have systems in place to face similar pandemics which is for sure will come back. Also there should be a proper system in place to analyze the data, for example the data on the cause of death in some states is as low as 21%.

We have to learn from the positives of pandemic like this and put in place concrete steps otherwise all what we have learned will be of no use and we may not have many chances.

Dominic J Mechery
Executive Director



Mr. Krishna Kumar P.
Chief Editor

Editor's MESSAGE

Strange times indeed! Entire world is topsyturvy thanks to the pandemic pandemonium. COVID 19 has unified the world like nothing ever has. The virus has become so omnipresent that Caring Hearts also is dedicating an entire issue to understanding COVID and how to live with it.

The last 6 months or so has wreaked unprecedented havoc in our lives, financial and health-wise and for the first time, we witnessed the whole world sit and wring their hands without a clue about something. And everyone became desperate for some good news, any good news.

Like it happens every time when a disaster strikes, we do get a lot of lessons to take home and I think those are the positives that we all should ponder. Containment of the pandemic is definitely being done tirelessly by professionals and let them work in peace, Godspeed. Let us reflect on what has been happening with and within us, on the positive side.

Doctors have been imploring us to change our habits of food and life-style and we used to ignore them blissfully. Now, everyone is overly conscious about their hygiene, food, exercise and social behavior. Have we ever thought of cleaning our hands so much even though we were taught to do so right from our pre-school? Did we ever give any thought to the junk we were hogging from every outlet that we chance upon? Have we ever acknowledged that being a couch potato was really not healthy even though it was drilled into us by all that matter? Have we ever had time for our loved ones even though the means of communication exponentially exploded? Now, thanks to the "new normal" since this March, everything has found a new balance. This definitely is a positive that we should inculcate in future. A lot of values have been re-discovered. Let us not lose them and go back to our old ways please.

Caring Hearts is releasing a special issue this time, obviously on COVID. Apart from Caring just for the Heart, we have requested the best in the Healthcare field to talk to us, on how COVID is affecting their area of expertise and they have been kind enough to contribute articles making this edition of Caring Hearts, another collector's item.

2020 started with so much hope and promises setting a milestone of sorts and we will forever define our lives as before COVID or after COVID. Generations will talk about the pandemic that happened in 2020 and we, the survivors will remember 2020 as the year that changed our lives and our life-styles.

We will remember 2020 for the truly heroic and selfless acts of the health-care workers all over the world who stood tall to take up the challenge of the unknown pandemic, disregarding their own safety.

We will also remember 2020 with a pang for all the lives lost and promise ourselves that we will not let their deaths be just a sad statistic.

Krishna Kumar



The prevalence of paediatric cases is 2% in US and 2.2% in China. Most of the children had exposure to household members with confirmed Covid-19

Covid and Children



Dr. Abraham K Paul,
Senior Consultant Paediatrician,
Indira Gandhi Co-operative hospital,
Kadavantara.

I will highlight some salient features concerning Covid and children.

The prevalence of paediatric cases is 2% in US and 2.2% in China. Most of the children had exposure to household members with confirmed Covid-19.

Signs and Symptoms

Among children with available information, 73% only had symptoms of fever, cough or shortness of breath, compared with 93% of adults aged 18-64 years. Body pain, sore throat, headache and diarrhoea were common symptoms in adults. These were less commonly reported in paediatric patients. Information on hospitalization, status was available for 29% cases in children aged <18 years and 31% cases in adults.

It is observed that children do not always have fever or cough as reported signs and symptoms. They are likely playing a role in transmission and spread of Covid-19 in the community, thus

emphasising the need for strategies like social distancing and everyday preventive behaviours to curtail spread of virus.

Preparedness for reopening and conduct of schools during Covid and post Covid period

It is absolutely important to give correct information to children regarding the pandemic, which is essential to prevent anxiety and fear among children, and decreasing stigmatisation of teachers and children infected. WHO and UNICEF have released a joined document addressing the issues related to prevention of spread of Covid-19 in schools.

Impact of COVID-19 on schools

The resultant impact on the students are:

1. Interrupted learning
2. Poor nutrition - mid day noon meal scheme providing

(Contd... next page)

We are in the midst of a pandemic caused by novel coronavirus SARS-CoV-2.

Fortunately, children have been less affected in terms of both complications and death. Although signs and symptoms are similar to adults, a smaller number of children tend to be asymptomatic.

Coverstory

- significant proteins and calories is unavailable
3. Confusion and stress for parents and teachers
4. Challenges of e-learning and home schooling
5. Gaps in child care and high economic burden for parents
6. Rising exposure to child pornography, sexual management of symptomatic students, teachers and other school staff
4. Communication with parents and students
5. Additional school-related measures
6. Regulations to be followed in Residential schools
- c. Modify the timetable, with some students and teachers attending in the morning session and others in the afternoon session. Another alternative is to have half the students attending on 3 days of a week and the other half on the other 3 days {odd-even plan}.
- d. Consider increasing the



When schools are fully or partially open, COVID-19 prevention and control strategies should be maintained. The recommended actions and requirements outlined in the following section are simple and can be adopted in all schools irrespective of the economic discrepancies

exploitation and domestic violence

7. Social isolation

Measures to be adopted by the school administration

When schools are fully or partially open, COVID-19 prevention and control strategies should be maintained. The recommended actions and requirements outlined in the following section are simple and can be adopted in all schools irrespective of the economic discrepancies.

1. Hygiene and environmental cleaning to limit exposure
2. Physical distancing at school
3. Regular screening and

Physical distancing at school – some tips

Measures given here also addresses the issues of spacing in schools especially staggering the opening hours and modification of timetable.

- a. Maintain a distance of at least 1 metre between everyone present at school.
- b. Increase desk spacing (at least 1 metre between desks), putting dividers in between desks, altering the arrangements like a circular class room, staggering recesses/breaks and lunch breaks (if difficult, an alternative is to have lunch at the desk).

number of teachers, if possible, to allow for fewer students per classroom (if space is available).

- e. Advise against crowding during school pick-up or day care and if possible, avoid pick up by older family or community members (e.g. grandparents) and stagger arrival and/or dismissal times.
- f. Move lessons outdoors or ventilate rooms as much as possible (and try to avoid use of air conditioners, especially central type).
- g. Create awareness to ensure

the students do not gather and socialize when leaving the school and in their free time.

- h. Cancel field trips, assemblies and other large gatherings.
- i. Limit nonessential visitors and reduce congestion in the office.
- j. Limit bringing in students from other schools for special programs (e.g., music, robotics, academic clubs)
- k. Parent teacher meetings can be restructured via phone rather than face-to-face, enabling easier communication both ways.
- l. Discourage staff, students and their families from gathering or socializing anywhere at places like a friend's house, a favourite restaurant, a birthday party or the local shopping mall.

New systems of learning

We need content and delivery systems that harness and utilize technology to its fullest. Looking at these challenges of colleges and schools, various initiatives have come up from the Ministry of Human Resources, Department of Technical Education, National council of educational research and training (NCERT) and NGOs.

Some of the new initiatives are Swayam - online courses for teachers, UG/PG teachers for non-technology courses, e-modules on various subjects. National digital library, google classroom and e-Yantra are

other resources. Swayam portal integrates NCERT textbooks, engineering and non-engineering courses and e-books for students. It is a viable alternative and easy learning to grasp the course. The portal was set up by Government of India nearly two and a half years ago and it definitely endorses the fact that e-learning may not be a distant dream.

Government has created National Knowledge Network, National Project on Technology Enhanced Learning (NPTEL), National Mission on Education Through Information and Communication Technology (NMEICT). These connect easily with institutions and provide the high-speed band network for education institutes.

Efforts need to be made by all of us to make sure PC/ Desktop/ Mobile for end delivery are available to every student irrespective of the strata of society. Giving away laptops to all students studying in 11th standard and above in Tamil Nadu is an example which shows us that this is feasible. Future of education is going to be global teachers, global university, degrees obtainable from reputed universities offering interesting distant learning content and a global outlook. Faculty will also need to stand up to this challenge of integrating technology in their teaching. Accreditation criteria need reconsideration.

Routine vaccination in

COVID-19 pandemic

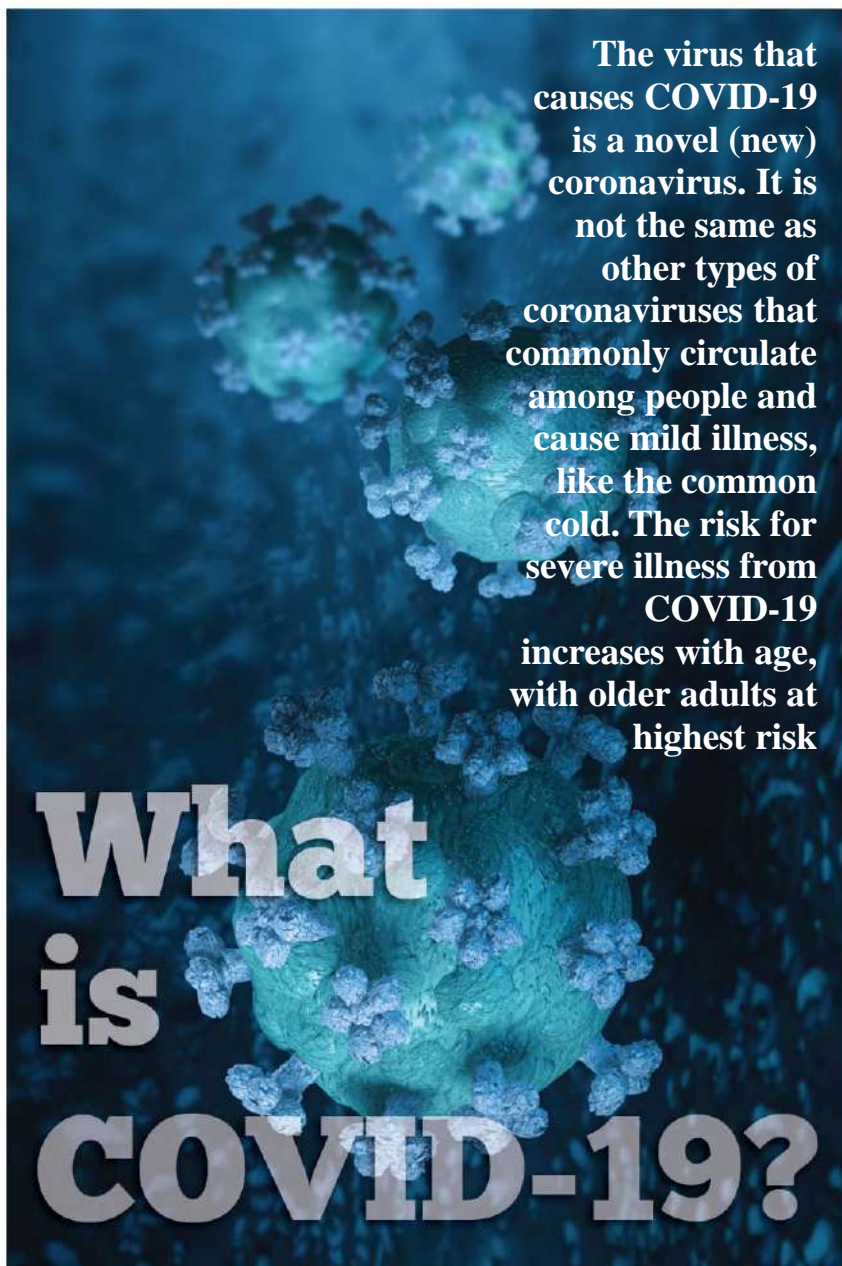
Immunisation has been recognised as a core essential healthcare service, and needs to be continued in a safe manner even during the pandemic. A

healthy child undergoing immunisation does not have any additional risk due to the pandemic. On the other hand, immunisation is going to protect the child against vaccine preventable communicable diseases. Immunisation should be done in separate or segregated OPDs at all levels, be it a private clinic, nursing home or a multi-speciality hospital. The birth dose of vaccines needs to be given before discharge from the hospital. All the vaccines in the first year of life are a priority and should not be postponed. Influenza and varicella vaccines also need to be given. Other vaccines and boosters may be postponed only if logistics do not permit. All mass immunisation activities should be postponed to maintain social distancing measures.

Effects of the pandemic on child and adolescent psyche

Children are being exposed to an information overload and often horrifying news of the effects of the pandemic. They are witnessing high levels of stress and anxiety among the adults around them. Experiences of the new routine of staying cooped up at home; unable to frequent places they have enjoyed, meet friends, play and engage in activities that they enjoyed, have created a sense of insecurity in children even as young as 2 years of age. Therefore, listening to what children believe about COVID-19 is essential; providing children with an accurate explanation that is meaningful to them will ensure that they do not feel unnecessarily frightened, overanxious or guilty.





The virus that causes COVID-19 is a novel (new) coronavirus. It is not the same as other types of coronaviruses that commonly circulate among people and cause mild illness, like the common cold. The risk for severe illness from COVID-19 increases with age, with older adults at highest risk

What is COVID-19?



Dr. Jo Joseph
MD, DM (AIIMS)
Cardiologist,
Lisie Hospital,
Ernakulam

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. Patients with COVID-19 have experienced mild to severe respiratory illness, including fever, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. The

virus that causes COVID-19 is a novel (new) coronavirus. It is not the same as other types of coronaviruses that commonly circulate among people and cause mild illness, like the common cold. The risk for severe illness from COVID-19 increases with age, with older adults at highest risk.

HOW DOES COVID-19 SPREAD?

The virus that causes COVID-19 is thought to spread mainly from person to person, between people who are in close contact with one another (within about 6 feet for 15 minutes or longer) through respiratory droplets when an infected person coughs or sneezes. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose or possibly their eyes, but this is not thought to be the main way the virus spreads. The best way to protect yourself and to help reduce the spread of the virus that causes COVID-19 is to limit your interactions with other people as much as possible and take precautions to prevent getting COVID-19 when you do interact with others. Those steps include wearing a face covering, maintaining social distance of 6 feet and washing your hands frequently. If you start feeling sick and think you may have COVID-19, get in touch with your healthcare provider within 24 hours.

What evidence do we have that wearing a mask is effective in preventing COVID-19?

There are several strands of evidence supporting the efficacy of masks.

One category of evidence comes from laboratory studies of

respiratory droplets and the ability of various masks to block them. An experiment using high-speed video found that hundreds of droplets ranging from 20 to 500 micrometers were generated when saying a simple phrase, but that nearly all these droplets were blocked when the mouth was covered by a damp washcloth. Another study of people who had influenza or the common cold found that wearing a surgical mask significantly reduced the amount of these respiratory viruses emitted in droplets and aerosols.

But the strongest evidence in favor of masks come from studies of real-world scenarios. Because it would be unethical to assign people to not wear a mask during a pandemic, the epidemiological evidence has come from so-called “experiments of nature.”

A recent study published in Health Affairs, for example, compared the COVID-19 growth rate before and after mask mandates in 15 states and the District of Columbia. It found that mask mandates led to a slowdown in daily COVID-19 growth rate, which became more apparent over time. The first five days after a mandate, the daily growth rate slowed by 0.9 percentage-points compared to the five days prior to the mandate; at three weeks, the daily growth rate had slowed by 2 percentage-points.

Another study looked at coronavirus deaths across 198 countries and found that those with cultural norms or government policies favoring mask-wearing had lower death rates.

Two compelling case reports also suggest that masks can prevent transmission in high-risk scenarios. In one case, a man flew from China to Toronto and subsequently tested positive for COVID-19. He had a dry cough and wore a mask on the flight, and all 25 people closest to him on the flight tested negative for COVID-19. In another case, in late May, two hair stylists in Missouri had close contact with 140 clients while sick with COVID-19.

Everyone wore a mask and none of the clients tested positive.

Do masks protect the people wearing them or the people around them?

There’s enough evidence to say that the best benefit is for people who have COVID-19 to protect them from giving COVID-19 to other people, but you’re still going to get a benefit from wearing a mask if you don’t have COVID-19.

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ഹോം ക്വാറന്റീൻ കർശനമാക്കാം.
കൊവിഡിനെ അകറ്റാം!



ക്വാറന്റീനിലുള്ള വ്യക്തിയുമായി സമ്പർക്കം വേണ്ട

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- പത്തു വയസിനു താഴെയുള്ളവർ
- കടുത്ത പ്രമേഹ രോഗികൾ
- രക്താതിമർദം നിയന്ത്രിക്കാൻ കഴിയാത്തവർ
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Coverstory

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Masks may be more effective as a “source control” because they can prevent larger expelled droplets from evaporating into smaller droplets that can travel farther.

Another factor to remember, is that you could still catch the virus through the membranes in your eyes, a risk that masking does not eliminate.

How many people need to wear masks to reduce community transmission?

What the community really want is 100 percent of people to wear masks, but at least 80 percent is needed to get reasonable protection. In one simulation, researchers predicted that 80 percent of the population wearing masks would do more to reduce COVID-19 spread than a strict lockdown.

Even if you live in a community where few people wear masks, you would still reduce your own chances of catching the virus by wearing one.

What are the different types of masks?

Professional Respirators

Called N95 respirators, these medical devices are made to prevent exposure to tiny droplets that can remain suspended in the air. Health care workers who wear them undergo a fit-test to find the right make, model and size to ensure a tight seal. The N95 respirators are currently in very short supply and should be reserved for health care providers and first responders.

Procedural and Surgical Masks

These are loose-fitting masks designed to cover the mouth and nose.

Do surgical masks protect against coronavirus?

Although they are not close fitting, blue, disposable masks are fluid resistant and provide some protection against larger respiratory droplets from coughs and sneezes. Primarily, they prevent the wearer from spreading infectious droplets to others. Like N95 respirators, these masks are used by health care workers whose safety depends on an adequate supply. They cannot be washed.

Cloth Masks

According to the CDC, these masks may help slow the spread of COVID-19, and help keep people who may unknowingly have the virus from transmitting it to others.

Does the type of mask matter?

Studies have compared various mask materials, but for the general public, the most important

consideration may be comfort. The best mask is one you can wear comfortably and consistently. N95 respirators are only necessary in medical situations such as intubation. Surgical masks are generally more protective than cloth masks, and some people find them lighter and more comfortable to wear.

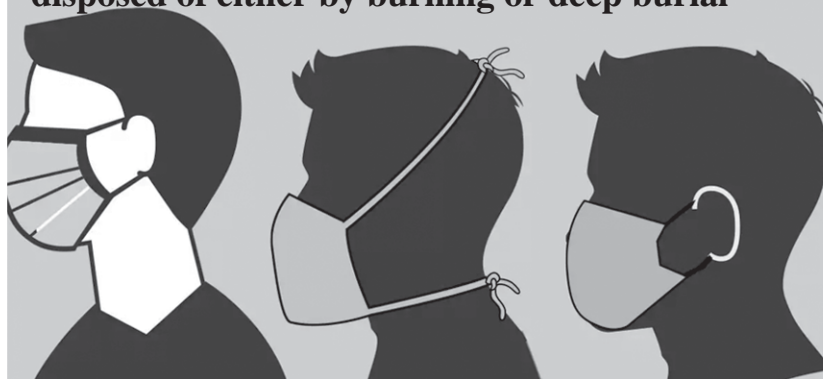
The bottom line is that any mask that covers the nose and mouth will be of benefit.

The concept is risk reduction rather than absolute prevention. Nobody’s taking a cholesterol medicine because they’re going to prevent a heart attack 100 percent of the time, but you’re reducing your risk substantially.

If we’re practicing social distancing, do we still need to wear masks?

A mnemonic that is representative of the policies during this pandemic the “Three W’s to ward off COVID19:” wearing a mask, washing your

Used mask should be considered as potentially infected. Masks used by patients / care givers/ close contacts during home care should be disinfected using ordinary bleach solution (5%) or sodium hypochlorite solution (1%) and then disposed of either by burning or deep burial



hands, and watching your distance.

But of the three, the most important thing is wearing a mask. There's little evidence that fomites (contaminated surfaces) are a major source of transmission, whereas there is a lot of evidence of transmission through inhaled droplets.

What is the correct procedure of wearing triple layer mask?

While wearing a medical mask, the steps given below needs to be followed. If you do not follow them, you may get infected from the mask itself.

These steps are:

- Unfold the pleats; make sure that they are facing down.
- Place over nose, mouth and chin.
- Fit flexible nose piece (a metallic strip that can easily be located) over nosebridge.
- Secure with tie strings (upper string to be tied on top of head above the ears – lower string at the back of the neck.)
- Ensure there are no gaps on either side of the mask, adjust to fit.
- While in use, avoid touching the mask.
- Do not let the mask hanging from the neck.
- Change the mask after six hours or as soon as they become wet.
- Disposable masks are never

നിങ്ങളുടെ മനസ്സ് ക്വാന്റിറ്റിയിലല്ല, മനസിനെ കീഴടക്കാൻ ഒരു വൈറസിനുമാവില്ല.

ക്വാന്റിറ്റിയിൽ സൃഷ്ടിപരമായി എന്തെല്ലാം ചെയ്യാം?

എഴുതാം...

വാചിക്കാം...

വരയ്ക്കാം...

അങ്ങനെയങ്ങനെ
പണ്ടു പഠിച്ചു മനസ്സു പലതും
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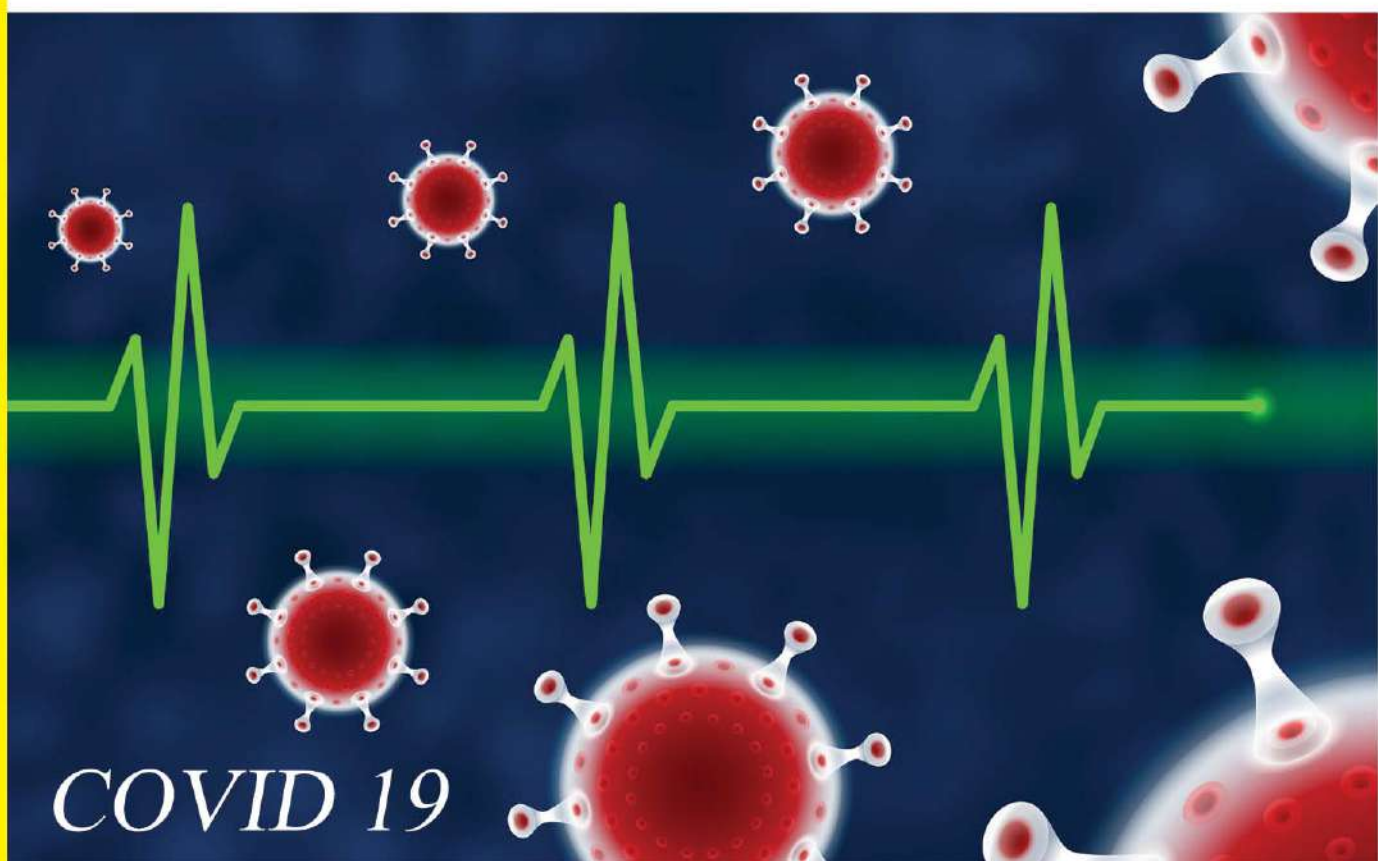
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to be reused and should be disposed off.

- While removing the mask great care must be taken not to touch the potentially contaminated outer surface of the mask
- To remove mask first untie the string below and then the string above and handle the mask using the upper strings.

How to dispose used masks?

Used mask should be considered as potentially infected. Masks used by patients / care givers/ close contacts during home care should be disinfected using ordinary bleach solution (5%) or sodium hypochlorite solution (1%) and then disposed of either by burning or deep burial.



COVID 19

FACTS AND FAQs



Dr. Rajesh V,
Chief Consultant in
Pulmonary Medicine,
Rajagiri Hospital
Chunangamvely
Aluva – 682 112

Introduction

Corona viruses are important human and animal pathogens. By the end of 2019, a novel coronavirus was identified as the cause of a cluster of pneumonia cases in Wuhan, a city in the Hubei Province of China. It rapidly spread, resulting in an epidemic throughout China, followed by an increasing number of cases in other countries throughout the world. In February 2020, the World Health Organization designated the disease COVID-19, which stands for coronavirus disease 2019. The disease was subsequently declared as a global pandemic. The virus that causes COVID-19 is

designated severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Being a disease known to medical science for less than a year, it has to be admitted that understanding on COVID-19 is still evolving.

Magnitude of the problem

Since the first reports of cases from Wuhan, cases have been reported in all continents, except for Antarctica. At the time of preparing this manuscript, global case tally has crossed 30 million with reported deaths nearing 10 lakhs. The reported case counts underestimate the overall burden of COVID-19, as only a fraction of acute infections are diagnosed and reported.

Seroprevalence surveys in the United States and Europe have suggested that actual values exceed the incidence of reported cases by approximately 10-fold or more. India has more than 50 lakh reported cases with above 80000 deaths.

Source of The Virus

The closest similarity of SARS-CoV-2 is to bat coronaviruses, and it appears likely that bats are the primary source; whether COVID-19 virus is transmitted directly from bats or through some other mechanism (eg, through an intermediate host) is unknown. Understanding on the mode of transmission is incomplete. In Wuhan, at the beginning of the outbreak, association with a seafood market that sold live animals was noted, where most patients had worked or visited. However, as the outbreak progressed, person-to-person spread became the main mode of transmission.

Person-to-person spread is thought to occur through close-range contact, mainly via respiratory droplets. Virus is released in the respiratory secretions when a person with infection coughs, sneezes, or talks and can infect another person if it makes direct contact with the mucous membranes (nose, eyes, mouth, respiratory tract etc). Infection might also occur if a person's hands are contaminated by droplets or by touching contaminated surfaces and then they touch their eyes, nose, or mouth. Droplets typically do not travel more than six feet (about two meters). SARS-CoV-2 can also be transmitted through the airborne route (through inhalation of particles smaller than droplets that remain in

the air over time and distance), but the extent to which this mode of transmission has contributed to the pandemic is controversial. Scattered reports of SARS-CoV-2 outbreaks (eg, in a restaurant, on a bus) have highlighted the potential for airborne transmission in enclosed, poorly ventilated spaces.

Period of infectivity

The precise interval during which an individual with SARS-CoV-2 infection can transmit infection to others is uncertain. The potential to transmit SARS-CoV-2 begins prior to the development of symptoms and is highest early in the course of illness; the risk of transmission decreases thereafter. Transmission after 7 to 10 days of illness is unlikely, particularly for otherwise immunocompetent patients with non-severe infection. Infected individuals are more likely to be contagious in the earlier stages of illness. One modeling study suggested that

infectiousness started 2-3 days prior to symptom onset, peaked 1 day before symptom onset, and declined within seven days of symptoms. Infectivity of asymptomatic persons is less known.

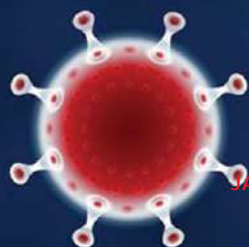
The risk of transmission varies by the type and duration of exposure, use of preventive measures, and the amount of virus in respiratory secretions. The risk of transmission after contact with an individual with COVID-19 increases with the closeness and duration of contact and appears highest with prolonged contact in indoor settings.

Personal protective measures

Considering the global pandemic scenario and community transmission, personal protection advices have been issued by the World Health Organisation.

1. Practice social distancing by avoiding crowds, gatherings and maintaining a distance of six feet (two meters) from others when in public
2. Wear masks when out in public. Most individuals in the community can wear a non-medical mask (eg, a cloth or fabric mask). Individuals who are >60 years old or have underlying medical comorbidities should wear a medical mask, as should those who have symptoms consistent with COVID-19
3. Diligent hand washing, particularly after touching surfaces in public. Use of hand sanitizer that contains at least 60 percent alcohol is a reasonable alternative if the hands are not visibly dirty *(Contd... next page)*

The risk of transmission after contact with an individual with COVID-19 increases with the closeness and duration of contact and appears highest with prolonged contact in indoor settings



Coverstory

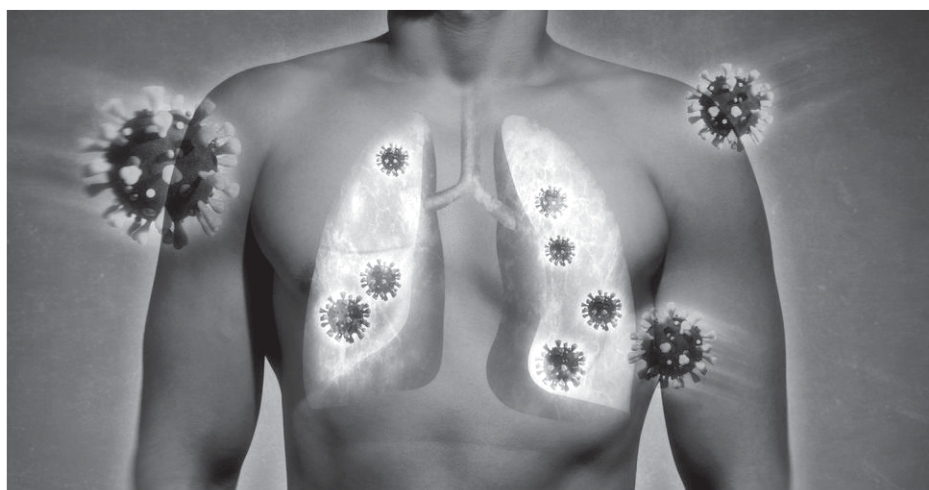
4. Respiratory hygiene (eg, covering the cough or sneeze)
5. Avoiding touching the face (in particular eyes, nose, and mouth)
6. Cleaning and disinfecting objects and surfaces that are frequently touched.
7. Ensure adequate ventilation of indoor spaces.

Symptoms

A substantial proportion of patients infected with SARS-CoV-2 do not exhibit any symptoms or very subtle symptoms indistinguishable from a common viral flu. There are no symptoms that are diagnostic of COVID-19. The incubation period for COVID-19 may be as long as 14 days, with most cases occurring four to five days after exposure. Fever, cough, cold, muscle pain, body pain, headache, diarrhea, and loss of senses of smell or taste, are some of the common reported symptoms. Pneumonia is the most frequent serious manifestation of infection, with approximately 15 percent of patients developing severe infection with shortness of breath and low oxygen levels. Many other complications have been reported, blood clots resulting in heart attack, stroke, kidney failure etc. Mortality rate has varied between 1-5% in general.

The Lung and Covid-19

Pneumonia appears to be the most frequent serious manifestation of infection, characterized primarily by fever, cough, dyspnea, and bilateral infiltrates on chest Xray or CT scan



of the chest. However, other features, including upper respiratory tract symptoms, myalgias, diarrhea, and smell or taste disorders, are also common. Although some clinical features (in particular smell or taste disorders) are more common with COVID-19 than with other viral respiratory infections, there are no specific symptoms or signs that can reliably distinguish COVID-19. However, development of shortness of breath approximately one week after the onset of initial symptoms may be suggestive of COVID-19.

Respiratory failure and acute respiratory distress syndrome (ARDS) are the most dreaded complication in patients with severe disease and can manifest shortly after the onset of breathlessness. In a study of 138 patients with extensive pneumonia, ARDS developed in 20 percent after a median of eight days after the onset of symptoms; mechanical ventilation was implemented in 12.3 percent. Although not noted in the majority of patients, gastrointestinal symptoms (eg, nausea and diarrhea) may be the presenting complaint in some patients.

Diagnostic tests

Diagnostic testing is advised in persons with consistent symptoms who reside in or have traveled to areas with community transmission or who have had recent close contact with a confirmed or suspected case of COVID-19. If possible, all symptomatic patients with suspected COVID-19 should undergo testing. However, limitations in testing capacity may preclude testing all patients with suspected infection; suggested priorities include hospitalized patients and symptomatic individuals who are health care workers, work or reside in congregate living settings, or have risk factors for severe disease. Nucleic acid amplification testing (NAAT), most commonly with a reverse-transcription polymerase chain reaction (RT-PCR) assay, to detect SARS-CoV-2 RNA from the upper respiratory tract is the preferred initial diagnostic test. A positive NAAT for SARS-CoV-2 confirms the diagnosis of COVID-19. However, in many symptomatic individuals, a single negative NAAT result is sufficient to exclude the diagnosis of COVID-19. However, if initial testing is negative but the

suspicion for COVID-19 remains high and confirming the presence of infection is important for management or infection control, we suggest repeating the test. Estimated false-negative rates have ranged from less than 5 to 30 percent. Rapid antigen testing can provide faster results although the detection rate is much lower than RT-PCR. Serologic tests detect antibodies to SARS-CoV-2 in the blood and can help identify patients who previously had COVID-19. Detectable antibodies generally take several days to weeks to develop and hence serologic tests have less utility for diagnosis in the acute setting.

Treatment of COVID-19

The optimal approach to treatment of COVID-19 is uncertain. The suggestions made here are based on limited data and might evolve rapidly as clinical data emerges. Many patients with known or suspected COVID-19 have mild disease that does not warrant hospital-level care. Having such patients recover at home is preferred, as it prevents additional potential exposures in the health care setting and reduces burden on the health care system. The evaluation of hospitalized patients with documented or suspected COVID-19 should assess for features associated with severe illness (severe shortness of breath, low oxygen, extensive pneumonia) and identify organ dysfunction or other comorbidities that could complicate potential therapy.

Patients hospitalized with COVID-19 should receive pharmacologic prophylaxis for venous thromboembolism (blood clotting).

COVID-19 has been associated with thromboembolic complications. Fever should be treated with temperature lowering medicines like paracetamol. Supplemental oxygen should be given for subjects with low oxygen levels. Low dose steroids benefit patients with hypoxia (low oxygen). Oxygen delivery via a high flow nasal cannula device has proved to be beneficial in COVID-19. Lying on the front aspect of the chest (prone position) improves oxygenation in severely hypoxic patients. Non invasive or ventilatory support may be needed in non-responding hypoxia. Nutrition and general nursing care is of paramount importance.

There is a healthy degree of uncertainty on drugs that are effective for COVID-19. Agents that have been tried include hydroxychloroquine and chloroquine, azithromycin,

ivermectin, Favipiravir, remdesivir, tocilizumab, convalescent plasma etc. Institutional protocols are developed by many hospitals taking into account the local prevailing scenario. Growing experience might help us to form evidence based guidelines and universal protocols.

Vaccines

The global crisis created by Covid-19 pandemic has resulted in an unprecedented research effort and global coordination has resulted in a rapid development of vaccine candidates and initiation of trials. There have been difficulties in the development of coronavirus vaccines historically. Coronavirus vaccines in animal models that mimic human disease have been immunogenic but generally not shown to effectively prevent acquisition of disease. Further, there is a concern that vaccination, as with natural coronaviral infection, may not induce long lived immunity and re-infection may be possible. In some ways more concerning has been vaccine associated disease enhancement. Development of new vaccines is a time consuming process and 3-5 years is considered a short time for a new vaccine to be commercially available after initiation of research. In keeping with the primary medical doctrine of “cause no harm”, a candidate vaccine has to go through stringent tests in various phases before it gets approval nod from regulatory bodies. Even with accelerated approval pathways awaiting Covid 19 vaccines, the author is pessimistic with regard to launch of a vaccine in the next year.

In keeping with the primary medical doctrine of “cause no harm”, a candidate vaccine has to go through stringent tests in various phases before it gets approval nod from regulatory bodies





Corona Curbs and the Elderly



Dr. M.C. Nair

Director – Head of Psychiatry
Nair’s Hospital
Kannadikkadu
NH – 66, Maradu
Ernakulum – 682304

Covid 19 pandemic has caused heightened uncertainty and anxiety, more so among the elderly population.

Scary, frightening, uncertain, no end in sight, no treatment, vaccine/ no

vaccine, when, how safe, those above 65 and below 10 not to venture out, SMS (Social distancing, face Mask, frequent wash with Soap), learn to live with corona, social isolation, emotional distancing from dear ones, job loss, pay cuts or no pay are the talk of the ‘new normal’ world. It is no wonder that these uncertainties definitely cause emotional distress in the form of anxiety. This is a perfectly normal response to stress in order to prepare us for fight or flight.

The outpouring information by the overzealous media sows the seed of panic among the vulnerable, especially the ‘senior-most’ citizens adding insult to injury. However the middle aged and even young ones are no exception.

Covid 19, replete with uncertainties,

increases anxiety often to a level beyond one’s control. Notoriously known as one of man’s worst enemies, anxiety wrecks one’s life. Coping mechanism has to do extra work to contain anxiety and we end up losing lots of mental energy battling anxiety. The energy stock gets drained gradually. Brain networks involved in coping anxiety become weaker and ineffective to handle the mounting task. Anxiety which serves positive role in normal stress reaction overwhelms the individual, making him inactive and inefficient, like an autoimmune disorder where our own immune mechanisms work against our body parts.

Manifestations of anxiety, from mild to moderate to severe, appear depending on the efficacy or otherwise of the coping mechanisms.

It has been observed that the quantum of anxiety and its physical and psychological symptoms in affected individuals are directly proportional to the duration and impact of social isolation and fear of virus. Long standing anxiety on its own is disturbing to the sufferer and it can also lead to development of the more debilitating depressive symptoms, if not attended to in time. Very often uncontrolled anxiety can be a silent killer by worsening already existing physical and psychiatric diseases, a fact often neglected to be emphasized.

How to promote wellness and improve emotional immunity?

Be Positive.

Do all that one can to improve the coping mechanisms or in other words emotional immunity. Primarily it should be aimed at reduction of stress and replenishing the energy stock.

Self-esteem, confidence, enthusiasm, energy, and optimism have to be maintained at an adequate level to

help tide over the monotony and improve emotional immunity required in these days of pandemic. Worrying over the uncertainties related to covid 19 will only exacerbate stress which is notorious to reduce immunity.

The older generation has every reason to be proud. They are a treasure house of unlimited knowledge and experience. The fact that they have experienced the best and worst of both worlds should boost their confidence, decision making, help develop positive attitude and enable them to handle stress with ease.

‘Stay connected’ and empower the brain network.

Remain connected with society :socialise well, communicate with friends and relatives, organise groups of like minded individuals, get involved in socially useful activities and make an enriched environment around them, all the while maintaining Covid protocol. This strengthens the fastest network on

earth, the neural network in the brain which is required for coping with stress of life.

Mend your mind through Mindfulness activities

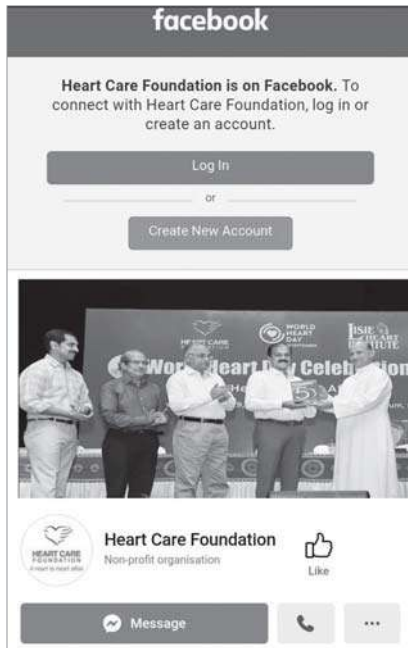
- Reschedule activities of daily living to suit the ‘New Normal’ world.
- Be Busy
- Displace bad thoughts and refill with new / healthy ones. (reading and indoor games can be good tools)
- Concentrate in what you do. Remember the saying “ Work while you work and play while you play” This can help ward off disturbing thoughts.
- Engage in house hold chores, from cleaning to cooking
- Distract oneself through music, humour, TV and Radio
- Limit exposure to disturbing news and videos related to the pandemic.
- Engage in Agri- Horticultural activities, best among the many relaxing exercises. A **‘five in one’** beneficial activity, it ensures physical exercise, emotional satisfaction, poison free vegetables for consumption, mindfulness and improvement of physical and emotional immunity. *(Even if you do not have space for a prayer room, find space for a kitchen garden).*
- Promote one’s hobbies or develop new ones.
- Make **humour** an integral part of life, like salt for curry.
- Moderate exercise every day.
- Ensure adequate sleep.



Self-esteem, confidence, enthusiasm, energy, and optimism have to be maintained at an adequate level to help tide over the monotony and improve emotional immunity required in these days of pandemic

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Coverstory



HCF facebook Page

link <http://www.facebook.com/Heart-Care-Foundation-109454360750328>

HCF ONAM Kit Distributed

Taking into consideration the difficulties faced by the people in view of the COVID 19 pandemic, the Foundation distributed 50 Onam kits which included a variety of provisions for celebrating the Onam festival to the needy people of Karumaloor Panchayath. The Onam kits were handed over to Mr Shiju President Karumaloor Grama Panchayath on August 28, 2020.



>>> Whether our life will be taken away by corona or other illnesses already contracted through our life style, we need to take a dispassionate approach to life for a peaceful exit.

The following is a **poem** on Corona and Covid 19 written by a ten year old child. He has a message to the adults as well.

*The Coronavirus is terrible.
Covid-19 is danger.
But think of what we have done to the Earth.
Isn't that terrible?
The lockdown is a chance to think back.
To what we did to a defenseless planet.

One virus changed the world.
It stopped the outrageous act of humans.
The virus made them feel like the Earth being dirtied.
The humans felt ashamed and promised that they would stop.
Littering, take the earth for granted, and buying unnecessary things.

Covid is not good
But until we stop hurting the Earth
The virus will not stop hurting the humans*

We took everything for granted and we wanted more than what the Earth provided so it decided to punish us with a deadly virus to make us realize our actions, says the ten year old.

HCF Statistics

TOP 10 CAUSES OF DEATH IN INDIA

(Figures in lakh)

Ischemic Heart Diseases	15.4
Chronic Obstructive Pulmonary Disease(COPD)	9.6
Cancer	7.8
Stroke	7.3
Diarrheal Diseases	7.2
Lower Respiratory Infections	5.1
Tuberculosis	4.5
Neonatal Disorders	4.3
Asthma	2.5
Diabetes	2.5
COVID – 19 (as on October 12, 2020)	1.09

Note: All figures except cancer are from WHO's Global Burden of Diseases.

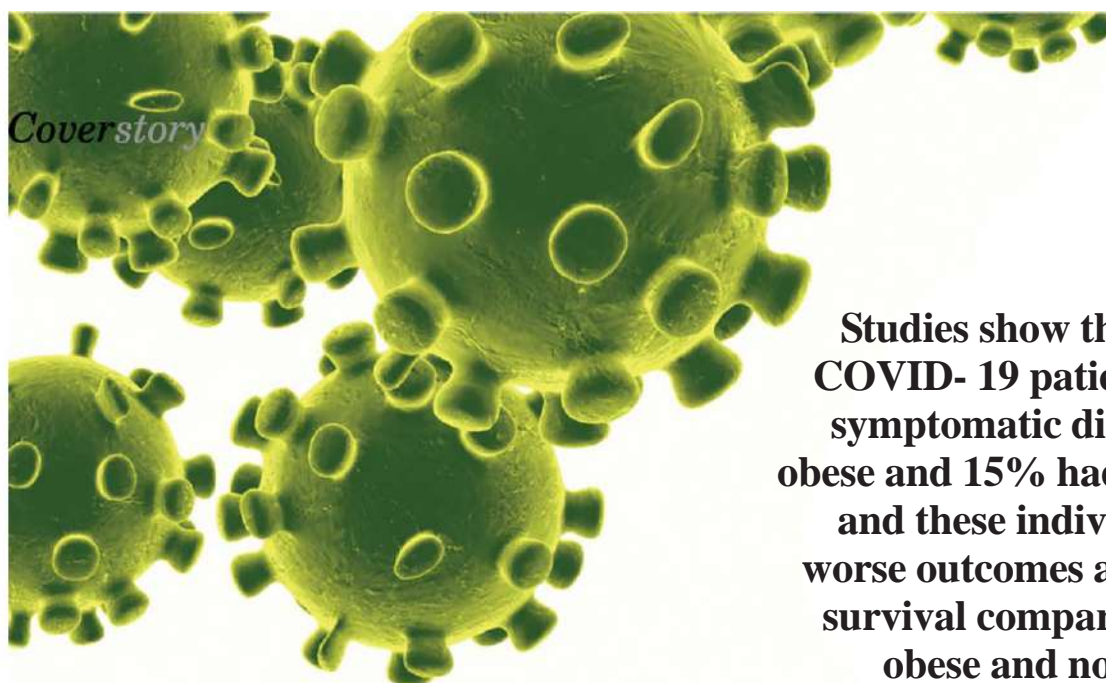
All figures are in annual numbers.

Source: Times of India

Interstate comparison of average Per Capita Spending in 19 Major States: 2004-5 and 2011-12 (in 2004-5 Prices)

State	Total population in crores as per census 2011	Per capita health expenditure2004-5	Per capita health expenditure 2011-12 in 2004-5 prices
Odisha	4.10	179	238
West Bengal	9.10	205	297
Goa	0.15	798	1,790
Gujarat	6.00	187	439
Maharashtra	11.20	348	397
Bihar	10.30	124	183
Chhattisgarh	2.50	-	364
Haryana	2.50	189	353
Himachal Pradesh	0.68	486	970
Jharkhand	3.20	-	307
Madhya Pradesh	7.20	164	328
Punjab	2.70	326	438
Rajasthan	6.80	198	304
Uttar Pradesh	19.90	150	224
Uttarakhand	1.00	-	528
Andhra Pradesh	8.40	216	408
Karnataka	6.10	231	469
Kerala	3.30	319	282
Tamil Nadu	7.20	230	465
Average for 19 States	112.33	230 (All India 304)	465 (All India 312)

Source: Column 1: Census 2011, Column 2: NCMH, Column 3: Expenditures incurred by 19 states under the state budget, the NRHM, the NACP, and the RSBY totalling Rs. 60.4 billion. Note: 1 crore equals to 10 million.



Coverstory

Studies show that 26% of COVID-19 patients with a symptomatic disease were obese and 15% had diabetes, and these individuals had worse outcomes and poorer survival compared to non-obese and non-diabetic individuals

COVID *and* ENDOCRINE



Dr. Jayaprakash P
Consultant Endocrinologist
Medical Trust Hospital
M G Road, Pallimukku,
Kochi, Kerala 682016

The coronavirus (COVID-19) pandemic has impacted human life in many ways. Though caused by a respiratory virus, its infection involves virtually every organ-system in the

body. COVID-19 pandemic has resulted in the biggest disruption to healthcare delivery in living memory. The pandemic has brought the entire world's focus onto health and perhaps as never before, humankind is collectively worried about its health.

There is evidence that people suffering from hormone conditions, such as diabetes, obesity, thyroid disease and adrenal diseases, face an increased risk of complications of COVID infection. Studies show that 26% of COVID-19 patients with a symptomatic disease were obese and 15% had diabetes, and these individuals had worse outcomes and poorer survival compared to non-obese and non-diabetic individuals. COVID-19 patients with obesity, diabetes, and other chronic diseases are more likely to suffer with severe

symptoms, enter intensive care units, as well as have an increased risk of death.

COVID AND DIABETES

Diabetes seems to be a risk factor for acquiring COVID and it definitely increases the risk for complications and death from COVID. Obesity, hypertension, and cardiovascular diseases are common in people with diabetes and are all linked with adverse outcomes. Diabetes is present in 1 out of 3 patients that enter intensive healthcare units, require ventilators, or patients that are non-survivors. On the positive side, patients with good control of diabetes had significantly lower death rates due to COVID-19.

We will try to answer some common questions regarding COVID and Diabetes

Q1: Are people with diabetes mellitus at a higher risk of developing COVID-19 infection?

People with type 1 and type 2 diabetes with poor glucose control may be at higher risk of developing COVID-19, similar to any other infections. If you contract COVID-19, the risk of severe disease can be reduced by keeping glucose and blood pressure under tight control.

Target Blood glucose levels

- Fasting/ premeal - 80- 130 mg/dl
- 2 hours after food - less than 180 mg/dl
- Avoid hypoglycemia - less than 70 mg/dl

Q2: What should I do to avoid getting COVID -19 infection?

All people with diabetes should strictly follow the public health guidelines advocated by the government from time to time. These measures include quarantine/ lockdown advice, social distancing, hand washing recommendations, safe practices while coughing or sneezing, and universal use of the mask.

Q3: What should I do if I develop COVID-19 infection?

The symptoms of COVID-19 are similar to that of the seasonal flu that most of us develop. However, since it is highly contagious, you must isolate yourself and practice measures to avoid spreading it to your family and friends. Please contact the public health authorities, who will give you instructions on how to proceed further. Do not travel to the hospital in your vehicle.

Q4: What should I do with my medicines if I develop COVID-19?

Continue to manage diabetes, just like you were handling it earlier. Do not discontinue or modify any medications without consulting with your doctor. Strictly do not take any

over the counter medications for diabetes or COVID-19, including hydroxychloroquine (HCQS), unless advised by your doctor. Since you may require isolation for suspected COVID-19 infection, make sure that you have enough supplies of your medications (tablets and injections) and glucometer strips for at least a month. Your targets for blood glucose control should be as strict as before.

Q5: I am a person with type 2 diabetes on oral glucose-lowering drugs? How should I manage my diabetes if I get COVID-19?

Please monitor capillary glucose (using glucometer) twice daily and see if you can maintain targets. If you have not made any recent changes in medicines and your HbA1c is less than 7%, you can consider reducing the frequency of glucose monitoring. See where you fit in and decide on the further course of action. If you are a person with type 2 diabetes on insulin, you will need to take all precautions

All people with diabetes should strictly follow the public health guidelines advocated by the government from time to time. These measures include quarantine/lockdown advice, social distancing, hand washing recommendations, safe practices while coughing or sneezing, and universal use of the mask

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Coverstory

similar to people with type 1 diabetes.

Q6: I am a person living with type 1 diabetes on insulin. What should I do if I get COVID 19 infection?

People with type 1 diabetes are at increased risk of wide fluctuations of blood glucose and diabetic ketoacidosis during infections. Keep yourself well hydrated with water or non-sugary drinks. Continue to monitor blood glucose more closely and urine ketones if glucose is more than 250 mg/dl it is advisable to get admitted.

Q 7: Will my treatment of blood pressure, cholesterol, or heart disease change during COVID - 19?

It is advisable to use home blood pressure monitoring and aim for a blood pressure below 140/80 mm Hg. Based on current scientific evidence, all BP medicines are safe, and you should not discontinue any blood pressure medication without discussing it with your doctor. Continuation of drugs that you are using for high cholesterol or heart disease are essential

Q8: What should I take care of my food and exercise during the COVID season?

People with diabetes should follow the healthy diet patterns advised by their doctors and dieticians. Nonspecific unproven remedies that circulate in social media with claims to improve immunity like honey, lemon, and baking soda may be detrimental for some people with diabetes. Please discuss this with your doctor before using these. Exercise has to be continued,

preferably indoor. For outdoor exercises, strictly follow the social distancing protocols.

In brief, people with diabetes should ensure a healthy lifestyle, regular glucose monitoring, and adherence to lifestyle measures and medications during this pandemic.

OBESITY

Obese people have a bad outcome when they contract COVID. Reports have found a strong link between obesity and admission to critical care as well as the use of invasive mechanical ventilation. The high impact of COVID-19 in patients with obesity and severe obesity is probably related to the deleterious effects of obesity on lung function. Obesity is associated with decreased expiratory reserve volume, functional capacity and respiratory system compliance. Severe obesity causes sleep apnea syndrome and in those with increased abdominal obesity, pulmonary function is further impaired by decreased movement of diaphragmatic muscles. So keeping yourself healthy by shedding excess body weight is all the more essential in these COVID times

THYROID DISEASE

Viral infections are known to trigger autoimmune thyroid disease and subacute thyroiditis- a condition causing inflammation and pain in the thyroid along with increased thyroid hormone levels in the body. There are reports of increased cases of thyroiditis in areas where COVID spread was severe. There is no evidence that those with poorly controlled thyroid disease are more likely to contract COVID. However,

it is possible that patients with uncontrolled thyroid disease (especially thyrotoxicosis) may be at higher risk of complications (for example thyroid storm) from any infection. So it is strongly recommended that patients with thyroid disease continue taking their thyroid medications to reduce this risk.

OTHER ENDOCRINE CONDITIONS

People with other endocrine conditions like adrenal diseases, pituitary diseases and gonadal diseases are thought to have a higher risk of developing severe COVID infection if the underlying condition is not treated adequately. So optimal management of these conditions by are essential to prevent morbidity and mortality due to COVID.

Adapted from the Expert guidance on COVID from the Professional Association of Clinical Endocrinologists (PACE), Kerala

Mrudayathoduoppam-the Third Screening Camp-of the project Hridayapoorvam-Alangad



Mrudayathoduoppam-for the benefit of the Alangad Grama Panchayath were held at Goverment L P School, Kottapuram

The third screening camp – Mrudayathoduoppam-for the benefit of Wards 5, 6, 7, & 8 of the Alangad Grama Panchayath were held on Saturday, February 15, 2020 at Goverment L P School, Kottapuram. The camp started at 2.00pm with Mr. P S Jagadeeshan (Ward Member 5) of Alangad Grama Panchayath welcoming all the participants and the dignitaries to the Third screening camp. Ms. Radhamani Jaising President of Alangad Grama Panchayath Mr. M.K Babu, Ms.Geetha Thankappan (Ward Member 6) and Ms. Mini Babu (Ward Member 7) and Ms. Elsa Jacob (Ward Member 8) felicitated. Mr. V A Shamzudeen(Chirangara Residential Association President) proposed the vote of thanks.



After the formal meeting the participants were guided to the counters set up in the hall where the Coronary Risk Analysis Report was handed over. This was followed by a detailed presentation in Malayalam by Dr Jo Joseph on various aspects of

heart condition and the relevance of the report given to the participants and modifications required in their life style. After the detailed presentation the floor was open for queries which were answered by Dr Jo.

The school auditorium was packed with 376 participants who heard the presentation of Dr Jo in rapt attention.

The Camp concluded at 5.00 pm.



Coverstory



Dr Abhilash T G MD DM

Consultant Interventional
Cardiologist
Travancore Medical College,
Kollam

The coronavirus disease pandemic has caused unprecedented stress on individuals, Governments, and the health system. In this article, we will be discussing Covid-19 and heart disease.

COVID-19 is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and was identified in some pneumonia patients in Wuhan city in China. The disease spreads primarily from person to person through small droplets from the nose or mouth, which are expelled when a person with COVID-19 coughs, sneezes or speaks. The most common symptoms of COVID-19 are fever, dry cough, and tiredness. Most people (about 80%) recover from the disease without needing hospital treatment

Important points regarding Coronavirus disease and Heart patients

- Heart disease patients have no increased risk of contracting COVID-19.
- But patients with Heart disease are at increased risk of

Covid 19 and Heart Disease

developing severe disease if they get infected with the virus and the chance of death is high.

- Other high-risk groups are the elderly, patients with diabetes, hypertension, lung disease, patients undergoing cancer chemotherapy, and pregnant ladies.
- COVID 19 can affect the heart in different ways. Decreased oxygen in blood caused by lung infection can cause increased stress on the heart and worsen the existing condition. The body's excessive immune reaction against the virus may affect major organ systems including the heart and cause decreased pumping of the heart

and low BP. COVID -19 can cause life-threatening arrhythmias (irregular heartbeats). Newer reports say that there is an increased chance of blood clotting in COVID-19. Blood clotting in the arteries causes heart attacks, stroke, and limb ischemia. Blood clotting in the veins causes deep vein thrombosis of the leg veins and blood clot in the lungs (pulmonary embolism). In a few cases, the virus may directly affect the heart (myocarditis). Finally, mental stress is a risk factor for heart disease.

- So it is very important to practice SMS (Social distancing, Mask, Sanitizer) both by patients and family members.

Heart disease patients have no increased risk of contracting COVID-19





- Practicing ‘Reverse Quarantine’ by patients with severe heart disease will greatly decrease the chance of contracting the disease.
- Cardiac patients must continue all prescribed medications.
- Routine follow-ups may be done by virtual methods like telemedicine.
- If you develop any symptoms, don’t hesitate to visit the hospital and get evaluated. Sometimes your regular physician may not be available due to working arrangements in the hospital during this pandemic season. It should not prevent you from getting evaluated if you have any symptoms.
- Patients who are taking blood thinners like Warfarin needs to check INR every 4-6 weeks and inform the results to your doctor and make necessary dosage adjustments.
- Some reports were saying certain medicines used for hypertension belonging to ACE inhibitors (Enalapril, Ramipril), ARB (Losartan, Telmisartan) are associated with severe COVID-19 disease. This is not proven and there is no need to stop these medications.
- Drugs like Hydroxychloroquine and Azithromycin used in the treatment of COVID-19 can cause some ECG abnormalities and irregular heartbeats. It is important to seek advice from your doctor and take an ECG before and after taking these drugs.
- There is a chance of reinfection with coronavirus as the immunity acquired by disease is reported to be short-lasting. So it is important to continue preventive measures even if you had a COVID-19 infection.
- It is not advisable to take vitamin and herbal formulations for the prevention of Coronavirus infection.
- Eat well, regularly, and healthily. A diet rich in fresh vegetables and fruit is recommended. Limit calorie intake. Avoid refined sugars and sweetened beverages.
- Avoid smoking and alcohol consumption. Smoking increases the risk of severe COVID disease and heart diseases. Drinking alcohol does not protect against coronavirus and can be dangerous.
- Drink plenty of water unless you are advised fluid restriction.
- Exercise regularly for 30-45 minutes. If you are unable to go outside, aerobic exercises may be performed inside the house.
- Keep a check on your body weight.
- Avoid sitting or lying down for prolonged periods. This increases the chance of blood clotting in leg veins and clot may migrate to the lungs.
- Use virtual methods of socializing.
- Reduce anxiety and involve in a recreational activity like listening to music, reading books, watching movies, painting, etc.
- Try to learn new things via online courses and keep yourself engaged and avoid negative thoughts.
- Avoid negative social media messaging.
- Don’t hesitate to get tested if you have any symptoms suggestive of COVID-19 like fever, sore throat, cough, tiredness, etc as early initiation of treatment is very important.

■ ■

Drop your Car, Get on the Bus Warm your Heart

The idea that drinking eight glasses of water a day is good for your health has been dismissed as a myth.

Scientists say there is no evidence drinking large amounts of water is beneficial for average healthy person, and do not even know how this widely held belief came about. A young woman drinks a glass of water: No benefit in drinking eight glass of water a day, scientists say. Myth: Healthy people do not need eight 8oz glasses of water a day.

Specialist in kidney conditions in America reviewed research on claims eight 8oz glasses of water help flush toxins from the body, preventing weight gain and improving skin tone.

Dr Dan Negoianu and Dr Stanley Goldfarb, of the renal, Electrolyte and Hypertension division of the University of Pennsylvania, said no single study indicate average healthy

people needed to drink this amount of water- a total of 3.3 pints- each day.” Indeed, it is unclear where this recommendation came from”. They say in a review in the journal of the American Society of Nephrology. The researchers did find some evidence that individuals in hot, dry climates, as

well as athletes, need to increase the amount of water they drink. Studies have also shown that drinking lots of water helps the body to clear salt and urea.

But no studies have found any benefit to the organs of increased water intake. DrNegoianu and Dr Goldfarb also investigated the theory that drinking more water makes you feel full and curbs appetite. Peoponents say this may help maintain a healthy weight and fight obesity, but the evidence for this claim remains inconclusive, state the review. No carefully designed clinical trials have measured the effect of water intake on weight maintenance.

Headache also are often attributed of water deprivation, but there is little data to back this up, claim the scientists. Only one small trail has addressed the question, and while trail participants who increased their water intake experienced fewer headaches than those who did not, the result were not statistically significant.

In addition water has been touted as an elixir for improved skin tone. The authors said that dehydration can decreased skin stiffness, no studies have shown any clinical benefit to skin tone as a result increased water intake.

The literature review by Negoianu and Goldfarb reveals there is no clear evidence of benefit from increasing water intake. On the other hand, no clear evidence exists of a lack if benefit. “There is simply a lack of evidence in general.” They explain. On average, the body uses between 1.7 and 2.6 pints (one-1.5 liters) of water daily and more in high temperature or when exercising. This is replaced through drinks but a large amount is also contained in food, so it is not necessary to drink and equivalent amount to replace water level. Too much water can affect the balance of salt in the body causing “water intoxication,” which can be fatal.

ആരോഗ്യകുടുംബശ്രീ നാട്യം

വിടുകളിൽ കഴിയുന്ന രോഗലക്ഷണങ്ങളില്ലാത്ത കോവിഡ് രോഗികൾ (ശ്രദ്ധിയ്ക്കേണ്ട കാര്യങ്ങൾ)

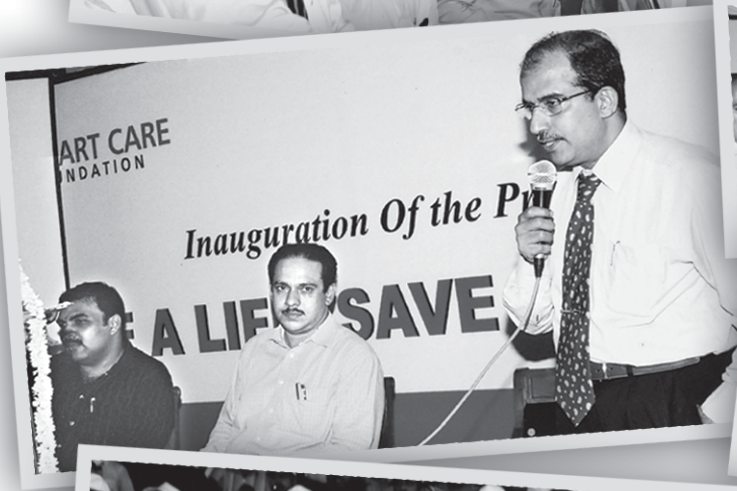
അപകട സൂചനകൾ

ശ്വാസതടസ്സം, നെഞ്ചുവേദന, മയക്കം, കഫത്തിലും
മൂക്കിൽ നിന്നുള്ള സ്രവത്തിലും രക്തം, അതിയായ
ക്ഷീണം, രക്തസമ്മർദ്ദം കുറഞ്ഞ് മോഹാലസ്യം
ഉണ്ടാകുക, കിതപ്പ്

ഇവ അനുഭവപ്പെട്ടാൽ ഉടൻ തന്നെ
ചികിത്സിക്കുന്ന ഡോക്ടറെയോ
തൊട്ടടുത്തുള്ള ആരോഗ്യ പ്രവർത്തകരെയോ
വിവരമറിയിക്കുക

എന്റെ ആരോഗ്യം എന്റെ ഉത്തരവാദിത്തം

റിമേഡിയേഷൻ സെൻറർ
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'Impact of COVID 19 on Cardiovascular Disease'

Webinar on World Heart Day September 29, 2020

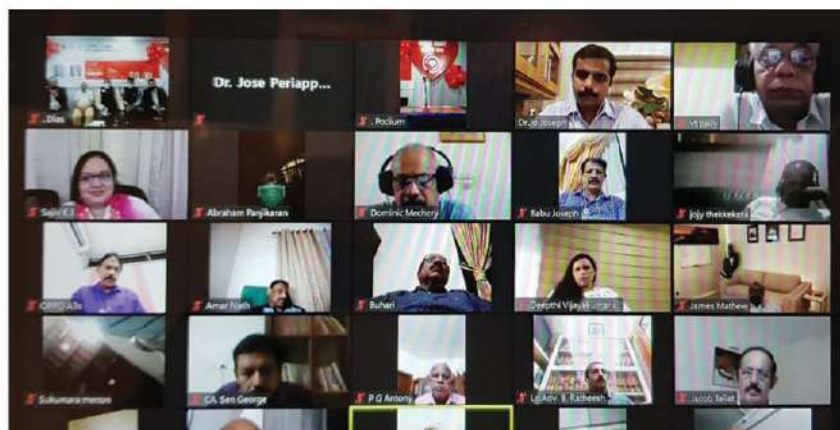


In connection with the World Heart Day the Foundation in Association with Lions Club District 318 C organised a Webinar on zoom platform on the subject 'Impact of COVID 19 on Cardiovascular Disease'. Ln District Governor invited everyone to the seminar and Ln Sajiv introduced the Speakers Dr Jose Chacko Periapuram, Chairman Heart Care Foundation and Dr Jo Joseph Trustee, Heart Care Foundation. Dr Jose set the stage with his imitable introductory remarks. He stated the place Lions club had in the Foundations programs in the initial

days and went on to speak about the COVID which in his words was a disaster. He was of the opinion that a lockdown is imminent for a short period to tide over the exponential growth in the last few days in our State.

Dr Jo then took over and had a detailed presentation with a power point presentation. The presentation was supported by latest data from

across the World on COVID and its adverse affect on heart. COVID had



LIONS CLUBS INTERNATIONAL
District 318C

District Governor
PMJF Lion BALASUBRAMANIAN R.G.
and members of the organizing committee cordially invite you with family to observe World Heart Day in association with Heart Care Foundation

WORLD HEART DAY
Tuesday 29th September 2020, 7pm on Zoom Platform

District Governor

PMJF Lion Balasubramanian R.G.

Chief Guest

Dr. Jose Chacko Periapuram
Chairman, Heart Care Foundation

Impact of Covid on Cardiovascular Diseases

Dr. Jo Joseph
Trustee, Heart Care Foundation

Question & Answer Section

Lion K.V. Varghese MIF
District Secretary
World Heart Day

Meeting ID : 991 2550 9385
Password : 230221

brought down the number of procedures and genuine patients are therefore denied timely help/ assistance. This will have a surge in patients with serious heart conditions. According to him smart phones & AI will have a big role to play in the future of medicine, and tele medicine will take the place for routine check up. He also sees care will migrate to homes. In the changed circumstances the health workers and Doctors are going through tough times both physically and psychologically. Over 7000 health workers have died world over and in India over 600 have died, this puts the health workers at greater risk. The only positive side he stated was that death due to pollution has come down.

He earnestly requested everyone to have a check on the food intake and have moderate workout since, the lockdown and consequent time at home without any physical activity have enabled people to gain weight. Another point he stressed was difficulty in getting treatment of some critical illness like kidney ailment and TB in view of the COVID rush at the hospitals, According to him in short time from now there may not be a specialization but only Covidologist among Doctors.

After the presentation the floor was open for Q & A session. Participants asked several questions on COVID and Cardiology, which was explained in detail by Dr Jo. The Webinar which started at 7,00 pm came to a close at 8.40 pm. In all 230 participants took part in the Webinar. After the official Vote of Thanks, Ln District Governor concluded the proceedings. ■ ■

'Silent Pandemic'

Zoom meeting with TCS employees

Dr Jo Joseph, Consultant Cardiologist & Trustee, Heart Care Foundation addressed the employees of Tata Consultancy Services (TCS) on July 06, 2020 on the topic, 'Silent Pandemic'. The meeting was attended by over 150 participants. The topic which was very relevant in the current scenario was well appreciated by all the participants. The Q & A session was also very lively with active participation of the employees from TCS.

Cardio Pulmonary Resuscitation (CPR)

Basic life support Session held on February 06, 2020 at TCS



The Awareness class and about Basic Life Support- CPR conducted for the staff of TCS Info park was led by Dr. Jacob Abraham (Trustee HCF). Mr. Dominic J Mechery Executive Director, Heart Care Foundation and Mr. Stephan Pascal Program Coordinator H C F assisted Dr Jacob.

Dr. Jacob Abraham gave a brief on Heart Care Foundation and its projects before making a detailed presentation on CPR. The session was well attended by over 150 participants from various Departments of T C S. During the class Doctor narrated real life incidents on the use of CPR and thereby conveyed the need of knowing these skills to the participants.

Doctor took time to answer all the queries of the participants and allowed some participants to have a feel of the real time operation by using the mannequins for demonstration. The session was very lively with participants actively asking questions on various aspects of CPR. Mr. Antony Jose of TCS proposed the vote of thanks. ■ ■

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 awardee is an eminent personality that excelled 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

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.

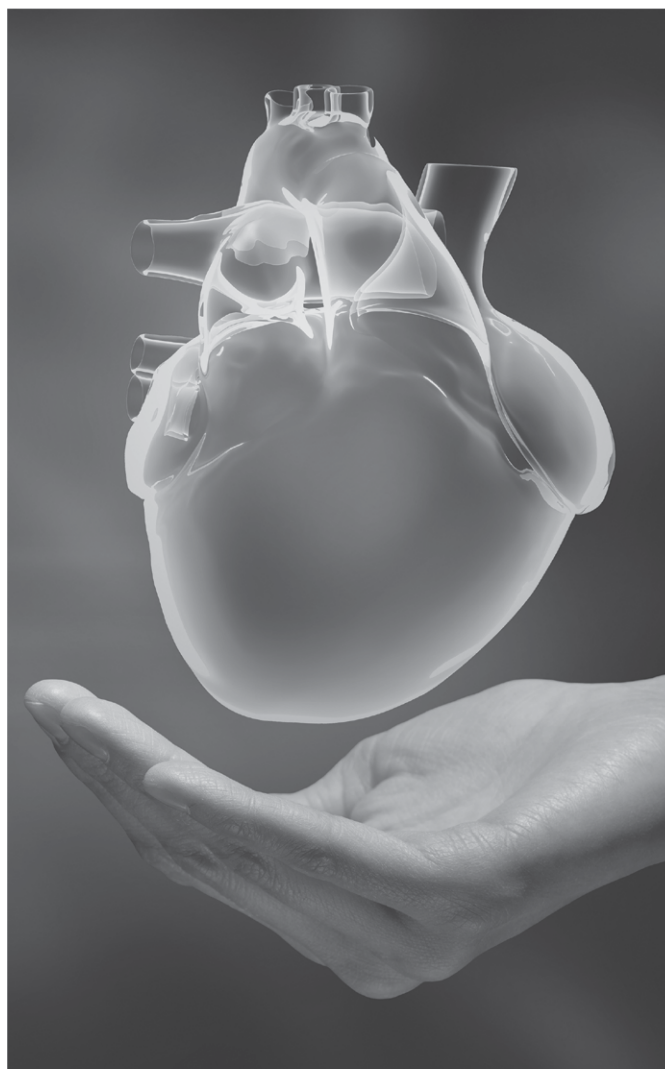
There are many ways to actively associate with Heart Care Foundation. Being a member is the first step. Please get in touch with any member or directly with the HCF office and they will guide you.

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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MEMBERSHIP FORM

Name:

Address:

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

Category Of Membership: ☐ Individual ☐ Institutional ☐ Organization

Name of the institution /Organization :

Address :

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:

Amount (Rs) : DD/Cheque No:

Dated: Drawn on Bank: Branch:

Place & Date: Signature:

For Office Use only:

Membership No:

Receipt No:

Fill this coupon and post with your payment to:

Heart Care Foundation, 36/117 A 1, Second floor, Lisie Hospital Road, Kottecanal Junction, Kochi, Kerala - 682018
E-mail: mail@heartcarefoundation.com, Web: www.heartcarefoundation.com
Tel: 0484-2406393, Mob: 9847006000

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Heart Care Foundation

36/117 A 1, Second floor,
 Lisie Hospital Road,
 Kottacanal Junction,
 Kochi- 682018
 Phone 0484 2406393
 Mobile number: 9847006000
 Email: mail@heartcarefoundation.com
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