RNI No.: UPENG/2014/59232

A COMPLETE HEALTH JOURNAL

Double Helical

February 2018

VOL IV, Issue III, Rs. 100

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Double Helical is owned, printed and published monthly. It is printed at Polykam offset, Naraina Industrial Area Phase 1, New Delhi-110028, and published from G-1, Antriksh Green, Kaushambi, Ghaziabad-201 010.
Tel: 0120-4219575, 9953604965.
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Raising awareness about significant issues confronting Indian healthcare

Dear readers,

Over the past seven decades, we have witnessed path-breaking changes in terms of innovation, research and development in the medical field. With seminal contribution to the furtherance of medical science, Indian doctors and medical experts have made their country proud in the eyes of the world.

On such a positive note, we take pride in raising awareness about significant issues confronting Indian healthcare by means of producing a wide range of interesting, in-depth and analytical stories encompassing the latest trends and advancements in medical science. We hope you would appreciate our humble efforts, like every month, after reading the current February,2018 of your magazine Double Helical which carries a comprehensive package – enriched with analysis and expert viewpoints – an approach to cure many incurable diseases by holistic medicine.

As a part of cover story entitled "Mission Total Wellness" we highlight Dr R K Tuli's view on present trends of Holistic Medicine and its acceptance across India. According to him, all wise people think, talk and wish to adopt Holistic Medicare for their Health!!Days of exclusive dependence on allopathic medicine are over! "Holistic MediCARE is an all-inclusive integrated 'synergy' of natural, drug-free, harmless, but highly efficient modalities of Western, Indian, Chinese & New-Age systems of Medicine for care of each human being as a whole, body-mind-spirit."

It is being increasingly recognized world over that it would never be possible to meet all the health expectations of the humanity with the exclusive allopath based conventional model of healthcare. The World Health Organization (W.H.O.) recommends and our National Health Policy has promulgated integration of all the recognized systems of medicine. According to official statistics, in spite of all the technological advances and availability of world class medical care in our country over the last three decades, the incidence of all common diseases whether Diabetes, Hypertension, Coronary Artery Disease, Cancers, Autoimmune Disorders, Respiratory Diseases or Psychosomatic Disorders has increased 3-4 times more in the last thirty years.

Therefore, the healthcare services in the country have to grow beyond inherent limitations of the so called evidence based modern technology. An ever increasing number of people wish to explore benefits of time honoured traditional, or alternate systems of health which are natural, drug-free, harmless, highly reproducible, having helped the humanity and survived over thousands of years.

The good news is that we, now, have very rich expertise available to complement the best of drug-based specialities of medicine with various non-conflicting drug-free modalities of recognized systems of health to 'Eliminate all Sickness' from its root cause and restore Positive Health and Total Wellness 'Body, Mind & Spirit.'

It is a board certified specialty in the U.S. for nearly two decades, and is catching up very fast amongst the developed nations. Therefore, it's high time that we adopt it into our health care and make our living years happy and productive.

This approach to health matches up to our Vedic concept that health is the greatest wealth, and we need health whether to achieve personal, financial or spiritual growth, and even moksha. It is guided by the ancient CharakaSamhita which states that life is the combination of the body, the senses, the mind and the 'atma'; they cannot separated from each other, from this Integration ensues 'ayush'.

Another special story entitled "Womb on Rent" describes how over the years, the process of using a surrogate mother has become a way for parents to have a child by using a third party to carry the child until birth.

One of the key issues is the surrogacy procedure itself. While the process makes it possible for parents to have a child that possesses genes from one or both "biological" parents, it can also put in motion many emotional and psychological ups and downs for the intended parents.

In addition, even if both parents of the child are on board with using a surrogate mother, there are instances where it may be difficult to family members that this is the right choice. Therefore, it is essential to take the time to thoroughly think through the entire surrogacy process and to consider all of the pertinent factors before moving forward.

The process of choosing who will act as the surrogate mother can also bring up some controversy. In some cases, the biological parents may opt to use a friend or relative for this role. This, however, could cause some potentially negative issues down the road if not handled correctly medically, emotionally, and legally.

The biggest advantage to the surrogacy process has the potential to outweigh any of the disadvantages in that regardless of the time, cost, and other factors that are involved, a loving parent or parents will soon have a child to love.

What is Surrogacy?

Surrogacy is the practice where another woman carries and gives birth to a baby for a couple who want to have a child. It might become necessary in case of absence or malformation of the womb of the lady, recurrent pregnancy loss, or repeated in vitro fertilization (IVF) implantation failures.

But it does not allow surrogacy to the people like homosexual couples, single parents, couples in live-in relationships, foreigners and couples with children (biological or otherwise). The cheap availability of labour coupled with high international demand has fuelled the growth of this industry. However, there was no legislative backing to surrogacy and the legal aspects over it seemed to be rather unclear, unsettled and vague.

Surrogate mothers receive medical, nutritional and overall health care through surrogacy agreements. There are many more stories.

We hope you will enjoy reading the current issue!

Warm regards,
Amresh K Tiwary,
Editor-in-Chief

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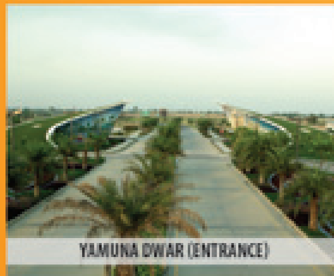
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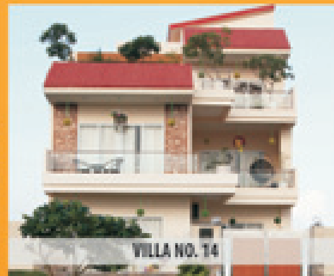
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Accessible and Sustainable Hearing Care

By Team Double Helical

In collaboration with World Health Organization and Ministry of Health and Family Welfare, Department of Community Medicine, Maulana Azad Medical College and Associated Hospitals, New Delhi recently organised the international consultative meet on accessible and sustainable hearing care for South East region.

The international consultative meet commenced with the inaugural session during which Dr. Suneela Garg, Director Professor and Head, Department of Community Medicine, Maulana Azad Medical College, briefed the participants on the status of hearing care in India and the barriers and challenges in primary ear care and the highlights of the agenda of the consultative meet. Dr. Suneela Garg in her concluding remarks recommended the use of systems approach in primary ear care in India. She stressed on the need for formation of linkages between the public sector, private sector, NGOs and other related professional bodies and the need to adopt an integrated approach in primary ear care in order to improve the status of primary ear and hearing care in India. State representatives were informed about the EHCSAT tool available on the SH2030 website.

Dr. A.K. Agarwal, former Dean, Maulana Azad Medical College and Addl. Director General, New Delhi, spoke to the participants on the need for focussing on prevention of hearing loss and filling of gaps in primary ear health care in the country. He stressed on public private partnerships as an important strategy to provide primary ear care for all.

Dr. Promila Gupta recommended that apex medical colleges should provide handholding for the programme in the States and they should be sensitized about the NPPCD programme.Dr. S. Ramji, Dean, Maulana Azad Medical College, in his inaugural address spoke on the need for implementing primary level ear care, capacity building of grass root level workers and inter-sectoral coordination to ensure availability of ear health care service delivery throughout the country. Dr. Patanjali Nayar, Regional Advisor for Disability, Injury Prevention and Rehabilitation (DPR), SEARO, New Delhi, in his address highlighted the importance of the National Programme for Prevention and Control of Deafness (NPPCD) including the Sound Hearing 2030 initiative and how it should be replicated in other countries, especially in South East Asian Region, to reduce the burden of avoidable hearing impairment.

Dr. Promila Gupta, Deputy Director General (Blindness and Deafness), Mnistry of Health and Family Welfare, Directorate General of Health Sciences, discussed how the consultative meet would help in bringing about new ideas and boost the NPPCD programme in our country.

Sunil Sharma, Joint Secretary, Mnistry of Health and Family Welfare briefed the participants on the need to integrate ear health care with the maternal and child

health care programme and also stressed on neonatal screening for hearing defects.

Dr. Pragya Sharma, Professor, Department of Community Medicine, Maulana Azad Medical College, spoke on the World Health Assembly Resolution on hearing loss and the objectives of the consultative meet. The important aspects highlighted in the presentation were accessibility to ear and hearing care, universal access to prevention and screening programmes in respect of primary ear and hearing care, integrating strategies for ear and hearing care within the primary health care systems framework, capacity building by training human resources in the field of ear and hearing care and improved access to communication materials by promoting alternative methods such as sign language, captioning etc.

The objectives of the meet were to sensitize all the participants towards primary ear and hearing care and its operationalization in SEAR and Indian context, identify the barriers and challenges for prevention of hearing loss and deafness and development of a road map for strategic implementation.

Dr. Suneela Garg spoke on Primary ear and hearing care, the global burden of hearing loss and the changing scenario. She spoke about the rising number of cases of hearing loss and the need to understand better the burden of hearing loss in the community. She also spoke on the important causes of hearing loss for which primary ear care services should be made available in the country. One of the key recommendations made was to develop human resources for providing primary ear health care throughout the country and to make the stakeholders aware about the global and country wise burden of hearing loss.

Dr. A.K. Agarwal made his presentation on the barriers and challenges in implementing primary ear and hearing care in India, during which he discussed the issues of gender, lack of awareness, misconceptions regarding ear conditions, role of culture, poverty and stigma associated with ear health care. It was recommended by the speaker that school children should be made aware of common ear conditions and how to prevent them. Dr. Shelly Chadha, Technical Officer, Prevention of Deafness and hearing loss, World Health Organization, made her presentation through video-conferencing on primary ear care and the WHO perspective on strategies towards prevention and control of deafness. Dr. Chadha stressed on the importance of making ear and hearing care accessible to all. Key recommendations included development of primary ear care and referral services at the community level and to form linkages between the community, public health sector, NGOs, WHO and other associated professional bodies.

Dr. Patanjali Nayar, Regional Advisor for Disability, Injury Prevention and Rehabilitation (DPR), SEARO, New Delhi

spoke on the need for strengthening primary ear care in South East Asian Region. In his presentation Dr. Nayar discussed how large the problem of hearing loss is in the South East Asian Region in comparison to Sub-Saharan Africa. Key recommendations were to make available the products listed under the WHO's priority assistive products list at subsidized costs to the community for reducing the burden of hearing loss. The need to use resources judiciously was emphasized on. Dr. A.K. Agarwal recommended the development of affordable hearing diagnostic tools.

Dr. Nitin Nagarkar, Director, AIIMS, Raipur deliberated upon the status of primary ear and hearing care in the South East Asian Region. Dr. Nagarkar recommended the promotion of health education as a measure to prevent and control deafness. It was recommended by the chairperson that health personnel such as midwives and ANMs need to be trained on providing primary ear care. Dr. Sara Varghese, National Director & Managing Trustee, CBM addressed the gathering on the importance of strengthening primary ear and hearing care in the countryDr. Promila Gupta discussed the National Programme for Prevention and Control of Deafness and its operationalization. The presentation touched upon the magnitude of hearing loss in our country, goals and strategies of the programme.

Dr. Suneela Garg suggested that medical colleges and the Department of Community Medicine should undertake supervision and monitoring of the programme as it is being done in Maternal Death and Surveillance Response (MDSR). Dr. M.M. Singh, Director Professor, Department of Community Medicine, Maulana Azad Medical College made his presentation on the epidemiology and risk factors of hearing loss in context of developing countries. Issues such as the paucity of national survey data on hearing loss was highlighted in the session. Key recommendations included use of mobile applications for assessing hearing loss in remote areas. Other recommendations included the maintenance of a deafness register for the country and to encourage undergraduates and postgraduates to undertake research on the prevalence of deafness in the community.

Dr. Rakesh Srivastav, chairman of IMPACT, Nepal shared the experience of IMPACT in providing primary ear and hearing care to the community in Nepal. He also elaborated how the organization was conducting mobile ear surgery camps as tertiary level care. Key discussion points included the risk of acquiring postsurgical infections in this camp based treatment approach and the sustainability of such an approach, the need for creating manpower for

providing primary ear care such as audiology and otology assistants and ear care workers and the need to develop a strategy to prevent ear care problems for Nepal.

Dr. Kamrul Hasan, Professor and Head, ENT, Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka, Bangladesh spoke on the status of primary ear care in Bangladesh. He shared that a National Institute of ENT is under construction in Bangladesh and that the Government has plans of capping the price of hearing aids being distributed in the country. Also screening activities are being undertaken in the high-risk occupational groups for hearing defects. Key discussion points include the barriers faced by the country in providing primary ear care, which comprised of mostly administrative and political issues. Dr. A.K. Aggarwal commented on the training programme for audiologists in Africa and Germany and the need for our country to undertake similar capacity building for primary ear care service delivery.

Dr. Nyilo Purnami, Lecturer and Coordinator of Research, faculty of Medicine, Airlangga Universityin Surabaya, Indonesia spoke about the Indonesian National Committee on prevention of hearing loss and deafness (Komnas PGPKT) and the activities undertaken to achieve the goal of Sound hearing 2030. The main activities undertaken by the Indonesian National Committee include National Campaign of Deafness Prevention for high-risk population and for general population, Less Noise City initiative to reduce noise in public areas and Lets Make Listening Safe initiative through KRSB (Kampanye Remaja Sadar Bising - Noise Awareness Campaign for Teenager), spreading awareness on the danger of excessive noise in adolescents through promotion media such as printed/electronic media, talk show, fun walk, Car Free Day during World Hearing Day and NAD (Noise Awareness Day).Coordination between the government, NGOs and other bodies was recommended for better functioning of the programme in the country.

Dr. Khin Khin Phyu, Professor and Head of the Department of ENT, University of Medicine, Mandalay, Myanmar and Project Manager of the Prevention of Deafness Project, Myanmar spoke on the Prevention of Deafness Project. The screening of young school students for hearing defects has been planned for in the near future. Lack of resources and manpower was stated as one of important barriers faced by the country.

Dr. Pankaja Raghav, Professor & Head, Department of Community Medicine and Family Medicine, AIIMS, Jodhpur spoke on the activities undertaken by AIIMS, Jodhpur in the field for strengthening primary ear and hearing care. The need to undertake studies on noise induced hearing loss in the community emerged as an important recommendation. Dr. Ritesh Singh, Associate Professor, Dept. of community medicine, College of Medicine and JNM hospital, Kalyani, West Bengal spoke on public private partnership in primary ear and hearing care. Some important recommendations included provision of funds by the government for conducting research in primary ear care, introduction of certificate courses and capacity building to provide ear care services in the community. Recommendations made by other participants were involvement of NGOs to support the programme and evaluation of the role of RBSK for screening hearing defects and development of referral systems for complicated cases.

Dr. Nandini Sharma, Director Professor, Department of Community Medicine, Maulana Azad Medical College, spoke on the role of IEC in Primary ear and hearing care. The process of designing, developing and validation of the IEC material was also discussed in great detail. The IEC material including flip charts designed by the Department of Community Medicine for usage by community level health workers on ear care and detection of hearing loss were displayed during the presentation and explained in detail by Dr. Suneela Garg.

Dr. Rohit Mehrotra, Professor of ENT, Director of Mehrotra ENT Hospital, Ashok Nagar, Kanpur, spoke on the integration of otology and audiology and the initial experience with ear care workers in the State of Uttar Pradesh and on the Shruti programme. He stressed on the need for having an otology and audiology team under one roof to ensure better management of childhood hearing loss, idiopathic sudden sensorineural hearing loss and

tinnitus and cochlear implants. The major challenges faced in the field of ear and hearing care in the State of Uttar Pradesh were the lack of skilled manpower and infrastructure in the government sector, large burden of CSOM and hearing loss in both children and adults and highly priced services offered by the private health sector.

Dr. J. C. Passey, Medical Director-LNJP Hospital, New Delhi, presented an update on Otitis Media in which he discussed the barriers faced in its treatment and recent advances in treatment in the fields of microbiology, biofilm study, vaccines, genetics and drug delivery. He mentioned how these recent advances offer the potential for better treatment in the future.Dr. Achal Gulati, Director Principal and Director Professor of ENT, Dr. BSA Medical College, New Delhi, spoke on the rehabilitation strategies for hearing loss. The need to select affordable and good quality hearing aids was stressed upon.

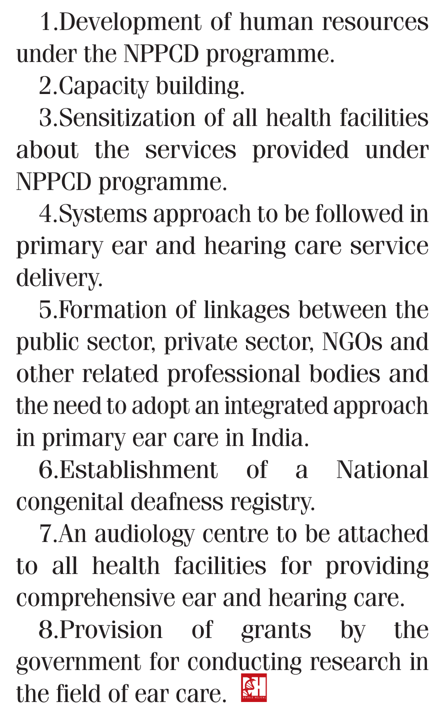
Shilpi Narang, Special educator, Alps International, New Delhi, made a presentation on 'Parents, the essential partners in the rehabilitation of children with hearing impairment'. She discussed the role of special educators in counselling of parents of children with hearing loss and described the various methods of rehabilitation for children with hearing loss. Dr. Nishi Gupta, Associate Medical Director and Head, Dept. of ENT, Dr. Shroff's Charity Eye Hospital, New Delhi, spoke on the role of tele-otology in primary ear and hearing care and the activities undertaken under the Shruti programme by Medtronics. Challenges faced in the programme included conducting door-to-door survey by the health workers and the involvement of parents in the programme for screening of ear defects and hearing loss in their children.

Dr. Saurabh Varshney, Professor and Head, Dept. of ENT, AIIMS, Rishikesh spoke on the need for neonatal hearing screening and prevention of congenital hearing loss. Chairperson Dr. S. Ramji stressed on home delivery as an important barrier for screening of neonates for hearing loss.The status of NPPCD and Primary ear and hearing care in the states of Andaman & Nicobar Islands, Arunachal Pradesh, Assam, Chhattisgarh, Goa, Kerala, Manipur, Sikkim, Andhra Pradesh and Mizoram was shared by the respective State Nodal officers and representatives of the state.

Dr. A Subramaniam, SNO (NPPCD), Andaman & Nicobar Islands shared an update on the current status of the NPPCD programme in the State of Andaman & Nicobar. During his presentation he spoke about some important challenges faced by the State in the functioning of the programme, which included, the varied topography of the State, lack of health personnel and

NGOs working in primary ear care. Dr. Sankaranarayanan, Professor of ENT, Madras Medical College, Chennai, presented the progress of NPPCD in Tamil Nadu. He spoke about new initiatives undertaken in the programme such as the compulsory new born screening programme that has been begun in two districts and will be extended to other districts, capacity building and manpower training development. The key recommendations included establishment of a National congenital deafness registry, standardization of the cost and quality of hearing aids and cochlear implants being used in the programme, recruitment of adequate number of audiologists in the programme and integration of the audiology services of NPPCD, DEIC and Rehabilitation Department with Medical Colleges or District Head Quarter Hospitals.

Dr. Manoj G. Nair, SNO (NPPCD), Kerala spoke about lack of manpower under the programme in Kerala, especially audiologists. Level 1training is yet to be undertaken for the State. Dr. Kamlesh Jain, SNO, Chhattisgarh, Associate Professor, Dept. of Community Medicine, Pt. JNM Medical College, Raipur, during his presentation spoke about the services provided under the NPPCD programme in Chhattisgarh including the construction of sound proof rooms and BERA in 9 out of 14 districts and the various IEC and BCC activities being undertaken in the State. Dr. Upashna Rai, ENT Surgeon, STNM Hospital, Sikkim on behalf of SNO (NPPCD), Sikkim, spoke about the progress of the programme in Sikkim. Some of the challenges faced are lack of manpower such as audiologists and speech instructors. She also highlighted how huge the burden of hearing loss is in the old aged population and the need for the programme to focus on this section of the community. Dr. Bhupen Nath, SNO (NPPCD), Assam, shared with the participants that the new initiatives under the NPPCD programme in Assam included screening camps for 0-6 years children in collaboration with RBSK and provision of hearing aids from February 2018. Awareness and screening camps are underway in 22 districts of Assam.



RECOMMENDATIONS:

1.Development of human resources under the NPPCD programme.

2.Capacity building.

3.Sensitization of all health facilities about the services provided under NPPCD programme.

4.Systems approach to be followed in primary ear and hearing care service delivery.

5.Formation of linkages between the public sector, private sector, NGOs and other related professional bodies and the need to adopt an integrated approach in primary ear care in India.

6.Establishment of a National congenital deafness registry.

7.An audiology centre to be attached to all health facilities for providing comprehensive ear and hearing care.

8.Provision of grants by the government for conducting research in the field of ear care.

Global Digital Health Partnership Summit

Information and Communication Technology (ICT) has great potential towards improvement of delivery of healthcare services. India is committed to reforms in health service delivery using ICT under Digital India Program of Government of India." This was stated by J P Nadda, Union Minister for Health and Family Welfare during his address at Global Digital Health Partnership Summit, at Canberra, Australia, recently. Union Health Minister spoke on the topic: Making Digital Health Services a Priority in Healthcare Reform.

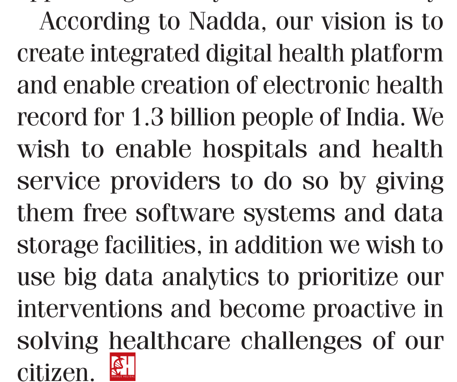
Greg Hunt, Minister of Health, Australia, Tim Kelsey, Chief Executive Officer, Australian Digital Health Agency,Ms. Glenys Beauchamp, Secretary, Department of Health, Australia along with delegates from Canada, Hong Kong, Indonesia, Italy, New Zealand, Saudi Arabia, Singapore, South Korea, Sweden, United Kingdom, United States of America and WHO were also present at the summit

Union Minister for Health and Family Welfare, Nadda stressed on the importance for building digital health ecosystem partnerships with private healthcare providers, academia, health IT practitioners, industry, patient groups and regulatory bodies. The Union Health Minister stated that adoption of Digital Technology for improvement of governance has always been central to polity of the Indian government. He further informed that there are four major areas where India has implemented Digital Technology in healthcare. "Towards improving health service delivery, towards improving compliance of people towards health & care, engaging citizens in partnering with government for planning and management of health services delivery and Improving governance", Nadda added

Nadda also informed the participations that the Health Ministry has rolled out large scale IT systems in different areas of healthcare ecosystem such asintegrated health surveillance program, public health management, hospital information system, supply chain management, online services, tele-medicine, programme monitoring and Health. "Such initiatives include systems for obtaining reliable information and near real-time data for policymaking, ensuring efficient program and service delivery", Nadda said. Speaking about some of the initiatives of the Health Ministry, Nadda said that India's National Health Portal provides authentic information related to healthcare to citizens. He further said that NHP is functioning as Citizen Portal for Healthcare, providing health-related information to citizens and stakeholders in different Indian languages. "Total web users for national health portal till date are over 2.6 Million and over 2.2 Million calls were made by citizens till date. Content of the portal is currently available in 6 Indian languages- and it is planned to add 6 more languages", Nadda elaborated

The Union Health Minister further said that Hospital Information Systemis being implemented in hospitals for automation of hospital processes to achieve better efficiency and service delivery in public health facilities up toCommunity Health Centre level. "We have e-Hospital- developed by National Informatics Centre which is implemented in more than 173 Hospitals and e-Sushrut– developed by Centre for Development of Advanced Computing Noida which is implemented in more than 80 hospitals. Online Registration System (ORS) is used for scheduling online appointments in public sector tertiary care hospitals. Around 139 hospitals are currently using ORS application. "Patient engagement in improving service delivery through My Hospital system which is used for collection of patient feedback on health services being rendered by public hospitals. The application is available in seven different languages and currently, more than 1067 hospitals are covered in 23 States/UTs. So far more than 1.3 Million feedbacks have been received out of which 76% satisfied with the service, Nadda said. He also informed the participants about the various mobile apps being used by the Health Ministry.

According to Nadda, our vision is to create integrated digital health platform and enable creation of electronic health record for 1.3 billion people of India. We wish to enable hospitals and health service providers to do so by giving them free software systems and data storage facilities, in addition we wish to use big data analytics to prioritize our interventions and become proactive in solving healthcare challenges of our citizen.



Health Ministry holds consultations with States on NHPS

After announcement of the Ayushman Bharat and National Health Protection Scheme (NHPS),the Ministry of Health & Family Welfare has started the process of State consultations. Recently, a Video Conferencing was held with all the State to share initial details of the proposed NHPS. All States had shown keenness to join.

To further have detailed discussions with the States and other relevant stakeholders, a national consultation on NHPS was organized by the Ministry of Health & Family Welfare on 15-16 February 2018 atNew Delhi. The objective of this consultation was todiscuss with the Statesfurther details about the scheme, assess their preparedness, to learn from the States which had good experience in implementing their own health insurance/ assurance schemes. Background notes and concept paper of the scheme was shared in advance with all the States.

Almost all States and Union Territories (31) participated in the two-day deliberations alongwith representatives from Ministry of Health and Family Welfare, Ministry of Finance, NITI Aayog and other stakeholders. Most States were represented at the level of Additional Chief Secretary/ Principal Secretary/ Secretary Health. The two-day consultations were attended by more than 200 participants.

In order to engage with States so as to finalise the contours of the scheme, six Working Groups were formed. These are: Working group on processes: The working group was set up to recommend on the details of various processes related to NHPS which will be incorporated in the broad operational guidelines proposed to be issued for implementing NHPS.

Working group on Information Technology: The working group was set up to recommend on the on Information Technology System/ Platform that will be used for effective implementation of NHPS.

Working group on fraud detection and grievances: The working was set up to recommend strategies to prevent and control potential frauds and abuse that may happen under the scheme. The group will also recommend mechanism for complaint and grievance redressal at each level under the scheme.

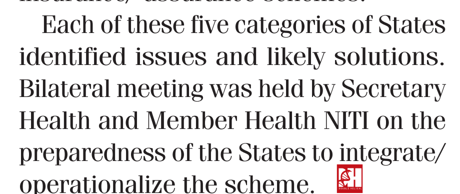
Working group on Awareness generation: The working group was set up to recommend on the IEC and awareness generation activities that will need to be carried out for implementation of NHPS.

Working group on Institutional arrangement: The working group will need to recommend on the Institutional Arrangement that will need to be carried out for implementation of NHPS.

Working group on Continuum of Care: The working group was set up to define the scope and range of the continuum of care approach such that when NHPS evolves over the years, the direction of this growth is pre-defined.

The groups had detailed deliberations based on the experiences of RashtraSwasthyaBimaYojana (RSBY) implementation, implementation of the States' own schemes and global experiences. Best practices for each of the process related to beneficiary identification, hospital empanelment, hospitalization services, grievance redressal mechanisms, IEC activities etc., were identified from each State and recommendations were presented by each working group to the Ministry. States also shared the current challenges being faced and potential solutions were shared with them.

On the second day of national consultations, five groups of States were formed based on the implementation status of health insurance schemes:States with only RSBY, States with RSBY and their own schemes, States with only their own schemes in Insurance mode, States with only their own schemes in Trust mode and States with no health insurance/ assurance schemes.



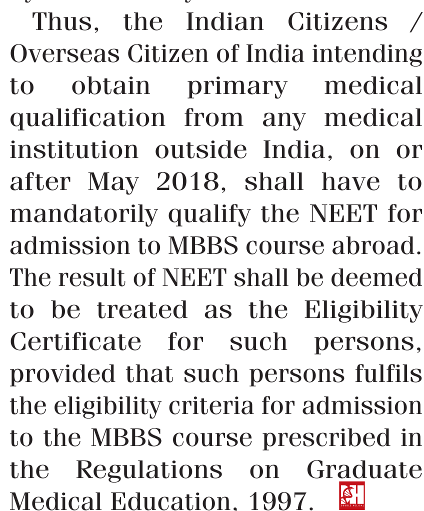
Each of these five categories of States identified issues and likely solutions. Bilateral meeting was held by Secretary Health and Member Health NITI on the preparedness of the States to integrate/ operationalize the scheme.

Mandatory to qualify NEET to pursue foreign medical course

A common National Entrance Exam viz. National Eligibility cum Entrance Test has been made mandatory for admission to all medical courses in the country. Indian students can also pursue medical education abroad and have to qualify a Screening Test called Foreign Medical Graduates Exam (FMGE), for registration to practice in India after obtaining primary medical qualification (MBBS) overseas.

It has come to notice that medical institutions / Universities of foreign countries admit Indian students without proper assessment or screening of the students' academic ability to cope up with medical education with the result that many students fail to qualify the Screening Test. In this regard, the proposal of Medical Council of India (MCI) to amend the Screening Test Regulations, 2002,making it mandatory to qualify NEET to pursue foreign medical course has been approved by this Ministry.

Thus, the Indian Citizens / Overseas Citizen of India intending to obtain primary medical qualification from any medical institution outside India, on or after May 2018, shall have to mandatorily qualify the NEET for admission to MBBS course abroad. The result of NEET shall be deemed to be treated as the Eligibility Certificate for such persons, provided that such persons fulfils the eligibility criteria for admission to the MBBS course prescribed in the Regulations on Graduate Medical Education, 1997.



Mission Steering Group of NHM

The Health and Wellness Centers are expected to provide preventive, promotive, rehabilitative and curative care for a package of 12 services." This was stated by J P Nadda, Union Minister of Health and Family Welfare as he chaired the 5th meeting of the Mission Steering Group of the National Health Mission (NHM), recently. Hardeep S Puri, Union Minister of State (I/C) Ministry of Housing and Urban Affairs, Ashwini Kumar Choubey and Anupriya Patel, Ministers of State for Health and Family Welfare and Dr. Rajiv Kumar, Vice Chairman, NITI Aayog were also present at the meeting.

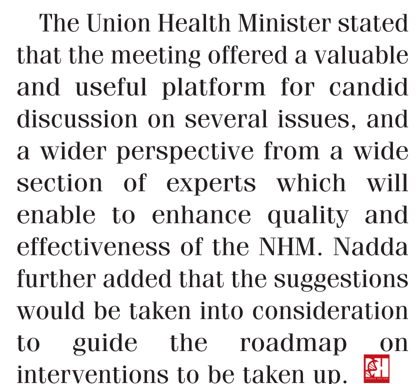
Speaking at the meeting, Nadda said that NHM is vital to supporting the states in improving their health systems. He further stated that Hon'ble Prime Minister's announcement of the heightened focus on the aspirational districts also provides us with significant leverage point to address long persisting inequities and development lag in these districts. This will be strengthened through NHM.

The Union Health Minister was updated about the progress under NHM. It was highlighted that under NHM-Free Drug Service initiative, funds are being provided to states/UTs for provision of free drugs in public health facilities and setting up of IT-backed systems for drug procurement and quality assurance. Currently all 36 states/UTs have notified policy to provide essential drugs free of cost in public health facilities. Under NHM Free Diagnostics Service Initiative, substantial funding is provided to States within their resource envelope to provide free essential diagnostic services at public health facilities. The program has been rolled out in 29 states/UTs which are providing free diagnostic Services either in-house or in PPP mode.

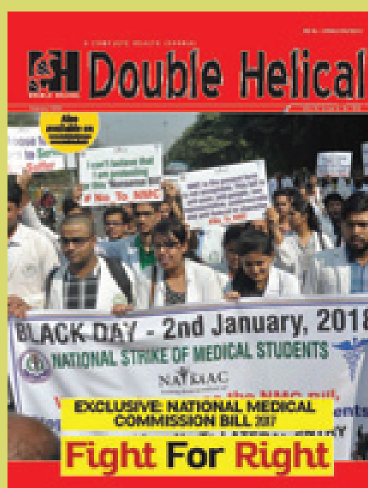
Hardeep S Puri, Union Minister of State (Independent Charge) congratulated the Health Ministry for the progress on MDGs, especially in terms of IMR, MMR, U5MR and HIV/AIDS. He assured full cooperation to the Health Ministry for overall development of the new aspirational districts.

The MSG of the NHM discussed various agenda points including enhancement of reach, outlay and facilities within components of the NHM, Prevention and Control of Viral Hepatitis, Immunization, Comprehensive Primary Health Care, Newer Intervention under Revised National TB Control Programme with respect to Patient's Support and Private Sector Involvement, capacity building of health workers, etc. Many suggestions were also made by other members of the MSG.

The Union Health Minister stated that the meeting offered a valuable and useful platform for candid discussion on several issues, and a wider perspective from a wide section of experts which will enable to enhance quality and effectiveness of the NHM. Nadda further added that the suggestions would be taken into consideration to guide the roadmap on interventions to be taken up.



Your Guide to Healthy Living



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Double Helical is owned, printed and Published monthly. It is printed at Polykam offset, Naraina Industrial Area Phase 1, New Delhi-110028, and published from G-1, Antriksh Green, Kaushambi, Ghaziabad-201 010. Tel: 0120-4219575, 9953604965.
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IQ AND PERSONALITY **OF ORPHANED CHILDREN**

Today the lives and future of millions of children are in jeopardy. We have a choice to invest in the most excluded children now or risk a more divided and unfair world. The child's optimum development rests largely on satisfaction of his needs in all dimensions during infancy and childhood. In this connection the role of parents in the personality development of the child can never be over emphasized……..

BY DR MANISHAYADAV

The child's personality, growth and maturation are affected by a variety of forces like heredity, somatic, culture and particularly interpersonal ones. In this regard the relationship between the child and parents assumes central importance, as it forms a source of permanence of the child, an anchor in the stormy sea of life.

So, it is important to assess the impact of institutionalization on orphaned children (especially between 12-15 years of age) and comparing them with their counterparts staying in intact families in terms of IQ (Intelligence Quotient), adjustment covering three parameters like emotional, social and educational and personality.

The feeling of being loved (or unloved) begins at birth. Each caress and cuddle of infancy contributes to the present emotional well – being of the individual. The attachment theory states that there is formation of a strong trust bond between the child and caregivers in the first two years of the life. The bond of trust and attachment later enables the child to accept the limits and controls. Attachment helps the child to attain full intellectual potential, sort out what is perceived, think logically, become self-reliant, and cope with stress and frustration, handle fear, worry and develop future relationships.

ROLE OF BIOLOGICAL PARENTS:

Love and affection from the biological parents are regarded as a foundation stone for the development of an adequate personality. Parents provide physical, psychological and intellectual environment to their offspring. Parent's goals, values and style of life have a great effect on growing children and can lead to either admiration and imitation, or alienation and rejection. As the earliest and most durable source of security, the child's parents are the first people with whom he/she identifies and they remain the straight influence on his/her development.

EFFECT OF PARENTAL LOSS:

Death of a parent is always hurtful and harrowing. Destitution sets up a process by which the child steadily loses confidence not only in himself, but also in society. Like adults, children are grieved by the loss of their parents. This untouched situation can be very stressful as it poses new demands and constraints to children's life.

"A study by an international charity "SOS children's village" has found that 4% of India's child population i.e. around 20 million are orphans . The Indian data comes from 3rd National Family Health Survey (2005-06) and Indian census."

Lack of family support makes a child feel lonely and open gateways to many concerns and fears. This stress may be evident in symptoms of confusion, anxiety, depression, and worries. The same symptoms may cause learning problems, school failure and early dropouts, poor verbal communication and may lead to the behavioral problems, such as disobedience, nail biting, thumb sucking, bed wetting, sexual problems, lying, stealing, truancy etc. Failure to recognize these symptoms will aggravate the child's psychological problems. In addition to deprivation, pressure often builds upon these children to grow up fast and fend for themselves and that leads to premature coping and defensive ability.

ORPHANED & ABANDONED CHILDREN (OAC)

Group of such children who became orphaned or left abandoned form a group called OAC or Orphaned and Abandoned Children. Unfortunately the number of such children is increasing globally and at the rate at which the population of these orphaned children is increasing is very alarming. India tops the list with a total of 31 million orphans which adds up to the sensitivity of the matter.

The fate of such children is either to get adopted, being cared by extended families, left on the streets or being housed at institutions called orphanages now rechristened as Juvenile homes .Institutionalization is considered as the last resort for most of these OACs. Therefore, some studies have been conducted which have emphasized on improvement needed in various areas of the juvenile homes; highlighting the negative impact of early institutionalization on children. Studies have also shown that the children who are neglected and traumatized during early formative years tend to display higher levels of aggressive behaviour in later life.

The study indicates that orphans in general and those brought up in institutions in particular suffer from

many social, psychological and economic problems. Most of the OACs are actually struggling because of emotional instability, cognitive development and various personality traits that have been altered because of the bitter experience. As discussed above, the intellectual development of children growing up in orphanages is thought to be at risk. Because of care in larger groups & poor environment, brain development may become delayed during the formative period after birth.

NEED FOR THE STUDY

The death of a parent permeates into all aspects of a child's life. The child experiences a decline in health, nutrition, and psycho-social well-being. Does the very fact of being reared in an institution increase the risk of pervasive social dysfunction in adult life borne by the absence of essential qualities of parental care? Does institutional care enhance the accomplishments of any of the goals of child welfare? Is it safer, more stable or better at promoting development? Therefore, research in this area is important because the death of the parent is a risk factor for the development of psycho-social issues in children. Infact, children who experience the death of a parent are at twice the risk of suffering from a psychiatric disorder, disturbing mental health than children who have two live parents.

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The current study aims to shed some light on these issues by comparing IQ, personality and adjustment levels of children growing up without their parents in children's home and those living at home with their parents. The focus is on whether and how these children differ from each other in terms of the above-mentioned traits, when their standards of living and quality of education do not differ, which is a unique aspect of the study.

Institutional care has been considered the last resort for caring of the OACs. However, if we improve the care in the institution and provide them with the similar facilities .The OACs may not remain as disadvantaged as they would be if left uncared for.

WHO IS AN ORPHAN?

As commonly understood, an orphan is a child who does not have any surviving parent to care for him or her. Various groups use different definitions to identify orphans. One legal definition used in the United States is a minor

bereft through "death or disappearance of, abandonment or desertion by, or separation or loss from, both parents". As defined by UNICEF, an orphan is a child who has lost one or both parents or whose parents have abandoned him permanently. Most accepted definition of orphan is a child who has lost both parents through death but this definition is now extended to include the loss of parents through desertion or the unwillingness or inability on the part of parents to provide care.

History of orphanage in India dates back to 1891. Hakim Ajmal Khan,an educationist, freedom fighter and a legendary Unani medicine practitioner started a shelter home for orphaned boys. Later, a branch of it was started in an old world style haveli in a Matai Mahal alley near the historic Jama Masjid.

A study by an international charity "SOS children's village" has found that 4% of India's child population i.e. around 20 million are orphans . The Indian data comes from 3rd National Family Health Survey (2005-06) and Indian census. This survey defined orphan as a child who has been abandoned or lost both his parents . Combined, the states of Madhya Pradesh, Uttar Pradesh and Chhattisgarh are home to 6 million orphaned children under the age of 18.

By 2021, these states will probably be home to 7.1 million orphans. The eastern region, encompassing Bihar, Orissa, Jharkhand and West Bengal, houses around 5.2 million orphans, but will likely have 6 million by 2021. Each of these regions is home to more

than double the number of orphans living in either the north or west regions.

At present the survey carried out by the ministry of women and child development states that there are total of 9000 juvenile centres in the country. UNICEF estimates that more than 8 million orphaned children are institutionalized49. Many of them live in orphanage with deplorable conditions, where their most basic needs are not met. The children are often hungry, scared confused and lonely.

Most institutional orphanage are overcrowded & dilapidated, some rife with corruption, neglect &abuse. Even when managed by people with good intentions, orphanage often lacks the necessary funds, resources & knowledge to properly provide for the children in their care. The fact is, most of the children in these institutes dont stand much of a chance breaking out of the cycle of poverty & thriving as independent adults.

CAUSES OF ORPHAN HOOD AND ABANDONMENT :

AIDS: Looking at the world statistics, of the causes of orphan crisis in 2014, HIV/AIDS is the largest contributor to the orphan crisis worldwide. Every 15 seconds a child loses a parent because of AIDS-related conditions. In India as well, over 2 million children are orphaned as a result of AIDS .However the figure is higher in Sub Saharan Africa.

POVERTY: Many people cannot provide food, shelter and care to the children. So these children are abandoned by parents. However, this is not due to lack of love, but due to lack of resources to care for their basic needs.

DIFFICULT ADOPTION PROCESS: There was only 1 law that clearly stated adoption procedures in India, except for the Hindu maintenance & adoption act as a form of alternative care of the child in the need of care and protection .As a result families desirous for adoption ,also do not come forward . Consequently, there has been a significant fall in the number of foreign adoptions and also the numbers of domestic adoption aren't that encouraging either.

WAR AND NATURAL CALAMITIES: The number of children who lost parents in wars has risen. Latest example is of Syrian crisis although there are no data on the number of Syrian orphans; the fact that almost, 8,000 children fled Syria without their parents speaks for itself. The earthquake in Haiti in 2011, with the death toll of 200.000, left 300.000 children without parental care.In India almost 19 out of 29 states are facing internal armed conflicts characterized by gross violation of international human rights and humanitarian laws by both security forces

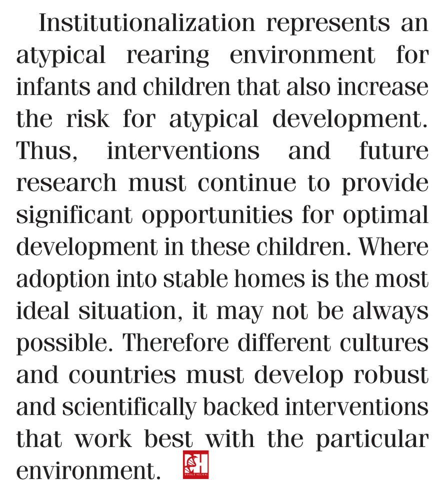
and armed opposition groups and children are attacked directly in conflicts &have been recruited by warring parties ,both state and insurgent group , as child soldiers . These children are vulnerable to abuse and exploitation .

CONCLUSIONS

Research has gone a long way in focussing and identifying socio-demographic factors linked with institutionalization, but at the same time basic known factors associated with the effects of institutionalization are ignored. This refers to orientations for children placed in such institutions.

They should be educated about foster care and their relationship to the foster care and institution they are placed in. Such orientation or anticipatory guidance helps children with their questions, legitimizes their traumatic experiences and lets them know what they could expect while they are under this particular care. In the absence of such interventions, some children struggle alone to make sense of their surroundings. Education that helps a child interpret their "world and adjust to their new environment can decrease factors such as confusion, helplessness, stress, anxiety and fear; associated with institutionalization.

Institutionalization represents an atypical rearing environment for infants and children that also increase the risk for atypical development. Thus, interventions and future research must continue to provide significant opportunities for optimal development in these children. Where adoption into stable homes is the most ideal situation, it may not be always possible. Therefore different cultures and countries must develop robust and scientifically backed interventions that work best with the particular environment.



Dr (Prof.) Ravi K. Tuli receives Double Helical State Health Awards 2017 from Manohar Lal Khattar, Chief Minister, Haryana for Innovation in Holistic Medicine held at Hotel Taj, Chandigarh recently.

Mission
Total Wellness

Pioneering the clinical efficacy of Holistic Medicine and highlighting the **'Body-Mind-Soul'** approach to health, Dr (Prof.) Ravi K Tuli has achieved global fame in concurrently curing nearly all chronic and incurable diseases of each individual. He has established himself as a unique top-rated practitioner of Holistic Medicine today...

BY AMRESH KUMAR TIWARY

His current role as Chairman of the renowned "**SOHAM**" Holistic Medicare Centre has helped him to achieve his motto to "Eradicate All Sickness, Restore Positive Health and Total Wellness in each individual.

It's recognized the world over that it would never be possible to meet all the health expectations of the humanity with the exclusive allopathy based conventional model of healthcare.

Dr (Prof.) Ravi K. Tuli, MBBS DHA DAc (Srilanka) CHt(USA) MAcF (China) MD PhD, Visiting Honorary Professor, Indira Gandhi Technological and Medical Sciences University and Formerly Indraprastha Apollo Hospitals & Indian Air Force, has dedicated to Positive Health and Total Wellness 'Body-Mind-Spirit' by optimum synergy of drug-free harmless modalities of recognized modern & traditional (Indian and Chinese) systems of health for cure of all conventionally incurable diseases.

In an exclusive interview with Double Helical, he says that all wise people think, talk and wish to adopt Holistic Medicare for their Health these days. Days of exclusive dependence on allopathic medicine are over! "Holistic MediCARE is an all-inclusive integrated 'synergy' of natural, drug-free, harmless, but highly efficient modalities of all the Western, Indian, Chinese & New-Age systems of Medicine for care of each human being as a whole, 'Body-Mind-Spirit'. Its predictability, reproducibility and sustainability establish its scientific credibility"

Why Holistic Medicine?

Ans. It's being increasingly recognized world over that it would never be possible to meet all the health expectations of the humanity with the exclusive allopath based conventional model of healthcare. The World Health Organization (W.H.O.) recommends and our National Health Policy has promulgated integration of all the recognized systems of medicine.

Therefore, the healthcare services in the country have to grow beyond inherent limitations of the so called evidence based modern technology. An ever increasing number of people wish to explore benefits of time honoured traditional, or alternate systems of health which are natural, drug-free, harmless, highly reproducible and sustanable having helped the humanity and survived over thousands of years.

The good news is that we, now, have very rich expertise available to complement the best of drug-based specialities of medicine with various non-conflicting drug-free modalities of recognised systems of health to '**Eliminate all Sickness**' from its root cause and restore **Positive Health and Total Wellness 'Body, Mind & Spirit'** in each individual.

Inherent Deficiencies Of Allopathic Medicine

- It is not easily acceptable, neither easily accessible to majority of people in the country, resulting in delays in commencement of appropriate treatment, leading to complications.
- It treats the human being as a mere physical entity, with a specialist taking care of just a limited part of this body with 'allo', i.e., foreign pharma or surgical interventions..
- By the time a disease is detectable by modern diagnostics, it's invariably too late to reverse its basic cause and effect true lasting cure. We become masters of disease with little indulgence in health, even at our personal level.
- By this system treats just the 'tip-of-iceberg' symptoms of the disease, with rarely being able to eliminate its underlying cause or restore positive health.
- Best of this reductionist support invariably leads to progressive deterioration in health, onset of various side-effects, increasing morbidity and finally an expensive mortality.
- It lacks care of mental, emotional and spiritual needs of the people.

- It does not address to the increasing incidence of diseases due to life-style and psychosomatic disorders.
- It does not offer an efficient remedy to reverse or control any kind of dependence or substance abuse, whether due to tobacco, alcohol, legal or illegal drugs.
- The allopathic system does not offer much to the increasing population of the elderly from diseases attributable to degeneration or aging.
- It, also, does not have any solutions on the horizon to changing pattern of communicable diseases, especially due to emerging viruses or immune disturbances.
- It's based on high capital investment and expensive technology, making its cost beyond reach of most people. It's estimated that nearly 100 million people worldwide and 4% of population in our country falls below poverty line annually due to its exorbitant costs.
- According to official statistics, in spite of all the technological advances and availability of world class medical care in our country over the last three decades, the incidence of all common diseases, whether Diabetes, Hypertension, Coronary Artery Disease, Cancers, Autoimmune Disorders, Respiratory Diseases or Psychosomatic Disorders has increased 3-4 times more in the last thirty years.

Holistic Medicine = Modern Medicine + Alternate Medicine
(Alternate = Traditional Indian / Chinese+ NewAge Medicine)

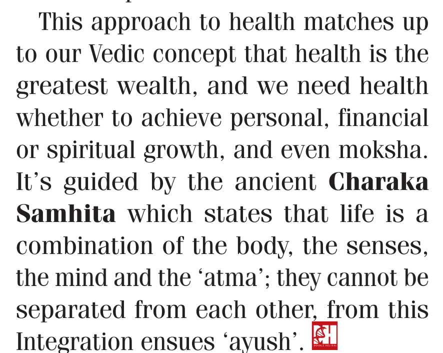
(Conservative Medicine + Life-Style & Stress Management + Ashtanga Yoga + Acupuncture-Reflexology + Panchakarma-Detoxification + Nutrition + Counseling-Hypnotherapy-PLRT-NLP +Reiki-Pranic Healing-Chakra Balancing + Regenerative Medicine).

Q. What is Holistic Medicine?

Ans. Holistic Medicine is the wholesome approach to Health where each individual is treated as a whole 'Body, Mind & Spirit' by a synergy of the evidence based '**science**' of modern medicine with the highly complementary and reproducible time honored '**art**' of drug-free modalities of all the officially recognized traditional systems of health and promote Positive Health and Total Wellness.

This all inclusive and integrative approach to health helps to extend the best of each system of medicine, at the same time overcome inherent deficiencies in the respective systems to offer a 'synergy' of all of them to ensure 'Health For All' at all ages of life, and all stages of all sickness. This latest specialty of medicine is called Holistic Medicine.

It is a board certified specialty in the U.S. for nearly two decades, and is catching up very fast amongst the developed nations. Therefore, it's high time that we adopt it into our health care and make our living years happier and more productive.



This approach to health matches up to our Vedic concept that health is the greatest wealth, and we need health whether to achieve personal, financial or spiritual growth, and even moksha. It's guided by the ancient **Charaka Samhita** which states that life is a combination of the body, the senses, the mind and the 'atma'; they cannot be separated from each other, from this Integration ensues 'ayush'.

"The natural healing force within each of us is the greatest factor in getting well"

. . . . Hippocrates

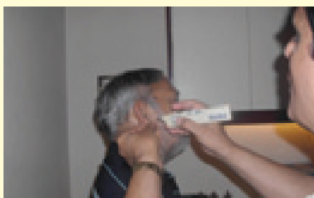
Holistic Medicare

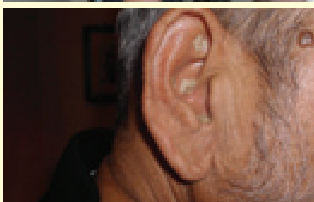
Facilitates This Very Force In Getting Well

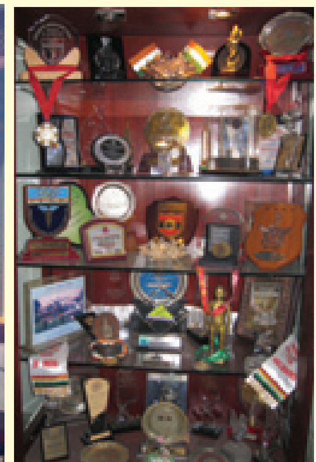
This all inclusive and integrative approach to health helps to extend the best of each system of medicine, at the same time overcome inherent deficiencies in the respective systems to offer a 'synergy' of all of them to ensure 'Health For All' at all ages of life and all stages of sickness. This latest speciality of medicine is called Holistic Medicine.

BENEFITS OF HOLISTIC MEDICINE

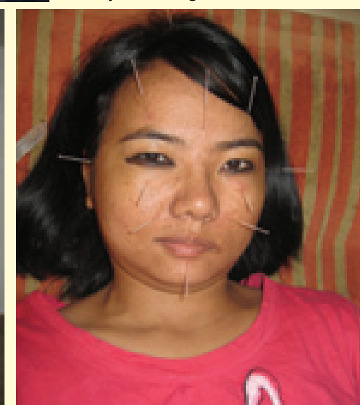
1. It treats the human being as a whole, body, mind & soul.
2. It offers 'synergy' of drug-free modalities of all the recognised systems of Health.
3.It's equally beneficial at all the levels of health, and at all ages.
4.It helps to take care of all the ailments of an individual concurrently.
5. No drugs, No interventions, No Dope, No Iatrogenesis.
6. it's highly reproducible, universally beneficial, and cost & time efficient.
7. It's very simple and easily accessible; can be rendered anywhere & everywhere.
8. It optimizes healthcare by complementing existing infrastructure at no extra cost. 9. It tremendously enhances skills, leading to greater professional satisfaction of the practitioners and would restore old glory of the medical profession.







Gallery of Prestigious Awards



"Holistic Medicare Enabled Modern Surgery"

Pratima Dayal, Ex. World Bank & Wife of Former. Union Health Secretary, Govt. of India. "I was persuaded to consult Dr. R. K. Tuli by a friend in Australia whose family had a rich experience of regaining health in diverse conventionally incurable ailments. I suffered from massive NASAL POLYPS obstructing my breathing. All the surgeons declared their removal to be a very high risk surgery, nor there was any assurance that they would not recur! I, also, suffered from bronchial asthma, sleep apnoea, hypertension, pain in knees, total lack of energy and resultant obesity.

Dr. Tuli assured me that his all integrative Holistic Medicine Therapy would help me to cure the underlying 'allergy' and as a result not only the polyps would shrink and become easily removable, but my bronchial asthma would get cured and my breathing, thereby the whole health would improve concurrently. True to his words my 'allergy' is now fully cured and I breathe freely. Also, my knee pains have disappeared, I feel energetic and relaxed, and my medication has reduced considerably! I am very satisfied to be able to do a lot of walking, exercise and yoga to take care of my health now. I can safely state that Dr. Tuli has the right prescription to eliminate any sickness and restore positive wellness in you",

I Found A Better Doctor In India Than In U.k.

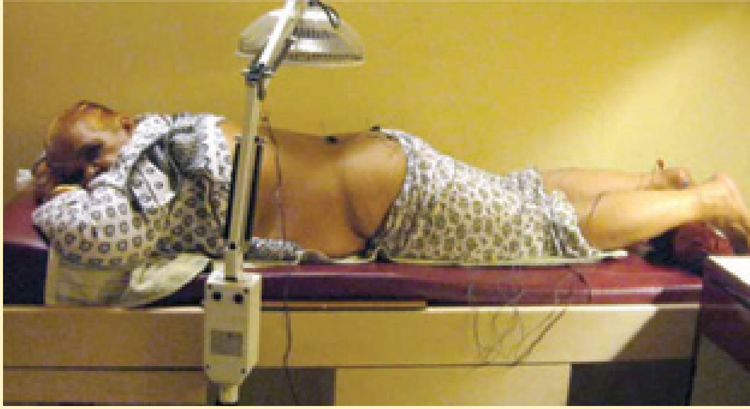
Margaret Tandau, wife of High Commissioner of TANZANIA "My husband was posted to New Delhi at a time when OSTEOARTHRITISof my KNEES caused me immense PAIN. It was an ordeal to walk a few steps, even to visit the toilet. A famous surgeon in London prescribed me strong painkillers and called me three months later for Total Replacement of Both Knees. The pain-killers were hardly of any relief, but caused terrible stomach upset. Upon arrival here, a compassionate friend escorted me to Dr. Tuli's Holistic MediCare Centre. What a miracle! I improved by the day, and my pain was gone before I could realize it. Within two months I was walking so well that I CANCELLED my appointment for surgery. Today, three years later, I recall what a divine blessing it was to be able to write this note with my good old original knees serving me loyally and without any discomfort. This doctor couple has pioneered the holistic medicine therapy far beyond the best that one can expect from modern technology. Having observed them over the period it's revealing that the healing potential of the body is immense and with this doctor's support it can enable cure of any ailment in a very short time."

AFTER ALL MEDICAL & SURGICAL TREATMENTS FAILED

Dilshad Mustafa, Embassy of Iran, New Delhi "The miserable pain in my left wrist only denigrated further over the previous eight months, in spite of various pain killers and all efforts including injections into the joint by four successive top orthopedic docs of Delhi. But, once with Dr. Tuli, I've fully recovered in just 20 treatments! That too without any drugs!! The greater miracle is that my 15 year's of post-surgical restrictions in shoulder movements, muscle wasting and loss of sensation in right arm have disappeared concurrently. I am also relieved of nagging pains in knees, neck and low back; the headaches that were a part of me ever since I remember have vanished too. Such can be the wonder of Holistic Medicare."

"Incurable Epilepsygot Curedwhen Drugs Didn't Work"

AratiAggarwal, Maharani Bagh, New Delhi "My son suffered from Epileptic Seizures with EEG abnormality since his age of 5-6 weeks after birth. When the treatment advised by top Neurologists in India did not show any benefit, we took him all over the world, including UK, France, Switzerland and USA, to consult world's best epilepsy specialists and followed their advice and medications most diligently. We did not spare any known Homeopath, Vaid or Hakim, and even Astrologer. Recurrent fits and years of medication had made him very weak and dull, his academic record was poor as he was very erratic with his schooling and studies. He was nearly 16 years old when we brought him to Dr. Tuli's Holistic Medicare Clinic at the suggestion of a friend whose daughter had been fully cured for a neurological deficiency by Dr. Ravi Tuli. By god's grace, a most amazing miracle was awaiting. Ever since we commenced his treatment here, he never got a seizure again! But, what I must share is that out of curiosity, and without the advice of any doctor, I took him for EEG just after first four weeks of this holistic medicine therapy. To our shocking delight it turned out to be normal for the first time in his life !!! However, according to Dr. Tuli's advice we continued with anti-epileptic drugs under surveillance of his neurologist till he was fully tapered off all drugs three years ago. He has simultaneously picked up his physical, emotional and social health to be as good as any of his peers."



Holistic Medicare Enabled Joyful Life

Philippa Kaye, U. K, "A car accident in Delhi caused INTOLERABLE BACK PAIN, which would not respond to any pain killers, tranquilizers, anti-depressants, nor the injections including those pushed into my spine. MRI's, X-Rays, Blood Tests, etc. all showed nothing was wrong. I was in agony and couldn't move, and had to cancel all my travel plans – Disaster! In retrospect, I thank God all this happened while I was still in Delhi. A well wisher brought me to Dr Tuli's Medicare Centre "SOHAM", where I got my life back. Seven sessions, and a mere nine days later, I was on a plane to Cannes sipping Champagne! Another three sessions with Dr. Tuli, after my return, I had regained the confidence to dance in high heels all night!! I've now just returned, after fully enjoying galloping on horse and camel back through Rajasthan, for additional boost to my Body, Mind & Soul, before I returned home!!!".

Thankfully,I Listened To My Mother

Anita Kapoor, New York, USA "Five years ago I suffered from an unexplained progressive body weakness, leading to periods of confinement to bed due to helpless debility. It was increasing in intensity and frequency, in spite of thorough medical tests and advised medication at leading hospitals in the U.S. It reached a state that I'd be paralyzed in bed off and on for periods up to a month. Doctors termed it Leucodystrophy of the brain, a? variant of MULTIPLE SCLEROSIS (M.S.). During one of my visits home, my mother brought me to Dr. Tuli'sCenter for Holistic Medicine. I had just 15 days to be able to attend out of his advised course of 10 weeks therapy. But, what a miracle! Just those few treatments, complemented with valuable advice which I've incorporated in my life style, after more than a year I can today state that I am fully cured of a serious globally incurable ailment which top doctors in the world could not even understand!! I've regained my total health and youthfulness."

It Became Australia-England-Nepal-India Quadrangle

Sudha Kanel, Middlesex, U.K. "My son Sarthak lived with my mother in Nepal after he was diagnosed to suffer from 'CEREBRAL PALSY' by doctors in England as at the age 4 years he could not sit up on his own, stand or walk, his IQ was very low and he could talk very few confusing words. According to them modern medicine anywhere in world did not offer any hope to this problem! But,my brother in Australia knew a similar child who had been successfully cured by doctor Tuli at New Delhi, and he advised me to go and see him. Today, after nearly six months of his drug free Holistic Medicine therapy, I am pleased to report that true MIRACLE has taken place! My child can now talk, walk smartly, dance beautifully, and has turned out to be one of the most clever and friendly children. Our whole family thanks Dr. Tuli for having been a God to us." . . .

I FOUND MY GURU IN INDIA

SONAM SARIN, CA 91304, USA "After a few years of wandering from Doctor to Doctor in the U.S. to find relief from my Chronic Fatigue, Body Aches, Loss of Libido and Dizziness-TINNITUS which had taken the smile out from my life, I came down to India in search of remedy to my problems. I was totally fed up with modern medicine. At Delhi's Apollo Hospital, I was guided to Dr. R. K. Tuli at the Department of Holistic Medicine. Skeptically, but with little hope, I started treatment with him. To my amazement, and also to the relief of my family, I started to show signs of ENERGY and ENJOYMENT almost instantly. Smile has, once again, returned to my gloomy face and I am now returning home with all the vitality and happiness to pursue goals of my life. In the meantime I have found a 'GURU' in Dr. Ravi Tuli, who has taught me how to live life."

V. V. I. P. Beneficiaries Of Holistic MediCare

- Fakhruddin Ali Ahmed (S/O & D/O), Former President of India
- I. K. Gujral (W/O), Former Prime Minister of India.
- Shrichandrashekhar, Former Prime Minister of India.
- Air Chief Marshal O.P. Mehra, Former Governor, Ambassador & Chief of Air Staff Iaf
- Balram Jhakar, Former. Governor M.P., Speaker Loksabha & Union Minister, Govt of India
- Margaret Alva, Former. Governor Uttarakhand & Rajasthan, Former. Union Minister, Govt of India
- Mukut Methi M.P., Former. Governor Poducherry & C. M. Arunachal Pradesh
- J. S. Verma (W/O), Former. Chief Justice of India & C.M National Human Rights Commission
- P. K. Dave, IAS (Retd.), Former Lieutenant Governor of Delhi
- Vasant Sathe, Former Union Minister, Govt. of India & Gen. Secy. AICC
- Ghulam Nabi Azad, Former. Union Health Minister, Goi & Former Chief Minister of J&K
- Jagdish Tytler (W/O), Former Union Minister, Govt of India
- Shiela Kaul, Former Union Minister, Govt of India
- T. R. Balu, M.P. & Former Union Minister Govt. of India
- Rajesh Pilot (W/O), Former Union Minister Govt of India
- Colonel Ram Singh, Former Union Minister Govt of India
- Vinod Khanna Cine Star, M.P., Former Union Minister, Govt of India
- Lalit Mansingh IFS (Retd.), Former Foreign Secretary, Govt of India & Ambassador To USA
- Justice Prakash Narain, Former Chief Justice, Delhi High Court
- Dr. Sita Ram Jindal, Chairman Jindal Aluminium, Industrialist, Philanthropist & Naturopath
- Navin Jindal, M.P., Industrialist & Sportsman
- D. P. Singhal IPS (Retd.), Former M.P. & Director General Police, U. P.
- Mr. Vinod Lal IAS (Retd.) (W/O), Former. Secretary Civil Aviation, Govt. of India
- Air Chief Marshal S. K. Kaul (D/O), Former Chief of Air Staff, Indian Air Force
- Air Chief Marshal S. P. Tyagi, Former Chief of Air Staff, Indian Air Force
- Mr. Mihir Shah, Former Member of Planning Commission of India
- Mrs. & Dr. Dalbir Singh, Former. Chairman & Managing Director, Central Bank of India
- Air Marshal C. K. Raje, Former. Vice Chief of Air Staff, IAF & D.G. Civil Aviation, Govt of India
- Air Marshal Ajit Bhavnani, Former Vice Chief of Air Staff,
- Lieut. General (& W/O) Harish C. Dutta, Former. Commander Central Command, Indian Army
- Vice Admiral Kailash Kohli (W/O), Former Vice Chief of Naval Staff, Indian Navy
- Lieut. General (F/O) A. K. Bakshi, Military Secretary To President of India
- Dr. Kusum Sahgal, Former. Principal, Director & Professor Lady Harding Medical College, Delhi
- Dr. Kavita Sama (W/O) Dr. S.K. Sama, Chairman Sir Ganga Ram Hospital, New Delhi
- Air Vice Marshal (Medical) K. N. Ghosh, Former. Principal Medical Officer Wac, Indian Air Force
- Air Vice Marshal (Medical) R. K. Ganjoo (W/O) Former. Commandant, Air Force Hospital, Bangalore

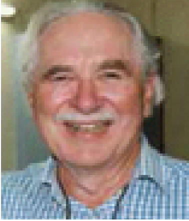
- Arjuna Awardees: Chhaya Adak, Rishi Narain, Dhanraj Pillai, Dilip Tirkey, M. P., Etc.
- International Cricketers: Allwynkallicharan (West Indies), Manoj Prabhakar,
- Nikhil Chopra, Muralikarthik, Rahul Sanghvi

- Ambassadors / High Commissioners / Diplomats: Argentina, Bangladesh, Brazil, Ghana,
- Hungry, Jordan, Kuwait, Qatar, Egypt, Kenya, Nigeria, Sweden, Tanzania, Zambia, Zimbabwe, Etc.

- Several Judges, Civil Servants, Doctors, Artists, NRIs, Armed Forces, Paramilitary & Police Personnel, Industrialists, Journalists, Theatre & Film Personalities, Sports Persons, Celebrities, Etc.

Legacy of Healing

Father



Beneficiary from Bannockburn, Victoria 3331, Australia,

BILL SWEETLAND writes with deep satisfaction, "Oh What a Feeling! The return of Energy flowing in my Veins, once again!! What a relief to begin to feel energised again after a period of hopeless depression of twelve months: it had me gasping for health, movement and motivation. I have experienced the whole being impact of your Holistic Medicine therapy. It has helped me simultaneously overcome the debilitating suffering from old spinal, shoulder and knee injuries. Watching your miracle on me, my son who works as a Polo Coach in the U.S. and Argentina, also, came to benefit from your 'Healing Touch'. I wish you have Clinics like "SOHAM" across continents to help people with your miracle healing to relieve incurable sufferings of people with such natural and efficient restoration of happiness."

Son

Beneficiary from Kew, 3101 Victoria, Australia

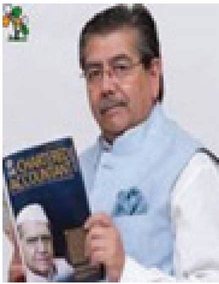
"As a professional sportsman it was terrible to suffer from Chronic Fatigue Syndrome comprising symptoms of perpetual tiredness, lack of focus, poor mental acuity, loss of libido, chondromalacia patellae, body stiffness, backache even on mild exertion, indigestion, flatulence-IBS. All the medications prescribed by doctors in Australia and USA proved futile. I arrived at the "SOHAM" Clinic on my father's counsel. Although hesitant in the beginning, now at the end of prescribed course of therapy I can say that this holistic therapy has helped to restore my health & vitality considerably – so, too the words Dr. Tuli has spoken to me! I've gained an awareness I did not have before, an awareness of myself, of my environment, and the energy that surrounds us all. Through this period of time here I have commenced my journey into the 'tapping' of this infinite energy. I am on my way to where I wish to be going. Thanks Dr. Tuli!

JHALANI BROTHERS

Mr. Prakash C. Jhalani, in 80th year of his life has been an ardent practitioner of Vipassana Meditation for decades, and author of a book 'MEDITATE '. He writes, "Observing dramatic improvement in the condition of my younger brother, I also decided to join Dr. Tuli's Centre for Holistic MediCare for my symptoms of BENIGN PROSTATE HYPER TROPHY, persisting in spite of prescribed medical treatment. In addition I, also, suffered from TREMORS in my both arms due to Parkinson's disease, Cervical & Lumbo-Sacral Spondylosis, and Uncontrolled Watering from Eyes, Hypertension, Chronic Bronchitis-DRY COUGH for over 20 years and DYSPEPSIA with poor state of health due to depletion of energy, etc. After undergoing spaced treatment at the "SOHAM" Clinic without any medicines over the last six months, the symptoms due to Prostate are all gone, I feel more energetic and healthier, Dry Cough has been cured, Watering in the Eyes and Trembling of Hands has reduced substantially. Blood pressure is now under control without any medication." He wishes, "The treatment done by Dr. Tuli is an exceptional service to the humanity and needs to go universal."

Mr. Yogesh Jhalani states, "I arrived at Dr. Tuli's Clinic For HYPERTROPHY of my PROSTATE with doubtful Cancer due to raised PSA of 14.56 (Normal< 4.0); the Ultrasound revealed Rt. URTEROCELE. I had made up my mind to not to go to a hospital because of associated torment and limitations of medical care. In that situation Dr. Tuli's words were reassuring that his therapy should help me to overcome the problem comprehensively; and at the same time even help to eliminate 8 years of medication for Hypertension. I like to share that I started improving in my health from day one, and realize as I look back 3-4 months, how it has helped me to eliminate all the symptoms of Prostate Enlargement, improve my all-round 'quality of life'. As a bonus my Blood Pressure, as forecast by Dr. Tuli, remains normal without any medication. I feel happy to share that I certainly feel10 years younger in my body and mind today, than the day I commenced this therapy. I wish that many more qualified doctors adopt the procedures done by Dr. Tuli in the service of suffering humanity and raise their own esteem."

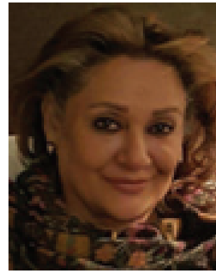
Husband



Dr. Pervez Ali Ahmed,

A world renowned Cardiologist, son of a former President of India, and founder of Fakhruddin Ali Ahmed Medical College in Assam, wishes to share, '"I have known Ravi for five decades and have met him in various capacities. I'vve always heard of his exceptional work with Complementary Alternate Medicine. Now, I have experienced him at my personal level for my problem of 'Post-Operative Urinary Incontinence, following my surgery for Benign Prostate Hyperplasia (BPH)'. The work he is doing is commendable. The results are outstanding, though anecdotal are obvious objectively. He has the knowledge, dedication and ability to harness the 'Universal Energy' and utilize it for wholesome benefits to eradicate various sicknesses and restore health – that it helped me to overcome my other problems concurrently of 'Low Backache-Severe Coccydynia + Sciatica due to Prolapsed Inter-Vertebral Discs & L4 Radiculopathy; Arthralgia Lt Knee & Rt. Ankle; Seasonal Bronchitis, and CAD-Post PTCA, etc. I promise him all the support in his mission to promote Holistic Medicare.'

Wife



Dr. Anjum Ali Ahmed

"I am Dr. Anjum Ali Ahmed and I met Ravi 4 months ago when I was in a state of complete energy depletion, depression, and: A. HYPERTENSION for 20 years not managed well with drugs as it fluctuated badly leaving me short of breath and dizzy; B. CARDIAC ARRHYTHMIA for past 3years with irregular heart- beats leaving me quite non-functional and depressed; C. NEURASTHENIA with Fatigue, Stress, Anxiety, Panic & Phobia of Elevator & Flights; D. JOINT PAINS & OSTEOPENIA due to Post-Polio Residual Paresis and series of corrective surgeries. My experience just after 30 sessions of spaced Holistic Medicine therapy has been more than amazing! Energy level has come back to me after many years, changing outlook to life. Hypertension - Arrhythmias are totally manageable; Joint Pains are gone, and the surprise is that I don't need any medications any longer!! This is an amazing form of energy redistribution which heals, restores health and wellness. I'd like to see a big institution that Dr. Ravi Tuli can manage and teach the whole world in his form of drug-free, harmless, easily accessible, reproducible, sustainable, and highly efficient Holistic Medicine therapy."

Mother

DEEPAK SANDHU
First Women Chief Information Commissioner, Govt. Of India.

DEEPAK SANDHU has written, "I came to Dr. Tuli's Clinic "SOHAM" when I was suffering from Acute (Very Acute) PAIN and total exhaustion, not responding to any medication, in all the joints and my whole body following an attack of CHIKUNGUNIYA a year ago. I was prescribed 10 sessions of drug-free Holistic Medicine therapy comprising relaxation, breathing, chanting, acupuncture & moxibustion, reflexolgy, laser and detox therapy, I am very glad to state that I am now 100% CURED, totally pain free, and bouncing with energy. A big Thank You to Dr. Tuli and the "SOHAM" team."

Daughter

SAHIBA SANDHU
San Francisco-CA, U.S.A.

"I came to Dr. Tuli about 4 years ago when I had been suffering from Severe Chronic Fatigue, Acute Fibromyalgia, Depression, Anxiety, Insomnia, Blurred Mind, Migraine, etc. It had, also, disturbed my hormonal system to cause PCOD-Amenorrhea-Infertility. Despite trying various allopathic and natural cures at best of the recommendations for over 10 years in both India & the U.S., my condition only got from bad to worse. But, once under Dr. Tuli's care I've found significant relief in all of my issues. From being bed ridden with intolerable drug-resistant pain, I'm now a qualified Yoga teacher, do my aerobics as well as go jogging regularly. The quality of my health (Body-Mind-Spirit) has improved from 1/10 to 8-9/10. Also, I didn't find any answer in western medicine for my PCOD which has been concurrently cured and I'm the mother of a healthy baby now."

Mother

Jennifer Tytler
Principal, JD Tytler School, New Delhi

"In the year 1992, when I came to Dr. R.K. Tuli, I was bed-ridden for previous five years due to pain and disabilities of Cervical Spondylitis, three Slip-Discs in my Lumbar Spine, and Sero-Positive Rheumatoid arthritis involving every joint in my body. I had been treated by the best specialists here, and later hospitalized under leading Doctors in London and New York. But, of no avail. Within three months of drug-free Holistic Medicine therapy comprising different modalities of Acupuncture, Therapeutic Yoga and the Healing Touch of Dr. Tuli, I was miraculously CURED of all my ailments that have stood good over the last 25 years." She likes to add, "A few years later I suffered Multiple Fractures in my Left Ankle. But, when after six months of Orthopaedic treatment and Physiotherapy, Pain and Discomfort didn't subside I had to think of Dr. Tuli. Once again, I recovered fast and have been ever since freely wearing my favourite but forbidden 'stilettos'. The whole world should adopt this wholesome therapy that restored me to fully enjoy health, fitness and wellness in spite of the years added to my age." She states further, "Dr. Tuli's therapy is truly Holistic in the literal sense that it addresses the person as a whole. It didn't merely help my body or all my joints and entire spine concurrently; it brings an unimaginable equanimity to the mind and uplifts the spirit of the person to another level! The true role of his therapy was confirmed further when I developed High Blood Pressure a few years later - all the tests and medications by leading cardiologists couldn't control my B. P. over six months. But, within seven days at Dr. Tuli's Clinic and 20 years later my B. P. has remained within normal limits without any drugs, in spite of all the ups and downs of life." . . . Jennifer Tytler, Trustee Director, JD Tytler School, New Delhi

Daughter

Radhika Tytler
Poetess, New Delhi

"Filled With Depression And Its Accompaniments For Many Years Full Of Doubts And FearsMy Emotions suffering Their Ups And Downs, Floor Racing, Blurred Vision, All Around DizzinessWhat I Found Unable To Cross The Road, Unable To Climb The Stairs, Even Unable To Stand UprightThen, Brought To A Saint Doctor With A Miracle Cure In The Form Of Healing Touch And The NeedlesThat Cured My Life From Depression, Its Desperations, and its Hallucinations!
The Soft Prick Of Needles Clipped With Wires Passing Micro Currents Metabolized My Life Force The High Energy Levels Taking Away The Memory Of The Options Of High MedicationI Was Cured Of My Long Suffering! An Earth Can Be Without The Dosage Of Pills!! Today I Walk Free Of The Disease I Can No Longer Care, I Say Goodbye To Depression And My Heart Says Three Cheers to Holistic Medicare As I Worship The Saintly Doctor."
. . . . Radhika Tytler [An Ever Grateful Patient]

PERSONAL EXPERIENCES OF TOP DOCTORS

"Holistic Medicine is SURELY the highest form of Healing. Dr. Tulis' team is really aiding the Divine Healer and in the process motivating their patients in the right direction." . . . . **Dr. (Prof) Kusum Sahgal Former. Principal & Director Lady Harding Medical College, New Delhi**

"I had brought my wife Veena Gupta after I was fed up with allopathic treatments, as in spite of the best care she continued to suffer from multiple problems of Mental Depression - OCD; Hypothyroidism; Fibromyalgia; Obesity; Cervical Spondylosis + Vertigo with Osteoarthritis of Knees & Ankles + Restless Legs and APD-GERD + Fatty Liver, etc. After drug-free Holistic Medicine therapy at "SOHAM" for just over two months, I am Thrilled with the improvement in her health.". . . . **Dr. A. K. Gupta, Former. Dean, Maulana Azad Medical College & Technical Expert Govt. of India**

"In April 2000 I had a Lumbar Canal Stenosis operation by a visiting surgeon from U.K. at the Apollo Hospital, Delhi, as my L4 & L5 Vertebrae had collapsed pressing on the Nerve Roots causing excruciating PAIN and Weakness in Both Legs causing difficulty in even getting out of the bed or walking, which had persisted even after the operation. After a few sittings at the Holistic Medicine Department, I felt remarkable improvement and as a follow-up I do regular exercise and yoga. I wish Dr. Tuli keeps his mission of CURING many more patients." . . . **C.D.D. Reddy, Managing Director, Apollo Hospital, Ahmedabad**

"I came to Dr. Tuli in a desperate condition with unbearably severe LOW BACK PAIN due to Inoperable Advanced L-S Degenerative Spondylosis + DDD & PIVDs L1 to L5, Spinal Canal Stenosis and Radiculopathy BLLs causing Anxiety, Sleep Disturbance & Hypertension. I already had both Knees as well as a Hip joint replacement. I got very positive vibrations and a feeling of reassurance at his "SOHAM" Clinic. I felt very relieved after only a first few treatments. At the end of recommended course I am completely relieved and I'd like to share that I am able to play better Golf today than I did 10 years ago!" …**Dr. Kavita Sama, Sr. Obst & Gynaecologist, SAMA Nursing Home & Sir Ganga Ram Hospital.**

"I am glad that I directed my 73 years old mother to Dr. Tuli. She suffered from Chronic Low Backache for the last three decades, and was operated upon 25 years ago. Her MRI revealed L4-L5 & L5-SI PROLAPSED DISCS with LUMBAR CANAL STENOSIS & NERVE ROOT IMPINGEMENT. For the last six months her pain was intolerable, radiating into left leg causing its wasting. Now in her own words, "Every morning when I go for my morning walk, I thank God and Dr. Tuli! I was almost confined to bed for over a year. Nothing really helped, no pain killers or even injections into the spine. I agreed for this Holistic Therapy on the insistence of my doctor daughters. After 30 sessions of drug-free therapy, I am glad to report that the pain is relieved and my leg is regaining its lost strength. I find a new elasticity in my body at this age to enjoy daily Pranayama, Asanas & Meditation." . . . . . **Dr. Neelam Dhillion, Medical Adviser, Canada High Commission, New Delhi.**

"I used to feel exhausted and breathless 'dyspnoea' on mild exertion and had been diagnosed to suffer from progressive Interstitial Lungs Disease (I.L.D.). After consulting all the doctors here and abroad (U.K. & U.S.A.), many of whom were my former students, I had decided to retire when I was told nothing much could be done. But, after having this drug-free Holistic Medicine treatment for about four months, I've tremendous improvement in my health and I really now BELIEVE about the theory of LIFE-FORCE which can CURE many incurable ailments." ….. **Dr. Shanti Talwar, Sr. Consultant Paediatric Surgery, Apollo Hospitals and Former. Director, Professor & Head Maulana Azad Medical College, New Delhi.**

"I am pleased to share that I had brought my bed-redden mother here more than 15 years ago as she suffered from severe Rheumatoid Arthritis with multiple crippling deformities. She had, also, developed serious side-effects to drugs including heavy dose of prednisolone prescribed to her at AIIMS, New Delhi. I am highly obliged to Dr. Tuli's team and the drug-free holistic method of treatment for total cure of my mother from the very cause of disease, recovery from all the deformities and her freedom from heavy toxic medication. It was a medical miracle that stands proven till today! My mother has now crossed the age of '80' years and she continues to smoothly manage her entire household including my 'handicapped' sister!! Long live holistic Medicine!!!"

. . . . . **Dr. Anand K. Gupta, Senior Family Physician & Dermatologist, New Delhi**

"I'VE BEEN GIVEN A SECOND LIFE!

I had slipped into Hepatic Coma & Total Renal Shut Down following Chronic Progressive Multi-Virus Hepatitis. My family sought the services of Dr. R.K. Tuli, the renowned Holistic Physician at the stage when specialists at AIIMS gave up on me! Due to his sincere and vigorous support I've fully regained my liver functions. What's amazing is that the universally INCURABLE 'C' & 'E' Antigens and all the Virus load has been eliminated from my body. My health has bounced back to be better than in previous ten years, and I've resumed my medical practice nearly after three years of its closure due to my morbidity." . . . . . **Dr. Deepak Chandra, Vishnupura, Kanpur (U.P.)**

"ONLY HOLISTIC MEDICARE COULD CURE MY RARE DISEASE"

"I was diagnosed to suffer from Takayeshu's Disease, a rare type of serious arteritis due to autoimmune disorder with no definitive treatment in the world of modern medicine, anywhere. I survived left sided hemiplegia 4 years back, after which my life got complicated. I was also developing diabetes as a side-effect of drugs. The Holistic Medicine therapy has helped me an unbelievable CURE; besides I've learnt the way to lead life with positive attitude, and I feel a new force & energy within me to carry out my life with ease. I've learnt many things, which will also help me professionally. I wish Dr. Tuli may long continue to serve the humanity and give new direction to healthcare." . . . . . **Dr. Purnendu Kumari, Chief Medical Officer, C.G.H.S., Rashtrapati Bhawan.**

"I was transferred to New Delhi's Apollo Hospital having suffered Multiple Fractures Rt. Elbow & Lumbar Spine at Rishikesh. While splints and plaster was done for the elbow, there was varied opinion whether I needed a surgery for my spine. For unbearable pain, swelling of the elbow and side-effects of drugs, I sought assistance of the Holistic Physician, Dr. Ravi Tuli, at the hospital. He instantly brought 'life-force' into healing, bringing lot of comfort and immediate increase in the range of my movements by 45 degrees. It saved me the controversy about spinal surgery and the injury healed spontaneously - instantly! Hypnotherapy by Dr. Poonam Tuli helped me clear lot of past 'karmic garbage' giving me plenty of mental equanimity. I am very thankful for this work and wish they use it in the entire hospital for benefit of many more people." . . . . . **Dr. Audrey Easton, Santa Fe, New Mexico, USA**

THEY CAME FROM FAR OFF LANDS

"I visited "SOHAM", the energy charged healing clinic of Dr. Tulis' when I was in a state of very low health, morale and vitality due to recurrence of incapacitating LOW BACKACHE with severe SCIATICA. I had been operated for L4-L5 DISECTOMY for the same problem three years earlier. The surgeons advised me a repeat surgery as I had developed a SLIP DISC at L5-S1 compressing on the nerve roots. But, I was scared due to my bad experience with the surgery in the past, its after effects, and also due to my poor health this time. Dr Tuli, with his drug-less holistic therapy, has enabled me to restart my life once again and given me a new chance to enjoy life. They only could save me from the burden of a repeat surgery. I can state that I am, now, as healthy and bouncy as a 'ping-pong' ball that I was never before! I will always remember your treatments and pray to God that I can find someone like you in the U.S., where I've to return to now. All the best and a BIG Thank You, once again. . . . **Benoit Ghesquiere-Dierickx, New York, USA**

"My two and a half years old son Ali suffered from serious 'Cerebral Palsy'. After Holistic Medicine therapy in the last six weeks, we realize that his intelligence, interaction and speech has improved a lot, and he has started crawling. Dr. Tuli's faith in divine and his healing therapy has helped Ali much! Insha Allah, our child shall recover fully in due course as we have seen other children here recover fully from such disability." . . . **Celine Shukr, Beirut, Lebanon.**

"Dr. Tuli's therapy has been highly effective in reducing long-term inflammation damaging my muscles and joints. Amazingly, as a by-product, it has corrected the congenital condition of Flat Feet. I've found it to be extremely useful as drug free remedy for day to day problems, especially managing my Immunity.". . . **Dr. William S. Fox, Director Maharishi Corporate Development Program, U.S.A.**

"Dr. Tuli has not only taught us the integration of natural & modern medicine, but also allowed us to experience this incredibly inspiring experience." - Tara Lynn, Dallas, Texas, USA

"Thank you so much for introducing us to natural holistic medicine as practiced here in India! I am definitely coming back to learn more in 4th year of my medical school". **- Mien Chyi, Ann Arbor, MI USA**

"Your office is a very warm welcoming environment. Thank you for teaching us about holistic medicine and spirituality. I hope to learn more about it in future."**- Amy Caron, Ann Arbor, Michigan State, USA**

I am truly thankful for this unusual, interesting, beneficial and wonderful experience of integrating holistic medicine for a budding doctor. **- Marta Deolza, Brooklyn, NY, USA**

"Having come to Dr. Tuli in agony and anxiety due to severe Low Backache as a result of L-S Spondylosis & Prolapsed Discs and disturbed digestion and low health because of a long standing Irritable Bowel Syndrome, I can testify to the wonders of holistic medicine treatment: acupuncture, breathing, relaxation techniques, and yoga, etc. Now, I am fully cured, restored in health, feel 10 years younger, more alert and at peace with my environment. They have also improved the general vitality of my younger daughter who perpetually remained sick, in spite of all treatments by medical experts, due to poor immunity that hampered her growth. This holistic approach in healthcare should become the norm for treating all ailments by modern medicine physicians, complementing it and in some cases supplementing the traditional holistic approach of body, mind & spirit. Thank you Dr R. K. Tuli and Dr Poonam Tuli." . . . **Salman Zaheer, World Bank, Washington D.C., USA**

EXPERIENCES OF FAMOUS INDIANS

"The Healing Touch and dedication of both Dr. Ravi & Dr. Poonam Tuli have helped my wife to far improve of her lifelong Bronchial Asthma, Arthritis Knees & Chronic Backache. I myself feel rejuvenated and several years younger because of improvement in my Spine.". . . **Lieut. General Harish Dutta, Former. Army Commander**.

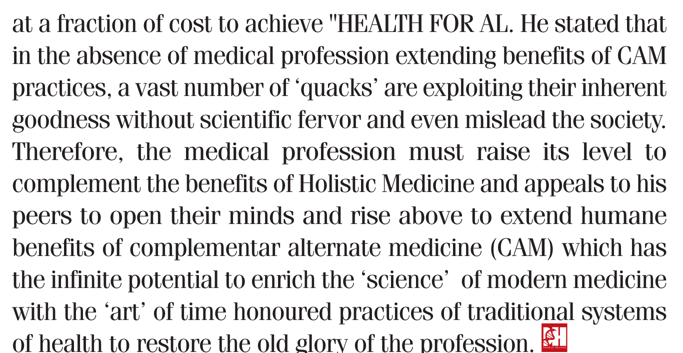
"The Holistic Medicine therapy of Dr. Tuli benefitted me to fully recover from Cervical Spondylosis with Prolapsed Disc causing C7 Radiculopathy, and enabling me to achieve a world milestone of completing para jumps as serving chief of a service. I fully believe in this philosophy of Holistic Medicine for Life style and Fitness." . . . **Air Chief Marshal S.P. Tyagi, Former. Chief of Staff, Indian Air Force**

"I got treatment for my Headache due to Chronic Sinusitis which . I was suffering for more than ten years. Dr. Tuli not only treated me but also educated me about the benefits of Holistic Medicine and healthy life style.". . . **Mukut Mithi, Former Chief Minister Arunachal Pradesh & Governor of Puducherry**

PREDICTABILITY, REPRODUCIBILITY & SUSTAINABILITY ARE THE HALLMARKS OF A SCIENTIFIC PHENOMENON . . . Dr. (Prof.) R. K. Tuli

CONCLUSION: It's no wonder that Dr. Tuli is so passionate to share miracles of such wide spectrum of stories which prove the efficacy and versatility of Holistic Medicare. It reveals the potential to tremendously improve the way medicine is practiced today. The efficacy of modern medicine enhanced by alternate / traditional therapies brings out the best in healthcare to offer to the humanity.

At the same time Dr. Tuli, cautions that to establish its universal acceptability we need large scale multicentric scientific studies and develop evidence based protocols for the larger benefits that help in entire range of chronic and incurable medical conditions



at a fraction of cost to achieve "HEALTH FOR AL. He stated that in the absence of medical profession extending benefits of CAM practices, a vast number of 'quacks' are exploiting their inherent goodness without scientific fervor and even mislead the society. Therefore, the medical profession must raise its level to complement the benefits of Holistic Medicine and appeals to his peers to open their minds and rise above to extend humane benefits of complementar alternate medicine (CAM) which has the infinite potential to enrich the 'science' of modern medicine with the 'art' of time honoured practices of traditional systems of health to restore the old glory of the profession.

Womb on Rent

Over the years, the process of using a surrogate mother has become a way for parents to have a child by using a third party to carry the child until birth. Although this can be an ideal solution, the concept of surrogacy is an extremely controversial issue……….

BY ABHIGYAN/ABHINAV

One of the key issues is the surrogacy procedure itself. While the process makes it possible for parents to have a child that possesses genes from one or both "biological" parents, it can also put in motion many emotional and psychological ups and downs for the intended parents.

In addition, even if both parents of the child are on board with using a surrogate mother, there are instances where it may be difficult to family members that this is the right choice. Therefore, it is essential to take the time to thoroughly think through the entire surrogacy process and to consider all of the pertinent factors before moving forward.

The process of choosing who will act as the surrogate mother can also bring up some controversy. In some cases, the biological parents may opt to use a friend or relative for this role. This, however, could cause some potentially negative issues down the road if not handled correctly medically, emotionally, and legally.

The biggest advantage to the surrogacy process has the potential to outweigh any of the disadvantages in that regardless of the time, cost, and other factors that are involved, a loving parent or parents will soon have a child to love.

WHAT IS SURROGACY?

Surrogacy is the practice where another woman carries and gives birth to a baby for a couple who want to have a child. It might become necessary in case of absence or malformation of the womb of the lady, recurrent pregnancy loss, or repeated in vitro fertilization (IVF) implantation failures.

But it does not allow surrogacy to the people like homosexual couples, single parents, couples in live-in relationships, foreigners and couples with children (biological or otherwise). The cheap availability of labour coupled with high international demand has fuelled the growth of this industry. However, there was no legislative backing to surrogacy and the legal aspects over it seemed to be rather unclear, unsettled and vague.

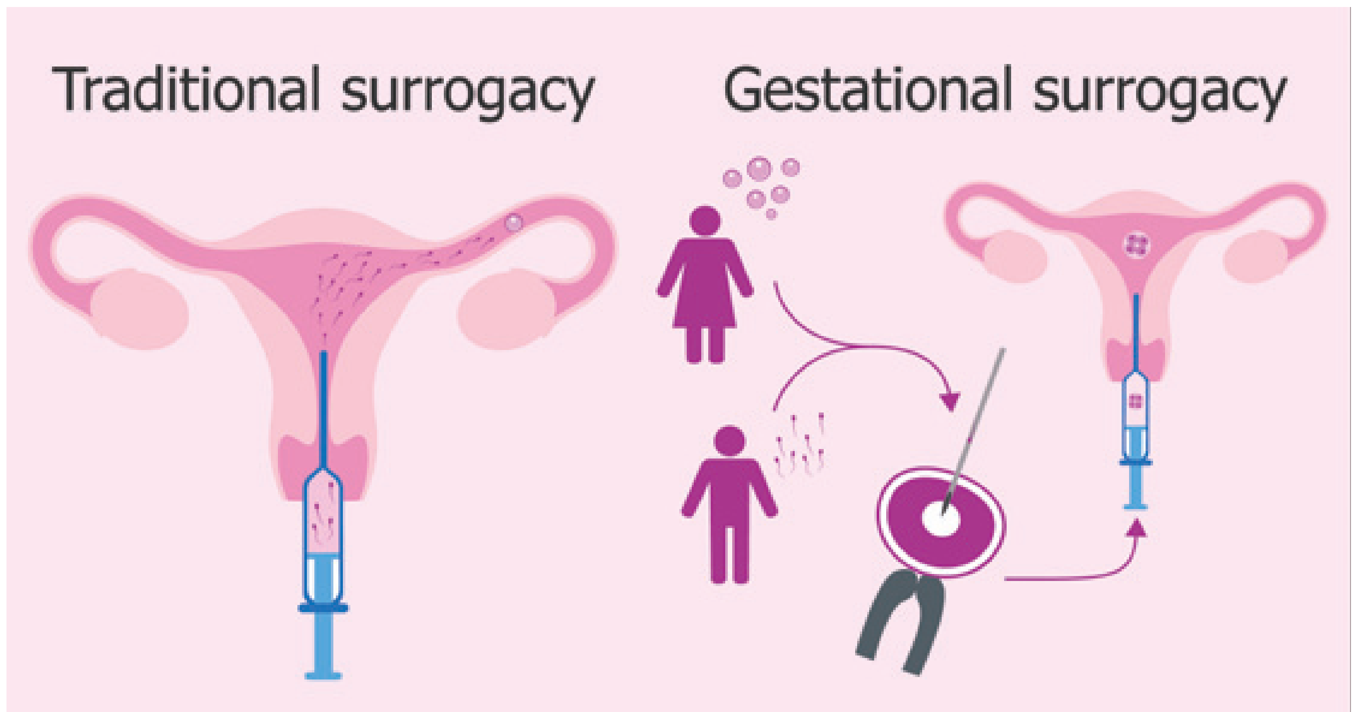
Surrogate mothers receive medical, nutritional and overall health care through surrogacy agreements. The economic scale of surrogacy in India is unknown, but study backed by the United Nations in July 2012 estimated the business at more than $400 million a year, with over 3,000 fertility clinics across India.

PROS AND CONS

As the government prepares to enact a new legislation on surrogacy, it is important to understand various aspects related to the issue of choosing a surrogate mother to give birth to your child

Having the ability and willingness to provide an infertile couple with a child is essential to successful surrogacy. Surrogate mothers play an invaluable role in growing families all across the world. Those who are considering using or serving as a surrogate mother should carefully weigh the pros and cons of the situation before making a decision to have a baby this way.

Potential surrogate mothers are required to go through a series of medical tests and procedures to ensure that their bodies are fit to carry and give birth to a healthy child. The specific medical procedures used will vary from case to case, but will help



confirm that the surrogate's reproductive system is in good functioning condition. It's important to keep in mind that many couples decide to use a surrogate mother because of the frustration of not being able to conceive in the first place.

No matter how professionally a surrogate mother views her arrangement with the couple for whom she is carrying a child, emotional attachments to the child are always a risk. A surrogate must be emotionally prepared to deal with these feelings. If you have any reservations about your ability to relinquish a child you have carried for another couple, surrogacy is not for you.

TYPES OF SURROGACY

Before we proceed it's important to mention that there are different types of surrogacy. Some types of surrogacy refer to the genetic circumstances and others types refer to the types of arrangement. There are 3 types of genetic surrogacy circumstances:

Genetic surrogacy or partial surrogacy: This is the most common type of surrogacy. Here the egg of the surrogate mother is fertilized by the commissioning male's sperm. In this way the surrogate mother is the biological mother of the child she carries.

Total surrogacy: Here the surrogate mother's egg is fertilized with the sperm of a donor - not the male part of the commissioning couple.

GESTATORY SURROGACY OR FULL SURROGACY: Here the commissioning couple's egg and sperm have gone through in vitro fertilization and the surrogate mother is not genetically linked to the child.

ACCORDING TO THE SURROGACY (REGULATION) BILL, 2016, the surrogacy is an arrangement whereby an intending couple commissions a surrogate mother to carry their child. The intending couple must be Indian citizens and married for at least five years with at least one of them being infertile. The surrogate mother has to be a close relative who has been married and has had a child of her own. No payment other than reasonable medical expenses can be made to the surrogate mother.

The surrogate child will be deemed to be the biological child of the intending couple. Central and state governments will appoint appropriate authorities to grant eligibility certificates to the intending couple and the surrogate mother. These authorities will also regulate surrogacy clinics. Undertaking surrogacy for a fee, advertising it or exploiting the surrogate mother will be punishable with imprisonment for 10 years and a fine of up to Rs 10 lakh.

The Bill permits surrogacy only for couples who cannot conceive a child. This procedure is not allowed in case of any other medical conditions which could prevent a woman from giving birth to a child. The Bill specifies eligibility conditions that need to be fulfilled by the intending couple in order to commission surrogacy. Further, it allows additional conditions to be prescribed by regulations. This may be excessive delegation of legislative powers. The surrogate mother and the intending couple need eligibility certificates from the appropriate authority.

The Bill does not specify a time limit within which such certificates will be granted. It also does not specify an appeal process in case the application is rejected. The surrogate mother

must be a 'close relative' of the intending couple. The Bill does not define the term 'close relative'. Further, the surrogate mother (close relative) may donate her own egg for the pregnancy.

This may lead to negative health consequences for the surrogate baby. For an abortion, in addition to complying with the Medical Termination of Pregnancy Act, 1971, the approval of the appropriate authority and the consent of the surrogate mother is required. The Bill does not specify a time limit for granting such an approval. Further, the intending couple has no say in the consent to abort.

COMMERCIAL SURROGACY IN INDIA

Commercial surrogacy in India was legalized in India in 2002 with Indian Council of Medical Research (ICMR) laying down some pro-surrogacy guidelines. It includes prohibition of sex-selective surrogacy, requiring birth certificate of the baby to have the names of only the commissioning parents, requiring at least one of the commissioning parents to be a donor, requiring a life insurance cover for the surrogate mother and ensuring right to privacy to surrogate mother and the donor. The need for a proper legal system regulating the practice of surrogacy was felt in the case of **BABY MANJI YAMADA V UNION OF INDIA AND ANR(2008) 13 SCC 518.**

In 2007, a certain Dr. Patel working at the Akanksha Infertility Clinic, arranged for Japanese couple Ikufumi and Yuki Yamada to have a surrogate baby by Pritiben Mehta. Pritiben was impregnated using a mix of Yamada's sperm and an anonymous Indian woman's egg. However, in the months to come, Yamada and his wife filed for divorce. None of the Indian laws covered whose child the baby (Manji) was: the woman who donated the egg, Pritiben, or Yuki Yamada. Furthermore, there was even a petition filed later in court that Dr. Patel was running a child trafficking racket by abusing the lack of surrogacy laws, and gaining easy money by enabling surrogacy.Though the case was solved and the baby was given to his grandmother, the Supreme Court expressed the urgent need to enact laws on surrogacy while deciding the case.

A draft ART(Assisted Reproductive Technology) Bill was formulated in 2010 but never passed as a law. Thus, the result was booming surrogacy industry with lax laws and no enforcements. A study conducted in July 2012, backed by the UN, put the surrogacy business at more than $400 million with more than 3000 fertility clinics all over the country.

There were no rules as to how much compensation a surrogate mother should get and can get. They are over-exploited and have turned into baby making machines. In this light, Surrogacy (Regulation) Bill 2016 was introduced in Lok Sabha. It has not been passed yet.

The prime aim of this act is to abolish commercial surrogacy which is defined as surrogacy or its related procedures undertaken for monetary benefit or reward (cash or kind) exceeding basic medical expenses and insurance coverage.The bill proposes to regulate surrogacy in India by establishing National Surrogacy Board at the central level, State Surrogacy

"Surrogate motherhood should be allowed. Just because a woman is physically not able to conceive shouldn't keep her away from being a parent. Genetically having a child that you've wanted would be a lot better than having one that isn't. Just because someone else is carrying the child for you doesn't mean it won't be loved as much. It isn't about the money, it's about giving the gift of love to a person who can't do that on her own."

Dr Saujanya Aggarwal, IVF Expert, Max Hospital, Vaishali(Ghaziabad)

What They Say

Double Helical spoke to some eminent doctors to know their views on the issue of surrogacy. Excerpts…

"Surrogacy is the last steps towards fulfilling the desire of parenthood. Ultimately after trying different evidence based strategies, the surrogacy becomes last recommendation where regulated surrogacy is need of society. Unfortunately, due to lack of clear cut guidelines the concept of surrogacy is also required. There is need of ethical practice within the legal framework which is to be implemented throughout the nation earliest possible. It has become a trade (essential step) towards human need. The foreigners should be also allowed because there is nothing ethical. So does not hold itself boundary."

Dr A K Agarwal, Professor of Excellence and Medical Advisior, Innovation and Research, Appollo Hospital, New Delhi

"No one can deny the pains of infertility, but surrogacy makes having a child seem as like picking a product. By bearing a child, one develops obvious emotional connection to it, and this early love for a child cannot be easily substituted. I believe that if one is to take into account the child's wellbeing, surrogacy can ensure a lack of early intimacy between mother and child. Legally also surrogacy complicates rights over the child."

Dr Vinay Aggarwal, Ex National President and Founder Chairman,Max Pushpanjali Hospital, Vaishali

"Why not allow a willing woman to carry her sterile sister's child? Why not allow an older woman to carry her infertile daughter's baby? As long as all parties consent, voluntary surrogacy is as much a woman's choice as abortion. Until there are viable and successful artificial wombs, surrogate motherhood is the only option for a biological family unit's creation in some cases.

Dr Arvind Garg, Sr Child Specialist, Apollo Hospital, Noida

"A child is not something that should ever be fought over, but brought up in a loving and nurturing environment. I don't deny the reality that one does not have to give birth to or show any relation to a child to be a great parent. It is the room for complication that steers me from surrogacy."

Dr H P Singh, Senior Child Specialist, Mother Child Care, Vaishali (Ghaziabad)

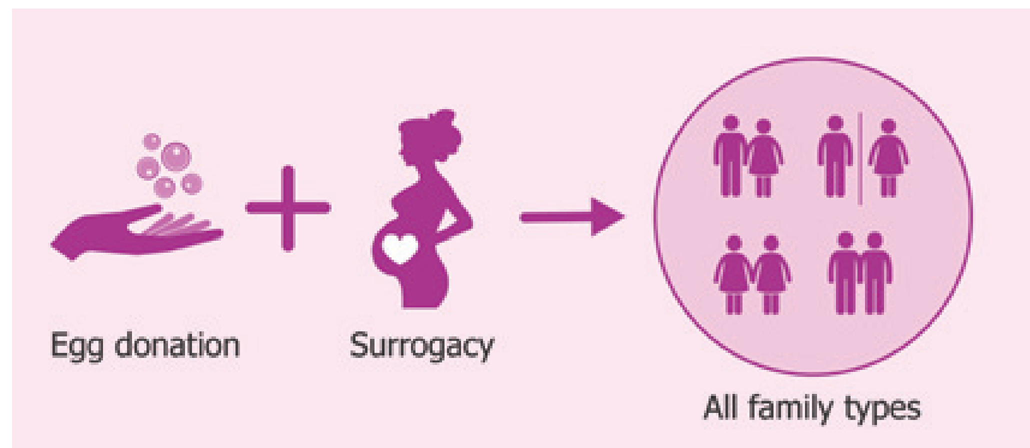
"Surrogate carriers can experience negative psychological effects because the baby they are carrying doesn't belong to them and it is no small sacrifice to bear a child in your belly for 9 whole months. Naturally a woman will start to develop an attachment to that child. Another issue is the fact that the child is being separated from the loving lady who carried it the 9 months before their birth."

Dr Shishir Narayan, Senior Eye Specialist, Shroff Eye Centre, New Delhi

"In my view, surrogate mothers should be allowed because if somebody can't have children, they should still be able to raise a family of their own. To some people, having the same DNA as your child is very important. I believe that if someone is willing to be a surrogate mother to help somebody out, they should be able to. If someone doesn't think they would be able to give away the baby after giving birth to them, they shouldn't have signed the contract, although there are now laws and they would have to give up the child to the other family."

Dr Vibhor, Innovation and Research, Appollo Hospital, New Delhi

"The Law and Medical Council states that doctors should not discriminate amongst patients and that a person is innocent unless proven guilty. Here in this Bill we have to discriminate on the basis of the colour of the skin of the patient so white skinned foreigners cannot be given treatment and even in India only economically well off can afford treatment."



Board and Appropriate authorities in state and Union Territories.

It only allows altruistic ethical surrogacy to intending infertile couples between the age of 23-50 years and 26-55 years for females and males respectively. The bill seems to eradicate the inside business often involved in surrogacy. This is very necessary in places like Gujarat where baby farms exist. The unprivileged parents are given as surrogates to potential mothers and exploited as baby carriers. Middlemen play a large role and take huge slices of amount given.

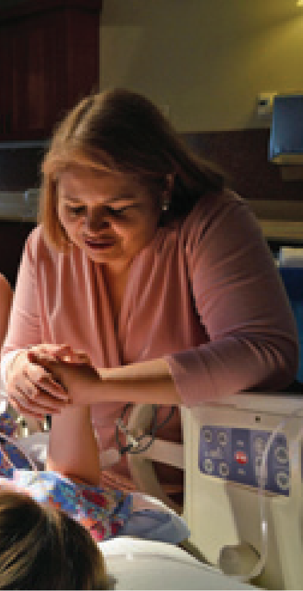
But, the bill has been criticized since it narrows down the realm of surrogacy. It allows only intending couples who are legally married for at least 5 years and have obtained the eligibility certificate from appropriate authority to have baby through surrogacy. Various restrictions have been put on the surrogate mother too who necessarily needs to be a close relative of the intending couple.

However, in what may turn out to be a good news for single men and women who wish to have baby through surrogate mother, a Supreme Court Bench led by Justice Ranjan Gogoi lately, allowed a representation to be made before the committee to consider including a "specific provision" in the Bill so as to facilitate single persons also to embrace parenthood through surrogacy.

MCI'S GUIDELINES FOR SURROGACY

The Indian Council for Medical Research has given guidelines in the year 2005 regulating Assisted Reproductive Technology procedures. The Law Commission of India submitted the 228 the report on Assisted Reproductive Technology procedures discussing the importance and need for surrogacy, and also the steps taken to control surrogacy arrangements. The following observations had been made by the Law Commission:

-Surrogacy arrangement will continue to be governed by contract amongst parties, which will contain all the terms requiring consent of



surrogate mother to bear child, agreement of her husband and other family members for the same, medical procedures of artificial insemination, reimbursement of all reasonable expenses for carrying child to full term, willingness to hand over the child born to the commissioning parent(s), etc. But such an arrangement should not be for commercial purposes.

A surrogacy arrangement should provide for financial support for surrogate child in the event of death of the commissioning couple or individual before delivery of the child, or divorce between the intended parents and subsequent willingness of none to take delivery of the child.

A surrogacy contract should necessarily take care of life insurance cover for surrogate mother.

One of the intended parents should be a donor as well, because the bond of love and affection with a child primarily emanates from biological relationship. Also, the chances of various kinds of child-abuse, which have been noticed in cases of adoptions, will be reduced. In case the intended parent is single, he or she should be a donor to be able to have a surrogate child. Otherwise, adoption is the way to have a child which is resorted to if biological (natural) parents and adoptive parents are different.

Legislation itself should recognize a surrogate child to be the legitimate child of the commissioning parent(s) without there being any need for adoption or even declaration of guardian.

The birth certificate of the surrogate child should contain the name(s) of the commissioning parent(s) only.

Right to privacy of donor as well as surrogate mother should be protected. Sex-selective surrogacy should be prohibited. And cases of abortions should be governed by the Medical Termination of Pregnancy Act 1971 only.

CENTRE TOO SAYS BAN WON'T AFFECT PENDING CASES

The Bombay high court in an interim order recently stayed the directive of the Union government and the Indian Council for Medical Research banning surrogacy for foreign couples who are in the final stages of the process.

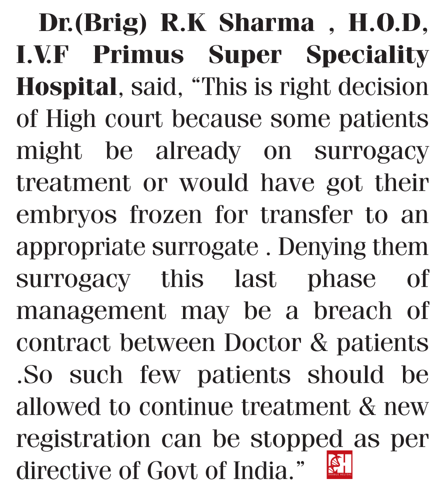
The High Court clarified its order was restricted to cases in the midst of treatment. It asked the clinics to furnish details of such cases to the authorities and barred them from taking up fresh cases of surrogacy for foreign couples.

While doctors fraternity has opposed the surrogacy bill. According to them, this Surrogacy Bill is unreasonable and is against the Law of the Land and by raising costs of treatment severely and restricting facilities will deny fertility treatment to the common man Coincidentally , the Centre, in an online statement made available just few weeks ago announced that the ban will not affect surrogacy cases already underway andor exit of child or children born out of surrogacy be fore November 4. It added that Overseas Citizen of In dia cardholders, too, cannot seek surrogacy in India.

The High Court, rejecting the Centre's contention that there was no urgency in the matter, said before introducing a sudden change in policy, prior notice should have been given. The preparatory steps to commission surrogacy consume time, ener gy and cost, apart from pain and suffering by the individuals. Once such process is set in motion, it becomes very difficult to abandon or postpone it at the crucial stage,“ said the judge. In such situation, the court fails to interfere in the matter, the same shall result in travesty of justice..

The court has pointed out tha by the government's own ad mission, commercial surro gacy had not been banned and recognition of clinics not suspended. “It is therefore expected that the Government of India will take into consideration the repercussion of suddenly banning surrogacy prevailing for 10 years, without notice,“ the HC said. “Change in the poli cy with previous notice would be more desirable and in absence of it, the doctrine of legitimate expectation would operate to save the time, energy and cost spen and the physical and menta sufferings and pain under gone by the parties. Such par ties cannot be deprived of the ultimate benefits which they have sought to avail in accordance with the policy o the Government of India.

The Law and Medical Council states that doctors should not discriminate amongst patients and that a person is innocent unless proven guilty. Here in this Bill we have to discriminate on the basis of the colour of the skin of the patient so white skinned foreigners cannot be given treatment and even in India only economically well off can afford treatment. Also doctors are treated as criminals and presumed guilty even for a clerical error on the extensive paperwork required. 2 clerical errors means 7 years in jail 15 laks fine and permanent cancellation of medical registration. Can any human being work under such conditions? The biggest sufferers will be the infertile.



Dr.(Brig) R.K Sharma , H.O.D, I.V.F Primus Super Speciality Hospital, said, “This is right decision of High court because some patients might be already on surrogacy treatment or would have got their embryos frozen for transfer to an appropriate surrogate . Denying them surrogacy this last phase of management may be a breach of contract between Doctor & patients .So such few patients should be allowed to continue treatment & new registration can be stopped as per directive of Govt of India.”

Save your Child's Vision

Retinopathy of Prematurity (ROP) in premature babies requires greater neonatal care including screening of infants and necessary treatment

BY DR MAHIPAL S SACHDEV

Retinopathy of Prematurity (ROP) is a disorder of the retina in premature and very low birth weight infants. The ROP is a potentially blinding disease, but it is preventable too.

With early and appropriate treatment, we can save the child from blindness and even in advanced cases give the child a vision good enough to move around. The childhood blindness – particularly ROP – now figures in the priority list of health planners and implementers. It is estimated that 20-40 % of preterm infants develop ROP, with 3-7 % becoming blind. As neonatal care improves, it results in higher survival rate for preterm infants.

ROP blindness is going to pose a major problem for our health planners. The challenge is to increase awareness of ROP and introduce screening of all infants vulnerable to ROP.

Why ROP in premature babies?

The last 12 weeks of a full-term delivery, from 28-40 weeks gestation,

are particularly active for the growth of the fetal eye. Premature children are at risk for developing ROP because they have been taken out of the protective environment of the mother's womb and are exposed to many things including medications, high levels of oxygen and variations in light and temperature.

The blood supply to the retina starts at 16 weeks of gestation and the vessels gradually grow out over the surface of the retina till the time of birth. In premature infants, the normal growth of the retinal vessels stops and abnormal new vessels begin to grow in response to chemical signals.

Make ROP Screening a Must: The aim of screening for ROP is to detect all treatable neonates. Good screening can work miracle as it targets all "at-risk" and can be best done at a neonatal ICU.

Whom to Screen:

- Infants with birth weight at or below 1,500 grams.
- Infants born at or before 32 weeks' gestational age.
- Very sick infants with high risk factors for development of ROP: including prolonged mechanical ventilation, blood transfusions, infection, intra-ventricular hemorrhages, anemia etc.

Screening must be initiated at 32 weeks' gestational age or four weeks after birth, whichever is earlier when ROP begins and is seen clinically. This is followed by another screening at 35-37 weeks' gestational age. The last screening is done at 39-42 weeks when ROP begins to regress. These three screenings are critical.

Natural Course of ROP:

ROP is a transient disease in the majority of the infants with spontaneous regression occurring in 85% of the eyes. Approximately 7% of infants with birth weight of < 1251 gm will eventually develop significant ROP. Most infants with mild ROP that resolves either with or without laser treatment will have no remaining scar tissue.

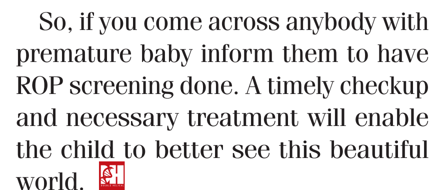
Treatment of ROP: Treatment for ROP depends on the severity of the condition.

1. Mild involvement usually requires nothing more than observation.
2. Moderate involvement, needs laser or cryo therapy which is used to eliminate the abnormal vessels before they cause the retina to detach.
3. Severe stages need surgical management. In partial retina detachment Scleral Buckling is done while in total retina detachment V-R surgery is required.

4. In cases with low vision, there are a variety of educational adaptations. Optical aids like hand magnifiers for close work, hand magnifiers for distance viewing, and CCTV (closed- circuit television) can be helpful. Myopic corrections are usually indicated, as well as high level of illumination.

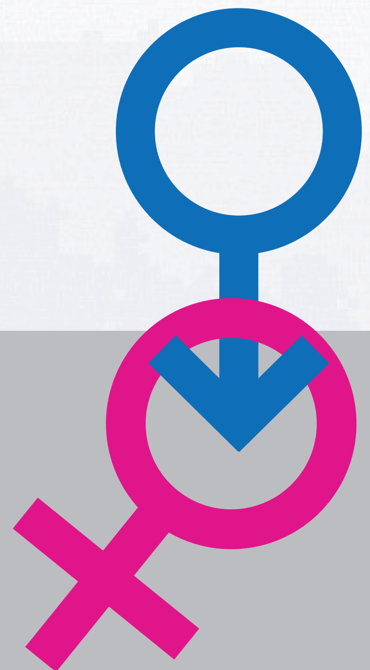
The most significant aspect is that careful monitoring of retinal status in premature infants will save many premature children from developing ROP.

So, if you come across anybody with premature baby inform them to have ROP screening done. A timely checkup and necessary treatment will enable the child to better see this beautiful world.



(The author is Chairman & Medical Director, Centre for Sight Group of Eye Hospitals, New Delhi)

Life in bondage



There are grave implications of gender based violence as it has grave effects on the physical, psychosocial/mental and reproductive health of women and child health.

BY TEAM DOUBLE HELICAL

Violence against women is recognized as one of the most serious public health issues worldwide. It knows no social, economic or national boundaries. Gender Based Violence (GBV) is any form of intentional physical, psychological, sexual harm, or threat of harm, directed against an individual based on their gender. Although GBV is violence directed against both men and women, it refers mostly to violence directed against women by their men. GBV is a consequence of a patriarchal society at the roots of which lie power inequalities between men and women. GBV is considered as the most pervasive form of violence and is the most prevalent violation of women's human rights. According to the United Nation's global estimates, one in three women has experienced physical and/ or sexual violence by their intimate partner at least once in their lifetime.

GBV encompasses physical, sexual, emotional, economic and verbal violence. Physical violence includes hitting, beating, slapping, punching and stabbing out of many others. Studies suggest that between 23 to 53 percent of women physically abused by their partners during pregnancy are kicked or punched in the abdomen. Sexual violence includes coerced sex, marital rape, attacks on sexual organs, demeaning the sexuality of partner, treating her in a sexually derogatory manner, criticizing sexual performance and desirability, accusations of disloyalty and withholding sex.

Verbal violence includes withholding access to phone and/or transportation, belittling victim's personal relationships, mental harassment, constant "checking up," not allowing the victim to go anywhere independently, false accusations, threatening to divorce her and verbal abuse by mother-in-law etc. Emotional violence means deriding the victim's sense of worth for instance: criticism, undermining victim's abilities and competency, name-calling, ridiculing her in public and/or private, making the victim feel guilty, threatening victim's relationship with children and many more. Economic violence means depriving the victim of financial independence. Maintaining total control over financial resources including victim's earning, withholding money and/or access to money, deny employment, seeking accountability and justification for all money spent, lying about income etc. are examples of economic violence.

Globally, nearly 30% women who have been in a relationship, report suffering from some kind of violence in the course of their relationship. Men who have a low education level, have witnessed child mistreatment or exposure to violence in the family, have attitudes accepting violence, support gender inequality, or are substance abusers (including alcoholics, smokers, or drug addicts), are more likely to commit violence against their wives. On the other hand, a women's low education level, exposure to violence in family, being abused during childhood and her attitude of accepting violence and gender inequality, increases her risk of being victimised.

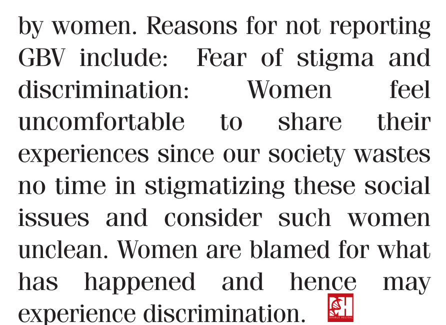
GBV has serious deleterious effect on the physical, psychosocial/mental and reproductive health of women. Physical effects include partial or permanent disability, poor nutrition, chronic pain, gastrointestinal problems and organ damage. Psychosocial/ mental effects include anxiety, guilt, shame, post-traumatic stress disorder, depression, sleep disorders, suicidal tendencies, substance abuse, social stigma and social isolation. Reproductive effects include sexual disorders, unprotected sex, low birth weight of new-borns, neonatal death, maternal death, suicide, HIV, AIDS and infertility. According to a study, abused women are more likely to have difficulty using contraceptives than non-abused women. As a result, they are more susceptible of having unwanted or unplanned pregnancies, unsafe abortions, and of becoming pregnant as adolescents.

GBV expresses itself in a multitude of dangerous behaviors directed against women and girls. Sadly, this violation of the basic human rights of women and girls does not stop even when a woman is pregnant. In addition to having deleterious effect on maternal health, GBV affects birth outcomes of the new-borns of mothers who are victims of violence at home. For instance, research suggests that new-borns of abused women are more likely to die before the age of 5. Violence during pregnancy is directly

associated with low birth weight of babies. Pregnant women who are subject to GBV are more likely to delay seeking antenatal care. There are strong links between GBV and sexually transmitted infections (including HIV) that can negatively impact on not only the mother's health, but also her newborn's health and chance of survival.

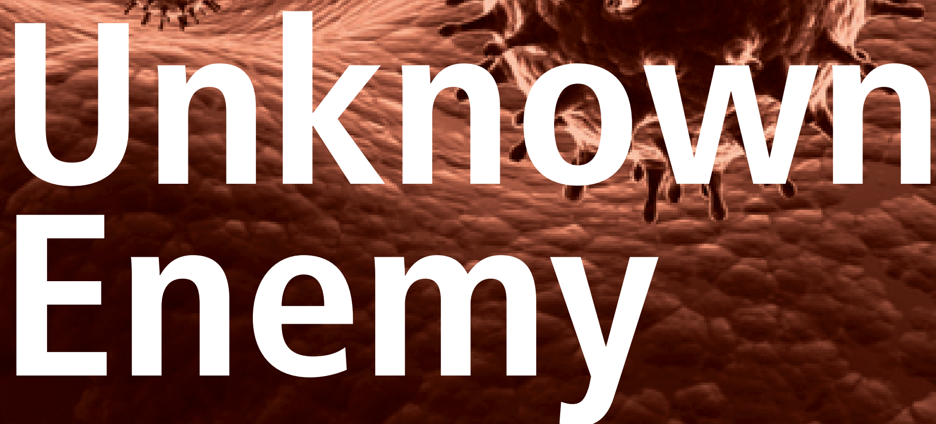
Further, GBV has far reaching consequences on maternal health of pregnant women. Nearly 1 in 4 women experience physical or sexual violence during pregnancy. Women who suffer from violence during pregnancy exhibit more depression and substance abuse and are less likely to gain needed weight or access to prenatal care, compared with pregnant women who are not exposed to violence. Evidence from Demographic and Health Survey data, reveals that woman who are abused are more than twice as likely to encounter sexually transmitted infections as opposed to non-abused women. A research conducted on married women in India, suggests that women who have suffered both physical and sexual violence from their spouse, are four times more likely of getting HIV infection than non-abused women. Another study in Tanzania shows that young women aged 18 to 29 who have been victims of GBV are 10 times more likely to be HIV positive than women who have not been abused. Having access to family planning reduces maternal mortality by an estimated 20 to 35 percent by reducing women's exposure to pregnancy-related health risks. Further, women who experience violence tend to have more children than they themselves want.

Unfortunately, this issue has not been given the required attention, primarily because it is rarely reported by women. Reasons for not reporting GBV include: Fear of stigma and discrimination: Women feel uncomfortable to share their experiences since our society wastes no time in stigmatizing these social issues and consider such women unclean. Women are blamed for what has happened and hence may experience discrimination.



Blame: Our society expects women to be able to avoid sexual violence including rape. Fear of disbelief: Women hesitate in disclosing violence against them, thinking that no one will believe them, particularly if their own partner has abused them.

Fear of revenge: Mostly married women fear being intimidated or threatened by their husbands that they might harm their family or friends or from the fear of being murdered. GBV, is a grave issue that affects women and girls "by virtue of nothing but their gender." We as a society need to take appropriate actions to eliminate this serious issue from its root in order to provide a safer, healthier and pleasant life for women."



Unknown Enemy

It may sound unbelievable but it's true that hypertension, commonly seen in adults, is not uncommon in children, especially those who are obese

BY TEAM DOUBLE HELICAL

Growing habit of sedentary lifestyle, lack of exercise, heavy consumption of fast food and intake of steroid either during pregnancy or from any sources may lead to problem of high blood pressure commonly called hypertension in children, even new-borns too.

The problem may go undetected, because many a times there are no symptoms or signs of this disease. If left untreated hypertension can lead to heart failure, vision problems, kidney failure, paralysis and stroke early in life.

It is a general belief that high blood pressure (hypertension) as a problem affects only adults. Contrary to this belief, hypertension can be present at any age, even in newborns and young children. When the parents learn that their child has hypertension, it is very natural for them to deny the possibility due to their ignorance. It is for the paediatrician and the paediatric nephrologist to clear their doubts and to initiate appropriate management plan.

Blood pressure is the force of the blood against the walls of blood vessels as the heart pumps bloods to various parts of the body. If this pressure becomes too high, the child is said to have high blood pressure or hypertension.

As in adults, a child's BP is read as two numbers. The first number or systolic BP is the pressure when the heart is pumping blood to various parts of the body. The second number or the diastolic BP is when the heart is resting between the beats. The diastolic BP is less than the systolic BP. A child is considered to be hypertensive when either the systolic, diastolic or both blood pressures are high.

According to a report, approximately 2-5% of children suffer from hypertension, with the majority unaware that they have this problem. A rise in incidence of hypertension has been linked to concurrent increase in prevalence of obesity. The prevalence of hypertension in obese children is higher and ranges from 10-30%.

The obese children are more prone to hypertension. If hypertension is allowed to continue or become worse over years, the prolonged extra pressure in the blood vessels can lead to heart failure, stroke, damage to eyes and kidney even in children.

Normal BP is lower in children than

in adults. BP increases with age and body size. Normal BP for a child will depend on the child's age, sex and height. We compare your child's BP to readings given on BP charts which lists normal BP or high BP for boys and girls based on their height and age. A child is said to be hypertensive if his average systolic or diastolic BP is more than 95th percentile (according to the standardized charts) for age, gender and height on more than 3 occasions. The doctor is the best person to read and interpret the charts.

To label a child as hypertensive, BP charts have been issued by the fourth US task force report on hypertension .These are charts consulted by doctors to arrive at a conclusion whether the child has hypertension or not. Since these charts are difficult to interpret and not easily available to parents, it is recommended that if your child's BP is beyond the values listed in the table here for the specific age group, you

Age (years)	BP (mm Hg)
0 – 5 years	100/70
5 – 10 years	120/80
>10years	130/90

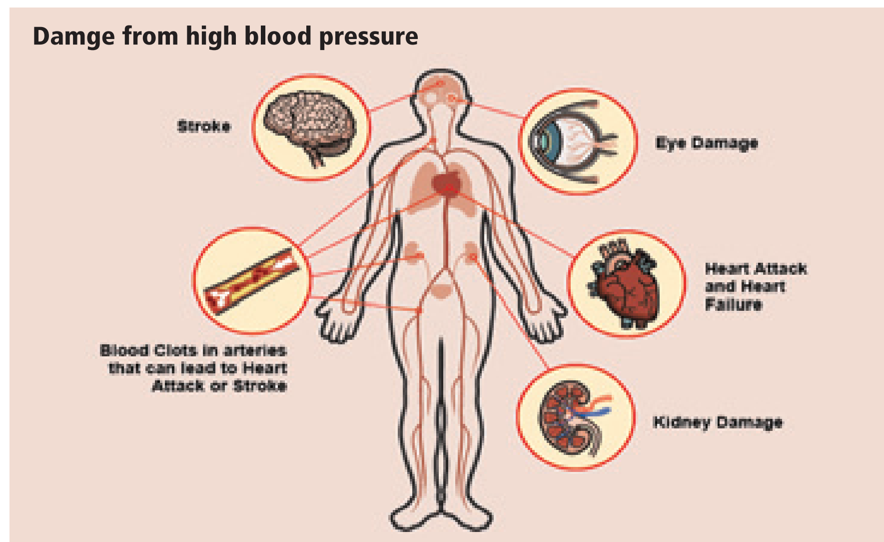
need to consult your doctor (paediatrician/paediatric nephrologist)

Hypertension has been graded

according to the B.P readings like Prehypertension: - Blood pressure is > 90th percentile but <95th percentile (as per BP chart). Children in this range of BP should be carefully followed up as they grow up. And stage 1 hypertension (Unsafe):- BP exceeds 95th percentile up to 5 mm above 99th percentile. Blood pressure in this range should be rechecked at least twice in the next 1-3 week or even earlier. Stage 2 hypertension (Dangerous):- BP exceeds 5 mm or more above the 99th percentile. Confirmation should be made at the same visit.

Children who are more than 3 years and are seen at health care setting (for example cold, cough or fever) should have their blood pressure measured. Children who are less than 3 years should get their BP cheeked if they have:

- History of low birth weight, prematurity or requirement of neonatal intensive care,

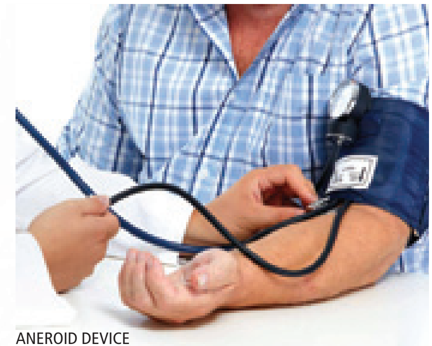


- History of heart disease by birth
- History of recurrent urinary tract infection
- History of blood or protein loss in urine
- History of any kidney disease in the past
-Family history of kidney disease
- History of organ transplantation
- History of receiving medicines which can cause high blood pressure/ kidney damage.

The usual symptoms of hypertension are headache (sometimes throbbing in nature), flushing, giddiness, bleeding from nose, vision disturbances, poor school performance, irritability, blood or protein in urine, passing urine more or less frequently and weight loss. In some cases hypertension can be without symptoms and therefore those children who are obese, have history of neonatal intensive care stay, or have kidney/ heart disease or cardiac disease should have their blood pressure checked.

Generally it is preferred to check the blood pressure when the child is sitting comfortably in a chair with feet on the ground and the arm at the level of the heart. The BP cuff should be of the right size for the child's age. The width of the cuff bladder (rubber inside the outer cloth) should be 40% of the arm circumference midway between the shoulder and elbow joint and the length should be double the width. Another simple way is to get a bladder cuff whose width covers ¾ of the upper arm. If the cuff size is not appropriate the blood pressure readings may come falsely high or low. However if an appropriate cuff size is not available the next bigger size can be used. Cuff sizes with a width of 4 cm, 9cm, 10cm, 13cm, and 20cm are available in the market.

AUTOMATIC BP MONITORING DEVICE



ANEROID DEVICE

AUTOMATIC BP MONITORING DEVICE

Mercury instruments are the best for checking blood pressure, but as they are being phased out, aneroid devices are being used more commonly and they are fairly accurate, but they require frequent calibration. Automatic BP machines are also being used. If an automatic (digital) blood pressure machine is being used and blood pressure readings come high, then they need to be confirmed with mercury or aneroid device.

Ambulatory Blood Pressure Monitoring (ABPM) means blood pressure is recorded over a 24 hours period by a BP monitor where cuff is tied to the arm and a small digital blood pressure machine is attached to a belt around the waist. The child carries on his/her normal activities in the day and sleep with it, while the machine is on. The machine takes the blood pressure readings at regular intervals usually every 15-30 minutes during the day and night. The monitor should be kept on throughout the night. At the end of 24 hours the cuff and the machine are removed and given to the hospital for analysis of readings.

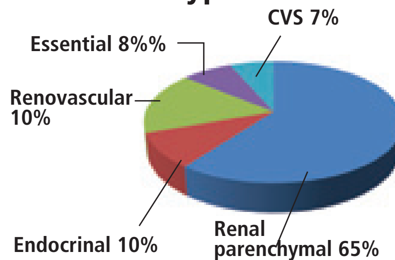
For the machine to work properly, it is important to make sure that the

tube attached to the machine is not twisted or bent. As a parent you are instructed to maintain a diary, to note the timing of going to bed, medication and general activities. There are a number of reasons why a doctor advises 24 hour ABPM, which are to find out if the high BP reading in the clinic is higher than the reading away from clinic e.g. home (called white coat hypertension), to see how well the medicines are working and whether they are controlling the blood pressure all the time and to see whether blood pressure at night is less than the recording during day time.

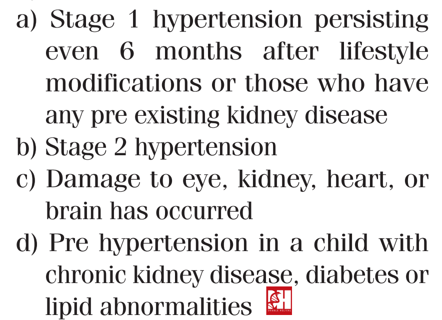
In majority of young children an underlying cause of hypertension can be identified e.g. kidney, heart, blood vessels, hormone problems, tumour or drugs. Diseases of the kidney are the most common cause of hypertension in children. Primary or essential hypertension, commonly seen in adults, is becoming common in children, who are obese or over weight.

If a cause for hypertension is diagnosed, appropriate treatment can be initiated and the child may have normal blood pressure afterwards. For few reasons, a child may have to remain on anti-hypertensive medicines throughout the life. Once a child is diagnosed to have hypertension, it is very important to evaluate any underlying disease and to find out risk factors for essential hypertension like obesity, smoking, alcohol, etc. In addition tests are required to find out if any complication (involvement of eye, heart or kidney) has occurred or not. The common tests which may be required are kidney function tests, hormone levels, lipid profile, urine examination, ultrasound and doppler test of kidney, kidney scan, echocardiogram, ECG and eye examination.

Causes of Hypentension



Most children with essential hypertension require lifestyle modifications which include weight reduction, meditation, yoga, exercise, low salt diet. Other risk factors like smoking, alcohol, steroids, oral contraceptives, sleep apnea should also be controlled. For secondary hypertension, surgery helps in certain cases, e.g. if any tumour is causing hypertension, then it needs to be removed surgically. Timely detection helps in appropriate treatment of hypertension and its cause and helps to prevent end organ damage in adult life.



LIFE STYLE MODIFICATION

Indications for drug treatment in hypertension

a) Stage 1 hypertension persisting even 6 months after lifestyle modifications or those who have any pre existing kidney disease
b) Stage 2 hypertension
c) Damage to eye, kidney, heart, or brain has occurred
d) Pre hypertension in a child with chronic kidney disease, diabetes or lipid abnormalities

Obstacles in Care

Otitis Media, if untreated, may lead to total hearing loss. Poverty, ignorance regarding the illness and availability of treatment, inappropriate treatment, high expenditure on treatment are some of the factors that compound the woes of patients.

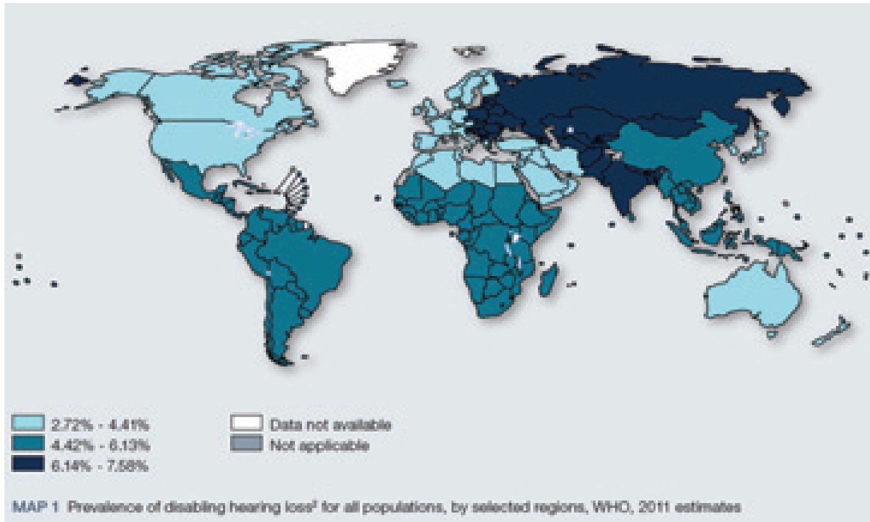
BY DR. SUNEELA GARG, DR. G S MEENA, DR. ANSHUL SHUKLA

More than 360 million persons in the world live with disabling hearing loss with approximately 20% of the world's adult population afflicted with some degree of hearing loss. Also, over 17 million people in the world are profoundly deaf.

Around the world up to 330 million persons affected by Chronic Suppurative Otitis Media accounting for 5 million DALYs. The prevalence of the same ranges from 1% in developed countries to 46% among certain populations with 90% of the burden being borne by countries of South-East Asia and Western Pacific Regions, Africa and ethnic minorities of Pacific Rim.

Dr. Suneela Garg

Otitis Media can lead to disabling hearing loss in up to 60% of cases and accounts for nearly 28,000 deaths annually. Studies in developed countries show that by their third birthday 80% of children experience at least one episode of Acute Otitis Media (AOM) and 40% have six or more recurrences by the age of seven years. On turning our focus to India, multiple studies have shown high



MAP 1 Prevalence of disabling hearing loss[a] for all populations, by selected regions, WHO, 2011 estimates

prevalence of Otitis Media in India with more than 6% experiencing the disorder. If we look amongst school children, 10% to 20% have had at least one episode of Otitis Media. Also the burden of the disease in slums is more than in well sanitized urban cities.

The most important factor to consider is that the outcome of Otitis Media is total hearing loss, if it remains untreated. So, what are the factors which act as barriers to seeking effective care and treatment which leads to such an ever increasing burden.

The factors which lead to such a problem statement include a lack of motivation for treatment, inadequate screening and preventive care, late access to health care facilities and as a consequence seeking incomplete or no treatment.

OTITIS MEDIA : SOCIAL DETERMINANTS AND EFFECTS

The barriers can be at multiple levels:

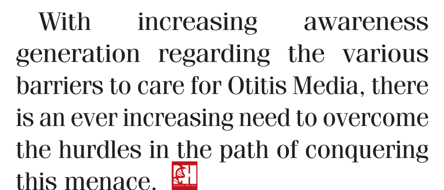
Looking at the accessibility of the Healthcare facility there could be possible barriers with respect to availability of providers, proximity of healthcare facility, operating hours of work and also the availability of transport facility. There is also a large mass which is unaware of the available resources and services. Whereas the problems at the healthcare facility are of a different nature like long waiting time for appointments, time constraint of physician, lack of interpreter services, lack of appropriate signage for patient guidance and very importantly poor continuity of care and the language used for health education.

To overcome these problems the healthcare facility should have the following 'As' like available, accessible, acceptable, affordable, adaptable, applicable, appropriate, advice, assurance and attitude of the administration.

At an individual level the barriers to prevention and seeking care are manifold like illiteracy, poverty, ignorance regarding the illness and availability of treatment, inappropriate treatment, high and ever rising out of pocket expenditure and the wage loss with prolonged treatment.

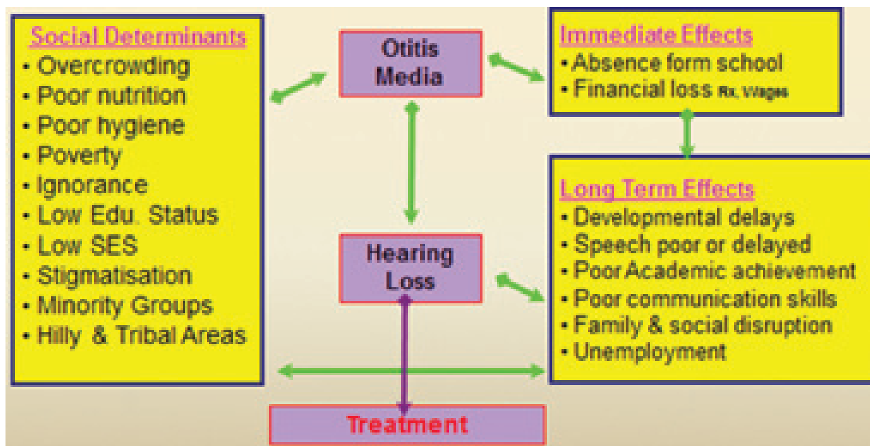
Is the picture so grim or we have hope of overcoming these barriers? Well, yes there is hope and it needs to be tackled at various levels. What is most important is to motivate the patients and the care givers and also the community at large about risk factors, symptoms and seeking effective care through the means of effective Information, Education and Communication (IEC).

As with any healthcare provider there needs to empathy with the patient, giving a personal touch and building rapport. Also there needs to be increased focus on diagnosis and management and patients should be explained the same patiently and give assistance and help. Patient satisfaction, addressing their expectations, fears and explaining about outcome of treatment are some concerns that need to be addressed. The cornerstone for success of any of these interventions is a good rapport between the doctor and the patient. And lastly compliance and continuity of care is essential and this needs efforts at all levels and from all the stakeholders involved.

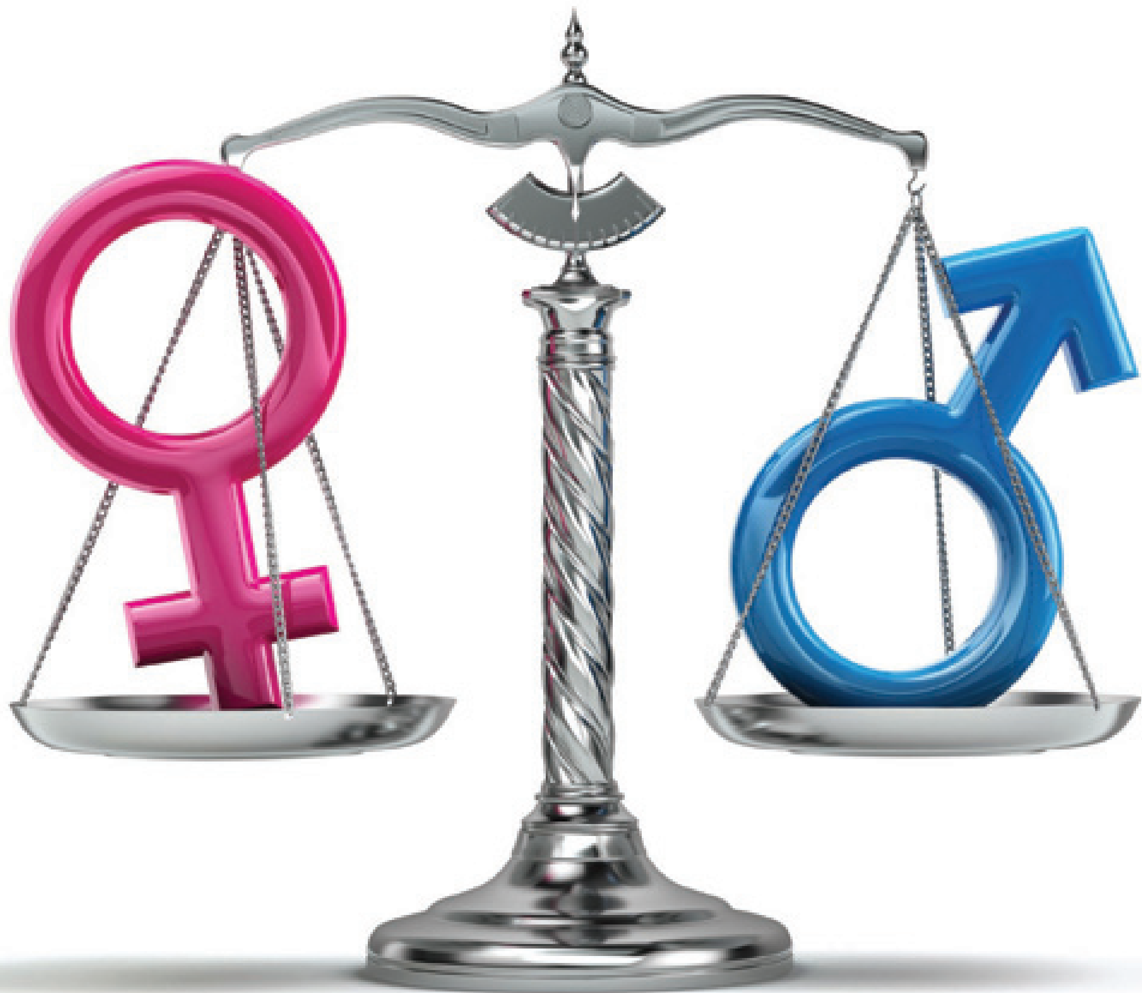


With increasing awareness generation regarding the various barriers to care for Otitis Media, there is an ever increasing need to overcome the hurdles in the path of conquering this menace.

(The authors are from Department of Community Medicine, Maulana Azad Medical College, and New Delhi)

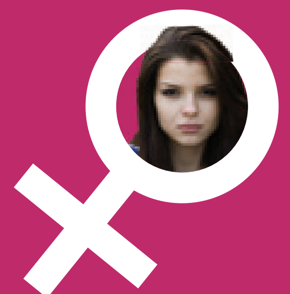


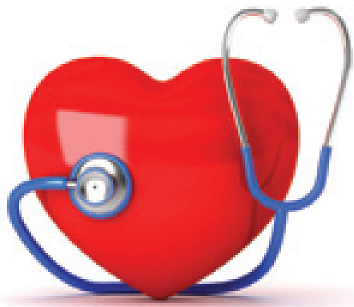
Gender Discrimination!



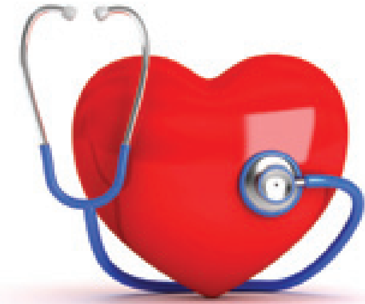
Generally, women are older in age by the time they need investigative procedures for heart disease and probably have higher incidence of risk factors like diabetes, hypertension and obesity. Earlier referral of women would be definitely advantageous both for operative morality risk and symptom relief

BY DR K K AGGARWAL





Dr K K Aggarwal



It has been observed for some time now that the management of Coronary Artery Disease differs in men and women. The differences exist right from the stage of interpretation of symptoms, non-invasive investigative procedures, cardiac catheterization and finally balloon therapy and bypass surgery, if required.

It is a statistical fact that although the incidence of coronary disease is very high these days, only a comparatively small number of women go for cardiac catheterization. The number is less than one fourth that of men. The number of women who undergo interventional treatment like balloon therapy and bypass surgery is much smaller than that.

It was reported some time ago that women under 60 years of age with symptoms of angina have better prognosis than men under 60 years with history of angina where as women with angina between 60-69 years have bad prognosis. The mortality rate in this group for women was comparable to that of men with angina regardless of age.

This information is useful while treating women with coronary disease. The prognosis in women is more age dependent than men. Obstructive coronary disease is usually found on angiography in about half the women under the age of 50 years with typical angina compared with over 90 percent of older women. In contrast, obstructive coronary disease is found in virtually all men with history of typical angina regardless of age.

After careful history and physical examination, ECG stress testing is considered necessary because many symptomatic men and women are found to have coronary artery disease. These tests are of relatively low cost and available at most of the centres. ECG stress testing, however, seems to be less sensitive in women for coronary artery disease per se as compared to men and this is apparently due to the fact that the women with coronary artery disease have been reported to have fewer vessels involved than men.

ECG stress testing is quite sensitive for the disease in women with multi vessel disease. Stress echocardiography is much more sensitive. The sensitivity and specificity of stress echo and radionuclide myocardial perfusion imaging in coronary artery disease is similar for men and women. Yet the number of men referred for cardiac catheterization is much more as compared with women: the incidence of disease does not explain why lesser number goes for coronary angiography. Lesser number of women also subsequently goes for balloon angioplasty and bypass surgery.

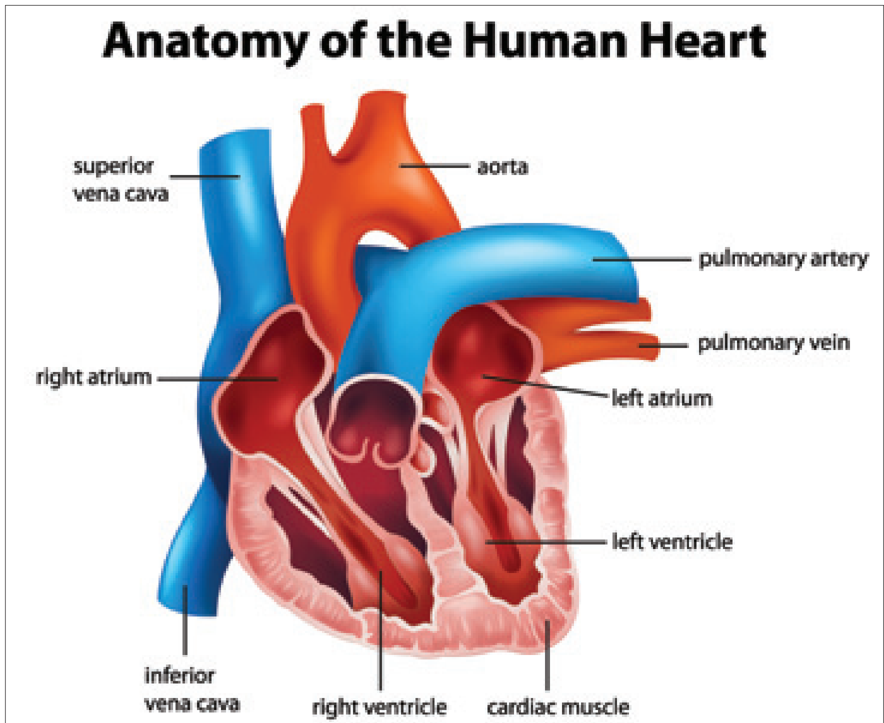
Doubtamine (a drug) stress echocardiography (DSE) has been found to be very useful for detecting and locating coronary artery disease accurately in both men and women. The sensitivity and specificity of DSE in detecting CAD in patients with normal resting heart is around 89 percent and 85 percent. Sensitivity is 81 percent in patients with single vessel disease and 100 percent for detection of multi vessel coronary artery disease.

It has been seen previously that a large number of women with atypical chest pain shown nonspecific ECG changes and significant changes on stress testing but coronary angiography does not reveal significant coronary artery disease. It

was surmised that these women mostly under 50 years of age probably had small vessel disease. It is now possible to assess more accurately the extent and location of coronary disease by DSE. In these women, DSE is a versatile and accurate cardiac stress testing modality with a wide range of clinical applications. It is useful for detecting CAD and for stratifying preparative risk and risk for heart attack and is an effective alternative to exercise testing in patients who are unable or unwilling to adequately perform an exercise test.

DSE is safe, well tolerated and relatively easy to administer by the clinician. Dobutamine stimulation can produce ischemia (lack of blood supply) in presence of small vessel coronary disease and can be usefully employed to test the functional significance of a coronary lesion or small vessel disease in women below 50 years of age and so also the severity of coronary disease. The technique allows the investigator to control the level of stress while continuously monitoring the echocardiographic images, thereby permitting interruption of the test at the earliest detection of significant ischaemia. This further contributes to the safety profile and patient acceptance of the procedure. Low doze dobutamine stimulation can augment contractility in areas of stunned myocardium following clot dissolving therapy and has been used to identify patients who have the potential for functional recovery in the infract zone.

It is interesting; to note that the results of all the non invasive tests are not used to the same extent in men and women. In one large study in the United States the non invasive tests were positive in 40.2 percent of men and only 4.2 percent of women were referred for coronary angiography. Differences in disease prevalence did not explain the disproportionate number of men referred for cardiac catheterization as the figures pertain only to those men and women who had been found positive for reversible ischaemia on noninvasive stress testing. The situation is similar in India, if not worse, women seem to be more sacrificing and tend to avoid coronary angiography and subsequent interventional procedures and when it comes to their men folk, they want them to undergo all necessary procedures and get well as early as possible.



It is possible that women are older in age by the time they need these procedures and probably have higher incidence of risk factors like diabetes, hypertension and obesity and are more often kept on antianginal medication rather than being subjected to balloon angioplasty or bypass surgery.

The question now arises as to whether coronary angioplasty and bypass surgery is equally effective in both the sexes. May be they are not as effective options in women as in men. Coronary bypass surgery has been found to be associated with greater operative morality and less symptomatic relief in women than in men. In the coronary artery Surgery Study, operative morality was 1.9 percent for men and 4.5 percent for women. The observations are very significant. The differences in operative mortality have been explained to a great extent by older age group, advanced clinical disease present in women as compared to men by the time they come to specialized centres. Women have coronary arteries with smaller diameters and this may be related to greater operative mortality and less symptomatic relief in them.

Although the smaller sized coronary arteries have been considered a cause for greater mortality and lesser symptom relief for many years, it is now felt that the greater cause of these differences as assessed by some surgical series, in the outcome, are more likely to be due to a large extent to the fact that women are nearly always referred usually quite late for surgery as compared to men.

It has also been found from various data that women usually have a prolonged duration of angina prior to heart attack or death and there is an unwillingness both amongst the women patients and their physicians

to refer them for cardiac catheterization and interventional therapy as they are often stable on medical treatment when their exercise tests are positive for reversible ischemia. This may be alright if all the risk factors are being looked into and taken care of but what happens in practice is that there is a delay in referral of women even after disabling symptoms are present for years, for interventional treatment as compared to men. It appears reasonable to conclude that earlier referral of women would be definitely advantageous both for operative morality risk and symptom relief.

The first report from the National Heart Lung and Blood Institute Registry analysis of 12,486 patients in 1991, indicated a lower angiographic success rate in women (60% v 66%) and a higher incidence of coronary dissection (rupture of the vessel wall) (5.8% v 4%) after balloon therapy. As with early experience with CABG, small vessel size has been related to the morality during PTCA in women. Recently more sophisticated technology early success rate are being reported to be as good as in men but the in hospital morality rates are still higher for women as compared to men and that is apparently related to the fact that women are generally sicker than men at the time of intervention. Once angioplasty is successful women are experiencing more favorable long term symptomatic relief along with better angiographic outcome.

It must be realized that the incidence of coronary artery disease is rising amongst women as never before. This calls for early detection of the disease by stress testing especially when risk factors are present. Early institution of medical therapy and change of life style is mandatory. Symptomatic women with high risk factors and positive noninvasive test results or disabling cardiac symptoms despite aggressive medical therapy should be referred for cardiac catheterization without further delay for maximal benefit from interventional therapy. The later the woman patients are sent for these procedures greater the risk involved.

Women usually have a prolonged duration of angina prior to heart attack or death and there is unwillingness both amongst the women patients and their physicians to refer them for cardiac catheterization and interventional therapy

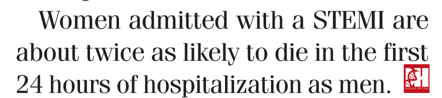
WOMEN DIE MORE THAN MEN IN HOSPITAL FROM SEVERE HEART ATTACK

Men and women have about the same adjusted in-hospital death rate for heart attack — but women are more likely to die if hospitalized for a more severe type of heart attack.

According to a report in Circulation: Journal of the American Heart Association:

1. Women are twice as likely as men to die if hospitalized for a type of heart attack known as ST-elevation heart attack.
2. Women are also less likely to receive appropriate and timely treatment for heart attack.
3. Women with ST elevation heart attack have a 12 percent higher relative risk for in-hospital death compared to men.
4. Compared to men, women are 14 percent less likely to receive early aspirin; 10 percent less likely to receive beta blockers; 25 percent less likely to receive reperfusion therapy (to restore blood flow); 22 percent less likely to receive reperfusion therapy within 30 minutes of hospital arrival; and 13 percent less likely to receive angioplasty within 90 minutes of hospital arrival.

Women admitted with a STEMI are about twice as likely to die in the first 24 hours of hospitalization as men.



(The author is Ex National President, IMA, Padma Shri and Dr B C Roy National Awardee)

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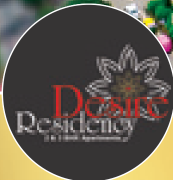

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Disclaimer: Map sanctioned & approved by GHAZIABAD DEVELOPMENT AUTHORITY vide map sanctioned letter no."41/191/Zone - 6/12-13", dated 22-6-2015, Transfer Deed executed & registered on 05-05-2015, in the office of sub-registrar-IV, Ghaziabad, mentioned in Bahi no. 1, Jild no. 29584. Page no. 145-182, Registration no. 8688. *Terms & conditions apply. 1sq mtr. = 10.764 sq. Ft.

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