



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY
Tuesday 20220315

कोरोना वैक्सीन

12-14 साल के बच्चों को भी 16 मार्च से लगने जा रही है कोरोना वैक्सीन (Dainik Jagran: 20220315)

<https://www.jagran.com/lifestyle/health-corona-vaccination-for-children-children-of-12-14-years-are-also-going-to-get-corona-vaccine-from-march-16-22545556.html>

हेल्थ मिनिस्ट्री का फैसला 16 मार्च से बायोलॉजिकल ई की कोर्बीवैक्स वैक्सीन लगेगी। तो कितनी सेफ है ये वैक्सीन और कैसे लगेगी ये वैक्सीन जान लें इसके बारे में सब कुछ और दें अपने बच्चों को एक सुरक्षित जीवन।

भारत में अब 15 साल से छोटे बच्चों का भी कोरोना वैक्सीनेशन शुरू होने जा रहा है। सेंट्रल हेल्थ मिनिस्टर मनसुख मंडाविया ने ट्वीट कर यह जानकारी दी। उन्होंने बताया कि 16 मार्च से 12, 13 और 14 साल के बच्चों को कोरोना की वैक्सीन लगाई जाएगी। इस उम्र कैटेगरी के बच्चों की अनुमानित संख्या 7.5 करोड़ के आसपास है। देश में 3 जनवरी से बच्चों का वैक्सीनेशन शुरू हुआ था। पहले चरण में 15 से 18 साल के बच्चों का वैक्सीनेशन हो रहा है। हेल्थ मिनिस्ट्री के मुताबिक, जिन बच्चों का जन्म 2008, 2009 और 2010 में हुआ है, वो भी वैक्सीन लगवा सकते हैं। हेल्थ मिनिस्टर ने सभी पेरेंट्स से बच्चों का वैक्सीनेशन करवाने की अपील की है।

कौन सी वैक्सीन लगेगी?

केंद्र सरकार के अनुसार, 12 से 14 साल की एज कैटेगरी के बच्चों को कोर्बीवैक्स वैक्सीन लगेगी। जिसे हैदराबाद स्थित फार्मा कंपनी बायोलॉजिकल ई ने बनाया है। इस वैक्सीन को पिछले महीने ही 12 से 18

साल के बच्चों पर इस्तेमाल की मंजूरी मिली है। कोर्बीवैक्स एक रिकॉम्बिनेंट प्रोटीन सब-यूनिट वैक्सीन है। यह कोरोना वायरस की सतह पर पाए जाने वाले प्रोटीन से बनी है। यह स्पाइक प्रोटीन ही वायरस को शरीर की कोशिकाओं में घुसने में मदद करता है। इसके बाद वायरस तादाद बढ़ाकर शरीर में संक्रमण फैलाना शुरू करता है।

कैसे लगेगी ये वैक्सीन?

ठीक उसी तरह जैसे अभी भारत में कोवैक्सीन और कोविशील्ड लगाई जा रही है। ये भी इंटरमस्कूलर वैक्सीन है, जिसे इंजेक्शन द्वारा शरीर में डाला जाएगा। इसे वैक्सीन की दो डोज में 28 दिनों का अंतर रहेगा। इसे बनाने में कम लागत वाले तरीकों का इस्तेमाल हुआ है जिसकी वजह से यह सबसे सस्ती वैक्सीन्स में से एक है।

कितनी सेफ है ये वैक्सीन?

पिछले साल सितंबर में बायोलॉजिकल ई को अपनी वैक्सीन का ट्रायल 5 से 18 साल के बच्चों पर करने की अनुमति मिली थी। इस एज कैटेगरी के 3 हजार बच्चों में हुए फेज 2 और 3 के क्लीनिकल ट्रायल में ये वैक्सीन सुरक्षित और असरदार साबित हुई है। दावा है कि 90 परसेंट तक इम्युनिटी प्रदान करती है।

किडनी डिटॉक्स

किडनी को नेचुरल तरीके से साफ करने के लिए इन चीज़ों को करें सेवन (Dainik Jagran: 20220315)

<https://www.jagran.com/photogallery/lifestyle-health-world-kidney-day-2022-foods-and-drinks-to-cleanse-your-kidney-29506.html>

जरूरी मात्रा में पानी पिएं

किडनी को डिटॉक्स करने और हेल्दी रखने का सबसे अच्छा तरीका है सही मात्रा में पानी पीना। इससे किडनी साफ रहती है और सही तरीके से फंक्शन करती है साथ ही साथ स्किन भी हाइड्रेट रहती है

जिससे उसका ग्लो बना रहता है। तो सुबह की शुरुआत 2 गिलास गुनगुने पानी या नींबू-शहद वाले पानी से करें। बाकी दिनभर में 8-9 गिलास पानी तो जरूर पीएं।

फल और सब्जियों का जूस है बेहद फायदेमंद

डाइट में मौसमी फलों और उनका जूस शामिल करें न सिर्फ किडनी बल्कि ओवरऑल हेल्थ को मेनटेन रख सकते हैं इसके साथ ही मोटापे को भी कंट्रोल कर सकते हैं। पत्तेदार सब्जियों में पोटैशियम की अच्छी-खासी मात्रा शामिल होती है। अंगूर, नींबू, संतरा, केला, किवी भी किडनी की हेल्थ और साफ-सफाई का काम बखूबी करते हैं।

हर्बल टी का रोजाना सेवन

किडनी को नेचुरली डिटॉक्स करने के लिए ग्रीन टी, डंडेलियन का रोजाना सेवन करना फायदेमंद साबित होता है। रोजाना बस 1 कप चाय पीकर किडनी में गंदगी को जमा होने से रोका जा सकता है। ये चाय विटामिन ए, बी-कॉम्प्लेक्स, सी, डी, आयरन, पोटैशियम का बेहतरीन स्रोत होती हैं जो हमारी बॉडी के लिए बेहद जरूरी न्यूट्रिएंट्स हैं।

धनिया की पत्तियों का जूस

धनिया की पत्तियों से बने जूस से भी किडनी को डिटॉक्स किया जा सकता है। इसके लिए धनिया की पत्तियों को काटकर धो लें और और 1 लीटर पानी में डाल दें। उसमें थोड़ी सी अजवाइन भी साथ ही साथ मिला दें। अब इसे धीमी आंच पर 10 मिनट तक पकाएं। ठंडा कर रोजाना खाली पेट पीएं।

पालक का एंटीऑक्सीडेंट तत्व किडनी को डिटॉक्स करने में मदद करता है। तो किसी भी रूप में आप इसका सेवन कर सकते हैं फिर चाहे वो जूस हो, सूप, सब्जी या फिर कबाब के रूप में।

फिजिकल एक्टिविटीज़

बाँडी के साथ मेंटल हेल्थ को भी बेहतर बनाने में मददगार होती है एक्सरसाइज (Dainik Jagran: 20220315)

<https://www.jagran.com/photogallery/lifestyle-health-exercise-is-also-helpful-in-improving-mental-health-29507.html>

स्ट्रेस होता है कम

फिजिकल एक्टिविटीज़ से मसल्स रिलैक्स होती है। बाँडी से टेंशन कम होती है। बाँडी बेहतर फील करेगी तो ऑटोमेटिकली माइंड हेल्दी रहेगा।

मेमोरी बेहतर रहती है

एक्सरसाइज करने से बाँडी में ब्लड का सर्कुलेशन सही तरह से होता है जिससे बाँडी का हर एक पार्ट न सिर्फ चुस्त-दुरुस्त रहता है बल्कि उनका फंक्शन भी सही तरीके से चलता रहता है। जिसमें से एक हमारा दिमाग भी है। एक्सरसाइज के दौरान बाँडी से एंडोर्फिन्स निकलता है जो हमारे दिमाग को शॉर्प बनाता है।

सेल्फ कॉन्फिडेंस बढ़ता है

रेग्युलर एक्सरसाइज से आपकी सेल्फ इस्टीम को बूस्ट मिलता है और यह शख्स की सेल्फ वर्थ पर भी इंपैक्ट डालता है। दूसरी बात की अगर आप फिट रहते हैं तो आप अंदर से अच्छा और कॉन्फिडेंट फील करते हैं।

अच्छी नींद आती है

फिजिकल एक्टिविटी से माइंड रिलैक्स रहता है और नींद अच्छी आती है। अगर आपको नींद की समस्या है तो आपको एक्सरसाइज़ अपने डेली रूटीन में शामिल करना चाहिए।

एक्सरसाइडज़ से मूड रहता है फ्रेश

सुबह की 25-30 मिनट की एक्सरसाइज़ काफी होती है पूरे दिन आपका मूड खुश और फ्रेश रखने के लिए। इससे आपका काम में मन लगता है, नए-नए आइडियाज़ आते हैं जो बहुत ही अच्छी चीज़ है। इसलिए कितने भी बिजी क्यों न हो, एक्सरसाइज़ के लिए थोड़ा वक्त जरूर निकालें।

अस्थमा

अस्थमा-सांस के मरीजों के लिए थोड़ी सी भी लापरवाही बन सकती है बड़ी मुसीबत, ऐसे रखें सेहत का ख्याल (Amar Ujala: 20220315)

<https://www.amarujala.com/photo-gallery/lifestyle/fitness/holi-2022-tips-for-asthma-patient-to-avoid-problems-follow-these-precautionary-measures>

होली में अस्थमा रोगी रखें विशेष ध्यान

देशभर में होली के त्योहार की धूम है। रंगों और आनंद के इस त्योहार पर पिछले साल की ही तरह फिर से कोरोना का साया है। संक्रमण के खतरे को देखते हुए स्वास्थ्य विशेषज्ञ सभी लोगों से लगातार सुरक्षात्मक उपायों को प्रयोग में लाते रहने की अपील कर रहे हैं। होली में लोग एक दूसरे को रंग लगाकर, बधाइयां देते हैं। होली के इस त्योहार में सभी लोगों को कोरोना के साथ-साथ कई अन्य स्वास्थ्य समस्याओं को लेकर भी अलर्ट रहना चाहिए। विशेषकर जिन लोगों को पहले से अस्थमा, सीओपीडी जैसी सांस की बीमारियां हैं, उन्हें होली में सेहत का खास ख्याल रखने की सलाह दी जाती है।

होली के दिन चारों तरफ उड़ रहे रंग-गुलाल, सांस की समस्याओं के शिकार लोगों की लिए परेशानियां बढ़ा सकते हैं। वातावरण में फैले गुलाल के कारण आपको सांस लेने में दिक्कत, सांस फूलने की समस्या हो सकती है। यही कारण है कि सांस के रोगियों को होली खेलते समय विशेष सावधानी बरतने की सलाह दी जाती है। आइए आगे की स्लाइडों में जानते हैं कि किन बातों को ध्यान में रखकर आप किसी भी तरह की स्वास्थ्य जटिलताओं से बचे रह सकते हैं? सांस की बीमारियों के शिकार लोगों के लिए यह बातें जानना बहुत आवश्यक है।

सांस रोगी बरतें सावधानी -

अस्थमा रोगी सेहत को लेकर रहें अलर्ट

अस्थमा रोगियों को होली के दिन उत्सव के बीच सेहत को लेकर बिल्कुल भी लापरवाही नहीं बरतनी चाहिए। रंगों, विशेषकर सूखे रंगों के संपर्क में आने के कारण आपको सांस फूलने या सांस लेने में दिक्कत हो सकती है। इस तरह की दिक्कतों से बचे रहने के लिए सूखे रंगों से होली खेलने से बचें। आपातकालीन स्थित के लिए पहले से ही दवाइयां और इनहेलर की व्यवस्था रखें। चूंकि होली के दिन ज्यादातर अस्पताल बंद होते हैं, ऐसे में प्राथमिक देखभाल की व्यवस्था और दवाइयों का पहले से ही प्रबंध कर लें।

स्वस्थ आहार का सेवन जरूरी - फोटो : Istock

आहार और हाइड्रेशन का रखें ख्याल

होली के उत्सव के बीच सेहत का ख्याल रखना भी बहुत आवश्यक है। सांस के रोगियों को कई तरह की जटिलताओं से बचाने में पौष्टिक आहार का सेवन सहायक हो सकता है। इसके अलावा होली के समय पानी पीते रहें। रंगों के कारण गला सूखने या कम पानी पीने से डिहाइड्रेशन की समस्या हो सकती है, जिससे कारण सांस फूलने की समस्या हो सकती है। पौष्टिक और स्वस्थ आहार का सेवन सुनिश्चित करें।

होली में सेहत का रखें ध्यान

इन बातों का रखें विशेष ध्यान

अस्थमा और एलर्जिक राइनाइटिस से पीड़ित लोग कुछ सामान्य सी बातों को ध्यान में रखकर होली का आनंद उठा सकते हैं।

रंगों, धुएं वाले रंग और अन्य प्रदूषकों के संपर्क में आने से बचें। ये अस्थमा अटैक या सांस की समस्याओं को ट्रिगर कर सकते हैं।

सूखे रंगों से बचाव करें। होली खेलने के समय घरों में रहना आपकी सेहत के लिए अच्छा माना जाता है।

बाहर जाते समय अपने मुंह और नाक को ढकने वाले स्कार्फ का प्रयोग करें या फेस मास्क पहनें।

सुनिश्चित करें कि आपके आस-पास के लोगों को पता है कि आपको अस्थमा है, ताकि वे आप पर रंग न लगाएं।

संतुलित आहार लें। विटामिन-डी से भरपूर खाद्य पदार्थ आपके लिए फायदेमंद हो सकता है, ये सूजन को कम करने में मदद करते हैं।

नियमित रूप से शारीरिक गतिविधि जैसे व्यायाम और योग करें। इससे आपको स्वस्थ वजन बनाए रखने में मदद मिलेगी और अस्थमा के लक्षणों को कम कर सकेंगे।

होली में किसी भी प्रकार के नशे से बचें। धूमपान-अल्कोहल आपके लक्षणों को बिगाड़ सकते हैं।

Child Health

**What impact does sleep have on a child's overall development and mental well-being?
(The Indian Express: 20220315)**

<https://indianexpress.com/article/parenting/health-fitness/impact-sleep-child-development-mental-well-being-7819109/>

Infants are recommended 12 to 18 hours of sleep per day; toddler 9 to 16 hours, and preschoolers at least 8 to 14 hours every day.

Sleeping is a crucial health activity that benefits both adults as well as children, even though the amount of sleep varies depending on a person's age.

Dr Himani Narula, a developmental and behavioral pediatrician and director and co-founder of Continua Kids says the transition from newborn to childhood and then to adulthood is an important time period for brain development. "Sleep is one of the primary activities of the brain during these years of development which is significant for their thinking, reasoning, problem solving abilities, psychosocial development and emotional regulation."

What is sleep?

Narula explains it as "a reversible behavioural state with reduced physical activity and decreased interaction with the external environment". It has three functional states: non-rapid eye movement sleep (NREM), rapid eye movement sleep (REM) and wakefulness; each pattern has a specific brain electrical activity.

Sleep duration

According to her, infants are recommended approximately 12 to 18 hours of sleep per day, which reduces in toddler years to approximately 9 to 16 hours per day and by preschool years a child is recommended to sleep for at least 8 to 14 hours per day.

Positive sleep practices

There is something called ‘sleep hygiene’, which is essential for establishing healthy sleep patterns.

1. Regular and consistent bedtime routine: A bedtime routine involving 3 to 4 calming and relaxing activities every night like a warm water bath, reading stories, singing lullabies or listening to soft music can help.
2. Safe and comfortable sleep environment: It helps to promote good quantity and quality of sleep.
3. Sleep onset associations: Problematic sleep onset associations like rocking or feeding have shown to make children vulnerable to night-time waking, it is recommended to allow the infant or toddler to fall asleep independently.
4. Screen and media exposure: Excessive screen and media viewing is widely reported in young children, which can negatively impact their sleep duration and quality. All screen devices such as smartphones, iPads, desktops, laptops, and televisions interfere with the relaxed state for sleep initiation and suppress the melatonin surge, thereby disturbing the sleep-wake cycle.
5. Regular daily physical activity schedule: It must be encouraged as it helps in regulating the internal clock and synchronizes the day with the sleep-wake cycle.

“A good night’s sleep and some daytime naps are directly related to memory performance. Research has proven that inadequate sleep leads to more negative emotions. It is known to impact the next day’s mood, thereby reducing the emotional coping ability. Sleeping is important for general cognitive and language development in infants and toddlers. A good sleep cycle helps children to concentrate on tasks for longer, have better problem-solving abilities, and ability to learn and remember things,” the expert says, adding that for kids who may have a medical reason to wake up at night — for example, to use the washroom, or experiencing bedwetting, having nightmares sleep-walking, snoring or having pauses in breathing — can seek medical advice.

Pregnancy

Weight loss doesn't increase pregnancy chances: Study (Hindustan Times: 20220315)

<https://www.hindustantimes.com/lifestyle/health/weight-loss-doesn-t-increase-pregnancy-chances-study-101647315673847.html>

A randomized study of 379 women with obesity and unexplained infertility found that intensive lifestyle changes that shed pounds led to no better chances of pregnancy and healthy births than simply increasing physical activity without weight loss.

A new study has found that there are no fertility benefits from weight loss.

The findings of the study were published in the journal 'PLOS Medicine'.

A randomized study of 379 women with obesity and unexplained infertility found that intensive lifestyle changes that shed pounds led to no better chances of pregnancy and healthy births than simply increasing physical activity without weight loss.

"We have known for decades that obese women often have difficulty getting pregnant," said researcher Daniel J. Haisenleder, PhD, of the University of Virginia School of Medicine's Center for Research in Reproduction. "For this reason, many physicians advise weight loss prior to conception. However, there are few studies that have addressed the issue comparing a healthy lifestyle -- i.e., exercise -- vs. exercise plus weight loss."

The FIT-PLEASE study, conducted at nine academic medical centres across the country, divided participants into two groups: Half the women dieted intensely using meal replacements, medications and increased physical activity. The other half simply increased their physical activity without trying to lose weight. After completing the programs, both groups received three rounds of standard infertility treatments.

Women in the weight-loss program ended up losing, on average, 7 per cent of their body weight, while participants in the exercise-only group typically maintained their weights. But, in the end, there were no significant differences between the two groups in terms of the frequency of healthy births. In total, 23 of the 188 women who completed the 16-week intensive weight-loss program ended up giving birth; among the 191 who completed the exercise-only program, 29 gave birth.

The intensive dieting program did offer health benefits for the women who completed it, however. In addition to dropping pounds, they saw a major decrease in metabolic syndrome, a cluster of conditions that increase the risk for serious health problems such as diabetes, stroke and heart disease.

Based on their findings, Haisenleder and his collaborators conclude that the weight-loss program did not make women more fertile or improve birth outcomes compared with simply exercising. They noted the health benefits of weight loss may not translate into better odds of getting pregnant.

"Weight loss improved metabolic health in these subjects. Unfortunately, the changes seen did not improve fertility," Haisenleder said. "Infertility within this population remains an important health issue, and will require further studies to address the problem in the future."

Endometriosis

Endometriosis: Why is there so little research? (Medical News Today: 20220315)

<https://www.medicalnewstoday.com/articles/endometriosis-why-is-there-so-little-research>

Women's reproductive health attracts far less research funding than almost all other medical research. As for endometriosis — a condition that affects around 10% of women of reproductive age — the lack of research is particularly striking. This debilitating condition can impact day-to-day life, education, work, and mental health, but its cause remains unclear, and there is no cure for it. Why is it so underresearched?

Why is endometriosis still so underresearched? Image credit: Michele Pevide/Getty Images.

"That time of the month," "shark week," "crimson tide," "got the painters in," "on the blob," "visit from Aunt Flo," "the curse" — these are just a few of the many euphemisms for something experienced by 50% of the female adult population: menstruation. But why are there so many? Are we afraid to call it by its name?

Could it be that society's reluctance to speak plainly about periods is one of the reasons why issues with women's reproductive health are so underrecognized and underresearched?

Menstruation

Most females start to menstruate between the ages of 9 and 15. Monthly cycles continue until the menopause, which, on average, happens at around 52 years of age. So most women will have in the region of 450 periods during their life.

For around 20%^{Trusted Source} of women, these are merely a monthly inconvenience. But for more than 80%, they are accompanied by some measure of pain. And for 1 in 4 women^{Trusted Source}, the pain can be severe enough to impact daily life.

We often normalize period pain as “part of being a woman.” For many, mild to moderate pain associated with menstruation can be controlled with over-the-counter pain relief, diet, and exercise.

However, debilitating pain is another matter. Menstrual Matters, a nonprofit online information hub, states that period pain “should not be regularly severe and debilitating.”

If it is, there is likely to be an underlying cause, which may need medical investigation. For pain that persists, occurs in the run-up to periods, and does not respond to pain relief, that cause may be endometriosis.

What is endometriosis?

Endometriosis is “a systemic disease that is often painful and chronic.” Current estimates suggest it affects 176 million reproductive-age women worldwide.

Symptoms can include:

debilitating pain during menstruation

excessive bleeding during periods

pelvic pain at other times of the month

lower back pain

pain when emptying the bladder or bowels

pain during and after sexual intercourse

In severe cases, endometriosis can cause fertility issues. Some 40% of women with infertility also have endometriosis.

The condition is characterized by the growth of tissue similar to the endometrium, or womb lining, in areas outside the uterus. This tissue — endometrial lesions Trusted Source — commonly grows in the following areas, though it can also infiltrate other parts of the body, such as the:

ovaries

fallopian tubes

ureters

bowels and bladder

abdominal wall

In line with the menstrual cycle, the lesions grow and bleed, forming scar tissue. This bleeding, inflammation, and scarring cause the characteristic pain of endometriosis.

Diagnosis

A major issue with endometriosis is getting a diagnosis.

A 2019 review in the American Journal of Obstetrics and Gynecology (AJOG) explained why this might be:

“Despite its high prevalence and cost, endometriosis remains underfunded and underresearched, greatly limiting our understanding of the disease and slowing much-needed innovation in diagnostic and treatment options.”

Researchers acknowledge that endometriosis presents complex diagnostic challenges. Because the symptoms vary so much, the condition is often misdiagnosed as bowel and digestive disorders.

One 2020 United States study^{Trusted Source} recorded that 75.2% of patients reported being misdiagnosed with another physical health (95.1%), a mental health problem (49.5%), or both before they received an endometriosis diagnosis.

This study reported that misdiagnosis with a mental health problem was more common in those with younger age of endometriosis symptom onset.

The difficulty often leads to long delays between first reporting symptoms and a diagnosis of endometriosis. On average, women wait some 8.5 years for endometriosis to be confirmed, with some waiting much longer.

Doctors go through several stages to diagnose the condition, starting with palpating the abdomen to feel for lesions. They may use transvaginal ultrasound and MRI scans, but these do not always show lesions.

Healthcare professionals can only make a firm diagnosis of endometriosis by laparoscopy. This is a surgical process done under general anesthesia where a camera is inserted through a small incision in the abdomen to view the pelvic organs.

Issues with diagnosis

A 2021 focus group study in the Netherlands identified several issues with diagnosing endometriosis:

Most women do not feel their symptoms are taken seriously.

Many women believe their experiences of menstruation are normal, often because of what they are told by their mothers, so they do not seek treatment.

Medical professionals find it hard to differentiate between “normal” menstrual complaints and signs or symptoms suggestive of endometriosis.

Treatments

Initially, most women are offered nonsteroidal anti-inflammatory drugs [Trusted Source](#) such as ibuprofen. However, little research has been done into whether these alleviate the severe pain caused by endometriosis, and anecdotal evidence suggests they have little effect.

As endometriosis is estrogen-dependent, medications that inhibit estrogen can be effective in controlling pain and inhibiting the growth of lesions. These include oral birth control pills and shots (Depo-Provera). However, some women experience side effects [Trusted Source](#) from these, such as headaches, irregular bleeding, and weight gain.

Gonadotropin-releasing hormone treatments offer an alternative. By suppressing reproductive hormones, they also restrict the growth of lesions. The side effect of suppressing these hormones is menopausal symptoms, such as hot flashes, tiredness, sleep issues, vaginal dryness, and joint pain. However, people can take low dose hormone replacement therapy to alleviate these.

For severe pain, or when other treatments have proven ineffective, surgery will be considered. Laparoscopy, as well as being used for diagnosis, is also used to remove endometrial lesions.

Most people gain short-term pain relief after the removal of lesions, and for some, the effect is long lasting. However, according to the American College of Obstetricians and Gynaecologists, up to 80% of women see their pain return within 2 years.

As a last resort, hysterectomy — removal of the uterus — may be considered, but evidence for its benefits in treating endometriosis is inconclusive [Trusted Source](#). It is a major irreversible procedure, and a woman who has a hysterectomy will no longer have periods or become pregnant.

Lack of research funding

In the U.S., endometriosis is diagnosed in approximately 1 in 10 women of reproductive age — diabetes is diagnosed in around 10% [Trusted Source](#) of the U.S. population, both male and female.

In 2020, the U.S. government announced that funding for endometriosis research would be doubled to \$26 million annually. In the same year, the National Institutes of Health (NIH) reported research spending on diabetes of \$1,156 million.

Why the discrepancy? A 2021 study [Trusted Source](#) into gender disparity in research funding found that the “NIH applies a disproportionate share of its resources to diseases that affect primarily men, at the expense of those that affect primarily women.”

The authors went further, stating that diseases affecting primarily or solely men tended to be overfunded, whereas those affecting mostly or only women were underfunded.

And the pattern is repeated in the United Kingdom, where a 2018 analysis by the U.K. Clinical Research Collaboration found that only 2.1% of publicly funded medical research went to reproductive health and childbirth.

According to Emma Cox, Chief Executive of Endometriosis UK, the National Institute for Health Research has funded more than 8,000 projects since its inception in 2006, only 11 of which address endometriosis.

When dealing with endometriosis, it can be hard to filter out the noise and navigate your inbox. Healthline gives you actionable advice from doctors that's inclusive and rooted in medical expertise.

Taboo or ignorance?

“Women’s health, including endometriosis, has historically attracted far less research funding than other areas. We think this is because of a mixture of taboo and ignorance — whatever the reason, we are determined to put it right.”

– Emma Cox, Endometriosis UK

Lack of funding is not the only problem. Endometriosis is a complex condition. The symptoms vary so much between women that doctors used to think it was more than one condition. Therefore, it can be hard for researchers to know where to begin.

Some research has been done on animal models, but there are obstacles. Since primates are the most similar to people, they would be the best animals for modeling endometriosis. However, there are many objections to their use.

To avoid this problem, a team led by Prof. Philippa Saunders, chair of reproductive steroids at the University of Edinburgh, is developing a mouse model to study endometriosis. “The lowest species in which we can really do something meaningful is the mouse. That’s why the mouse is such an important model in reproductive research,” she says.

The researchers are studying the early development of the disease, with the aim of finding indicators of endometriosis in the blood. They hope this might provide a way of identifying the disease early before damage occurs.

However, Prof. Saunders is frustrated by the lack of funding for endometriosis research: “This progress was only possible because of increased pressure from patient groups who have been much more vocal over the last few years, working with clinical professionals to lobby funders.”

The way forward

According to the 2019 review of endometriosis research in AJOG, “[c]omprehensive and interdisciplinary approaches to disease management and increased education and disease awareness for patients, healthcare providers, and the public are needed to remove stigma, increase timely and accurate diagnosis and treatment, and allow for new advancements.”

Emma Cox is one of many calling for more action:

“We would like government and other funders to address the historic underfunding of endometriosis research in order to identify the cause of the condition, work towards a cure, and develop better treatments. Developing better treatments is vital given that endometriosis can be a chronic and debilitating condition and current treatment options don’t work for everyone.”

As recently as 2020, the UK’s All-Party Parliamentary Group (APPG) on Endometriosis report highlighted that the cause of the condition was still unclear.

“Historically, with limited investment in research into women’s health in general, there’s been so little investment in research into endometriosis that we don’t even know what causes it, and without knowing the cause, a cure cannot be found,” it says.

The APPG called for “[c]ommitment for vital investment in research into the cause of endometriosis, treatment and management options, and diagnosis,” adding that:

“Without investment in research, this condition will rob the next generation of women [of] the education, care, and support they deserve.”

Lobbying groups and charities in both the U.K. and U.S. are working hard to raise awareness of endometriosis. But what is really needed is government commitments to fund more research.

Genetics

Sickle cell disease: How racism affects care (Medical News Today: 20220315)

<https://www.medicalnewstoday.com/articles/sickle-cell-disease-how-racism-affects-care#Outlook>

Sickle cell disease is a condition that affects millions of people globally. It is particularly common among individuals of African or Caribbean heritage, yet these are the very people who may not always receive the care they need. Part of the reason behind this lack of access to care lies in systemic racism. This Special Feature delves into this issue.

Racism is often the reason behind the lack of appropriate healthcare for Black people with sickle cell disease.

Sickle cell disease, which also refers to sickle cell anemia, is a blood disorder inherited genetically. People with the condition have atypical hemoglobin, a

protein in red blood cells that carries oxygen. Individuals with sickle cell anemia inherit an atypical sickle hemoglobin gene from each biological parent.

While blood cells are usually disk-shaped, a person with sickle cell will have red blood cells that feature a “sickle” or crescent shape. These blood cells do not bend as easily and can block blood flow to different parts of the body.

People with sickle cell disease may experience something known as sickle cell crisis^{Trusted Source}, which can result in severe and debilitating pain. For many of these individuals, the first port of call will normally be an urgent care center or emergency department.

However, recent media attention has shone a light on the inadequate healthcare some individuals with sickle cell disease — particularly Black people — receive when trying to access treatment.

In 2019, Evan Nathan Smith, a 21-year-old Black man, died while admitted at North Middlesex Hospital in London in the United Kingdom. While in the early stages of a sickle cell crisis, Smith was denied oxygen, which he requested. He died the following day after experiencing a series of cardiac arrests. While hospitalized, Smith rang 999 from his bed as he believed it was the only way to get help.

Following Smith’s death, the Sickle Cell Society and the All-Party Parliamentary Group for Sickle Cell and Thalassaemia (SCTAPPG) released a report in 2021 that detailed serious failings in the healthcare system in providing treatment for people with sickle cell. This included substandard care in emergency care centers and inadequate knowledge about sickle cell among healthcare staff.

Medical News Today spoke with Black individuals with sickle cell disease to hear about their experiences when accessing healthcare in the U.K. We also spoke with a Black junior doctor working in medical education and with regulatory and governing bodies within the healthcare system to see what is being done to improve sickle cell care.

The knowledge gap

Many people who MNT spoke with pointed to a lack of understanding about sickle cell disease from healthcare staff, an issue that was highlighted by the report published by the Sickle Cell Society and the SCTAPPG.

Alidor, 33, a sickle cell advocate and musician, uses his music to raise awareness about the condition. He emphasized that expertise on the disease can vary depending on where you are in the country.

For example, a few years ago, while in Manchester and experiencing a sickle cell crisis, he realized that staff did not seem to be knowledgeable about the condition. “I checked myself out and traveled to London while still experiencing severe pain because I knew that at least in London, the doctors would know what they were dealing with,” he told MNT.

He mentioned another incident in West Sussex a few years ago, where an ambulance had to be called as he was experiencing a crisis. “The EMT [emergency medical technician] didn’t even know what sickle cell was,” he said.

Dr. Evangeline is a junior doctor currently working in medical education and helping train medical students at a London university. She believes that the lack of medical education on sickle cell disease has also led to healthcare staff not treating a sickle cell crisis as a medical emergency:

“Someone has a heart attack or a stroke, and everyone on a ward mobilizes immediately, but that same response is not given to someone with sickle cell. That in itself is racism because they have decided that this is not important to learn about.”

The 2021 report recommended that the General Medical Council (GMC) and the Nursing and Midwifery Council — regulators for doctors, nurses, and midwives, respectively — “strengthen” requirements on the level of sickle cell training required for university curricula to be approved.

When MNT approached the GMC regarding this, the organization noted that it did not have the power to approve specific content of medical schools’ curricula. However, it also noted that a new Medical Licensing Assessment would be introduced to final year students from 2024 and that sickle cell disease would be included on the list of conditions that could be assessed.

“We regularly review our guidance and educational outcomes to ensure they keep up to date with new information and developments in healthcare,” said a GMC spokesperson.

The lack of medical education not only affects the expertise level of healthcare staff but also the timely delivery of care. The National Institute for Health and Care Excellence (NICE) produces evidence-based guidance and quality standards for healthcare staff.

According to its guidelines governing treatment for an acute painful episode of sickle cell disease — a crisis — not only should the episode be treated as an acute medical emergency, but the person should also be offered pain relief within 30 minutes of presenting at the hospital.

However, this was not the case for many people who spoke with MNT.

Maria, 19, who experienced a sickle cell crisis earlier this year, was left waiting for pain relief for 5 hours at a London hospital, only to be given codeine and naproxen. She said the medication was insufficient to help treat the pain.

“I’ve lived in three countries intermittently [...] the U.K. is where I noticed and experienced that sickle cell is not seen as a top priority disease [...], especially in emergency rooms,” she told us.

Negative attitudes from staff

A significant issue that many of the people MNT spoke to highlighted was the negative attitudes they faced from healthcare staff. They believe that these attitudes they experienced stemmed from a mix of racism and a lack of belief regarding the level of pain they are experiencing.

Siobhan, 22, has had to be admitted to the hospital at least once a year since the age of 16 for sickle cell disease treatment. “My healthcare experience has been nothing short of traumatic,” she told us.

In June 2020, Siobhan was admitted into a hospital in London due to a sickle cell crisis. She was given a pain relief drug that had caused negative experiences in the past. However, the nurse she was assigned was adamant that it was the only drug that was appropriate.

After an hour, the nurse returned with another sickle cell patient. “The nurse had spoken to [the patient] about my situation in an attempt to use that patient to encourage me to stick with the medication,” Siobhan recounted.

She also said that a relative of the patient she was sharing a room with intervened and argued with the nurse due to the breach in patient confidentiality. It was only after this that Siobhan was assigned a new nurse:

“In some situations, even being persistent isn’t enough [...] a lot of the staff members don’t typically believe the amount of pain we can be in and believe we’re just fishing for strong painkillers.”

Other people who MNT spoke to also detailed being accused of drug misuse or “fishing” for drugs. “We’re called ‘addicts,’ and we’re constantly having to fight to be believed,” said Alidor.

Moreover, when experiencing a crisis at a hospital a few years ago, Alidor was told by a nurse that, “as there’s no outward bleeding, it can’t be that serious.”

Claire recently took to social media to detail the negative experience that her sister, who has sickle cell disease, endured at a Surrey hospital. Her sister, while experiencing a crisis and in severe pain, was accused by the doctor of trying to obtain narcotics. After being given the wrong medication, her sister was transferred to the Surrey hospital.

Since the incident, Claire has complained to the hospital in question, which is reportedly investigating the incident. Claire, who normally resides with her sister in Scotland, said that the standard of care in England for sickle cell is poor compared with Scotland.

“Our guidance is very clear that doctors must not unfairly discriminate against patients by allowing their personal views to affect their professional relationships or the treatment they provide,” said a GMC spokesperson. “Serious or persistent failure to follow the guidance, which poses a risk to patient safety or public trust in the profession, will put a doctor’s registration at risk.”

Yet the experiences that people shared with MNT have also been illustrated in research. For example, a 2016 study^{Trusted Source} found that racial bias in pain perception by doctors resulted in racial bias in pain treatment recommendations. False beliefs included the idea that Black people felt less pain compared with white people.

A 2021 secondary analysis^{Trusted Source} of a randomized control trial found that Black patients were less likely to receive an opioid prescription compared with white patients.

Increasing awareness of sickle cell

Alidor, who will be delivering a topical seminar for doctors in April, believes that it is time for people within the healthcare system to start advocating for sickle cell patients. “The only people who are making an effort are those with sickle cell,” he said.

Many individuals who spoke with MNT also said that doctors need to ensure they have the relevant knowledge to also inform their patients. “I had to find out a lot of things for myself,” said Rahim, 23, including the fact that people with sickle cell have lower life expectancies^{Trusted Source} and experience developmental delays^{Trusted Source}.

“Even the general public isn’t quite well informed about it, and it would help in a lot of cases where you don’t have to continuously explain what is happening to you or what is best for you,” he added.

Outlook

The National Health Service (NHS) recently announced that crizanlizumab, the first new treatment for sickle cell disease in over 20 years, would be made available to 5,000 people over the next 3 years. The drug is expected to reduce chronic pain and the number of visits to emergency departments. However, Dr. Evangeline believes this is not enough.

“A new treatment is great news for patients, but it does not address the systemic racism, unconscious bias, and lack of knowledge these patients experience,” she told us. Specifically, she said that a more cohesive treatment pathway is needed for sickle cell patients.

When contacted for comment, the NHS said it was developing a consistent whole pathway for people regarding their urgent and emergency care pathways with sickle cell crises to try to optimize experiences and outcomes.

“While specialist services are central to these improvements, it’s also important that each part of the NHS works with patients to improve ongoing care, and we are actively working to make sure all NHS staff better understand sickle cell disease and the challenges these patients face through additional training,” said an NHS spokesperson.

The Care Quality Commission (CQC) is the independent regulator of health and social care services in England. Following the death of Evan Nathan Smith, the CQC published a report citing the need for significant improvement at North Middlesex Hospital.

When approached for comment regarding experiences at other London hospitals as noted in this article, Ted Baker, Chief Inspector of Hospitals, said:

“While we have not found similar concerns to be widespread, we are aware of other incidences where sickle cell patients have experienced substandard care in hospital, and elsewhere in the healthcare system, in part due to limited knowledge of the disease among staff.”

“It is unacceptable for patients to feel like they are not being listened to or taken seriously or for patients or staff to face stereotyping or discriminatory behavior. Understanding the experience of patients is a vital part of our assessment and monitoring of hospital trusts, and where we find concerns, we will follow them up — requiring improvements to be made where needed,” he added.

Meanwhile, the Department of Health and Social Care also noted the need for a cohesive action plan that involved various levels of the healthcare system.

“We are determined to address the long-standing health disparities that exist in many areas and communities and are working to bring together the relevant organizations to consider the report’s recommendations and develop a cross-system action plan,” said a Department of Health and Social Care spokesperson.

“Universities look up to organizations like the GMC,” said Dr. Evangeline when asked about the GMC’s statement.

“They have a responsibility to their patients to make a change. Shifting the blame to medical schools’ curricula is not good enough. They, as a regulator, need to set an example.”

– Dr. Evangeline

“The [No One’s Listening] report was clear — we are failing sickle cell patients. Racism permeates all parts of our society, including the research, the delivery of healthcare, and even the regulatory bodies,” Dr. Evangeline noted. “It all trickles down to every level of care that [Black] patients receive. People don’t understand how daunting that is for a Black person and can be difficult to relate to.”

Hypertension

Hypertension: Protein variety may be key (Medical News Today: 20220315)

<https://www.medicalnewstoday.com/articles/hypertension-protein-variety-may-be-key#Next-steps>

Almost half of adults in the United States have high blood pressure, or hypertension.

Current evidence suggests that dietary changes can reduce blood pressure, but more investigation is necessary.

A recent study in China shows that eating a balanced diet including protein from a variety of sources may help adults lower their risk of developing high blood pressure.

Hypertension can lead to cardiovascular disease, stroke, and illnesses that affect the kidneys and the brain.

With almost half Trusted Source of adults in the U.S. living with hypertension, scientists are searching for ways to reduce the risk of developing the condition.

Scientists believe that hypertension occurs due to a combination of environmental and lifestyle factors. Current advice is that eating more healthily can reduce high blood pressure.

Lately, there has been a growing interest in the role of protein as a possible approach to preventing hypertension.

The present study, led by Dr. Xianhui Qin, M.D., at the Southern Medical University in Guangzhou, China, investigated the link between the variety and quantity of protein in the diet and new-onset hypertension.

The study authors found that eating protein from a variety of sources could help lower the risk of high blood pressure. Their findings appear in the journal *Hypertension*.

Tracy Parker, senior dietitian at the British Heart Foundation, told Medical News Today, “This study adds to the evidence that eating a moderate amount of protein from a variety of foods is an important part of a healthy diet.”

“Although this study was observational, it suggests that eating a selection of both plant- and animal-based proteins in your diet can help control your blood pressure and benefit your heart. Further research is now needed to help understand this, including in different population groups with different dietary intakes.”

Data from over 12,000 participants

The team took data from the China Health and Nutrition Survey, a collaborative project between the University of North Carolina at Chapel Hill and the Chinese Center for Disease Control and Prevention (CCDC).

The survey collected data between 1989 and 2015 and covered more than 47% of the Chinese population. The collection of data took place in waves every 2–4 years. In the 2009 wave, researchers collected blood samples.

The present study used data collected from 1997 to 2015, excluding participants who already had a hypertension diagnosis, who had not completed two rounds of the survey, or whose dietary data were insufficient.

Trained nutritionists collected information about food intake during face-to-face interviews. This entailed 24-hour dietary recalls over 3 days of the same week, together with a household food inventory. From this information, the scientists then calculated the nutrient intake.

The team looked at the variety and quantity of protein intake from eight major food sources: whole and refined grains, processed and unprocessed red meat, poultry, fish, eggs, and legumes. They then generated protein scores based on the number of protein sources a person consumed, awarding one point for each source.

Over an average follow-up of 6.1 years, the researchers captured information about new hypertension diagnoses. The final analysis included a total of 12,177 participants.

Finding a link

The average age of the participants was 41, and approximately 53% were female. During the study, just over 35% of the participants developed hypertension.

The researchers found that the participants with the greatest variety of protein in their diet had less than half the rate of new-onset hypertension than those with a protein variety score of less than 2.

The total quantity of protein showed a U-shaped curve in relation to hypertension onset. This means that those with the least variety and the most protein intake had the highest risk of new-onset hypertension.

For each type of protein, the researchers identified specific levels where the risk of hypertension is lower.

Dr. Qin told MNT that he was not surprised by the results. “We speculated that consuming greater variety of proteins in proper quantity could guarantee the intake of different essential amino acids, which may correlate with better nutritional status, microbiota richness, and diversity.”

“The heart health message is that consuming a balanced diet with proteins from various, different sources, rather than focusing on a single source of dietary protein, may help prevent the development of high blood pressure,” Dr. Qin says.

Next steps

Dr. Qin told MNT that future work should include participants of other ethnicities and from other regions. “Randomized trials are needed to further examine the associations between the variety and quantity of protein intake from different food sources and the risks of hypertension and other health outcomes.”

“Moreover, we should further define the appropriate amount of the intake of each protein in different populations.”

Parker added: “To keep your heart healthy, you should focus on eating more fruit, vegetables, fish, pulses, and whole grains and cutting down on foods high in salt, sugar, and saturated fat, like cake, biscuits, and sweets. Lifestyle factors, such as exercising regularly, quitting smoking, and maintaining a healthy weight, are also important ways to reduce your risk of heart and circulatory diseases.”

Hypertension