



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY
Wednesday 20220629

यूरिक एसिड

खून में बढ़ा है यूरिक एसिड तो तुरंत बना लें इस सफेद चीज से दूरी, आयुर्वेद में है न खाने की सलाह
(Navbharat Times: 20220629)

<https://navbharattimes.indiatimes.com/lifestyle/health/according-to-ayurveda-expert-we-should-avoid-curd-in-uric-acid-or-arthritis-pain-know-the-reason/articleshow/92518720.cms?story=6>

खून में यूरिक एसिड का स्तर बढ़ने से हाथ-पैर में जकड़न आने लगती है। यदि आपका यूरिक एसिड बढ़ा हुआ है, तो आपके मन में भी यह सवाल जरूर जाएगा कि आपको दही का सेवन करना चाहिए या नहीं।

ले आइए किचन के लिए ढेरों सामान, शुरुआत सिर्फ 99 रुपये से

यूरिक एसिड भोजन के पाचन और शरीर की कोशिकाओं के टूटने की प्राकृतिक प्रक्रियाओं से बनता है। कुछ खाद्य पदार्थों में प्यूरिन नामक प्राकृतिक तत्व होता है। जब शरीर प्यूरिन का पाचन करता है, तो यूरिक एसिड बनता है। किडनी खून में से अधिकतर यूरिक एसिड को पेशाब के जरिये शरीर से बाहर भी निकाल देती है। लेकिन अगर यह यूरिक एसिड अधिक मात्रा में बनने लगती है तो किडनी उसे हटा नहीं पाती है। ऐसे में खून में यूरिक एसिड का स्तर बढ़ जाता है। अगर शरीर में बहुत ज्यादा यूरिक एसिड जमने लगे, तो इसे

हाइपरयूरिसीमिया (Hyperuricemia) कहा जाता है।

खून में यूरिक एसिड का स्तर बढ़ने से हाथ-पैर में जकड़न आने लगती है और उठने बैठने में दिक्कत होती है। उंगलियों में सूजन और असहनीय दर्द भी होता है। शरीर में यूरिक एसिड के बढ़े होने पर गठिया, संधिवात, गाउट आदि जैसी बीमारियां होती हैं। साथ ही साथ अगर जोड़ों में गांठ की शिकायत हो जाती है। यूरिक एसिड बढ़ने से ब्लड प्रेशर, थायराइड और मधुमेह जैसी बीमारियां होती हैं। ऐसे में सलाह दी जाती है कि दही का सेवन नहीं करना चाहिए। यदि आपके मन में भी यह सवाल रह-रहकर उठता है, तो चलिए जानते हैं इस बारे में क्या कहना है चरक फार्मा PVT. LTD की मेडिकल एडवाइजर मनीषा मिश्रा गोस्वामी का।

यूरिक एसिड बढ़ने से क्या होता है

जब खून में यूरिक एसिड की मात्रा बढ़ जाए, तो यह क्रिस्टल की तरह बन जाता है। यह क्रिस्टल छोटे-छोटे टुकड़े के रूप में हड्डियों के बीच में जमा होने लगता है। इसके कारण सूजन बनने लगती है और हड्डियों में बहुत तेज दर्द होने लगता है। जब यूरिक एसिड अनियंत्रित होने लगे, तो दिल का दौरा, किडनी फेलियर और मल्टीपल ऑर्गन फेलियर जैसी बीमारियों का खतरा भी बढ़ जाता है।

कम खाएं प्रोटीन अगर बढ़ा है यूरिक एसिड

यूरिक एसिड को नियंत्रित करने में जीवनशैली और खानपान सबसे महत्वपूर्ण होते हैं। यूरिक एसिड को नियंत्रित करने के लिए प्रोटीन का सेवन कम करना चाहिए, क्योंकि प्रोटीन के अधिक सेवन से यूरिक एसिड का स्तर बढ़ता है। दही में प्रोटीन की मात्रा ज्यादा होती है जो यूरिक एसिड के लिए हानिकारक हो सकती है।

दही बढ़ाता है यूरिक एसिड

दोपहर के खाने के बाद दही खाना ज्यादातर लोगों को पसंद होता है। लेकिन जिनका यूरिक एसिड बढ़ा हुआ हो उन व्यक्तियों को दही का सेवन बिल्कुल नहीं करना चाहिए। दही में मौजूद ट्रांस फैट यूरिक एसिड की मात्रा को बढ़ाने का काम करता है।

नहीं खानी चाहिए खट्टी चीजें

यूरिक एसिड में खट्टी चीजों का सेवन नहीं करना चाहिए। आयुर्वेद के अनुसार दही स्वाद में खट्टी होती है। इसका सेवन करने से यूरिक एसिड वाले मरीजों को कई तरह की परेशानियों का सामना करना पड़ सकता है।

दही को लेकर क्या कहता है आयुर्वेद

आयुर्वेद के अनुसार दही खाने से जोड़ों में सूजन आती है जो यूरिक एसिड में हानिकारक है। दही खाने का समय भी आयुर्वेद के अनुसार निश्चित है। दही रात को कभी भी नहीं खानी चाहिये। अगर दिन में दही खानी है तो शक्कर मिला कर खाएं।

हार्ट अटैक-स्ट्रोक

हार्ट अटैक-स्ट्रोक की असली जड़ है गंदा कोलेस्ट्रॉल, इसे बाहर निकालने के लिए खाएं ये 5 चीजें (Navbharat Times: 20220629)

<https://navbharattimes.indiatimes.com/lifestyle/health/according-to-indian-famous-nutritionist-nmami-agarwal-include-5-food-in-your-diet-to-lower-bad-cholesterol/articleshow/92510687.cms?story=7>

कोलेस्ट्रॉल का बढ़ना आपके दिल के स्वास्थ्य के लिए सबसे ज्यादा खतरनाक है। इससे आपको हार्ट डिजीज, स्ट्रोक और हार्ट अटैक का खतरा हो सकता है। सेलेब्रिटी न्यूट्रिशनिस्ट नमामी अग्रवाल आपको कुछ ऐसी ही चीजों के बारे में बता रही हैं, जो कोलेस्ट्रॉल को कम करने में मदद कर सकती हैं।

कोलेस्ट्रॉल (Cholesterol) एक गंदा पदार्थ है, जो आपके खून की नसों में पाया जाता है। यह दो तरह का होता है- एक है खराब कोलेस्ट्रॉल जिसे या एलडीएल (LDL Cholesterol) कहते हैं और दूसरा है अच्छा कोलेस्ट्रॉल जिसे एचडीएल (HDL Cholesterol) कहते हैं। शरीर में कोलेस्ट्रॉल आपके द्वारा खाए जाने वाले पदार्थों से बनता है। इसके अलावा आपका लीवर भी कोलेस्ट्रॉल बनाता है।

क्लीवलैंड क्लिनिक का मानना है कि आपका लीवर कोलेस्ट्रॉल की बड़ी वजह है, जो आपके खून में कोलेस्ट्रॉल का लगभग 85% बनाता है। हाई कोलेस्ट्रॉल वाले खाद्य पदार्थों में वो चीजें शामिल हैं जिनमें सैचुरेटेड फैट और ट्रांस फैट ज्यादा होता है। यही वजह है कि एक्सपर्ट्स पशु उत्पादों जैसे मांस, वसा वाले डेयरी उत्पाद और तेल से बनी चीजें न खाने की सलाह देते हैं क्योंकि इनमें सैचुरेटेड फैट ज्यादा होता है।

कोलेस्ट्रॉल कैसे कम करें? कोलेस्ट्रॉल का बढ़ना आपके दिल के स्वास्थ्य के लिए सबसे ज्यादा खतरनाक है। इससे आपको हार्ट डिजीज, स्ट्रोक और हार्ट अटैक का खतरा हो सकता है। इससे बचने या इसकी मात्रा कम करने के लिए आपको फिजिकल एक्टिविटी और हेल्दी डाइट पर ध्यान देना चाहिए।

सेलेब्रिटी न्यूट्रिश्निस्ट नमामी अग्रवाल आपको कुछ ऐसी ही चीजों के बारे में बता रही हैं, जो कोलेस्ट्रॉल को कम करने में मदद कर सकती हैं।

कोलेस्ट्रॉल के लिए लहसुन

खून की नसों में जमा गंदे कोलेस्ट्रॉल को कम करने के लिए आपको लहसुन का सेवन करना चाहिए। रोजाना लहसुन की आधी कली का सेवन करने से कोलेस्ट्रॉल का स्तर लगभग 10% कम हो सकता है।

कोलेस्ट्रॉल के लिए धनिया के बीज

धनिया के पत्तों और बीजों में एंटीऑक्सिडेंट की मात्रा अधिक होती है, जिस वजह से यह हाई कोलेस्ट्रॉल के स्तर को कम करने में मदद करता है। इसके अलावा इन बीजों में फोलिक एसिड, विटामिन सी, विटामिन ए और बीटा-कैरोटीन जैसे कई प्रमुख विटामिन हैं। एक चम्मच धनिये के बीज को पानी में करीब दो मिनट तक उबालें और फिर छानकर पी लें।

कोलेस्ट्रॉल के लिए मेथी के बीज

मेथी के बीजों का नियमित सेवन करने से एखराब कोलेस्ट्रॉल और ट्राइग्लिसराइड के स्तर को कम करने में मदद करता है। ऐसा इसलिए है क्योंकि इन बीजों में स्टेरायडल सैपोनिन होते हैं जो आंतों के कोलेस्ट्रॉल के अवशोषण को धीमा कर देते हैं। इसके अलावा मेथी के बीज वसा वाले खाद्य पदार्थों से ट्राइग्लिसराइड्स के अवशोषण को कम करते हैं।

कोलेस्ट्रॉल कम करने वाले फूड

अगर आप कोलेस्ट्रॉल के मरीज हैं, तो आपको साबुत अनाज का सेवन करना चाहिए। इतना ही नहीं साबुत अनाज के सेवन से डायबिटीज को भी कंट्रोल रखने में और वजन कम करने में भी मदद मिल सकती है। इन चीजों में फाइबर की मात्रा अधिक होती है, जिससे हाई कोलेस्ट्रॉल, हृदय रोग, मोटापा और टाइप 2 डायबिटीज का खतरा कम हो सकता है।

कैसे करें 30 की उम्र के बाद कोलेस्ट्रॉल कंट्रोल

शतावरी, ब्रसेल्स स्प्राउट्स, गोभी, ब्रोकोली, फूलगोभी, टमाटर, मिर्च, अजवाइन, गाजर, पत्तेदार साग और प्याज जैसी गैर-स्टार्च वाली सब्जियों को अपनी डाइट में शामिल करें। इन सब्जियों में कैलोरी कम होती है और फाइबर और प्रोटीन की मात्रा अधिक होती है। इनके नियमित सेवन से आपको ट्राइग्लिसराइड्स और खराब कोलेस्ट्रॉल को कम करने में मदद मिल सकती है।

कोरोना

कोरोना ने बढ़ाई टेंशन, एक ही दिन में बढ़ गए 25 फीसदी तक मरीज, 30 लोगों की मौत (Amar Ujala: 20220629)

<https://www.amarujala.com/india-news/corona-cases-in-india-29-june-covid19-active-cases-death-cases-health-ministry-update?src=tlh&position=7>

स्वास्थ्य मंत्रालय द्वारा जारी बुधवार के आंकड़ों के अनुसार बीते 24 घंटों में कोरोना के 14,506 नए मामले सामने आए हैं जो कि कल की तुलना में लगभग 25 फीसदी अधिक है।

कोरोना के मामले

देश में कोरोना संक्रमितों की संख्या में बढ़ोतरी ने एक बार फिर से लोगों की चिंता बढ़ा दी है। स्वास्थ्य मंत्रालय द्वारा जारी बुधवार के आंकड़ों के अनुसार बीते 24 घंटों में कोरोना के 14,506 नए मामले सामने आए हैं जो कि कल की तुलना में लगभग 25 फीसदी अधिक है। वहीं इस दौरान 30 मरीजों की जान चली गई। बता दें कल के आंकड़े में 11,793 मामले सामने आए थे और 27 मरीजों की मौत हुई थी। हालांकि, बीते 24 घंटों में 11,574 लोग डिस्चार्ज भी हुए। देश में सक्रिय मरीजों की संख्या 99,602 हो गई है जो कि कल की तुलना में 2902 अधिक है। महामारी की शुरुआत से लेकर अब तक कुल 52,50,77 लोगों की मौत हुई है।

दिल्ली में बीते 24 घंटों में कोरोना के 874 नए मरीज

दिल्ली में कोरोना के मामलों ने एक बार फिर से टेंशन बढ़ा दी है। यहां बीते 24 घंटों में 874 नए मरीज सामने आए हैं जबकि संक्रमण से चार लोगों की मौत हो गई है। बता दें कि इससे पहले मंगलवार को जारी आंकड़े में 628 मामले सामने आए थे और तीन लोगों की मौत हो गई थी।

महाराष्ट्र में बीते 24 घंटे में कोरोना के 3,482 मामले सामने आए

महाराष्ट्र में बीते 24 घंटे में कोरोना के 3,482 मामले सामने आए हैं और नौ लोगों की मौत हो गई। बता दें कि आज कल की तुलना में 1113 मरीज अधिक सामने आए हैं। वहीं मुंबई की बात करें तो यहां बीते 24 घंटों में कोरोना के 1290 मामले सामने आए हैं और दो लोगों की मौत हो गई।

केरल में मास्क अनिवार्य

केरल में बढ़ते कोरोना संक्रमण को देखते हुए राज्य में मास्क अनिवार्य कर दिया गया है। मंगलवार को केरल पुलिस ने सभी जिले के पुलिस प्रमुखों को सार्वजनिक स्थलों पर मास्क की अनिवार्यता सुनिश्चित करने के निर्देश दिए हैं।

India reports 14,506 new Covid-19 cases, 30 deaths; active cases at 99,602 (The Indian Express: 20220629)

<https://indianexpress.com/article/lifestyle/health/coronavirus-india-live-news-updates-covid-count-deaths-delhi-mumbai-bangalore-chennai-cases-7997400/>

Coronavirus Cases in India Today, Covid-19 Latest News Live June 29, 2022: A day after reporting 2,369 new Covid-19 cases, Maharashtra recorded 3,482 cases on Tuesday with a surge of 47 per cent in the last 24 hours.

Coronavirus news, Covid news, India covid numbers Bhushan also held a video-conferencing meeting with 14 states that are still reporting an upswing in cases and asked them to strengthen surveillance and report any out-of-the-ordinary or different clinical profile of patients.

Coronavirus News Live Updates: India recorded 14,506 fresh Covid-19 cases and 30 deaths in the last 24 hours ending 8 am Wednesday, data released by the Union Health Ministry said. As many as 11,574 patients recovered from the infection, leaving a total of 99,602 active cases in the country.

The country's first homegrown mRNA Covid-19 vaccine developed at Pune's Genovax Biopharmaceuticals has received emergency use for the age group 18 and above. In a late-night development, the Drug Controller General of India (DCGI) approved the two-dose mRNA vaccine on Tuesday. The drug regulator has also approved Serum Institute's COVID-19 vaccine Covovax for restricted emergency use in children aged 7 to 11 years subject to certain conditions. Meanwhile, Union Health Secretary Rajesh Bhushan has asked states to step up vigil and prepare for mass gatherings or yatras in the coming months in order to ensure that participants travelling within the states and across do not carry Covid-19 infection.

A day after reporting 2,369 new Covid-19 cases, Maharashtra recorded 3,482 cases on Tuesday with a surge of 47 per cent in the last 24 hours. Also, for the third consecutive day, five Covid fatalities were also recorded in Maharashtra. Out of the total numbers, Mumbai reported 1,290 cases. The test positivity rate (TPR) — the number of positive cases out of the

total tests conducted — stood at 11.70 per cent in the city with 11,012 tests conducted on Tuesday. Delhi, on the other hand, reported 874 fresh Covid-19 cases and four more deaths due to the infection, while the positivity rate has declined to 5.18 per cent, according to data shared by the city health department on Tuesday. The national capital reported 628 new Covid cases and three deaths due to the viral disease on Monday, while the positivity rate was recorded at 8.06 per cent.

COVID-19 hospitalisations rise, but not matter of concern yet: Experts (The Hindu: 20220629)

<https://www.thehindu.com/news/cities/bangalore/covid-19-hospitalisations-rise-but-not-matter-of-concern-yet-experts/article65576609.ece?homepage=true>

Even with a booster dose, UK Health Security Agency data shows lowered vaccine effectiveness against severe disease for BA.5.

Even with a booster dose, UK Health Security Agency data shows lowered vaccine effectiveness against severe disease for BA.5. | Photo Credit: File photo

Only 12 ICU and two HDU admissions so far; general bed admissions are not a true indicator of severity of illness: TAC chairman

Hospitalisation owing to COVID-19 is inching up in Karnataka, though fatalities are low. As of Monday (June 27), there were 79 patients admitted in hospitals. This is a nearly 20% jump from the four hospitalisations that were recorded on June 1.

According to data from the State Health Department, of the 79 patients hospitalised, 12 are in ICUs and two have occupied oxygen/ high dependency unit (HDU) beds. The remaining have occupied general beds. While 72 of the 79 are in BBMP areas, all the 79 have been admitted in government hospitals.

Hospitalisations that had remained low despite a rise in new cases since the beginning of this month, started increasing from June 10 when 22 patients required admission. In ten days, this number doubled to 42 on June 20. Now, in a span of one week, hospitalisations have shot up to 79.

This follows the Indian SARS-CoV -2 Genomics Consortium's (INSACOG) confirmation about the presence of BA.4 and BA.6 sub-lineages of Omicron in Bengaluru last week. This was nearly a month after sewage surveillance in the city had detected the possible presence of these sub-lineages.

Precautionary in nature

State Health Commissioner Randeep D. said most of the hospitalised are those with comorbidities. “Except for those with comorbidities, the other admissions are precautionary in nature. None of those admitted have required ventilator support so far,” he said.

M.K. Sudarshan, chairman of the State’s COVID-19 Technical Advisory Committee (TAC), said the number of hospitalisations vis-a-vis the number of new cases are not of concern as of now.

“Most of the people who are hospitalised are in general wards and these are not a true indicator of the severity of illness. The real measure of severity of disease is reflected in ICU and HDU bed occupancy, which is still low. As Omicron (and its sub-lineages) continues to be the dominant variant, the transmissibility is high but virulence is low,” he said.

“Presently because of the easy availability of beds, some people, especially those with comorbidities and others at high risk including senior citizens, prefer to get admitted to get all the investigations done and for better care,” the TAC chairman said.

C.N. Manjunath, member of the State’s Clinical Experts Committee, said that many who visit hospitals for treatment of other ailments are testing positive when tested before surgeries. “At Jayadeva institute, we are detecting two-three patients positive for COVID when tested before surgery,” he said.

BA.5 sub-lineage

TAC member Giridhar R. Babu, who also heads Lifecourse Epidemiology at Indian Institute of Public Health in Bengaluru, said that BA.5 is resulting in an increased number of infections and hospitalisations in several countries.

In a series of tweets, he said: “Even with a booster dose, UK Health Security Agency data shows lowered vaccine effectiveness against severe disease for BA.5. For those aged above 50, protection against mortality is greater only with a booster dose. People should come forward to get booster shots.”

“Overall surveillance including genome surveillance should be enhanced to track the new sub-lineages. It is important to prevent crowds, improve ventilation and promote mask use in closed spaces. How likely are any of these to be prioritised?” he said.

मंकीपॉक्स

WHO की रिपोर्ट में खुलासा : मंकीपॉक्स से नाइजीरिया में पहली मौत, दुनिया में अब तक मिले 3413 मामले (Amar Ujala: 20220629)

<https://www.amarujala.com/world/revealed-in-who-report-first-death-in-nigeria-due-to-monkeypox-3413-cases-found-so-far-in-world-patients-found-in-50-countries?src=foryou>

विश्व स्वास्थ्य संगठन की रिपोर्ट के अनुसार, ब्रिटेन में 793, स्पेन में 520, पुर्तगाल में 317, नीदरलैंड में 167, जर्मनी में 521, फ्रांस में 277, अमेरिका में 147 और कनाडा में 210, बेल्जियम में 77, इटली में 85 और स्विट्जरलैंड में 46 मरीज अब तक मंकीपॉक्स संक्रमित मिल चुके हैं।

मंकीपॉक्स

विश्व स्वास्थ्य संगठन ने नाइजीरिया में मंकीपॉक्स से पहली मौत होने की पुष्टि की है। मंगलवार को जारी रिपोर्ट में कहा गया है कि दुनिया के 50 देशों में अब तक मंकीपॉक्स के 3413 मामले मिले हैं। इनमें से नाइजीरिया में 41 संक्रमित हैं।

भारत के लिए राहत की बात यह है कि यहां अभी मंकीपॉक्स का एक भी मरीज नहीं है। उत्तर प्रदेश-महाराष्ट्र सहित करीब सात राज्यों से जीनोम सीक्वेंसिंग के लिए भेजे गए सैंपल में कोई पॉजिटिव रिपोर्ट नहीं मिली है। डब्ल्यूएचओ की रिपोर्ट के अनुसार 17 से 22 जून के बीच आठ नए देशों में 1310 मामले सामने आए हैं।

भारत में बीते माह स्वास्थ्य मंत्रालय ने प्रत्येक संदिग्ध सैंपल की जीनोम सीक्वेंसिंग कराने का आदेश दिया था। पुणे स्थित नेशनल इंस्टीट्यूट ऑफ वायरोलॉजी (एनआईवी) की लैब में सैंपल भेजने के लिए कहा गया था। एक मई से 23 जून के बीच 16 सैंपल की जांच की गई, जिनमें एक में भी मंकीपॉक्स संक्रमण की पुष्टि नहीं हुई है।

दो सप्ताह में आठ सैंपल, सभी फेल

एनआईवी निदेशक डॉ. प्रिया अब्राहम ने बताया कि दो सप्ताह में आठ सैंपल आए, लेकिन सभी फेल हो गए। किसी व्यक्ति के संक्रमित होने का संदेह होने के लिए बीते 21 दिन के दौरान उनकी यात्रा विवरण

होना आवश्यक है। इसके अलावा सूजन, बुखार, सिरदर्द, शरीर में दर्द और गहरी कमजोरी जैसे लक्षण महसूस किए जा रहे हैं तो उसे तत्काल जांच करानी चाहिए।

इन देशों में सबसे ज्यादा मामले

रिपोर्ट के अनुसार, ब्रिटेन में 793, स्पेन में 520, पुर्तगाल में 317, नीदरलैंड में 167, जर्मनी में 521, फ्रांस में 277, अमेरिका में 147 और कनाडा में 210, बेल्जियम में 77, इटली में 85 और स्विट्जरलैंड में 46 मरीज अब तक मंकीपॉक्स संक्रमित मिल चुके हैं।

Sleep Disorder

Study finds sleep deprivation affects physician perception of patient pain (Hindustan Times: 20220629)

<https://www.hindustantimes.com/lifestyle/health/study-finds-sleep-deprivation-affects-physician-perception-of-patient-pain-101656407311359.html>

The study tested 31 resident physicians in Israel who were just starting their day and 36 just wrapping up a 26-hour shift. They read through a clinical scenario describing a female patient with a headache and another scenario describing a male patient with a backache.

A recent international study from the University of Missouri School of Medicine and researchers in Israel found that sleep-deprived doctors show less empathy for patient distress and that this impression affects their prescribing behaviours.

The findings of the research were published in the journal 'Proceedings of the National Academy of Sciences'.

The study tested 31 resident physicians in Israel who were just starting their day and 36 just wrapping up a 26-hour shift. They read through a clinical scenario describing a female patient with a headache and another scenario describing a male patient with a backache. The physicians then answered questions about the magnitude of patients' pain and reported their likelihood to prescribe pain medications. The doctors wrapping up their shifts registered significantly less empathy for the patients than those just starting.

"Pain management is a major challenge, and a doctor's perception of a patient's subjective pain is susceptible to bias," said co-author David Gozal, MD, the Marie M. and Harry L. Smith Endowed Chair of Child Health at the MU School of Medicine. "This study

demonstrated that night shift work is an important and previously unrecognized source of bias in pain management, likely stemming from impaired perception of pain."

To verify their findings, the researchers analyzed more than 13,000 electronic medical records (EMR) discharge notes involving patients arriving with pain complaints at hospitals in Israel and the U.S. The study found the physicians' propensity to prescribe analgesics to patients presenting with severe pain during the night shift was 11 per cent lower in Israel and 9 per cent lower in the U.S.

"The fact that the divergence of analgesic prescription from the general World Health Organization guidelines is greater during night shifts suggests that there is indeed an under-prescription during night shifts, rather than an over-prescription during the daytime," Gozal said. "These results highlight the need to address this bias by developing and implementing more structured pain management guidelines and by educating physicians about this bias."

Gozal said it is also important to consider whether hospitals should make changes to resident physician work schedules to avoid empathy or decision fatigue.

Gozal's MU research team included Koby Clements, senior director of value-driven outcomes and analytics at MU Health Care; and Adrienne Ohler, PhD, associate research professor.

The international group included the study's lead author Shoham Choshen-Hillel, PhD, associate professor at Hebrew University; Alex Gileles-Hillel, MD, assistant professor at the Hadassah-Hebrew University Medical Center; and Anat Perry, PhD, assistant professor at Hebrew University. Other co-authors included Tom Gordon-Hecker, PhD; Shir Ganzer and Salomon Israel from Hebrew University; David Rekhtman and Ido Sadras, MD, from Hadassah-Hebrew University Medical Center; and Eugene M. Caruso, PhD; associate professor at UCLA.

Their study, "Physicians Prescribe Fewer Analgesics During Nightshifts Than Dayshifts," was recently published in the journal Proceedings of the National Academy of Sciences of the United States of America.

This story has been published from a wire agency feed without modifications to the text.

Orthopedic injuries

Increase in orthopedic injuries in summer: Experts explain (Hindustan Times: 20220629)

<https://www.hindustantimes.com/lifestyle/health/increase-in-orthopedic-injuries-in-summer-experts-explain-101656401307562.html>

From swimming injuries to road accidents to knee injuries, experts point out the many causes of increase in orthopedic injuries in summer.

It has been observed by experts that orthopedic injuries have increased in this summer. The experts have also pointed out multiple reasons for the same. Speaking to HT Lifestyle, Dr. Yuvraj Kumar, Chairman - Orthopaedics, Joint Replacement & Sports Injury, Accord Super Speciality Hospital, Faridabad said, " This increase in orthopaedic injuries can be attributed to multiple reasons. Primary among these is heightened outdoor activity post covid as during the last two years people have been largely indoor and avoiding contact sports. Due to waning of covid people have stepped out in large numbers and have indulged in hard sporting activity without their body being acclimatised or ready to bear the load which comes with contact sport."

Dr Yuvraj Kumar further added, "Even during the night time of summer months people are more active and seem to be involved in high-risk behavior prone to injuries. Besides, all around the world summer vacations are the time when a lot of people with their families travel to far off places through different means of transport to have some good time. The greater number of people on the road will definitely lead to more roadside accidents, people also indulge in adventure sports which exposes them to injuries."

Dr. Dhananjay Gupta, Director and Senior Consultant, Orthopedics and Joint Reconstruction and Replacement Surgeon, Fortis Hospital, Vasant Kunj, Delhi noted down the main reasons for orthopedic injuries in summer. They are:

Road side Accidents: Due to excessive heat during the day, people like to go out for road running and cycling earlier, preferably just before dawn and are run over by erratic drivers especially cabs and transport vehicles.

Swimming Injuries: Swimming pools in North India are open only from April to September. Being one of the life skills, every child is encouraged to go and learn swimming. Fatal accidents are seen more in head injuries in diving board mishaps, drowning in open river or ponds, orthopaedic injuries are mainly due to shoulder overuse or misuse.

Knee Injuries: Contact sports like football and basketball are being played more in summers and players presenting with knee injuries are often seen in ER. Ligament injuries are

commonly seen and signifies loss of season for these players. Road runners have more of impact injuries like early cartilage wear especially of patella.

ankle sprains: One of the commonest injuries, can happen in any sports, any activity or surface. Good footwear and knowledge of surface on which we are walking or running is important to avoid the sprains.

Deep Vein Thrombosis

National Doctors' Day 2022: Causes, symptoms, preventive tips for Economy Class Syndrome or travellers thrombosis (Hindustan Times: 20220629)

<https://www.hindustantimes.com/lifestyle/health/national-doctors-day-2022-causes-symptoms-preventive-tips-for-economy-class-syndrome-or-travellers-thrombosis-101656469351716.html>

Deep Vein Thrombosis or Economy Class Syndrome occurs to many people when they regularly travel in airplanes and face difficulties related to health. Ahead of National Doctors' Day 2022, doctors reveal all you need to know about causes, symptoms and preventive tips for travellers thrombosis

Economy Class Syndrome is the medical term for a blood clot(s) in the major veins carrying blood from the lower (usually) limbs to the heart when one may have to sit in the same position for a long time for example, sitting on an airplane for long hours can lead to something called travellers thrombosis, which happens when someone sits in the same position for a long time without much movement and it affects approximately two to three people per 1000 individuals per year. As travelling has opened up, people are continuously flying long hours and travelling several miles to various destinations hence, Deep Vein thrombosis or Economy Class Syndrome occurs to many people when they regularly travel in airplanes and face difficulties related to health and ahead of National Doctors' Day 2022, we are going to throw light on its causes, symptoms and preventive tips.

Causes:

In an interview with HT Lifestyle, Dr Ambanna Gowda, Consultant Physician and Diabetologist at SPARSH Hospital, shared, “There are multiple reasons for this. It happens because the aircraft creates a micro environment condition where immobilization, reduced oxygen tension, tight uncomfortable seats, circadian dysrhythmia i.e changes in disruption of the normal sleep cycle pattern of wakefulness and sleep, due to differences in their timezone

(jetlag) leading to Economy Class Syndrome. These are the conditions that disturb the passengers health.”

Bringing his expertise to the same, Dr Suheil Dhanse, Interventional Cardiologist at Thane's Horizon Prime Hospitals, revealed, “it has also been known to occur after long-haul flights, earning it the moniker “Economy-class syndrome”. Remaining seated, especially sleeping, in a cramped seat with little room for leg movement results in pooling of blood in the lower limbs, and thus, a tendency to form blood clots in the veins. This is further exacerbated by dehydration during air travel and the consumption of alcohol. Women who are pregnant, the elderly, patients with cancer or other pro-coagulant states (conditions causing a predisposition to clotting) and those on oral contraceptive therapy are at added risk.”

Symptoms:

According to Dr Ambanna Gowda, it causes symptoms like fatigue, anxiety, nausea, swelling, redness, muscle pain, tenderness around the calf muscle part of the leg. He said, “A passenger’s high BMI, hypobaric hypoxia, low humidity, pregnancy, hypercoagulable state, people who smoke, women who are on oral contraceptives, on hormonal therapies, cancer patients are more predisposed. When they sit for long hours without movement and if the above mentioned factors exist, they are considered high risk for developing blood clots in the leg due to travelling, also known as venous thromboembolism or travellers thrombosis. It can happen in middle aged or older people commonly.”

Adding to the list, Dr Suheil Dhanse said, “The symptoms are usually pain, swelling and redness of the affected limb. DVT is known to occur during pregnancy, or after a period of prolonged bed rest or immobilisation (such as after a major surgery/hospitalisation). A potentially fatal complication of the condition is Pulmonary embolism – a condition where a portion of, or the entire clot breaks free and travels to the heart. The clot lodges in the blood vessels carrying blood from the heart to the lung and causes serious symptoms like shortness of breath or even cardiorespiratory collapse and cardiac arrest.”

Preventive tips:

Highlighting that preventive measures are very few and very specific for each individual, Dr Ambanna Gowda suggested:

1. Pick a suitable outfit: Pick something that you are comfortable wearing.
2. Take frequent walks: Don't sit idle for more than six to eight hours at one place in the flight
3. Do light exercises: Walk around and do some light stretching exercises of legs.
4. Hydrate frequently: Drink water regularly

He added, “If you are predisposed to the condition, your doctor may recommend elastic compression stockings that can help you. People who develop blood clots in the legs or venous thromboembolism may experience few symptoms a few weeks after the journey. Post

air travel, one can develop this for the next two to eight weeks. So make sure you mention your travel history to your doctor if you notice any symptoms. The clots in the legs can sometimes get dislodged from legs and move to the lungs and cause a condition known as pulmonary embolism causing heart conditions, like stroke to the heart or the brain. This can be a serious complication.”

Dr Suheil Dhase advised following simple steps can help prevent DVT and its complications. These steps include:

1. Drink adequate amounts of water
2. Avoid excessive consumption of alcoholic beverages
3. Stand up and walk for a few minutes at least once in 1-2 hours
4. While seated upright or in the reclined position, exercise both your legs by flexing your foot up and down (as if pushing down on the accelerator and releasing it) as frequently as possible. This exercise acts like a pump for the blood vessels of your leg, improving the return of blood to your heart.
5. Wear “graduated compression stockings” that are tighter around the ankles and feet, than the thighs, to reduce pooling of blood in the legs and feet.

Whenever people with such predisposing factors or past history of medical illness are travelling for long distances, they should consult and inform the family doctor or the treating doctor because most of the time, they think that this is not important. Ideally, it’s good to inform and discuss with your doctor if you are taking long distance flights so that necessary precautions can be taken and incidences of Economy Class Syndrome can be avoided. The longer the flight travel, the higher the risk.

Diabetes

Type 1 diabetes can be prevented if focus on beta cells instead of immune system, says study (Hindustan Times: 20220629)

<https://www.hindustantimes.com/lifestyle/health/type-1-diabetes-can-be-prevented-if-focus-on-beta-cells-instead-of-immune-system-says-study-101656475888519.html>

A new study reveals there is a possibility that new medications could block the immune system from destroying beta cells and prevent type 1 diabetes from developing in at-risk or early onset patients.

Type 1 diabetes can be prevented if focus on beta cells instead of immune system, says study (Image by Steve Buissonne from Pixabay)

A recent research by a group of scientists discovered that the causes of type 1 diabetes focus more on the autoimmune response, where the immune system destroys pancreatic islet beta cells which help to produce insulin in the body.

The scientists at the University of Chicago looked at the role of the beta cells themselves in triggering autoimmunity. The study also revealed that there is a possibility that new medications could block the immune system from destroying beta cells and prevent type 1 diabetes from developing in at-risk or early onset patients.

The findings of the study were published in Cell Reports.

The study describes how the researchers used genetic tools to knock out or delete a gene called *Alox15* in mice that are genetically predisposed to developing type 1 diabetes. This gene produces an enzyme called 12/15-Lipoxygenase, which is known to be involved in processes that produce inflammation in beta cells. Deleting *Alox15* in these mice preserved their amount of beta cells, reduced the number of immune T cells infiltrating the islet environment and prevented type 1 diabetes from developing in both males and females. These mice also showed increased expression of the gene encoding a protein called PD-L1 that suppresses autoimmunity.

"The immune system doesn't just decide one day that it's going to attack your beta cells. Our thinking was that the beta cell itself has somehow fundamentally altered itself to invite that immunity," said senior author Raghavendra Mirmira, MD, PhD, Professor of Medicine and Director of the Diabetes Translational Research Center at UChicago.

"When we got rid of this gene, the beta cells no longer signalled to the immune system and the immune onslaught was completely suppressed, even though we didn't touch the immune system," he said. "That tells us that there is a complex dialogue between beta cells and immune cells, and if you intervene in that dialogue, you can prevent diabetes."

The study is the result of a long-term collaboration that began when Mirmira and several members of his lab were at Indiana University. Jerry Nadler, MD, Dean of the School of Medicine and Professor of Medicine and Pharmacology at New York Medical College discovered the role of the 12/15-Lipoxygenase enzyme, and Maureen Gannon, PhD, Professor of Medicine, Cell and Developmental Biology, and Molecular Physiology and Biophysics at Vanderbilt University, provided a strain of mice that was used in the study, which allowed for the knockout of the *Alox15* gene when given the drug tamoxifen.

In 2012, Sarah Tersey, PhD, Research Associate Professor at UChicago and co-senior author of the new study, led a project that was among the first to suggest that the beta cell might be a central player in the development of type 1 diabetes.

"This allows us to understand the underlying mechanisms leading to the development of type 1 diabetes," Tersey said. "This has been a huge, changing part of the field where we focus more on the role of beta cells and not just autoimmunity."

The study also has interesting connections to cancer treatments that harness the immune system to fight tumours. Cancer cells often express the PD-L1 protein to suppress the immune system and evade the body's defences. New drugs called checkpoint inhibitors target this protein, inhibiting or removing the PD-L1 "checkpoint" and unleashing the immune system to attack tumours. In the new study, increased PD-L1 in the knockout mice serves its intended purpose by preventing the immune system from attacking the beta cells.

In the new study, the researchers also tested a drug that inhibits the 12/15-Lipoxygenase enzyme on human beta cells. They saw that the drug, called ML355, increases levels of PD-L1, suggesting that it could interrupt the autoimmune response and prevent diabetes from developing. Ideally, it would be given to patients who are at high risk because of family history and show early signs of developing type 1 diabetes, or shortly after diagnosis before too much damage has been done to the pancreas. Mirmira and his team are taking the first steps to start clinical trials to test a possible treatment using ML355.

"This study certainly suggests that inhibiting the enzyme in humans can increase levels of PD-L1, which is very promising," Mirmira said. "With beta cell targeted therapeutics, we believe that as long as the disease hasn't progressed to the point that there's massive destruction of beta cells, you can catch an individual before that process starts and prevent the disease progression altogether."

The study, "Proinflammatory Signaling in Islet β Cells Propagates Invasion of Pathogenic Immune Cells in Autoimmune Diabetes," was supported by the National Institutes of Health and the Department of Veterans Affairs. Additional authors include Annie Pineros, Hongyu Gao, Kara Orr, Yunlong Liu, Farooq Syed, Wenting Wu, and Carmella Evans-Molina from Indiana University; Abhishek Kulkarni, Fei Huang, and Cara M Anderson from the University of Chicago; Lindsey Glenn and Margaret Morris from Eastern Virginia Medical School; and Marcia McDuffie from the University of Virginia.

Air Pollution

Outdoor air pollution may raise the risk of death by 20%, study finds (Medical News Today: 20220629)

<https://www.medicalnewstoday.com/articles/outdoor-air-pollution-may-raise-the-risk-of-death-by-20-study-finds>

Different environmental factors such as air pollution may be predictive of people's chances of having certain cardiovascular diseases.

Environmental factors play a role in health, with research finding that people living in certain areas have a higher risk for health problems and mortality.

Multiple factors such as air pollution and fuel-burning methods can impact cardiovascular and all-cause mortality risk at varying degrees, according to a new study.

The authors argue that to improve our environments and decrease the health risks associated with it, we need to take multiple approaches.

Scientists in many areas of study seek to understand what increases people's risk for death. One area of particular interest is environmental factors that contribute to cardiovascular-related mortality.

A recent study^{Trusted Source} published in PLoS ONE^{Trusted Source} examined the associated risk between certain environmental exposures and mortality, including cardiovascular mortality.

Researchers found that the risk for cardiovascular-related death is linked to many factors, including ambient air and household air pollution.

The environment's impact on health

Several factors can impact health. For example, genetics play a role in people's tendencies to develop certain disorders or diseases. However, people's environment can also play into health risks.

According to the World Health Organization^{Trusted Source}, "as much as 24% of all deaths worldwide were attributable to the environment." The WHO notes that several environmental factors can contribute to these deaths, including the following:

air pollution

water and sanitation

exposure to harmful chemicals

severe weather events, including increasing heat waves

Of the top ten causes of environmental death, ischemic heart disease ranks number one. Researchers are still working to discover what environmental factors pose the most risk to heart health and how people can reduce their risk.

Assessing mortality

This study involved a multiethnic cohort of 50,045 participants in Iran.

The researchers looked at the risk association between specific environmental exposures and mortality. Specifically, they looked at both all-cause mortality and cardiovascular mortality.

Their research examined the following environmental factors:

ambient fine particulate matter air pollution

household fuel use and ventilation (which can impact household air pollution)

proximity to traffic

distance to percutaneous coronary intervention (PCI) (How far would they need to travel if they had heart problems?)

socioeconomic environment

population density

local land use and nighttime light exposure

The researchers accounted for individual risk factors and adjusted for these in the analysis. The major findings that stood out were:

Those in areas of high air pollution were 17% more likely to experience cardiovascular mortality and 20% more likely to experience all-cause mortality.

Those who used biomass fuels such as wood or dung without a chimney were 36% more likely to experience a cardiovascular-related death and 23% more likely to experience all-cause mortality.

Those who used kerosene fuel without a chimney were 19% more likely to experience cardiovascular mortality and 9% more likely to experience all-cause mortality.

The distance to help with cardiovascular problems was also significant. As the length from a PCI increased, so did the risk for all-cause and cardiovascular mortality.

“Air pollution exposures contributed a significant burden of cardiovascular disease, similar to tobacco smoke...The study demonstrates that environmental risk factors are present and evaluable in rural, low-resource settings.”

— Dr. Hadley Michael, study author

Study limitations

The study provided extensive data due to the number of participants included and the number of risk factors researchers examined.

However, it did have some limitations. First, researchers only noted the village or neighborhood for each participant rather than individual addresses for privacy reasons, which could have impacted data collection for certain factors.

They also collected the data on the year participants enrolled in the study. Because of this collection method, researchers could not account for previous exposures, changes over time, or acute exposures.

Inaccuracies in data collection regarding socioeconomic status, as well as using participants' fuel use and ventilation levels to examine air pollution exposure indirectly may have affected the results.

Affordable therapy delivered digitally – Try BetterHelp

Choose from BetterHelp's vast network of therapists for your therapy needs. Take a quiz, get matched, and start getting support via secure phone or video sessions. Plans start at \$60 per week + an additional 20% off."

How to reduce risk

The study notes the importance of looking at and addressing environmental risk factors related to cardiovascular health. It is likely that reducing risk and improving these environmental factors will involve the work of multiple people and groups.

Dr. Aaron J. Cohen, consulting principal scientist with the Health Effects Institute, told Medical News Today that continued and expanded monitoring of air pollution was currently the most critical need.

“Further reductions in pollution levels and their associated burden of disease will require a comprehensive and coordinated air quality management approach that involves multiple actors in government, including agencies of health, energy, and environment, as well as civil society, including environmental and public health NGOs [non-governmental organizations] and the press.”

— Dr. Aaron J. Cohen

Cohen is currently involved in collaborations with scientists at Tehran University Medical School, one of the institutions involved in this paper.

Dr. Hadley elaborated to MNT on the future of healthcare in light of these findings.

“Increasingly, physicians will need to answer questions about environmental risk and offer suggestions and interventions to protect their patients. This will require further research to

identify the most effective interventions for specific risk factors and patient populations,” he said.

“Trials are needed to test the efficacy of interventions to protect patients from environmental risk factors. For example, air filtration or facemasks to reduce the risk of air pollution exposures,” he added.