HYPERTENSION AND WORLD HEALTH DAY 2013

(Dr. Anju Bansal)

The theme for World Health Day on 7th April 2013 is hypertension. World Health Day is celebrated to mark the anniversary of the founding of World Health Organisation in 1948. Each year, a theme is selected for World Health Day that highlights a priority area of public health concern in the world. Why the WHO chose hypertension, is for its immense public health importance and devastating effects.

Hypertension is technical name for high blood pressure. Normal adult blood pressure is defined as a systolic blood pressure of 120 mm Hg and a diastolic blood pressure of 80 mm Hg. However, the cardiovascular benefits of normal blood pressure extend to lower systolic (105 mm Hg) and lower diastolic blood pressure levels (60 mm Hg). Hypertension is defined as a systolic blood pressure equal to or above 140 mm Hg and/or diastolic blood pressure equal to or above 90 mm Hg. Normal levels of both systolic and diastolic blood pressure are particularly important for the efficient function of vital organs such as the heart, brain and kidneys and for overall health and wellbeing.

Worldwide, high blood pressure is estimated to affect more than one in three adults aged 25 and over, or over one billion people. Globally, cardiovascular disease accounts for approximately 17 million deaths a year, or nearly one third of the total deaths occurring in the world every year. Of these, complications of hypertension account for 9.4 million deaths worldwide. Hypertension is responsible for at least 45% of deaths due to heart disease and 51% of deaths due to stroke. Since nearly 80% of deaths due to cardiovascular disease occur in low- and middle-income countries, focusing on hypertension is very relevant to our country. It accounts for 57 million disability adjusted life years (DALYS) or 3.7% of total DALYS. It also increases the risk of conditions such as kidney failure and blindness. Global Burden of Disease Study 2010 (GBD 2010) identified Blood pressure as the biggest global risk factor for disease. Treating raised blood pressure and maintaining it below 140/90 mmHg is associated with a reduction in cardiovascular complications. Hypertension is one of the most important contributors to heart disease and stroke – which together make it , the world’s number one cause of premature death and disability.
The prevalence of hypertension is highest in the African Region at 46%, while the lowest prevalence at 35% is found in the Americas. Overall, high-income countries have a lower prevalence of hypertension - 35% - than other groups at 40%.

High-income countries have begun to reduce hypertension in their populations through strong public health policies such as reduction of salt in processed food and widely available diagnosis and treatment that tackle hypertension and other risk factors together. In contrast, many developing countries are seeing growing numbers of people who suffer from heart attacks and strokes due to undiagnosed and uncontrolled risk factors such as hypertension.

At national level there are six important components of any country’s initiative to address hypertension
1-an integrated primary care programme
2-the cost of implementing the programme
3-basic diagnostics and medicines
4-reduction of risk factors in the population
5-workplace-based wellness programmes
6-monitoring of progress.

At individual level everyone can take five concrete steps to minimize the odds of developing high BP and its adverse consequences.

- Healthy diet:
  ♦ promoting a healthy lifestyle with emphasis on proper nutrition for infants and young people;
  ♦ reducing salt intake to less than 5 g of salt per day (just under a teaspoon);
  ♦ eating five servings of fruit and vegetables a day;
  ♦ reducing saturated and total fat intake.

- Avoiding harmful use of alcohol i.e. limit intake to no more than one drink a day

- Physical activity:
  ♦ regular physical activity and promotion of physical activity for children and young people (at least 30 minutes a day).
  ♦ maintaining a normal weight: every 5 kg of excess weight lost can reduce systolic blood pressure by 2 to 10 points.

- Stopping tobacco use and exposure to tobacco products

- Managing stress in healthy way such as through meditation, appropriate physical exercise, and positive social contact.

There is a plethora of drugs available to control BP. Hypertension does not come alone and 80-85% patients of hypertension have one or more associated risk factors or co-morbidities. These morbidities are the most important determining factor for choosing a drug. Therefore there is a patient for every drug rather than there being a drug for every patient. In the minority who have standalone hypertension age, race, sex and obesity are important factors guiding the choice of drugs.
REFERENCES


Getting Blood Pressure Under Control many missed opportunities to prevent heart disease and stroke http://www.cdc.gov/vitalsigns Publication date: 09/04/2012

http://www.framinghamheartstudy.org

osos

HATE has 4 letters, but so does LOVE..
ENEMIES has 7 letters, but so does FRIENDS..
LYING has 5 letters, but so does TRUTH..
HURT has 4 letters, but so does HEAL..

Transform every negative energy into an aura of positivity.

Its our perception that makes the difference in the way we feel.

jasreflections/jen
INSTITUTIONAL ACTIVITIES/CONFERENCES/PROCEEDINGS/SEMINARS/TRAINING COURSES ORGANISED/ATTENDED

- Dr. Sunita Saxena, Director attended Technical Committee meeting of ICMR held on 3rd January, 2013 at ICMR, New Delhi.
- Dr. Sunita Saxena, Director attended Technical Committee meeting of ICMR held on 7th January, 2013 at ICMR, New Delhi.
- Dr. Sunita Saxena, Director attended Selection Committee meeting for scientist C post held on 13th January, 2013 at Central JALMA Institute for Leprosy & Other Mycobacterial Disease, Agra.
- Dr. Sunita Saxena, Director attended the meeting of Scientific Advisory committee of National Institute for Research in Environmental Health, Bhopal on 23rd January, 2013.
- Dr. Sunita Saxena, Director attended as panelist on Panel discussion titled “Ethical, Legal, Social Economic & Technical issues in Genetic Analysis and Road map for establishing Cancer Genetics Unit in India held on 25th January, 2013 organized by Tata Memorial Centre, ACTREC, Mumbai.
- Dr. Sunita Saxena, Director attended Condemnation Board meeting of ICMR held on 31st January, 2013 at ICMR, New Delhi.
- Dr. Sunita Saxena, Director attended meeting of the Bio – Safety Committee held on 5th February, 2013 at Institute of Molecular Medicine, Okhla, New Delhi.
- Dr. Sunita Saxena, Director attended Pre SAC meeting of Institute of Cytology & Preventive Oncology, Noida held on 11th February, 2013.
- Dr. Sunita Saxena, Director attended meeting for formal discussion on independent evaluation of performance of ICMR regarding the activities to be carried over to XII Plan on 15th February, 2013 held in ICMR, New Delhi.
- Dr. Sunita Saxena, Director delivered lecture on “Integrated Genomic Approaches to identify Molecular Signature of Esophageal Cancer in North East India in 32nd Annual Convention of Indian Association for Cancer Research on “Emerging Trends in Cancer Research : Road to Prevention & cure” & International Symposium on Infection & Cancer held during 13-16 February, 2013 organized by Dr. B.R. Ambedkar Centre for Biomedical Research, University of Delhi.
- Dr. Sunita Saxena, Director delivered guest lecture in depth interaction and brain storm session on “Understanding of Biological complexities through integrated biology” organized by M/s Agilent Technologies, Gurgaon on 18th February, 2013.
- Dr. Sunita Saxena, Director attended Project Review committee Meeting for Cellular and Molecular Biology and Genomics held on 27th February, 2013 at ICMR New Delhi.
- Dr. Sunita Saxena, Director attended Project Review committee meeting on Oncology held during 5th – 7th March, 2013 at ICMR, New Delhi.
Dr. Sunita Saxena, Director invited as a speaker in National Conference on “Women’s Health and Nutrition – A Community Based Approach” and deliver lecture on “Status of Breast cancer in Indian Women: Risk and Awareness” on 8th March, 2013 at Vigyan Bhavan, New Delhi.

Dr. Sunita Saxena, Director attended Scientific Advisory Committee meeting of the Institute of Cytology & Preventive Oncology held on 2nd April, 2013 at ICPO, Noida.

Dr. Sunita Saxena, Director attended Nasi Scopus Young Scientists Award 2012 meeting held on 4th April, 2013 at Stanford Bio design Centre, AllIMS, New Delhi.

Dr. Sunita Saxena, Director participated in the viva-voce examination for Ph.D. of Ms. Thoudam Regina Devi held on 11th April, 2013 at BITS, Pilani.

Dr. Sunita Saxena, Director attended a Selection Committee meeting for award of ICMR Post Doctoral Fellowship (PDF) 7th Batch held on 17th April, 2013 at ICMR, New Delhi.

Dr. Sunita Saxena, Director attended IVth meeting of the Project Review Steering Group to review the progress of the project on “Development of PC based fully automatic Batch analyser for Clinical Chemistry” held on 30th April, at BMRC-205, Vellore Institute of Technology, Vellore, Tamilnadu.

Dr. Sunita Saxena, Director attended meeting of Expert Group held on 13th May, 2013 at ICMR, New Delhi.

Dr. Sunita Saxena, Director attended meeting on translational research projects of NJIL & OMD, Agra held on 15th May, 2013 at ICMR, New Delhi.

Dr. Sunita Saxena, Director attended meeting of Expert Advisory Committee on development of Protocols for Treatment and patient care in Hospital and Trauma Centres/ Blocks of the six new AIIMS held on 20th May, 2013 at Nirman Bhavan, New Delhi.

Dr Avninder P Singh, Scientist ‘C’ gave an invited talk on ‘Neurocutaneous Melanosis’ at the NEUROPATH 2013 conference held at GB Pant Hospital Delhi on 1-2 Feb 2013.

Dr Avninder P Singh, Scientist ‘C’ was invited to attend and was felicitated with a Indo-US research fellowship certificate at IUSSTF conclave hosted by DST from March 15-17 at Pune.

Dr Avninder P Singh, Scientist ‘C’ participated in panel discussion on interface in dermatology at CUTICON 2013 held on 16th June at EROS International and organized by IADVL.

Mr. Praveen ‘Participated in symposium “Imunology Day Celebration” at AllIMS New Delhi, 27-4-2013.

Presentation on “Pamstation 12- A complete multiplex solution for looking at cell signaling/measurement of the activity of both cellular and recombinant kinases by Martijn Dankers, PamGene, Netherland on 15th May 2013 at National Institute of Pathology, Delhi.

On the eve of Republic Day Flag Hoisting was done at NIP terrace on 25th Jan 2013.

Ms. Meena Lakhanpal participated in HGM-ICG-2013 and presented a paper entitled “Polymorphism in HLA class I & Class III sub region is associated with an increased risk of Nasopharyngeal carcinoma in Northern India at Maria Bay sands, Singapore from 13th April- 18th April 2013.

Ms. Asheema Khanna participated in IACR 2013 and presented a poster entitled Dynamic network analysis of mToR signaling in anti lymphoblastic leukemia.

Mr. Ashish Bhushan participated in IACR 2013 and presented a poster entitled “Methylation profiling of Tumor Suppressor Genes in Esophageal Cancer in High risk Northeast India Population.

Ms. Nitu Kumar participated and presented a poster in IACR 2013 entitled “Role of cytokines in recurrence – free survived of Bladder Cancer patients.

The 13th Smt Pushpa Sriramachari Foundation day Oration was delivered by Dr. M.K. Bhan, Distinguished Scientist, DST and Former Secretary, Dept. of Biotechnology, on 7th June 2013, at the Institute.
JOURNALS CLUB

- The Malaria Parasite Progressively Pirmantles the host Erythrocyte Cytoskeleton for efficient Egress Molecular and Cellular Proteomics Presented By Namita Singh on 15-01-13.
- H. Pylori and Disease Presented by Dr. Manju Bhamu on 5-02-2013.
- Benzene Metabolite 1,2,4- Benzenetriol induces Halogenated DNA and Tyrosines Reresenting Halogenative Stress in the HL-60 Human Myeloid Cell Line. Takuro Breast milk Is a Novel Source of Stem Cells with Multilineage Differentiation Potential Presented By Hemlata Chouhan Journal: Stem Cells Date: 19.02.13.
- Reactive astrocytes promote the metastatic growth of breast cancer stem-like cells by activating Notch signaling in brain. Presented by Ms. Meena Lakhanpal on 5-3-13.
- Elevated Pro inflammatory Cytokine Production by a Skewed T Cell Compartment requires Monocytes & Promotes Inflammation in Type 2 Diabetes. Presented By Amirta Vats Journal J. Of Immunolgy on 12-03-13.
- IL Mediates immunopathology in the Absense of IL10 following Leishmania major infection Presented By Himanshu Kaushal on 16-4-13.
- Protein complex directs haemoglobin to hemozo information in plasmodium falciparum Presented By Vanila Sharma. On 23-4-2013.
- Dendritic Cell-induced Activation od latent HIV-1 Provirus in Actively Proliferating primary T lymphocytes. Presented by Kumar Avishek Srivastava on 4-6-13.

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HISTOPATHOLOGY LAB NIP

Grossing the Specimen

Processing Tissue

Embedding the Tissue

Cutting Paraffin Sections

Microscopic confirmation of appropriate staining

Frozen Section Cutting

Histopathology Data Entry
TISSUE CULTURE LAB NIP

Hybridoma Culture Work

Packing of Plasticware for culture

ANIMAL HOUSE

विश्वास करना मनुष्य का एक गुण है और अविश्वास दुर्बलता की जननी है।
सामाजिक उत्थान के लिए जरूरी हैं अच्छे संस्कार

अनिता शर्मा

हमारे ऋषि-मुनियों ने मानव जीवन को पवित्र और महत्वपूर्ण बनाने के लिए संस्कारों का आविष्कार किया। धार्मिक ही नहीं। वैज्ञानिक दृष्टि से भी इन संस्कारों का हमारे जीवन में विशेष महत्व है। हमारे समाज को सुसंस्कृत तथा संस्कारी बनाने के लिए ही संस्कारों को स्थापित किया गया है, इन्हें संस्कारों के कारण भारतीय संस्कृति महत्वपूर्ण और अद्वितीय है।

मनुष्य की मूल जाति है लेकिन उसके सुसंस्कार बाद में भी उसे लोगों के बीच जीवित रखते हैं। इसलिए संस्कारों का जीवन में शास्त्र महत्व है और यह समाज के लिए अनिवार्य है। जीवन की आपातकालीन, अतिथियतवता, धार्मिक व सामाजिक मूल्यों की अवहेलना, चारित्किक गिरावट, असामाजिकता, संवेदनशीलता, अनुशासनशीलता, भ्रष्टाचार, अहम, बड़ों की अवज्ञा आदि बुराइयों के चलते हम सामाजिक पतन के कमार पर पहुँच गए हैं। आज मनुष्य अपने आप की संरक्षणीय समझ की भूमिका करना लगा है।

वर्तमान में जैसे-जैसे इन संस्कारों की अवहेलना होती जा रही है, उन्हीं ही हमारा समाज पतन की ओर जा रहा है। आधुनिक सुगम में विलासिता की वस्तुएं जैसे-जैसे बढ़ती जा रही हैं, वैसे ही समाज पथश्रृंखला होता जा रहा है। पहले हमारे समाज में वस्तुदेव कुरुक्षेत्र की प्रथा थी। सभी परिवार एक इकाई की तरह रहते थे। सभी सदस्यों का कार्य व कर्तव्य निश्चित होता था, जिसमें सभी बड़े-बुड़े, बच्चों व स्त्रियों का भरोसा मिलती थी। सभी का एक आदर-सम्मान होता था। बड़ों के आदर के साथ बच्चों को उनका भव्य भी होता था। परिवार के नाम पर पूरा गाँव, एक महल होता था, जहाँ पर सभी परिवार सभी समाजिक व धार्मिक कार्य मिलजुलकर करते थे; जिससे हमारे संस्कृति का जान एक पीढ़ी से दूसरी पीढ़ी तक सहज ही पहुँच जाता था। पर शहरीकरण के भागिनों ने उस परिवार-प्रथा को लोह दिया है। रोजगार पाने की छोटी में परिवार किश्त-फिन्न हो गए हैं। ज्यादातर एकल परिवार प्रथा का चलन है। सभी इतने व्यस्त हो गए हैं कि अपने आस-पासों के बारे में भी अलग रहते हैं। जो संस्कार हमें परिवार से मिलते थे, उनका पतन होता जा रहा है और रही-सही कसर मीडिया, फिल्मों, इंटरनेट, सीरियल, बुद्ध बंसे आदि ने पूरी कर दी है। आजकल बच्चे बड़ों की नमस्कार व प्रणाम नहीं करते, उसे वे अपनी तीव्रता समझते हैं। उन्हें वे हाय, हेलो से संबोधित करते हैं। हमारे संस्कारों में बड़ों और महिलाओं का समान करना, किसी को परेशान नहीं करना, किसी का हक नहीं मारना, परेशान की मदद करना, हमेशा मिलजुल कर रहना आदि सिखाया जाता है पर आज यह वह सब किताबी जुपले होते जा रहे हैं। आज लोग इसलिए परेशान नहीं होते कि वे दुखी हैं, बल्कि इसलिए कि उसके पड़ोसी खुश क्यों हैं? उन्होंने उम्मीद कैसे कर ली? किसी भी अखबार को उठा कर पढ़ लें, वह चोरी, डॉक्टर, वलातकर, छीना-झापटी, दुर्घटना आदि घटनाओं से भरा होता है, जिसे हम खबर व ममोंजन की तरह पढ़ते हैं और भूल जाते हैं।
लेकिन वह सिर्फ एक घटना ही नहीं, पूरे समाज के गिरते स्तर का बिंदुतानक ग्राफ है। हम कभी यह नहीं सोचते कि जिसके साथ यह घटना घटती होगी, उसके जीवन में कितना विपरीत असर हुआ होगा? अगर कोई घटना खुद के साथ घटी होती है तभी उस दर्द का पता चलता है और तभी हम समाज को बदलने, कानून-कायदों की दुखाई देते हैं।

जो संस्कार हमारे समाज को पतन की ओर ले जा रहे हैं, उस पर कुछ करने की बजाय नियति का कोई समझकर थोड़े समय बाद ठप्पे पड़ जाते हैं। कभी यह नहीं सोचते कि जो लोग गलत कार्य करते हैं वे भी इस समाज के हिस्से होते हैं और हमारी तरह ही मनुष्य भी। उन्होंने शिक्षा समाज व परिवार से अलग तो नहीं है, फिर वे बुरा कार्य क्यों करते हैं?

इसका मुख्य कारण यह भी है कि बच्चा स्वयंप्राप्त अपने परिवार में देखता है कि उसके बड़े छोटे-छोटे बालों में शूट बोलते हैं। बातचीत में माँ-बहन की गाली देना बड़पेट समझते हैं, अपना काम निकालने के लिए किसी भी हद तक गिर जाना, सराब व नशा करना अपनी शान समझते हैं। जब बच्चों की बचपन से ऐसा ही बातवरण मिलेगा तो हम अच्छे समाज की कल्पना भी कैसे कर सकते हैं? वे बचपन से ही इन बालों को परंपरा की तरह अपने जीवन में ढाल लेते हैं।

पहले परिवारों में हमारे बादा-बादी और नाना-नानी अपनी कलानियों के माध्यम से आदर्श बालें सिखाते थे कि संगठन और एकता में कितना शक्ति है पर एकल परिवारों में किसी के पास इतनी फूसन नहीं कि वह बच्चों के साथ बक्त बिता सके, उनका चरित्र निर्माण कर सके। सभी सिर्फ अपने कार्यों को ही महत्त्व देते हैं। विद्यालयों में आदर्श विद्यार्थी बनने की शिक्षा दी जाती थी पर आज बच्चे सिर्फ पत्तकों को रटने और अच्छे नंबर लाने की प्रतिष्ठाओं में लगे रहते हैं। हमारे समाज में एक रूपी और घूस का ही नहीं माँ, बहन, बेटी, भाई, पिता आदि सभी का अपना महत्व है; पर आशुनिकला के दौर में यदा-कदा वे रिश्ते तार-तार होते रहते हैं। अगर हम अपने परिवार को शूरु से ही अच्छे संस्कार देंगे, भले-भुरे के बारे में झांन देंगे, तभी यह सम्भव है कि समाज के गिरते हालात में सुधार हो।

आज हमारा समाज आर्थिक तरक्की तो कर रहा है पर उसकी कीमत हमारे सामाजिक संस्कारों को खुलानी पड़ रही है। यद रखें, आर्थिक तरक्की भी तभी तरक्की कहला सकती है, जब समाज की सांस्कृतिक जड़ें विशुद्ध, गहरी और मजबूत हों। तरक्की की होड़ संस्कारों को मशीन बना देता है, जो परंपराओं को ठोक-कुचलकर अपने केन प्रकारण अपना हित साधने में लग जाते हैं। उन्हें अच्छे-भुरे, अपने-पारे किसी का झांन नहीं रहता। जैसे कि आज जरूरी है कि परिवार आरम्भ से ही सुसंस्कार की नींव मजबूत करे क्योंकि सुसंस्कार की नींव पर ही अच्छे समाज की बुलंद इमारत खड़ी की जा सकती है।

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NIP Newsletter
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Strategies for Balancing Work and Family

Here are some suggestions for balancing work and family. Different things will work for different families, depending on the individuals and their situations.

Get in touch with your values. Think about what you want from life for you and your family. How does work fit into that?

Set Priorities. Decide, based on your values, what tasks are important and which are less important. This means more than saying your family comes before work. It means deciding what activities come first. Review your priorities every month. Ask yourself whether you are accomplishing your goals.

Take time to shift from work to family. It usually takes 15-20 minutes to shift gears from work to family. Use the time on the way home to clear your head. Try making tomorrow’s “to do” list at the close of the work day. Listen to music you enjoy as you travel. Use the drive home to forget about work and concentrate on family. Try to avoid bringing work home. Take a 15-minute break to change clothes and make the shift.

Take care of your physical health. This makes you better able to withstand emotional and physical stress.

Plan and work efficiently. Use schedules to manage your time more efficiently at work - you will find that you accomplish much more during your working hours and may not need to stay back late. Similarly, plan times at home as well. Make the most of time spent together with the family, for instance by working together to accomplish tasks around the house. If you have to drop your kids at school or the bus stop, use that time to chat with them and get closer to them.

Nurture your relationships. Take time to nurture the relationship with your spouse. Support one another in family and job responsibilities. Be willing to listen to each other’s concerns about work and family. Take time to nurture your relationships with your children too - and other family members.

Share responsibility for family work. There is much work to be done at home - parenting, housework, managing schedules...... sharing the family work load contributes to feelings of fairness and equity among family members.

Be willing to talk about conflicts and negotiate. Some conflict between schedules is unavoidable. Be willing to discuss concerns and compromise. You might find that you need to try out different schedules, different ways to do household tasks, or reduce some of your less important activities.

Seek support from your employer. Ask your employer about your options for flexibility on the job. For example, perhaps you can work fewer hours some days and make it up later, work part-time, share a job with someone else, or do paid work at home.

Perhaps you can work any time of the day or night, as long as you get the job done. Talk about what is possible in your situation. It may not be much, but find out what you can do.

Build a support network. Talking with others about their work-family stress and how they cope can help us with our own situations. Try establishing a support group at work or in your neighborhood to talk about your feelings and discuss strategies that you’ve used for managing stress.

(Mrs. Madhu Badhwar)

References: Facebook