Section ‘C’

A city survey was conducted during the research process in which the medical based general practitioners, surgeons, physicians and gynecologists were interviewed and their feedback was recorded and analyzed. The results are represented in section No. C – 1, C – 2, C – 3, which seems to be a marvelous destiny for health conscious people as the opinions, presumptions, predictions and guidance given by doctors for the treatments, care and prevention of diseases are important and effective as well.

The doctors were asked to respond to the questionnaire provided to them. Depending on their experience and knowledge almost all the doctors filled up the forms, which after computing represented the following data and results which are displayed hereby. The data exposes the fact that about 63.5% to 68.9% doctors positively believe that middle age as climacteric period in which women are more prone to diseases as compared to men. Around 13.5% doctors were uncertain and did not respond while 1.4% doctors opined that both genders are equally affected during middle age. (Questionnaire shown in Appendix No.–VIII).

Maximum around 67.5% to 62.2% doctors declared that the diseases like anaemia, hypertension and arthritis were most highly prevalent among patients who visited their clinics and OPD.

Moreover about 59.5% to 56.8% physicians found to be worried for the high risk degenerative diseases like obesity, coronary heart diseases (CHD) diabetes mellitus etc, which are affecting the people globally with no exception to age, sex, income group or heredity. Health conscious patients too seems to be suffering from these
vulnerable diseases and many are living a morbid life as ascertained by physicians. These ailments further in long term lead to other diseases like stroke, cancer, multiple sclerosis, paralysis, anxiety, nephritis, alzheimersbody impairments or sudden health.

Apart from life threatening diseases, few health problems that were a cause of concern to about 56.8% to 58.1% doctors, are the mood swings, depression, anxiety (psychosis) general weakness, which need thoughtful treatment that may include counselling, therapies, long or short term treatment, yoga meditations. Furthermore, around 48.5% doctors agreed and accepted that women undergo drastic changes during menopause and face menopausal symptoms like urinary tract infection (54.1%) irregular bleeding (47.3%) hormonal changes (40.5%) post menopausal bleeding (32.4%) and other manifestations as hot flashes, irritability, less libido, insomnia, vaginal dryness, nervousness, low potential, feeling of loneliness, metabolic changes, forgetfulness or dementia, etc. are some complications which need suitable treatment to avoid future health hazards. While analyzing, the results also revealed that about 40.5% doctors associated osteopenia, osteoporosis to the menace of middle age as due to fall in body estrogens there are evidences of weak and porous brittle bones mostly prone to factures (28.4%) and home accidents.

Speaking about the prevalence of some other diseases like palpitation, breast cancer, stroke, cervical cancer, asthama, kidney diseases, hypotension, bladder problems and paralysis about 37.8% to 23% doctors advocated these ailments to middle age but few other
physicians expressed that they found it in patients above 25 years as well, with exceptions to few diseases.

After discussing the etiology and process of surveillance on diseases almost all the doctors (87.8%) agreed for health education and stressed on healthy lifestyle changes i.e. modified diet, regular exercise, no addiction, active life (87.8%) to prevent diseases. They also accept that how the socio economic status, education and awareness affects the health condition.

Few doctors responded negatively as some diseases were not of their specialization field and according to them 4% - 16.2%) people rarely suffered from such health complications.

Considering the pros and cons and interventions advised by the doctors many quotations and studies have been supported herewith. Also the views and remarks of eminent doctors are displayed to support the present research work which seems to be a milestone for future. Surveillance to bring a positive make over in the lives through counselling and health education of the society is the main task.

Lead researcher Dr. Gillian Reeves (2007) said: “Based on our findings, we estimate that being overweight or obese accounts for around 6,000 out of a total 12,000 new cases of cancer each year among middle-aged and older women in the UK.” Our researcher also shows that being overweight has a much bigger impact on the risk of some cancers than others. Two – thirds of the additional 6,000 cancers each year due to overweight or obesity would be cancers of the womb or breast.”
While most people readily associate carrying extra weight with being a general risk, many do not make a specific link with cancer. These findings need to be taken into consideration that established strong relationships between body fatness and other common illness such as diabetes and heart attacks.”

One more analysis published in the British Medical Journal (2007) reveals being overweight increases the risk of breast cancer only after the menopause and the risk of bowel cancer only before the menopause.

Doctors claim that not only is there lack of awareness about the disease but it is also often confused with osteoporosis. Says Dr. S.K.S. Marya (2003) director, orthopedics, Max Health Care: “Osteoporosis and osteoarthritis are both common in India. But they are two different diseases. In many people they are seen together. While osteoporosis affects the bones, osteoarthritis impacts the joints. The poor musculature of Indians followed by rising obesity are primarily responsible for the high numbers hit by osteoarthritis.”

There are two kinds of osteoarthritis – primary and secondary. While primary osteoarthritis is a result of old age, secondary osteoarthritis is a result of a disease or an injury which, in turn, leads to it.

Blood sugar control is important in diabetes, specialists say. It an help prevent dreaded complications like blindness, amputations and kidney failure. But controlling blood sugar is not enough.

According to Dr. Michael Brownlee, Director of the JDRF (2007) International centre for Diabetic Complications Research at the Albert
Einstein College of Medicine in New York, most people who have diabetes are treated by primary care doctors who had just a few hours of instruction on diabetes. Then the doctors typically spend just 10 minutes with diabetes patients.

In fact, according to the federal centers for disease control and prevention, just 7 percent are getting all the treatments they need. Medics add five ailments: obesity, diabetes, cardiovascular diseases, respiratory problems and cancer. In the surge of globalization – as modern ways open India’s doors to lifestyle excesses, dreaded diseases stalk the expanding middle and upper classes. Chronic diseases stand almost as totems of success in India now.

According to the World Health Organization’s (WHO) Global Burden of Disease study, over 30 percent of adults in urban India between 30 and 65 years of age, are seriously overweight; death from cardiovascular diseases is nearly 10 million; about eight lakh new cases of cancer are reported every year. Diabetes is projected to stake claim to 57 million people in 2025. And respiratory diseases by air pollution alone take away two billion productive days every year.

Dr. Shashank Joshi, endocrinologist with Lilavati Hospital, Mumbai, calls it “affluenza.” As India gallops into the present, modernizing and urbanizing at blinding speed, western food habits have taken hold and physical activity has dropped alarmingly. “Televisions, computers and video games fill up our time. While the dramatic increase in cars and two-wheelers on the roads renders it unnecessary to walk to get somewhere.” Says Joshi. One of the top 10 obese nations in the world, Indians seem even more destined to become
heavier and more vulnerable to the lifestyle diseases that are triggered by obesity, inactivity and genes. “This is, unfortunately, the price you pay for progress,” says Dr. Shaukat M. Sadikot, vice-president of the International Diabetes Federation and consultant endocrinologist with Jaslok Hospital, Mumbai. More people worldwide now die from chronic diseases than from communicable diseases, says WHO. “I’m fearful of the resources ever being available to address it,” rues Sadikot.

We used to die of dreaded infections earlier,” says Dr. Purushottam Lal, director of Interventional Cardiology at Delhi’s Metro Hospital. “We will die of lifestyle diseases of the way we live in the future.” And lifestyle diseases are typically more expensive to treat. In 2001, the inpatient cost for lifestyle related diseases was around Rs. 29,000 compared to Rs. 4,000 for infectious diseases, reports Healthcare, a 2004 Ernst & Young report.

To create awareness about health, diseases and preventive measures, the Union Minister for Health and family welfare, Dr. Anbumani Ramadas conceptualized a National rural health mission (NRHM). The objectives set by the mission was to innovate and provide emergency health services, allotment of funds for rural health NGOS and hospital buildings, create awareness about health, sanitation and prevention of diseases through varied programmes to be implemented during its seven year health mission campaign. This shows the seriousness about the health conditions prevalent in different parts of our country.
Even the doctors of the town felt that there is a need for awareness about health which can be achieved through health education.

India is among the top obese nations in the world, Warned Dr. Mufazzal Lakdawala, consultant obesity surgeon at Hiranandani Hospital. “People should make lifestyle changes, start dieting and exercising, when they start becoming overweight. They shouldn’t wait till they get obese.”

While weight concerns bog down most Indians, those whose Body Mass Index higher than 30 need to be worried most, say experts.

As president of the All India Association for Advancing Research in Obesity, Dr. Ramen Goel, put it, “We are heading towards multiple epidemics, many of which (like diabetes and heart disease) are manifestations of the increasing fat percentage in our bodies.” He offers the prevention is better’ mantra, as he pointed out that even affluent nations, like the US, have reviewed public health policy and discovered that lifestyle changes are needed as it is expensive to treat a growing population of diabetics.

The American center for Disease Control (CDC) and Prevention is considering promoting to fight obesity related illness through everyday exercise, such as walking to school or work, Dr. Howard Frumkin, director of the CDC’s National Centre for Environmental Health, recently told the media. A simple activity like walking to school or office is an obesity intervention as well as a diabetes intervention, the CDC adds.
Dr. K K Aggarwal, president, Heartcare Foundation of India, says, “Indian women have the maximum incidence of heart diseases and diabetes in the world. They are 17 times more prone to heart problems than women in the west.” Apart from South Asians being genetically susceptible to heart disease and diabetes, Aggarwal says that bad diet, stress and lack of exercise are also to blame. There’s a high rate of abdominal obesity among Indian women. Even while fasting, “they feast, fast and then feast, which is wrong,” he adds. Women also tend to neglect their own health. Says Dr. Ashok Seth, Chairman, Max Devki Devi Heart Vascular Institute, Delhi, “Women should understand they are far more important than men because they take care of the social system finances and the family. There’s been a 200% rise in heart risk for women in the last 30 years.” Any delay in seeking medical help can prove costly. According to Dr. S. Padmavati, chief consultant in cardiology, National Heart Institute, Delhi, treating a female patient can be difficult because by the time she approaches a doctor, she could develop other diseases like diabetes and hypertension. All these factors make heart diseases manifest in a more severe form among women. So ladies, take care of your heart.

Dr. S. Padmavati, chief consultant in cardiology, National Heart Institute, Delhi, says, “In the West, there is awareness about heart disease, its symptoms and treatment. But it is not so in India and that makes recovery difficult in many cases.” It’s important to know the warning signs of a heart attack so that you can seek medical help in case of an emergency. Watch out for these signs – an uncomfortable pressure, fullness, aching, squeezing, burning pain or tightness in the
centre of your chest that lasts for two minutes or longer, chest pain that increases in intensity, sweating, dizziness or fainting, nausea, vomiting or a feeling of severe indigestion, shortness of breath, unexplained weakness or fatigue, rapid or irregular pulse.

“A heart attack is not a death sentence,” asserts Dr. Ashok Seth, chairman and chief cardiologist, Max Heart and Vascular Institute, Saket. “It can be the beginning of a new life if unhealthy lifestyle practices are weeded out.” Surprisingly, that doesn’t happen. While heart patients are quick to follow doc’s advice initially, 30% start taking it easy after a year and 80% go back to their bad old ways within five years. “The more they get better, the more they relax. The fear factor is reduced,” says Seth.
SUMMARY

Every individual wishes to live a healthy and happy life free from all diseases, but very few make a serious effort in this direction. Man, the most intelligent and clever of all living beings, is unable to check the deterioration of health. At present, he is living in a critical phase of human history and challenges, therefore, the most fundamental aspect of human life is health and its protection.

World health organization (WHO 1948) states: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

Unfortunately, inspite of constituting one half of the world’s population, the social, economic, political and cultural statues of women is far less than that of men in most of the countries worldwide. Even today women are the sufferers and are deprived of good food, education and equal status, especially in rural areas. Women being a pivot of family they need extra health care as their physiology gets burdened at four stages in life-span-i.e. during puberty, pregnancy, lactation and menopause.

The present research work “To study the prevalence of diseases and impact of health education in middle age women” was carried out to know the health complications of middle age women so as to educate and counsel them through health education programme for which interview based – survey was taken both in urban and rural areas of Aurangabad district with following objectives and hypothesis.
a) To know and study menopausal disorders among Urban and Rural Women.
b) To study the awareness about menopause syndromes amongst middle age women.
c) To study the prevalence of diseases commonly found in middle age women.
d) Assessment of nutritional status of the women in menopause period.
e) To study the impact of Health Education and improvement in the daily routine of the subjects.

The Hypothesis set was whether the diseases, middle age period, education, food habits and certain other important factors are significant to the menopausal changes and vice-versa. Whether the factors are correlated and how the health Education Camp influenced the women and developed health awareness among the subjects.

Today women are playing active roles in professional and social areas, the elderly are left without conventional support from family and they spend one third of their life in postmenopausal status, hence it is necessary to ensure that women are physically and mentally healthy during these years.

Menopause represents the end of menstruation, which is natural phenomenon experienced by a woman between the age group 40-55, before or after depending upon the hormonal changes and role of the female hormones i.e. estrogen and progesterone.

The Results show the trend of diseases prevalent in middle aged women from both among Urban and Rural population. It was found
that the statistical analysis showed Hypertension (BP) as the highest prevailing disease (30.04%) among urban women with marginal difference (30%) among rural women belonging to middle age.

Further Anaemia was found at a sound rate (39.28%) among rural and moderately (30.04%) found among urban women.

The prevalence of Osteoporosis and Arthritis affected 25.82% and 17.8% and 15% and 16.43% women respectively among urban and rural dwellers.

The epidemiology of Coronary Heart Disease showed 12.86% and 6.57% rise among urban and rural populations.

Diabetes Mellitus was found to be prevailing between 11.7% and 5.7% among urban and rural middle age women.

General complaints prevalent related to health were weakness, headache, backaches, kidney stone, sleeplessness, irregular menses, fatigue, depression etc which ranged between 32.85 and 13.62% among rural and urban dwellers respectively.

The data collected based on awareness about diseases revealed that about 58.4% population was aware about Coronary Heart Disease among urban but only 35.7% were aware among rural population. Near about 53% to 46% urban women are aware about Diabetes and Hypertension. Rural awareness range was observed between 38.5 – 35.4% respectively. Marginally same range has been noted for awareness for other diseases.

Data were analyzed to see the effect of Education, Socio-economic Status, Dwelling and Religion. It was observed that these
factors significantly effect the disease condition and actiological factors of the patients, whereas no significant effect was seen due to family type as such.

When analyzed the effect of menopause on prevalence of diseases it was observed that diseases like Hypertension, Asthma and Obesity showed a significant trend and other diseases like Osteoporosis, Anaemia and Arthritis were markedly prevalent among urban and rural dwellers ranging between 39.3% - 15% respectively.

While collecting the clinical and pathological data it was observed that on an average 69.4% patients were unaware of any tests to be done, others were found (16.7 – 7.4%) positive and did follow regular check ups.

Among the selected samples when the Body Mass Index was calculated it was observed that nearly 25.5% women were over weight with BMI 25-29 and about 7.4% Urban women were obese having 30-34 BMI; whereas women who were underweight 25% were having BMI less than 18.

These studies have been supported by relevant references and quotations of research papers and studies carried out globally.

Statistical test was applied to see the effect of BMI on the prevalence of diseases among the Urban and Rural women population. The results were highly significant for Obesity (.000) followed by other diseases with differences due to limited sample size or effect of dietary pattern and lifestyle.
Drastic difference was seen when study on food pattern had been done. The comparative study showed that Urban women adopted better food patterns as compared to Rural middle age women. Lack of knowledge about nutrition, unawareness about health and poor socio-economic conditions may be the causative factors that were considered responsible.

Discussing about food habits and its effect on prevalence of diseases it was significantly clear that non-vegetarians were more prone to diseases, as it was observed that Coronary Heart Disease and Anaemia were significantly prevailing (46.7% & 35%). Other diseases showed a declining trend. Among vegetarians, Hypertension (15.3%) was found to be prevalent at higher rate as compared to other diseases.

While analyzing the effect of Education on addiction, it was observed that the level of education affected the population significantly in rural women as they were illiterate and ignorant about the side-effects of drugs and addiction.

During survey work, counselling and health education tips were discussed to get relevant and healthy results.

The responses given by Urban and Rural women showed a trend of positive responses of only 36.6% and 11% respectively but unfortunately negative responses were also recorded with no responsiveness as well.

The factors for mental stress were varied with varied percentages both among Rural and Urban women, which followed a pattern of positive, negative and no response respectively.
The Pre Health Education and Post Health Education questionnaire and their responses showed mixed responses. Women belonging to urban class responded well but still they were confused and responded vaguely. As unawareness and ignorance was found as causes for negative response mostly among Rural middle age women. The overwhelming response for Health Education Camp is the highlighting factor of this research as the lectures delivered by expert physicians and dietitians stressed on lifestyle changes and improved health status.

The Doctor’s opinion survey is the relevant and authentic proof to support the present research study which revealed that Doctors do believe (63.5%) middle age as crucial, climacteric and more prone to diseases especially the women as compared to men. The data collected laudably express that doctor’s do opine that diseases like osteoporosis, CHD, diabetes, arthritis, urinary infections, obesity and menopause complications are mostly and commonly prevalent among middle age women ranging between 67.5% and 45.9% as the records of their OPD patients declare.

The present study advocated the causative factors for these diseases apart from the scientific etiologies mentioned. The sedentary and traditional lifestyle, food habits, heredity and hormonal imbalance seem to be responsible for high cholesterol which leads to coronary ailments; also more consumption of fats, sweets and extra calories manifested to diabetes, obesity, blood pressure, arthritis, breast cancer and osteoporosis.
For some women, menopause brings a sense of freedom since the end of fertility means no more birth control and dealing with periods. Few have minimal symptoms while others face various psychological, symptoms like mood swings, irritability, sadness crying and emotional milieu which is associated with the menopause syndrome.

The new advance medical treatment is like a bliss for these hormonal complications as the hormone replacement therapy (HRT) is a boon for pre and post menopausal estrogen deficiency as it is found to be beneficial in bringing about change in vasomotor and psychological symptoms and also controlling the incidences of CHD and osteoporosis in postmenopausal women.

During the research work due to limited sample size HRT subjects could not be sorted out but this therapy has its own benefits with less drawbacks.

The health education camp and doctor’s survey proved to be of great help as it developed awareness among subjects. Medications, diets, and lifestyle interventions all may have a role but more research is needed on the effectiveness of diet and lifestyle interventions. In addition to interventions aimed at individual patients, there is a need for a much broader spectrum of approaches towards health, hygiene and modification in lifestyle approaches.

There are too many diets and dieticians in the market, experts agree that there is scope for improvement even in traditional diets. Nothing is sacrosanct in any particular diet. “Science does not stay in one particular place. New research and studies give encouraging
support to the setup, accepting the change being the second nature of man, he adopts the new concepts sometimes without giving a second thought to, whether the plan or regimen suits for him or not.

This only may be the reason why one is so restless and uncertain about the future, which now has become a unanimous issue.

Therefore, by understanding the pain and realizing the health problems of a common person, the researcher earnestly felt to study the health conditions especially for middle age women as this age group has been neglected and its synonym i.e. the menopause period under which every woman becomes vulnerable to some or the other disease need to be sorted out early and treated the protector of mankind accordingly. Women today are striving hard and getting empowered even in space now need a strong health support during their degenerative phase of life. Henceforth, the need of the hour is to safeguard humanity and the fairer sex to maintain the balance and stability in the national proportion of gender base data as a whole. The rapid advancement in medical science and technology has definitely added years to an individual’s life, but our chief concern still remains to add life to years by staying healthy, so as to enrich one’s life rather than just prolong life with the misery and burden of these lifestyle diseases.
CONCLUSION

The research work titled “To study the prevalence of diseases and impact of health education in middle age women” conducted in Aurangabad district highlights the prevalence of more than half a dozen diseases among middle age women. The study had disclosed many etiological, social, psychological, environmental and nutritional factors responsible for the prevalence of few degenerative diseases which are studied and discussed.

Besides, the study also uncovered epidemiologies of many other factors which were responsible for making the women vulnerable to ailments and disease conditions.

Though, one of the double-edged impacts of economic growth and global integration is the changing health patterns in the country and improvements in education, public health and nutrition have helped rein in epidemics to some extent, but the patterns of changing lifestyles have led to the rise of a new class of non-communicable diseases or diseases of civilization, which included obesity, diabetes, hypertension, strokes, cardiovascular diseases, Alzheimer’s disease, asthma, osteoporosis and certain cancers.

Therefore the researcher reached to the conclusion that most of these diseases are oriented under metabolic syndrome and hence the major goal of any doctor, physician or dietitian should be to first treat the underlying cause of the syndrome and its risk factors if they persist.
Apparently, lifestyle modification, weight reduction, diet therapy and exercises are the preferred treatments for most of these present era diseases. Globally, as today people are getting more exposed to many known and unknown diseases, the researchers sensed the gravity of the problem and updated health awareness programmes through different medias which can protect the mankind from destruction and ill health to certain extent.

The alarming rate of disease conditions and the complications arising after math motivated the researcher to undergo the present study based on total analysis and survey work was carried out since last four years, it can be concluded that the diseases not only affect the body but also the mind and psychology of a person which gets drastically affected. As witnessed during the survey, women were reluctant to share their problems, many were ignorant and unaware for their own health conditions, moreover they were found to be afraid of the treatments and also complained about the cost factor which seems to be a burden on their family budget.

It can thus also be concluded that though the subjects partially responded and were significantly found suffering from most of the middle age diseases, it is necessary to educate the population at grass root level for developing awareness, for good health, balanced diet with calorie consciousness, lifestyle changes, regular exercise and early diagnosis to prevent health deterioration and unexpected fatal results.

The researcher left no stone unturned as far as educating the women was concerned for maintaining their health free from diseases
and other complications. She tried her best during the research period to acknowledge the subject regarding good food habits, healthy lifestyle and imparted and awareness about health education. She also stressed upon self consciousness and advises to be followed by the health counselors, doctors and dietitians.

To conclude, laudably the researcher suggested few measures that can be adopted to make one’s life healthy, lively and disease free. Therefore, the suggestive measures suitable for middle age group are recommended by the researcher are as such:

**Suggestive Measures:**

- Engage in physical exercise for at least 30 minutes daily.
- Include fruits, vegetables, legumes, whole grains and nuts as a regular part of diet.
- Consume an average of 500 ml of oil/ghee/butter/cheese per individual per month.
- Avoid eating in canteens and restaurants. If need felt ask for non-tadka food; have grilled food instead of fried; rotis instead of nans or parathas.
- Break the habit of a sweet after every meal.
- Ensure to get eight full hours of sleep.
- Consume lots of fresh veggies.
- More salads, sprouts and fruits.
- Reduce stress.
• Control weight according to the standard chart preferably.
• Limit time spent in front of the tally/computer.
• Exercise regularly.
• Quit smoking and drinking
• Regular health check-ups after 40 or before, especially if there is a family history of any disease, as early diagnosis and treatment prevents further complications.
• Eat a well-balanced diet. Maintain the weight within normal limits and if overweight, lose weight in order to achieve near normal weight. Body Mass Index or BMI is commonly used as a measure of body fat calculated from a person’s height and weight.
• Avoid using saturated fats like vanaspati (hydrogenated vegetable oils), coconut oil and palm kernel oil for cooking.
• Use oils such as safflower, sunflower, corn and soyabean for PUFA and olive, groundnut, canola oils for MUFA. It is the type/quality of fat that really matters besides the amount of oil/fat used in daily diet, Hence, it is advisable to combine or rotate oils (preferably one oil should be a source of MUFA and the other PUFA). One must keep changing oils in order to derive maximum nutritional benefits.
• Oil blends available in the market can also be used.
• Increase intake of soluble fibres present in oats, beans, whole pulses, whole grain cereals, fresh fruits and vegetables.

• Limit intake of saturated fats such as ghee, butter and margarine prepared by hydrogenation of oils. Recent studies have found that a component called oryzanol and tocotrienols present in rice bran oil help in lowering cholesterol, therefore consume non hydrogenated soft margarine, olive oil and canola oil, sunflower oil etc.

• Cut and cholesterol levels by consuming nuts- at meal breakfast, fibrous vegetables, bean, lunch and light fruits – milk based dinner.

• Avoid fried, fatty foods, bakery products and processed foods in regular diet.

• Reduce intake of cholesterol rich foods such as egg yolk, red meat (goat’s meat and beef), and organ meats.

• Fish and chicken (white meat) can be taken thrice and twice a week respectively.

• Heart patients should use only egg white; trim off visible fat from meat i.e. lean cuts of meat should be taken and remove skin from fish and chicken.

• Avoid whole milk and use toned, double toned or skimmed milk and milk products prepared by removing fat from milk.
• Refined foods should be avoided as much as possible. Brown bread and preferably brown rice is a better option than their refined counterparts.

• Whole-wheat flour or atta should be consumed and refined flours like maida (white flour), suji (semolina) etc should be limited in the diet. One can also add wheat bran available in the market to wheat flour to increase the fibre content of chapattis made out of it.

• Nuts are rich in vitamin E and MUFA and so can be included in regular diet. Around 10-15 gm of peanuts or 4-5 almonds or walnuts can be taken regularly. Almonds are known to be beneficial for heart health as they lower the cholesterol.

• Use healthier cooking methods like boiling, roasting, steaming, pressure cooking, stir-frying and grilling instead of deep-frying.

• Add salt only during cooking. Do not sprinkle salt on food at the table.

• Avoid processed foods as much as possible due to their high sodium content (as a result of preservatives added to them to prolong their shelf-life and improve flavour) like packed and canned foods. Eat foods in their natural form. For example, a cup of soup prepared from fresh vegetables is more nutritious than a packet or canned soup.

• Read food labels on packed and processed foods for their sodium, fat and cholesterol content.
• Therapeutic lifestyle changes [TLC] may help to reduce cholesterol and control other diseases. i.e. through proper diet, yoga, weight bearing exercise, walking, aerobics, meditation and stress free life.

• Get the knowledge about the middle age ailments and its syndrome.

• Start treatment in the initial stage of any disease to avoid further complications.

• Consult the health counselor/ dietitian/ doctor for a good diet plan. Suitable according to the age, disease and physical condition of the patient.