be other than in a normal state. Thus, a disease process may take place within individuals without recognizable symptoms ever being produced. It is also possible that persons may feel sick, even so miserable, that they are incapacitated without any of the organic processes of disease being manifested [Dak, 1991:13]

The concept of health or illness becomes institutionalized within the social and cultural milieu of each society and its level of development. In other words, one measure of social development could be a cultural conception of illness. Primitive human beings relied more on their instincts to stay healthy and since they could not largely comprehend the functioning of human body, magic became an integral part of the beliefs about the causes and cures of health disorders. Cockerham [Mehta, 1992:47] states that regardless of a society’s level of medical knowledge and technology, the structure of medical science still functions within the context of values, attitudes, and beliefs of the people comprising that society. During the Middle Ages, illness came to be regarded as a punishment for sins and care of the sick as religious charity. Illness, in the present age, is defined as ‘A state of condition of suffering as a result of that disease or sickness’. Talcott Parsons [1964] describes health as a state of optimum capacity for the effective performance of valued tasks. Parsons focuses attention on the social importance of health, healthy individuals are able to function well in order to perform social roles, ill health reduces their ability to do so.
Illness is viewed as a personal as well as social phenomenon. Coe observes, [Dak, 1991 13], ‘as long as what we feel is not communicated to others or what we do is not observed by others, illness remains a personal event. Illness becomes a social phenomenon when it becomes visible to others and when this leads to modification of social interaction pattern between sick person and other people.’

The domain of health and illness is full of contrasts for, each society has evolved its own mechanism to cope with problems of health and illness and the ways in which these have been defined [Dak, 1991 14]. Every society experiences illness and prescribes treatment compatible with its own social and cultural background. Illness is viewed as a departure from normalcy over which one does not have any control, but the response, which is governed by societal values and customs, explains the different perceptions, interpretation, and modes of treatment of the same disease in societies with different socio-cultural background.

Illness is a universal phenomenon occurring in all societies. It forces temporary disruption of regular patterns of social relationships. Fulfillment of normal role responsibilities by the sick person is often impossible and often the role responsibilities of the patient’s family cannot be carried out. Job, home, and community, the major sectors of social roles, are all affected by illness to varying degrees. At the same time, psychological balance is threatened by illness. Anxiety can be aroused, depression
may occur, and patterns of emotional response that are not characteristic of mature adult behaviour may be expressed. Illness provides an opportunity for many 'childish' responses. At the same time, because it is an experience of strong emotional significance, illness can provide the framework for the expression of great courage, love, and faith. As a social and psychological event, illness is rarely uneventful, usually stressful, and occasionally most disruptive.

In spite of all the progress made in medical science, in the course of centuries, it is surprising that medical man until a few years ago could not think of illness in terms of an 'organism as a whole'. Medicine today, in order to be effective, requires consideration of the total needs and background of the individual—biological, intellectual, psychological, social, physical, economic, spiritual, and cultural.

Chronic illness is the nation's number one health problem. Millions are spent on medicine and rehabilitation. Matteson [Travis, 1976] who has studied the problem widely uses the following definition, 'Long term or chronic illness refers to disorder with a protracted course which can be progressive and fatal or associated with a relatively normal life span despite impaired physical and mental functioning. Such a disease frequently shows periods of acute exacerbation requiring intensive medical attention.' Chronic illness depends for maximum recovery on the patient and his family.
Heart disease or cardiovascular disease is often a non-communicable chronic disease. It affects a large section of the population. Heart disease can be quite disabling and when chronic, not only affects the person, but his/her family.

THE HEART AND CIRCULATORY SYSTEM:

The human heart is actually a pump, a powerful muscle the size of the fist which circulates blood to and from the millions of cells in the body. The heart is divided into four chambers. There are two chambers on each side with a wall like divider called the septum between them. These two chambers have two passages called valves. There are two valves on each side of the heart that allow blood to pass through it. The tricuspid valve on the right and the mitral valve on the left regulate blood flow between the atrium and the ventricle on each side. The right valve is called the pulmonary valve and it allows blood to flow from the right ventricle to the pulmonary arteries, which supply the lungs. The left valve is called the aortic valve, which regulates blood flow from the left ventricle to the aorta.

In the normal adult, the heart pumps five liters of blood, which is recirculated continuously through the body. The blood moves from the heart into tubes called arteries, then into tiny tubes called capillaries and finally into the veins that lead back to the heart. The entire cycle takes about 60 seconds, during which the blood brings nourishment and oxygen to all the cells in the tissues, organs, muscles and bones.
Cardiovascular disease or Heart Disease accounts for approximately twelve million deaths annually and is the most common cause of death globally [Sethi, 1998 11]. The second half of the twentieth century has witnessed a global spread of the cardiovascular disease epidemic. Even as cardiovascular mortality rates are declining in industrialized countries, cardiovascular epidemic is emerging or accelerating in most developing countries. Data from the World Health Organization and the World Bank indicate that in India, death attributable to cardiovascular disease have increased in parallel with the expanding population and will continue to increase. In 1990, approximately twenty-five percent of deaths in India were attributable to cardiovascular disease [Sethi, 1998 12].

According to the World Health Organization, India is on the brink of a coronary epidemic with more people below the global average age (60) succumbing to heart problems. On an average, one million Indians die annually of heart-related problems or are disabled due to strokes and other coronary problems in midlife. Genetically too, it has been discovered that Indians are more vulnerable largely due to hypertension, midriff obesity, low amount of high density lipoproteins (HDL) or good cholesterol, triglycerides and lack of vital minerals like vitamin B12 and folic acid in diet. The health transition in India too reflects the growing burden of cardiovascular disease in India.