July-August 2026 | Issue 02

OneHealth Life

YOUR GUIDE TO WHOLESOME LIVING

EL NIÑO AND YOUR HEALTH

2026 Monsoon Could Impact Your Life Differently

EL NINO IS REAL, BRACE YOURSELF

ARE WE PREPARED FOR A CLIMATIC EPIDEMIC OF A NEW KIND?

WHEN THE WORLD WON'T STOP SPINNING

Healthcare As It Should Be

MYSTERIOUS DEATH OF RANA: AN ALARM 'HEART BEAT' FOR MANY

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When the skies are uncertain, the role of community healthcare becomes non-negotiable. Pacific OneHealth was built for exactly this — to be where our patients are, when they need us most.

Saket Bansal
Founder & Patron, Pacific OneHealth

El Niño is not just a climate event. It is a test of how well India's healthcare system has spread itself out — not just in the cities, but in every neighbourhood where a patient lives.

Dr Swadeep Srivastava
Co-Founder & Executive President, Pacific OneHealth

EDITORIAL

Rainless, Reckless

When a monster El Niño swallows the monsoon, it doesn't just dry the soil—it rewrites the health of a nation.

"A monsoon that does not arrive is not silence. It is a verdict."

This year, that verdict has been delivered.

For centuries, the monsoon has told Indians when to sow, when to harvest and, often, when to fall ill. This year, it has broken that promise. El Niño has not simply stolen the rain—it has stolen its rhythm. Some regions have received too little rain; others have been drenched at precisely the wrong time. Drought, we are learning the hard way, is not merely an agricultural crisis. It is a public health emergency.

According to the World Health Organization, climate change is expected to cause an additional **250,000 deaths every year between 2030 and 2050** from malnutrition, malaria, diarrhoeal disease and heat stress alone. India—with its climate-sensitive agriculture, densely populated cities and growing burden of chronic diseases—stands squarely on the frontline.

A failed monsoon reshapes disease. Hospitals confront changing patterns of seasonal illness, pharmacies struggle to meet demand for heat-related medicines, water tables shrink, vegetable prices rise and nutrition quietly suffers. No epidemiologist redrew India's disease map. El Niño did—and our health system is still reading yesterday's version.

The uncomfortable truth is that much of our healthcare infrastructure was designed for a more predictable country. India no longer fits that description. For the working mother in East Delhi, the farmer in Bundelkhand, or the labourer in Telangana, distance from timely medical care is no longer an inconvenience. It is a risk. And that is where micro-hospitals come in.

"The micro-hospital is not a smaller version of a hospital. It is a different answer to a different question: not 'Where is the best hospital?' but 'Where is the nearest one?'"

That is why Pacific OneHealth has built its network of specialist-led micro hospitals—to stand where tertiary centres cannot. By delivering early diagnosis, emergency care and specialist treatment closer to communities, these neighbourhood hospitals help prevent illness from turning into a crisis. In an era of climate uncertainty, proximity is no longer convenience. It is clinical strategy.

OneHealth Life was created for the same reason—to reach you before illness does. In this issue, we explore what a changing climate means for your body, your food, your children and your ageing parents, while examining breakthroughs in cancer, sudden cardiac death and metabolic health.

We will never claim to have the last word on your health.

But we will always strive to be the first honest one.

Because prevention begins with understanding.

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OneHealth Life

OneHealth Life
YOUR GUIDE TO WHOLESOME LIVING

Volume: 1 / Issue: 2
July-August 2026

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TABLE OF CONTENTS

6. El Niño Is Real: Brace Yourself
10. Are We Prepared for a Climatic Epidemic of a New Kind?
12. India's Most Vulnerable Zones
14. The El Niño Diet: Fortifying India Against an Unpredictable Sky
16. Pregnant Women Need Extra Care During El Niño
18. My Monsoon Kitchen Remedy
19. Keeping Our Children Safe This Monsoon
20. The Muddy Boot Rule and Other Monsoon Habits
22. Rimjhim Sawan: Nostalgia and Risks for Elders
24. Move It: Monsoon Exercises for Elders
25. Kerala's Bold Bet: India's First Department for the Elderly
26. Assam Leads the Way: A Law to Protect the Elderly
27. Japan's Lesson for India: What the Kerala Model Borrows
28. Post-War Effects, El Niño, and Your Thali: Eating Sensibly When Prices Rise
30. Monsoon Food Myths vs. Facts
31. A Special Diet for a Special Season
32. Monsoon Yoga: Flow with the Rain in Natural Rhythm
34. Panchakarma Season: The Body's Monsoon Reset
35. Monsoon and Mental Fog: Staying Sharp When the Sky Is Grey
36. The Drug That's Changing Pancreatic Cancer: Daraxonrasib
38. Daraxonrasib: What This Means for India's Cancer Patients
39. When the Sky Lights Up and Growls, Take Cover
40. India's Capital Region Is Living a Dangerous 'Skinny-Fat' Life
43. Punjab's AMRIT for Heart Attack Patients
44. South India's Alarming C-Section Surge
45. Ebola and Hantavirus: Should India's Travellers Be Worried?
46. When the World Won't Stop Spinning
50. Arresting Population Decline: India's New Baby Paradox
52. When the Rain Never Stops: Paramedics Step in With Extra Vigour
53. Gearing Up for the Monsoon Season
54. Monsoon Health Watch: What's Happening Across States
56. The Mysterious Death of Rana: An Alarm "Heart Beat" for Many
58. The Organ That Resists Cancer
60. Sinusitis: Why Weather Changes Can Leave You Feeling Congested
62. What You Should Know Before the Doctor Does

El Niño Is Real, Brace Yourself

Effects : A topsy-turvy weather pattern triggered by the heating up of the Pacific Ocean can affect health, nutrition and the food basket.

By Shankar Raj

The war in the Gulf region and the waters of the Pacific Ocean can make the months ahead harsh for India. While the war is likely to have a multi-sectoral impact, the Pacific Ocean holds the key for India's health indices.

This is the time for policy-makers in India to take serious note and formulate a plan to tackle health issues caused by climate change. The time has come to have a separate ministry for climate change.

It is the missing monsoon that has triggered panic. The Central Government has assessed that 315 districts are vulnerable and 111 districts in 12 States are of primary concern due to poor rainfall. "We are preparing in advance, not waiting for a crisis," said Union Agriculture Minister Shivraj Singh Chouhan who recently held a high-level meeting with State Agriculture Ministers and officials on the El Niño situation. Each of the 315 districts will have a contingency plan to face the challenge. He confirmed that rainfall so far has been around 43% below normal. All due to El Niño.

A powerful El Niño could trigger heatwaves, disease outbreaks, water shortages, crop losses, food inflation, and healthcare stress, demanding urgent climate preparedness across India.

El Niño EFFECT

El Niño is a natural climate phenomenon in which the central and eastern Pacific Ocean becomes unusually warm, changing weather patterns across the world — including India.

What makes the 2026 El Niño worrisome is that it is a monstrous one. India may have to gear itself for shifts in health patterns, and be prepared for agriculture stress, increased food prices and high power demand. To make matters worse, the Gulf war will lead the nation to a serious shortage of fertilisers, thus hitting the farming sector hard and upsetting the food basket.

The 1997–98 El Niño event was one of the strongest on record and the 2015–16 El Niño event caused drought conditions in parts of India. These events affected rainfall, crops, and temperatures across many regions.

So, what can happen when El Niño grips India? It often leads to higher temperatures, heatwaves, erratic rainfall, drought in some regions and flooding in others. These climate changes can have significant impacts on public health.

The first trigger would be migration from drought-hit central India to cities such as Mumbai, Bengaluru, Pune, Hyderabad and Delhi. This will cause extreme pressure on the public health infrastructure in these cities.

HEALTH MAP

The biggest problem is that El Niño can make planning difficult. There can be no uniform health risks across India. It is time to redraw the country's health map by factoring in the weather threat. Here are some health issues likely to rise in the coming months:

1. **Heat-Related Illnesses**, especially in Central India, Rajasthan, parts of Telangana and Andhra Pradesh, North Karnataka, Tamil Nadu and central Keralam. These areas could see an increase in cases of heat exhaustion, dehydration and heatstrokes.

   At higher risk are the elderly, infants, outdoor and gig workers, and people with chronic diseases. There could also be a greater incidence of severe dehydration, leading to kidney problems.

2. **Infectious Diseases**
   Climate changes associated with El Niño alter the spread of disease vectors.

   Mosquito-borne diseases: Increased risk of dengue, malaria, chikungunya, and Japanese encephalitis due to changing rainfall patterns and water storage practices. We are seeing all this happen in Keralam and parts of coastal Karnataka. The list also includes Nipah, Leptospirosis, and Shigellosis.

   At the same time, flooding (like in Mumbai, Pune and the Northeast) and contaminated water can increase cholera, typhoid, hepatitis A and E, and diarrhoeal diseases.

   Cities like Bengaluru and Chennai may face a drinking water crisis as groundwater levels dip.

3. Central India and many parts in the south can be hotbeds for air pollution and respiratory Illness. An unusual heat wave and drought during the monsoon can worsen air pollution. These

areas could see more asthma attacks, COPD exacerbations, and respiratory infections.

4. **Malnutrition.** The biggest impact of El Niño could be a steep reduction in agricultural production due to drought. This can seriously affect food availability as there will be an adverse impact on Kharif crops, particularly in rain-fed regions where agriculture is heavily dependent on monsoon rains.

   Rising food prices can drastically reduce dietary diversity. Children and pregnant women are particularly vulnerable to undernutrition.

5. **Mental Health**
   Farmers facing crop failures experience increased stress, anxiety, and depression. Communities affected by unseasonal droughts or floods may suffer trauma and psychological distress.

6. **Maternal and Child Health**
   Heat stress during pregnancy is linked to preterm birth and low birth weight. Children face higher risks of dehydration, diarrhoea, and malnutrition.

7. **Healthcare System Challenges**
   Heatwaves can result in an increase in emergency admissions. Sudden disease outbreaks can strain hospitals and primary health centres.

   Increased demand for medicines, IV fluids, blood products, and cooling facilities can be expected.

   El Niño is likely to hit the rural health services hard and the state governments concerned may have to be ready with preventive measures rather than waiting for a full-blown crisis to step in.

8. **Occupational Health**
   Outdoor workers such as gig workers, farmers, construction workers, sanitation workers, and traffic police face higher risks of heat-related illnesses. Reduced productivity due to unsafe working conditions can impact families, leading to a higher healthcare expenditure.

   There could be an increase in the burden on the disease-control programmes of the Central and State governments.

   Productivity losses due to illness and absenteeism would be on the rise.

PREPAREDNESS MEASURES

2026 is likely to be a landmark year in climate change and in India the impact could be enormous due to the monstrous El Niño. There is an urgent need to strengthen and fortify areas prone to drought caused by the shifting climate pattern.

All this calls for using the latest technology, including AI and satellite imagery, to sharpen and expand early warning systems for rainfall, heatwaves and disease outbreaks.

An El Niño year is the time to upgrade and improve surveillance for vector-borne and water-borne diseases. Government should, on a war footing, ensure safe drinking water and sanitation during droughts and floods.

There is also a need to promote public awareness programmes about hydration, heat protection, mosquito control and, above all, hygiene to enhance climate-resilient healthcare infrastructure.

The health impacts due to this year's El Niño would be most pronounced in central, western, and southern India, where prolonged heatwaves, water scarcity, and climate-sensitive diseases can place considerable pressure on healthcare systems.

We now have a climate map before us. It is for various authorities in the public and private sectors to jointly tackle the weather monster that is rushing in.

The author is a senior journalist and consulting editor of OneHealth Life.

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POLICY PULSE

Are We Prepared for a Climatic Epidemic of a New Kind?

Stand-first: India's health system was designed for predictable disease. El Niño offers none. A three-point action plan — and a hard question we must stop avoiding.

By Shahnawaz Ahmad Ansari

The last time India faced a monster El Niño of this magnitude, the internet did not exist, the ASHA network had not even been conceived, and climate health was an alien topic that did not even get a mention in chandeliered medical conferences or public fora. This time around, swift climate change has killed over 1,000 people across a heat-baked Europe.

The effects have not been as devastating in India. We are better equipped to deal with the Pacific Ocean phenomenon in almost every technical sense. And yet, the most important question goes unasked in health ministry corridors: does a climate event of this scale require us to rethink how we diagnose and treat diseases in India?

The answer is certainly yes. Here is what each stakeholder must immediately do —

GOVERNMENT:

Activate Climate-Health Protocols Now

- Pre-position ORS, IV fluids, and fever management supplies in high-risk districts — before the outbreak, not during it.
- Activate heat-illness and drinking-water contamination surveillance systems in Karnataka, Andhra Pradesh, Telangana, and Central India's drought belt.
- Issue state-specific disease alerts that account for an El Niño deficiency profile — not the standard flood-season checklist.
- Commission an emergency review of whether current diagnostic protocols for waterborne diseases account for drought-triggered contamination patterns.

HOSPITALS:

Rethink the Monsoon Playbook

- Update triage protocols: in a deficient monsoon, heat exhaustion, dehydration, and contaminated-water-source illness may present before classic dengue or leptospirosis.
- Train frontline staff on the dual-risk profile of 2026: some regions face flood-linked diseases; others face drought-linked pathogen concentration in dwindling water sources.
- Micro-hospitals and primary health centres in semi-urban areas must be the first line — not the last resort. Stock accordingly.
- Begin reviewing whether standard diagnostic algorithms require adjustment for climatic atypicality — this is new clinical territory.

CITIZENS:

Your Body's First Line of Defence

- If you live in drought-affected states: treat all tap water as potentially contaminated. Boil, filter, or use sealed packaged water for drinking and cooking.
- Recognise heat illness early: persistent headache, dry skin, confusion, and a body temperature above 40°C after sun exposure is an emergency.
- Update your family's vaccination status now — typhoid, hepatitis A, and flu vaccines offer meaningful protection this season.
- Keep ORS sachets at home. Dehydration kills faster than the disease that causes it.

A Hard Question We Cannot Avoid

For the first time since India built its modern public health infrastructure, climate is not a backdrop to the disease story — it is the plot. El Niño does not merely worsen existing conditions. It creates new ones. It shifts the timing of disease peaks, changes the mix of pathogens, and moves the goalposts for both prevention and diagnosis.

> A climatic epidemic of a new kind may be upon us. The question is not whether India's health system can cope. The question is whether authorities are even looking in the right direction.

(The author is Executive Editor, OneHealth Life)

EXPLAINER

India's Most Vulnerable Zones

By OneHealth Bureau

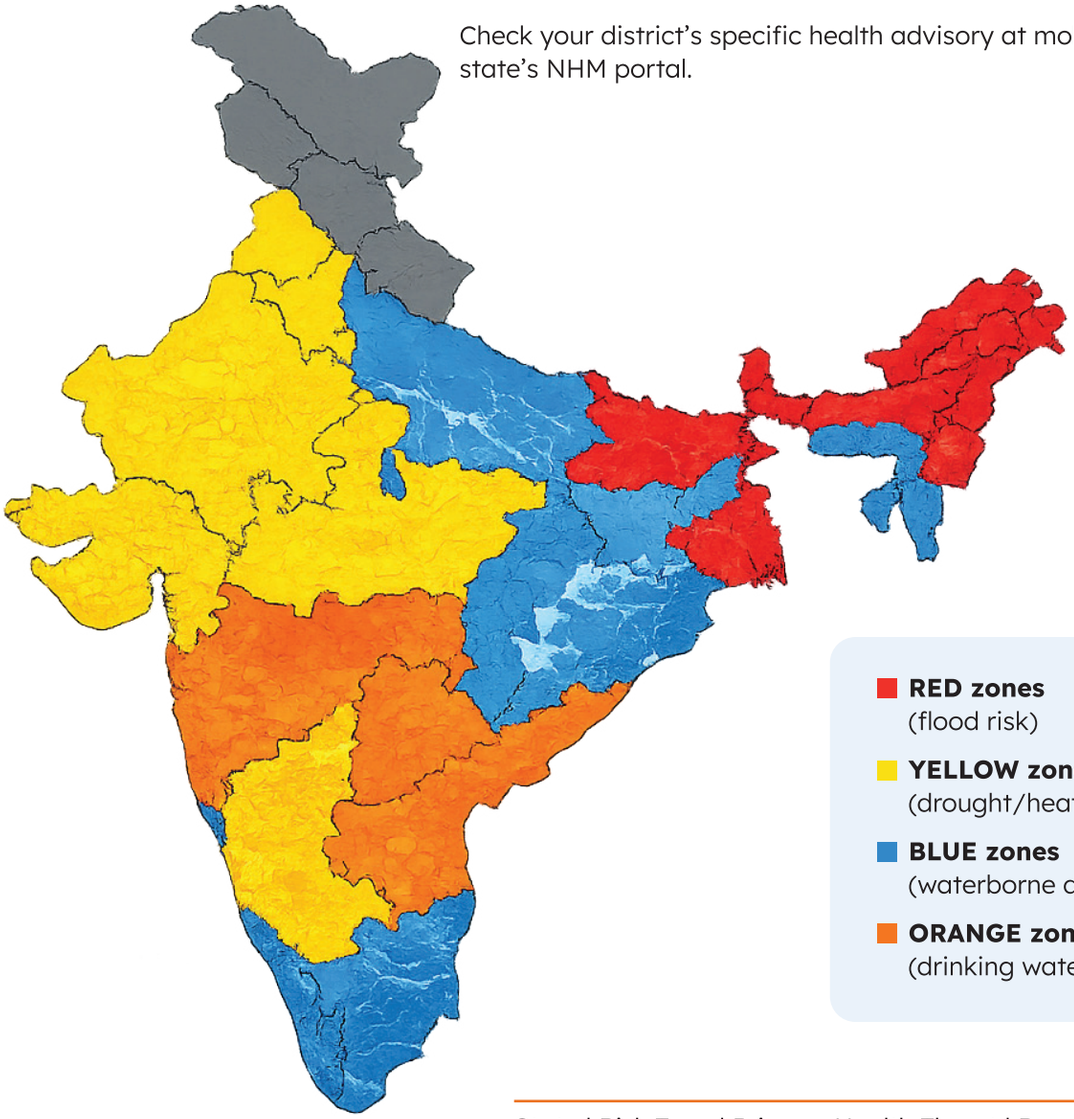
India is not one country when it rains — or when it doesn't. El Niño in 2026 will create sharply different health realities depending on where you live.

In parts of Kerala and the northeast, the threat is excess: floods, Nipah virus vigilance, and Shigellosis (bacterial dysentery) outbreaks that accompany waterlogged environments. In Bihar, Uttar Pradesh and Madhya Pradesh, the situation is paradoxical — early pre-monsoon flooding may be followed by an abrupt drought as El Niño suppresses the season. This dual risk — flood then scarcity — is medically unprecedented in these states and demands double-layered preparedness.

Acute drinking water crisis will be felt in Karnataka, Andhra Pradesh, Telangana, and parts of Kerala. Contaminated water sources in these regions will drive typhoid, Hepatitis A, and cholera cases through July and August.

In Rajasthan and Gujarat, the primary threat is heat: heatstroke, heat exhaustion, and dehydration in outdoor workers and the elderly.

Check your district's specific health advisory at mohfw.gov.in and your state's NHM portal.



- **RED zones** (flood risk)
- **YELLOW zones** (drought/heat risk)
- **BLUE zones** (waterborne disease hotspots)
- **ORANGE zones** (drinking water stress)

State | Risk Type | Primary Health Threat | Recommended Precaution

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El Niño Diet: Fortifying India Against an Unpredictable Sky

Most kitchens in India have a medicinal chest; the gardens have amazing and rich leaves and fruits. Use them wisely when El Niño hits you this season.

By Dt. Kanikka Malhotra

When the monsoon fails, India's food system fractures. Crop yields drop, supply chains thin out, and prices for vegetables spike precisely when vulnerable families - pregnant women, young children, the elderly - need nutrition most. This is not abstract. For every percentage point increase in food prices during crop-failure seasons, micronutrient deficiency in young children rises measurably, and pregnant women's anaemia rates accelerate.

The ICMR Dietary Guidelines 2024 confirm what longitudinal data reveals: nutritional deficiency during early childhood rewires metabolic capacity for life. Children undernourished during monsoon shortages show higher rates of metabolic dysfunction by adulthood; impaired glucose regulation, reduced metabolic efficiency, and increased disease susceptibility. WHO's 2023 micronutrient report emphasises that iron, zinc, and vitamin A deficiency during the first 1,000 days of life (conception to age 2) is neither temporary nor fully reversible through later supplementation. The window is now.

Your practical protocol: prescriptive, affordable, actionable:

Fortified foods: Fortified rice, flour, and milk address iron and B-vitamin gaps efficiently. Fortified staples remain more affordable than micronutrient supplements and offer broader nutrient coverage.

5 NUTRIENT GAPS TO WATCH

NUTRIENT	CLINICAL RISK	NATURAL SOURCE (MONSOON-PROOF)	ACTIONABLE STEP
Iron	Fatigue, poor cognition in children, life-threatening anaemia in pregnancy	Jaggery (1 thumb-sized piece daily) + lime juice. Sprouted moong (1 handful daily). Roasted sesame (1 tbsp daily).	Pair jaggery with lime water at breakfast. Sprout moong at home (yields 3–4 servings).
Zinc	Depleted by infection; impairs immune cell development and wound healing for weeks post-illness	Roasted sesame seeds (2 tbsp daily). Sprouted pulses (moong, chickpea). Pumpkin seeds if available.	Toast and jar sesame seeds. Mix 1 tablespoon into every dal or rice meal.
Vitamin A	Compromises gut and respiratory mucosal barriers; risk of corneal scarring in young children	Dried moringa powder (1 tbsp daily in dal). Sweet potato (store well). Egg yolk if affordable (1 daily for children).	Dry and powder moringa leaves in advance. One teaspoon mixed into warm dal.
Vitamin D	Cloud cover blocks synthesis; weakens bone mineralisation and immune tolerance	Fortified milk if affordable (even half a glass). Eggs (1 daily). Brief sun exposure on clear days (10–15 min).	Prioritise eggs during monsoon—cost-effective D + complete protein.
Vitamin C	Essential for iron absorption; without it, dietary iron cannot be utilised by the body	Amla powder (1 tsp daily in water or dal). Lime/lemon juice (1 tsp squeezed into every meal). Sprouted seeds (Vit. C increases 3–4×).	Keep dried amla at hand. Add fresh lime to meals at table (heat destroys C). Sprout moong in advance.

Home-grown herbs and immune-boosters: These are non-negotiable. One handful of roasted sesame seeds (til) daily delivers bioavailable calcium, zinc, and magnesium. One tablespoon of dried moringa powder mixed into dal is clinically equivalent to eating iron-rich spinach. Amla (dried, powdered, or fresh) provides vitamin C, essential for iron absorption. Fenugreek seeds sprouted at home provide 4-hydroxyisoleucine, which enhances micronutrient absorption. Cost per serving: under Rs. 10 each.

Prioritise when prices surge: Pulses (sprouted or fermented dal), jaggery, sesame, dried greens, root vegetables that store well. Fermentation matters: fermented dal increases mineral bioavailability by 40–60% without additional cost. When leafy vegetables vanish, one tablespoon of dried moringa leaves daily is your iron and vitamin A insurance.

For pregnant women specifically: Iron intake must be deliberate. Jaggery daily (one thumb-sized piece, roughly 10g), sesame seeds mixed into every meal, and any available dark leafy green. For young children: sprouted moong daily, sesame brittle, and one piece of jaggery.

This monsoon season will test your family's resilience. Your response—deliberate food choices, intentional use of what remains affordable and within reach— will determine metabolic outcomes that echo decades forward.

(The author is Feature Editor, OneHealth Life; Lead – Corporate Health Wellness & Workforce Health, Pacific OneHealth)

Pregnant Women Need Extra Care During El Niño

Severe fluctuations in weather can affect pregnant women.

By Dr. Smriti Uppal

Monsoon nourishes the Earth with rain the same way a mother nourishes her child with love and care. Monsoon is a period of relief as the weather cools down and the rains seem to bring the world back to life after all the heat. However, monsoon does not always serve as a relief especially to pregnant women.

Pregnant women face several challenges during this time. The rainy weather increases the spread of viral diseases like cold, flu, dengue, malaria and water borne diseases like typhoid. Contaminated food and water during the monsoon season can cause food poisoning, diarrhoea and stomach infections, which may lead to dehydration. Another risk is slippery floors and wet roads, which can lead to dangerous falls during pregnancy.

El Niño Effect

Severe changes in the weather can affect pregnant women in a rather negative way. One such event is the Super El Niño.

It is an event that can lead to extreme heat, drought in some regions, heavy rainfall and flooding (like in Mumbai and Bengal), poorer air quality, and disruptions to food and water supplies. These changes can affect pregnant women both directly and indirectly. Extreme heat increases the risk of dehydration and heat exhaustion. It may contribute to dizziness, fatigue, and low blood pressure. Severe dehydration can increase the risk of preterm labour in some women.

Research suggests that prolonged exposure to extreme heat may be associated with: Preterm birth, low birth weight, stillbirth (increased risk) and pregnancy-related high blood pressure in some women. Changes in rainfall

and temperature can increase mosquito populations in some areas, raising the risk of diseases such as malaria and dengue. Flooding can also increase waterborne illnesses. Drought and wildfires during strong El Niño events can increase smoke and air pollution.

This may worsen asthma or other respiratory conditions and reduce oxygen intake. Crop failures and water shortages can make it harder to obtain nutritious food and safe drinking water, increasing the risk of poor maternal nutrition and anaemia. Natural disasters, displacement, migration, financial stress and uncertainty can increase anxiety, stress, and depression during pregnancy which can have a negative effect on the baby. With proper precautions, most pregnant women can remain healthy and have a safe pregnancy during the monsoon.

SOME TIPS

- Stay hydrated by drinking plenty of safe water.
- Avoid outdoor activities during the hottest parts of the day.
- Stay in cool, shaded, or air-conditioned environments when possible.
- Eat a balanced diet and attend all prenatal checkups.
- Protect against mosquitoes using approved repellents, long clothing, and bed nets where appropriate.
- Follow local public health advice during heat waves, floods, or wildfire smoke events.
- Seek medical care immediately if you experience severe dehydration, persistent fever, vaginal bleeding, regular contractions before term, or decreased fetal movement.
- If you live in flood-prone areas, take extra precaution as the delivery date approaches.

To sum up, a mother helps her children grow through challenges, while the monsoon reminds us that growth often comes after storms and difficult times. Like a mother, the monsoon arrives with care and generosity. It quenches the thirst of the earth, breathes life into fields, and fills rivers with fresh water, just as a mother nurtures and supports her family. Though it may sometimes come with storms, its purpose is to bring growth, renewal, and hope. Both a mother and the monsoon remind us that true strength lies in nurturing life and helping others flourish.

(The author is Sr. Consultant - Obstetrics & Gynaecology, Pacific OneHealth)

My Monsoon Kitchen Remedy

By Dt. Kanikka Malhotra

The Respiratory Guardian

Sesame-Tulsi-Honey Paste

Ingredients

2 tablespoons roasted sesame powder, 1 teaspoon raw honey, 5–6 crushed tulsi leaves, ½ teaspoon ghee.

How to prepare

Roast sesame seeds for 3–4 minutes and grind fine. Crush tulsi into a paste. Mix sesame with ghee. Add honey last (never heat honey). Store airtight 5 days.

Why it works

Sesame's lignans (sesamin, sesamol) act as bronchodilators, keeping airways patent and less reactive to monsoon humidity. Sesame's polyphenols reduce inflammatory cytokines in respiratory tissue. Tulsi's ursolic acid increases IgA production in mucosal tissue—the antibody that stops viruses from invading respiratory cells in the first place. This is primary prevention. Raw honey's enzymatic activity provides direct antimicrobial protection. Give children 2–12 years half-teaspoon 2–3 times weekly as soon as monsoon starts. Adults: Full teaspoon 3–4 times weekly. Pregnant women (month 6+): Three-quarter teaspoon 3 times weekly. Nursing mothers: Full teaspoon daily. Avoid under 1 year (botulism risk) and sesame/honey allergies.

The Systemic Immune Guardian

Neem + Tulsi + Honey

Ingredients

8–10 fresh neem leaves (cleaned thoroughly), 5–6 fresh tulsi leaves, 1 teaspoon raw honey, 1 cup warm water

How to prepare

Crush neem and tulsi leaves together in a mortar. Pour warm water over them. Steep 5–7 minutes. Strain through fine cloth. Add honey last. Drink on empty stomach, 3–4 times weekly, beginning as soon as monsoon starts through to mid-monsoon.

Why it works

Neem contains azadirachtin and nimbin, the compounds with documented anti-bacterial, anti-fungal, and anti-viral properties. During monsoon, it's not just intestinal pathogens that threaten; fungal and bacterial skin infections too proliferate. Neem's blood-purifying action prevents these systemic infections from getting established. Tulsi's eugenol and ursolic acid enhance immune response without inflammatory overload. Together, this pairing addresses monsoon's preventive immunity challenge, the seasonal fungal and bacterial colonization load that undermines children's and pregnant women's immune capacity.

The Digestion Restorer

Fenugreek + Curry Leaf Water

Ingredients

1 tablespoon fenugreek seeds (roasted 2 minutes), 8–10 crushed curry leaves, 1.5 cups of water, pinch of salt.

How to prepare

Roast fenugreek until fragrant. Boil water, add seeds and leaves, simmer 8 minutes. Strain. Drink lukewarm on empty stomach.

Why it works

Fenugreek's 4-hydroxyisoleucine enhances insulin sensitivity. Monsoon's reduced activity naturally impairs glucose metabolism; fenugreek directly counters this. Curry leaves provide iron, calcium and antioxidants, supporting both digestion and immunity. Together, they restore the digestive fire that monsoon dampens. Give half-strength to children aged 5+, 3 times weekly. Adults: Full strength, 5 days a week with 2-day breaks. Nursing mothers (after 6 weeks postpartum): Full strength daily for 4 weeks. Fenugreek improves milk supply via enhanced insulin signaling in lactating tissue. Do not give to pregnant women due to mild uterotonic properties.

(The author is Feature Editor, OneHealth Life; Lead – Corporate Health Wellness & Workforce Health, Pacific OneHealth)

Keeping Our Children Safe This Monsoon

The monsoon need not be a season of fear. With awareness and small daily habits, we can keep our kids protected.

By Dr. Zahid Ali

The monsoon season brings a welcome respite from the heat, but it also ushers in a heightened risk of certain illnesses, with dengue fever being a primary concern for parents. As a paediatrician, I understand the anxiety this can cause. Dengue, a mosquito-borne viral infection, can affect children severely, making vigilance and preventive measures crucial during these months. Fortunately, with simple yet effective strategies, we can significantly reduce the risk for our little ones

Prevention is Key

The Aedes aegypti mosquito, which transmits dengue, breeds in stagnant water. Therefore, the first line of defence is to eliminate breeding grounds.

1. **Clear Stagnant Water:** Regularly check and empty water from coolers, flowerpots, pet bowls, discarded tyres, and any other containers that can collect water, both inside and outside your home. Do this at least once a week.
2. **Use Mosquito Repellents:** Apply child-friendly mosquito repellents on exposed skin when children are outdoors, especially during dawn and dusk when mosquitoes are most active.
3. **Dress for Protection:** Encourage children to wear long-sleeved shirts and long pants, particularly when playing outdoors.
4. **Mosquito Nets:** Use mosquito nets over beds, especially for infants and young children, to provide an extra layer of protection while they sleep.
5. **Maintain Cleanliness:** A clean environment, both inside and outside the home, significantly helps in preventing mosquito breeding.

Recognising Symptoms

Early detection is vital. In children, dengue symptoms can sometimes be mistaken for other viral infections. Look out for:

- High fever
- Severe headache
- Body aches and joint pain
- Nausea and vomiting
- Rash

If your child develops these symptoms, especially a high fever, it's crucial to consult a paediatrician immediately.

There is no specific cure, so care focuses on comfort and hydration. Offer plenty of fluids, ensure rest, and never give aspirin or ibuprofen, as these can increase bleeding risk. Always follow your doctor's guidance.

The monsoon need not be a season of fear. With awareness and small daily habits, we can keep dengue at bay. Your paediatrician is always your best ally—together, we can ensure a safe, joyful, and healthy rainy season for our children.

(The author is Sr. Consultant — Paediatrics & Neonatology, Pacific OneHealth)

The Muddy Boot Rule and Other Monsoon Habits

Every infection your child gets during monsoon is a metabolic event.

By Dt. Kanikka Malhotra

Here is what most parenting advice gets wrong about monsoon: it frames protection as rule making. Shoes at the door. Don't play in puddles. Dry your bag. These sound like cleanliness theatre. They are not.

Every infection your child gets during monsoon is a metabolic event. When waterborne pathogens damage the intestinal lining, the lining remains permeable for weeks after the acute illness resolves. Iron passes through unabsorbed. Zinc is wasted. Your child is eating, but her body is not receiving nutrition. This is called post-infection malabsorption. It is not temporary. Research shows children with two or more infections before age 5 have measurably slower metabolic rates by adulthood, altered glucose regulation, and increased metabolic disease risk by age 30. The infection was resolved. The metabolic consequences remained.

The monsoon habits you are about to build are not about this season only. They are about writing better metabolic instructions into your child's body right now.

The protocol is three fold: Remove the vector (muddy shoes, damp bags, wet clothes). Prevent the exposure (hand washing, avoiding stagnant water). Prepare the immune system (the lunch box below).

Your Monsoon Lunch Box Strategy

Warm rice with ghee and turmeric mixed through. Soft moong dal topped with one tablespoon roasted sesame seeds. One piece of jaggery. One piece of citrus.

Why this works: Ghee's butyrate feeds the intestinal epithelium and prevents the permeability that infections cause. Moong dal is the easiest pulse to digest when immunity is strained. Sesame delivers zinc and calcium that infections deplete. Jaggery's iron plus citrus's vitamin C equals enhanced absorption. Together, you are not just feeding your child. You are feeding the intestinal lining that will protect her through monsoon's pathogen-dense months.

Fifteen minutes to prepare. Under Rs. 25. This is the investment that pays across a lifetime.

(The author is Lead – Corporate Health Wellness & Workforce Health, Pacific OneHealth)

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Rhimjim Sawan Comes With Nostalgia & Risks For Elders

Older adults should stay safe, avoid risks and enjoy the beauty of rain with dignity and confidence.

By Dr. G S Grewal

For older adults, the monsoon is not merely a season of poetic rains and nostalgic memories; it is also a time when vulnerabilities surface and everyday routines are disrupted.

To truly understand the impact of the monsoon on older adults, we must look beyond laughter and confront the risks that demand vigilance, care, and community support.

The monsoon brings relief from the scorching summer, but for older adults, it also ushers in a host of hidden health risks; older adults must be cautious of the challenges this season poses to their well-being.

Awareness and timely precautions can be the difference between enjoying the monsoon and suffering its consequences. Some of the issues that the elderly need to attend to are:

Infections and Immunity

The damp environment during the monsoon is fertile ground for bacteria, viruses, and fungi. Elderly individuals with weakened immunity are especially vulnerable. Infections that see a sudden increase during the monsoon are mostly respiratory infections, such as pneumonia and bronchitis; gastrointestinal illnesses, such

as diarrhoea and typhoid due to contaminated water can also be a worry. Skin infections are caused by fungal overgrowth under humid conditions.

Preventive steps include safe drinking water, maintaining hygiene and avoiding crowded places where infections spread easily. Adult vaccines play an important role. These include:

a) Vaccine against Influenza—commonly called 'flu' vaccine—taken every year at the start of the monsoon.

b) Vaccine against Pneumonia—taken once in a lifetime.

c) Vaccine against Typhoid-taken once in ten years.

d) Vaccine against Hepatitis B—taken once in ten years.

e) Vaccine against Herpes (Shingles)—taken once in a lifetime (2 doses 2 months apart).

Vector-Borne Diseases

Stagnant water is a breeding ground for mosquitoes, increasing the risk of dengue, malaria, and chikungunya. These illnesses can be more severe in older adults owing to pre-existing conditions.

Prevention is vital: using mosquito nets and repellents and ensuring there's no water stagnation around homes are key safeguards.

Exacerbation of Chronic Illnesses

Monsoon can aggravate existing health problems.

- Asthma/COPD worsen upon exposure to damp air/fungal molds.
- Arthritis and joint pain flare up due to high humidity levels.
- Cardiac conditions may destabilise with changes in temperature.

Prevention is achieved through regular medication adherence and timely medical checkups.

Falls and Injuries

Slippery roads, wet floors, and poor visibility increase the risk of falls, which is a major hazard for older adults. Fractures and head injuries can have long-term consequences.

Prevention includes strictly adhering to the use of non-slip footwear, walking aids, and adequate lighting at home, checking for frailty and sarcopenia, and taking steps to combat both with help from physiotherapy experts.

Nutrition and Digestion

Monsoons often disrupt digestion. Elders may experience bloating, indigestion, and reduced appetite. Humidity can reduce the activity of digestive enzymes.

Avoiding street food and raw salads is a safe option; instead, opt for warm, freshly cooked meals, herbal teas, and probiotics to maintain gut health.

Mental Health Concerns

Continuous rains and limited mobility can lead to isolation, boredom, and even depression.

Elders benefit from engaging in indoor hobbies and light exercise and maintaining social connections through phone/video calls.

Conclusion

Although the monsoon season is refreshing, it carries hidden dangers for the elderly. With foresight and preventive care, older adults can minimise these risks. Families and communities must work together to ensure that older adults not only stay safe but also enjoy the beauty of rain with dignity and confidence.

(The author is Director - Senior Care+ Programme, Pacific OneHealth; Chairman of Wellness Health & You; Past President Delhi Medical Association; Hony Secretary General, Age-Care India; Mentor, Age-Friendly India Initiative; Editor-In-Chief, VOICE OF ELDERS.)

Move It: Monsoon Exercises for Elders

Overcome weakness and fear of falls through simple easy-to-do movements.

By Dr Vikrant Bhardwaj

The monsoon months quietly steal something from elderly Indians that they cannot afford to lose: movement. Wet floors, grey skies, and the reasonable fear of slipping keep many older adults confined indoors for weeks at a stretch. The result — weakened muscles, stiffer joints, and a deteriorating sense of balance — sets the stage for the falls and fractures that send more elderly patients to hospital during July and August than at any other time of the year.

The good news: five simple exercises, requiring no equipment and minimal space, can comprehensively counter these risks. Do them daily. However, it would be prudent to check with your physiotherapist / doctor before taking up any exercise

1. Seated Leg Raises (Uttanpadasana variation)

Sit upright on a firm chair with feet flat on the floor. Slowly lift one leg straight out, hold for three seconds, lower it, and repeat with the other leg. Perform 10 repetitions per leg.

Benefit: Strengthens the quadriceps — the most critical muscle group for rising from a chair and preventing knee buckle during standing.

2. Wall Push-Ups

Stand facing a wall, arms extended, palms flat against the surface at shoulder height. Bend the elbows slowly to bring the chest toward the wall, then push back. Perform 10–12 repetitions.

Benefit: Builds upper body and core strength with zero fall risk — safer than floor push-ups for older adults.

3. Heel-to-Toe Walking (Tandem Walk)

Walk in a straight line placing the heel of one foot directly in front of the toes of the other, as if on a tightrope. Walk 10 steps forward and 10 steps back. Use a wall for support if needed.

Benefit: Directly improves balance and coordination — the most effective single exercise for reducing fall risk.

4. Ankle Circles

Seated, lift one foot slightly off the floor and rotate the ankle in slow circles — 10 clockwise, 10 anticlockwise — then switch feet.

Benefit: Maintains ankle joint mobility and improves proprioception (the body's sense of its own position), critical for stable walking on uneven monsoon surfaces.

5. Shoulder Rolls and Neck Stretches

Sit tall. Roll both shoulders slowly backward five times, then forward five times. Gently tilt the head to the right, hold five seconds, return to centre, repeat left. Perform three sets.

Benefit: Relieves the muscle tension and stiffness that humidity and reduced activity compound during monsoon months, and maintains cervical mobility.

Always consult your physician before beginning a new exercise routine, particularly if you have cardiovascular, orthopaedic, or neurological conditions.

(The author is Director, Physiotherapy and Rehabilitation, Pacific OneHealth)

Keralam's Bold Bet: India's First Department for the Elderly

The new government has set an example for other states with ageing populations.

By OneHealth Bureau

When Keralam's newly elected UDF government held its first cabinet meeting, it announced a decision no Indian state had made before: a standalone department dedicated exclusively to the elderly. Quiet in its phrasing but momentous in its implications, the announcement signals that at least one Indian state has begun to treat its ageing population not as a welfare problem to be managed, but as a demographic reality that demands governance of its own.

The numbers make the urgency impossible to ignore. A Reserve Bank of India study projects that **Kerala's elderly population will reach 20.9% by 2031 and 22.8% by 2036 — among the highest in the country.** Rising migration of younger generations, crumbling joint family structures, and a dip in population replacement ratio has made Keralam a land of the aged. This has led to inadequate community care systems leaving tens of thousands of elderly Keralites in a precarious position that existing departments — spread across health, social welfare, and revenue — have been structurally unable to address cohesively.

STRATEGIC POLICIES

Civil society has been demanding exactly this change. Biju Mathew, head of HelpAge India, articulated the distinction that policymakers have long blurred:

> **"Welfare of the elderly does not mean welfare schemes and pensions. We need strategically prepared policies and projects for the empowerment of the ageing population. From age-friendly infrastructure to better healthcare, the focus should be on their empowerment.**

That distinction — between welfare and empowerment — is at the heart of this initiative. Keralam's new department is being modelled on Japan's comprehensive elder-care framework, which recognises two fundamentally different populations within the aged: the 'young-old' (60–69), who remain active, seek flexible work, social engagement, and preventive health programmes; and the 'old-old' (80+), who require intensive, sustained clinical and personal care. Conflating the two has been India's policy error for decades.

What Keralam has done is not merely administrative. It is an acknowledgement that ageing is not a phase of decline to be managed cheaply, but a stage of life that deserves the same institutional seriousness we give to education or employment. If this philosophy is implemented with the rigour its design demands, it may well become the template that every Indian state with a greying population — Maharashtra, Tamil Nadu, Punjab, Himachal Pradesh — eventually follows.

The rest of India would do well to watch Keralam closely this time.

POLICY FEATURE

Assam Leads the Way: A Law to Protect the Elderly

By OneHealth Bureau

The rapid growth of India's elderly population has lent new urgency to the need for stronger social and legal protection for senior citizens. In this context, Assam has taken the lead by introducing legislation that builds on the framework established by the **Maintenance and Welfare of Parents and Senior Citizens Act, 2007**. Assam has thus become the first state to strengthen the legal framework protecting the rights and welfare of older adults.

The new law makes it incumbent upon children and legal heirs to provide care and financial support to their elderly parents. More importantly, the law goes a step further by highlighting elder abuse, exploitation, neglect, and abandonment as serious issues that call for interventions. It is now possible for the elderly to seek timely help without having to navigate complicated procedures, thanks to designated complaint mechanisms and faster administrative responses.

By placing greater emphasis on protection, dignity, and access to support services, Assam has built upon the central legislation of 2007, which provides a safety net for parents by allowing them to claim maintenance through tribunals.

Says **Dr G S Grewal**, Director, Senior Care+ Programme, Pacific OneHealth,

"Assam's new law recognises that elder care is more than just a family responsibility; it is a matter of public health policy. Clear reporting mechanisms can encourage early intervention before neglect escalates to abuse.

Assam's initiative lays down a clear path for other states to follow. With India's elderly population set to rise sharply over the next few decades, it becomes important for states to recognise elder abuse, improve access to grievance redressal for the elderly, and strengthen legal safeguards. Together, these measures can help create a safer and more dignified environment for millions of senior citizens.

COMPARATIVE FEATURE

Japan's Lesson for India: What the Kerala Model Borrows

By OneHealth Bureau

India's demographic transition is well and truly underway, and one state is preparing for it in earnest. Kerala, with its newly established Department for Senior Citizens, is looking to learn from Japan's experience and adapt the country's most successful ideas to Indian realities. Japan is the world's oldest society, with one in three citizens aged 65 or older.

Japan's experience offers several lessons that extend well beyond healthcare. One of the clearest is community-based care, a core strength of the Japanese system.

The Japanese system is so designed that local governments, rather than relying solely on hospitals and nursing homes, coordinate healthcare, rehabilitation, home visits, and social support. The idea is to ensure healthcare for the elderly even as they continue to live independently within their communities. The result is fewer hospital admissions, greater independence and dignity, and stronger social connections.

Another area Kerala is looking at is intergenerational living. In Japan, older adults and younger families live side by side, sharing neighbourhood spaces and supporting one another. Kerala aspires to develop housing models that foster family and community engagement within the state.

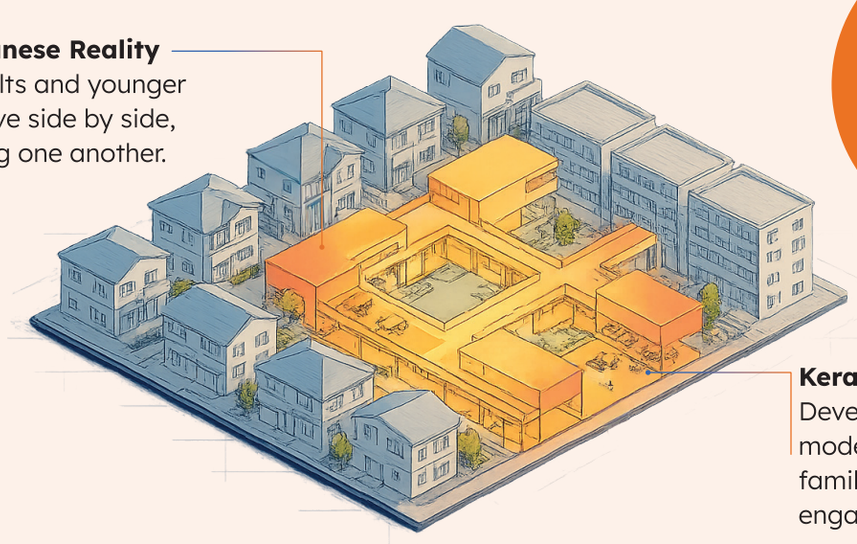
Replicating the Japanese investment model is something Kerala plans to do. Investing in 'preventive healthcare for the young-old' ensures that Japan helps active, employed, and socially engaged people aged 60 to 69 delay frailty and improve their quality of life.

Just like in Japan, the geriatric workforce in Kerala could undergo structured education and certification, ensuring standardised elder care.

With India's elderly population projected to exceed 340 million by 2050 (according to UNFPA), ageing needs to be seen not through a welfare lens but through a public health one. In this context, Kerala's initiative, if it succeeds, could provide a blueprint for the rest of India. Preparing for an ageing population needs to be more about building healthier, connected communities than about building nursing homes.

Intergenerational living fosters shared spaces and shared lives

The Japanese Reality
Older adults and younger families live side by side, supporting one another.



Kerala's Aspiration
Developing housing models that actively foster family and community engagement.

Post-War Effect, El Niño and Your Thali: Eating Sensibly When Prices Rise

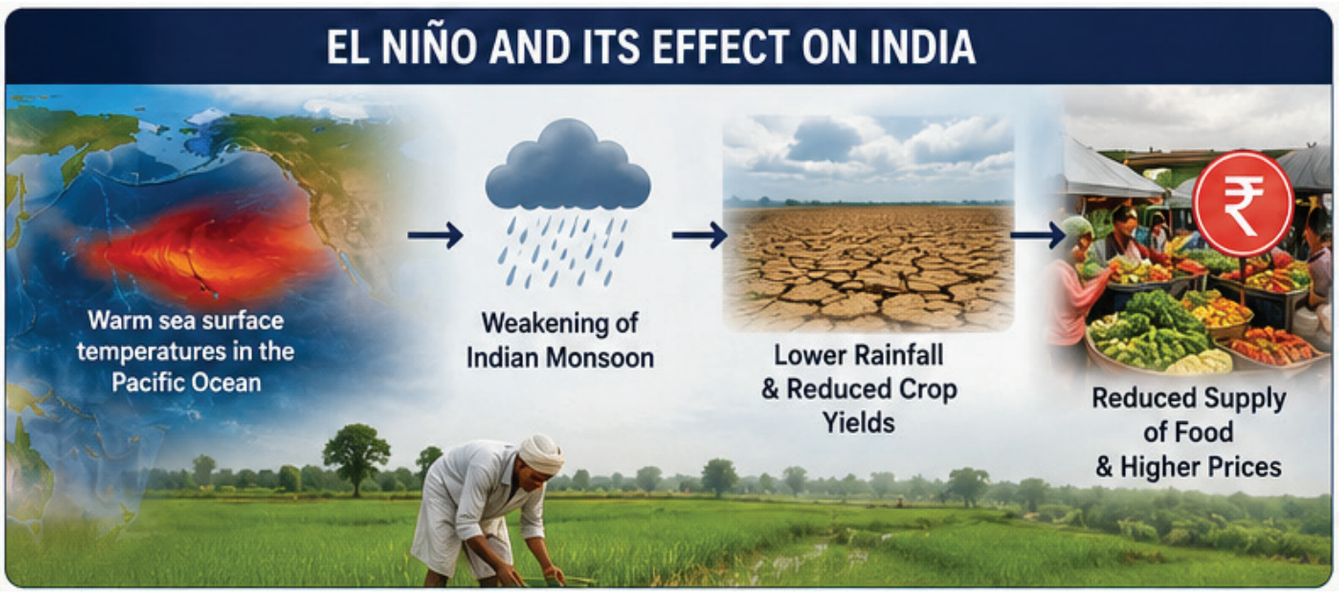
Monsoon is the ideal season for detoxification

By Dt. Lavanya Gupta

Major climate events like El Niño can disrupt rainfall, reduce crop production, and push up food prices. This can make healthy eating more challenging, but not impossible. By choosing seasonal, locally available, and affordable foods, families can continue to enjoy a balanced diet without putting extra strain on their budget.

In June, many parts of India received significantly below-normal rainfall, impacting the supply of vegetables, pulses, and other staples. Even so, healthy eating is still possible by choosing seasonal, locally available, and affordable foods to build a balanced Indian thali. Between June 1 and 22, half of India had received deficient rainfall (20% to 59% below the expected normal).

INDICATOR	LATEST FIGURE
Consumer Food Price Inflation (India, May 2026)	**4.78%**
Overall Retail Inflation (May 2026)	**3.93%**
India's crude oil import dependence	**~85%**
Probability of El Niño (2026–27)	**61–87%**
FAO Food Price Index (May 2026)	**130.8 points**



Building a Smart Indian Thali

A healthy Indian thali doesn't have to be expensive. Build your plate with everyday foods like dal, roti, rice, curd, and seasonal vegetables. If one vegetable becomes costly, choose affordable alternatives such as lauki, pumpkin, cabbage, tinda, or bhindi. Adding millets like bajra, jowar, or ragi to your meals boosts nutrition without increasing the cost. Simple habits like buying seasonal produce, making buttermilk at home, and planning meals can help your family eat well while staying within budget.

Affordable Protein Alternatives

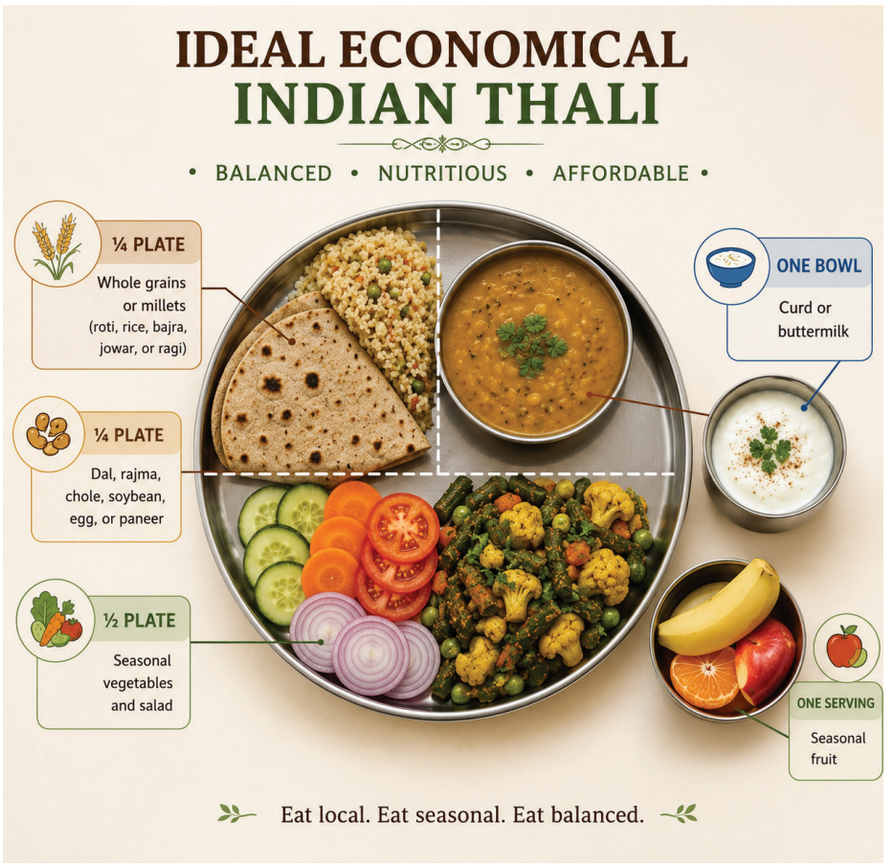
Nutritious protein doesn't have to be expensive. Dal, chana, rajma, soy chunks, groundnuts, eggs, and milk are budget-friendly options. Simple meals like dal-rice, khichdi, or roti with chana or rajma provide good-quality protein while keeping your food budget in check.

Seasonal Buying Tip

Choose seasonal fruits and vegetables—they are fresher, more nutritious, and usually cost less. Local produce like guava, papaya, spinach, pumpkin, or cauliflower (depending on the season) helps you save money while adding vitamins, minerals, and fibre to your daily meals.

DID YOU KNOW?

The **World Health Organization (WHO)** recommends eating **at least 400 g (five portions)** of fruits and vegetables each day to help reduce the risk of heart disease, stroke, type 2 diabetes, and some cancers.



Budget-Friendly Immune-Boosting Food

A strong immune system is built through a balanced diet, regular physical activity, adequate sleep, and good hydration—not by any single food.

- **Guava**
- **Citrus fruits (lemons, oranges, mosambi)**
- **Amla (Indian gooseberry)**
- **Dark green leafy vegetables**
- **Papaya**
- **Turmeric and ginger**

Conclusion

Rising food prices due to El Niño and other market disruptions can strain household budgets, but healthy eating is still possible. Choose seasonal, locally available foods like pulses, millets, fruits, and vegetables—they are nutritious, affordable, and recommended by ICMR-NIN (2024), FAO, and WHO. With smart meal planning, reduced food waste, and informed food choices, you can nourish your family without overspending.

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(The author is Senior Nutritionist, Pacific One Health)

MYTH BUSTER

Monsoon Food Myths vs Facts

By Rajshree Banerjee

Every monsoon brings a familiar mix of food traditions and dietary advice. But which recommendations truly deserve a place at your table? Let's explore the science behind them:

MYTHS	FACTS
Fish is unsafe to eat during the monsoon.	Fish is safe if fresh, hygienically handled, and sourced from a trusted vendor. Food safety depends on quality and storage, not the season.
Eating curd worsens a cold or cough.	Curd contains beneficial probiotics that support gut health and immunity. Unless a doctor advises otherwise, moderate consumption is generally safe.
All non-vegetarian food should be avoided in the monsoon.	Properly cooked chicken and eggs are safe and nutritious. The key is thorough cooking and safe food handling.
Papaya causes miscarriage.	Ripe papaya is safe during pregnancy. However, excessive intake of unripe or semi-ripe papaya should be avoided, as it contains latex.
Fasting cures monsoon-related diarrhoea	ORS, adequate hydration, and light, nourishing foods aid recovery. Seek medical advice if symptoms persist.

Quick Quiz?

1. What makes fish safe to eat during the monsoon?

A). Eating only frozen fish.

B). Avoiding fish completely.

C). Cooking with extra spices.

D). Freshness, proper storage and hygienic sourcing.

(Answer: D)

2. Which statement about curd is correct?

A). It always worsens a cough.

B). It contains probiotics that support gut health and immunity.

C). It should never be eaten during the monsoon.

D). It causes infections during rainy weather.

(Answer: B)

3. What is the recommended approach to managing diarrhoea?

A). Stop eating until symptoms disappear.

B). Drink only tea or coffee.

C). Take ORS, stay hydrated, and continue light, nutritious meals.

D). Avoid all fluids.

(Answer: C)

(The author is Medical Writer at Pacific OneHealth)

Special Diet for A Special Season

A herbal diet is at the centre of the monsoon menu in Keralam.

By Shankar Raj

After a scorching summer, Keralam always looks forward to its seasonal romance with the monsoon. Though every monsoon is a downpour, this year the rainfall pattern has drastically changed due to the El Niño effect. Yet, the monsoon season (roughly June to September) has traditionally been regarded as the best time for Ayurvedic rejuvenation (Rasayana Chikitsa) and cleansing therapies (Panchakarma) in Keralam. Many flock to the state for monsoon therapy, but this year, medical tourism has been badly hit due to the war.

But that is not the topic of discussion here. It is about the special monsoon diet. According to Ayurveda, the cool, humid climate is believed to make the body more receptive to a special herbal diet designed to ease digestion. This is because digestion becomes weaker and the body is believed to be more receptive to cleansing and nourishing therapies.

Another theory is that the tough summer months make fresh vegetables scarce. During monsoon, those dependent on agriculture are jobless after sowing operations and thus opt for a frugal diet.

Whatever the theories, the star of the monsoon diet is the Karkidaka Kanji (Karkidakam is the Malayalam month when it pours

and life, in earlier times, used to come to a standstill). The gruel is also known as Oushadha Kanji.

Karkidaka Kanji is basically a medicinal rice porridge prepared with herbs, rice, coconut milk, and spices. It is normally consumed during Karkidakam to support digestion and immunity.

Its base is Njavara rice, a unique medicinal grain from Keralam known for its deeply nourishing and tissue-regenerating properties. These days, Njavara is hardly cultivated in the state, making the rice costly.

The herbs infused into the rice include Dashapushpam (the ten sacred herbs of Keralam), Panchakolam (a mix of warming spices), coconut milk, and ghee.

In this modern era, Karkidaka Kanji is available in ready-to-cook packs depending on family size. Some speciality restaurants in Keralam have this porridge part of their menu during Karkidakam month.

According to Ayurveda, taken once daily (usually for breakfast or dinner), it drastically improves gut health, eliminates toxins (Ama), and dramatically boosts physical immunity.

If you do not like the taste of Karkidaka Kanjji, try a soothing preparation of Moong Dal Khichdi laced with a teaspoon of pure cow's ghee. This is considered as the ultimate healing meal.

(The author is a senior health journalist and Consulting Editor at OneHealth Life)

Monsoon Yoga: Flow with the Rain in Natural Rhythm

The rainy season is an ideal time to finetune the body and boost the diminished Agni.

By Dr. Preeti Chhabra

In Ayurveda, the monsoon — Varsha Ritu — is governed by Vata dosha. The environment seems heavy, slow, damp, and cool. The body mirrors the external environment. Energy drops, digestion slows, joints ache, and the mind turns sluggish. Left unchecked, this seasonal heaviness invites illness. The correct yoga response is not to surrender to the slowness but to counterbalance it — with warming, invigorating practice that kindles the body's diminished Agni (digestive fire) to prevent Vata from aggravating further. The six practices below are specifically chosen for this purpose.

1. Surya Namaskar — Sun Salutation (4-Round Version)

Flow through the classic sequence — forward fold, plank, Cobra, downward dog, return — one breath per movement, for four rounds rather than the usual twelve.

Beginner's modification: Keep knees down in plank and Cobra.

Duration: Approximately 4 minutes.

Benefits: Generates internal heat rapidly, counteracting Kapha heaviness and warming stiff joints before deeper practice.

2. Trikonasana — Triangle Pose

Stand with feet wide apart, right foot turned out. Extend arms parallel to the floor, reach the right hand toward the shin or ankle, left arm pointing skyward. Hold, then switch sides.

Beginner's modification: Rest

the lower hand on the shin; use a wall for support.

Duration: 30 seconds each side, repeated twice.

Benefits: Relieves postural stiffness accumulated during sedentary monsoon days and stimulates the liver and kidneys.

3. Bhujangasana — Cobra Pose

Lie face down, palms beneath the shoulders. Inhale, press into the palms, and lift the chest off the floor, elbows slightly bent, lower body grounded. Lower on the exhale.

Beginner's modification: Lift only a few inches — a low Cobra delivers the full benefit.

Duration: Hold 20–30 seconds; repeat three times.

Benefits: Opens the chest and lungs against damp-air congestion; strengthens the spine.

4. Kapalbhati Pranayama — Skull - Shining Breath

Sit tall. Inhale normally, then perform a sharp, forceful exhalation through the nose by contracting the abdomen. The inhalation is passive — all the effort is in the pumping exhale.

Beginner's modification: Begin with 20 pumps per round; never force the pace.

Duration: 3 rounds of 30 pumps each, with rest between rounds.

Benefits: Directly stimulates Agni, clears respiratory mucus, and counters the mental fog of Kapha-heavy days.

5. Anulom Vilom — Alternate Nostril Breathing

Close the right nostril with the thumb, inhale through the left. Close the left with the ring finger, exhale through the right. Inhale right, close it, exhale left. This is one cycle.

Beginner's modification: Start with five cycles; there is no forced breath — everything measured and calm.

Duration: 10 complete cycles (approximately 5 minutes).

Benefits: Balances the nervous system, reduces anxiety triggered by erratic monsoon weather, and improves lung capacity.

6. Shavasana with Body Scan — Corpse Pose

Lie flat, arms slightly away from the body, palms up. Eyes closed. Move awareness slowly from the crown of the head downward — forehead, jaw, shoulders, chest, abdomen, hips, legs, feet — consciously releasing tension at each point.

Beginner's modification: Place a folded blanket under the knees for lower back comfort.

Duration: 5 minutes minimum.

Benefits: Activates the rest-and-digest response and counteracts the low-grade stress that climate disruption generates.

Safety Note: Avoid all inversions — headstand, shoulder stand, plough pose — during the monsoon. Atmospheric pressure fluctuations this season can trigger blood pressure changes that make inversions risky, particularly for those with undiagnosed cardiovascular conditions.

Your 15-Minute Daily Monsoon Routine

- Minutes 1–4 **Surya Namaskar** — 4 rounds
- Minutes 5–6 **Trikonasana** — 30 seconds each side, twice
- Minutes 7–8 **Bhujangasana** — 3 holds
- Minutes 9–11 **Kapalbhati** — 3 rounds of 30 pumps
- Minutes 12–13 **Anulom Vilom** — 10 cycles
- Minutes 14–15 **Shavasana with body scan**

This sequence needs no equipment, no studio, and no prior experience — only a room large enough to lie down in.

(The author is Senior Consultant Ayurveda with over three decades of clinical experience. Honoured as a RAV Guru (Rashtriya Ayurveda Vidyapeeth) by the Ministry of AYUSH, Govt. of India, she is renowned for her expertise in clinical research and traditional healing.)

Panchakarma Season: The Body's Monsoon Reset

Monsoon is the ideal season for detoxification

By Dr Manish Sharma

In a year when El Niño is rewriting India's monsoon patterns, the body too faces an unusual season—variable heat, erratic humidity, disrupted food supply, and a weakened immune baseline. Ayurveda, remarkably, anticipated exactly this kind of seasonal stress. It designates the monsoon—Varsha Ritu—as the optimal window for Panchakarma, its ancient detoxification system. The reasoning is physiological: monsoon humidity opens the body's channels (srotasa), Agni (digestive fire) naturally ebbs, and accumulated toxins (Ama) become mobile and more readily expelled. The body, in other words, is primed to release what it has been holding.

The Five Procedures

Panchakarma — literally "five actions" — is not a single treatment but a coordinated therapeutic sequence, prescribed individually:

- **Vamana (therapeutic emesis):**

clears Kapha-linked congestion from the upper respiratory and digestive tract.

- **Virechana (purgation):**

eliminates Pitta-linked toxins through the lower GI tract; highly effective for skin, liver, and metabolic conditions.

- **Basti (medicated enema):**

the most powerful of the five; addresses Vata imbalances including joint pain, anxiety, and constipation.

- **Nasya (nasal administration of oils):**

clears toxins from the head and neck region; beneficial for sinusitis, migraines, and mental fog.

- **Raktamokshana (bloodletting/ leech therapy):**

used selectively for skin disorders and inflammatory conditions.

Home Protocol

Three simple practices approximate Panchakarma's benefits:

1. Daily Abhyanga self-massage with warm sesame oil supports lymphatic flow and calms Vata.
2. Alternate-day steam inhalation with tulsi, ajwain, and cloves clears the respiratory tract.
3. Twice-daily ginger, tulsi, and black pepper tea boosts Agni, immunity, and energy.

Consult an Ayurvedic physician before beginning any Panchakarma regimen.

(The author is Lead - Medical Relations, Pacific OneHealth)

Monsoon and Mental Fog: Staying Sharp When the Sky is Grey

Learn to stay in rhythm with the monsoon tune of pitter-patter

By Dr Aastha Dewan

The monsoon's arrival brings relief from summer heat — cooler air, greener surroundings, the comfort of a hot cup of tea by the window. But alongside this beauty, the season quietly affects something many of us overlook: our mental clarity.

Have you noticed feeling more sluggish on rainy days — concentration issues, simple decisions taking longer, motivation slipping away? This is often called "mental fog." It isn't a medical diagnosis, but it is a very real, very common experience.

Why does the monsoon affect our minds?

The brain responds to environmental change more than we realise. Reduced sunlight during monsoon can lower serotonin, the chemical regulating mood, energy, and focus. Cloudy weather disrupts sleep patterns, leaving people tired even after a full night's rest. Daily routines also shift — less time outdoors, reduced physical activity, unpredictable commutes — and these accumulate into a mental drain that's easy to feel but hard to name.

Don't mistake fog for laziness

Many people are unfairly hard on themselves during low-concentration days, assuming they are becoming less capable. The truth is different: mental fog is often the brain signalling that it needs better care, not more pressure. The goal isn't relentless productivity — it's maintaining steady energy and sound decision-making.

Five practical resets

Start with natural light. Even cloudy daylight is far brighter than indoor lighting. A few minutes by a window or a short morning walk helps the brain wake up before diving into stress-inducing emails.

Keep moving. The brain functions best with circulation. Short stretches, stair climbs, or standing during calls reduce stress hormones and sharpen focus — no workout required.

Prioritise, don't overload. A long to-do list deepens fog-induced pressure. Identify the three most important tasks and complete those first; consistent progress matters more than checking every box.

Fuel wisely. Monsoon cravings for fried snacks and sweets are real, but relying on them worsens sluggishness. Balanced meals and adequate water matter — reduced thirst sensation in monsoon often causes unnoticed dehydration, a common cause of headaches and poor concentration.

Take guilt-free breaks. The brain sustains deep focus for limited stretches. A five-minute pause every couple of hours — stepping away, looking outside, a few deep breaths — restores concentration better than pushing through for hours.

Stay connected

Grey weather can quietly encourage social withdrawal. Human connection supports emotional wellbeing — a conversation with a colleague or a call to a friend can meaningfully lift mood.

When fog doesn't lift

If low mood, poor concentration, or sleep changes persist for several weeks and begin affecting daily life, professional help is warranted. Mental health deserves the same attention as any persistent physical symptom — and early intervention leads to faster recovery.

The monsoon doesn't ask us to shut down, only to slow down — working with the mind's rhythms rather than against them.

(The author is a Psychotherapist and Senior Consultant — Mental Health Department, Pacific OneHealth, New Delhi)

The Drug That's Changing Pancreatic Cancer: Daraxonrasib

By Dr Preetaish Kaul

Pancreatic cancer presents a formidable challenge. For decades, it has baffled doctors, intimidated patients, and frustrated researchers. Dubbed 'a silent killer', it often leaves patients with limited treatment options, for in the near absence of symptoms, it is rarely detected before it has spread beyond the pancreas. Among all the major cancers, pancreatic cancer has one of the lowest survival rates.

Notwithstanding the problems, the bleak picture might finally be brightening, courtesy of a new experimental drug, Daraxonrasib.

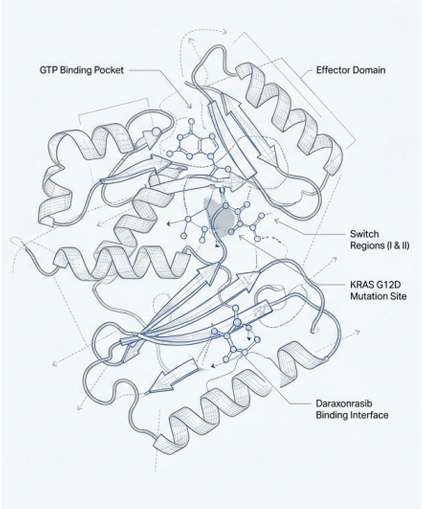
Demonstrating a significant survival benefit among patients with advanced pancreatic cancer, Daraxonrasib has the global oncology community immensely excited. Having received extensive regulatory support in the United States, including FDA Breakthrough Therapy designation and permission to initiate an Expanded Access Programme (EAP), the drug is being used in eligible patients with previously treated metastatic pancreatic ductal adenocarcinoma (PDAC) prior to full regulatory approval.

Cancer Treatment Reimagined

Daraxonrasib targets the RAS signalling pathway, one of the most important biological drivers of pancreatic cancer. Unlike chemotherapy, which generally targets rapidly dividing cells throughout the body, the drug slows cancer progression by specifically targeting mutations responsible for uncontrolled cell growth.

The RAS signalling pathway in our bodies can be thought of as a switch that's flicked on when cells need to grow and turned off when the job is done. In pancreatic cancer, this switch cannot be turned off because of some mutations in the RAS protein, resulting in uncontrolled cell growth, a.k.a. cancer.

Daraxonrasib works by attaching to this protein, the activated form of the RAS protein, thereby interrupting the growth signals and considerably slowing cancer progression. Since the drug specifically targets a molecular abnormality rather than all rapidly dividing cells and healthy tissues, researchers hope it may offer much greater precision and far fewer side effects than conventional chemotherapy.



Why are Doctors Excited

Daraxonrasib has shown considerable promise in several clinical trials. A large international trial showed that the drug improved median survival to 13.2 months, compared with 6.7 months for patients on standard chemotherapy. Patients on Daraxonrasib also report fewer treatment-related side effects and significantly improved quality of life.

> **"The improved median survival rates, greater precision, and fewer side effects mean that Daraxonrasib holds tremendous promise for the treatment of advanced pancreatic cancer. With this drug, we expect things to get significantly better**

says **Dr Amit Upadhyaya,** Director, Oncology, Pacific OneHealth.

What is the Expanded Access Programme

The FDA's Expanded Access Programme offers patients with serious life-threatening illnesses who have exhausted all treatment options a path to access experimental drugs. It helps patients who cannot participate in clinical trials access these drugs.

Being enrolled in the Expanded Access Programme doesn't mean access is automatic. After the treating physician initiates a request on behalf of an eligible patient, the request is evaluated individually under specific clinical and regulatory criteria, and access is granted only if these criteria are met.

The Indian Context

Daraxonrasib has not received regulatory approval in India, and so the drug cannot be accessed through routine clinical paths. Indian oncologists may, however, explore mechanisms such as international clinical trial enrolment and manufacturer-driven compassionate access to make the drug available to eligible patients.

As evidence in favour of the drug continues to mount, experts approach it with cautious optimism. Says **Dr Devvrat Arya,** Principal Director, Medical Oncology, Max Institute of Cancer Care,

> **"Daraxonrasib targets the disease's biology rather than just treating its consequences, and therefore represents a significant advance. We must remember, though, that it is an investigational therapy, and long-term outcomes will become clearer only with continued research.**

Although doctors and researchers continue to tread cautiously, they are also exploring whether Daraxonrasib can be combined with immunotherapy, surgery, or other targeted therapies to improve outcomes.

For patients and families living with pancreatic cancer today, Daraxonrasib is the beginning of a new chapter. In offering improved survival rates, fewer side effects, and better quality of life, it holds out hope—hope being shaped by science rather than chance.

(The author is the Consulting Medical Editor at OneHealth Life)

Daraxonrasib: What This Means for India's Cancer Patients

By Dr Preetaish Kaul

Daraxonrasib has brought hope for cancer patients in India. However, there are a few questions they need answered before they can feel confident about the drug making a difference to their lives: Is the drug available in India? Who's the ideal candidate for the drug? How do patients get access?

With pancreatic cancer, the most formidable challenge is diagnosis. Known as the 'silent disease', symptoms—persistent abdominal pain, unexplained weight loss, jaundice, or severe fatigue—begin to appear only after the disease has advanced beyond the pancreas, which is why the disease is often diagnosed only at an advanced stage. This means fewer than one in ten people can avail of the only potentially curative treatment option—surgery.

Given that Daraxonrasib has not yet been approved for routine clinical use in India, the only ways patients can access the drug are by enrolling in international clinical trials or by having their treating oncologist secure manufacturer-supported compassionate access.

Early detection is the best bet for patients with pancreatic cancer. It is particularly important for people with a strong family history of pancreatic cancer, chronic pancreatitis, or new-onset diabetes after the age of 50 to discuss appropriate surveillance with their doctor. While it is true that there is no specific screening test recommended for pancreatic cancer, high-risk individuals can benefit from close monitoring by specialists.

> **"It's not about being cured. Just the realisation that I now have treatment options available and there's something that can be done is a big relief**

says 55-year-old **Saurabh Srivastav**, who was diagnosed early this year.

It is this sense of hope that Daraxonrasib has kindled among patients of advanced pancreatic cancer. Pancreatic cancer care has thus received a much-needed shot in the arm.

(The author is the Consulting Medical Editor at OneHealth Life)

When the Sky 'Lights' Up and Growls, Take Cover

Simple steps when a thunderbolt strikes can save your life.

By Yashi Shrivastav

Among the causes of deaths due to natural hazards in India, lightning is a surprisingly common cause — an average of over 2,000 deaths every year, according to National Crime Records Bureau data. With El Niño's monsoon disruption this year, storm patterns are likely to turn more erratic, and experts warn this toll could climb.

Lightning is most dangerous just before and during an active thunderstorm not necessarily during rainfall. Most victims are caught outdoors with time to rush to a safe spot but don't act quickly enough.

The golden rule is 30-30: if you count 30 seconds or less between a lightning flash and the thunder that follows, the storm is within 10 km; go indoors immediately. Wait at least 30 minutes after the last flash or rumble before stepping out again.

If caught in the open with no shelter, avoid isolated trees, tall structures, open fields, and water bodies. Move away from windows, unplug electronics, and stay off corded phones. If your hair stands on end or skin tingles, it is a warning sign that lightning is imminent. Then drop into the "lightning crouch": feet together, weight on the balls of your feet, hands on knees, head down. Never lie flat; this increases ground-current exposure.

A persistent myth is that rubber footwear or tyres offer protection. They don't; a bolt that has crossed kilometres of air isn't stopped by a few centimetres of rubber sole.

If someone is struck by lightning, act immediately: lightning victims do not carry an electrical charge and are completely safe to touch. Call for emergency help, then start CPR without hesitation if the person is unresponsive and not breathing. Cardiac arrest, not burns, is the leading cause of lightning deaths, and prompt CPR saves lives.

1. Follow the 30-30 rule: go indoors when flash-to-thunder is 30 seconds or less.
2. Seek a sturdy building or hard-topped vehicle; avoid open sheds, gazebos, and bus stops.
3. Stay away from isolated trees, poles, towers, and tall structures.
4. Get away from open fields, hilltops, and water bodies rivers, ponds, pools.
5. Unplug electrical appliances and avoid corded phones during a storm.
6. Stay away from windows, metal doors, and plumbing fixtures.
7. Remove metal objects umbrellas, jewellery, farm tools, if caught outdoors.
8. If no shelter is available, assume the lightning crouch: feet together, hands on knees, head down.
9. Never lie flat on the ground.
10. If someone is struck, call for help and start CPR immediately; victims carry no electrical charge.

(The author is a healthcare communication lead at HEAL Health)

EXCLUSIVE

India's Capital Region is Living a Dangerous 'Skinny-Fat' Life

Delhi-NCR's Metabolic Crisis has reached a critical level and needs an urgent recalibration.

By Shahnawaz Ahmad Ansari

A landmark metabolic study of 4,000 Delhi-NCR residents has uncovered a generational crisis hiding in plain sight — and the most dangerous finding is not who is overweight, but who thinks they are not.

The number that should alarm every millennial in Delhi-NCR is not the one on their weighing scale. It is 176. One hundred and seventy-six individuals in Pacific OneHealth's landmark "Total Metabolic Wellness Study 2026' had a perfectly normal Body Mass Index — and yet carried dangerously high visceral fat around their organs. Their BMI said they were fine. Their body composition said otherwise. These are India's 'skinny fat' — and they represent a silent epidemic that routine annual check-ups are structurally unable to detect.

Conducted across Delhi-NCR through Pacific OneHealth's mobile hPod community screening units as part of its preventive screening drive, the study assessed 4,000 individuals across 20 key metabolic parameters — going far beyond measuring blood pressure and blood sugar that typically constitute India's preventive health standard. What it found is a generation-by-generation pipeline of metabolic deterioration so consistent and so measurable that calling it a coincidence would be medically indefensible.

KEY FINDINGS AT A GLANCE

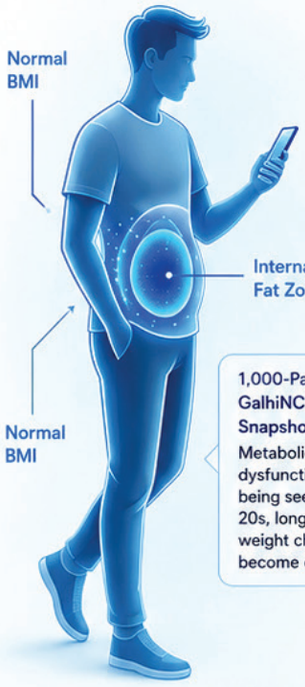
- **Gen Z (under 30):** 23.6% already overweight. Average body fat: 14.5%.
- **Millennials (30–44):** 55.7% overweight or obese. India's most at-risk working-age group.
- **Gen X+ (45 and above):** 46.9% hypertensive. 70.8% carrying dangerous levels of visceral fat.
- **176 participants:** Normal BMI but elevated visceral fat — the 'skinny fat' risk group.
- **Blood pressure:** Spikes sharply after age 45, recording a near-5-fold increase over the Gen Z baseline.

The METABOLIC PIPELINE: A Generational Crisis

PHASE 1: Gen Z & Young Adults (<30) — The Hidden Hazard

The "Skinny Fat" Epidemic

Many young adults maintain a "Normal BMI" while harboring dangerously high levels of visceral fat, effectively evading standard diagnostic triggers.



1,000-Participant GalhiNCR Snapshot:
Metabolic dysfunction is being seeded in the 20s, long before weight changes become obvious.

Looking Healthy Isn't Enough

Central adiposity (Height-Height Risk) is a more accurate indicator of future metabolic burden than weight alone.

PHASE 2: Millennials (30–45) — The Obesity Tsunami

The Tipping Point of Excess Weight

This age bracket represents the critical window where hidden metabolic markers convert into visible, clinically measurable excess weight.

Sharp Rise in BMI Prevalence

High BMI prevalence solidifies during peak professional years, creating a massive health burden for the workforce.

Visible Metabolic Shifts

The "Taunanu" hits as the body can no longer compensates for the metabolic damage accumulated during the "Hidden Hazard" phase.

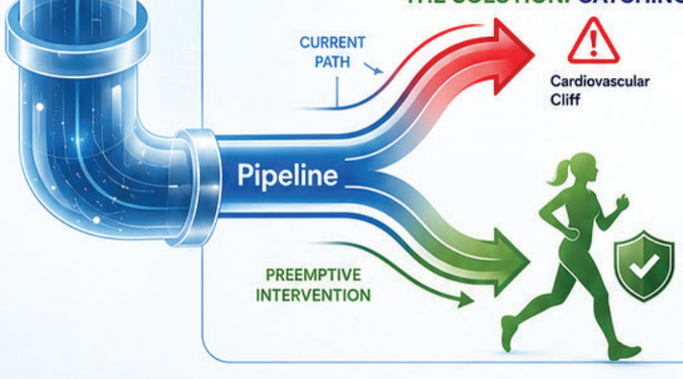
PHASE 3: Gen X+ (45+) — The Cardiovascular Cliff

The Age 45 Hypertension Spike

Blood pressure does not rise linearly; it hits an exponential activation curve post-45, leading directly to clinical cardiovascular events.

The "Cliff Edge" is the final output of the pipeline, where untreated metabolic burden compounds into systemic disease and heart failure.

THE SOLUTION: CATCHING THE CRISIS EARLY



Flipping the Care Paradigm

Moving diagnostics out of the hospital and into the community captures patients at the "top of the funnel" before they require high-cost clinical intervention.

The Pacific OneHealth Metabolic Index

An annual flagship report designed to track longitudinal shift and preemptive resource realification toward young adulthood interventions.

Interrupting the Generational Cycle

By targeting the 20s and 30s with IHL H-Pod screenings, we can prevent the "Obesity Tsunami" and the "Cardiovascular Cliff" entirely.

GENERATIONAL LOGIC

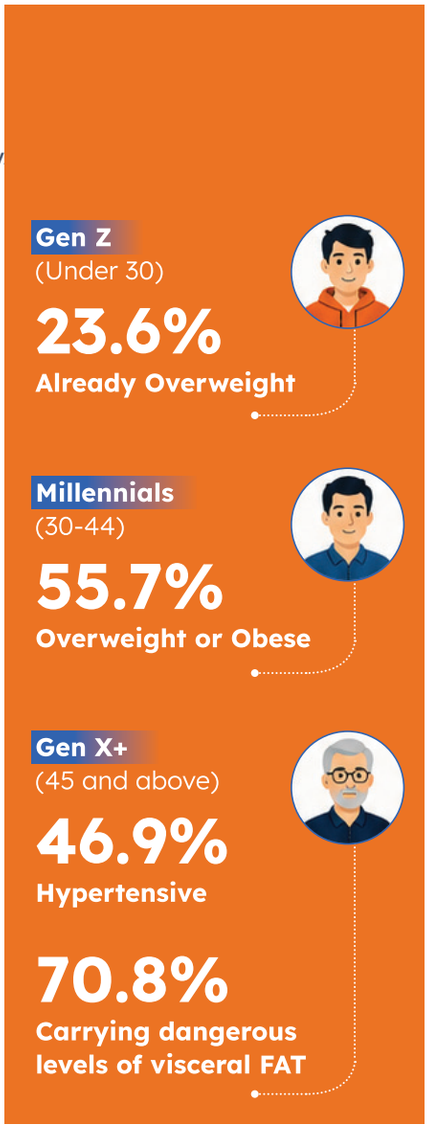
What makes these numbers particularly sobering is their generational logic. The overweight 30-year-old millennial in this study did not become metabolically at-risk at 30. The seeds were sown at 22 — in the sedentary desk job, the late-night food delivery, the stress that was managed with takeaway and screen time rather than sleep. By 45, those seeds have become the full-blown cardiovascular overhang seen in the Gen X+ cohort: nearly half hypertensive, seven in ten carrying visceral fat at dangerous levels.

> *"What this study reveals is not a disease story—it is a detection failure story. The metabolic disruptions we see peaking in people over 45 did not begin at 45. They began in the 20s, were invisible to standard check-ups, and compounded unchecked for two decades."*
>
> — **Dr Mohsin Wali**, Senior Consultant & Director of Medicine, Pacific OneHealth

Dr Wali's point about detection failure is critical. India's preventive health architecture has been built on two proxies: weight and blood sugar. The first is measured by BMI — a ratio of weight to height that tells you nothing about where fat is stored or what it is doing to your arteries. The second, blood sugar, catches diabetes after the metabolic storm that has already been building up for a decade. The 176 'skinny fat' participants in this study expose the BMI problem with uncomfortable clarity: you can be of clinically normal weight and still be cardiovascularly at risk.

Dr Swadeep Srivastava, Co-Founder and Executive President of Pacific OneHealth, placed the findings in a systemic context.

> *"In three decades at the intersection of healthcare and public health communication, I have seen India build world-class capacity to treat advanced disease while neglecting prevention. This study is evidence of that gap: 4,000 data points reflecting millions whose metabolic disruption is progressing silently. A metabolic reset is possible — but only through focused, specialist-grade care, not generic annual check-ups."*



ACTIONABLE WINDOW

The study's most important message is not statistical — it is temporal. The Millennial decade (ages 30–44) is the last actionable window before the cardiovascular cliff of the 45-plus years. At 35, the trajectory is still reversible: with multi-parameter metabolic screening, precision nutrition guidance, and sustained lifestyle intervention, the Gen X catastrophe can be averted. At 50, management becomes significantly more complex and the stakes considerably higher.

The OneHealth Total Metabolic Wellness Study 2026 is not a warning. It is a map — and like all maps, it is most useful before you are lost.

(The author is the Executive Editor at OneHealth Life)

Punjab's AMRIT For Heart Attack Patients

A WhatsApp text, a Drug, and a Life Saved: Rural Punjab's Heart Attack Revolution

By OneHealth Bureau

Heart attack is one of the few medical emergencies where every passing minute costs living heart muscle. Yet for thousands of Indians living in villages, specialist cardiac care is often several hours away. By the time patients reach a tertiary hospital, the window to prevent irreversible damage may already have closed.

Punjab is trying to change that narrative. Through **Mission AMRIT (Acute Myocardial Reperfusion in Time),** the state has built a hub-and-spoke network that connects district and sub-divisional hospitals with cardiologists at medical colleges using a tool almost everyone already has—WhatsApp.

When a patient with symptoms of a **ST-elevation myocardial infarction (STEMI)** arrives, an ECG is performed and shared instantly with specialists. If a heart attack is confirmed, doctors administer **Tenecteplase**, a clot-dissolving medicine, before transferring the patient to a higher centre for definitive care. The model builds on the **ICMR-supported STEMI ACT** programme, which demonstrated that early thrombolysis at peripheral hospitals can substantially improve outcomes.

MISSION WORKS

The numbers suggest the approach is working. Public reports indicate that more than **34,000** patients with chest pain have been evaluated since the programme expanded across Punjab. Nearly **1,900** were diagnosed with STEMI, while about **900** received timely thrombolytic treatment closer to home. The state also provides Tenecteplase free of cost, despite the drug typically costing **₹25,000–35,000** in the private sector.

But perhaps the real innovation is not WhatsApp or even the medicine itself. It is the decision to move expertise instead of patients. In much of rural India, distance remains one of healthcare's biggest inequalities. Punjab's model acknowledges that reality and works around it by ensuring that diagnosis and treatment begin where the patient first seeks care, rather than where specialists are located.

No digital platform can replace a cardiologist, and no messaging app can substitute for a well-equipped cardiac centre. But when they are integrated into a structured referral network with trained clinicians and clear treatment protocols, they can buy something every heart attack patient desperately needs—time. And in cardiovascular medicine, time is often the difference between recovery, disability and death.

Sources: Nivarana (2026); ICMR STEMI ACT Programme; Punjab Health Department.

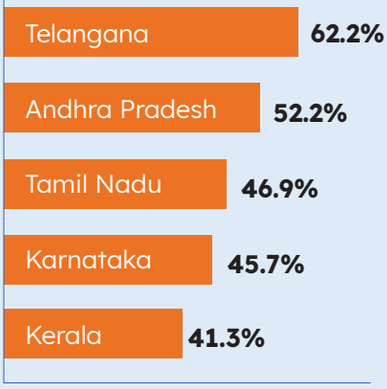
South India's Alarming C-Section Surge

NFHS-6 data shows a continuing rise in C-Section which reinforces concerns about childbirth practices.

By Rajshree Banerjee

NFHS-6: C-Section Rates in South India

C-Section Deliveries (%)



The latest findings from the National Family Health Survey (NFHS-6) highlight a continued rise in caesarean section (C-section) deliveries across southern India, reinforcing concerns about changing childbirth practices and their long-term health implications. Southern states continue to report some of the country's highest institutional delivery and C-section rates, alongside a growing burden of overweight and obesity among adults.

According to NFHS-6, C-section deliveries account for more than half of all births in Telangana (around 62.2%), followed by Andhra Pradesh (about 52.2%), Tamil Nadu (around 46.9%), Karnataka (about 45.7%) and Kerala (around 41.3%). The survey also points to increasing rates of overweight and obesity among women and men in these states, reflecting broader shifts in lifestyle and metabolic health.

Multiple Factors

Experts say the rise in C-sections is driven by multiple factors. While medically indicated procedures save lives in high-risk pregnancies, increasing maternal age, obesity, diabetes, hypertension, assisted reproductive technologies and patient preference have all contributed to higher surgical delivery rates.

Research also suggests that babies born via C-section may have a slightly higher risk of childhood obesity, asthma, allergies, and altered gut microbiome development compared with those born vaginally. Although delivery mode is only one of many contributing factors, experts stress the importance of avoiding unnecessary surgical births.

As India continues to strengthen maternal and child health services, ensuring that C-sections are performed for medical necessity rather than convenience will remain an important public health priority.

Source: https://www.nfhsiips.in/nfhsuser/assets/National%20Family%20Health%20Survey%20(NFHS-6)%202023-2024%20Fact%20Sheets.pdf

(The author is Senior Medical Writer, Pacific OneHealth)

Ebola and Hantavirus: Should India's Travellers Be Worried?

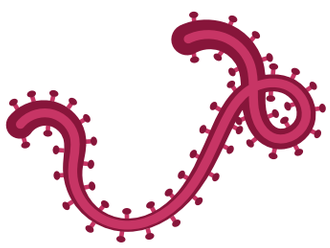
By OneHealth Bureau

International travel is steadily increasing, and so is awareness of infectious diseases reported across the globe. While headlines about Ebola and Hantavirus can be unsettling, the message for Indian travellers is simple: stay informed, follow official travel advice, and practise sensible precautions—not panic.

Ebola

Ebola virus disease is a severe viral infection transmitted through direct contact with the blood or body fluids of an infected person, contaminated objects, or infected animals. The current outbreak involving the Bundibugyo strain has primarily affected the Democratic Republic of Congo (DRC) and Uganda, prompting the World Health Organization (WHO) to declare a Public Health Emergency of International Concern (PHEIC). India's Ministry of Health and Family Welfare (MoHFW) has advised citizens to avoid non-essential travel to affected regions.

Risk for Indian travellers: Low—unless travelling to affected areas or coming into direct contact with infected individuals or healthcare settings.



Hantavirus

Hantaviruses are primarily spread through contact with infected rodents or by inhaling virus-contaminated dust from rodent urine, droppings, or saliva. Most hantaviruses do not spread between people, although the recent Andes virus outbreak linked to a cruise ship prompted enhanced international surveillance. WHO has assessed the overall global risk as low, and the outbreak has since been declared over.

Risk for Indian travellers: Very low. The greatest risk is in areas with rodent infestations or during outdoor activities in endemic regions of the Americas.

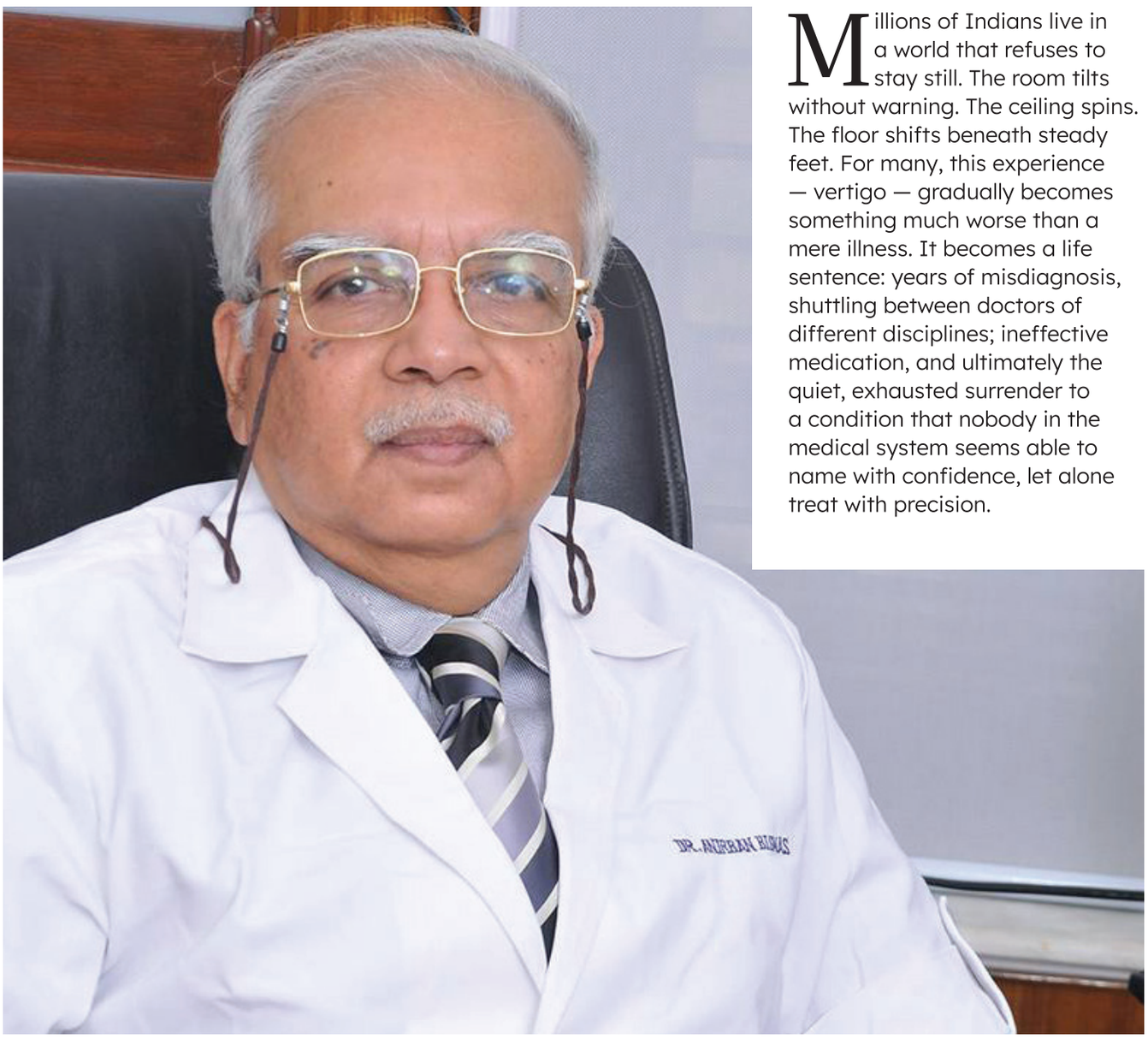
Travel Smart: Five Monsoon Safety Rules

- Check travel advisories before departure.
- Wash hands frequently and avoid contact with sick individuals.
- Eat well-cooked food and drink safe, bottled or purified water.
- Avoid contact with people who are symptomatic or areas with rodent infestations
- Seek medical care promptly if fever or unexplained illness develops during or within three weeks of returning from travel.

When the World Won't Stop Spinning

Q&A

Shahnawaz Ahmad Ansari, Executive Editor, OneHealth Life in conversation with ***Dr Anirban Biswas,*** *Principal Director, Institute of Neurotology & Centre of Excellence for Vertigo and Balance Disorders, Pacific OneHealth, Lajpat Nagar, New Delhi.*



Millions of Indians live in a world that refuses to stay still. The room tilts without warning. The ceiling spins. The floor shifts beneath steady feet. For many, this experience — vertigo — gradually becomes something much worse than a mere illness. It becomes a life sentence: years of misdiagnosis, shuttling between doctors of different disciplines; ineffective medication, and ultimately the quiet, exhausted surrender to a condition that nobody in the medical system seems able to name with confidence, let alone treat with precision.

Dr Anirban Biswas has spent more than four decades trying to change how balance disorders are treated. A pioneer of Neurotology in India and a globally recognised authority in vestibular medicine, he now leads the newly-launched Institute of Neurotology at Pacific OneHealth's Lajpat Nagar facility — perhaps the most sophisticated centre for vertigo and balance disorders that India has ever seen. We sat down with him to understand what makes this institute different, who needs it, and why an entire branch of medicine has remained invisible to most Indian patients for so long.

Q: What exactly is Neurotology, and why do so few Indians know about it?

Dr Biswas: Neurotology sits at the intersection of otology — the discipline of medical science related to the ear — and neurology, rather neuropsychology — the branch of medical science related to the brain. The inner ear is far more than a hearing organ. It harbours the main sensors that monitor the position and orientation of the body in relation to the ground and the surroundings in real-time and relentlessly communicate this information to different parts of the brain. The brain then integrates this information with information collected from other sensors of the body viz, the eyes and the special sensors placed in soles of the feet for a comprehensive idea of the stability of the ground and the surroundings. When this system fails, the consequences range from fleeting dizziness to complete functional incapacity. Neurotology is the science of identifying precisely where that failure has occurred and treating the underlying cause — not merely suppressing the symptom. But the convention is just suppressing the symptom without treating the underlying cause. It is like switching off the fire alarm instead of dousing the flame when the house is on fire.

Q: Why has vertigo remained so persistently unresolved for so many Indian patients, despite thousands of ENT specialists and neurologists practising across the country?

Dr Biswas: The balance system is the most complex integrated system in the human body, involving the inner ear, brain, cerebellum, visual system, and the proprioceptive network in the joints. Diagnosing what has gone wrong requires deep insight into the biological mechanism of balance maintenance, sophisticated investigation equipment, trained technical staff, and substantial time. A standard ENT consultation offers ten to fifteen minutes — at best twenty minutes (a thorough neurotological assessment takes hours). The result is that the vast majority of vertigo patients in India receive an 'umbrella' diagnosis of 'vertigo' and a combo of harmful medicines just to camouflage or suppress the symptom temporarily without ever addressing the cause. I have seen patients on these tablets for twelve, fifteen, twenty years. A correct diagnosis at the outset would have resolved their condition within days.

Balance disorders are multidimensional disorders. This means that manifestations of balance disorders are shaped by 3 interacting domains: the organic/ physical damage, psychic and emotional factors, and the social and environmental ecosystem. Balance disorder patients need a multi-disciplinary diagnosis and a multimodal treatment. Most patients having a balance disorder will have some cognitive and psychic involvement because the balance organs are very intimately related to different parts of the brain, most importantly the psychic and cognitive systems. The neural connections between the part of the brain controlling balance and the portions of the brain where emotions, fear, and thoughts are processed are reciprocal in nature. Hence, disorders in the cognitive and psychic systems without any overt damage to the balance system

can also present with symptoms related to the balance system, and vice versa. The precise contribution and clinical relevance of the physical damage in the balance system [if at all], that of the psychic part as well as that of the cognitive part needs to be ascertained by the clinician first, each of which needs to be addressed separately. Only then can a proper therapeutic regime be formulated.

Q: What makes the Institute at Pacific OneHealth genuinely different?

Dr Biswas: The difference begins with the philosophy. The Institute exists to make a definitive diagnosis and treat the specific disorder after confirming the structural and functional status of the balance system, and after ascertaining the comorbidities. — not to suppress symptoms indefinitely. Achieving this requires, first, the most advanced diagnostic technology available internationally: vestibular testing systems, posturography platforms, rotary chairs, and video head impulse testing equipment sourced from leading manufacturers in Europe and the US. Many of these instruments are not available at any other facility in India. But technology alone does not define the Institute. What distinguishes it is the multidisciplinary team deploying that technology together, under one roof, in a single coordinated assessment. Neurotologist, otologist, neurologist, psychologist, physiotherapist, and rehabilitation specialist work as one integrated team — not as separate clinics the patient must visit sequentially over months. The entire assessment, diagnosis, and individually tailored treatment plan — which may combine medication, vestibular rehabilitation, physiotherapy, psychological support, and lifestyle modification — is delivered here. This level of integrated, personalised neurotological care has not existed in India before.

Q: What symptoms should prompt someone to seek specialised neurotological care?

Dr Biswas: The most important indicator is duration and recurrence. A brief, position-triggered head spin is often (but not always) benign and treatable simply mostly without any medication. But a patient who has had dizziness or unsteadiness for more than three months, has seen multiple specialists without a clear diagnosis, remains on symptom-suppressing-but-not-disease-resolving medication, or experiences dizziness alongside tinnitus, hearing changes, ear fullness, or blackouts — needs specialised assessment. This Institute was built specifically for any patient who has simply been told “we cannot find anything wrong but the dizziness is real”, or that “you will have to live with it”

(Dr. Biswas can be contacted at the Institute of Neurotology, Pacific OneHealth, Lajpat Nagar vertigoclinic.in I +91-70113-50742 pacificonehealth.com)

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Arresting Population Decline: India's New Baby Paradox

Beyond Birth Numbers There is an Urgent Need for Building a Healthier Generation

By Dr Aijaz Ilmi

India stands at an unusual demographic crossroads. The latest Sample Registration System data has pegged the country's total fertility rate at 1.9 children per woman. This is below both the global average of 2.2 and the replacement level of 2.1 needed to keep a population stable. For a country that has long worried about population growth, this is indeed an important turn.

What needs flagging here is that the decline is not uniform. While rural fertility is still around the replacement mark, urban fertility has slipped to 1.5. But it is not uniform. There is a sharp geographic divide. Delhi's fertility rate is at an abysmally low of 1.2; Keralam, Tamil Nadu and West Bengal are at 1.3. These figures are lower than those in the United States (1.6), Finland (1.4), and Japan (1.3). At the other end, Bihar remains at 2.9, followed by Uttar Pradesh (2.6), Madhya Pradesh (2.4), and Rajasthan (2.3).

Ageing Population

The implications extend far beyond birth statistics. Persistently low fertility eventually translates into an ageing population, a shrinking workforce and a rising dependency ratio. Fewer young people support a growing elderly population, increasing pressure on healthcare systems, pensions and economic productivity.

Realistically, metros and southern states will have to cater to an aging population in the future. In the rural north, old problems like infant mortality, child-mother health, low birth weight, and anaemia may still remain. Hospitals and healthcare systems

India's fertility has fallen below replacement level, demanding policies that support healthy pregnancies, parental wellbeing, childcare, and stronger human capital to secure the nation's future.

would have to note this divide.

Countries such as Japan, South Korea and several European nations illustrate how difficult it is to reverse demographic decline once fertility remains below replacement levels for prolonged periods.

Complex Interplay

Yet, international experience also shows that cash incentives (like what Andhra Pradesh proposed) alone rarely produce sustained increases in fertility. Decisions about having children are shaped by a complex interplay of economic security, affordable housing, childcare support, women's education, career aspirations and workplace flexibility. Young couples increasingly seek financial stability and confidence in the future before expanding their families. Population policy, therefore, cannot rely solely on monetary rewards; it must create an ecosystem in which raising children is both economically feasible and socially supported.

Equally important — but often overlooked — is the public health dimension of declining fertility. Reproductive health today is increasingly influenced by metabolic health. Rising rates of obesity, insulin resistance, polycystic ovarian syndrome (PCOS), metabolic syndrome and poor lifestyle habits contribute to subfertility in women; obesity, diabetes, smoking, alcohol, environmental pollutants and sedentary lifestyles adversely affect sperm quality in men. Micronutrient deficiencies involving iron, vitamin D, vitamin B12 and folate further compromise reproductive outcomes.

Risks Involved

Healthy pregnancies begin long before conception. Pre-conception health of both parents should become a cornerstone of public policy. Pregnancy spacing also deserves careful attention. While encouraging childbirth is important, closely spaced pregnancies increase the risks of maternal anaemia, preterm birth, low birth weight and impaired infant nutrition. Well-spaced pregnancies, supported by optimal maternal nutrition and preventive healthcare, produce healthier mothers and healthier children. The first thousand days—from conception to a child's second birthday—remain one of the most powerful windows for influencing lifelong physical, cognitive and metabolic health.

Multidimensional

India's demographic response must therefore be multidimensional. Financial incentives may have a role, but they should be complemented by universal pre-conception counselling, maternal nutrition programmes, preventive metabolic screening, workplace policies that support young parents, accessible childcare, paid parental leave and continued investment in women's health and education. These interventions improve not only fertility outcomes but also the quality of the next generation.

India does not simply need more babies; it needs healthier pregnancies, healthier parents and healthier children. The true measure of demographic success is not merely the number of births but the creation of resilient human capital. Population policy must therefore evolve from counting births to investing in health before conception, throughout pregnancy and across early childhood. That is the foundation of a healthier society, a stronger workforce and a more sustainable future.

(The author is Senior Consultant, Head — Preventive Wellness and Metabolic Diseases at Pacific OneHealth)

When the Rain Never Stops, Paramedics Step In With Extra Vigour

By Seema Wilson

The monsoon never arrives quietly inside a hospital. Long before the first drops splash across the windows, we feel its presence in the emergency calls, the overflowing waiting area, and the steady stream of patients needing urgent care. As a paramedic at Pacific One Health, I have learned that the rhythm of our ward changes with every spell of rain, if not every drop!

One night remains etched in my memory from my previous organisation. A ten-year-old boy was rushed into the Emergency Department with his parents, burning with a high fever, exhausted, and barely responsive. His anxious parents had travelled through waterlogged streets, fearing the worst. While the doctors assessed him for severe dengue, our team moved with practiced urgency—drawing blood, monitoring vital signs, comforting his frightened parents, and making every second count. Watching his condition stabilise by dawn reminded me why teamwork is the strongest medicine we possess.

GOING BEYOND DUTY

The challenges do not stop with patients. Flooded corridors, delayed ambulances, soaked uniforms, and endless admissions test our endurance. Yet, I have watched colleagues quietly go beyond duty—sharing a meal with a patient's attendant, covering an extra shift without complaint, or offering reassuring words to someone overwhelmed by fear. These moments rarely make headlines, but they define healthcare.

The night shift during the monsoon has its own language. Rain drums steadily against the windows while monitors beep through the silence. The ward never truly sleeps. Between medication rounds, emergency calls, and whispered conversations with worried families, time seems to lose meaning. We keep moving because every patient depends on us.

When the rains finally recede, they leave behind more than damp walls and crowded wards. They leave lessons in resilience, compassion, and quiet courage. Every monsoon reminds me that being a paramedic is not only about responding to emergencies—it is about standing beside people during their most vulnerable moments. That privilege, more than anything else, gives purpose to every shift I serve.

(The author is GM-Patient care Excellence, Pacific one Health)

Gearing up for the Monsoon Season

How Pacific OneHealth is Preparing for the 2026 Rainy Season

By Dr Naresh Jaswal

Monsoons often bring welcome relief from the summer heat —but they also usher in a familiar rise in seasonal illnesses. This year, weather experts have cautioned that the El Niño 2026 pattern could result in unpredictable rainfall across several parts of the country, creating conditions that favour the spread of waterborne and vector-borne diseases.

At Pacific OneHealth Hospitals in New Delhi, preparation begins long before the first downpour. Across our network, clinical teams, emergency departments, laboratories, pharmacies and support services begin working together to ensure that patients receive uninterrupted, timely, and evidence-based care throughout the season.

One of the most important aspects of monsoon preparedness is early detection. Disease surveillance protocols have been activated across all Pacific OneHealth facilities to closely monitor trends in seasonal illnesses such as dengue, malaria, leptospirosis, acute gastroenteritis, influenza-like illnesses, and other infections that typically increase during the rainy months.

Essential Supplies

Preparedness ensures that care is never delayed.

Our pharmacy and clinical supply teams have proactively strengthened inventories of critical medicines and emergency consumables. These include adequate stocks of:

- Oral Rehydration Salts (ORS)
- Intravenous fluids
- Dengue management consumables
- Leptospirosis treatment medications
- Diagnostic kits
- Emergency medications and supportive care supplies

Training Makes a Difference

The best equipment is only as effective as the people who use it.

Over the past several weeks, multidisciplinary training sessions have been conducted for doctors, nurses, emergency teams, laboratory personnel, and support staff. These focused programmes refresh clinical protocols for recognising and managing monsoon-related illnesses, identifying warning signs early, maintaining infection prevention practices, and ensuring rapid escalation whenever required.

Care Beyond Hospital Walls

Heavy rainfall and waterlogging can sometimes make travel difficult, particularly for elderly patients, children, and individuals with chronic medical conditions.

To bridge that gap, Pacific OneHealth continues to offer teleconsultation services, enabling patients to consult qualified clinicians from the safety of their homes whenever physical access to our hospitals becomes challenging.

Virtual consultations allow doctors to assess symptoms, provide medical guidance, recommend investigations where necessary, and determine whether an in-person visit is required—helping patients receive timely advice without unnecessary travel.

Shared Responsibility

While hospitals prepare, community awareness remains equally important. During the monsoon season, simple preventive measures can significantly reduce the risk of illness:

- Drink safe, clean drinking water.
- Avoid stagnant water around homes and workplaces.
- Use mosquito repellents and protective clothing.
- Maintain good hand hygiene.
- Seek medical advice promptly if fever, persistent vomiting, severe diarrhoea, breathing difficulty, or unusual fatigue develops.

Early diagnosis often leads to quicker recovery and better outcomes.

At Pacific OneHealth, preparedness is not just about responding to illness—it is about helping communities stay healthy in the first place.

(The author is Vice President & Head of Operations, Pacific OneHealth)

Monsoon Health Watch: What's Happening Across States

Monsoon 2026 has arrived amid IMD warnings of uneven rainfall and El Niño-linked variability, prompting states to increase disease surveillance, chlorination, vaccination outreach, flood preparedness, stockpiling essential medicines, and vector control measures.

By Dr. Aaksha Shukla

Delhi

Dengue Preparedness Intensified

Delhi had reported 162 dengue cases by mid-July, according to civic surveillance cited by ANI and PTI. Municipal teams have stepped up fogging, larval-source reduction, and public advisories, while residents are urged to empty coolers, pots, and rooftop containers weekly in homes, schools, markets, and construction zones.

Kerala

Statewide Anti-Dengue Sanitation Drive

Kerala has rolled out a statewide sanitation drive across all districts to clear drains, remove still water, and target high-risk wards, schools, hospitals, and public institutions before peak monsoon weeks. Local bodies and health workers are coordinating household checks to curb dengue and other vector-borne infections.

Assam

Flood Relief Health Camps and Diarrhoea Prevention

In flood-affected pockets of Assam, health teams are running relief camps with ORS, zinc, and safe-water messaging, while also checking drinking-water sources and advising households to boil water. The effort aims to reduce dehydration, diarrhoea, and other monsoon-linked illnesses in vulnerable communities.

Uttar Pradesh
Flood Health Preparedness Strengthened

Uttar Pradesh has conducted flood-preparedness exercises in vulnerable districts, keeping medical units, emergency medicines, chlorine tablets, and referral transport on standby. The plan is to prevent outbreaks in relief camps and ensure quick treatment for diarrhoea, fever, and skin infections after flooding, with mobile clinics ready for deployment.

Bihar
Drinking Water Safety Measures Enhanced

Bihar health authorities are prioritizing chlorination, water testing, and surveillance for diarrhoea and typhoid in flood-prone areas. Teams are checking handpumps and tube wells and distributing chlorine tablets to prevent contamination that often worsens during heavy rain and river overflow, along with community awareness drives.

Haryana
Flood-Response Infrastructure Upgraded

Haryana has approved more than ₹30 crore for flood-control equipment ahead of the monsoon peak. The investment is meant to improve pumping, rescue, and emergency-response capacity, including pumps, boats, and rescue gear, helping health services stay functional in low-lying and flood-prone areas and support evacuation if needed.

Keralam
An epidemic cauldron

Between June and September, driven by heavy rainfall, waterlogging, high humidity and an uneven monsoon due to El Niño, the most prevalent illnesses include mosquito-borne diseases (Dengue, Malaria, Chikungunya), waterborne/foodborne infections (Hepatitis A, Typhoid, Shigella), and bacterial infections like Leptospirosis. The state has robust disease surveillance and monitoring systems right from the panchayat level.

Maharashtra
Expanded Vaccination & Public Health Outreach

Maharashtra has expanded special immunization sessions and field monitoring in underserved pockets, including tribal, urban-slum, and remote areas. ASHAs and ANMs are tracking dropouts and mobilizing families to keep routine vaccination coverage stable during the rainy season and reduce the risk of vaccine-preventable disease outbreaks.

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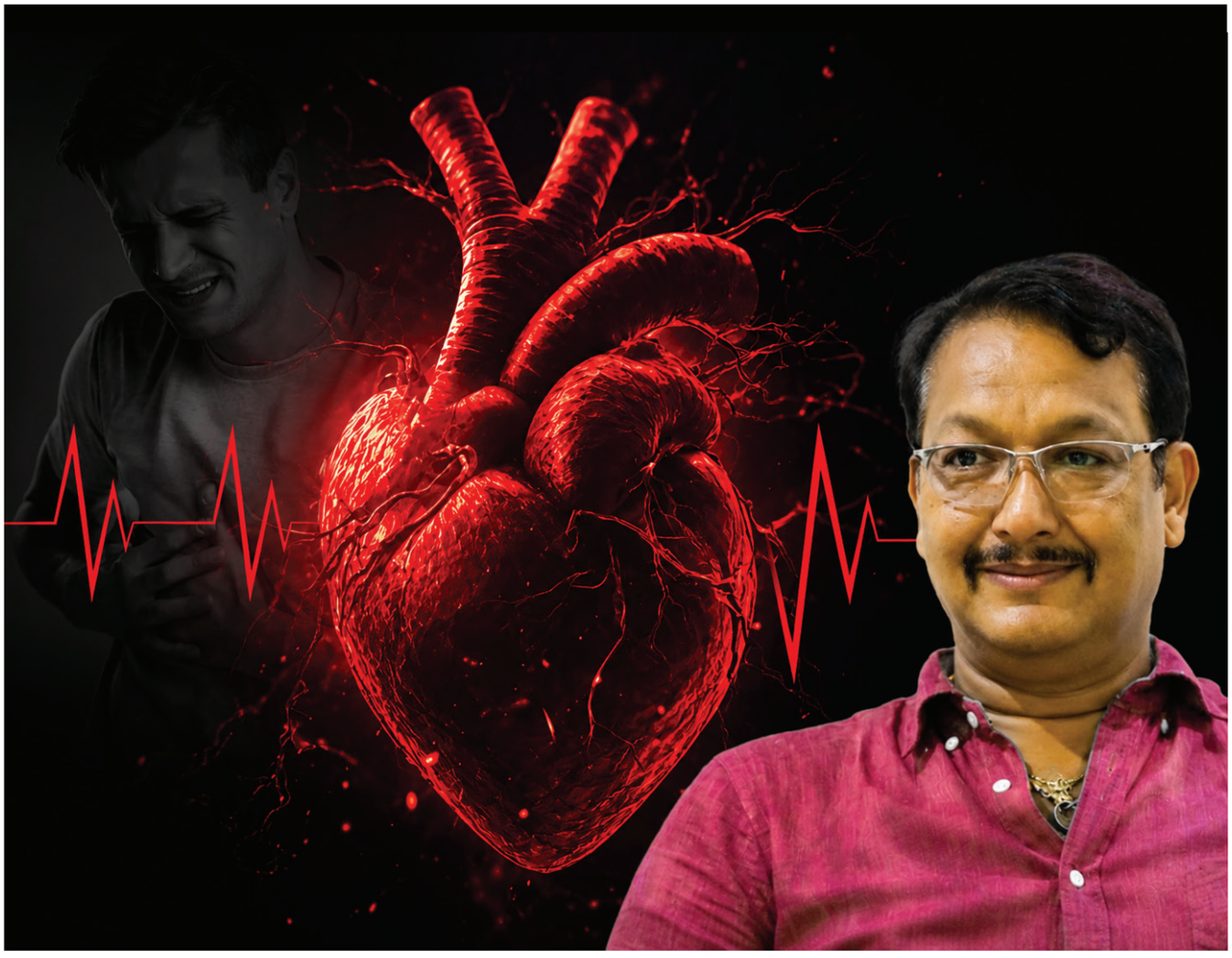
(The author is a Senior Health Writer at Pacific OneHealth)

SPECIAL REPORT

Mysterious Death of Rana: An Alarm 'Heart Beat' For Many

Recovering from a heart attack, shooting coach Jaspal Rana died after sudden cardiac rupture. What happened?

By Dr Mohsin Wali



We often ask what the premonitory or warning signs of sudden cardiac death are. It is frequently said that tightness in the chest, discomfort in the chest, pain in the chest, or pain in the back radiating to the arm or jaw can be warning signs.

Asian Games and Commonwealth Games medal winner and ace shooting coach Jaspal Rana reportedly had these classic symptoms earlier. However, because he was active in sports and otherwise healthy, his body did not show obvious signs when an episode occurred. He did not collapse or have any prominent

symptoms. About three days later, when he was seen by doctors, they found that his ejection fraction had markedly reduced.

Rana, who was admitted in a critical condition after suffering a heart attack that doctors said had occurred three days earlier while he was travelling, had recovered significantly and was fit for discharge before suffering a fatal cardiac rupture while asleep, which led to his demise.

CARDIAC RUPTURE

According to Dr. Balbir Singh, of Max Super Speciality Hospital, Saket, Rana was brought to the hospital in a critical condition.

"Jaspal Rana presented with an acute heart attack that was already three days old. He had been travelling and continued to experience chest pain before arriving at the hospital in a very critical condition," Singh said.

"The left main artery responsible for the heart attack was completely blocked. His heart's pumping function was severely weakened, and he was in heart failure," he said. These are the reasons of decreased cardiac muscle function and we measure this by serial echocardiography.

Patients who present late after a heart attack are at risk of serious complications, such as arrhythmias and cardiac rupture, which can lead to sudden death.

Otherwise, healthy people should get regular ECGs and Holter Monitoring (once in a while). I always warn people to stop using pink salt as it is rich in potassium and very low in sodium. High potassium is arrhythmogenic as well as bad for kidneys.

Always remember: Watch your weight, watch your diet, stop smoking, eat right and go for regular check-ups.

(The author is Padma Shri, Senior Consultant & Director of Medicine, Pacific OneHealth)

The Organ That Resists Cancer

The heart does not get cancer, but it is vulnerable to the choices we make.

By Dr Pritam B Kitey

We often hear about lung cancer, skin cancer, or colon cancer, but almost never hear about heart cancer. It may sound like a medical mystery, but it's actually true: primary cardiac tumours are extremely rare, and most tumours found in the heart actually start elsewhere in the body.

So, what is the heart's secret superpower? Let's break down the fascinating biology of our most resilient organ.

The Secret Behind the Heart's Armor

To understand why the heart resists cancer, we first have to look at what cancer actually is. Cancer happens when rogue cells begin dividing uncontrollably and forming tumours. The heart plays by an entirely different set of rules, relying on three main biological shields:

- Cells that Refuse to Multiply: The primary muscle cells of the heart, known as cardiomyocytes, finish their replication process shortly after you are born. From that point on, they simply grow larger and stronger rather than multiplying. Because they aren't constantly creating new copies of themselves, there are almost zero opportunities for the genetic "typos" or mutations that trigger tumours.

- **A Protected Location:** Your skin, lungs, or digestive tract are constantly exposed to outside threats like ultraviolet rays, pollution, and dietary toxins. The heart, by contrast, is locked safely inside a deep chest cavity, completely isolated from these direct environmental carcinogens.
- **Constant Motion:** The heart is a high-energy organ. The continuous, rhythmic mechanical force of a heartbeat creates a turbulent physical atmosphere that makes it incredibly difficult for floating tumour cells to latch on, take root, and expand.

The Vulnerability

It sounds like the heart is an invincible superhero. But here is the twist: While the heart is naturally shielded against cancer, it remains highly vulnerable to the lifestyle choices we make every day.

The Paradox: Biology has granted your heart a built-in defence against cancer, but left the defence against cardiovascular disease entirely in your hands.

What the Heart Teaches Us

The heart teaches us a profound lesson about proactive health. We don't need to spend our lives worrying about cancer developing in our cardiac tissue. Instead, we need to focus on the preventable threats.

(The author is Consultant Interventional Cardiologist, Pacific OneHealth)

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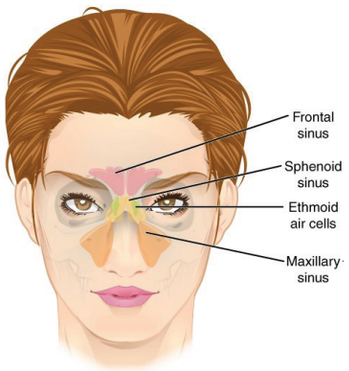
Sinusitis: Why Weather Changes Can Leave You Feeling Congested

Understanding sinus infections and how to manage them

By Dr Rajeev Nangia



As India experiences the effects of this year's El Niño, with hot, dry weather and an oncoming monsoon expected to be erratic, ENT specialists expect a significant rise in respiratory allergies and sinus-related complaints. Fluctuating temperatures, dust, and airborne allergens tend to inflame the nasal passages, making people vulnerable to sinusitis. Early recognition of symptoms and timely treatment help prevent discomfort and complications.

What Exactly are the Sinuses?

Sinuses are a connected system of hollow, air-filled cavities in the skull, located behind the eyes, nose, and cheeks. There are four pairs of these cavities, collectively called the paranasal sinuses: maxillary, frontal, ethmoid, and sphenoid.

These cavities perform several important functions:

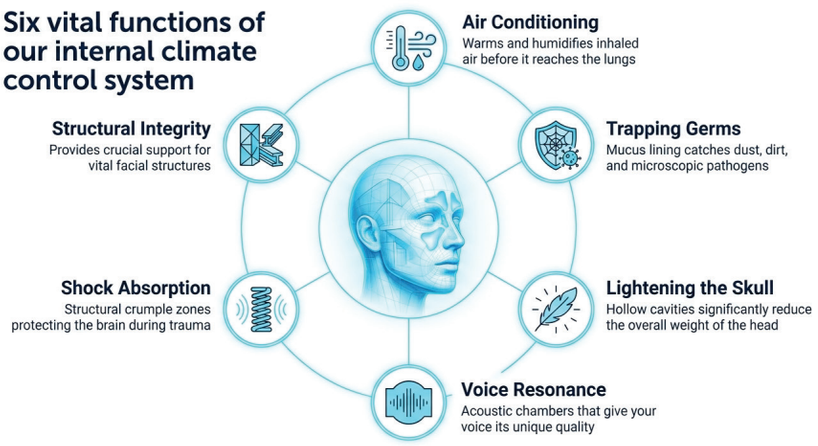
- **Air Conditioning:** They warm and humidify the air you inhale before it reaches your lungs.
- **Trapping Germs:** They produce mucus that lines your nasal passages, trapping dust, dirt, and pathogens.
- **Lightening the Skull:** The hollow cavities significantly reduce your head's weight.
- **Voice Resonance:** They act as acoustic chambers that give your voice its unique quality and resonance.
- **Shock Absorption:** They function like structural "crumple zones" to protect the brain and vital facial structures during trauma.

What is Sinusitis?

Sinusitis (also known as a sinus infection) is an inflammation of the tissue lining the sinuses—the small, air-filled cavities inside your forehead, cheeks, and nose. It is usually triggered by viruses, bacteria, or persistent allergies, which cause the passages to swell and trap fluid.

Common signs and symptoms include:

- **Nasal Congestion:** A blocked or stuffy nose that makes it difficult to breathe.
- **Facial Pain and Pressure:** Tenderness, swelling, or a dull ache around your eyes, cheeks, forehead, or nose. This often worsens when bending forward.
- **Discoloured Mucus:** A runny



nose with thick, cloudy, yellowish, or greenish discharge.

- **Post-Nasal Drip:** Mucus dripping down the back of your throat, causing sore throat, scratchiness, or persistent cough.
- **Sinus Headaches:** A localised throbbing pain that frequently hits the front of the head.

Other Associated Symptoms:

- Pain or aching sensation in the upper teeth or jaw
- Ear pressure, fullness, or pain
- Reduced or altered sense of smell and taste
- General fatigue or tiredness
- Bad breath (halitosis)
- Low-grade fever

Managing Sinusitis

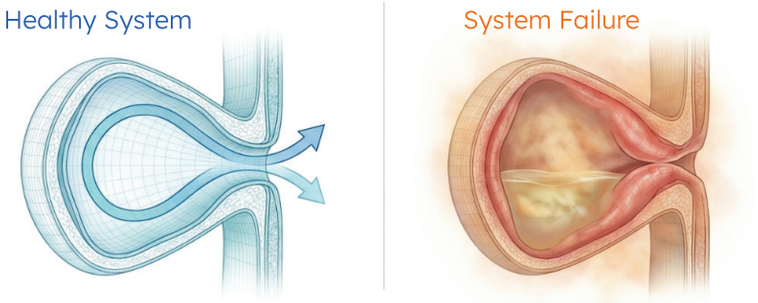
Sinusitis treatment focuses on clearing mucus, reducing nasal inflammation, and managing pain. For most acute cases, home remedies like saline nasal rinses, steam inhalation, and over-the-counter pain relievers are sufficient. Bacterial infections may require antibiotics, while chronic or allergy-related cases often involve nasal steroid sprays.

Home Remedies & At-home Care

- Saline Nasal Rinse: Use a neti pot or sterile squeeze bottle with distilled water and a saline packet to physically flush out mucus and allergens.
- Steam & Hydration: Take hot showers, breathe in steam from a bowl, and drink plenty of fluids to thin the mucus and relieve sinus pressure.
- Warm Compresses: Apply a warm, damp towel to your cheeks, nose, and eyes to help ease facial pain.

Sinusitis is a mechanical breakdown of the drainage pathways

Triggered by viruses, bacteria, or persistent allergies, the delicate tissue lining the sinuses becomes inflamed.



This inflammation causes the passages to swell shut, trapping fluid inside the cavity and halting the air conditioning process

Medical and Surgical Treatment

- **Pain Relievers:** Take acetaminophen or ibuprofen for headaches and facial pressure.
- **Decongestants:** Nasal sprays (like oxymetazoline) or oral tablets (like pseudoephedrine) reduce nasal congestion. Decongestant nasal sprays are not to be used for more than 3–5 days.
- **Nasal Corticosteroids:** Sprays like fluticasone, Mometasone, or budesonide directly reduce sinus inflammation.
- **Antihistamines:** Can be beneficial if your sinusitis is triggered by underlying seasonal allergies.
- **Antibiotics:** If your doctor confirms a bacterial infection (or if symptoms last longer than 10 days without improving), a course of antibiotics may be prescribed

Surgery

If you suffer from chronic, recurrent, or anatomically complicated sinusitis (such as a deviated septum), an ENT specialist may recommend a procedure like:

1. Submucosal Diathermy
2. Polypectomy
3. Functional Endoscopic Sinus Surgery (FESS), minimal or advanced.
4. For minimal sinusitis, Balloon Sinuplasty can be done.

The Bottom Line

Changing weather patterns associated with El Niño may increase exposure to dust, allergens, and dry air, making sinus symptoms more troublesome for susceptible individuals. While occasional sinus infections are common, persistent nasal blockage, facial pain, or recurrent symptoms should never be ignored. Early diagnosis, appropriate treatment, and good nasal hygiene can go a long way in keeping your sinuses healthy throughout the season.

(The author is a Senior Consultant, Ear, Nose, Throat, and Endoscopic Surgery, Pacific OneHealth)

What You Should Know Before the Doctor Does

By Dr Irfan Khan

1. Before visiting your doctor, please know the following things:

- When did the symptoms start?
- Are they getting better or worse?
- What makes them improve or worsen?
- Do you have fever, pain, weakness, or any other associated symptoms?

Such details can help the doctor to reach the correct diagnosis.

2. Keep your all-Medical Information Ready

Carry important health records, including:

- Previous reports and scans
- List of medicines you take
- History of allergies
- Past surgeries or major illnesses
- Any ongoing treatment

3. Ask Questions Without Hesitation

A doctor visit is a discussion, not just an examination. You can ask:

- What is my diagnosis?
- Why is this test needed?
- What are my treatment options?
- What precautions should I take?
- When should I follow up?

Clear communication improves healthcare outcomes.

4. Focus on Prevention

Healthcare is not only about treating illness. Regular health check-ups, healthy food habits, exercise, adequate sleep, and avoiding harmful habits can prevent many diseases.

5. Be Honest With Your Doctor by sharing all medical information

Share complete information about your lifestyle, symptoms, and concerns. Accurate information helps doctors provide the best possible care.

In Short: Before your doctor visit, spend a few minutes getting organised.

Bring a list of all medicines you take, including prescription drugs, over-the-counter pills, vitamins, and herbal supplements. Also carry any recent test results, medical records, allergy information, and your insurance card if needed. If you have family health history or past surgeries, keep those details ready too.

During the visit, speak up if something is unclear. It is okay to ask for simple explanations, repeat information.

After the appointment, review the next steps before you leave. Make sure you know what medicine to take, what warning signs to watch for, and when to return for follow-up. Clear communication before, during, and after the visit leads to safer treatment and health.

(The author is Medical Superintendent, Pacific OneHealth Hospital, Lajpat Nagar, New Delhi)

Normal Health & Dangerous Fat : A Worry

Before Issue 2 went to press, we asked our community: 'What one health question has been on your mind this season?' The response was overwhelming. Here are the questions that stayed with us — and our honest answers.

From **Rajesh Mehta, Delhi, 52**

"I had a full body check-up six months ago and my BMI was normal. But I read about Pacific OneHealth's metabolic study showing that people with normal BMI can still have dangerous fat. Should I be worried?"

— Editor's Note: Rajesh, you have asked exactly the right question. BMI is a useful population-level tool, but it is a poor individual-level health indicator. It does not distinguish between muscle and fat, and crucially, it does not tell you where fat is stored. Visceral fat — the fat around your organs — is the dangerous kind, and it does not always show up as excess body weight. Ask your doctor specifically about a body composition analysis or waist-to-height ratio measurement. These are better proxies for metabolic risk than BMI alone.

From **Sushila Rawat, Gurgaon, 64**

"My husband has been having dizziness for three years. We have seen five doctors, had two MRI scans, and no one has found anything. He's on tablets but still feels unsteady. Is this normal?"

— Editor's Note: Sushila, three years of unexplained dizziness with normal MRI scans is a clear signal that your husband needs a specialist in neurotology — not a general neurologist or ENT. MRI scans of the brain are often normal in vestibular disorders; the diagnosis requires specific vestibular function tests that most hospitals do not conduct. Please read our feature on the Institute of Neurotology, Pacific OneHealth, Lajpat Nagar on pages 46–48 of this issue.

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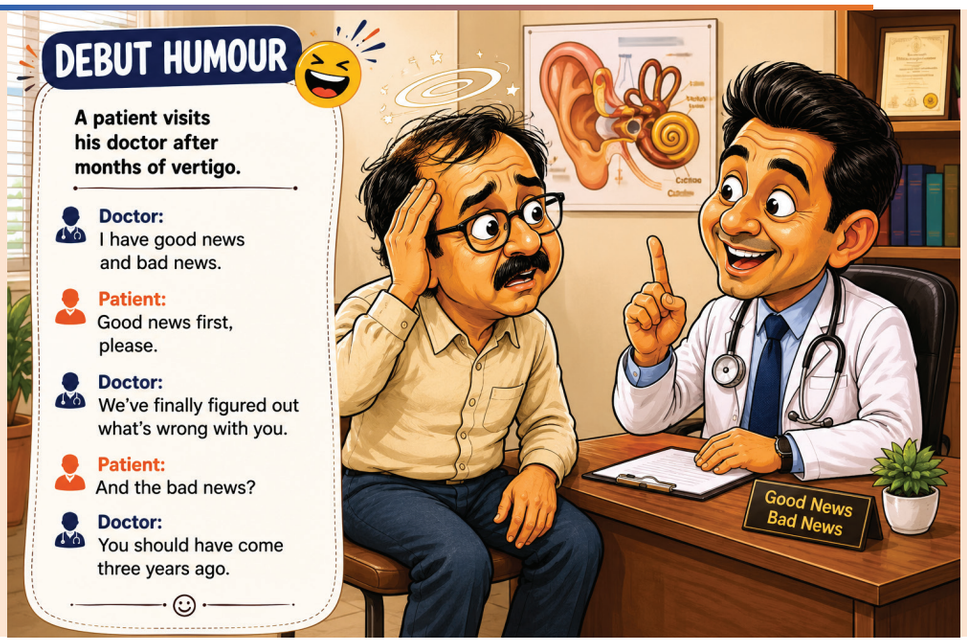

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India's Emerging Chain Of Micro Hospitals

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