

OneHealth Life

YOUR GUIDE TO WHOLESOME LIVING

Inaugural
Issue

**YOUR BODY
DESERVES MORE
ATTENTION THAN
YOUR PHONE**

Let's Start

**WHEN PANIC LOGS
IN, THE WORLD
LOGS OUT**

**INDIA'S LONELINESS
PARADOX AND ITS
LONG SHADOW**

**THE 3 AM RESTLESS
INDIAN MIND**

**Healthcare
As It Should Be**



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A Letter from the Founder

When we set out to build Pacific OneHealth, we asked ourselves one simple question: what would healthcare look like if we truly designed it around the patient, not the system?

That question drove us to build micro-hospitals — compact, integrated centres of clinical excellence placed not at the edge of the city, but at the heart of your neighbourhood. We believed then, as we believe now, that proximity is not merely a convenience; it is dignity.

But bringing healthcare closer to you physically was only half the vision. The other half was the conversation — the honest, unhurried dialogue between knowledge and life. Between what medicine knows and what families need to hear. We built this magazine, OneHealth Life, to carry that conversation into your home.

This inaugural issue is more than a publication. It is a promise. A promise that Pacific OneHealth will remain accountable — not just to clinical outcomes, but to your understanding, your questions, and your wellbeing.

As we expand our micro-hospital network across Delhi-NCR and beyond, I invite you to walk this journey with us — as a reader, a patient, a partner, and most importantly, as the reason we do what we do.

Healthcare as it should be — that is not merely our tagline. It is our covenant with you.



Saket Bansal
Founder, Pacific OneHealth

From the President's Desk



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

Health, at its most profound, is not a clinical state. It is a lived experience — coloured by fear, shaped by information, and sustained by the quality of care we receive and the support we find along the way.

Over the years, working at the intersection of healthcare and communication, I have come to understand one uncomfortable truth: India's greatest health burden is not the absence of medicines or doctors. It is the absence of meaningful dialogue — the kind that reaches people before illness does.

OneHealth Life is our answer to that absence. This is not a publication about disease. It is about people — navigating health with dignity, information, and support. It is for the working mother who suspects her child's recurring headaches are stress-related but doesn't know who to ask. It is for the 45-year-old executive who is fatigued but convinced he is fine. It is for every family negotiating the maze of public health schemes and preventive care.

In each issue, we will ask the questions that matter, present the evidence that guides, and hold space for the stories that humanise medicine.

Welcome to a conversation that, we hope, will make you feel seen, informed, and a little more in control of your health journey.

With purpose and care.

Between Health and Life

Reclaiming wellness in an age of exhaustion

There was a time when health was understood not merely as the absence of disease, but as the quiet harmony of being — a balance between nourishment and restraint, work and rest, ambition and stillness, body and mind.

Somewhere along the way, we misplaced that wisdom.

Today, we live in a paradoxical age: hyperconnected, yet deeply disconnected from ourselves. We measure our days through notifications, productivity, and endless digital engagement, often overlooking the subtle signals our bodies send us. Long before illness announces itself clinically, the body whispers — through fatigue, poor sleep, fluctuating blood sugar levels, emotional exhaustion, anxiety, and burnout. But modern life has made it increasingly difficult to pause and listen.

Having spent nearly two decades in healthcare as a clinical dietician and diabetes educator, I have witnessed one recurring truth: most people do not become unwell overnight. Illness is often the cumulative outcome of neglected routines, unmanaged stress, poor lifestyle habits, emotional depletion, and delayed attention to preventive care.

And perhaps that is why OneHealth Life matters.

This magazine was envisioned not merely as a healthcare publication, but as a meaningful conversation — one that humanises medicine, simplifies health awareness, and brings wellness back into everyday living. Because healthcare does not begin only inside hospitals; it is shaped quietly through the choices we make each day.

- In the meals we skip.
- The sleep we postpone.
- The stress we normalise.
- The loneliness we conceal.

And the well-being we postpone until 'later'.

Across this inaugural issue, we explore the realities modern India is increasingly confronting — loneliness, anxiety, digital fatigue, sleep deprivation, metabolic disorders, preventive healthcare gaps, and the growing need for compassionate, integrated care.

But this publication is not meant to alarm. It is meant to awaken.

At OneHealth Life, we believe healthcare must evolve from reactive treatment to informed living; from intimidating expertise to compassionate guidance. Real wellness is not built through prescriptions alone. It is built through awareness, sustainable habits, emotional resilience, and a healthier relationship with ourselves.

As Consulting Editor, it is my privilege to welcome you to this inaugural edition. I hope these stories and conversations encourage you to pause amidst the noise of modern life and reflect on one simple but important question:

In taking care of everything else, have we truly taken care of ourselves?

Welcome to OneHealth Life.



Dr. Kanikka Malhotra

Consulting Editor, OneHealth Life



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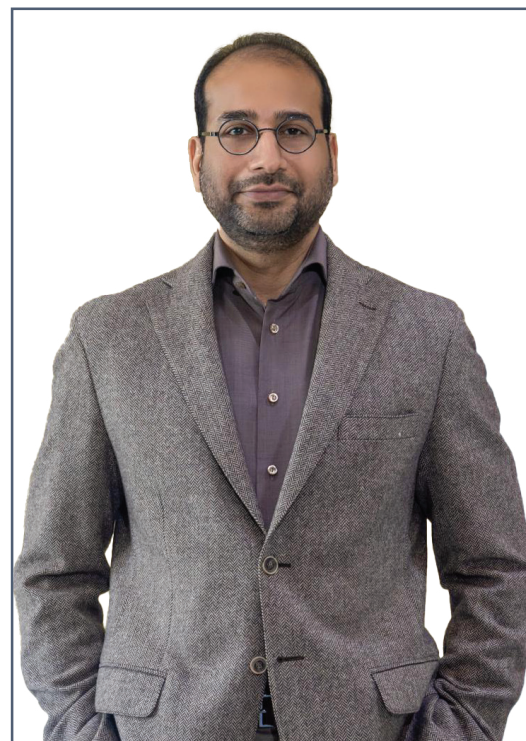
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Ageing is Not a Disease. We Just Treat it Like One

Hospitals and doctors are trained to fight ageing rather than to guide patients through the process with compassion and preventive strategies.

By Dr G. S. Grewal —

Across cultures, ageing has always been recognised as a natural stage of life. Yet in modern India, both medicine and society often misinterpret it as pathology. Wrinkles, slower gait, forgetfulness, or weaker bones are treated as symptoms of disease rather than markers of transition. This medicalisation of ageing is resulting in seeing it primarily through the lens of illness, and this has profound consequences for how elders are cared for and valued.

In medical practice, the bias is clear. Hospitals and clinics are designed to diagnose and treat, not to prioritise ageing with dignity.

• **The Longitudinal Ageing Study in India (LASI):** India's largest survey of over 73,000 adults, aged 45+, reveals that sarcopenia, osteoporosis, and cognitive decline are routinely misclassified as abnormalities requiring intervention.

The absence of a strong geriatric framework in medical education reinforces this distortion: doctors are trained to fight ageing rather

than to guide patients through the process with compassion and preventive strategies.

• **The India Ageing Report 2023 (UNFPA & IIPS):** India Ageing Report warns that medical institutions risk reducing elders to patients, prioritising disease management over dignity, prevention, and social well-being, failing to recognise their societal contributions.

WITHDRAWAL

Retirement is too often equated with withdrawal, elders seen as a burden, and longevity treated as a problem. The society mirrors this clinical reductionism — viewing loneliness, alienation, and institutionalisation as a pathology rather than as a social transition.

In the process, elders are stripped of their identity as mentors, wisdom keepers, and active participants in community life.

Ageing is not a disease; it is a stage that deserves respect. Preventive health, balanced nutrition, physical activity, and social engagement can ease age-related challenges without reducing elders to medical cases.

Community-based care, intergenerational dialogue, and recognition of contributions can shift the narrative from pathology to vitality. With India's elderly population rising rapidly, the country must embrace healthy ageing — where doctors guide, families partner, and the society becomes a stage for elders to shape collective life. 🌱

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

90+, 100% JOSH

At 92, she refused limits. When offered a pacemaker with a three year battery, she asked for twenty. Her question embodied defiance, dignity, and zest — proving age cannot confine spirit or the will to live fully.

WHEN ANGER IS ACTUALLY FEAR

Anger in elders often conceals fear — of losing independence, relevance, or being misunderstood. Outbursts are signals, not weakness. Listening beyond anger, acknowledging fear, and responding with respect transforms care. By treating parents as partners in their journey, caregivers honour autonomy and humanity, ensuring care is rooted in companionship, trust, and dignity rather than control.



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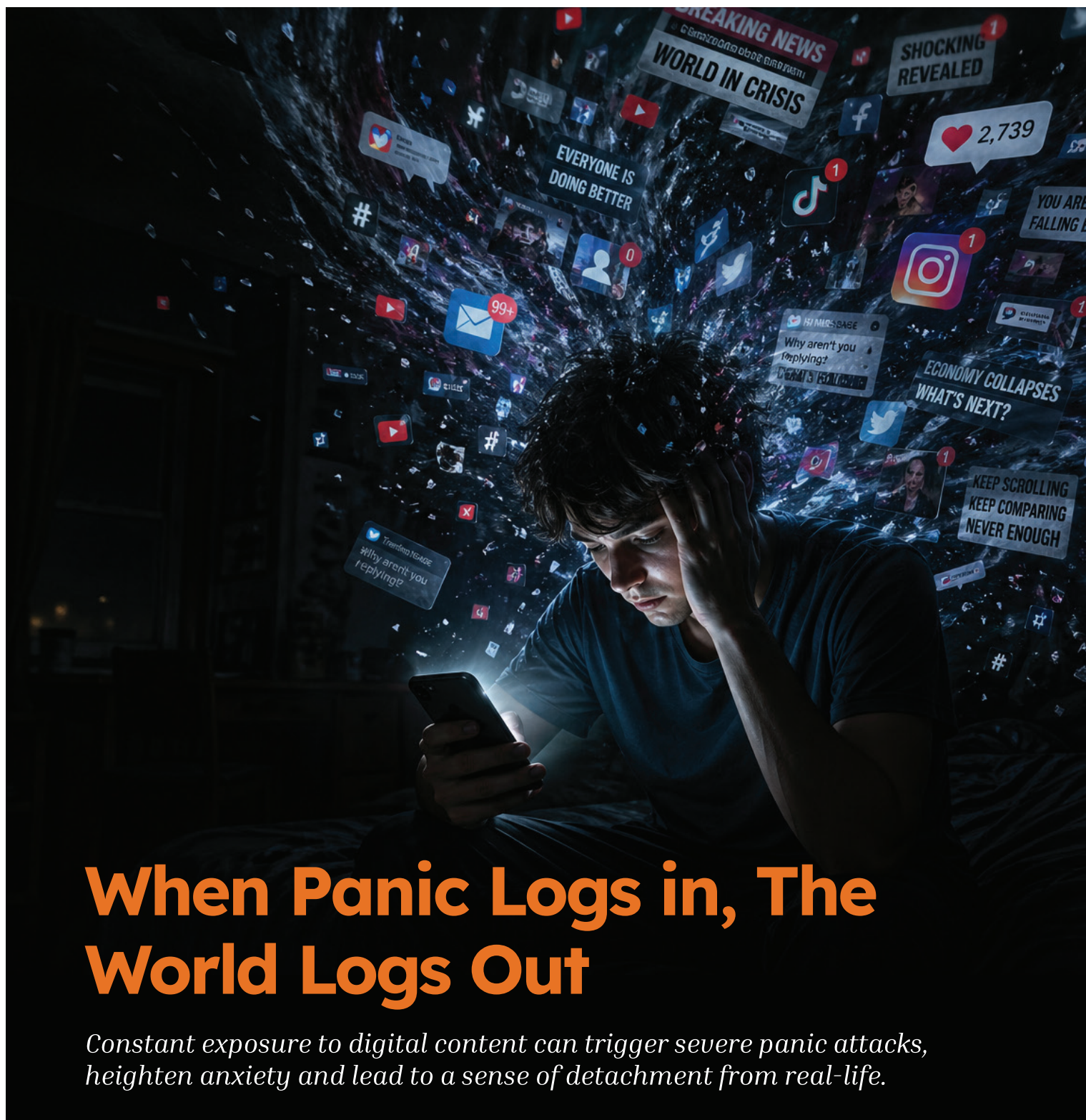
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When Panic Logs in, The World Logs Out

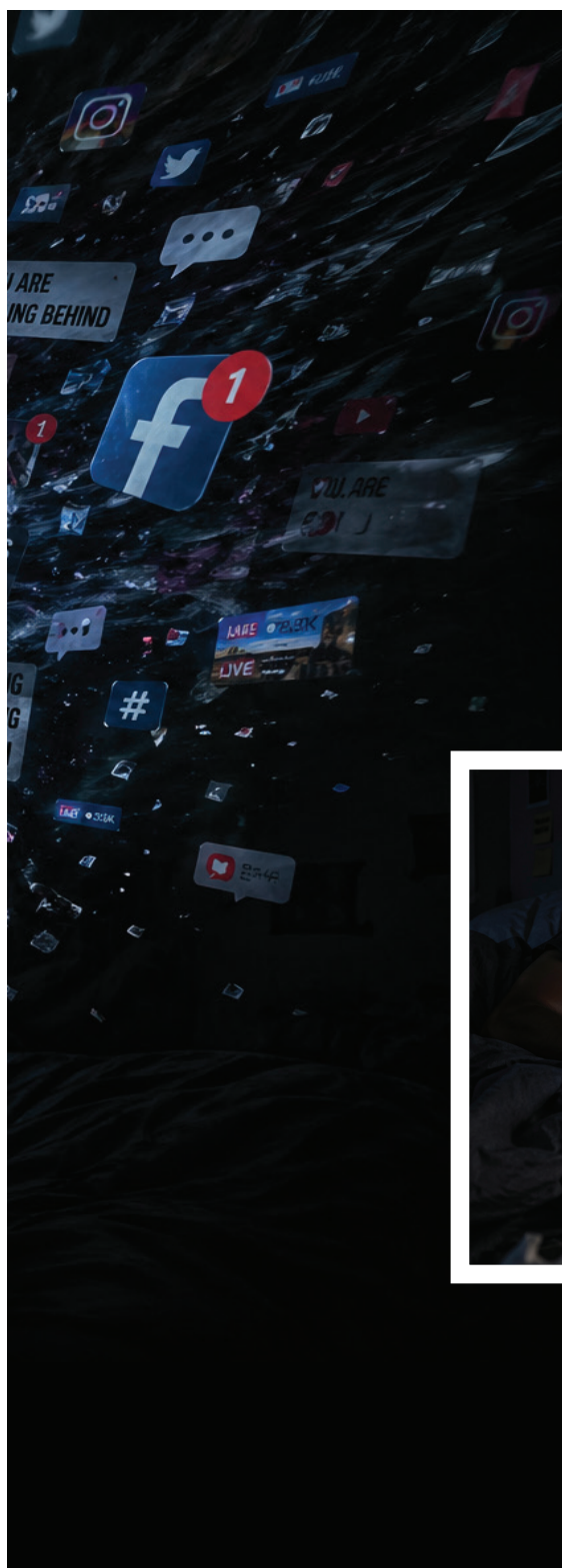
Constant exposure to digital content can trigger severe panic attacks, heighten anxiety and lead to a sense of detachment from real-life.

By Anusha Ashwin —
Senior Health Writer

Many of us go through life believing we know exactly how our bodies work, until a sudden wave of panic makes us feel like strangers under our own skin. What feels like a life-threatening emergency is often the mind's way of sounding a false

alarm, which is a condition known as a panic attack. In reality, panic attacks are much more than what meets the eye.

In the digital era, screen time has increased significantly across all age groups. This constant



Constant exposure to digital content can trigger severe panic attacks, heighten anxiety, and create detachment from real-life interactions and emotional well-being in individuals today.

Psychologist Lovleen Malhotra notes that she has been counselling many people across all age groups on panic attacks triggered by screen exposure. According to Malhotra, **people are constantly connected to screens yet disconnected from their own bodies and emotional needs.**



exposure to digital content has contributed to severe panic attacks, as the information barrage, social pressure, and comparison have heightened anxiety and led to a sense of detachment from real-life interactions and emotional well-being.

“Many of my clients come in with symptoms of anxiety, restlessness, overthinking, irritability, and disturbed sleep, often linked to excessive phone use. One young professional I worked with began experiencing panic attacks late at night after hours of scrolling. She described a sudden racing heart, breathlessness, and an intense fear that something was seriously wrong. Through therapy, I helped her understand that these symptoms were part of the body’s natural alarm system in response to the feed on social media content, not a life-threatening

condition,” expressed Malhotra.

Speaking about how the condition was managed, Malhotra said, “We worked on simple, practical steps, like reducing screen time before bed, improving sleep hygiene, and incorporating grounding techniques such as deep breathing and sensory awareness. Alongside this, we used cognitive techniques to help her challenge anxious thoughts and build emotional awareness. Gradually, not only did her panic attacks reduce, but her overall anxiety levels also became more manageable.”

What stands out here is that people do not need drastic changes; they need small, consistent shifts. Taking short breaks from screens, creating moments of ‘me time’, staying physically active, and being mindful of the content they consume can make a significant difference to their mental health. It is essential to remember that our bodies and minds require as much attention as we give our devices. Even small steps can lead to a significant change.

Defining Panic Attack

A panic attack is a sudden episode of intense fear or discomfort that peaks within minutes. It is often accompanied by a range of physical and psychological symptoms that can at times mimic a heart attack or other ailments.

Apart from the digital episodes, a panic attack is a sudden and intense wave of fear that triggers physical reactions in the body. Even though there is no real danger or clear cause, the person feels like they are losing control, having a heart attack, or even dying.

During an attack, the heart beats very fast, it becomes hard to breathe, and the person may feel dizzy or shaky. While these sensations are very frightening, they are not life-threatening. Once a medical doctor confirms that the body is physically healthy with no issues, mental health professionals, who are trained to identify the root cause of panic, can manage frequent panic attack conditions and counsel appropriately to deal with the triggers.

Overcoming Frequent Panic Attacks

The journey to feeling better starts with a structured understanding of a person's psychology. Situational panic attacks may not be repetitive incidents. But panic attacks that keep occurring based on triggers need either a psychologist's or a psychiatrist's attention.

Psychologists label these attacks quickly as panic attacks. They go deep into the root cause of the problem. They look at the patient's history, social media exposure, triggers, childhood traumas, and sleep patterns. Recovery comes from making small, consistent shifts rather than drastic changes. This includes simple steps like reducing screen time before bed and improving sleep habits. Grounding techniques—such as focusing on the breath or becoming aware of your senses—help “reset” the nervous system.



As the patient learns that these intense physical feelings are uncomfortable but not dangerous, the fear begins to fade. By giving our minds the same attention we give our devices, we can turn off the false alarms and regain control.

8 AM METRO & PANIC

In the Bollywood film 8 AM Metro, actor Saiyami Kher plays Iravati, who stands on a crowded platform, waiting for her metro to pull in. As the metro approaches, her breathing becomes shallow, and her heart starts pounding. Her head spins as she becomes nostalgic about a childhood trauma she experienced on a train. Those memories haunt her, making her tremble as the train almost comes to a stop at the station. To her, the world feels like it is falling apart. She musters up courage, boards the train, and seats herself, but she is clearly in distress.

A fellow passenger, Preetam (played by Gulshan Devaiah), notices her anxiety and the perturbed look on her face. He perceives her anxiety and

offers help through a calm talk. His approach makes her more grounded. It helps Iravati realise that, while her body is screaming ‘danger’, she is actually safe within the metro. This scene perfectly shows what a panic attack feels like in real life, a sudden, unexplained panic that refuses to settle.

A panic attack is an overwhelming and unexplainable feeling that can manifest in various ways for different individuals. For instance, Bollywood star Deepika Padukone shared her own experiences with panic attacks. In an interview with The Times of India, Padukone revealed that while filming Chhapaak, the physical stress of wearing heavy makeup and getting into her character triggered an intense panic attack. In her narration, she said she felt a sudden rush of blood to her feet and a cold sweat, combined with a feeling of being trapped and helpless.

Sharing her experience was an eye-opener for many who became aware of panic attacks as a mental health condition. It's important to understand that a panic attack is not merely a feeling of stress; it is a genuine physical reaction that can affect anyone, anywhere.

Panic Attack on the eve of a wedding

Panic can strike unexpectedly during someone's biggest milestones. Take the case of 58-year-old Giridharan. He was just two days away from his daughter's wedding when the food caterer called to cancel the contract. Hearing this, Giridharan immediately felt his head spinning. He began sweating profusely and felt like he couldn't get enough air into his lungs.



What It Feels Like

It felt like I was drowning while standing on dry land. My heart was beating so fast I was sure it would stop. It is a terrifying feeling of losing control, where your brain tells you that you are in danger even when you are just sitting in a chair.

- Giridharan

His family was sure he was having a heart attack and rushed him to the nearest hospital. In the emergency room, the doctors had to act fast. They began the procedures associated with heart examination. But soon they ruled out a heart attack and diagnosed Giridharan's condition as a panic attack.

While a heart attack usually feels like a heavy weight crushing the chest and spreading to the arm, Giridharan's pain was sharp and stayed in one spot. After checking his heart rhythm and blood tests (Troponin, etc.), the doctors confirmed that his heart was healthy. He wasn't dying; he was having a severe panic attack triggered by sudden anxiety.

Panic attacks need not always involve a heart attack-like symptom. It can be just diarrhoea. Many young children experience heavy palpitation, goosebumps, vomiting, or diarrhoea before performing on stage or participating in a sport. A kind of helpless feeling, combined with fear and anxiety, triggers these reactions.

Panic attack in children

Children often feel anxiety in their gut before they feel it in their head. This is why things like diarrhoea, vomiting, or a stomachache are so common before a big event. Their bodies are reacting to the stress in physical ways because they may not yet have the words to describe the fear they are feeling.

Counselling Psychologists and Clinical Psychologists use talk therapy and "grounding" exercises to help a person understand their triggers. If the attacks are very frequent or severe, a psychiatrist (a qualified medical doctor specialising in mental health) can help. They are the only professionals who can prescribe medication to help calm the body's nervous system while the

What Helps

To manage a panic attack, experts suggest focusing on the present moment. One effective technique is the "3-3-3" rule: identify three things you can see, name three sounds you can hear, and move three parts of your body, such as your fingers or shoulders. Additionally, taking slow, deep breaths into your belly can help signal your brain to stop releasing stress hormones. Finally, taking some "me time" away from your phone allows you to stay in tune with your true feelings.

person works through therapy guided by a psychologist.



Support & Resources

If you need help related to panic attacks, these organisations offer support and guidance:

- **iCall Helpline:** 9152987821 (Free counselling)
- **Vandrevala Foundation:** 9999666555 (Available 24/7)
- **NIMHANS:** 080-46110007 (National mental health helpline)
- **PM-JAY (Ayushman Bharat):** This government scheme provides financial coverage for mental health treatment at many hospitals for cardholders. This ensures that everyone can access professional psychiatric care when they need it most. 🏠

India's Loneliness Paradox and Its Long Shadow

The modern dilemma of being connected and lonely at the same time—and the destruction it is quietly wreaking upon your body.

By Dr Preetish Kaul

Consultant—Medical Editor, OneHealth Academy

9.37 PM. Kunal is staring at his phone's screen. As he scrolls for what must be the twentieth time that evening, a wave of exhaustion washes over him.



He can't even look forward to his dinner; he's totally fed up with ordering it online, but he doesn't really have a choice.

It's true that Kunal hasn't spoken to anyone in hours, but he wouldn't call himself lonely.

He has had things to do; in fact, he's been quite busy navigating the social media web he's woven around himself. And yet, there is something that is not quite right.

For one, his sleep has been poor. For some time, he's also been

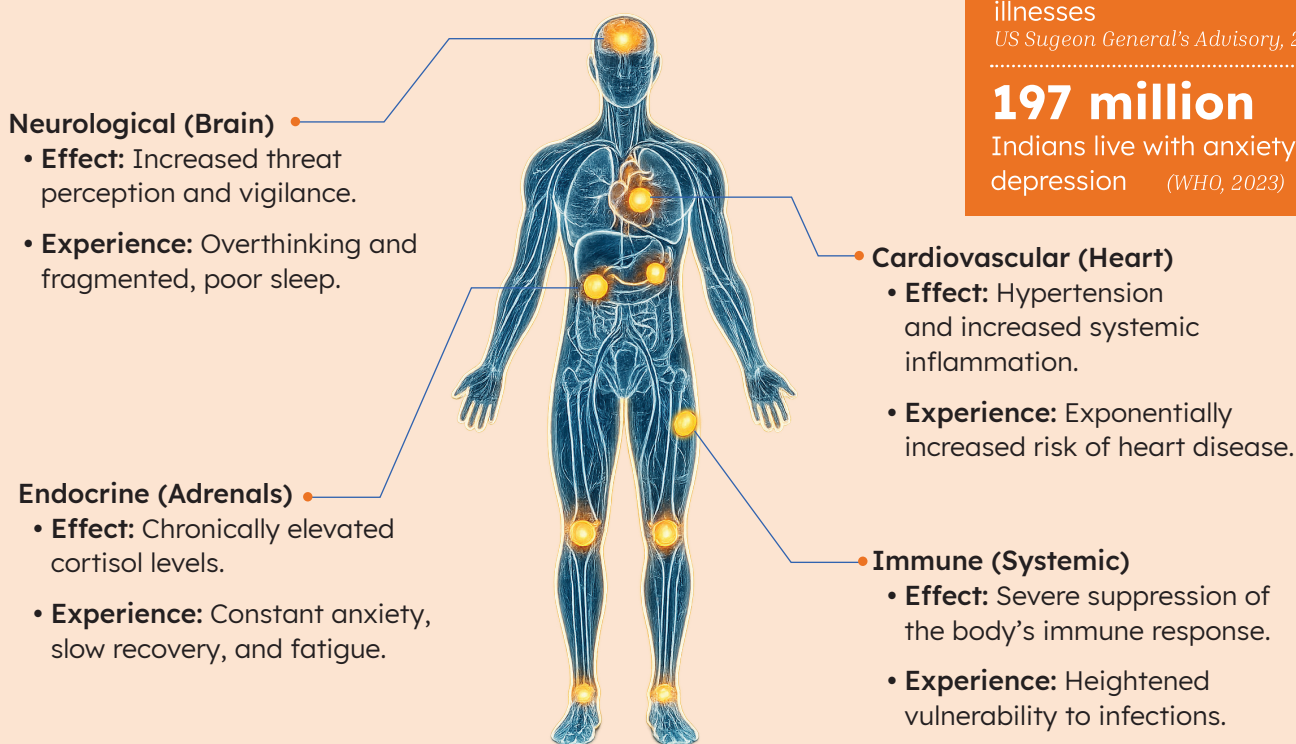
experiencing chest tightness, which has started bothering him. And then, there are the headaches—the increasingly frequent, splitting headaches. 'Stress', he keeps telling himself. It isn't.

How We Experience Loneliness is Changing —And Not for the Better.

For decades, we have been accustomed to thinking of loneliness as an emotion. But it no longer comes and goes; it stays. It has largely escaped notice that the way we experience it has undergone a complete

transformation; it is now constant and quietly corrosive. It is no longer merely an emotion—it has morphed into a stress condition that has physiological effects and serious consequences in terms of ill-health and mortality.

The Physiological Signature —What Loneliness Does to Your Body



All pervasive—Across ages, geographies, and gender

Just like 33-year-old Kunal in Delhi, 74-year-old Shakuntala Devi lives alone on the seventh floor of an apartment complex in Mumbai. Her son lives with his family in Amsterdam; her daughter in Bengaluru.

Shakuntala Devi tries to fight her loneliness by keeping herself surrounded by voices—not her children's, whose calls are

occasional and visits rare, but strangers'—booming across her living room from a lonely television set in one corner. She switches it on the moment she gets up in the morning and doesn't switch it off until she retires in the night; her television set is her only constant companion.

Shakuntala Devi has been living with diabetes for close to a

Loneliness: The numbers and the consequences

Consider this:

1 in 4

urban seniors in India lives alone
(HelpAge India, 2023)

42%

urban Indians have no one to discuss their health concerns with
(NCBI Survey, 2022)

29%

increased risk of cardiovascular disease associated with chronic illnesses
(US Surgeon General's Advisory, 2023)

197 million

Indians live with anxiety/depression (WHO, 2023)

Why Loneliness Persists in a Country of 1.45 Billion People

The reasons are both simple and complex. We no longer grow up in homes where there's always someone in the next room. Simply put, the structural shift from joint to nuclear families that our society is experiencing is fuelling a transition from communitarian identities to individualism, with technology facilitating the replacement of human interactions with their digital proxies.

The subtle undercurrents driving isolationism.

Analyse this:

- 1. Frequent movements, temporary residence, no integration:** Young professionals move cities frequently, never living long enough in one place to truly integrate with the community there.
- 2. Pigeonholed in high-rises:** Apartment living means significantly reduced incidental social contact; neighbours often remain strangers for years.
- 3. The elderly left alone:** With children moving out in search of jobs, a majority of the elderly live alone.



Loneliness Through the Expert Lens

The psychiatry perspective

Ms Saumya Shharma, Senior Mental Health Therapist and Coach at The Butterfly Effect, has this to say about how loneliness affects our mental conditioning:



A lonely brain is a suspicious brain; it starts seeing threats where none exist. Loneliness reprogrammes our brains to make them more sensitive to threats, essentially redefining our perception of safety. This means the brain will be unnecessarily sensitive to threats and therefore much more anxious, even in environments it does not need to be. Naturally, long-term anxiety and a general deterioration in mental health follow.

A geriatrician observes

Dr Naganath Narasimhan Prem, Geriatrician from Jaslok Hospital and Founding Team The Wisdom Club Mumbai, says:



Among the elderly, loneliness is known to be associated with faster cognitive decline and increased hospitalisation. It has also been known to lead to poor medication adherence that contributes to poor clinical outcomes.

A social worker's take

Mr Dinesh Kumar Singh, who has been working with the elderly for close to two decades:



Many of the elderly people I work with live alone and are completely unsupported. Although there are a lot of people living in their neighbourhood, there's very little meaningful interaction with any of them. The loneliness these people experience is eating away at their health and vitality.

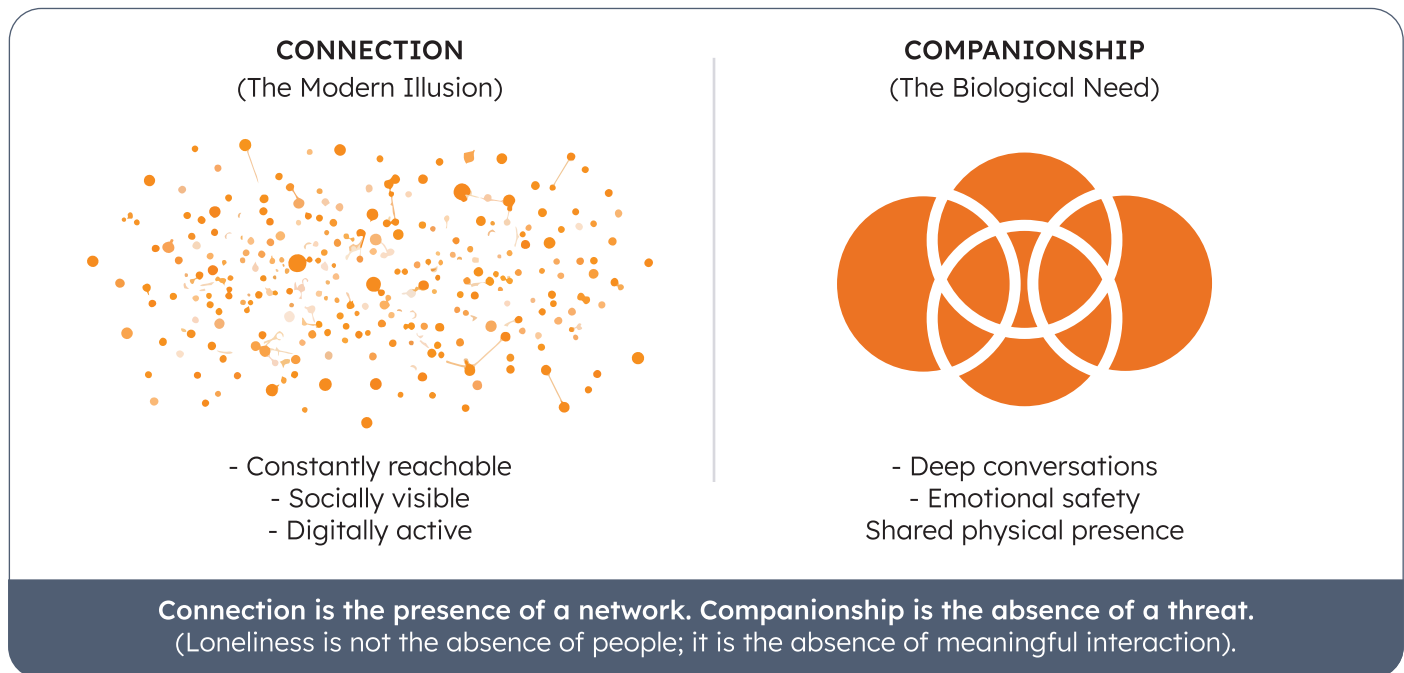
The Evolution Angle

In the context of human evolution, being alone meant danger. In other words, evolution has programmed your body to be in a state of preparedness for a hostile environment when you are alone, which translates to:

- Elevated cortisol levels
- Increased inflammation
- Fragmented sleep
- Slow recovery

Over time, this state of affairs takes a toll and contributes to ill-health, especially in the elderly.

The Connection-Companionship Divergence



So, What Can Be Done?

1. Structure instead of spontaneity

Planned social interactions work better than unscheduled, spontaneous ones.

This means:

- i) Weekly calls at a fixed time with the same person
- ii) Walk appointments
- iii) Planned coffee sessions

2. Micro-interactions

Low-stakes interactions include:

- i) Brief interactions with neighbours
- ii) Greeting exchanged with strangers
- iii) Chit-chat with shopkeepers

3. Group-based activities

Group-based physical activity:

- i) Morning-walk groups
- ii) Group-based laughter sessions
- iii) Yoga classes

- iv) Sports clubs

These activities are known to lower cortisol levels, elevate mood, and promote social bonding.

4. Health conversations

- i) Speak regularly with one person about your health.
- ii) If i) is not possible, look for counsellors and support groups.

5. Companionship by design

- i) Community centre activities
- ii) Resident welfare activations
- iii) Planned intergenerational interactions

Loneliness Redefined

Loneliness is not your fault; it is a mismatch between your environment and your biology. Recognise it early, intervene systematically, and treat it like any other health condition.

Back to Kunal

10:30 PM.

On an impulse, he stops scrolling.

He remembers a suggestion made a week ago: "Hey, why don't you join our weekend cycling group!"

He smiles and starts typing: "Hello Siddharth! Can I join you guys this Saturday?"

It's a small step, but for Kunal, the green shoots of recovery have started sprouting.

Final Thoughts

Loneliness doesn't always look dramatic.

Sometimes, it looks like:

- scrolling without purpose
- eating without conversation
- sleeping without rest

And yet, its impact is as real as hypertension or diabetes.

The difference?

We rarely measure it.

Maybe it's time we did. 📧

Healthcare

As It Should Be

A Conversation with Saket Bansal, Founder, Pacific OneHealth

Interviewed by Shahnawaz Ahmad Ansari, Executive Editor —

Q&A

“Healthcare in India doesn’t lack activity — it lacks impact,” says Saket Bansal. Saket, the founder of Pacific OneHealth, has built his career around asking inconvenient questions of systems too often satisfied with motion over meaning. At the Lajpat Nagar facility in New Delhi, he appeared calm, precise, and refreshingly unguarded — ready to challenge convention. Here are excerpts from a freewheeling interview

Q: India spends more money on healthcare than ever before. Patients still die of preventable diseases. Where is the system failing?

SB: India’s healthcare challenge is not just about money — it is structural. The system excels at the extremes: primary health centres for outreach and super-speciality hospitals for complex care. Yet the neglected middle — secondary care — accounts for 60–70% of the disease burden. Hypertension diagnosed too late, diabetes managed without continuity, lumps ignored for months; these gaps cost lives.

People die not from lack of funds, but from lack of timely access to the right facility. Micro-hospitals aim to bridge that void.

“

People don’t die of lack of money alone. They die of lack of access to the right information and the right facilities at the right time.

Q: The term ‘micro-hospital’ is appearing everywhere. What is the Pacific OneHealth model actually solving that a large hospital cannot?

SB: Large hospitals are indispensable for emergencies, rare diseases, and complex procedures. Yet for most everyday healthcare needs, they can be overwhelming, expensive, and impersonal. Families often find that 80 per cent of their routine medical requirements are poorly served



by such institutions, leaving gaps in accessibility and continuity of care.

Our micro hospitals are designed to bridge this gap. Compact yet comprehensive, they bring advanced diagnostics, specialist consultations, day-care procedures, and round-the-clock emergency support into the community. By integrating care under one roof, they transform convenience into impact — solving a structural problem with precision.

Q: How many micro-hospitals is Pacific OneHealth building in Delhi-NCR, and when will they be operational?

SB: Pacific OneHealth has already established its first micro hospital in Lajpat Nagar and is rapidly advancing plans across Delhi-NCR. The vision is clear: to build a network of community based facilities where secondary care is absent, yet most urgently needed.

By the end of this year, the expanded network aims to be substantially operational, ensuring geographic equity. Not confined to upscale areas, these micro hospitals will serve high density localities where middle-income families have long struggled to obtain timely specialist care

Q: Tell us about the Centre of Excellence for Vertigo and Balance Disorders you have set up at Lajpat Nagar. This seems like a very specific focus area.

SB: One of the biggest gaps in Indian healthcare is that many chronic yet non-life-threatening conditions remain misunderstood and underdiagnosed. Vertigo is one such example. Patients are often told they suffer from stress, low blood pressure, or vague “inner ear problems,” moving from GP to ENT to neurologist without clarity or a structured plan. The result is frustration, delayed treatment, and compromised quality of life.

Pacific OneHealth’s Centre of Excellence for Vertigo and Balance Disorders at Lajpat Nagar is India’s first dedicated facility for this condition. Led by Dr Anirban Biswas, a leading national authority in vestibular medicine, it offers diagnostic precision, rehabilitation protocols and multidisciplinary management. Such a coordinated model of care has never existed in India before.

Q: What key services does the Centre of Excellence for Vertigo & Balance Disorders provide?

SB: It offers advanced diagnostics, repositioning therapies, vestibular rehabilitation, and integrated ENT neurology care. Beyond clinical precision, it

provides structured patient education and support, reducing anxiety that worsens symptoms. This model exemplifies disease-specific excellence in a micro-hospital setting, combining technology, multidisciplinary expertise, and compassionate guidance to transform recovery outcomes.



“

India’s first dedicated Centre of Excellence for Vertigo and Balance Disorders has been set up because 35% of adults above 40 suffer from it, and almost none receive the correct diagnosis.

Q: Is ‘integrated care’ just a buzzword that healthcare providers use in brochures?

SB: Patients should not feel lost while moving between departments, specialists, and diagnostics. Our vision at Pacific OneHealth has always been to simplify healthcare journeys. The goal is simple yet profound: no orphaned data, no repeated investigations, no lost referrals. Here, cardiologists know what endocrinologists advise, physiotherapists can access post-surgical notes, and departments can truly collaborate on behalf of the patient. With a strong digital backbone, integration becomes clinical practice — not marketing rhetoric.

Q: Tell us about the ‘Total Wellness Programme’ at Pacific OneHealth.

SB: Pacific OneHealth’s ‘Total Wellness Programme’ is built on prevention — the belief that the best healthcare happens before hospitalisation. It offers comprehensive assessments, personalised wellness planning, lifestyle interventions, mental health screening, and nutrition support. More than a set of tests, it is a year-round relationship with a care team that monitors, advises, and intervenes early.

Designed for individuals, families and corporates, the programme addresses India’s working population, particularly urban adults aged 30–55. By intervening before lifestyle issues escalate into chronic disease, it transforms preventive care into a structured, impactful partnership.

Q: Is Pacific OneHealth only for middle-class and upper-middle-class patients? What about affordability?

SB: Pacific OneHealth is committed to affordability without compromising on quality. The model reduces overheads, passing the savings directly to patients. The conviction is clear: geography and income should never determine the quality of care. By designing micro hospitals for accessibility and equity, Pacific OneHealth challenges the industry’s long-standing excuse that affordability and excellence cannot coexist.

Q: One thing you wish every Indian patient knew....

SB: Indian patients must know they are entitled to ask questions. Blind deference to doctors has cost lives, while curiosity saves them. A good physician welcomes inquiry; if yours doesn’t, that silence itself is revealing — and empowering.

DEVIL’S ADVOCATE

Q: Pacific OneHealth is relatively young. How can patients trust a new brand with their lives?

SB: Trust is earned through outcomes, not age. Pacific OneHealth combines Delhi’s most experienced specialists with transparency and honesty — referring when needed, proving credibility through integrity.

Q: Micro-hospitals have been tried before and failed. What makes this different?

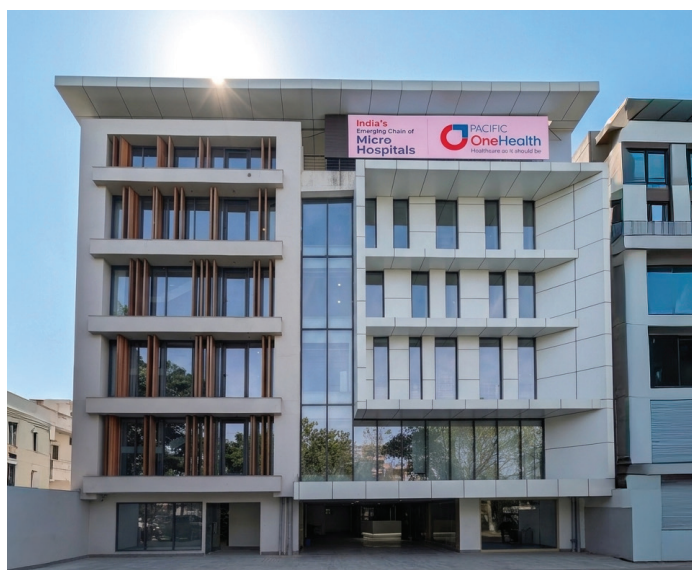
SB: Earlier micro hospitals lacked clinical depth. Pacific OneHealth reverses that — delivering hospital-grade infrastructure and expertise in a community accessible format.

Q: Your Centre of Excellence for Vertigo claims to be ‘India’s first’. Isn’t that a marketing claim?

SB: It is a clinical claim: India’s first Centre of Excellence for Vertigo, combining advanced diagnostics, rehabilitation, and expert leadership — a benchmark beyond marketing rhetoric.

Q: The Total Wellness Programme sounds like an expensive subscription. Who can actually afford it?

SB: The Total Wellness Programme is tiered for affordability, matching middle income families’ existing healthcare spend, while providing continuity, planning, and prevention and proving foresight costs less than neglect. 🏠





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The 3 AM Restless Indian Mind

India's working population often finds it difficult to switch off. Here are some tips:

By Prof. (Dr.) Nimesh G. Desai —



It is 3:07 AM. Arjun, 28, (name changed), a product manager in Gurugram, has been awake for 40 minutes — not because he isn't tired, but because his brain refuses to shut down. The office presentation; the WhatsApp message he sent wrong; and the health article he read last week about heart attacks in young men. His phone glows on the pillow beside him. He picks it up 'just to check'. Forty minutes later, he is still scrolling.

"74 million Indian smartphone users spend 6+ hours daily on screens. 67% report that screen time directly worsens their anxiety."

The Neuroscience: What Is Actually Happening at 3 AM

India's sleepless workforce is caught in a rumination loop. The brain's default mode network, responsible for self-referential thought, becomes hyperactive under stress and sleep deprivation. Screens intensify this cycle: every ping delivers dopamine, then cortisol, blurring the line between

real threat and background noise.

The loop is physiological. Anxiety elevates cortisol, which suppresses melatonin, further disrupting sleep and fuelling more anxiety. Smartphones compound the trap, simultaneously symbolising reward, threat, and social comparison. With 74 million Indians spending six or more hours daily on screens, the impact is widespread. A 2023 survey found 67 per cent people reported screen time worsening anxiety, with rates highest among 25- to 40-year-olds in metros.

A troubling variant is fake news health anxiety. Late-night symptom searches often spiral into catastrophic fears. Algorithms amplify the alarm because fear drives engagement. In this cycle, fear itself becomes the product — and the cost is sleepless nights.

3 TECHNIQUES TO INTERRUPT THE LOOP

1. The 5-4-3-2-1 Grounding

Method: Name 5 things you can see, 4 you can touch, 3 you can hear, 2 you can smell, 1 you can taste. This forces the prefrontal

cortex back online, pulling you out of the limbic spiral within 60-90 seconds.

2. Scheduled Worry Time: Contain rumination to a fixed 15-minute window each day — say, 6 PM. When an anxious thought arrives at 3 AM, write it down and tell your brain: 'Not now. Thursday, 6 PM.' It sounds absurd. Neuroscience says it works.

3. Phone-Before-Sleep Rule: No screen for 45 minutes before bed. Charge your phone outside the bedroom. This single change reduces cortisol at sleep onset by a measurable degree — and the first night, it will feel like withdrawal. That tells you exactly how dependent you have become.

'The loneliness-screen cycle is the part we don't talk about enough. Children and adults alike turn to screens when they feel disconnected. The screen provides stimulation but not connection — so the loneliness deepens, and they return to the screen. We are treating a social problem with a digital sedative.'

The 3 AM mind is not broken. It is overwhelmed, under-rested, and chronically overstimulated. That is a condition — and it responds to care. ■

(The author is a former Director of the Institute of Human Behaviour & Allied Sciences (IHBAS), Delhi, and a Senior Consultant Psychiatrist & Psychotherapist)

A Child's Silence Needs Special Ears to Listen To

Your child's silence may have inaudible words. Signs of mental distress you must not miss.

By Dr Aastha Dewan

Not all distress in children is loud. Sometimes, it hides in quiet rooms, unfinished sentences, or a sudden loss of interest in things they once loved. As parents, it's easy to dismiss these changes as "just a phase," but your child's silence may be communicating something deeper.

Today's children are growing up in a complex world—balancing academic pressure, social comparison, digital exposure, and sometimes even witnessing or experiencing violence. According to UNICEF (2023), nearly 50 million children globally live with unaddressed mental health conditions. In India, NIMHANS reports that about 7.3% of school-age children have a diagnosable mental health condition. These numbers highlight that emotional struggles are more common than we assume—and early support matters.

What to watch for

Mental distress doesn't always appear as sadness. It may show up as withdrawal from family or friends, increased irritability, sudden anger, or noticeable changes in sleep and appetite. You might observe declining academic performance, excessive mobile use, or a loss of interest in hobbies they once enjoyed. Some children may become unusually quiet, while others may act out. In



certain cases, children may cope through unhealthy habits such as screen addiction or experimenting with substances, while others may internalise feelings of loneliness, worthlessness, or emotional numbness.

When should you intervene?

If these changes persist for more than two weeks, intensify, or begin to interfere with daily functioning, it's important to step in. Trust your instincts—subtle shifts in your child's behaviour often carry meaning. Early conversations and gentle support can prevent more serious difficulties later.

How to respond

Start with presence, not pressure. Create a safe, non-judgmental space where your child feels heard. You don't need perfect solutions—what matters most is your willingness to listen and understand.

What to say when your child is struggling:

- "I'm here for you, no matter what."
- "You don't have to go through this alone."
- "It's okay to feel this way. Tell me more."
- "We'll figure this out together."
- "Your feelings matter to me."

What to avoid saying:

- "It's just a phase, ignore it."
- "Others have it worse."
- "You're overreacting."

Children may not always ask for help directly, but their behaviour often speaks for them. Listening with empathy, validating their feelings, and seeking professional help when needed can make a lasting difference. 📌

(The author is a Mental Health Expert at Pacific OneHealth)

Living With Dangerous Enemies

There are lifestyle diseases you may already be living with but haven't yet detected. In a revealing interview conducted by Shahnawaz Ahmad Ansari, Executive Editor, Dr H.K. Chopra discusses the enemies within us. Excerpts:



Q: I feel perfectly fine. Why should I worry about pre-diabetes or blood pressure?

Dr Chopra: Because the deadliest thing about these conditions is exactly that — you feel fine while damage is happening from within. In India, 136 million people have pre-diabetes (IDF 2023). One in three urban adults has high blood pressure they do not know about (ICMR). By the time the symptoms appear, the heart, kidneys, or eyes may already be affected.

Q: Does stress really cause high BP?

Dr Chopra: Stress does not directly cause chronic hypertension, but it is a powerful trigger. When stressed, your body releases cortisol and adrenaline, which raise your heart rate and constrict blood vessels. If this happens repeatedly — as it does for most working Indians — the effect becomes persistent. Add poor sleep, skipped meals and too much salt, and you have sustained high BP.

Q: What does my waist size actually tell a doctor?

Dr Chopra: More than your weight does. A waist above 35 inches for Indian women and 37 inches for Indian men strongly predicts insulin resistance — even at 'normal' weight. South Asians carry visceral fat around organs more readily. That internal fat disrupts how your body handles sugar and cholesterol.



"If it's borderline, I don't need to do anything yet."

Borderline is not a waiting room. It is a warning. Pre-diabetes doubles your heart disease risk. Even 'mildly elevated' BP damages arteries over time. The best window for reversing these conditions is before they become 'official' diagnoses.

**MYTH
BUSTER**

Q: Can I reverse pre-diabetes?

Dr Chopra: Often, yes. The Diabetes Prevention Program showed structured lifestyle change reduced progression to diabetes by 58% — more than metformin. For Indians: lose 5-7% body weight, walk 30 minutes daily, and cut refined carbohydrates sharply. It is not about extreme diets. It is about consistency.

Q: Is metabolic syndrome just a fancy name for being unhealthy?

Dr Chopra: No. It is a specific cluster: high waist circumference plus 2 of the following: elevated BP, high fasting glucose, high triglycerides, or low HDL cholesterol. Having metabolic syndrome means your risk of heart attack, stroke and diabetes is two to three times higher. It is a medical diagnosis.

Q: My reports are 'borderline.' Should I worry?

Dr Chopra: Worry is not useful. Action is. 'Borderline fasting glucose' (100-125 mg/dL) means your body is already struggling to process sugar. 'Borderline BP' (130-139/80-89) means your arteries are under stress, which they were not designed for. The question is whether you will act while change is still possible.

Q: Do I need medicine, or can lifestyle fix this?

Dr Chopra: That depends on numbers, age, and family history. But even when medication is needed, lifestyle is never optional. Medicine manages the problem; lifestyle addresses the cause. One without the other is half a treatment.

"Diabetes runs in my family, so there's nothing I can do."

Genetics loads the gun, but lifestyle pulls the trigger. Having a first-degree relative with diabetes raises your risk. But lifestyle intervention cuts that risk by nearly 60%. You cannot choose your genes. You can choose your habits.



**MYTH
BUSTER**

MY UNIQUE CASE

A 38-year-old marketing executive walked in for a 'routine check' his wife had insisted on. His BP was 158/102. No symptoms. Fasting glucose: 112 mg/dL — just below the diabetes threshold. Waist: 38 inches. "I thought I was just busy," he said. Within six months of lifestyle change — not medication — his BP dropped to 128/84, his glucose normalised. He told me: "I didn't realise how unwell I felt until I felt better." That is the quiet danger of metabolic disease. It arrives without drama.

Q: What's the link between diabetes and heart disease?

Dr Chopra: It is direct and dangerous. High blood sugar damages blood vessel walls, promotes plaque buildup, and triggers inflammation. Two-thirds of Indians with diabetes will eventually develop cardiovascular disease. That is why, in my clinic, protecting the heart and managing sugar are part of the same conversation.

Three Things You Can Do This Week

1). Measure your waist.

If above 37 inches (men) or 35 inches (women), cut out one source of refined sugar this week.

2). Check your BP at a pharmacy.

If the top number exceeds 130 on two different days, book for an evaluation. Do not wait for symptoms.

3). Walk after your largest meal.

Not a workout — a 15-minute walk. Research shows this significantly improves post-meal glucose control. No gym required. 🚶

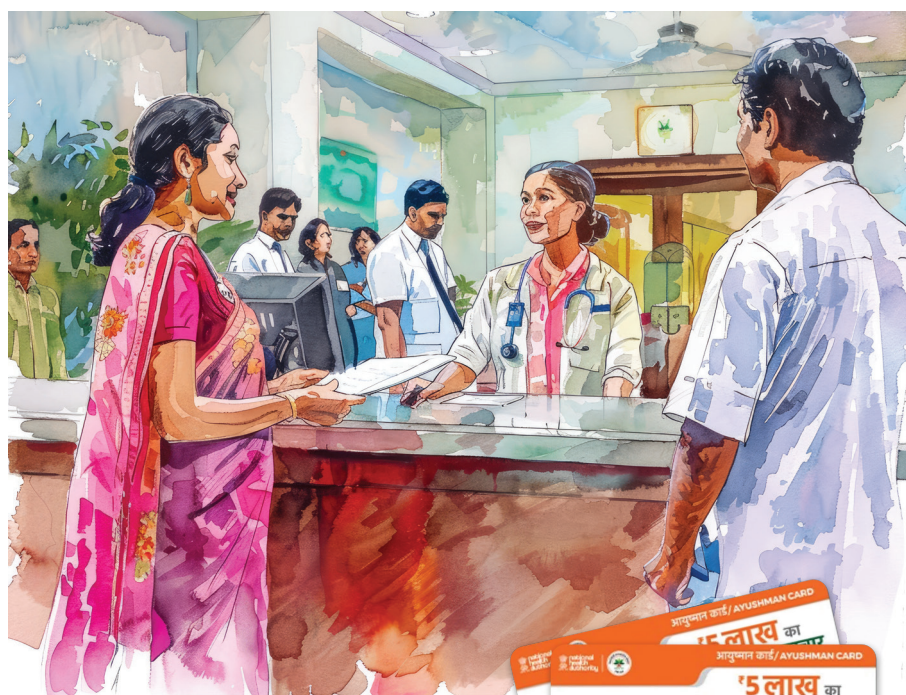
Sources: IDF Diabetes Atlas 2023; ICMR-INDIAB Study; WHO Global Report on Diabetes; Cochrane Database of Systematic Reviews; Diabetes Prevention Program Research Group

*(Dr H K Chopra is
Senior Consultant Cardiologist,
Moolchand Medcity, New Delhi)*

The Card That Doesn't Open Health Doors

Millions of people in India have PM-JAY cards. But many cannot use their cards. Why?

By OneHealth Bureau



In theory, Pradhan Mantri Jan Arogya Yojana is the largest public health insurance scheme in the world. **Over 107 million families — more than 500 million individuals — are enrolled on paper and are entitled to up to ₹5 lakh per year in secondary and tertiary care at empanelled hospitals, free of charge.**

In practice, the card often fails at the first door it needs to open.

A construction worker in East Delhi discovered this when his wife needed a laparoscopic procedure last year. The nearest PM-JAY empanelled hospital was 22 kilometres away. When he arrived, he was told the procedure

was not covered under the current empanelled services list. When he appealed, he was told that the claim processing would take too long for him to wait. He paid out of pocket.

His story is not exceptional. According to the National Health Systems Council (NHSA, 2024), only 23 per cent of empanelled hospitals are fully operational and consistently processing PM-JAY claims. Multiple studies have documented that 62 per cent of households below the poverty line

continue to pay out-of-pocket for healthcare despite holding PM-JAY coverage.

Nearly 107 million families are enrolled in PM-JAY on paper. Yet 62% of poor households still pay out of pocket for healthcare.

MULTIPLE REASONS

The reasons are multiple and mutually reinforcing. First, empanelment gaps: many hospitals that are technically empanelled have not renewed their credentials or have been removed from the active list for violations, without patients being informed. Second, claims rejection: hospitals report that claim rejection rates under PM-JAY can exceed 30 per cent in some states, often on technical grounds. This creates a perverse incentive — facilities that can afford to absorb rejected claims continue; smaller facilities exit the network. Third, scope limitations: the package list under PM-JAY, while extensive, excludes several common conditions and procedures. Patients discover this not at enrolment but at the point of care.

Fourth — and perhaps most damaging — is what the Lancet describes as ‘benefit ignorance’. Most PM-JAY beneficiaries do not know what they are entitled to. They do not know the PM-JAY helpline number (14555). They do not know they can appeal a rejected claim. They do not know the hospital is legally obligated to inform them of their rights. ■

What You Can Do in 5 Steps

Step 1: Check empanelment. Before going to any hospital for a procedure, verify whether it is currently empanelled on pmjay.gov.in or call the helpline at 14555.

Step 2: Ask for your Benefit Package. The hospital is obligated to show you the PM-JAY package list. Your procedure should be listed with a package code. Insist on seeing it.

Step 3: Demand a written rejection. If your claim is rejected, insist on a written explanation with the specific reason. 'System error' is not acceptable.

Step 4: File a grievance. Visit the PM-JAY portal (pmjay.gov.in) or call 14555 to register a formal complaint. Complaints must be resolved within 30 working days.

Step 5: Escalate to the State Health Agency. Every state has a PM-JAY SHA. If the helpline is unresponsive, write directly to your SHA. Contact details are available on the NHA portal.

The Nicotine Gum Controversy

DTAB's latest decision may cost smokers their best available quit tool.

Nicotine Replacement Therapy — delivered via patches, gums, lozenges, sprays, and inhalers — remains the most evidence-supported pharmacological aid for smoking cessation. Multiple Cochrane reviews confirm it increases quit rates by 50 to 70 per cent compared to willpower alone. The WHO includes NRT on its Essential Medicines List. In the UK, nicotine gum is available at the pharmacy counter without a prescription.

In India, the Drug Technical Advisory Board (DTAB) has been considering reclassifying several NRT products, particularly nicotine gum in higher dosages, from Schedule K (pharmacy-dispensed without prescription) to prescription-only status. The

stated rationale involves concerns about misuse and dependency.

The public health community has responded with alarm.

India has approximately 267 million tobacco users. Of those who attempt to quit, fewer than 6 per cent succeed without assistance. Nicotine gum — widely available, affordable, and non-systemic — is often the first tool a smoker encounters that actually works.

The concern among patient advocates is straightforward: if NRT requires a prescription, millions of smokers who are willing to quit but lack consistent access to doctors will simply not quit. Tobacco-related disease kills approximately 1.35 million Indians



annually. This is not a regulatory detail. It is a matter of preventable mortality.

At the time of going to press, the final DTAB ruling has not been issued. OneHealth Life will continue to track this story. If you are attempting to quit tobacco, speak to your doctor about NRT options. Evidence says you do not have to do it alone — and you should not have to. 🍷

How Machine Learning is Catching Cancer Earlier & Faster

By B. Sanjay Bhargava

Director, Labs & Diagnostics at Pacific OneHealth Labs, New Delhi

When a 52-year-old schoolteacher in Lucknow received a call from her local clinic last year requesting follow-up, she expected the usual wait and vague answers. Instead, a portable screening device flagged a suspicious pattern in her mammogram images, and within weeks, she began treatment for an early-stage breast cancer that likely would have been detected much later. Stories like hers capture a quiet revolution: artificial intelligence is increasingly sitting alongside doctors in Indian hospitals, catching things human eyes can miss and making diagnostics faster and more accessible — especially beyond big metros.

In 2024, The Lancet reported that AI-supported systems reduced late-stage cancer detection by 31% — a striking figure with real human consequences. Another large study found a 43% improvement in diabetic retinopathy screening when AI tools assisted graders, meaning fewer people lost sight because the disease was missed or detected too late. These aren't the results of flashy lab demos; they reflect tools being deployed in clinics and screening camps across India.

Homegrown companies are central to this shift. Niramai, founded in Bengaluru, uses thermal imaging and machine learning to detect

breast abnormalities without compression or radiation, making screening more comfortable and deployable in community settings. Aindra Systems, which focuses on automated microscopy and telepathology, helps small hospitals digitise slides and run AI-assisted analysis so that rural patients don't have to travel long distances for a specialist's opinion.

COLLABORATION

Institutional partnerships amplify reach. The AIIMS-Microsoft collaboration, for instance, aims to integrate AI into patient workflows, combine large, curated datasets, and build scalable tools that fit Indian clinical realities — multilingual interfaces, low-bandwidth operation, and regulatory alignment. Such collaborations bring computational power and implementation expertise into public health settings, helping tier-2 and tier-3 cities access diagnostics previously available only at tertiary centres.

How does the science work, explained simply? AI models learn

by example. Engineers feed them thousands of annotated images — X-rays, fundus photos, pathology slides — where clinicians have pointed out disease features. The model learns patterns: shapes, textures, and subtle pixel changes that correlate with disease. Once trained, the system highlights suspicious areas or provides a probability score. It doesn't "decide" like a doctor; it offers evidence and flags faster than a human can scan an entire caseload.

This is particularly valuable in India's smaller cities, where specialists are scarce. A technician can capture an image locally, an AI can pre-screen it in minutes, and the result can be reviewed remotely by a specialist if needed. That reduces delays and ensures more people are triaged correctly.

But AI isn't magic. It performs best on the data it was trained on — diverse, high-quality images collected in similar settings. Deploying an algorithm trained in a Western hospital to an Indian rural clinic without validation can lead to errors. That's why Indian initiatives emphasise local

In 2024, The Lancet reported that AI-supported systems reduced late-stage cancer detection by 31% — a striking figure with real human consequences.



datasets and clinical oversight.

IN MEDICAL PRACTICE

What AI is doing in your hospital today, and what it cannot do, are important to understand. What AI does: pre-screens images (X-rays, mammograms, retinal photos), highlights suspicious regions, ranks cases by urgency, automates routine measurements, and helps digitise slides/screens for teleconsultation. It speeds workflows and reduces oversight errors.

What AI cannot do: make final diagnoses alone, replace nuanced clinical judgment, understand complex patient context, or take legal responsibility. AI outputs must be reviewed by qualified clinicians. Think of AI as a fast, tireless assistant that points to problems and gives probabilities — the doctor still interprets, explains, and decides treatment.

Patient FAQs — short answers

Q Can I trust an AI diagnosis?

A Trust comes from validation. Ask if the tool was tested on Indian populations, approved by regulators, and used under clinician supervision. AI helps, but final diagnosis and treatment decisions remain with your doctor.

Q What about my data privacy?

A Reputable systems de-identify data and use secure storage and encrypted transfer. Public hospitals and vendors should follow India's data-protection laws and hospital policies; ask how your images and reports are stored and who can access them.

Q Who is responsible if AI goes wrong?

A Clinicians and healthcare institutions are accountable for clinical care. AI is an aid, not a legally autonomous decision-maker. Hospitals should have protocols for reviewing AI outputs and addressing errors.

AI-assisted diagnostic facilities in India is not a futuristic promise — it's an expanding, practical layer of care. By coupling local innovators, public institutions like AIIMS, and global partners, the technology is making diagnostics quicker, cheaper, and more widely available — especially to the people who need it most.

Here are a few breakthroughs that will mark your tomorrow:



1) Gut Bacteria and Mental Health

The India Study That Changed How We Think About Depression

Recent research from India has reshaped how we view depression by highlighting the gut microbiome's role. Researchers analysed stool samples from diverse participants and correlated bacterial profiles with symptoms of depression. They found distinct microbial signatures: reduced diversity and lower levels of anti-inflammatory bacteria in people with depression.

Importantly, the study's integrated analysis of diet, socioeconomic factors, and inflammatory markers, suggests that the microbiome mediates environmental impacts on mood. While not proving

causation, interventions that adjusted gut flora through diet or probiotics showed promise in preliminary trials.

The Indian study's strength lies in its population diversity and multidisciplinary approach, prompting psychiatrists and microbiologists to collaborate more closely. If replicated, these findings could expand treatment beyond neurotransmitters to incorporate personalised nutrition, microbiome screening, and novel microbial therapies.

For patients, this opens hope for adjunctive, low-risk strategies that target the gut to support mental

health. Further large-scale studies are urgently needed to guide clinical practice.

2) CDSCO's Indigenous Biosimilar Programme

The Drug India May Soon Stop Importing

India is on the cusp of a pharmaceutical milestone. The Central Drugs Standard Control Organisation's Indigenous Biosimilar Programme aims to reduce dependency on imported biologics by nurturing domestic research, streamlining approvals, and encouraging public-private partnerships.

By setting clearer regulatory pathways and fast tracking biosimilars, CDSCO hopes to lower treatment costs and expand patient access to therapies for cancer, diabetes, and autoimmune diseases. The initiative emphasises rigorous clinical testing, manufacturing standards, and post market surveillance to assure safety and efficacy, while offering incentives for technology transfer and capacity building. Indian biotech firms, buoyed by expertise and investment, are scaling up production and entering global markets.

Challenges remain — intellectual property issues, infrastructure gaps, and attracting skilled talent—but the programme signals a strategic shift toward self reliance. If implemented effectively, CDSCO's push



could transform India from a net importer into an exporter of biosimilars.

3) Telemedicine Update

What the New MOHFW Guidelines Mean for Rural Patients

The Ministry of Health and Family Welfare's updated telemedicine guidelines could be a real game-changer for rural patients. By clarifying prescriptions, strengthening privacy safeguards, and expanding the list of healthcare professionals authorised to consult remotely, the rules aim to make virtual care more reliable and accessible.

For villagers who face long travel times, unpredictable transport, and scarce specialist availability, this means quicker triage, follow-up care, and medication guidance without leaving home. The guidelines also push for better documentation and informed consent, which should boost trust in remote consultations.

Connectivity and digital literacy are some of the hurdles that remain. Government-led kiosks, community health workers, and simplified interfaces are part of the plan to bridge those gaps. Costs may fall as unnecessary referrals decrease, yet regulators must ensure quality and accountability. If implemented thoughtfully, the MOHFW update can strengthen primary care in rural India and meaningfully improve health outcomes. 📶

Indian food was always meant to be eaten together as a colourful thali. The combination was always the point.

One reel says ghee clogs your arteries. The next calls it liquid gold. An expert says quit rice. Your nani has eaten rice twice a day for 80 years and outlived everyone. You are just standing in the kitchen at 7 PM, tired, trying to figure out what to cook and what to eat.

So is rice actually bad?

Not at all. But eating a plain bowl of white rice alone hits your bloodstream like a sugar rush. Add dal, sabzi, and a small spoon of ghee to that same rice, and your body processes it completely differently. Slower. Steadier. Healthier.

Nutritionally, they are far closer than you think. A medium roti and a small katori of rice carry almost the same calories and carbohydrates. What matters far more is what you eat alongside them, not which one you pick.

Indian food was always meant to be eaten together as a colourful thali. The combination was always the point.

One katori of moong or masoor dal gives you 9 to 12 grams of protein, with fibre, iron, and folate for roughly ₹15 per serving. No supplement on the market beats that.

1. Soak your rice for 30 minutes before cooking. Reduces starch, lowers blood sugar impact. Zero extra cost.

2. Add one teaspoon of ghee to your dal or roti. Fat slows sugar absorption. Ghee is not your enemy.

3 Eat vegetables before your rice or roti. Same plate, different order. This simple switch reduces post-meal blood sugar spikes by nearly 30 per cent.

4. Switch to single polish rice from your kirana store. Available at ₹45-₹55 per kilogram. More fibre, better nutrition, surprisingly better taste.

5. Make lunch your heaviest meal, not dinner. Your digestion is strongest between noon and 2 PM. A light dinner of khichdi or dal roti works beautifully.

You do not need quinoa bowls or Avocados. You need dal cooked with a pinch of turmeric (haldi), eaten warm at lunch. The way it was always meant to be.

The diet was never broken. Just the habits around it. And those you can fix, starting today. 🍽️

*(The author is a Clinical Dietitian
& Certified Diabetes Educator)*



Health Updates From Across India

A snapshot of health developments and why they matter in our daily lives.

By OneHealth Bureau

1. Brace For The Heat

India's Health Ministry has activated Heatwave Action Plans across states this May, after IMD warned of above normal heatwave days in northwest, central, and eastern India through June. Cooling centres, free ORS distribution, and 24x7 emergency services are being rolled out nationwide. What this means for you: Avoid peak afternoon exposure, hydrate regularly, and check with your district health office for the nearest cooling centre.



2. Revamped Mental Health Policy Draft

The Health Ministry has released the first draft update of the National Mental Health Policy since 2014. It proposes ABHA-linked screening, expanded e- Sanjeevani tele-mental health services, ASHA sensitisation training, and ring-fenced state budgets. What this means for you: Free mental health consultations are now available via e-Sanjeevani (esanjeevaniopd.in).

3. ICMR's Menu Changes

ICMR and NIN have revised India's dietary guidelines after 17 years. Key advice: cut oil and sugar by 50%, reduce sodium, avoid ultra-processed foods, and limit screen time. Findings show Indians consume 17% excess sodium and 40% excess sugar. What this means for you: Download the guidelines at nin.res.in and paste the portion chart in your kitchen.

FROM THE REST OF INDIA

4. 'Arogyakeralam' A Model Blueprint

Kerala's Arogyakeralam 2.0 now delivers community palliative care across 93% of panchayats, offering doorstep counselling and pain relief. The Lancet cites it as a global model. Tamil Nadu, Odisha, and Chhattisgarh are studying adoption. What this means for you: Ask your state health department if community palliative care is available for chronic illnesses in your district.

6. New QC Rules for Stents, Implants

CDSCO has tightened quality control for stents, implants, and lenses. From July 2025, mandatory batch testing, traceability, and patient device cards with QR codes have become law. What this means for you: If undergoing implant surgery, request your device card — it is now your legal right. 📄



5. Odisha's 'Niramaya' Scheme Modified

Odisha has expanded its Niramaya scheme to cover 24 rare diseases, offering up to ₹10 lakh per patient annually. Tamil Nadu is the only other state with similar funding. Advocates welcome the move but

point out the weak genetic testing infrastructure. What this means for you: Families in Odisha or Tamil Nadu can seek financial support from their district health officer.

The Myth Files: From Ghee to Vitamin C & Water

Our lives are sometimes governed by myths that need to be broken.

By Kanikka Malhotra



We did not make these up. These beliefs were passed down by well-meaning relatives, reinforced by the internet, and repeated so often they started sounding like facts. Here is some hard evidence:

Myth 1: Ghee is bad for your heart

Not quite. Research shows that moderate ghee consumption, roughly one to two teaspoons daily, does not increase cardiovascular risk in healthy individuals. Ghee contains butyrate, a short-chain fatty acid

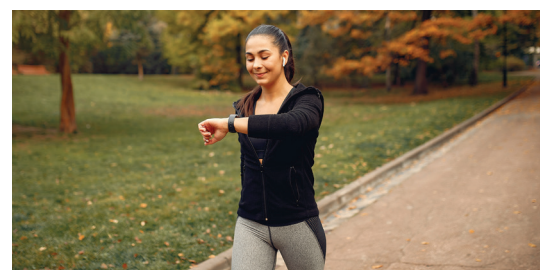
that actively supports gut health. The real concern is quantity and overall diet pattern, not ghee itself.

Myth 2: Cold water slows your metabolism

Your body is extraordinarily good at regulating its own temperature. Cold water is warmed to body temperature within minutes of drinking it. There is no credible evidence that cold water meaningfully slows digestion or fat burning. Drink water at whatever temperature you are comfortable with.

Myth 3: You must drink 8 glasses of water daily

This number lacks a strong scientific basis. Your actual requirement depends on your body weight, activity level, climate, and diet. Eating water-rich foods like dal, fruits, and sabzi counts meaningfully toward hydration. A reliable indicator is simply the colour of your urine. Pale yellow means you are doing fine.



Myth 4: Walking after meals aids digestion

This one is actually true. A short 10-minute walk after eating measurably improves blood sugar regulation and supports digestion. Your post-lunch stroll is genuinely worth keeping.

Myth 5: Vitamin C prevents colds

Vitamin C does not prevent colds in most people. However, studies show it can shorten the duration and reduce the severity of a cold once you have one. Keep taking it, just adjust your expectations about what it does. 📌

(The author is a Clinical Dietitian & Certified Diabetes Educator)

The Sleep Debt Crisis Nobody Is Talking About

India sleeps 6.5 hours. Science says we need 7–9. The gap is not energy or hard work— it is biology under siege.

Dr Preetish Kaul

Consultant—Medical Editor, OneHealth Academy

A 2023 global sleep study by sleep-tracking company Fitbit ranked India among the world's most sleep-deprived nations, with the average adult clocking just 6.5 hours of sleep

per night. We treat this as a personality trait — 'I'm just not a big sleeper' — when it is, in fact, a public health emergency hiding in plain sight.

billion years of evolution to fine-tune.

Chronic circadian misalignment is independently associated with increased risk of Type 2 diabetes, cardiovascular disease, depression, and obesity. Poor sleep does not merely make you groggy. It accelerates cellular ageing.

"Every hour of lost sleep is a debt your heart, brain, and immune system will eventually collect."



3 Sleep Hygiene Interventions Backed by Evidence

1. FIX YOUR WAKE TIME FIRST.

Anchor your wake time every day, including weekends. It stabilises your circadian rhythm faster than any supplement.

2. CREATE A 45-MINUTE WIND-DOWN WINDOW.

No screens, no work, no news. Dim your lights. A warm shower 60-90 minutes before bed helps your body transition into sleep.

3. COOL, DARK, QUIET-NON-NEGOTIABLE.

Keep your room 18-20°C, dark, and quiet. Protect your melatonin and your deep sleep.

Why Your Body Has a Clock — and You Keep Overriding It

Every cell in your body runs on a roughly 24-hour circadian rhythm governed by a master clock in your brain. This clock regulates melatonin (the sleep hormone), cortisol (the wake hormone),

body temperature, digestion, and immune function. When you eat at midnight, scroll your phone at 11 PM, or sleep at wildly inconsistent hours, you are disrupting a biological orchestra that took 3.5

TWO SMALL ACTS. PROFOUND BIOLOGY.



The Five Pillars of Healthy Ageing

As you step into the autumn of life, learn to walk with strength, eat with care, age with wisdom and have nuggets of joy to share.

By Dr G.S.Grewal ———



The WHO's Decade of Healthy Ageing (2020-2030) made a major shift in the basic and fundamental foundation of elder care -- the shift from care to be provided to care as a right and participatory life; the elderly themselves are to be empowered to take care, and the goal of care is to maintain functionality and independence, rather than longevity. The path to achieve this goal has been labelled as 'HEALTHY AGEING'.

Healthy Ageing is practised on certain principles or guidelines; they are often referred to as the '**FIVE PILLARS OF HEALTHY AGEING**'.

The five pillars of healthy ageing in India — physical activity, balanced nutrition, cognitive stimulation,

social engagement, and emotional well-being -- manifest differently across individuals depending on education, gender, socio-economic status and cultural practices. Thriving in later life is thus diverse, shaped by personal choices and social environments rather than a single uniform pathway.

- 1). **Physical Activity** is essential for maintaining mobility, strength, balance and preventing falls.
- 2). **Balanced Nutrition** supports bones, muscles, and immunity
- 3). **Cognitive Stimulation** keeps the brain active and delays decline.
- 4). **Social Engagement** counters loneliness and depression and

builds morale and a sense of belonging.

- 5). **Mental & Emotional Well-Being** enhances resilience and quality of life.

These pillars are not isolated— they reinforce one another. For example, regular physical activity boosts mood, while social engagement stimulates cognition. Together, they create a holistic framework for ageing with dignity, agency, and joy.

The five pillars of healthy ageing can be assessed using measurable markers across physical, nutritional, cognitive, social, and emotional domains. WHO's Decade of Healthy Ageing framework emphasises indicators like functional ability, intrinsic capacity, social participation, and well-being, which can be adapted into practical assessment tools for individuals and communities.

Healthy ageing is not about achieving identical outcomes but about flexible pathways to dignity and fulfilment. A 70-year-old farmer who finds joy in his fields, a retired teacher who mentors students and a grandmother who sustains family bonds through rituals — all embody thriving, though in very different forms. The five pillars provide a framework, but the lived expression of each pillar is deeply personal, shaped by culture, resources, and individual temperament.

Life's Chapters Well Lived

Here are two exemplary cases of healthy ageing:

A lady who received a school education up to middle school was separated from her siblings at a young age to care for her aunt. She later married an Air Force Officer, a pilot, just after the partition of India, and had three children. She initially stayed mostly in a village with her in-laws, separated from her husband, surviving on her husband's salary. Just when things were settling financially, at the young age of 39, she lost her husband in an air crash. She was now left with the pension and three children to care for, in addition to herself. From there, she held fort and educated her children. Two of them became doctors, and one earned a master's in education. She maintained a strict, disciplined life for herself and never fell ill. She left no financial liability for her children and lived till age 97.

This lady's remarkable journey embodies the five pillars of healthy ageing. Physical activity was reflected in her disciplined lifestyle and resilience in daily routines. Balanced nutrition and self-care kept her free from illness well into an advanced age. Cognitive stimulation was evident in her determination to educate her children for professional success, demonstrating lifelong mental engagement. Social engagement was obvious in her role as a mother and widow who sustained family bonds despite adversity. Finally, her emotional well-being was anchored in discipline, dignity, and inner strength, enabling her to thrive until 97 and leave behind a legacy of independence and inspiration.



A Stress Quiz

Caregiving is love but is often invisible. Many do not recognise their exhaustion until it becomes routine. Answer yes or no in this short quiz.

1. Felt tired before the day was half over?
2. More impatient with family or the person you care for?
3. Postponed your own health check for their needs?
4. Lying awake thinking about what could go wrong?
5. Feeling family does not understand how much caregiving involves?
6. Sacrificed something that restored you — walking, reading, seeing friends?
7. Feel guilty at the thought of a short break?
8. If asked how you are, would the answer be: not very well?

1-2 yes = stretched but coping. **3-5** = stress is affecting your health. **6+** = seek help now. Burnout begins when your body carries more than it can recover from.

3 Things to Say, Things Never to Say

Say: "I'm here. One step at a time." — Reduces the problem to what is manageable now.

Say: "What feels hardest today?" — Centres the person; gives useful information.

Say: "What would make this hour easier?" — Protects dignity; identifies real needs.

Never say: "At least it's not worse." — Dismissive. Pain is not reduced by comparison.

Never say: "I already told you that." — Humiliating for people with memory loss. Repeat gently.

Never say: "Stay positive." — They are allowed to feel discouraged. ☒

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

Take Care of Your Parents

The law supports the elderly in every aspect. Here is what every family should know

By **Rajneesh Attri**

Vice President, Insurance & Networking, Pacific OneHealth Hospitals, New Delhi

As parents grow older, two things quietly move to the forefront—legal clarity and financial readiness. Most families address these only when something goes wrong. A little preparation now can save a lot of strain later.

Understanding the law, simply

The Maintenance and Welfare of Parents and Senior Citizens Act makes it clear that children or legal heirs are responsible for a parent's basic needs—food,

housing, and medical care. If this support is not provided, parents can approach a local tribunal for a relatively quick resolution, without the delays of regular courts.

One aspect that often gets missed is around property. If a parent transfers his or her property to a child with the understanding that they will be looked after, and that doesn't happen, the transfer can be revoked. It's a reminder that even within families, expectations should be clear and, where possible, documented. The law also provides for state-supported old age homes and protection against neglect.

Planning eldercare through insurance

There is no single “eldercare policy” in India. Instead, coverage usually comes from a mix of options. A senior citizen health plan is often the starting point, covering hospitalisation and treatment. These plans typically begin at age 60 and may include medical checks, waiting periods, and a co-payment.

To build stronger protection without sharply increasing premiums, many families add a super top-up plan. It kicks in for larger expenses and helps extend overall coverage. Some also opt for critical illness plans, which provide a lump sum upon diagnosis and can help cover non-medical costs.

When comparing policies, the fine print matters. Waiting periods for existing conditions, co-pay clauses, and room rent limits can significantly affect what you pay from your own pocket. It's equally important to check whether reliable hospitals nearby are part of the insurer's network.

BOTTOMLINE

Start early if you can. If not, start where you are. Clear conversations, basic documentation, and the right insurance mix can go a long way toward ensuring your parents' comfort in the years ahead.

Caregiver's Stress Quiz

Here are eight honest questions. No right answers, only real ones.

Caregiving is invisible labour. It does not clock out. If you are looking after an ageing parent, a spouse with chronic illness, or any dependent adult, please be mindful that this quiz is not a diagnosis, it is a mirror. Read each question. Answer honestly, to yourself.

Question Yes / No

1. In the last two weeks, have you felt resentful — even briefly — towards the person you care for? _____
2. Do you find yourself snapping at other family members more than you did a year ago? _____
3. When was the last time you did something purely for yourself — not errands, not appointments — just something you enjoy? _____
4. Do you lie awake at night thinking about the person in your care? _____
5. Have you postponed or skipped your own medical check-ups because you were too busy with theirs? _____
6. Do you feel that no one else in the family pulls their weight when it comes to caregiving? _____
7. Has caregiving affected your work, your finances, or your own health in a concrete way? _____
8. If someone asked you 'how are you doing?' — honestly, not just in passing — would you know what to say? _____

If you answered **YES** to three or more - You are likely experiencing caregiver burnout, or approaching it. That is not weakness. It is what happens when a human being gives more than they receive, over a long period, without support. The next step is not a lifestyle change it is a conversation. With a doctor. With a family member. With yourself.

Communication is the Key

A practical communication guide for those who care for elderly or ailing family members:

The words we reach for in difficult caregiving moments are rarely the ones we should use. Most of us default to reassurance, instruction, or deflection — because silence and truth feel harder. Here is what the evidence on geriatric communication, and the lived experience of family caregivers, actually recommends:



THINGS TO SAY; THINGS NEVER TO SAY

“I’m here. You don’t have to figure this out alone.”

Acknowledges their fear without dismissing it. Works particularly well when they are anxious about a diagnosis or treatment.

“At least it’s not worse.”

Comparative minimisation. It invalidates their experience and often ends the conversation they most needed to have.

“What does this feel like for you?”

Opens the door. Older adults often go unseen in their own healthcare; this question re-centres them as the person whose experience matters most.

“You have to stay positive.”

This burdens the sick or elderly person with managing your discomfort. They are allowed to be afraid.

“Tell me what would make today a little easier.”

Gives them agency. Avoids the trap of deciding for them what they need, which is often both wrong and infantilising.

“I’ve already told you this.”

Said to someone with memory loss or anxiety, this is cruel — even when you’re exhausted. Repeat it gently, every time.

Good caregiving communication is not about saying the perfect thing. It is about staying present when it would be easier to walk away. 🧡

The Menopause Silence

Many women in India continue to suffer in private. The time has come to end this.

By Dr Smriti Uppal —



Every year, nearly 40 million Indian women enter menopause. And most of them go through it completely alone.

A 2023 FOGSI report found that only 18 per cent of women discuss their menopause symptoms with a doctor. 72 per cent manage entirely on their own, piecing together advice from relatives, the internet, and suffering in silence. This is not a small gap in healthcare. This is a generation of women being failed by silence.

It is time to end it.

What is actually happening in your body

Menopause is not a sudden event. It is a gradual hormonal transition, typically beginning in the mid to late forties, as the ovaries

progressively reduce production of oestrogen and progesterone. This shift touches nearly every system in the body.

Hot flashes affect nearly 75 per cent of women and can last anywhere from two to ten years. Sleep disruption, joint pain, brain fog, vaginal dryness, irregular periods, and unexplained weight gain around the abdomen are all common, clinically recognised symptoms. None of them is imagined. None of them is simply due to ageing. They are the measurable consequences of hormonal change.

Menopause is a physiological transition, not a disease. But when symptoms are severe enough to disrupt sleep, work, relationships and daily functioning, it absolutely warrants medical attention.



when women are simultaneously managing ageing parents, growing children, career pressures, and a cultural expectation to remain composed through it all. There is no space carved out for her own unravelling.

Dr Aastha Dewan, Counselling Psychologist and Behavioural Therapist at Pacific One Health, who has worked extensively with women navigating midlife transitions, reflects on what she hears most often in her practice:

“The women who come to me are not weak. They are exhausted from pretending to be fine. Many of them have never once been asked how they are feeling, not as a mother or a wife or a daughter, but simply as a person. Menopause has a way of forcing that question to the surface. And it deserves a real answer.”

The HRT debate: What you actually need to know

Hormone Replacement Therapy remains one of the most misunderstood interventions in women’s health. After a widely publicised 2002 study raised concerns about breast cancer risk, HRT fell out of favour globally. But the science has since been significantly refined.

Current evidence, including updated guidelines from the British Menopause Society and the Indian Menopause Society, confirms that for healthy women under 60 who are within ten years of menopause onset, the benefits of HRT in managing symptoms generally outweigh the risks. The absolute increase in breast cancer risk with certain forms of HRT is small and comparable to the risk associated with drinking alcohol regularly or being overweight.

HRT is not the right choice for every woman. But it deserves an honest, individualised conversation between a woman and her doctor, not a blanket

dismissal rooted in outdated fear.

Non-hormonal options, including certain antidepressants, cognitive behavioural therapy, and lifestyle interventions, also show meaningful evidence and are worth discussing.

What you deserve

You are not being dramatic. You are not just tired. You are not too young for this conversation or too old to matter in it.

Your symptoms are real. Your discomfort has a name. And you are entitled to medical care that sees you fully, not as someone’s mother first, but as a woman with her own health, her own body, and her own right to feel well.

Find a gynaecologist who will have this conversation with you. You should not have to suffer quietly to be taken seriously.

You never should have had to. 🇮🇳

(The author is Senior Consultant, Obstetrics and Gynaecology, Pacific One Health)

Women should not have to earn the right to treatment by suffering long enough first.

The part nobody talks about

The physical symptoms are hard enough. But the psychological weight of menopause is where the silence becomes truly costly.

Fluctuations in oestrogen directly affect the regulation of serotonin and dopamine in the brain. This is why many women experience heightened anxiety, low mood, sudden emotional shifts, or a strange and unfamiliar sense of losing themselves during this period. These are not personality changes. They are neurochemical ones.

And yet, in most Indian households, this is the stage of life

When The World Spins, An Anchor is Needed

A software engineer's journey through invisible Vertigo.

By Dr Anirban Biswas and Team

A 35-year-old software engineer presented to the Pacific One Health Institute of Neurotology OPD after four months of persistent dizziness. The dizziness waxed and waned with some occasional symptom-free periods. The feeling gradually eroded his ability to function.

Initially, he dismissed this subtle sense of imbalance as fatigue until one morning, a month before he came to the Institute of Neurotology, he experienced an intense episode of non-spinning vertigo with nausea and persistent disorientation that required him to seek physical support. The incident traumatised him and induced a fear of venturing outdoors. When he came to the clinic, his primary complaints were unsteadiness, an agonising fear of falling, a persistent swaying sensation and light-headedness -- all of which aggravated on walking and standing.

Searching for the right treatment, he had been shuttling between different specialists (neurologists, physicians, multiple ENT specialists, orthopaedic surgeons and physiotherapists), undergoing extensive medical evaluations, including EEG, brain and cervical spine imaging, and repeated vestibular function tests. No structural or functional lesion was identified for his disabling symptoms.

His narrative, answers to



leading questions, responses to the curated questionnaire, pre-consultation psychological assessment by the psychologist and a functional balance assessment for postural control and fall risk by the department's physiotherapist immediately suggested a perceptive/functional disorder. The medical tests revealed no overt abnormality in the neurological and balance systems.

A diagnosis of Persistent Postural Perceptual Dizziness (PPPD) was established, and the pathophysiology was explained to the patient. On the first visit itself, he felt relieved that he now understood his problem and that there is a dedicated team to hold him and steer him through

the way to recovery. No medicines were prescribed; the multiple anti-vertigo medicines he had been taking were immediately stopped. He was thoroughly counselled and reassured. Cognitive Behavioural Therapy and physical therapy were initiated to augment balance. The vestibular physiotherapist taught him physical exercises to improve his sense of balance and instructed him to practice them at home. He was called by the neurotologist two weeks later for a review.

On the next visit, his symptoms had drastically regressed, and he had started attending his office. More importantly, he now looked and felt more confident. He had resumed work, and was not just symptom-free, but empowered with insight into his condition.

His journey reflects a common yet under-recognised malady where normal investigations obscure a functional diagnosis, perpetuating the symptoms and delaying recovery. 📌

(The author is the Principal Director, Institute of Neurotology, Centre of Excellence, Vertigo & Balance Disorders, ENT (Ear, Nose, Throat), Pacific OneHealth Hospital, Lajpat Nagar, New Delhi)

Dr Biswas's team includes : Dr Bhavini Jain (Consultant Vertigo Specialist), Ayushi Chand Goswami (Vestibular Psychologist), Dr Priya Bisht (Vestibular Physiotherapist)

India's First National Healthcare Reckoning Delivers a Unanimous Verdict: Put the Patient First

On World Health Day 2026, Pacific OneHealth convened India's first national platform on patient-centric care — and 500+ voices across medicine, policy, and technology delivered one clear verdict: the patient has been the last consideration for too long.

By OneHealth Bureau

CareCon 2026 was not a healthcare summit. It was a reckoning. Over eight hours of dialogue at The Stein Auditorium, India Habitat Centre, New Delhi, more than 500 clinicians, policymakers, technologists, and advocates gathered under the banner of India's First National Conference on Patient-Centric Healthcare — organised by Pacific OneHealth Micro Hospitals on April 7, 2026, World Health Day. Six thematic sessions, 35+ speakers, and one defining question: has India built a healthcare system for patients — or merely around them?

What the Sessions Concluded

- **Prevention & Early Detection:** India's crisis is not awareness — it is detection. AI-enabled screening and community-integrated primary care are the most scalable solutions.
- **Women's Health & Precision Ageing:** Care pathways for women and the elderly remain fragmented and episodic. Continuity, dignity, and life-stage sensitivity are non-negotiable.
- **AI in Clinical Care:** AI must



500+ Delegates & Participants

35+ Speakers, Panellists & Moderators

6 Thematic Sessions

augment, not replace, clinical judgment. Accountability stays with clinicians. India's real barrier is data culture, not AI capability.

- **Micro Hospitals & Omnichannel Care:** Two Padma Shri awardees validated the model: Micro Hospitals address 70% of healthcare needs at community level — accessible, dignified, and integrated.
- **Centres of Excellence:** Specialised care — oncology, rehabilitation,

vertigo — must reach Tier-2 cities. True excellence lies in accessibility, not exclusivity.

The day also honoured frontline healthcare professionals through the Care As It Should Be Excellence Awards and recognised ten health journalists for patient-centred reporting. CareCon 2026 was Pacific OneHealth's first national platform. Its verdict: the reckoning has begun. The task now is action. 📌



The Invisible Backbone of Patient Care

From admission to discharge, nurses are the crucial link between doctors, patients and their myriad emotions.

Seema Wilson —————
*General Manager, Patient Care Excellence,
Pacific OneHealth Hospitals, New Delhi*

In India, nurses and paramedics form the largest segment of the healthcare workforce, yet their voices remain largely unheard outside hospital walls. They are the first point of contact, the constant presence during recovery, and often the last reassuring faces a patient sees before discharge. Despite this, media narratives around healthcare continue to focus predominantly on doctors, infrastructure, or policy, leaving behind the lived realities of those who deliver continuous bedside care.

Nurses and paramedics do far more than clinical tasks — they provide emotional support, ensure patient safety, coordinate between departments, and often act as silent advocates for patients and families. In high-pressure environments like emergency rooms, ICUs, and wards, their ability to make quick decisions, maintain composure, and deliver compassionate care becomes critical to outcomes.

What makes their contribution even more remarkable is the

balance they maintain between technical competence and human connection. They deal with pain, fear, uncertainty, and sometimes loss—yet continue to show empathy, patience, and strength.

It is time to bring their stories forward—not just as supporting roles, but as central pillars of healthcare delivery. Recognising nurses and paramedics is not only about appreciation; it is about acknowledging that quality healthcare is impossible without them.

Nurses and paramedics are the unseen backbone of healthcare—balancing clinical precision with compassion, and sustaining patients, families, and teams through every stage of care.

My Most Interesting Patient

One of the most interesting patients I cared for was an elderly gentleman who was admitted with multiple co-morbidities and had very little hope of recovery. What made his case unique was not just his clinical condition, but his attitude towards life.

Despite being in pain, he maintained a calm and composed demeanour. He would often engage in conversations with the staff, sharing life lessons and even comforting other patients around him. Over time, I realised that his presence itself was therapeutic — not only for himself but for others in the ward.

During his stay, his condition fluctuated, but his positivity never did. He once told me, **“Healing is not always about curing the body, sometimes it’s about calming the mind.”** That stayed with me.

Caring for him changed my

perspective. It reminded me that healthcare is not only about treatment protocols and medications, but also about dignity, emotional support, and human connection. He was eventually discharged, and even today, I remember him as a patient who taught more than he received.

My Toughest Moment

The toughest phase of my career came when I was serving as a Nursing Superintendent during the COVID-19 pandemic. It was a time marked by uncertainty, fear, and relentless pressure. Every day brought new challenges — rapidly increasing patient loads, limited resources, and constantly changing protocols. There was confusion everywhere, and with it came a series of heartbreaking losses. Watching patients struggle for breath and, despite all efforts, slip away was emotionally overwhelming.

But what made it even more difficult was not just managing

patients but also supporting my team. Nurses and paramedics were physically exhausted and mentally drained. Many of them worked extended shifts in PPE kits, battling dehydration, fatigue, and fear of infection. Some were worried about their own families while continuing to care for others. I had to stand strong for them, even when I felt equally vulnerable.

There were moments when attendants broke down in front of us, unable to cope with the loss of their loved ones. In those situations, I had to be both a leader and a source of emotional support. Balancing clinical responsibilities with compassion became crucial.

However, amid all the chaos, something remarkable happened; resilience grew. We learned to adapt, support one another, and find strength in teamwork. Motivation did not come from speeches, but from shared struggles and silent understanding. Small gestures, words of encouragement, and standing together made a difference.

That period tested me in every possible way, but it also shaped me into a stronger leader. It taught me that in healthcare, beyond skills and protocols, humanity and unity are what truly sustain us.

How to Interact with an Anxious Patient

When interacting with an anxious patient, the most important thing is to create a sense of safety and trust. Start by speaking calmly and clearly, using simple language to explain the situation. Avoid medical jargon, as it can increase fear and confusion.

Listen actively. Allow the patient to express their concerns without interruption. Sometimes, being

heard itself reduces anxiety significantly.

Maintain a reassuring body language — eye contact, a gentle tone, and patience go a long way. If possible, involve the patient in small decisions about their care, as this gives them a sense of control.

For family members, it is

important to remain calm as well, because patients often mirror the emotions around them. Offer reassurance but avoid making unrealistic promises.

Above all, empathy matters. A few kind words and a supportive presence can make a significant difference in reducing anxiety and improving the patient’s overall experience. 🧡



Images: Facebook

Born without hands,
she turned adversity
into strength,
inspiring all



Grit Ignites Miracles

Jilumol Mariet Thomas was born without hands, but she made determination and grit her hands of wonder.

By Joyce John —
Health Writer



As humans, we are blessed with hands and feet. But that was not the case with a young achiever, who was born 35 years ago into a family in Thodupuzha in Idukki district, Keralam. When she was born, her parents, the attending nurses, and the gynaecologist were all shocked to see that she was born without hands. She did not have forelimbs.

Society did not pin hopes on the babe; rather, it pitied the young couple on their misfortune. But her parents showered her with love. Tragedy struck again when her

mother passed away when she was just four.

This is the story of **Jilumol Mariet Thomas**. After the sudden demise of her mother and the declining economic condition at home, her father had to send her to Mercy Home, run by Catholic nuns for the differently abled. She continued her close bond with her father, and at the same time, blossomed in under the care, supervision and guidance of the nuns, especially Sister Mariella.

She proved to be an exceptional student, acing her 10th grade at 88%. Her penmanship was using her toes as she did not have arms. She took to painting and gained numerous accolades. Moreover, she was and still is a gifted teacher, with the innate ability to explain complex concepts with ease and finesse.

Being introduced to the concept of computers at her high school, she took to it like a fish to water and enrolled and completed the

Bachelor's course in Animation admirably. After completion, she struggled to find a job as she was determined not to hide her disability. Finally, she did get through and worked at Santhisoft Technologies and Viani Printings in Ernakulam. During her successful tenure at work, she dreamed and hoped to drive a car.

She applied for a license in 2014 and was turned down repeatedly and finally she was asked to furnish details of anyone who drove with no hands. She managed to provide details of a person in Indore, who had managed a similar feat, but that person nevertheless refused to help her. That did not deter her. Finally, she was awarded the driving license in 2023 and at present she drives a Maruti Celerio, an altered vehicle. Her path has been thorny but she has made significant progress, supported by the Central Government that has been empathetic to her case.

This year, she has started summer training classes at TIMRT (Multi Rehabilitation Institute; <https://www.multirehabilitationcentres.org/index.php>), which has been set up for students and teachers dealing with various challenges in daily life. This was her way of giving back to the society that supported her throughout her journey. 🙌

The Man Who Chose to Get Better

With some simple steps and tweaks in daily routine, diabetes can be overcome with ease.

By Yashi Srivastava
Senior Health Writer

Chandrakant Jha is 52, a school principal in East Delhi; the kind of man who prioritises his duties over his comforts. When he was told he had type 2 diabetes, the earth under him did not wobble. There was no sudden transformation. Only the ordinary shock of a medical warning entering an ordinary life.

He had seen diabetes become background noise in families — tablets taken inconsistently, discipline postponed, fatigue accepted as normal. He did not want to drift into that turf. What he had was not privilege. No gym, no trainer, no nutritionist. He just redesigned and recalibrated the routine he was grooved into.

He began with time.

He started waking early in the morning, giving the first slice of his mornings to structured walking — done regularly enough to count as treatment, not mood. Many people exercise ‘when possible.’ Jha stopped negotiating with that possibility. He treated it like work. Improvement was built not on inspiration, but on repetition.

Food changed next.

No superfoods, no glossy labels. He stuck to ordinary home food



Health is not about special foods or special money. It begins the day you stop giving yourself daily excuses.

and changed his behavioral patterns: portions decreased, late eating became rarer, added sugar was cut directly rather than disguised behind ‘diet’ labels. Tea no longer needed sugar. What Jha altered was not just a menu — he deliberately altered choices.

Then there was sleep

— the most neglected part of middle-aged health. He began protecting it: early dinner, steadier bedtime, just fewer drifting minutes before a screen. A tired body bargains badly. Good intentions collapse faster at 11:30 pm than at 8:30 pm.

Over time, his readings improved under medical supervision. The fear that entered with the diagnosis no longer ran the house. The achievement was built

from ordinary acts kept ordinary enough to repeat.

HIS TIMELINE

Week 1: Morning walks become scheduled, not optional.

Month 1: Portion control begins; added sugar cut back sharply.

Month 2: Tastes reset — no artificial sweeteners.

Month 3 onward: Early dinners and steadier sleep become part of treatment.

Follow-up: Medical reviews show improvement as routine becomes sustainable and repeatable. ☑

Your Questions Answered by Experts

Before this inaugural issue went to press, we asked our pre-launch community one question: 'What one health question do you wish a doctor would answer honestly?'

The responses were overwhelming — and humbling. We publish a few here. That is an editorial commitment.

From **Priya Menon, Bengaluru, 34**

"My doctor says my blood pressure is 'borderline' — for three years now. When does borderline become a problem? Why won't anyone just tell me?"

— **Editor's Note:** Priya, you're asking what 40 million Indians should. 'Borderline hypertension' carries real risk. We cover this in our next cardiovascular feature.

From **Ramesh Gupta, Lucknow, 52**

"I've been on metformin for six years. My doctor has never discussed reducing the dose through lifestyle changes. Is that even possible?"

— **Editor's Note:** Ramesh, the answer is yes — with caveats. Managing Type 2 diabetes through lifestyle is one of the most well-evidenced, least communicated stories in Indian medicine. A full feature is coming.

From **Ananya Sharma, Delhi, 28**

"I've been anxious my entire adult life. Every doctor gives me medicines. No one has ever asked what I'm anxious about. Is this normal?"

— **Editor's Note:** Ananya, it is unfortunately common — but should not be normal. You deserve a conversation, not just a prescription. Our Mind Matters column speaks directly to this

issue.

From **Mohammed Salim, Hyderabad, 44**

"My mother has three conditions and three specialists who never communicate. Her medications conflict. Who manages the whole picture?"

— **Editor's Note:** Mohammed, you've named one of Indian healthcare's most dangerous gaps: the missing coordinator. This is why integrated care models matter — and why your choice of primary care physician is critical. Feature coming in Issue 2.

Your Voice, Our Next Issue

Here is how to reach us:

- Write to us at editorlife@pacificonehealth.com with your name, city, and health question.
- Send messages via WhatsApp to **+91-7011350742**
- Follow us on Instagram and X **@OneHealthLife**

Your Vote: What Should We Cover in Issue 2?

Write to us for your preferred cover topic:

- 1 Diabetes reversal: myth or medicine?
- 2 Menopause: India's most ignored health transition
- 3 The crisis in men's mental health
- 4 Screen time and children's cognitive development

DEBUT HUMOUR

A man visits his doctor.
"I have good news and bad news," the doctor says. "Good news first," says the man. "Your tests show you have exactly 24 hours to live." "That's the GOOD news? What's the bad?"
"I forgot to call you yesterday."

Medicine is serious. Life, mercifully, is not entirely. Send us your (clean, clinic-appropriate) medical humour at editorlife@pacificonehealth.com. The best submission every issue wins a Pacific OneHealth Magazine — free.



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