

Telangana adds 614 cases to COVID tally

STAFF REPORTER HYDERABAD
Telangana recorded 614 new cases of COVID-19 on Monday as 50,520 samples were put to test.
No COVID death was recorded on the day, the second such instance this month.
The new infections included 131 from Greater Hyderabad region, 48 from Medchal-Malkajgiri and 43 from Rangareddy. Results of 1,331 samples were awaited. The cumulative infection tally stands at 7,70,047.
As the cases are dipping, the number of patients undergoing treatment or in isolation is on the decline too. The active caseload had crossed 40,000 during the peak of the third wave. It has now dropped to 9,908.
The drop in occupancy of ICU beds by coronavirus patients continues. From 468 ICU beds occupied on Sunday, the number dropped to 452 on Monday.

Mission to save tree riddled with obstacles

Volunteers, who helped translocate 100-year-old tree in Sircilla, endure official apathy

V. GEETANATH HYDERABAD
It is a Herculean task to save any tree in Telangana, even if the powers that be wish to do so. This is what volunteers of the Vata Foundation (VF) realised after saving a giant banyan tree, estimated to be 100 years old, in Suddala village near Sircilla on Monday.
With new offshoots growing on top of the uprooted tree and efforts by local people to save it attracted the attention of Rajya Sabha MP Santosh Kumar. His office requested VF to take up the task assuming necessary assistance of local authorities.
Eight VF members from the city were able to not only save the main tree, about 45-foot tall, but also the two offshoots of about 15-20 feet by successfully translocating them. The smaller trees were translocated to the nearby Jillella village last week.
But, to save the bigger one, they had to endure official apathy and bureaucratic red tape as they were not al-



The banyan tree being translocated by members of Vata Foundation. ■ARRANGEMENT

lowed to 'replant' it in a pre-designated spot identified by the top district authorities inside the Collectorate complex in Sircilla as the police claimed it to be their "land".
"We had a harrowing wait of nearly five hours as an alternate rocky site was offered which was not suitable for the tree to survive and we were running out of time. After many calls, we were allowed to replant the tree 10 yards from the earlier chosen site on Sunday," said one of the volunteers.
No support
Prior to this, departments tasked to cooperate with the green volunteers by the MP's office were obtuse in their attitude about providing necessary infrastructure help. "We had to hire the crane and trailer from Hyderabad, for which he paid from our own pocket. We were not even given drinking water or any labour support," said another volunteer, wishing

to remain anonymous.
Founder-Trustee of the foundation, P. Udaykrishna apparently had to contact the MP's office to complete the successful translocation for the big tree. "We are happy as we got an opportunity to save this giant. There were issues but with the intervention of the higher ups, we could complete our work. We have been assured that our costs of around ₹2.5 lakh will also be reimbursed," he told *The Hindu*.

MP pats volunteers, officials

SPECIAL CORRESPONDENT HYDERABAD
Rajya Sabha MP Joginapally Santosh Kumar on Monday hailed the successful translocation and saving of the banyan tree in Rajanna-Sircilla district and said the "entire process was possible due to blessings of Minister K.T. Rama Rao".
"Chief Minister K. Chandrasekhar Rao's credo is that human beings will be alive if trees are alive. Hence, the replantation work was taken up in earnest as soon as he came to know about it," he said.
In a statement, the MP thanked the district collector, Vata Foundation members and green activist Prakash for their efforts. He said the tree, which was in agricultural land, was uprooted due to heavy rains and was drying up when Mr. Prakash took up the initiative to save it.

Curtains come down on Ramanujacharya fete

Main function to be attended by CM pushed to Feb.19

SPECIAL CORRESPONDENT HYDERABAD
The 13-day rituals connected with the unveiling of saint Ramanujacharya's statue at Muchintal came to a close with the statue being consecrated by Tridandi Chinna Jeeyar Swamy on Monday evening.
However, the main function 'Shanti Kalyanam', which was to be attended by Chief Minister K. Chandrasekhar Rao, has been postponed to February 19. The Jeeyar Swamy announced that history will be created when the event is held on that day.
Earlier, hundreds of ruffians, who participated in the rituals throughout the 13 days, chanted slokas and offered prayers en masse in front of the 216-foot statue. A holy fire was also held to mark the conclusion.
Beside Prime Minister Narendra Modi, President Ram



The statue of 11th century saint Ramanujacharya at Muchintal on the outskirts of Hyderabad. ■FILE PHOTO

Nath Kovind and Vice-President M. Venkaiah Naidu, Union Ministers Amit Shah, Rajnath Singh and Nitin Gadkari and Chief Ministers K. Chandrasekhar Rao, Y.S. Jaganmohan Reddy and Shivraj Singh Chauhan, RSS chief Mohan Bhagwat and several other VIPs had participated on different days of the fete.

A Space Marketing Feature

HealthCare

The covert effects of COVID-19 on healthcare

Corona virus is a strange one, all would agree. From its suspicious origins, its unprecedented global spread, to its incredible ability to mutate & generate variants and not least its highly variable mortality with no sense or sensibility. Whilst it is daily news that COVID -19 has had a catastrophic effect on everything from (obviously) healthcare, our inner peace, to the national economy, some of its effects have been subtle. I am talking about how COVID has affected the lives of patients with no corona virus induced illness and as we all know, subtle does not mean small.
COVID-19 is an essentially respiratory illness which causes havoc on the lung parenchyma (tissue), leading to the inability to transfer oxygen and hence low saturations, breathlessness and subsequent respiratory failure in the unfortunate. Hence it is not surprising how every hospital medical ward, its critical care beds and doctors/nurses have been overwhelmed by this disease.
We are getting daily updates from a dozen places as to its exact incidence & mortality. But as a liver Specialist I have been quietly observing the effect of this pandemic on my patients - which is as non-respiratory as you can get. I have been watching with impotent distress, as to what has been happening to patients with liver disease, in this maelstrom. I have seen firsthand the tragedy of patients who are dying from illnesses that would normally be eminently treatable.
Let me illustrate with 3 real life events. The first patient, with increasing jaundice, was hospitalised in April 2021. His condition worsened and the family reached out to me. Normally with what we call sub-acute liver failure, recovery is unlikely and we would advise a liver transplant. But with the 2nd wave upon us, they were finding it difficult to transfer the patient to us in Hyderabad. Although we did our best to guide his

treatment, at local centres, we watched helplessly as he slowly worsened until it was too late. Only 43 years old. Take another patient, already on our waiting list for a liver transplant. Very sick, with severe liver failure

needing ICU admissions, tapping, etc. He was unlikely to survive long without a liver transplant. Unfortunately there were none suitable to donate in his family, who were willing. So with hardly any expectations we settled to wait for a cadaver liver which did miraculously arrive at around 11pm one night in May. Normally patients would jump at the

chance, but with COVID raging, the patient and the family fed with the monstrous reputation of COVID were too petrified to come into the hospital.
Incidentally this precious cadaver liver, which is an ever so rare, opportunity was not used anywhere in the state, and was buried with the body. Finally, another patient, this time a child whom we had transplanted 3 years ago, developed simple gastroenteritis and got dehydrated. The parents who normally would be at our door at the slightest sign of an issue, delayed coming, resulting in the child's admission in frank renal failure, and acidosis late at night. God's mercy


prevailed and the child survived.
Clearly these are not anyone's faults, but I cannot help thinking, we could have handled this better as a nation. Earlier, clearer, patient awareness strategies

might have rationalised treatment and fears, but then it is always easier in retrospect. At least now we are collectively conscious of these mishaps? Are we getting daily updates on the number who are affected from these

covert effects of COVID? No, not even are we getting the count of the deaths, leave alone the affected. Should we not at least passively (by not exaggerating our social media handle power) bring about a calming return to

normality??
Prof. Dr. Tom Cherian
MBBS, FRCS (G Surg),
FRCS (I-Collegiate),
CCST (UK), Transplant
Fellowship (London),
Founder & MD, South
Asian Liver Institute.

UNEXPLAINED - INFERTILITY



We categorize a couple into Unexplained Infertility when basic fertility tests have not found any male/female abnormalities for not conceiving. The incidence of unexplained infertility is 15-30%.

Basic Fertility Tests Include:

- Ovulation Assessment.
- Semen Analysis.
- Ovarian Reserve Tests.
- Hysterosalpingogram (HSG).

These are performed in addition to the physical examination and review of medical and sexual history.

Both partners may have unexplained infertility problems. The causes of unexplained infertility are unknown. However, two possible reasons could be:

- Person or couple who are fertile may be wrongly diagnosed as having unexplained infertility because they have not been successful in conception even after one year, who may eventually conceive later.
- The tests performed to assess fertility may have missed subtle defects due to imperfect testing methods.

CAUSES OF UNEXPLAINED INFERTILITY


- Subtle ovulation problems.
- Poor egg quality /or sperm quality.
- Endometriosis - commonly missed in basic fertility tests, which leads to poor oocyte quality, damages tubes preventing fertilization, and reduces implantation. It is seen in 30-40% of patients with unexplained infertility.
- Infrequent sexual intercourse or intercourse not timed to coincide with ovulation.
- Problems with pelvic health, primarily with the fallopian tubes or uterus.

TREATMENT FOR UNEXPLAINED INFERTILITY

In the absence of a definitive cause, treatments generally focus on the most common causes.

- **Ovulation Induction:** Letrozole/clomiphene with or without gonadotropin injections are used to stimulate the ovaries to release more eggs per month instead of just one.
- **Timed Sexual Intercourse:** The couple will be instructed on how to time sexual intercourse to coincide with the woman's ovulation based on follicular tracking.
- **Intrauterine Insemination (IUI):** Involves washing and separating live sperms and then placing it directly in the woman's uterus around the time of ovulation.
- **Diagnostic Laparoscopy:** Helps to detect endometriosis or any other pelvic pathology
- **IVF In-vitro Fertilization:** Eggs are collected after giving gonadotropin injections which are then fertilized to make embryos and are transferred back to the woman's womb. IVF can be successful even when the exact cause of infertility is unclear because ivf substitutes many aspects of natural fertilization.


Choosing among Timed Intercourse / IUI / IVF / Laparoscopy depends on marriage duration, how long the couple is trying, past treatment cycles, etc.



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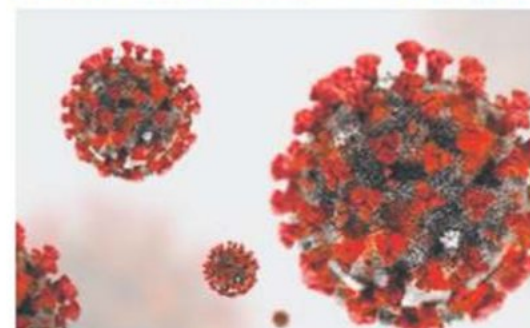
Dr. Durga Vyta
Clinical Head - Miyapur

MBBS, DGO
Fellowship in Reproductive
Medicine.
Diploma in IVF & Reproductive
Medicine - GERMANY.



8880 747474 | www.hegdefertility.com | info@hegdehospital.com
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IS COVID-19 INFECTION- A NEW RISK FACTOR FOR HEART ATTACKS?



For heart attacks (coronary artery disease) the risk factors that all doctors talk about are smoking, diabetes, and hypertension, abnormal cholesterol in blood, sedentary habits, and obesity. Weakness of heart pumping (heart failure), a more serious state, is an end-result of severe coronary artery disease, long-standing hypertension, and various heart muscle related diseases. For last 2 years COVID came in 3-4 major waves with unexpectedly large number getting hospitalized as well as succumbing to its manifestations in multiple organs like lungs, heart and other vital systems. Fortunately, the medical systems are geared up and now we have effective vaccines and medications, better preventive strategies and probable favourable change in the virulence of the virus that have resulted in many recovering without much complications. These two years generated new fears and doubts in the minds of public about the possible increase in the risk for more heart attacks and sudden cardiac deaths after Covid infection. Here are some heart related problems that can be seen in the severely affected Covid patients-

Hypertension: Presence of hypertension can make the control of Covid management challenging. Anxiety plays a major role in the persistence of high BP readings despite taking medications.

Thrombus formation and Heart Attacks: There is a higher chance of formation of clots in the blood vessels including those supplying the heart and brain. So there is enhanced chance for heart and brain attacks for at least one month after Covid infection. It also disturbs a stable fat lesion (atheromatous plaque) in the coronaries leading to new onset acute heart attack. Raised D-dimer and troponins give a clue for this risk.

Inflammation of Myocardium (Myocarditis): There is injury to the heart muscle cells and disturbance in immune systems the lead to inflammation of heart muscles. Fortunately this complication is uncommon.

Heart failure: This can be precipitated in healthy hearts after severe infection and in those with weak hearts the heart failure can worsen further. This has a potential for stormy course and even death.

Irregular heart rhythms and Sudden Cardiac deaths: Too slow or too fast heart beating, skipped beats, dangerous arrhythmias and rarely sudden cardiac

arrest can occur in heart, that is injured by COVID infection. After clinical recovery, graded return to work and daily exercises is to be followed, preferably after consulting your physician.

Long-COVID syndrome: Long term effects are not clear at present. There are suggestions that some of the effects of COVID persist for several months after initial recovery.

Conclusions: Recent Covid infection is not yet labeled as a proven risk factor for atherosclerosis and coronary artery disease. But it has potential for acute flare up of a stable disease process, clot formation and worsening the heart function and enhance the irritability of heart. Consult your heart doctor once you recover from COVID and get yourself tested especially if you were told that your heart's pumping was lower than normal or you had problem with your heart rhythm or if you have multiple issues like Diabetes, hypertension and chronic kidney disease.


IMPORTANT Dos and Dont's for heart patients following recovery from COVID-19

Dos

- If you were hospitalized for Covid, ask for full cardiac check-up during your first follow-up visit.
- If you were not hospitalized but have hypertension and diabetes better have a complete cardiac check-up after recovery from Covid infection
- Learn to monitor your BP, sugar, weight at home
- Do all tests advised by your doctor
- Do graded regular walking/ exercises after consulting your doctor
- Maintain optimal weight
- Take heart healthy diet - less salt and oils; more fiber; avoid refined sugars and junk food

Dont's

- Do not neglect chest pain or breathlessness or palpitations, swelling of face or feet, abnormal bleeding, severe reeling of head
- Do not smoke
- Do not stress out or over-eat
- Do not neglect adequate rest and sleep
- Do not skip heart medications without doctor's advice



Dr. A.N Patnaik
MD, DM, DNB
Senior Consultant Cardiologist
Star Hospitals,
Road No.10, Banjara Hills, Hyderabad,
For Appointments, Contact: 040 - 44 77 77 00

