

"ഭരണഭാഷ- മാതൃഭാഷ"



കേരള സർക്കാർ

സംഗ്രഹം

ആയുഷ് വകുപ്പ്-ഭാരതീയ ചികിത്സാ വകുപ്പിനു കീഴിൽ ജീവിത ശൈലി രോഗ ക്ലിനിക് (NCD Clinic) ആരംഭിക്കുന്നതിനു അനുമതി നൽകിയും ആയതിനുള്ള പ്രൊപ്പോസൽ, ചികിത്സാ മാർഗ്ഗരേഖ എന്നിവ അംഗീകരിച്ചും - ഉത്തരവ് പുറപ്പെടുവിക്കുന്നു.

ആയുഷ്(എ) വകുപ്പ്

സ.ഉ.(സാധാ) നം.108/2024/AYUSH തീയതി,തിരുവനന്തപുരം, 15-03-2024

പരാമർശം:- ഭാരതീയ ചികിത്സാ വകുപ്പു ഡയറക്ടറുടെ 28.01.2023,7.11.2023 എന്നീ തീയതികളിലെ ഡി.ഐ.എസ്.എം/2381/2022-ബി1 നം. കത്തുകൾ

ഉത്തരവ്

പ്രമേഹം,അമിത രക്തസമ്മർദ്ദം ,തൈറോയ്ഡ് പ്രശ്നങ്ങൾ തുടങ്ങിയ വർദ്ധിച്ചു വരുന്ന ജീവിതശൈലി രോഗങ്ങൾ പ്രതിരോധിക്കുന്നതിനും നിയന്ത്രിക്കുന്നതിനുമായി ഭാരതീയ ചികിത്സാ വകുപ്പിന്റെ നിയന്ത്രണത്തിലുള്ള സ്ഥാപനങ്ങളിൽ ജീവിതശൈലി രോഗ ക്ലിനിക് ആരംഭിക്കുന്നതിനായി മേൽ പരാമർശിത കത്തുകൾ പ്രകാരം ഭാരതീയ ചികിത്സാ വകുപ്പു ഡയറക്ടർ പ്രൊപ്പോസൽ സമർപ്പിച്ചിരുന്നു.

2. സർക്കാർ ഇക്കാര്യം വിശദമായി പരിശോധിച്ചു. ആയതിന്റെ അടിസ്ഥാനത്തിൽ ഭാരതീയ ചികിത്സാ വകുപ്പിന്റെ നിയന്ത്രണത്തിലുള്ള സ്ഥാപനങ്ങളിൽ ജീവിതശൈലിരോഗ ക്ലിനിക് ആരംഭിക്കുന്നതിന് അനുമതി നൽകി ഉത്തരവ് പുറപ്പെടുവിക്കുന്നു. ആയതിനായി അംഗീകരിച്ച പ്രൊപ്പോസൽ, ചികിത്സാ മാർഗ്ഗരേഖ എന്നിവ അനുബന്ധമായി ചേർക്കുന്നു.

(ഗവർണ്ണറുടെ ഉത്തരവിൻ പ്രകാരം)
SEEMA S
ജോയിന്റ് സെക്രട്ടറി

ഡയറക്ടർ,ഭാരതീയ ചികിത്സാ വകുപ്പ്,തിരുവനന്തപുരം
സ്റ്റേറ്റ് മിഷൻ ഡയറക്ടർ,നാഷണൽ ആയുഷ് മിഷൻ,തിരുവനന്തപുരം
പ്രിൻസിപ്പൽ അക്കൗണ്ടന്റ് ജനറൽ (ആഡിറ്റ്),കേരള,തിരുവനന്തപുരം
പ്രിൻസിപ്പൽ അക്കൗണ്ടന്റ് ജനറൽ (എ & ഇ),കേരള,തിരുവനന്തപുരം
വെബ് & ന്യൂ മീഡിയ (പ്രസിദ്ധീകരണത്തിന്)
സ്റ്റോക്ക്ഹയൽ /ഓഫീസ് കോപ്പി

ഉത്തരവിൻ പ്രകാരം

സെക്ഷൻ ഓഫീസർ

परामर्श

Screening, Prevention, Control and Management of Non-communicable Diseases

Introduction

Non-communicable diseases (NCDs) are the leading cause of preventable deaths and disability in India. The four identified major NCDs are cardiovascular disease, cancer, chronic respiratory disease, and diabetes. These are causally linked with four leading behavioural risk factors: tobacco use, harmful use of alcohol, physical inactivity and unhealthy diet. In turn, these behaviours lead to four key metabolic/physiological changes: raised blood pressure, overweight/obesity, raised blood glucose, and raised blood lipids.

Ayurveda being the foremost life science describes ways to prevent and manage lifestyle disorders including non-communicable diseases. It provides proper dietary management and lifestyle advices through *Dinacharya* (daily regimen), *Ritucharya* (seasonal regimen), *Sadvritta* (Good Conducts), Panchakarma (Bio-purification therapies), *Rasayana* (rejuvenation) and the proper use of medicinal plants.

This AYUSH NCDs module will focus on strengthening the capacity and skills of CHO for prevention and timely referral of complicated cases of NCDs. This module will focus more on risk factors of common NCDs. Government of India has already rolled out National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS) programmes. Under NPCDCS- Universal Screening Programme focus is given on population enumeration, family empanelment (all population irrespective of age) and completion of Community Based Assessment Checklist (CBAC) survey for all people above age of 30 years within catchment area with the help of trained ASHAs, who have been trained for screening of NCDs.

1. Overweight, obesity and dyslipidemia

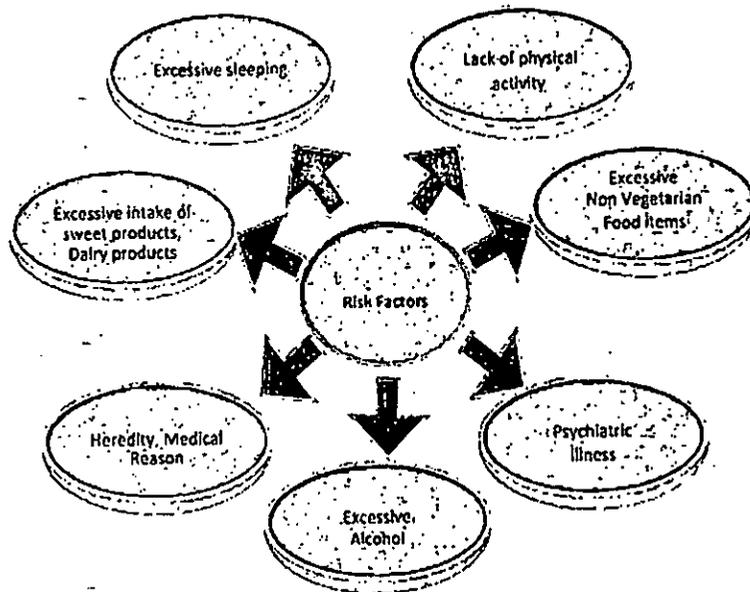
Overweight and obesity (*Medodusha-Medoroga*) are defined as abnormal or excessive fat accumulation that may impair health. Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m^2).

Dyslipidemia is a group of disorders of lipoprotein metabolism, which includes over production or deficiency of lipoproteins or both. It is regarded as primary risk factors for atherosclerotic disease, especially coronary heart disease. Dyslipidemia components may include elevated LDL cholesterol, elevated triglycerides or both and/or low HDL (protective) cholesterol. It is a pathological condition in which lipid levels are deranged. In developed countries, it is a major contributor to cardiovascular morbidity and mortality. In India approximately 25-30% of urban and 15-20% rural subjects are suffering from dyslipidemia. Although, it is more common among males, but it affects both the

genders. 30 to 40 years age group has tendency to high prevalence, but above 60 years it become remarkably high. Several risk factor associated with Dyslipidemia are, obesity, hypertension, diabetes mellitus, sedentary life style, fatty/oily diets, hypothyroidism, excessive alcoholism and smoking. If dyslipidemia is not treated/ managed on time, it may lead to co-morbid symptoms like dyspnoea, lethargy, tiredness; weight gain, loss of appetite and complications like hypertension, hypothyroidism, infertility, poly cystic ovarian disease, atherosclerosis, coronary artery disease and lastly cardiovascular death. It can be correlated to Meda Dhatu Dushti (abnormal lipids) in Ayurveda.

I.1 Essential knowledge

A. Risk factors for overweight, obesity and dyslipidemia



B. Symptoms

a. Obesity

- 1) Breathlessness even on little exertion / physical activity.
- 2) Lack of interest in doing work.
- 3) Profuse sweating with foul body odor.
- 4) Excessive hunger.
- 5) Feeling of tiredness.
- 6) Excessive sleep.

b. Dyslipidaemia

There are no specific symptoms of elevated lipids, but as it leads to accelerated atherosclerosis, expresses itself in a number of cardiovascular and other diseases:

- Angina pectoris, Coronary Artery Disease
- Myocardial Infarction
- Transient Ischemic Attacks (TIAs)
- Cerebrovascular accidents /strokes
- Peripheral artery disease

c. Laboratory investigations

- Lipid profile
- Blood sugar
- Kidney function tests
- Liver function test
- Blood pressure checkup

d. Diagnosis**i) Obesity**

Classification	BMI (kg/m ²)
Normal	18.5-22.9
Overweight	23-24.9
Obese	>25
Pre obesity	25-29.9
Obesity class I	30-34.9
Obesity class II	35-39.9
Obesity class III	>40

ii). Dyslipidaemia

Cholesterol guidelines based on the national cholesterol education program for adult

Classification of Blood Lipid Levels for Therapeutic Interpretation	
Blood lipids	Serum level (mg/dl)
Total cholesterol	
Desirable	<200
Borderline high	200-239
High	>240

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LDL cholesterol	
Optimal	<100
Near optimal	100-129
Borderline high	130-159
High	160-189
Very high	≥190
Serum triglycerides	
Normal/Desirable	<150
Borderline high	150-199
High	200-499
Very high	≥500
Serum HDL cholesterol	
Low	<40
High	≥60

*LDL- Low-density lipoprotein; *HDL- High-Density lipoprotein

1.2 Preventive measures

➤ Preferred diet

Take low-fat, low-calorie and high fiber food items

Use warm water for drinking

Include fresh and raw vegetables in daily meal.

Steamed boiled and baked vegetables rather than fried

Take Healthy foods such as –Walnuts, Salads, Bitter Gourd (*Karela*), Drumstick (*Shigru*),

Barley (*Yava*), Methi (*Fenugreek Seeds*), Haldi (*Turmeric*), Moong Daal (*Green Gram*),

Jwar, Bajra (*Millets*), Honey (*Madhu*), Indian Gooseberry (*Amla*), Pomegranate (*Anar*) and

Snake Gourd (*Chichinda*) etc.

➤ Restricted diet

High carbohydrate food like – potato, rice etc.

Sugar and sweet products, dairy products, fried and oily foods, fast foods, excess salt and meat of animals of marshyland

Excessive sleep

Alcohol and smoking

Salty foods or excessive salt in meals

1.3 Recommended lifestyle & Yoga practice

Lifestyle practices	<ul style="list-style-type: none"> • Brisk morning walk of 45minutes • Yoga and Meditation to manage stress and fatigue • Avoid Watching TV while having food • Avoid excessive sleep especially during daytime after meal
Yoga practices (As per Yoga protocol)	Suryanamaskar, Paschimottasan, Janusirshasana, Kapalbhati, Agnisar Kunjal, Tadasana, Katichakrasana, Konasana, Pavanmuktasana

1.4 Medication

(As per the <i>Prakriti</i> of the patient and severity of the illness)		
Single drug	<i>Shunthi</i> (<i>Zinziber officinalis</i>)	1-2 gm B.D.
	Haridra (<i>Curcuma longa</i>)	3-6 gm B.D.
Poly herbal formulations	<i>Trikatu churna</i>	1-3 gm B.D.
		3-6 gm B.D.

1.5 Referral

Obesity requires continuous monitoring of the blood pressure/lipid profile and blood sugar at regular interval and patient self-management education to prevent acute complications and to reduce the risk of long-term complications. However, patients may be referred to the higher center for following conditions-

- The patients of uncontrolled Hypertension
- The patients of uncontrolled Diabetes
- Refer to lipid clinic if total cholesterol ≥ 240 mg/dl, triglycerides ≥ 500 mg/dl
- Any other systematic uncontrolled co-morbidities

2. Hypertension

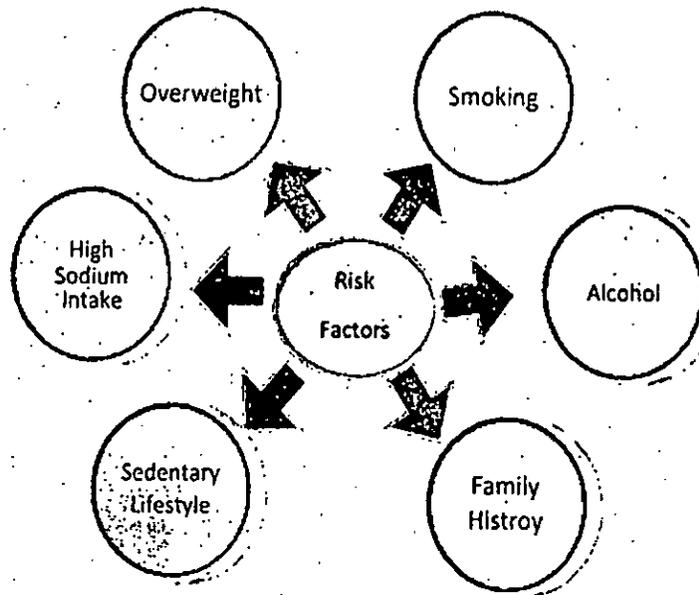
Hypertension, also known as high or raised blood pressure, is a condition in which the blood vessels have persistently raised pressure. Blood is carried from the heart to all parts of the body in the vessels. Each time the heart beats, it pumps blood into the vessels. Blood pressure is created by the force of blood pushing against the walls of blood vessels (arteries) as it is pumped by the heart. The higher the pressure the harder the heart has to pump. Based on the etiology, high blood pressure is of two types:

Primary/essential hypertension : Primary or -essential hypertension has no known cause, however many of the above said lifestyle factors are associated with this condition.

Secondary hypertension : Secondary hypertension is caused by some other medical conditions/problem. Secondary hypertension is seen only in very few individuals in the community. The causes of secondary hypertension include: kidney diseases: reno-vascular disease and chronic renal disease, endocrine disorders: hyperthyroidism, Cushing's syndrome and pheochromocytoma, sleep disorders, coarctation of the aorta and nonspecific aorto-arteritis. Some of these causes are often curable, and many others treatable.

As per Ayurveda, the disease is supposed to be due to vitiation of *Vata* and *Pitta* probably due to imbalance of *Vyanavayu* (One type of *Vata* regulating the cardio-vascular functions). Associated conditions like Palpitation (*Hridayadrava*), Headache (*Shirahashula*), Vertigo (*Bhrama*), Transient Insomnia (*Nidranasha*), Tinnitus (*Karnanadu*) are described as *Vata* diseases in Ayurveda.

A. Risk Factors for hypertension



B. Symptoms

- Early-morning headache
- Severe anxiety
- Nose bleed
- Irregular heart beats
- Vertigo
- Symptoms of severe hypertension include tiredness, nausea, vomiting, confusion, anxiety, chest pain and muscle tremors

C. Criteria for diagnosis of hypertension

The diagnosis of hypertension should be based on multiple blood pressure measurements by sphygmomanometer taken on several separate occasions e.g. at least twice at an interval of 10-15 days. The classification provided in the table below is based on consistent elevation during two or more properly measured BP readings in sitting position.

Category	Systolic (Top number)	Diastolic (Bottom number)
Normal	Less than 120	Less than 80
Prehypertension	120-139	80-89
High Blood Pressure		
Stage 1	140-159	90-99
Stage 2	160 or higher	100 or higher

Source: JNC VIII

D. Laboratory examination

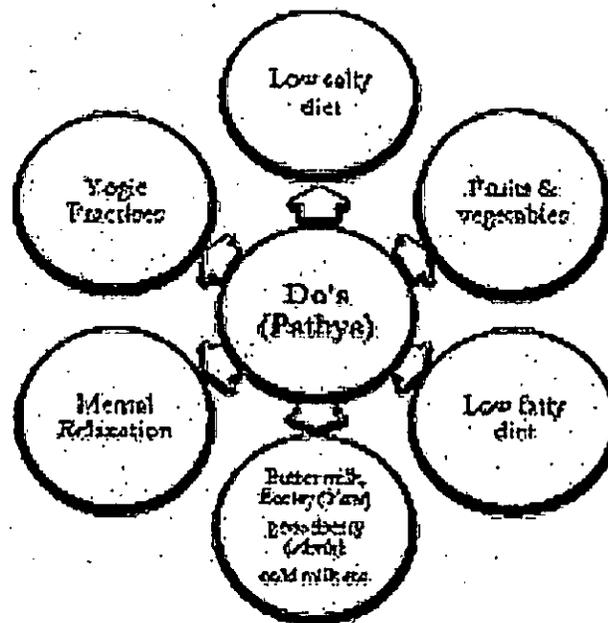
- Blood sugar
- Kidney function tests
- Lipid profile

E. Complications

- Chest pain, also called angina
- Cardiac failure
- Cerebrovascular Stroke

2.1. Preventive measures

- Preferred Diet- barley, sorghum (Jowar), wheat, green gram, bitter gourd, bottle gourd, turnip carrot (Gajar), indian gooseberry (Amla), cucumber (Khira), draksha, sesame oil (Til taila), etc.
- Restricted Diet- Excessive use of butter, chillies, pickles, bengal gram, sour fruits, curd, tea, coffee and intake of processed/oily foods.

**2.2 Recommended lifestyle & Yoga practices**

Lifestyle practices	<ul style="list-style-type: none"> • Regular blood pressure check-up • Regular exercise especially brisk walking • Avoid stress • Avoid awakening in night
Yoga practices (As per Yoga protocol)	Tadasana, Bhujangasana, Shashankasana, Shavasana, Nadishodhana, Ujjayi, Shitali, Sitkari and Bhramari.

2.3 Medication

Stage 1, Stage 2 and Isolated systolic hypertension is a critical condition so for immediate control of the blood pressure patient may be referred for conventional treatment after advising diet lifestyle, Yoga and integrated Ayurveda management.

(As per the <i>Prakriti</i> of the patient and severity of the illness)		
Single drug	Brahmi (<i>Bacopa monnieri</i>)	3gm B.D. (If stress is the cause)
	Gokshura (<i>Tribulus terrestris</i>)	3gm B.D.
	Giloya (<i>Tinospora cordifolia</i>)	3gm B.D.
	Amla (<i>Embelica officinalae</i>)	3gm.B.D.
Poly herbal formulations	Drakshavleha	6-12gm B.D.
	Punarnavasava	15 ml BD
Panchakarman	Shirodhara	Herbal medicated liquids
	Virechana Karma	Therapeutic purgation
	Basti	Therapeutic herbal enema

2.4. Referral

Hypertension requires continuing monitoring of the blood pressure at regular interval and patient self-management education to prevent acute complications and to reduce the risk of long-term complications. However, patients may be referred to higher center for following conditions-

- The patients of hypertensive crisis (BP \geq 180/110mmHg)
- If Hypertension is associated with heart disease, stroke or peripheral vascular disease
- Evidence of Left Ventricular Hypertrophy (LVH) on ECG
- Presence of urinary proteinuria
- Serum creatinine $>$ 1.6mg/dl
- Persistent Hypertension (BP \geq 140/90 mmHg) despite 3 months of treatment

3. Prediabetes & Diabetes

The World Health Organization has defined prediabetes as a state of intermediate hyperglycaemia using two specific parameters, impaired fasting glucose (IFG) defined as fasting plasma glucose of 6.1-6.9 mmol/l (110 to 125 mg/dl) and impaired glucose tolerance (IGT) defined as 2 hours plasma glucose of 7.8-11.0 mmol/l (140-200 mg/dl) after ingestion of 75 g of oral glucose load or a combination of the two based on a 2 hours oral glucose tolerance test.

The American Diabetes Association (ADA) includes HbA1c between 5.7 and 6.4 per cent in addition to IGT of 140-200 mg/dl and uses a lower cut-off value for IFG between 100 and 125

mg/dl. According to National Urban Diabetes Survey, the estimated prevalence of prediabetes is 14 per cent in India. According to Ayurveda pre-diabetes can be considered as one of the Medopradoshaja Vikaara (disorders of fat metabolism) and Prameha PurvroopaAvastha (premonitory sign and symptoms of Diabetes) based upon the sign and symptoms and pathogenesis.

Diabetes Mellitus (DM) is a chronic disease, which occurs when the pancreas does not produce enough insulin, or when the body cannot effectively use the insulin it produces. This leads to an increased concentration of glucose in the blood (hyperglycaemia). Type 1 DM (earlier known as insulin-dependent or childhood-onset diabetes) is characterized by a lack of insulin production. Type 2 DM (earlier known as non-insulin-dependent or adult-onset diabetes) is caused by the body's ineffective use of insulin. It often results from excess body weight and physical inactivity.

In Ayurveda, this condition can be explained as Madhumeha. It is one of the types of Prameha (group of diseases characterized by excessive urination) where the patient passes honey like sweet urine (raised level of sugar in urine & Hyperglycemia). The main causative factor is said to be sedentary lifestyle, excessive intake of sweet, meet of marshy land, dairy product except buttermilk, heavy & excessive meals

3.1 Essential knowledge

A. Risk factors for pre-diabetes and diabetes

- 1) Sedentary lifestyle and Lack of physical activity, excessive sleeping
- 2) Obesity
- 3) Smoking

B. Symptoms

a. Pramcha poorvarupa (premonitory sign and symptoms of diabetes)

- Burning of palm and soles
- Excessive stickiness of skin in general and face in particular
- Heaviness of body
- Frequent, excessive and turbid urination
- Tiredness
- Excessive thirst
- Foul smell in breath
- Coating of teeth

b. Diabetes mellitus

- Excess thirst
- Excess urination
- Excess hunger with loss of weight
- Frequent infections
- Non-healing wounds
- Lassitude

- Fatigue
- Impotency in men

C. Diagnosis and laboratory investigations

Criteria for diagnosis of T2DM using venous blood samples

	Fasting Glucose (mg/dl)	2 Hour Post-Glucose Load (mg/dl)
Diabetes Mellitus	≥ 126 or	≥ 200
Impaired Fasting Glucose	≥ 110 to < 126	

American Diabetes Association

Test	Values
75-g OGTT 2-hour plasma glucose	≥ 200 mg/dl
HbA1C	$\geq 6.5\%$

D. Complications

- Cardiovascular disease (Coronary artery disease)
- Nerve damage (Neuropathy)
- Kidney damage (Nephropathy)
- Eye damage (Retinopathy)
- Diabetic foot ulcer
- Skin infections

Acute emergencies like:

- Diabetic ketoacidosis
- Hypoglycemia/Hyperglycemia
- Diabetic coma

3.2 Preventive measures

- Preferred Diet- Purana shali (*Oryza sativa*; rice), Purana godhuma (*Triticum sativum*; Wheat), Purana Yava (*Hordeum vulgare*; Barley), Tila (*Seasamum Indicum*; gingely), Chanaka (*Cicer arteminum*; chick pea), Kulatha (*Dolichos biflorus*; horse gram), Mudga (*Phaseolus mungo*; greengram), Sarshapa (*Brassica campestris*; Indian colza), Masoora (*Ervum lens*; lentil), Karavellaka (*Momordica charantia*; bitter gourd), Palaka (*Spinacia oleacea*; spinach), Lashuna (*Allium sativum*), Jambu (*Syzygium cumini*), Trapusa (*Cucumis sativus*; cucumber), Tarabooja (*Cucumis melo*; melon), Dadima (*Punica granatum*), Jambhira (*Citrus lemon*; lemon), Shringataka (*Triapa hispinosa*; Water chestnut), Amalaki (*Phyllanthus emblica*), Takra (*Butter milk*), Tila taila and Sarshapa taila (*Brassica campestris*).

- Restricted diet-Sugarcane juice, sugar, milk and milk products, sedentary lifestyle, sleeping in the day time and excessive sleeping, alcohol, staying too long on empty stomach, cold drinks, ice cream, fast-foods, bakery items, animal products and meat of animals of aquatic and marshy land etc.

3.3 Recommended lifestyle & Yoga practices

Lifestyle practices	<ul style="list-style-type: none"> • Regular exercise especially brisk walking • Avoid stress • Avoid sleeping in-the day time
Yoga practices (As per Yoga protocol)	Vakrasana, Mandukasana, Ardha Matsyendrasana, Suryanamaskara, Paschimottanasana, Kapal bhati kriya

3.4 Medication

(As per the <i>Prakriti</i> of the patient and severity of the illness)		
Single drug	<i>Ashwagandhu</i> (<i>Withania somnifera</i>)	3-6 gm B.D.
	Bhumyamalaki(<i>Phyllanthus niruri</i>)	3-6 gm B.D.
	Brahmi (<i>Bacopa monnieri</i>)	1-3 gm B.D.
	Guduchi (<i>Tinospora cordifolia</i>)	3-6 gm B.D.
	Nimba (<i>Azadirachta indica</i>)	1-3gm B.D.
	Amalaki (<i>Phyllanthus emblica</i>)	3-6 gm B.D.
	Gokshura (<i>Tribulaster resteris</i>)	3-6 gm B.D.
	Bilva (<i>Aegle marmelos</i>)	3-6 gm B.D.
	Poly Herbal formulations	Trikatu churna
Triphala churna		3-6 gm B.D.
Gokshuradi guggulu		1 gm B.D.
Kaishora guggulu		2 gm BD
Nisha-Amalaki		6 gm

3.5 Referral

Diabetes is a chronic illness that requires continuing medical care and patient self-management education to prevent acute complications and to reduce the risk of long-term complications. However, patients may be referred to higher center for following conditions:

- Serious metabolic derangement or diabetes complication that is left untreated would lead to need for hospitalization, or which requires immediate hospitalization
- Newly diagnosed Type 1 with or without urinary ketones
- Decompensate Type 1 or Type 2 diabetes with strongly positive urinary ketones present, dehydration or vomiting
- Foot ulcer with infection
- Type 1 or Type 2 diabetes with suboptimal diabetes control after providing treatment (HbA1c > 7.0%)
- Marked or symptomatic hyperglycemia not responding to current therapy
- Recurrent severe hypoglycemia

4. Cancer

4.1. Prevention of Cancer

Create awareness about the health hazards of tobacco and advocate avoidance

Encourage and assist habitual tobacco users to quit the habit

Promote healthy dietary practices and physical activity

Make your health institute tobacco free and implement Cigarettes and Other Tobacco Products (COTPA) Act 2003 effectively as per National Tobacco Prevention Programme

4.2. Early detection of Cancer

Create awareness about the early warning signs of cancer

Encourage breast cancer awareness and early screening for the same

Encourage oral self-examination

Create awareness about symptoms of cervical cancer and motivate females for Visual Inspection with Acetic Acid (VIA) screening

Examine, as a routine, the oral cavity of patients with the history of tobacco use

Offer clinical breast examination to any woman over 30 years presenting to the health centre

Refer the women for screening for cervical cancer to the nearest PHC

A. Oral Cancer

Tobacco chewing is the single most important risk factor for oral cancer. Other risk factors include alcohol use, betel nut chewing, and chronic trauma to oral mucosa by sharp tooth or ill-fitting dentures. Chronic exposure to these risk factors causes changes in the oral mucosa and these changes are visible as pre-cancerous lesions. Over a period of time, malignancy may develop in these lesions. Leukoplakia, erythroplakia, palatal changes associated with reverse smoking or beedi smoking and submucous fibrosis are local pre-cancerous lesions.

Leukoplakia-This is defined as a white patch that cannot be characterized as any other disease clinically or pathologically.

Erythroplakia- This is a bright, velvety area sometimes surrounded by faint plaques which cannot be characterized as any other lesion clinically or pathologically.

Non-healing mouth ulcer-Look for unhealed mouth ulcer of more than 2 weeks and refer him/her to nearest PHC

Referral

Examine whether the person is able to open the mouth (four finger test) nearest PHC.



B. Breast Cancer

Prompt diagnosis of breast cancer in the early stage is very important. This is possible by increasing the level of awareness among women.

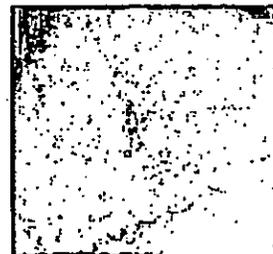
Breast awareness:

- A change in size
- A nipple that is pulled in or changed in position or shape
- A rash on or around the nipple
- Discharge from one or both nipples
- Puckering or dimpling of skin
- Lump or thickening in the breast
- Constant pain in the breast or armpit

All women >30 years should be sent to PHC and then screened using Clinical Breast Examination (CBE).

C. Cervix Cancer symptoms

- Irregular, intermenstrual (between periods) or abnormal vaginal bleeding after sexual intercourse or bleeding after menopause
- Bleeding after douching, or after a pelvic examination
- Vaginal discomfort or odorous discharge from vagina, the discharge may contain some blood and may occur between periods or after menopause
- Pain during sex



These signs and symptoms are not specific, may be present in other conditions also, but it is advised to consult health care professional at the earliest. More severe symptoms may develop at advanced stages of cervical cancer.

Screening

Visual Inspection with Acetic Acid (VIA)

All women above 30 years of age should be referred to nearest PHC for the screening of cervical cancer.

ഭാരതീയ ചികിത്സാ വകുപ്പ്

**ജീവിതശൈലി രോഗ ക്ലിനിക്
Protocol & Guidelines**

വർദ്ധിച്ചു വരുന്ന ജീവിതശൈലി രോഗങ്ങൾ പ്രതിരോധിക്കുന്നതിനും നിയന്ത്രിക്കുന്നതിനുമായി ഭാരതീയ ചികിത്സാ വകുപ്പിന്റെ നിയന്ത്രണത്തിലുള്ള 1233 സ്ഥാപനങ്ങളിലും ജീവിത ശൈലി രോഗ ക്ലിനിക് ആരംഭിക്കുന്നു. Mild- Moderate രോഗാവസ്ഥകൾ കൈകാര്യം ചെയ്യുക. സങ്കീർണ്ണതകൾ തടയുക. രോഗത്തിന്റെ പുരോഗതി തടയുക. ജീവിത നിലവാരം മെച്ചപ്പെടുത്തുക എന്നിവയാണ് ഈ ക്ലിനിക്കുകളുടെ ലക്ഷ്യം. ജീവിതശൈലി രോഗങ്ങളായ പ്രമേഹം, രക്താതിമർദ്ദം, അമിതവണ്ണം/ PCOS, അമിത കൊളസ്ട്രോൾ, എന്നിവയുടെ പ്രതിരോധവും കേന്ദ്രസർക്കാർ ആയുഷ് ചികിത്സയായി നിർദ്ദേശിക്കുന്ന തരത്തിൽ ലഘു മധ്യമ രോഗാവസ്ഥകളിൽ ചികിത്സയും തീവ്ര അവസ്ഥകളിൽ കൃത്യമായി റഫർ ചെയ്യുക എന്നതും മറ്റ് ജീവിത ശൈലി രോഗാവസ്ഥകളായ തൈറോയ്ഡ് രോഗങ്ങൾ, ക്യാൻസർ തുടങ്ങിയ രോഗങ്ങളുടെ സ്ക്രീനിംഗും റഫറലും നടത്തുക എന്നിവയാണ് ക്ലിനിക്കിലൂടെ നടത്താൻ ഉദ്ദേശിക്കുന്നത്. കേന്ദ്ര ആരോഗ്യമന്ത്രാലയം പുറത്തിറക്കിയ ആയുഷ് മാനദണ്ഡങ്ങളും സംസ്ഥാന സർക്കാരിന്റെ നിർദ്ദേശങ്ങളും അനുസരിച്ചായിരിക്കും ക്ലിനിക്കുകളുടെ പ്രവർത്തനം.

പ്രവർത്തനങ്ങൾ

- ആഴ്ചയിൽ ഒരു ദിവസം ജീവിതശൈലി രോഗ ക്ലിനിക് ഭാരതീയ ചികിത്സാ വകുപ്പിന്റെ കീഴിലുള്ള 1233 സ്ഥാപനത്തിലും നടത്തുക.
- തദ്ദേശ സ്ഥാപനതലത്തിൽ നിരന്തരമായി സ്ക്രീനിംഗ് പ്രോഗ്രാമുകൾ നടത്തുക. സ്ക്രീനിംഗിന് സമീപ CHC/FHC യുമായി ചേർത്ത് ശൈലി ആപ്പ് മുഖേനയുള്ള വിവരങ്ങൾ ഉപയോഗിക്കാവുന്നതാണ്
- വിദ്യാർത്ഥികളിലും യുവജനങ്ങളിലും പ്രകൃതി പരീക്ഷ നടത്തുകയും രോഗങ്ങൾ തടയുന്നതിനും ജീവിത ശൈലി മെച്ചപ്പെടുത്തുന്നതിനും ആവശ്യമായ നിർദ്ദേശങ്ങൾ നൽകുകയും ചെയ്യുക.
- ഗ്രാമസഭ, ICDS, സ്കൂളുകൾ, Old age homes, എന്നിവിടങ്ങളിൽ ബോധവൽക്കരണ പരിപാടികൾ നടത്തുക.
- ആരോഗ്യ പാരാ-മെഡിക്കൽ ജീവനക്കാർ, ആശാ പ്രവർത്തകർ എന്നിവർക്കുള്ള ബോധവൽക്കരണ ക്ലാസ്സ് നടത്തുക
- ജീവിതശൈലി രോഗങ്ങളിൽ ചെറു ധാന്യങ്ങളുടെ പ്രാധാന്യം സംബന്ധിച്ച ബോധവൽക്കരണം നടത്തുകയും അവയുടെ ഉപയോഗത്തെ പ്രോത്സാഹിപ്പിക്കുകയും ചെയ്യുക.
- ജീവിത ശൈലി രോഗ പരിശോധനകൾക്കായി പരമാവധി സ്ഥാപനങ്ങളിൽ ലബോറട്ടറി സൗകര്യമോ കളിക്ടർ സെന്ററോ ലഭ്യമാക്കുക.

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- വ്യക്തിയധിഷ്ഠിത യോഗ. മെഡിറ്റേഷൻ തുടങ്ങിയവയിലൂടെ നിയന്ത്രണപരിപാടികൾ ആസൂത്ര്യം ചെയ്യുക.
- വ്യക്തി അധിഷ്ഠിത ജീവിതശൈലി ക്രമീകരണങ്ങൾ രോഗികൾക്ക് നിർദ്ദേശിക്കുക.
- സങ്കീർണ്ണതകൾ രൂപപ്പെടുമ്പോഴും ഔഷധ സേവനവും ജീവിതശൈലി ക്രമീകരണങ്ങളും കൊണ്ട് നിയന്ത്രിക്കാൻ സാധിക്കാത്തപ്പോഴും അടിയന്തിരമായി ഹയർ സെന്ററിലേക്ക് റഫറൽ സംവിധാനം ഉപയോഗിക്കുക.
- ആയുർവേദ മാനസിക രോഗ വിദഗ്ദ്ധരുടെ സേവനം ഉപയോഗപ്പെടുത്തി വ്യക്തി അധിഷ്ഠിത കൗൺസിലിംഗ് നൽകുക.
- രജിസ്റ്റർ ചെയ്ത രോഗികളുടെ തുടർചികിത്സാ ഉറപ്പാക്കുക.
- പദ്ധതിയുടവശ്യമുള്ള ഔഷധങ്ങൾ സ്ഥാപനത്തിൽ തദ്ദേശസമ്പാദന ഭരണ പദ്ധതിയിലൂടെ കണ്ടെത്തേണ്ടതാണ്.
- ജില്ല ആശുപത്രികളിലൂടെയും മറ്റു പ്രധാന സ്ഥാപനങ്ങളിലൂടെയും ചെറു ധാന്യങ്ങളുടെ വില്പന സാധ്യമാക്കുക.
- ശരിയായ ജീവിത ശൈലിയുടെ പ്രാധാന്യം പൊതുജനങ്ങളെ ബോധവൽക്കരിക്കാൻ റാലി/സെഷനുകളും / മറ്റ് പ്രോഗ്രാമുകൾ നടത്തുക.
- വിദ്യാർത്ഥികൾക്കായി സ്കൂൾ/ കോളേജ് തലങ്ങളിൽ ജീവിത ശൈലി രോഗങ്ങളെ കുറിച്ചുള്ള ബോധവൽക്കരണ പരിപാടികൾ നടത്തുക.