

**Of all the gains, gain of health  
is the highest and the best.**

—Buddha

## **ASSOCIATION OF PHYSICIANS OF INDIA**

**Joint Annual Conference, Pune 1988.**

**Call for**

### **Prevention of Cardiovascular Diseases Government Strategy / Community Approach**

Dr. Grant, Lt. Gen. Kapur, Prof. Shyamal Sen, Presidents of various participating Associations, Air Marshall Bhalla, Lt. Gen. Krishnan, Col. Bhalla, Dr. Pahlajani, Col. Narayanan, distinguished guests, worthy colleagues, ladies and gentlemen:

At the outset I wish to express my profound thanks to the organisers of the conference Armed Forces Medical College (AFMC), Pune, for their warm hospitality and for hosting this conference in such a splendid manner. I greatly appreciate the significant honour, the members of the Association of Physicians of India have bestowed on me, by electing me as their president.

One of the distinct advantages of national institution like Association of Physicians of India (API) is that it forges unity amidst diversity and promotes harmony and goodwill. API, in addition, is an excellent edifice for mutual exchange of ideas and advancement of scientific excellence.

India during the past four decades of the post-independence era has made tremendous strides in the economic, educational, industrial spheres as well as science and health care delivery. Famines and pestilence no longer take the toll they used to do. Many an infectious epidemic is a

story of by gone days. Today, an average Indian can look forward to a life span of 54 years as against 26 years, half a century ago. These are no mean achievements. However, these and many other outstanding achievements are offset by grave failures like malnutrition, high infant and maternal mortality, diseases arising out of poverty, bad sanitation and illiteracy. Although an average Indian now lives longer, the morbidity is only marginally less than that of his forefathers.

India has the dubious distinction of having the diseases and health problems of both developed and developing countries. The case in point is the modern epidemic of cardiovascular diseases.

Rheumatic fever and rheumatic heart disease are major causes of mortality and morbidity especially in young people. It has been estimated that rheumatic fever is the most common cause of heart disease in the 5-30 years age group. Its prevalence amongst children between 5-15 years is in the range of 6 per thousand with wide regional variations. It is common knowledge that rheumatic heart disease is typically associated with poverty, poor housing and overcrowding and the disease has declined throughout the century in industrialised societies. The prevention of rheumatic fever is certainly possible by early effective treatment, which makes it one of the most preventable cardiovascular diseases. The Government should commit itself by appointing a National Programme Coordinator for rheumatic heart disease and also make necessary budgetary provisions.

Ischaemic heart disease is emerging as the most important cardiovascular disease in recent times. Unchecked the epidemic is threatening to engulf the whole society in the very near future resulting in incalculable damage. It is estimated that by the turn of the century, life expectancy will be in the range of 64 years and no doubt at the rate of demographic transition it could assume an alarming public health dimension. It is feared that if present conditions persist, every second person born alive will die from cardiovascular disease. The disturbing trend is younger age groups are being affected by coronary artery disease.

Economic advance and changing life styles appear to be primordial causes. The sheer size of the problem, the early onset and insidious development of atherosclerosis provide sufficiently strong reasons to

mandate the taking of immediate steps towards prevention.

The problem has to be seriously tackled by adoption of healthier life style and environment, screening to identify the disease in its early stages, bringing preventive care to individuals at special risk and secondary prevention in known cases.

The Government, responsible for the health of the public should straight away garner adequate information on current life styles and prepare time bound action goals. It is imperative to formulate a national plan for prevention and control of cardiovascular diseases and also to establish appropriate communication and co-ordination with other departments particularly those dealing with food policy, education and public information.

Government and national medical associations should declare a joint commitment towards a tobacco smoke free society.

The whole problem has to be tackled on a war footing and an approach that emphasises the intervention to change the whole community by health education and matters such as nutrition and eating patterns, low fat dairy products, changed diet in institutions, prohibition of smoking, physical activity at work and leisure, and special training of health personnel.

Use of mass media in health education is an important cost effective method to enhance community participation. Mass media experts learned in behavioural sciences and health communication skills must be included in this programme.

The need of the hour is better doctors than more doctors, better health education than more education, better health care than more health care delivery, a political will, involvement of non-Governmental organisations, a dedicated profession and a motivated community.

Thank you for giving me a patient hearing.

Long live API

