

htthink!

SOCIAL MEDIA IS PUTTING PEOPLE UNDER GREATER SCRUTINY, SAY DOCTORS. COMBINED WITH HIGHER DISPOSABLE INCOMES, THIS IS DRIVING DEMAND FOR ELECTIVE SURGERIES

AWKWARD? FIX IT

Urban Indians are going under the knife to treat conditions that are more embarrassments than medical emergencies, like excessive sweating, snoring and bad breath

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A year ago, operations manager Vishal Raut, 35, had the base of his tongue and his tonsils reduced using a laser, in a procedure known as an uvulopalatoplasty. It was done to cure his obstructive sleep apnea, or heavy snoring.

"The way I used to snore, it was like I was choking, or like I couldn't breathe," says Raut, who travels regularly for work and would avoid sleeping on long-distance train journeys because of the embarrassment caused by his condition. "If I was asleep, then nobody near me could get any sleep. Sometimes I would wake up and people would be staring or laughing at me."

Raut is among a growing number of patients opting for surgical procedures or extreme treatments for conditions that are not so much health emergencies as sources of embarrassment.

"Having medical information available online plays a key role in encouraging patients to seek help for such conditions," says Dr Sanjiv Badhwar, who operated on Raut and is a sleep disorder specialist at Mumbai's Kokilaben Dhirubhai Ambani Hospital. "Patients do an online search, weigh their options and walk in, rather than waiting to be sent in by a general practitioner."

In addition to snoring, urban Indians are seeking medical intervention to treat excessive sweating, halitosis, white patches and even loss of pigmentation.

Dr Satish Bhatia, a dermatological surgeon at the Indian Cancer Society, says he has seen a 20% increase in the demand for botox injections to reduce sweating, over the past two years.

"I see several teenagers, youngsters about to start college, who want help with this," he says. "At least in part, it's because social media platforms have made young people more self-conscious."

In Delhi, Dr Mukesh Girdhar, state president of the Indian Association of Dermatologists, Venereologists and Leprologists, says he is seeing a growing number of people approach him for skin grafts, particularly for conditions such as vitiligo, in which the skin loses pigmentation and develops white patches.

"Skin grafting provides a 70% to 80% chance of recovery," he says.

Another factor driving the demand for elective surgeries is the growing disposable income levels in urban India. The cost of such procedures typically ranges from ₹10,000 to ₹1 lakh — a sum that a growing number of people is comfortable paying in exchange for feeling less self-consciousness about an aspect of their appearance.

Mumbai homemaker Pallavi Rave, 56, for instance, recently went under the knife to have an abnormally long toe shortened. "It was sticking out, literally like a sore thumb. My right foot looked disproportionate and ugly," she says.

Dr Pradeep Moonot, the orthopaedic surgeon who operated on Rave at Breach Candy hospital, says he sees three to five patients with such aesthetic concerns each month, the majority of them women.

"Many women want to wear open shoes and don't like how their feet look," he says.

Dr Badhwar, meanwhile, has seen the number of snorers coming to him for surgical remedies increase three-fold over the past four years. He now consults with about 60 such patients a month. While patients are usu-

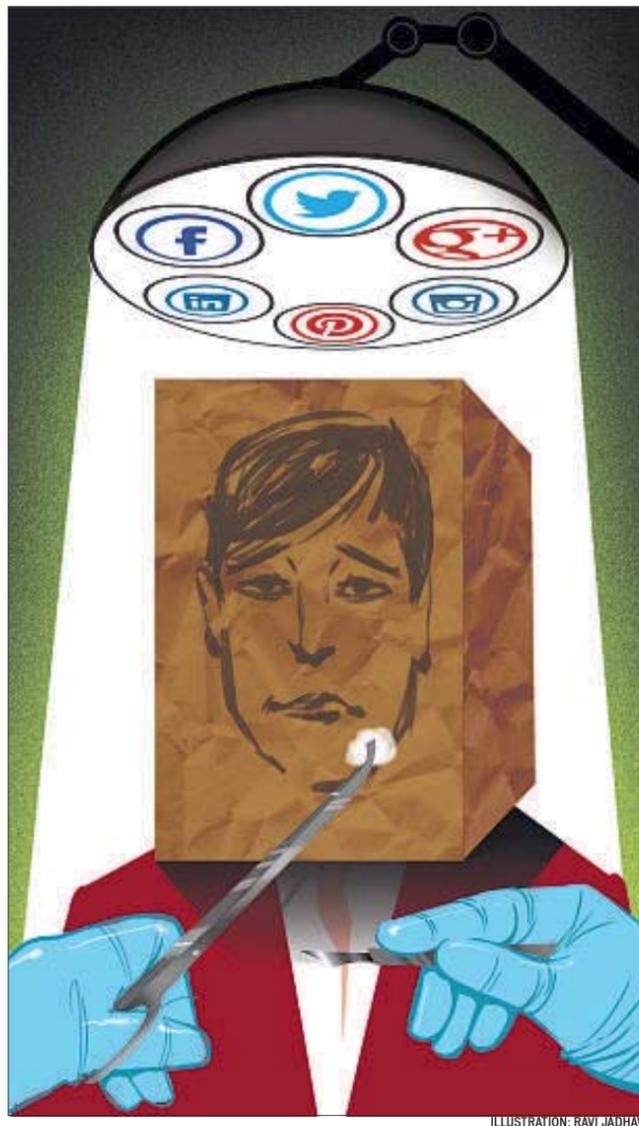


ILLUSTRATION: RAVI JADHAV

POPULAR PROCEDURES, COSTS AND CAUTIONS

Uvulopalatoplasty, a laser surgery to reduce base of tongue and tonsils to rein in or eliminate snoring

COST About ₹1 lakh
RISK May not provide relief to all snorers

Botox injections in underarms and palms to control excessive sweating

COST ₹15,000 to ₹30,000
RISK Allergic reaction; muscle stiffness

Skin grafting to treat vitiligo or white patches

COST Up to ₹15,000, depending on the size of the patch
RISK Possibility that patches will reappear

Flap surgery to treat halitosis or bad breath

COST ₹10,000 onwards
RISK Infection; depending on the cause, problem could recur

ally pleased with the outcomes of their surgeries — Raut says he now feels more confident, and Rave no longer cringes when she looks at her right foot — doctors do caution against overdoing it.

Dr Rajesh Chawla, a senior consultant at the department of respiratory and sleep medicine at New Delhi's Indraprastha Apollo Hospital, for instance, does not recommend surgery as a first line of treatment because not every snorer is an ideal candidate — and there are less invasive alternatives that ought to be tried first.

In addition to paying for something that may not work, there are the risks of infections, allergic reactions and possible side-effects such as muscle stiffness.

"Every surgery has potential for complications," says orthopaedic

surgeon Dr Moonot. "People must be careful to understand the risks, and weigh those against the need to have the surgery. A minor deformity might not always be worth it."

■ **Vikas Raut, 33**, an operations manager from Mumbai, got laser surgery last year to treat his heavy snoring. 'I would wake up on trains and find people staring or laughing at me,' he says.
SATISH BATE/HT

MUSIC CAN EASE PAIN, ANXIETY POST-SURGERY

HEALTH WISE



SANCHITA SHARMA

Listening to music before, during and after surgery lowers patients' pain and anxiety even if they are unconscious under general anaesthesia, concluded researchers after reviewing 72 studies on the effect of music on recovery after surgery. The study, which was reported in *The Lancet* earlier this week, found that while music didn't hasten recovery or shorten the length of hospital stay, it worked so well as a pain-reliever that patients needed fewer prescription painkillers to manage their post-operative pain.

Music also made patients more satisfied with the treatment and care they were given, compared with patients in routine care, those given headphones with no music, those unexposed to music, and those exposed to white noise. The choice of music and when it was played made no difference to the outcome, but the physical and psychological benefits maxed when patients, not doctors and other medical staff, chose the music.

"Pre-recorded music through headphones, musical pillows, or background sound systems can be a non-invasive, safe, and inexpensive intervention compared with pharmaceuticals, and can be delivered easily and successfully in a medical setting," wrote researchers from Queen Mary University of London in the medical journal, *The Lancet*.

NO ADDITIONAL COST

These benefits come at no extra costs. "Music is a simple and cheap intervention, which reduces transient discomforts for many patients undergoing surgery," Paul Glasziou from Bond University in Queensland, Australia, wrote in an accompanying commentary. "A drug with similar effects might generate substantial marketing."

Studies in the past have shown that music in the Operation Theatre (OT), if not too loud or distracting, enhances surgeon performance and lowers patient anxiety, more so in awake procedures when patients are aware of their surroundings. In its Christmas issue last year, *The BMJ* reported that 62% to 72% surgeries were done in OTs wafting with music, and 80% of the surgical staff said it improved communication between the team, lowered anxiety and improved efficiency by increasing task focus on the task at hand.

Critics of melody argue that music can potentially distract surgeons by taking up cognitive bandwidth and lowering alertness, but this is far from true. Music has a tremendously relaxing effect on the mind and body, and works by slowing the pulse and heart rate, lowering blood pressure and the levels of stress hormones. Since listening arrests attention, it prevents the mind from wandering and calms emotions. It helps people identify and express the feelings associated with stress.

REHAB MANTRA

So powerful is this effect that music therapy is increasingly being made part of rehab and the stress associated with trauma and surgery. Music therapy uses biofeedback, guided imagery, and other established techniques to treat people with stress-related disorders, post-traumatic stress and post-surgical stress. It's usually used in combination with biofeedback techniques to lower tension, as it triggers the relaxation response more effectively than verbal stimuli.

Most surgeons in India play music in the OT while operating, with the playlist almost always being chosen by the surgeon leading the surgery. Vintage Bollywood, classical instrumental music and *ghazals* are the most popular genres among surgeons in India, but you occasionally also hear jazz wafting out of OTs. One of the favourite stories narrated by a well-known cardiac surgeon in Delhi who plays jazz is about a

patient complaining he hated jazz just before slipping under anaesthesia. The surgeon immediately summoned the patient's family to borrow his playlist, which was played while his heart was being fixed. When the patient woke up to *ghazals* in post-recovery, the first words he uttered after a triple bypass was that it was a great coincidence that the hospital was playing his favourite songs!

MUSICAL DOS AND DON'TS

While there are no structured studies to understand which beats move surgeons in India to do their best in the OT, *The BMJ* study suggests that popular numbers such as *Stayin' Alive* (Bee Gees), *Smooth Operator* (Sade), *Comfortably Numb* (Pink Floyd) and *Wake Me Up Before You Go-Go* (Wham) do wonders for surgical morale, while the numbers best avoided are *Another One Bites the Dust* (Queen), *Everybody Hurts* (REM), and *Scar Tissue* (Red Hot Chili Peppers), with researchers suggesting the last one be banned in the OTs of plastic and reconstructive surgeons.

Carrying your playlist with you if you're undergoing surgery is a win-win situation, unless of course you listen to Punk, which has the potential of outraging conservative OT staff much to your peril.

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PARTYING IS AN OLD WAY OF LIFE IN BHARAT



RENUKA NARAYANAN

don't see myself following a guru. But I think others do because people like to party and *satsangs* are *sattvik* parties between the festivals and weddings. Ever seen the public dancing on Janmashtami? Entire families — old, young, everyone? It's actually pretty wonderful. Singing and dancing are what many regular Indians like to do and *satsangs* are culturally acceptable occasions where families can go 'bahu-beti same'.

Neither the Buddha nor Emperor Asoka nor those who came by later could 'cure' Indians of dancing in *satsang* and during festivals (I'm thoroughly enjoying a re-read of the ancient Tamil epics 'Silappadhikaram' and 'Manimekalai' in translation and although the first was written by a Jain and the second by a Buddhist, it was apparently a time of inter-creed harmony and there are lovely descriptions by both authors of the dancing at Indradev's festival and the singing and dancing in the countryside to local deities).

The 'religious' party is an old cultural habit and the Bhakti Movement took the concept of the public bliss-out even further as a way of life across many parts of India. Ananda remains its basic 'vibe', basking in the comfort of the chosen guru's presence in the community of fellow-followers. It comes from the unselfconscious joy of the larger belief in Janmashtami as the advent of the 'Parama Guru' Sri Krishna. And how is it anybody's business unless something criminal is going on?

India's brown sahibs and *mems* are uncomfortable with Bharat's parties, they whip Hinduism because it is a depressing fact that several charlatans exposed masquerading as gurus are Hindu. Well, it is a Hindu majority out here so the proportionate numbers are bound to be more in this too, I imagine, although it's puzzling that people accept naked and semi-naked



ISTOCK

■ The religious party is an old cultural habit. Neither Buddha nor Asoka could cure Indians of dancing, making merry during *satsangs*.

men of religion but object to a 'guru' who wears lipstick and miniskirts. Meanwhile, Christians who sanctify humans as 'miracle workers' and Saudi-funded televangelists who teach their fans to close their minds against their countrymen are surely as culpable, respectively, for promoting superstition and a nationally divisive agenda?

Looking beyond our duckpond, we find any number of foreign faith-healers (some even tour India) and cult leaders of other religious persuasions doing equally bizarre things. Some were caught by their law. That gives us larger perspective on this 'shady' bandwidth that it's well-supplied across religions and will remain so, given the human longing for belonging. Perhaps if we choose our guru mindfully while staying ready for betrayal by a fellow-human, we can *satsang* blithely, not blindly, since anyway the spiritual prescription for Kalyug is that only 'Naam' (the Name of God) and 'kaam' ('good deeds') can be our guide and our salvation.

My mixed feelings on gurus — part rejection, part understanding — were somewhat clarified years ago when I was sent to cover the 50th birthday celebrations in Kochi of the 'hugging Amma'. The *New York Times* correspondent called it 'hokey' (fake/sugary-sentimental). What I saw was a football stadium filled with people from all over the world (the Brazilians had travelled non-stop for three days) singing "Shanti, Shanti, Shanti". I thought I could live with that.

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HEALTHSCAN MEDICINE, FITNESS AND LIFESTYLE TRENDS

DIETARY SUPPLEMENTS MAY TRIGGER EATING DISORDERS

Widespread consumption of over-the-counter body-building supplements is emerging as an eating disorder, warns a study. Of the 195 men that were surveyed in the 18 to 65 age group, more than 40% said their use of supplements increased over time, 22% replaced regular meals with dietary supplements and 29% were concerned about their intake. About 8% were asked by their physicians to reduce or stop intake, and 3% were hospitalised for kidney or liver problems. The study was presented at the American Psychological Association's annual convention, in August.

OBSESSING OVER WEIGHT COULD MAKE IT WORSE

If you worry a lot about your weight, there is a chance that you could be making it worse. According to researchers from University of Liverpool, people who thought they were overweight were more likely to report overeating in response to stress. Researchers studied the lives of 14,000 people in the US and Britain, and analysed data from the time they were children till they reached adulthood, in order to gauge their perception of their own weight. The paper was published in the *International Journal of Obesity*.

PILL MAY OFFER PROTECTION AGAINST WOMB CANCER

Use of oral contraceptives, usually referred to as 'the pill', even for just a few years, gives substantial long-term protection against endometrial or womb cancer, and the longer the pill is used the greater the reduction in risk, according to a detailed re-analysis of available evidence, published in *The Lancet Oncology Journal*. Researchers from the Collaborative Group on Epidemiological Studies on Endometrial Cancer estimate that in the past 50 years (1965-2014) about 400,000 cases of endometrial cancer have been prevented by oral contraceptive use in high-income countries, including about 200,000 in the last decade (2005-2014).

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