

Health Matters

Good sleep could add years to your life



Getting good sleep can play a role in supporting your heart and overall health - and maybe even how long you live - according to new research. The study found that young people who have more beneficial sleep habits are incrementally less likely to die early. Moreover, the data suggest that about eight per cent of deaths from any cause could be attributed to poor sleep patterns.

"We saw a clear dose-response relationship, so the more beneficial factors someone has in terms of having higher quality of sleep, they also have a stepwise lowering of all cause and cardiovascular mortality," said Frank Qian, MD, an internal medicine resident physician at Beth Israel Deaconess Medical Center, clinical fellow in medicine at Harvard Medical School and co-author of the study. "I think these findings emphasize that just getting enough hours of sleep isn't sufficient. You really have to have restful sleep and not have much trouble falling and staying asleep."

For their analysis, Qian and team included data from 172,321 people (average age 50 and 54% women) who participated in the National Health Interview Survey between 2013 and 2018. This survey is fielded each year by the Centers for Disease Control and Prevention (CDC) and the National Center for Health Statistics to help gauge the health of the U.S. population and includes questions about sleep

and sleep habits. Qian said this is the first study to his knowledge to use a nationally representative population to look at how several sleep behaviors, and not just sleep duration, might influence life expectancy.

About two-thirds of study participants self-reported as being White, 14.5% Hispanic, 12.6% Black and 5.5% Asian. Because researchers were able to link participants to the National Death Index records (through December 31, 2019), they could examine the association between individual and combined sleep factors and all-cause and cause-specific mortality. Participants were followed for a median of 4.3 years during which time 8,681 individuals died. Of these deaths, 2,610 deaths (30%) were from cardiovascular disease, 2,052 (24%) were from cancer and 4,019 (46%) were due to other causes.

Researchers assessed 7ve different factors of quality sleep using a low-risk sleep score they created based on answers collected as part of the survey. Factors included: 1) ideal sleep duration of seven to eight hours a night; 2) difficulty falling asleep no more than

two times a week; 3) trouble staying asleep no more than two times a week; 4) not using any sleep medication; and 5) feeling well rested after waking up at least five days a week. Each factor was assigned zero or one point for each, for a maximum of five points, which indicated the highest quality sleep.

"If people have all these ideal sleep behaviors, they are more likely to live longer," Qian said. "So, if we can improve sleep overall, and identifying sleep disorders is especially important, we may be able to prevent some of this premature mortality."

Among men and women who reported having all five quality sleep measures (a score of five), life expectancy was 4.7 years greater for men and 2.4 years greater for women compared with those who had none or only one of the five favorable elements of low-risk sleep. More research is needed to determine why men with all five low-risk sleep factors had double the increase in life expectancy compared with women who had the same quality sleep.

Obesity mortality risk higher than estimated

Excess weight or obesity boosts risk of death by anywhere from 22 per cent to 91 per cent - significantly more than previously believed - while the mortality risk of being slightly underweight has likely been overestimated, according to new CU Boulder research.

The findings, published Feb. 9 in the journal Population Studies, counter prevailing wisdom that excess weight boosts mortality risk only in extreme cases.

The statistical analysis of nearly 18,000 people also shines a light on the pitfalls of using body mass index (BMI) to study health outcomes, providing evidence that the go-to metric can potentially bias findings. After accounting for those biases, it estimates that about 1 in 6 U.S. deaths are related to excess weight or obesity.

"Existing studies have likely underestimated the mortality consequences of living in a country where cheap, unhealthy food has grown increasingly accessible, and sedentary lifestyles have become the norm," said author Ryan Masters, associate professor of sociology at CU Boulder.

"This study and others are beginning to expose the true toll of this public health crisis."

While numerous studies show that heart disease, high blood pressure and diabetes (which are often associated with being overweight) elevate mortality risk, very few have shown that groups with higher BMIs have higher mortality rates.

Instead, in what some call the "obesity paradox," most studies show a U-shaped curve: Those in the "overweight" category (BMI 25-30) surprisingly have the lowest mortality risk. Those in the "obese" category (30-35) have little or no increased risk over the so-called "healthy" category (18.5-25). And both the "underweight" (less than 18.5) and extremely obese (35 and higher) are at increased risk of death.

"The conventional wisdom is that elevated BMI generally does not raise mortality risk until you get to very high levels, and that there are actually some survival benefits to being overweight," said Masters, a social demographer who has spent his career studying mortality trends. "I



body comes in." To see what happened when those nuances were considered, Masters examined the National Health and Nutrition Examination Survey (NHANES) from 1988 to 2015, looking at data from 17,784 people, including 4,468 deaths.

He discovered that a full 20 per cent of the sample characterized as "healthy" weight had been in the overweight or obese category in the decade prior. When set apart, this group had a substantially worse health profile than those in the category whose weight had been stable.

"I would argue that we have been artificially inflating the mortality risk in the low-BMI category by including those who had been high BMI and had just lost weight recently," he said.

New ICU patient care platform unveiled

Stryker, one of the world's leading medical technology companies, announced the launch of the SmartMedic platform at the 29th Annual Conference of the Indian Society of Critical Care Medicine in Indore.

SmartMedic is a patient care platform which enhances existing ICU bed capabilities at hospitals. This solution is intended to manage changes in patient weight, monitor patient turns from nurse stations and help medical staff to perform X-rays on patients within the ICU, without having to move them. SmartMedic is aimed at reducing a patient's discomfort and providing enhanced care to them while hospitalized at all levels of acuity. The first-of-its-kind platform can wirelessly link to nurse call systems, helping increase productivity and efficiency of the nursing staff to deliver care, thereby reducing possibly high hospital

expenses. SmartMedic is an effective solution for any hospital because it can be installed and is compatible with any ICU bed. One of the key benefits of this technology is minimizing potential discomfort that critically ill ICU patients may experience during weight-measurement procedures or extended bedrest.

Ram Rangarajan, vice president, Stryker Global Technology Centre, said, "Meeting unmet needs of the Indian market is a key priority for us and SmartMedic is a testament to our efforts in identifying these needs and finding viable market specific solutions. We are proud that this is an India for India innovation and look forward to partnering with doctors and nurses to enhance critical care and caregiver safety in our hospitals."

Dr. Rajesh Chandra Mishra, President, India Society of Critical

Care Medicine (ISCCM) said, "No matter how the hospital infrastructure is currently set up, automation and digitisation are the way of the future. With developing technologies like SmartMedic, we have the opportunity to level the playing field for Indian 1.5 billion people by delivering high-quality healthcare. To deliver the best healthcare and treatment services using cutting-edge technology, these beds rely on the computing principle to access data precisely and directly, efficiently, and with high quality through an intelligent and innovative system that matches the needs of the medical facility and its work patterns. Investments in infrastructure and implementation of technologies like these should go hand in hand to achieve best outcomes."

Stryker is committed to improving healthcare through innovative medical products and services that enhance patient and hospital outcomes. In the last six years, 6 per cent to 7 per cent of their annual sales have been invested in

RD and now has about 11,000 patents globally. Stryker has introduced other devices in addition to the SmartMedic, including the SV2 ICU bed, ST1-X Stretcher, and Surgistool.



Stem cell transplantation to treat HIV

Haematopoietic stem cell transplantation for the treatment of severe blood cancers is the only medical intervention that has cured two people living with HIV in the past. An international group of physicians and researchers from Germany, the Netherlands, France, Spain, and the United States has now identified another case in which HIV infection has been shown to be cured in the same way. In a study published recently, in which DZIF scientists from Hamburg and Cologne played a leading role, the successful healing process of this third patient was for the first time characterised in great detail virologically and immunologically over a time span of ten years.

An infection with the human immunodeficiency virus (HIV) was previously considered incurable. The reason for this is that the virus "sleeps" in the genome of infected cells for long periods of time, making it invisible and inaccessible to both the immune system and antiviral drugs. The "Düsseldorf patient," a 53-year-old man, is now the third person in the world to be completely cured of the HI virus by a stem cell transplant. The patient, treated at the University Hospital Düsseldorf for his HIV infection, had received a stem cell transplant due to a blood cancer. As in the cases of the first two patients named "Berlin" and "London," the Düsseldorf patient received stem cells from a healthy donor whose genome contains a mutation in the gene for the HIV-1 co-receptor CCR5. This mutation makes it impossible for most HI viruses to enter human CD4+ T-lymphocytes, their major target cells.

Following transplantation, the patient was carefully monitored virologically and immunologically for almost ten years. Using a variety of sensitive techniques, the researchers analysed the patient's blood and tissue samples to closely monitor immune responses to HIV and the continued presence or even replication of the virus. Already shortly after transplantation and over the entire course of the study years, neither replicating virus nor antibodies or reactive immune cells against HIV were detected. More than four years ago, the antiviral therapy against HIV was discontinued. Ten years after transplantation and four years after the end of anti-HIV therapy, the Düsseldorf patient could be declared cured by the international research consortium.



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NOTICE IS HEREBY GIVEN TO THE PUBLIC IN GENERAL AND IN PARTICULAR TO THE BORROWER (S) AND GUARANTOR (S) THAT THE BELOW DESCRIBED IMMOVABLE PROPERTY MORTGAGED/CHARGED TO THE SECURED CREDITOR, THE POSSESSION OF WHICH HAS BEEN TAKEN BY THE AUTHORIZED OFFICER OF KOTAK MAHINDRA BANK LTD. (KMBL) ON 25.11.2022, PURSUANT TO THE ASSIGNMENT OF DEBT IN ITS FAVOUR BY BAJAJ FINANCE LIMITED (HEREINAFTER REFERRED TO AS "BFL"), WILL BE SOLD ON "AS IS WHERE IS" BASIS IN WHATEVER FORM AND MANNER THE BIDDERS PLEASED BETWEEN 12.00 PM TO 01.00 PM WITH UNLIMITED EXTENSION OF 5 MINUTES, FOR RECOVERY OF: RS. 244,86,638.23 (RUPEES TWO CRORE FORTY FOUR LAKH SIXTY SIX THOUSAND AND SIX HUNDRED THIRTY EIGHT AND TWENTY THREE PAISE ONLY) AS OF 24.02.2023. ALONG WITH FUTURE INTEREST APPLICABLE FROM 25.02.2023 UNTIL PAYMENT IN FULL WITH COST AND CHARGES UNDER THE LOAN ACCOUNT NO.4210H123746314. DUE TO KMBL, SECURED CREDITOR FROM S. VENKATESAN, V. SANGEETHA. THE RESERVE PRICE WILL BE: RS. 65,00,000/- (RUPEES SIXTY FIVE LAKH ONLY), THE EARNEST MONEY DEPOSIT WILL BE: RS.65,00,000/- (RUPEES SIX LAKH FIFTY THOUSAND ONLY) LATEST DATE OF SUBMISSION OF EMD WITH KYC IS 16.03.2023 UP TO 6.00 PM (IST).

PROPERTY DESCRIPTION: ALL PIECE AND PARCEL OF LAND AND BUILDING AT COIMBATORE REGISTRATION DISTRICT, GANDHIPURAM SUB-DISTRICT COIMBATORE TALUK, SARAVANAMPATTI VILLAGE, S.F NO 224, PANJARKADAI STREET ADMEASURING 979 SQ. FT. OF HOUSE SITE TOGETHER WITH PATHWAY RIGHTS, IN THIS 88 SQ. FT. OF LAND OF PATHWAY IN ALL TOTALING 1067 SQ. FT. AND BOUNDED ON WEST OF SOUTH NORTH ROAD, EAST OF PROPERTY OF BADRIBUND, SOUTH OF PROPERTY OF DEVANNA GOUNDER, AND NORTH OF PROPERTY OF SARAVANNA GOUNDER NORTH OF PROPERTY OF RAMATHAL. ITEM NO. 2, COIMBATORE REGISTRATION DISTRICT, GANDHIPURAM SUB-DISTRICT, COIMBATORE TALUK, SARAVANAMPATTI VILLAGE, S.F NO 224, PANJARKADAI STREET, ADMEASURING 1023 SQ FT OF HOUSE SITE TOGETHER WITH PATHWAY RIGHTS IN THIS 88 SQ. FT. OF LAND OR PATHWAY IN ALL TOTALING 1111 SQ. FT. AND BOUNDED ON WEST OF PROPERTY OF SARAVANAN AND 4 FT. PATHWAY EAST OF SOUTH NORTH ROAD, SOUTH OF PROPERTY OF DEVANNA GOUNDER NORTH OF SOUTH OF PROPERTY OF RAMATHAL BOTH ITEM 1 & 2 ADMEASURING IN AGGREGATE 2178 SQ FT. WITH PATHWAY RIGHTS AND RCC BUILDING THEREON.

THE BORROWERS ATTENTION IS INVITED TO THE PROVISIONS OF SUB SECTION 8 OF SECTION 13, OF THE SARFAESI ACT, IN RESPECT OF THE TIME AVAILABLE, TO REDEEM THE SECURED ASSET.

RECONSTRUCTION OF FINANCIAL ASSETS AND ENFORCEMENT OF SECURITY INTEREST ACT, 2002 UNDER RULE 8(5) READ WITH PROVISION TO RULE 9(1) OF THE SECURITY INTEREST (ENFORCEMENT) RULE, 2002.

NOTICE IS HEREBY GIVEN TO THE PUBLIC IN GENERAL AND IN PARTICULAR TO THE BORROWER (S) AND GUARANTOR (S) THAT THE BELOW DESCRIBED IMMOVABLE PROPERTY MORTGAGED/CHARGED TO KOTAK MAHINDRA BANK LTD. (KMBL) THE SECURED CREDITOR, THE PHYSICAL POSSESSION OF WHICH HAS BEEN TAKEN BY THE AUTHORIZED OFFICER OF KMBL ON 07.12.2022, PURSUANT TO THE ASSIGNMENT OF DEBT IN ITS FAVOUR BY BAJAJ FINANCE LIMITED, WILL BE SOLD ON "AS IS WHERE IS" BASIS IN WHATEVER FORM AND MANNER THE BIDDERS PLEASED BETWEEN 12.00 PM TO 01.00 PM WITH UNLIMITED EXTENSION OF 5 MINUTES, FOR RECOVERY OF: RS. 1,45,56,414.06 (RUPEES ONE CRORE FORTY FIVE LAKH FIFTY SIX THOUSAND FOUR HUNDRED FOURTEEN AND SIXTY SIX PAISE ONLY) AS OF 24.02.2023 ALONG WITH FUTURE INTEREST APPLICABLE FROM 25.02.2023. TILL REALIZATION, WITH COST AND CHARGES UNDER THE LOAN ACCOUNT NO.4210H123746314. DUE TO KMBL, SECURED CREDITOR FROM MR. N. RAMARAJ, MRS. R. BHAVANESHWARI AMR. RAMARAJ N (PROPRIETOR GORALINE IMPX) THE RESERVE PRICE WILL BE: RS. 1,00,00,000/- (RUPEES TEN LAKH ONLY) AND THE EARNEST MONEY DEPOSIT WILL BE: RS. 10,00,000/- (RUPEES TEN LAKH ONLY) LATEST DATE OF SUBMISSION OF EMD WITH KYC IS 16.03.2023 UP TO 6.00 PM (IST).

DESCRIPTION OF THE IMMOVABLE PROPERTY WITH KNOWN ENCUMBRANCE, IF ANY
 SECURED ASSET ADDRESS: FLAT NO 38, 3RD FLOOR, TRIANGLE KAMAL, RAMASAMY STREET, K.K PUDUR, SABASAGAL COLONY COIMBATORE-641038
 MORE PARTICULARLY DESCRIBED HEREIN BELOW.

SCHEDULE A: IN COIMBATORE REGISTRATION DISTRICT, GANDHIPURAM SUB REGISTRATION DISTRICT, COIMBATORE TALUK, SANGANUR VILLAGE, S.F.NO 2991, IS AN EXTENT OF 4.53, PREVIOUS S.F.NO 298 AN EXTENT OF 4.77, S.F. NO 299 AN EXTENT OF 4.29 TOTAL AN EXTENT OF 9.06 IN THIS WESTERN SIDE AN EXTENT OF 4.53, IN THIS NORTHERN AND EASTERN SIDE AN EXTENT OF 6939 SQ.FT (AS PER REVENUE RECORD TSLR-8821 SQ.FT) FOLLOWING WITH PRESENT BOUNDARIES AND MEASUREMENTS:-ON THE NORTH BY: SITE NO 19 (T.S.NO. 146), ON THE SOUTH BY: SITE NO 21 (T.S.NO. 151 & 152), ON THE EAST BY: ALAGAPPAGOUNDERS PROPERTY IN T.S. NO. 148 & 162, ON THE WEST BY: 30 FEET NORTH SOUTH RAMASAMY STREET (T.S. NO. 150) WITH THE ABOVE EAST TO WEST ON THE NORTH-134 FEET EAST TO WEST ON THE SOUTH-132 FEET 6 INCHES NORTH TO SOUTH ON THE EAST-50 FEET NORTH TO SOUTH ON THE WEST-50 FEET WITHIN THE ABOVE MEASURING AN EXTENT OF 6939 SQ.FT OR 15 (FIFTEEN) CENTS AND 159 SQ.FT OR 621.79 SQ.MT OF THE HOUSE SITE WITH ALL ITS RIGHTS AND APPURTENANCES ATTACHED THERETO, TO THE ABOVE SAID PROPERTY PRESENTLY WITH IN T.S. NO.148, WARD NO. 17 AND BLOCK NO. 17 THE PROPERTY SITUATED IN RAMSAMY STREET, K.K.PUDUR WITHIN THE LIMITS OF COIMBATORE CORPORATION.

SCHEDULE B: OUT OF 50% OF THE SCHEDULE A MENTIONED PROPERTY, I.E. 3346.5 SQ.FT, AN EXTENT OF 832 SQ.FT, UNDIVIDED SHARE IN THE LAND.

SCHEDULE C: FLAT NO. 38 ADMEASURING 1990 SQ.FT IN THIRD FLOOR IN THE BUILDING TRIANGLE KAMAL SITUATED IN THE PROPERTY MENTIONED IN THE SCHEDULE HEREIN ABOVE.

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IN CASE OF ANY CLARIFICATION/REQUIREMENT REGARDING SECURED ASSET UNDER SALE, BIDDERS MAY CONTACT MR. VISHAL ADISHESHAN (+919941016600), MR. NIRMAL R (+919846909995), MR. VJAY KUMAR MENON (+919840572248) OR MR. RAJENDER SANKAR (+919842854515).

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PLACE: COIMBATORE AUTHORIZED OFFICER, KOTAK MAHINDRA BANK LIMITED
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