It is now widely accepted that more Indians are prone to lifestyle diseases like diabetes and cardiovascular disorders than ever before compared to the communicable diseases like smallpox and plague that were big killers of the past. According to a 2005 report of the National Commission on Macroeconomic and Health, “the estimated number of coronary heart disease cases in India was 27 million in 2000 – a number that will double to nearly 61 million cases in 2015”.

What is more worrying is that heart disease has seen a steady rise in both urban and rural India. Its prevalence has increased in urban areas from about 2% in 1960 to 6.5% in 1970 and to 10.5% in 2000. In rural areas, this figure has gone up from 2% in 1970 to 4.5% in 2000. The leading cause of death in India – including rural India – is heart disease, which causes three million deaths every year, making it the country’s foremost killer. “The most worrying fact is that heart disease strikes at a younger age among Indians. On an average, coronary heart disease manifests almost ten years earlier in the Indian subcontinent compared to the rest of the world.”

Infectious diseases caused by viruses and bacteria can be treated with antibiotics and vaccines, but heart disease is not caused by one but several risk factors such as consumption of too much fatty foods, too much salt, too little vegetables and fruits and too much mental stress and too little physical activity. Smoking and consumption of alcohol are also known risk factors.

While a significant causative factor in the rising number of heart disease cases in India is change in the lifestyle and food habits, the author believes flawed government policies have also played a big role. He bolsters his contention by drawing data and findings from scientific studies published in peer-reviewed and established medical journals, reports of the World Health Organization (WHO) and other international bodies, reports of the Ministry of Health and Indian Council of Medical Research (ICMR). Based on the data available, the author has drawn his own conclusions about the role of government policies in worsening the cardiac health scenario in the country.

The book opens with an account of the growing consumerism the country has seen since globalisation of the Indian economy in the 1990s, as evidenced by the proliferation of huge billboards advertising products ranging from fizzy drinks, burgers and easy-to-eat food products to 24×7 services of super-speciality hospitals. In fact, marketing by any means seems to have become the buzzword for doing business. With multi-channel cable and satellite TV, advertising has become a fine art of enticing consumers to new products including food products many of which not only lack any nutrition but are often harmful for health because of their high salt and high fat content. Proliferation of fast-food centres have also contributed to the problem.

One may wonder what government policies have to do with all this. The author contends that it is the Indian State that is fuelling the risk factors associated with heart problems to a great extent. He says, “Policies governing food production, pricing mechanisms, subsidies, taxation, public distribution and school food guidelines play a pivotal role in shaping food environments.

No change in government policies can change their attitude unless they are ready to change it of their own. On that count, education and motivation to lead a healthy life is more important for reversing the current trend.

This increase in heart disease cases in India has been coincident with the economic progress seen following opening up of the Indian economy after economic liberalisation of the early 1990s. In this book, Dinesh C. Sharma, an experienced and long-standing science correspondent and science editor of a leading daily, presents a detailed analysis of the factors that have led to the current situation.

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The leading cause of death in India – including rural India – is heart disease, which causes three million deaths every year, making it the country’s foremost killer.

However, food environments can often evolve in the absence of specific policies or those which may not be promoting health.” He believes government policies on food are not health friendly. While some components of the food environment have changed in the absence of policies, in some other cases, it is the food industry rather than the government that is driving the food agenda.

Dinesh says, “Narrow political interests, faulty state policies and corporate greed are boosting heart disease in the country.” He cites the government subsidies given to the tobacco industry and the processed food industry, especially the soft and aerated drink industry. Colas and sugary drinks are being promoted as basic mass-consumed items like water and tea. “A food product that is categorised as the topmost junk food by health experts is in fact the biggest success story of the Ministry of Food Processing Industries (MFPI).”

The author believes that, over the years since the creation of the MFPI in 1988, the government has taken upon itself the task of actively ‘stimulating demand for processed food.’ “The Indian State provides direct financial grants, soft loans and concessional credit to set up new processed food units as well as to refurbish the existing ones. Tax concessions of a wide range have been made available to food processors.” Most of the processed food products, he says, have been exempted from industrial licensing.

Dinesh also talks about modern kitchen gadgets, the proliferation of motorised transport, especially cars and two-wheelers, and piped water in villages that have reduced physical activity to a large extent. But these are symbols of progress that cannot be wished away. And government policies certainly cannot be used to restrict their sale or use.

However, notwithstanding the author’s meticulous research and exhaustive data and his logical inference presented in the book, the fact remains, whatever the government policies, it is the families and individuals who have to decide what to eat and drink and what physical activities to engage in, the enticing TV ads notwithstanding. Government policies have no control over individual choices.

Parents and teachers can play a major role in helping children at an early age change food habits and lifestyles to healthier ones. Much of the present problem arises from parental attitude to keep up with the Joneses, which makes them and their children indulge in fast foods and unhealthy lifestyles. No change in government policies can change their attitude unless they are ready to change it of their own. On that count, education and motivation to lead a healthy life is more important for reversing the current trend.

On the whole, Know Your Heart is an eye-opener that was long needed. The book should help policymakers “to draft and implement healthy policies”. It should also help the general reader to become aware of the various issues and address them collectively through proper forums. An exhaustive index would have made the book more useful as a reference material.

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