





# HEALTH SHOTS

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## 06

### A Woman's Body, A Woman's Diet

Eat better. But how? We share how women should plan their plates, through different stages of life.

## 13

### Ladies, 5 Things Your Body Wants You to Watch

Why all women need to keep note of these essential health markers.

An unique approach  
to all fertility issues



# Fertility Friday

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- Personalised case review and lifestyle check
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# Editor's Note

**Dear Readers,**

A couple of weeks back, a young lady came for a consultation. She had come a couple of days before for an initial fertility consultation with her husband, during which time I had advised them to undergo some tests based on which I would be able to advise them on next steps.

This time, she came alone.

“I didn’t come to consult you, doctor. I came to ask you to speak with my husband and mother-in-law. Ever since we came for the

first consultation, they are both unhappy. They keep telling me that the problem lies only with me, because all of their relatives have children. I am not sure how to handle this anymore!”

While I reassured her that fertility issues do not exclusively lie with the female partner, and promised to have a word with her family members, her words stayed with me as a reminder that while medical advancements have made fertility treatments more accessible than ever, the emotional and social challenges that accompany these journeys are still very real.

Even today, well into the 21st century, fertility remains a deeply personal topic—one that is often shrouded in silence, misunderstanding, and social pressure. For many men and (more so) women, the inability to conceive naturally continues to bring on feelings of frustration, shame, and isolation—which are fueled, to some extent, by the comments and opinion of people around them.

Over the years, I have observed how some couples sometimes hesitate to seek help, not because they lack hope, but because they fear judgment or unsolicited opinions from friends, family, or society at large. The stigma surrounding fertility struggles can make an already difficult journey feel even heavier.

At its core, fertility is not just a medical issue; it is an emotional, relational, and deeply human experience. Every couple’s path is unique, shaped by their own hopes, challenges, and circumstances. And sometimes, what makes the biggest difference is not just treatment itself, but the care, empathy, and guidance that surround it.

As a community—as family, friends, colleagues, even acquaintances—it is our responsibility to replace stigma with support, judgment with understanding, and silence with compassionate conversation. Together, we can help make these journeys a little less lonely and a lot more hopeful.

P.S.: If you are wondering what happened to the couple I spoke about, there is a silver lining. The husband’s sister is a progressive young woman who came to know about this incident, and accompanied the couple and her mother to the next appointment. She stood as a pillar of support to her sister-in-law, reiterating how it was the family’s empathy and care that mattered most. Thanks to her, the family has since moved on and the couple have commenced their fertility journey on a positive note. ♦

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# NICU to Normal

The Care, Checks and Milestones That Matter for Premies

*Premature babies may begin life earlier than expected, but with the right care, monitoring and support, they can grow as strong as full-term babies. We look at how parents and doctors can lay the foundation for a healthy future.*



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**W**hile modern neonatal care allows many premature babies to go home earlier than before, the journey does not end at discharge. The weeks immediately after leaving the hospital are critical for ensuring a baby's growth and stability. Understanding what doctors monitor—and why—can help parents during this key transition period.

#### When Can a Preterm Baby Go Home?

Every hospital follows specific guidelines before discharging a premature baby. In general, doctors look for 3 key indicators:

- The baby has reached a certain **weight**, often around 1.5 kilograms
- The baby has achieved a **gestational maturity** of around 34 weeks
- The baby can tolerate **full feeds** and **breathe** without assistance

If these milestones are met and the baby is medically stable, doctors may recommend discharge with regular follow-ups. However, even after discharge, the baby is considered premature until they reach the expected due date, when they would normally have been born at full term.

#### The First Follow-Ups: Ensuring Stability

Early follow-up visits focus on ensuring the baby continues to remain stable at home. Doctors typically monitor weight gain, temperature regulation, breathing patterns, feeding ability and bonding between mother and baby. These visits are essential because premature babies are still learning to regulate many basic body functions.

#### Feeding Challenges and Progress

Many premature babies leave the hospital before they are able to breastfeed effectively. As a result, feeding may initially involve cup feeding or tube feeding as well. To help babies develop feeding skills, doctors often encourage non-nutritive sucking, where the baby practices sucking without actively feeding. This helps them develop coordination and gradually transition to full breastfeeding. In many cases, babies require a combination of breastfeeding and cup feeds until they gain enough strength to feed on their own.

#### Tracking Growth and Nutritional Needs

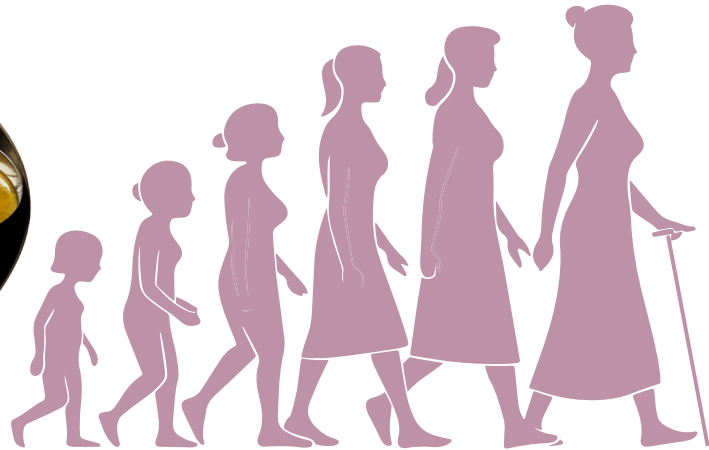
Most premature babies are monitored until they reach around 2.5 kilograms or show

adequate maturity. Because premature babies are born before completing important stages of development in the womb, they often require nutritional supplements, including iron, calcium, sodium and other micronutrients. Regular blood tests may be conducted to check for conditions such as anemia of prematurity, low bone mineral density (osteopenia), electrolyte imbalances and thyroid abnormalities.

#### Vaccination for Early Protection

Premature babies are more vulnerable to infections, which makes timely vaccination particularly important. Studies show that once babies reach a weight of around 2.25 kilograms, their immune systems are capable of responding effectively. In fact, some vaccinations may be administered before discharge, especially if the baby has had a prolonged NICU stay. For babies who spend several weeks in the hospital, doctors may even administer their six-week vaccines before discharge. ♦

*In the upcoming issue, we explore the critical screenings and developmental assessments that help preterm babies grow, learn, and thrive.*



# A Woman's Body, A Woman's Diet

*A woman's nutritional needs evolve as her body progresses through various stages of life. The beauty of traditional Indian superfoods is that they offer these essential nutrients in natural, powerful forms. All we need to do is remember the wisdom of our kitchens and feed our bodies what they truly need—seasonally, cyclically, and intelligently.*

**Shweta R.**  
Clinical Dietitian – BloomLife Hospital Pvt. Ltd.

A woman's body is an ever-changing marvel, quietly transforming through each phase of life. From the first period to menopause, her hormones shift, her metabolism adapts, and her nutrient demands evolve. Yet, the general advice to "eat healthy" often remains the same across decades, regardless of age or bodily changes. But the truth is that the female body does not need the same fuel in every season. Just as her body goes through different phases, her nutritional needs must also adapt. The foods that women consume should align with the specific demands of their bodies at each phase. In this regard, traditional Indian superfoods are an excellent choice, as they are rich in nutrients that can support women throughout their lives, from puberty to menopause. Let's explore how these nutrient-dense, regionally available foods can nourish and strengthen the body during each critical phase.

## PHASE 1: PUBERTY (10-18 Years)

### - Building Blood and Bone

Puberty is a pivotal decade for women. It's when bones reach their peak mass and the body begins menstruation. However, this is also the time when iron deficiency can creep in, quietly affecting energy levels and overall health. The right foods during this phase can set the foundation for long-term health, particularly in bone density and blood health.

**Drumstick Leaves (Murungai Keerai):** These iron-rich, calcium-dense leaves support haemoglobin production and help build peak bone mass before the age of 20. Packed with anti-inflammatory properties, they're essential for young women entering adolescence.

**Garden Cress Seeds (Halim):** Small but mighty, these seeds improve iron levels and can even ease painful periods.

**Popped Amaranth (Rajgira Pori):** This ancient grain is high in protein, easy to digest, and supportive for growing bodies.

## PHASE 2: YOUNG ADULT (Early 20s)

### - The Stress & Skin Years

The early 20s are often marked by stress from academic pressures, career ambitions, and irregular eating habits. The body's hormonal balance can be disrupted by late nights and increased cortisol levels, leading to skin issues like acne. Foods that help support hormone regulation and skin health are crucial during this time.

**Pumpkin Seeds:** Rich in zinc and magnesium, pumpkin seeds help reduce acne, support ovulation, and calm stress. They're a simple yet effective food for balancing hormones.

**Kollu (Horse Gram):** This high-protein, fibre-rich legume improves insulin response and can prevent early weight gain.

**Wood Apple (Vilampazham):** This fruit is excellent for gut regulation, supporting estrogen elimination through digestion.

**Palm Sprout (Panang Kilangu):** Natural prebiotic fibre from palm sprouts helps provide slow-release energy and supports gut health.

### PHASE 3: PCOS & METABOLIC YEARS (25-35)

#### - The Insulin Awareness Phase

Many women in their late 20s and early 30s experience issues like PCOS (Polycystic Ovary Syndrome), irregular cycles, and weight gain, often due to insulin resistance. The right foods can significantly improve insulin sensitivity and support hormonal balance.

**Fenugreek Seeds (Methi):** Known for its ability to improve insulin sensitivity, fenugreek seeds help reduce post-meal glucose spikes. They're an excellent choice for women dealing with metabolic conditions like PCOS.

**Red Matta Rice:** This unpolished rice has higher fibre content compared to refined rice, promoting slower glucose release and better satiety.

**Karuppu Kavuni (Black Rice):** Packed with anthocyanins, black rice is a potent antioxidant that helps regulate metabolism and inflammation.

### PHASE 4: PREGNANCY (Reproductive Age)

#### - Nourishment, Not Overeating

Pregnancy brings heightened nutritional demands, especially for protein, iron, and folate. It's a time when the body requires extra support for both the mother and the developing baby.

**Amaranth (Rajgira):** Amaranth is a complete plant protein, rich in iron and calcium, and ideal for the increased nutritional demands of pregnancy. It supports both maternal health and foetal development.

**Pomegranate:** Known for its high iron content, pomegranate supports haemoglobin levels, an essential aspect of a healthy pregnancy, while its antioxidant properties also protect both mother and baby from oxidative stress.

**Lotus Stem (Thamarai Thandu):** This high-fibre vegetable aids in digestion and provides often-overlooked micronutrients, making it a perfect food for digestion and overall health.

### PHASE 5: POSTPARTUM - Recovery & Restoration

Postpartum recovery requires a focus on restoring nutrient stores and managing inflammation. The body is often depleted, and the demands of breastfeeding further deplete stores of vital nutrients.

**Gond (Edible Gum):** Traditionally used in postpartum recovery, Gond supports tissue repair, sustained energy, and lactation. It also helps the body heal after childbirth.

**Black Sesame Seeds:** Rich in calcium and iron, black sesame seeds support bone and hormonal recovery during the postpartum period.

**Ajwain (Omam) Water:** Known for aiding digestion and reducing bloating, ajwain water traditionally supports lactation and helps new mothers recover from the physical strain of childbirth.

### PHASE 6: PERIMENOPAUSE (40-50 Years)

#### - The Hormonal Transition

As women approach perimenopause, estrogen levels begin to fluctuate, leading to mood swings and the gradual loss of muscle mass. It's a time when muscle preservation and brain health are critical.

**Whole Soy (Traditional Forms):** Rich in phytoestrogens, soy supports estrogen balance and provides a complete protein source for muscle preservation.

**Walnuts:** Packed with omega-3 fatty acids, walnuts offer essential brain and heart protection during perimenopause. Their anti-inflammatory properties are also crucial during hormonal changes.

**Cowpeas (Thattai Payaru):** Protein-rich and fibre-dense, cowpeas help regulate blood sugar and maintain muscle mass.

### PHASE 7: MENOPAUSE (50+ Years)

#### - Strength, Stability & Longevity

During menopause, bone density declines, and the risk of heart disease increases. It's a critical time for maintaining strength, stability, and longevity, with a focus on bone health, heart health, and muscle preservation.

**Ragi:** One of the richest sources of calcium, ragi helps support bone density during menopause. It's also packed with antioxidants that support overall health.

**Sardines (Nethili with Bones):** These small fish are a natural source of calcium, vitamin D, and protein, thus supporting bone health and overall vitality.

**Indian Gooseberry (Amla):** A powerful antioxidant that supports heart health, collagen production, and reduces inflammation, and a great food for maintaining youthful skin and protecting against the physical effects of ageing.

# Small Habits, Big Impact

*Fertility is not usually determined by a few factors. In many cases, it reflects the cumulative impact of daily behaviours, sleep patterns, nutrition, and physical activity. By adjusting a few small habits, individuals can create an environment that better supports reproductive health.*

**W**hen couples begin thinking about fertility, they often focus on the big factors—age, medical conditions, or genetic concerns. While these certainly matter, many everyday habits quietly shape reproductive health as well. As a physician, I often remind patients that while these “micro habits” may seem harmless in isolation, they can influence hormonal balance, sperm quality, ovulation, sleep quality, and metabolic health. The encouraging news is that they are also among the easiest factors to change. Here are five such ‘everyday’ habits worth paying attention to.

## 1. Eating More Carbs Than Protein, Vegetables or Fruit

A diet dominated by refined carbohydrates can contribute to blood sugar spikes and insulin resistance. Over time, this may affect



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ovulation in women and sperm health in men. Balanced meals that prioritise protein, vegetables, fruits, and healthy fats help stabilise blood sugar and support hormone production. A simple rule many nutritionists recommend is ensuring that half your plate contains vegetables or fruits, with protein included at every meal.

## 2. Doom Scrolling in Bed

Scrolling through news or social media on your phone late into the night may seem like a harmless way to unwind, but it can disrupt sleep quality in several ways. Blue light exposure delays melatonin production, and stimulating content keeps the brain alert when it should be preparing for rest. Poor sleep affects cortisol levels and reproductive hormones, which can interfere with ovulation cycles and testosterone production. Create a “phone-free” buffer of 30-60 minutes before bedtime to get better sleep.

## 3. Wearing Tight, Non-Breathable Underwear

For men in particular, consistently wearing tight underwear made from synthetic materials can increase heat around the groin area. Elevated testicular temperature has been associated with reduced sperm count and motility. Switch to breathable fabrics such as cotton and avoiding excessively tight clothing.

## 4. Not Counting All Drinks or Smokes in a Week

When people track alcohol or smoking habits, they often underestimate their actual intake. “Just one” drink or cigarette may not seem significant, but they add up across the week. Both alcohol and smoking can negatively affect egg quality, sperm count, and hormone balance. Being honest about total weekly consumption is the first step toward reducing intake.

## 5. Thinking Walking Is the Only Exercise You Need

Walking is definitely beneficial for overall health, but relying on walking alone may not provide the full range of metabolic and hormonal benefits needed for optimal reproductive health. Strength training and moderate-intensity exercise help improve insulin sensitivity, support hormone regulation, and maintain healthy body composition. ♦



## PART 2

# 'Diabetesity'

## A Silent Twin Epidemic We Choose to Ignore



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*In the previous issue, we looked into how the twin epidemic of diabetes and obesity has overtaken us silently and swiftly—in this issue, we look into the next steps we need to take, urgently, to avoid the complications that arise from these diseases.*

For years, research has been pointing in a clear direction. The Diabetes Prevention Program, one of the most influential long-term studies in this field, followed individuals at high risk for developing diabetes, including women with a history of gestational diabetes. Its findings were unambiguous. Structured lifestyle intervention reduced the progression to diabetes more effectively than medication, more effectively than metformin, and far more effectively than waiting for disease to declare itself.

This was not the result of extreme dietary restriction or dramatic interventions. It was achieved through consistent, guided lifestyle modification. The conclusion is difficult to ignore: Diabetes is not inevitable. It is not solely determined by genetics. It is profoundly influenced by epigenetic factors—nutrition, physical activity, sleep, stress, and the environments in which people live. And because these factors are modifiable, outcomes can change.

### Why Early Disease Continues to Take Over

Despite this knowledge, young lives continue to be lost or permanently altered. Lifestyle advice is still treated as an afterthought rather than a foundation of care. A single prescription is often expected to compensate for years of metabolic dysfunction. Intervention is delayed until laboratory values cross diagnostic thresholds, instead of beginning when risk first becomes apparent.

Lifestyle change is challenging. It requires time, continuity, and sustained support. It cannot be delivered in a single consultation or managed by one clinician alone. Effective care demands a coordinated approach involving nutrition, movement, behavioral

support, and ongoing follow-up. Most importantly, it requires early action—before complications take hold.

### Lifestyle Medicine Beyond the Scale

Lifestyle medicine is often misunderstood as a narrow focus on weight loss. In reality, its purpose is far broader and far more meaningful. It aims to prevent heart attacks before they occur, to protect fertility before it is compromised, and to preserve joints, kidneys, eyes, and nerves long before irreversible damage sets in. At its core, it is about allowing people to age with dignity rather than normalizing chronic suffering.

### Acting on Risk, Not on Regret

When COVID-19 threatened lives, action was taken swiftly. Decisions were made based on risk, not on hindsight. We did not wait for proof in funerals before responding.

Today, the risk is already present—in our kitchens, in our daily routines, and in the silence that surrounds preventable disease. Lifestyle medicine is not a trend, a luxury, or an optional add-on to care. It is the only sustainable path forward. The question is no longer whether it works. The question is why we are still waiting. ♦

### NAFLD: The Overlooked Consequence of Diabetesity

One of the most silently damaging complications of diabetesity is non-alcoholic fatty liver disease (NAFLD). Closely linked to obesity and insulin resistance, NAFLD often develops without symptoms and can remain undetected for years. What begins as fat accumulation in the liver can progress quietly to inflammation, fibrosis, cirrhosis, and even liver cancer. In its early stages, NAFLD is reversible. However, reversal depends almost entirely on timely lifestyle intervention. This makes early recognition and the integration of lifestyle medicine not optional, but essential to preventing long-term liver damage.

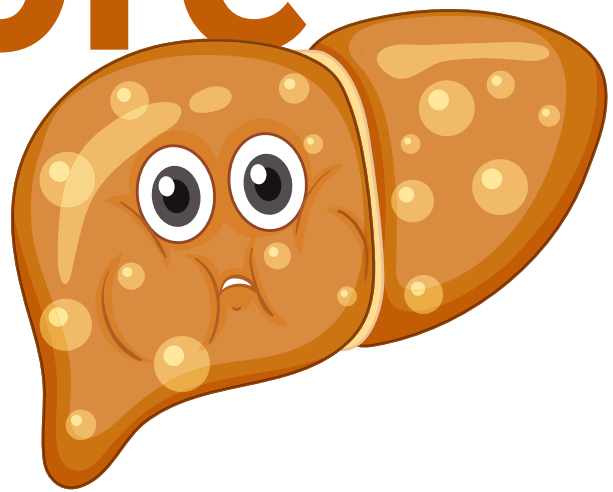


## Fatty Liver Explained (PART 2)

# The Disease You Can't Ignore



**Dr. Aiswarya M. Nair**  
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*In Part 1 of this article, we explored the prevalence causes of fatty liver disease. In this second part, we will dive deeper into the different types of fatty liver disease, how it's diagnosed, and most importantly, how it can be treated and managed for better health outcomes.*

**F**atty liver disease, in its simplest form, is the accumulation of excess fat in the liver cells. However, not all fatty liver conditions are the same. There are various stages and severity levels, ranging from mild, simple fatty liver to more serious conditions that involve inflammation, scarring, and even liver failure.

Simple Fatty Liver (Hepatic Steatosis) is the most common type of fatty liver disease, especially in individuals with Metabolic Dysfunction-Associated Steatohepatitis (MASLD). In this stage, fat accumulates in the liver, but there is little or no inflammation or damage to liver cells. This condition is often asymptomatic and doesn't tend to progress into more severe liver disease. Most people who are diagnosed with MASLD fall into this category, and for many, it doesn't cause significant health problems.

However, things become more complicated with Metabolic Dysfunction-Associated Steatohepatitis (MASH), a more severe form of fatty liver disease. This condition is characterised by liver inflammation and damage to liver cells. Over time, MASH can lead to liver scarring (fibrosis), cirrhosis, and, in the worst cases, liver cancer. Around 20% of people with MASLD develop MASH, and it's important to note that MASH-related cirrhosis is one of the leading causes of liver transplants, particularly in women and people over the age of 65.

### **How Is Fatty Liver Disease Diagnosed?**

Diagnosing fatty liver disease isn't straightforward, as there isn't a single test that can confirm it. Doctors usually rely on a combination of diagnostic methods to get a clear picture of the liver's health.

Blood tests, often referred to as Liver Function Tests, can reveal abnormalities in liver enzymes. While abnormal liver enzymes may suggest liver injury, it's important to note that these results can also be caused by other conditions, so further testing is often needed. Imaging tests like ultrasound, CT scans, or MRIs can help identify fat accumulation or an enlarged liver, which can be indicative of fatty liver disease.

In some cases, doctors may use more specialised methods like FibroScan® or blood-based scores such as the FIB-4 or the Enhanced Liver Fibrosis (ELF™) test to assess liver stiffness and scarring, which is an important part of understanding the disease's progression. For cases where scarring or advanced liver disease is suspected, a liver biopsy may be performed, though this is reserved for situations where other tests don't provide a clear diagnosis.

### Can Fatty Liver Disease Be Treated?

The good news is that, although there is currently no approved drug for early-stage fatty liver disease, the condition is often reversible with lifestyle changes. The most effective treatments involve weight loss and exercise, both of which have been shown to improve liver fat levels and reduce inflammation.

Doctors typically recommend at least 150-200 minutes of moderate exercise per week, which can be a combination of aerobic activities and strength training. Gradual, sustained weight loss has been shown to help reduce liver fat and inflammation, and in some cases, it can even reverse liver damage. These lifestyle changes not only support liver health but also play a key role in managing other conditions like obesity and metabolic syndrome that contribute to fatty liver disease.

Dietary changes are equally crucial in managing fatty liver disease. Cutting down on sugary drinks, junk food, and refined carbohydrates can significantly reduce liver fat, even without significant weight loss. Embracing a Mediterranean-style diet, which is rich in fruits, vegetables, whole grains, nuts, and healthy fats, is an effective way to support the liver. This diet not only helps reduce fat in the liver but also supports overall metabolic health.

For people with severe obesity, bariatric surgery may be considered, as it has been shown to improve fatty liver



disease and even reduce the severity of MASH. However, this is generally reserved for cases where lifestyle changes alone haven't been sufficient.

### Managing Related Health Conditions

While liver health is important, people with fatty liver disease also face increased risks of cardiovascular disease. In fact, studies show that people with fatty liver disease are more likely to die from heart disease than from liver disease itself. This is why managing cardiovascular risk factors is so important.

Controlling blood pressure, cholesterol, and blood sugar is essential to reducing the risk of heart disease. Quitting smoking and limiting alcohol intake (ideally to no more than 14 units per week, spread out with alcohol-free days) can also significantly reduce cardiovascular risk. In addition, for advanced fatty liver disease with significant scarring, doctors may prescribe medications like vitamin E or pioglitazone to help manage inflammation and liver damage. However, these treatments are not suitable for everyone and are typically used in more severe cases.

### The Most Important Message

If you've been diagnosed with fatty liver disease, it's important to remember that it's not just your liver you need to focus on. While liver health is critical, the bigger threat is cardiovascular disease, and improving your diet, increasing physical activity, and managing other metabolic conditions like diabetes and high blood pressure will protect both your liver and your heart.

Fortunately, the liver has the extraordinary ability to recover, especially when it's supported by a healthy lifestyle and diet routine. With the right changes, you can slow or even reverse the progression of fatty liver disease, improving both your liver function and overall health. ♦





# Osteoporosis Explained



Dr. K. Chittaranjan

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*Bones may feel solid and permanent, but they are living tissues that are constantly changing throughout life. Osteoporosis develops slowly over decades, often without symptoms until a fracture occurs. Understanding when bone strength is built—and why it declines—offers an important opportunity to protect long-term skeletal health.*

**O**steoporosis is one of the most common yet under-recognised health conditions affecting ageing populations worldwide. It is defined by a reduction in bone mineral density, resulting in bones that become fragile, porous, and more prone to fractures. A common misconception is that osteoporosis suddenly appears in old age. In reality, it is the outcome of a lifelong process. Bone strength is determined early in life, and the way bones are built during childhood and early adulthood plays a major role in how soon osteoporosis develops later on.

## What Exactly Happens in Osteoporosis?

Healthy bone is constantly undergoing remodeling—old bone is broken down and replaced with new bone. In osteoporosis, this balance shifts. Bone breakdown begins to exceed bone formation, leading to a gradual decline in bone density.

Osteoporosis is especially common in women after menopause. The decline in estrogen—a hormone that plays a protective role in bone metabolism—accelerates bone loss. As a result, postmenopausal women are at a higher risk of fractures involving the spine, hip, and wrist.

Although genetics and health factors may play a minor role, lifestyle and early-life factors have a far greater influence on long-term bone strength.

## The Critical Concept of Peak Bone Mass

One of the most important determinants of osteoporosis risk is peak bone mass. This refers to the maximum bone density achieved during early adulthood, typically by the late teens to early twenties.

Think of peak bone mass as a “bone bank.” The higher the amount deposited during youth, the greater the reserve available as natural bone loss begins with ageing. Children

and adolescents who receive balanced nutrition and participate in regular physical activity—particularly sports—develop stronger bones and achieve higher peak bone mass.

## Protecting Bone Health in Adulthood

After peak bone mass is reached, the focus shifts toward maintaining bone density for as long as possible. Three lifestyle pillars are particularly important: Regular exercise, balanced nutrition, and quality sleep and overall metabolic health. While these habits cannot completely stop the ageing process, they can significantly slow the rate at which bone density declines. ♦

## THE CORNERSTONES OF BONE HEALTH

Calcium is the primary mineral that gives bones their strength and structure. Calcium can be obtained through foods such as dairy products, green leafy vegetables, millets like ragi, and certain animal proteins. However, calcium alone is not sufficient. Vitamin D is essential for calcium absorption and proper bone metabolism. Sunlight exposure allows the body to produce Vitamin D through the skin. However, modern lifestyles often limit this natural source. In such situations, Vitamin D deficiency becomes common and may require supplementation.





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# Ladies

## 5 Things Your Body Wants You to Watch

*Women are experts at caring for everyone else—but often ignore their own health. This is why many serious medical conditions in women often begin silently and progress unnoticed. The good news is that 5 simple checks can help detect problems early and protect long-term health.*

**W**omen often prioritise the health of their families before their own. However, preventive care and early awareness are key to maintaining long-term well-being. As an obstetrician-gynaecologist's perspective, I would recommend that women pay close attention to 5 critical aspects regularly, all through their lives.

### 1. Breast Health: Self-Awareness and Regular Checks

Women should become familiar with the normal look and feel of their breasts so that they can detect any unusual changes early. Monthly self-breast examinations, ideally a few days after the menstruation cycle ends, can help identify lumps, skin changes, nipple discharge, or persistent pain. While many breast lumps are benign, any new or unusual change means prompt medical evaluation. Clinical breast examinations and screening tests play an important role in early detection of breast disease.

### 2. Bone Health: Building Strength Early

Women are at higher risk of bone loss, especially after menopause, due to declining estrogen levels. Adequate calcium and Vitamin D intake, weight-bearing exercise, and a healthy lifestyle help build strong bones early and maintain them with age. Early prevention significantly reduces the risk of osteoporosis later in life.

### 3. Thyroid Health: The Silent Influencer

The thyroid gland plays a vital role in regulating metabolism, energy levels, menstrual cycles and fertility. Thyroid disorders are common in women and may present subtle symptoms such as fatigue, weight changes, hair loss, mood changes, or irregular periods, which are often overlooked. Periodic thyroid screening can help detect and treat imbalances early.

### 4. Pap Smear: A Simple Test That Saves Lives

A Pap smear is a simple screening test used to detect early changes in the cervix that could lead to cervical cancer. Women should undergo regular Pap smear screening, once a year (or at appropriate intervals) depending on age and their doctor's advice.

### 5. Menstrual Irregularities: Signals To Listen To

Cycles that are excessively heavy, very painful, too frequent, infrequent, or absent should not be ignored. Such irregularities may signal underlying conditions such as hormonal imbalances, thyroid disorders, polycystic ovarian syndrome, or other gynaecological issues. Early evaluation helps ensure timely diagnosis and treatment. ♦





# Clarity in Difficult Times

## Health Insurance After a Patient's Passing

*While losing a loved one is emotionally devastating, understanding how health insurance works in such situations can help families avoid additional financial burden and ease their troubles in these difficult circumstances.*

### Dr. Rija Prathab

Manager – Billing & Insurance  
BloomLife Hospital Pvt. Ltd.

**W**hen a loved one passes away during hospitalisation, families are often overwhelmed with grief—and medical bills can add to the stress. A common question that arises is whether the patient's health insurance can still be used if the person died during treatment. The reassuring answer is, yes, in most cases, health insurance can still cover the eligible medical expenses incurred before death. From a healthcare and hospital administration perspective, the process largely depends on whether the hospital is part of the insurer's network and whether the policy is active and valid.

### Cashless Claims in Network Hospitals

If the patient was admitted to a network hospital—that is, a hospital listed under the insurance provider's approved network—the treatment may be covered through a cashless claim. In such cases, the hospital directly coordinates with the insurance company to settle the bill.

Even if the patient unfortunately passes away during treatment, surgery, or hospitalisation, the cashless approval remains valid for eligible medical expenses. The family members, attendants, or nominees simply need to ensure that the required cashless documents are submitted to the hospital. These may include policy details, identity proof, and authorisation forms. The hospital then sends the claim request to the insurance company for settlement.

### Reimbursement Claims in Non-Network Hospitals

If the treatment took place in a non-network hospital, the process works differently. Families will have to pay the hospital bill initially and then apply for reimbursement from the insurance company.

For reimbursement, the nominee or family members must submit a complete set of documents to the insurer. These usually include the death summary, death certificate, policy details, ID proof, investigation reports, treatment records, hospital bills, and the insurer's claim form (often called the Part B form). Once the documents are reviewed, the insurance company processes the claim for eligible expenses.

### Situations Where Claims May Be Rejected

It is important to note that not all claims are automatically approved. Insurance companies may deny claims under certain circumstances—for example, if the policy has lapsed, is inactive, the waiting period has not been completed, or the treatment was for a condition not covered under the policy. Similarly, claims may also be affected if pre-existing illnesses were not disclosed at the time of purchasing the policy.

### Limits of the Sum Insured

Another important factor is the sum insured. If the hospital bill exceeds the coverage limit, the insurance company will only pay up to the insured amount. For example, if a patient's policy covers ₹5 lakh but the hospital bill is ₹8 lakh, the remaining ₹3 lakh must be paid by the family. ♦

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