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Understanding Arthritis

We look into the different forms, their main causes, and how lifestyle plays a part.

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The Continuum of Care

Diabetes contributes to many serious ailments – catching it early and keeping it in control can help manage long-term health effectively.



1 Trimester



2 Trimester



3 Trimester



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Editor's Note

Dear Readers,

Recently, I was asked by my team to share a message regarding the Lindsay Clancy case, specifically focusing on the critical issue of postpartum depression in new mothers and how frequently it goes unrecognised.

While I was hesitant to address such a sensitive and high-profile tragedy, I deeply understand the urgent need for our healthcare community and society as a whole to focus on postpartum care and support. While I am confident that today's generation of fathers and partners is significantly more involved throughout pregnancy and post-delivery care, a crucial challenge remains: Many families simply do not know how to recognise the subtle signs and early indications of postpartum mental health struggles.

I will not launch into a clinical list of warning signs—this letter is not the space for that—but I will emphasise that this is an essential conversation every couple must have with their obstetrician and healthcare team. Being equipped with the right understanding beforehand makes all the difference.

In many families, these discussions are avoided because elders or long-held traditional beliefs suggest it is “unlucky” or improper to talk about potential complications during pregnancy. While maintaining a positive and optimistic outlook throughout expectant motherhood is indeed vital, being informed and prepared is not negative—it is a necessary act of protection and love.

Mental health during the postpartum period should never be a subject surrounded by silence or stigma. Just as we prepare our homes, routines, and physical health for the arrival of a newborn, we must actively prepare an emotional safety net for the mother. Expecting mothers need to know that feeling overwhelmed, anxious, or deeply exhausted is not a personal failure, and asking for help is a sign of strength, not weakness.

As healthcare providers, our mission extends beyond the safe delivery of a baby—it encompasses the complete physical, emotional, and psychological well-being of the mother.

I urge all new and expectant parents to speak openly with their doctors, lean on their support systems without hesitation, and prioritise maternal mental health with the seriousness and compassion it truly deserves.

Wishing you and your families good health and peace.

Warm regards, ♦

Dr. Kavitha Gautham

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Understanding Arthritis

Causes, Types and Myths



Dr. Jayaprakash K.V.

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Joint pain is often dismissed as an inevitable tax we pay on aging, but true arthritis is much more than simple wear and tear. Understanding how joint damage begins—and distinguishing between its various forms—is the crucial first step toward keeping your joints healthy and mobile for life.

What is arthritis, really? At its core, arthritis is the progressive degeneration of the joint structure. The ends of our bones are covered by a smooth, rubbery tissue called cartilage, which acts as a protective cushion and allows bones to glide effortlessly against one another. When this cartilage wears down or degrades, the joint loses its smooth surface. Eventually, as the cartilage erodes completely, bone begins to rub directly against bone. This friction is the primary source of the deep pain, stiffness, and inflammation that characterise arthritic joints.

The Many Forms of Arthritis

Arthritis is not a single condition; it presents in several forms with distinct causes:

- **Primary Osteoarthritis:** The most common form of joint disease, caused by age-related wear and tear, lack of physical activity, and weight-bearing stress.
- **Secondary Arthritis:** Joint damage caused by external factors such as childhood bone and joint conditions, previous joint injuries, or secondary infections (including joint tuberculosis).
- **Rheumatoid Arthritis (Mudakku Vadam):** Unlike osteoarthritis, rheumatoid arthritis is an autoimmune, systemic condition influenced by genetics. It causes polyarthritis—affecting multiple

joints symmetrically, particularly the smaller finger joints rather than just the knees—and is marked by severe early morning stiffness. While it cannot be cured, medical treatments can effectively manage its progression.

- **Gouty Arthritis:** A metabolic form of arthritis caused by elevated serum uric acid levels that crystallise within the joint space.

Feature	Osteoarthritis (OA)	Rheumatoid Arthritis (RA)
Primary Cause	Mechanical wear and tear, age	Autoimmune system response
Joint Involvement	Asymmetrical; weight-bearing joints	Symmetrical; small finger joints
Progression	Gradual cartilage breakdown	Systemic inflammation
Primary Management	Muscle strengthening, weight control	Immunomodulatory medications

The Role of Lifestyle, Obesity, and Muscle Tone

Weight-bearing joints, particularly the knees, bear the brunt of our body weight. Obesity significantly increases the mechanical load on these joints, accelerating cartilage wear. However, being heavy does not automatically guarantee you will develop arthritis. The muscles surrounding a joint act as natural shock absorbers. When you engage in targeted muscle-strengthening exercises, these muscles absorb and evenly distribute the mechanical load, shielding the underlying joint space even if you carry excess weight. A sedentary lifestyle with weak muscle tone leaves joints vulnerable to uneven loading and premature breakdown.

An arthritic diagnosis does not mean an immediate end to mobility. By seeking medical advice early, focusing on muscle tone and weight control, and dispelling fears surrounding surgical treatment, you can protect your knees and maintain an active, fulfilling lifestyle. ♦

In Part 2 of this article, we will look into the early signs of arthritis, as well as treatment and management options.





Prenatal Preparation to Postpartum Peace

Postpartum mental health challenges exist on a wide spectrum. Understanding the signs empowers families to offer early, empathetic support and seek care without delay.



Dr. Swarna Ganesan
Consultant – Holistic Birthing
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Postpartum depression is a widespread condition experienced by many new mothers. While it can be overwhelming, it can be gently managed and supported through realistic preparation, strong family involvement, and holistic care. Preventing severe depressive episodes begins during the antepartum (prenatal) period through grounded education and open communication.

- **Managing Postpartum Expectations:** Educating mothers beforehand about the realities of round-the-clock newborn care, broken sleep, and natural emotional shifts ensures they are not blindsided after delivery.
- **Normalising Requests for Help:** Maternal societal pressures often convince new mothers that asking for help is a sign of failure. Families must actively encourage mothers to ask for assistance so they can rest for an hour or two without guilt.
- **Witnessing Without Judgment:** Emotional outbursts and frequent crying are natural ways for the body to discharge stress. Partners and family members should offer a calm, non-judgmental presence, affirming her feelings rather than dismissing them.

Holistic Therapies for Mental and Physical Recovery

Combining gentle physical practices with natural therapies helps lower stress hormones like cortisol and adrenaline, restoring emotional balance and inducing much-needed rest.

- **Body Rejuvenation (Ayurvedic Therapies):** Guided massages using medicated oils—such as Abhyanga and Shirodhara—help soothe the nervous system, lower cortisol levels, and induce deep, restorative sleep.

- **Mindful Movement and Breathwork:** Spending 20 to 25 minutes on mild stretches alongside 5 to 10 minutes of Pranayama (breathwork) and meditation provides mental clarity and sustained energy for the day.
- **Prenatal Yoga and Lifestyle Adjustments:** For mothers showing mild anxiety or depression during pregnancy, prenatal yoga serves as an effective mind-body tool to build resilience. Paired with balanced nutrition, healthy sleep hygiene, and proper digestion, these lifestyle adjustments lay a strong foundation for postpartum mental health.

Postpartum Psychosis – Spotting the Hidden Emergency

While postpartum depression builds gradually, postpartum psychosis represents the most extreme form of postpartum mental health conditions. Affecting approximately 1 in 1,000 mothers, it is a rare but severe medical emergency that triggers suddenly and without warning. Postpartum psychosis occurs most frequently within the immediate postpartum window—from a few hours after birth up to the first two weeks. While a prior history of psychological conditions (such as bipolar disorder or schizophrenia) or a family history of psychosis increases a mother's risk, it can also strike women with no prior history of mental health struggles.

Early Signs Every Family Must Watch For

Because a mother experiencing psychosis lacks insight into her condition, educating her family on the subtle, early warning signs is vital. To her, everything feels completely normal, yet her condition can escalate dramatically in a matter of hours. A mother may appear perfectly fine in the morning, only to reach a peak psychotic state by the afternoon.

- **Uncharacteristic Energy and Sleep Resistance:** The earliest red flag is a total lack of desire to sleep despite severe sleep deprivation. Rather than appearing exhausted, the mother appears hyperactive, overly talkative, and intensely energised, actively resisting rest even when given time to sleep.
- **Over-Relating and Over-Fixating:** The mother may intensely relate every conversation, news article, or social media post about childbirth or parenting back to herself and her baby, showing signs of severe internal fixation and stress.
- **A Manic, Hyper-Alert State:** Instead of displaying sadness or low energy, the mother may display manic behaviors—rapidly talking, displaying intense focus, and driven by heightened states of arousal.
- **Hallucinations and Distorted Thoughts:** In extreme stages, mothers experience auditory or visual hallucinations, speaking to unseen individuals or hearing voices. Distorted thoughts may emerge, such as believing the baby is possessed, evil, or intentionally harming her routine.

Recognising these signs early is critical because diagnosis and clinical evaluation should begin within three to four hours of symptom onset. Early action prevents rapid deterioration and protects both mother and child. ♦



Breech Baby

What Happens Next?

We look at understanding breech presentation, exploring safe medical interventions, and navigating delivery options for mother and baby.



Dr. Kavitha Thangavelu
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A breech presentation occurs when a baby is positioned bottom-first or feet-first in the uterus, rather than head-down (cephalic) facing the birth canal. Occurring in roughly 3% to 4% of full-term pregnancies, breech presentation is categorised into three main types based on the baby's posture:

Frank Breech: The most common type, where the baby's buttocks point downward toward the birth canal, with the legs extended straight up in front of the body.

Complete Breech: The baby is positioned buttocks-down with both the hips and knees flexed (crossed-leg position).

Incomplete (Footling) Breech: One or both of the baby's feet are positioned downward, leading toward the birth canal.

Causes and Risk Factors

While a baby may assume a breech position simply by chance, a variety of maternal and foetal factors can influence how a fetus settles in the womb. Early in gestation, babies move freely and change positions often; however, if labor occurs prematurely, the baby simply has less time to make that natural turn into a head-down posture. Space within the uterus also plays a central role. In multiple pregnancies—such as carrying twins or triplets—the physical room available for each fetus to maneuver is significantly constrained.

Similarly, uterine anatomy can restrict movement, particularly in the presence of structural variations like a heart-shaped (bicornuate) uterus or a uterine septum. Non-cancerous growths like fibroids can further crowd the uterine cavity depending on their size and location, while placental abnormalities, such as a low-lying placenta or placenta previa, can physically obstruct the baby's head from settling smoothly into the pelvis.

Understanding the Risks of Breech Delivery

Detecting a breech position is a routine part of prenatal ultrasound monitoring across every trimester. Many babies in a breech position early in pregnancy will turn to a head-down position naturally as gestation progresses.

When a baby remains breech at term, a vaginal delivery carries specific clinical risks, including difficulty delivering the head or arms, limb dislocations or fractures, and umbilical cord prolapse—an emergency where the cord enters the birth canal before the baby, potentially compromising oxygen supply. The level of risk depends on the exact type of breech position, gestational age, foetal size, and the clinical experience of the medical team.

Interventions: External Cephalic Version (ECV)

Breech presentation cannot always be prevented, but doctors can sometimes help turn the baby manually before labor starts. Between 36 and 37 weeks of pregnancy, a procedure called an External Cephalic Version (ECV) may be offered to eligible mothers.

During an ECV, an obstetrician applies gentle, firm pressure onto the mother's abdomen to encourage the baby to rotate into a head-down position. When successful, an ECV significantly reduces the need for a C-section delivery.

Delivery Options: Vaginal Birth vs. Caesarean Section

Determining the safest delivery path depends on a combination of maternal history, foetal health, and clinical setting.

Planned Caesarean Birth: Extensive clinical evidence shows that a planned C-section significantly lowers the risk of perinatal mortality and severe complications for term breech babies compared to a planned vaginal birth. As a result, a C-section is the standard, recommended approach for first-time mothers (primipara) carrying a breech baby.

Vaginal Breech Delivery: A vaginal delivery is only considered in carefully selected cases—most commonly in women who have previously given birth (multipara), where the pelvis is adequately placed, or depending on the position of the foetus—and requires strict medical criteria, favourable foetal positioning, and an experienced obstetric team. Ultimately, your delivery method should be thoroughly discussed with your doctor to build an individualised, safe birth plan tailored to your clinical circumstances. ♦



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Is That Rash Normal?

Newborn Skin Conditions and Skincare 101

Navigating your newborn's delicate skin can feel overwhelming with all the conflicting advice and old myths around. Here is a clear, gentle guide from a paediatrician to help you care for your baby's skin safely and with confidence.

A newborn's skin is delicate and constantly adapting to life outside the womb. Naturally, this can come with rashes, flaky skin, birthmarks, pigmentation, and several changes that may concern new parents. The good news is that most of these changes are harmless and often settle with time. However, knowing what is normal, what should be avoided, and when to consult your paediatrician can make those early weeks much easier and allow for early treatment when warranted.

Timing Your Baby's Bath and Safe Bathing Practices

In the West, many babies traditionally have their first bath in the hospital, although current recommendations favour delaying

the first bath for at least 24 hours. In India, families traditionally tend to wait longer. Rather than following a fixed timeline, the baby should be bathed once they are medically stable and the paediatrician gives the go-ahead.

Some Indian families typically place babies on their knees during bath time. However, this can increase the risk of slipping, aspiration, accidental swallowing of bath water, or water entering the ears. A new parent's priority should always be safe handling and adequate support of their infant. If you choose to massage your baby before giving a bath, do so gently, and bathe the baby safely with proper support by using a bath chair instead. Parents should also



note never to leave an infant unattended around water, even for a single moment.

Common Skin and Scalp Conditions

At birth, many babies can have red skin with rashes, which parents may sometimes mistake for insect bites. This condition, known as erythema toxicum neonatorum, is no cause for alarm. The rash is self-limiting and usually settles within a few days. In most cases, basic, gentle skin care is all that is required.

If the skin appears irritated for longer than anticipated, your paediatrician may recommend a suitable soothing lotion like calamine. Doctors also recommend parents to avoid using harsh antiseptics such as Dettol, which many families commonly use for regular washing purposes. A better alternative is gentle baby detergent and clean hot water (not to be directly used on baby's skin). It is also a good idea to use clean, pre-washed cotton clothes and wash new clothes before your infant child wears them, while maintaining regular hygiene.

One of the most common scalp conditions in babies is 'cradle cap'. It causes flaky or greasy scales on the skin and is not related to the baby's soft spot or fontanelle. More often than not, parents are hesitant to touch the area because they worry about hurting the baby. However, gentle handling is considered safe. You can carefully loosen the scales with your fingers or a soft brush. When applying coconut oil on your infant, it is best used before their bath for a brief period, while being entirely washed off afterwards. Avoid leaving oil on the scalp for prolonged periods, as this may contribute to build-up.

Also, eczema may occur during infancy and may appear within the first few months of life. Its appearance and distribution are usually characteristic and can be assessed by a paediatrician.

Understanding Birthmarks and Pigmentation

Sometimes babies can have large birthmarks or white, brown, or darker spots on the skin and other parts of the body. Parents understandably tend to panic when they notice these marks. However, many birthmarks and pigmentation changes are harmless as they evolve during infancy—they can simply be monitored, depending on their appearance.

Parents should not automatically wait until one year of age if a mark is rapidly changing, bleeding, becoming painful, or otherwise concerning. In such situations, it is important to approach your paediatrician promptly. Your consulting doctor will be able to assess the skin, reassure you when the change is normal, or recommend further evaluation and treatment if necessary.

When Should You Call Your Paediatrician

In most cases, gentle skin care and observation are the best approach but on the guidance of your paediatrician. Further, the doctor should be kept in the loop about

any new or concerning skin changes as they can help dispel redundant worries, identify potential problems early, and, when required, refer you to a paediatric dermatologist. The key is not to panic whilst paying attention to persistent or unusual changes. With the right guidance, most newborn skin concerns can be managed simply, safely, and gently. ♦

Home remedies and concoctions such as gram flour applications and warm oil massages are generally not recommended immediately after birth. This is because newborns are still adjusting to their environment and their sensitive skin does not require products or treatments. Oil massages can be introduced once the baby is stable and the umbilical cord is dry and healing well.

Watch Dr. Balakumaran touch on the main points of baby massages in this reel:



Future-Proofing Your Fertility?



Dr. Kavitha Gautham

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In recent years, social egg freezing has transitioned from a niche medical procedure into an essential option for many women. Today's generation faces a dynamic set of life choices and circumstances that often lead to delaying pregnancy and marriage. Women are increasingly prioritising higher education, pursuing demanding career goals, or simply taking time to find the right partner.

Additionally, life shifts such as late-stage singlehood or divorce mean that many women find themselves ready to start or rebuild a family later than previous generations. Regardless of the reason, egg freezing serves as a reliable biological backup plan, allowing women to preserve their fertility choices without compromising their current life goals.

The Sweet Spot for Quality and Quantity

When considering egg freezing, age is the single most critical factor determining success. The ideal age window to freeze eggs is between 25 and 32 years.

During this period, a woman's reproductive system typically produces eggs of optimal genetic quality and in higher quantities. If a woman in this age bracket knows she intends to postpone pregnancy, consulting a fertility specialist during these years provides the best statistical chance of achieving a healthy, successful pregnancy in the future.

Freezing Eggs After 32: What to Expect

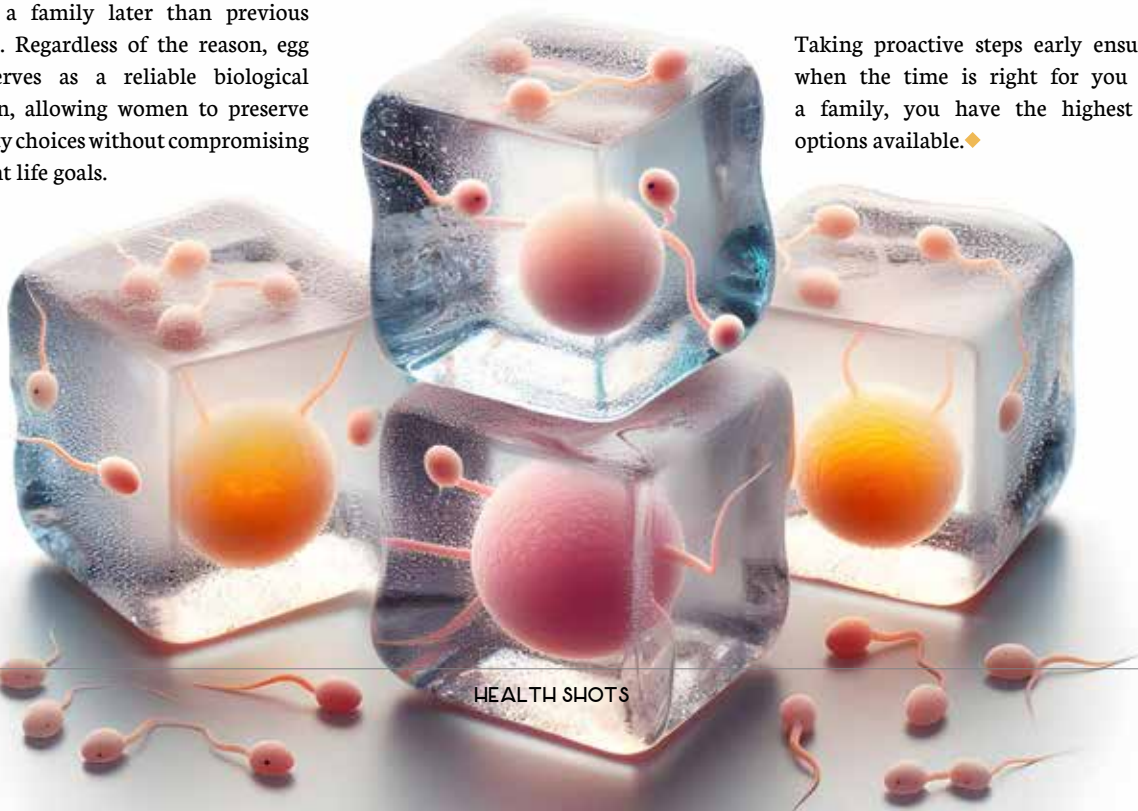
While the mid-twenties to early thirties represent the primary window, women frequently consider egg freezing later in life. It is important to understand how biological timing affects outcomes:

As modern life shifts marriage and family planning further down the timeline, egg freezing offers women an empowering way to preserve their future fertility. Understanding the optimal timing and science behind egg freezing can help you make informed decisions about your reproductive options on your own terms.

The Age 32-33 Shift: Around 32 to 33 years of age, women typically begin to experience a natural decline in both the overall egg count (ovarian reserve) and the genetic quality of those eggs.

Egg Freezing Beyond Age 35: Egg freezing is still entirely possible after age 35, and many women pursue it successfully. However, because older eggs have a slightly higher rate of chromosomal variations, a woman may need more stimulation cycles to freeze a sufficient number of healthy eggs, and the overall statistical likelihood of a future successful pregnancy is somewhat lower compared to freezing at a younger age.

Taking proactive steps early ensures that when the time is right for you to start a family, you have the highest quality options available. ♦



The Continuum of Care

Managing Diabetes and Its Co-Morbidities

Catching and managing diabetes early is the most powerful tool a patient has to prevent life-altering complications. Here is a guide to navigating routine screenings, monitoring co-morbidities, and tailoring long-term care to your unique health profile.



Dr. Aiswarya M. Nair

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Conditions such as diabetes can be effectively managed through preventative screening and timely intervention. For any patient, the vital first step is identifying the condition early to prevent the development of secondary health issues. In this regard, diabetes is an important condition to monitor. Once diabetes is diagnosed, the primary goal is controlling blood sugar levels. However, if the condition goes undetected in its early stages, it can lead to widespread complications, including strokes, blindness, kidney failure and non-traumatic amputation of foot and leg. Therefore, long-term diabetes management focuses heavily on preventing these progressive health risks.

Routine Monitoring for Well-Controlled Diabetes

When blood sugar is stable and well under control, routine follow-ups are typically recommended every three months. This crucial part of the healthcare continuum includes key diagnostic checks:

- Fasting blood sugar tests
- Postprandial (after-meal) blood sugar tests
- Average blood sugar (HbA1c) tests

In addition to quarterly check-ins, patients maintaining good blood sugar control should undergo a comprehensive master health check-up once a year.

Managing Co-Morbidities and Advanced Symptoms

When diabetes is diagnosed late or intervention is delayed,

patients may develop co-morbidities that require a more symptom-focused approach to follow-up care. Because patients in later-stage management are particularly prone to neuropathy and non-healing ulcers, doctors will regularly evaluate:

- Vision and optical function
- Kidney function tests
- Stool culture and localised symptom checks

Additionally, if a patient exhibits symptoms of high cholesterol, targeted tests are conducted to measure and actively manage lipid levels alongside blood sugar.

The Impact of Weight and Fatty Liver Disease

Weight is another critical factor in diabetes care, as the combination of diabetes and obesity significantly increases the risk of developing fatty liver disease. When this co-morbidity is present, care plans require:

- Follow-up appointments every six months
- An annual abdominal scan to assess liver size
- An annual fibrosis scan if fatty liver disease is already established

Personalised Care for Every Patient

Ultimately, there is no one-size-fits-all list of preventive measures. The frequency of tests and interventions depends on each patient's specific case, symptoms, and medical history. Staying proactive and keeping up with recommended screenings ensures that diabetes care remains tailored, effective, and protective over a lifetime. ♦



Hormone Harmony

In this second part, we move from principles to practice, with a simple seven-day meal guide designed to show how familiar foods can be incorporated into a balanced routine, followed by practical advice on navigating festivals, indulgences and the other lifestyle factors that play an important role in managing PCOS. Because managing PCOS should fit into your life—not require you to abandon the foods and traditions that are already part of it.

In the first part of this series, we explored why nutrition plays such an important role in managing PCOS and how making the right food choices can support better metabolic and hormonal health. But understanding what to eat is only the first step. The bigger question for most women is: How do you actually put this into practice every day?

The answer does not have to involve expensive superfoods, complicated recipes or a complete departure from the food you grew up eating.

For many of us, the ingredients needed to build a balanced, PCOS-friendly diet are already familiar to the South Indian kitchen. From millets and lentils to vegetables, eggs, curd and traditional preparations such as sambar, sundal and pesarattu, everyday foods can form the foundation of a practical and sustainable approach.

The key lies not in eliminating everything you enjoy, but in making thoughtful choices around portion sizes, balance, protein, fibre and consistency.



Day	Breakfast	Lunch	Evening Snack	Dinner
Monday	Ragi dosa with sambar	Brown rice (1 cup), sambar, beans poriyal, curd	Handful of roasted chana mixture	Millet upma with vegetables
Tuesday	Vegetable oats idli	Kodo millet rice, rasam, cabbage poriyal, 1 boiled egg	Sundal (1 small bowl)	Moong dal chilla
Wednesday	Moong dal idli	Brown rice, sambar, beetroot poriyal, curd	Buttermilk with roasted cumin	Vegetable stew with 1 small appam
Thursday	Vegetable upma, boiled eggs	Quinoa or millet pulao with vegetables, curd	Roasted makhana or peanuts	Ragi dosa with tomato chutney
Friday	Besan chilla	Brown rice, sambar, drumstick poriyal, 1 piece grilled fish or paneer	Sprouts salad	Millet khichdi with vegetables
Saturday	Idli with sambar	Jowar roti, dal, mixed vegetable curry, curd	Fresh buttermilk	Vegetable curry with multigrain roti
Sunday	Pesarattu	Brown rice, rasam, avial, curd	Handful of mixed nuts	Millet dosa with coconut chutney

Note: This is a general template. Individual needs vary based on activity, baseline weight, and medical profile, so it's best to check in with a doctor for that.

Navigating Indulgence During Festivals

Managing PCOS requires mindfulness, not guilt. You do not need to demonise traditional foods. Focus simply on limiting packaged juices, sugary beverages, deep-fried snacks, maida items, and excessive polished white rice at every meal.

When festivals like Onam, Navaratri or Diwali arrive, plan ahead rather than avoiding celebrations. Eat a balanced, protein-rich breakfast so you arrive satisfied rather than famished, and enjoy your feast without shame. A single celebratory meal will not undo weeks of consistent, positive choices.

Beyond Diet: Lifestyle & Medical Care

Dietary changes yield the best results when paired with regular movement. Aim for 150 minutes of moderate activity per week (such as brisk walking) along with resistance training twice weekly to improve insulin sensitivity in muscles. Prioritise seven to eight hours of quality sleep, as sleep deprivation independently worsens insulin resistance.

Finally, remember that lifestyle adjustments are sometimes only part of the equation—and needing clinical assistance is not a failure. If consistent dietary and exercise efforts do not normalise your cycles after a few months, consult a gynaecologist to evaluate medical support for insulin resistance or ovulation induction. ♦

Understanding State and Central Government

Health Schemes



Why do you get the insurance approval but not the hospital? The delay between your personal notification and the hospital desk's confirmation is simply a matter of digital processing, not administrative inaction.

Dr. Riya Prathab

Manager – Billing & Insurance
BloomLife Hospital Pvt. Ltd.

Government health insurance programs are publicly funded initiatives introduced by state and central governments to make medical treatment accessible and affordable, particularly for economically vulnerable populations. The primary objectives of these schemes are to lighten the financial burden of healthcare, offer cashless hospitalisation and broaden medical coverage across eligible communities. Under these programs, beneficiaries can receive covered treatments without paying out of pocket upfront, subject to the rules and limitations of each scheme.

How Government Schemes Function

These health programs operate exclusively through a designated network of empanelled hospitals. While exact inclusions and exclusions depend on the specific scheme and its approved treatment packages, network hospitals play a critical role in guiding patients through the process. Hospital administrative teams handle beneficiary verification, identity documentation, eligibility checks, pre-authorisation requests, clinical coordination, package selection, and final payment reconciliations.

Government vs. Private Health Insurance

While both systems aim to offset healthcare costs, government schemes and private health insurance policies differ in funding, eligibility and operation.

Funding and Sponsorship: Government schemes are fully or partially funded by state or central authorities, whereas private insurance relies on individual premiums managed by commercial

insurance companies or Third-Party Administrators (TPAs).

Eligibility Criteria: Government coverage is determined by specific socio-economic criteria, state guidelines, or central mandates (such as Chief Minister schemes or national programs). In contrast, private insurance eligibility depends on individual policy terms, age, and underwriting conditions.

Treatment Structure: Government schemes strictly adhere to pre-defined, standardised treatment packages. Private insurance approvals are dictated by individual policy limits, deductibles, and sum insured options.

Hospital Networks: Empanelled network hospitals provide cashless care for all eligible government scheme beneficiaries. Private insurance cashless services depend on whether the hospital maintains an active tie-up with the patient's specific insurer.

Claim Rejections and Deductions

Specific benefits, package rates, documentation requirements, and claim procedures vary significantly between central schemes, state-level programs, and specialised regional health initiatives. Even under Government policies and cashless schemes, claim approvals are not automatic. Claims may be delayed, reduced, or rejected altogether due to errors like incomplete documentation, mismatches between the primary clinical diagnosis and selected treatment package, insufficient medical justification for the chosen procedure or length of stay, and choice of excluded procedures. Both patients and hospital administrative teams should regularly consult the latest official guidelines issued by the relevant government health authorities to ensure smooth, hassle-free care. ♦

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- ◆ **Urology**
- ◆ **Nephrology**
- ◆ **General Medicine & Surgery**
- ◆ **Diabetology**
- ◆ **Lifestyle Medicine**
- ◆ **ENT**
- ◆ **Gastroenterology**
- ◆ **Anaesthesiology**
- ◆ **Laparoscopic Surgery**
- ◆ **Neurology & Surgery**
- ◆ **Oncology (Medical & Surgical)**
- ◆ **Pulmonology**
- ◆ **AYUSH Wellness**
- ◆ **Dentistry**
- ◆ **Dermatology**
- ◆ **Endocrinology**
- ◆ **Radiology**
- ◆ **Physiotherapy**

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