

ORIGINAL RESEARCH

## To Evaluate The Role Of C-Reactive Protein's As Prognostic Relevance In Acute Ischaemic Stroke Patients

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### ABSTRACT

**Aim:** To evaluate the role of C-reactive protein's as prognostic relevance in acute ischaemic stroke patients.

**Materials and methods:** one hundred patients who had been diagnosed with first ischaemic stroke by clinical criteria and CT of the brain. Patients admitted to the hospital with a diagnosis of first ischaemic stroke within 72 hours of symptom onset were considered for inclusion. If the patient was unable to give consent, their legal guardian gave permission instead.

**Results:** The severity of stroke was determined using the CNSS score, and the mean CNSS score was  $6.98 \pm 1.63$  in the low CRP group and  $5.97 \pm 1.55$  in the high CRP group. The value difference is statistically significant ( $p=0.011$ ). The mean BI score in the low CRP group is  $35.88 \pm 5.87$ , whereas it is  $31.36 \pm 4.98$  in the high CRP group ( $p=0.021$ ). The mean infarct size in the low CRP group is  $3.1 \pm 0.58$  mm and  $4.2 \pm 0.69$  mm in the high CRP group ( $p=0.011$ ). (Table 4) The severity of the stroke, the level of impairment, and the size of the infarct were all substantially larger in the high CRP group (Table 5). Out of 70 patients in the high CRP group, 25 (35.71%) had fatal events and 25 (35.71%) had non-fatal events. As a result, 50 patients (71.42%) had adverse effects, which were statistically significant when compared to the low and high CRP groups. The biggest number of incidents occurred in the high CRP level group, i.e., 40%, while the RR was highest in the CRP level  $>5$ , i.e., 6.3, which is significant.

**Conclusion:** The present investigation shown that individuals with ischemic stroke had elevated levels of CRP, an inflammatory marker. Stroke severity and bad outcomes are proportional to the degree of CRP elevation. In terms of mortality and morbidity, CRP after discharge is preferable to CRP at admission.

**Keywords:** Inflammation, Prognosis, Stroke outcome

### INTRODUCTION

"rapidly developing clinical signs of focal or global disturbance of cerebral function, lasting more than 24 hours or leading to death, with no apparent cause other than vascular origin," is how the World Health Organization (WHO) describes a stroke. <sup>1</sup> An acute ischaemic stroke results when blood supply to the brain is suddenly cut off. Most cases of severe acute

## Assessment of Hospitalized Patient with 2019 Novel Coronavirus-Infected Pneumonia Associated with Hypertension in Tertiary Care Hospital - A Cross Sectional Study

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### Abstract

**Background:** The pandemic, caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) which poses unprecedented challenges to health-care systems around the world, another one is hypertension which is growing rapidly to epidemic levels in the developing countries, that's why described by some clinicians as a 'silent killer'.

**Objective:** To study the prevalence of hypertension on disease progression and prognosis in patients with SARS-COV-2 positive adults and also assess the co relation between SARS-COV-2 positive adults with hypertension in tertiary care hospital.

**Methodology:** A Hospital based, cross sectional, observational study was conducted among the 208 SARS-COV-2 positive adults in tertiary care hospital. A comparison between patients, admitted in Non-ICU and in ICU for treatment and management. Their demographic data, clinical manifestations, were collected and analyzed.

**Result:** In our study 65 SARS-COV-2 positive subjects were found to be hypertensive with the prevalence of 31.3%. Where; new cases of hypertension were found to be with prevalence of 16 (24.6%). Whereas, 69.4% of hypertensive subjects were on medication still having raised blood pressure ( $P < 0.05$ ). However, failed to show that hypertension was an independent risk factor for COVID-19 mortality or severity ( $P > 0.05$ ).

**Recommendation:** It is necessary to create additional attention, awareness, change attitude so that they quit and avoid modifiable risk factors associated with hypertension and SARS-COV-2 infection and prevent worsening of their condition which leads to severe pneumonia, excessive inflammatory reactions, organ and tissue damage, and deterioration of the disease.

**Keywords:** Hypertension, SARS-COV-2, 2019 novel coronavirus disease

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## Assessment of Awareness about Keys of Safer Food among Local Food Vendors and Cafeteria Staff in Tertiary Care Center in Pandemic: A Cross Sectional Study

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### Abstract

**Background:** Food borne diseases, usually either infectious or toxic in nature. Agents can enter the body through ingestion of food pose global health threats, endangering especially with an underlying illness which is particularly vulnerable.

**Objective:** To assess the awareness of safe food among campus cafeterias staff and local food vendors in the campus of tertiary care center in pandemic situation.

**Methodology:** A cross-sectional study conducted among 237 study subjects those who are presently working; interviewed by using predesigned and pre-tested modified WHO questionnaire form.

**Result:** Overall awareness was higher in cafeteria staff as compared to local food vendors at tertiary care Centre. According to the positive awareness about death occur due to food borne diseases; 19 (24.4%) cafeteria staff had lower awareness compared to local food vendors 110 (69.2%) with extremely significant [chi sq; 13.9] with p-value ( $p < 0.001$ ). While awareness about keeping raw and cooked food separately prevents cross-contamination; 48 (61.5%) cafeteria staff had higher awareness [chi sq; 8.12] with p-value ( $p=0.029$ ). While awareness about whether it is good to wipe fruits and salads before eating than rinse into running water; 110 (79.5%) cafeteria staff had higher awareness [chi sq; 7.03] with p-value ( $p=0.001$ ) compared to local food vendors.

**Conclusion:** The lack of awareness regarding safe food was being served as potential risk at our tertiary care center among local food vendors. There is an urgent need of training programme for cafeteria staff in tertiary care center.

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# Cross sectional study to estimate the morbidity pattern in ascetics visited to a largest religious gathering in west central part of India

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## ABSTRACT

**Background:** Ascetics are otherworldly creatures that have thought of being ethereal. To be spiritual one has to be physically fit because a healthy body has an intimate connection with spiritual health. **Methods:** Cross sectional survey was accomplished in a festive gathering to estimate morbidity pattern among ascetics in central India. **Results:** The sample size was 960. 352 participants (36.6%) were either overweight or obese, 284 participants (29.6%) had hypertension, 236 (24.6%) were diagnosed with cataract and 194 (20.2%) had anemia, Diabetes was found in 58 participants (6%) and 28 (2.9%) had fever. **Conclusion:** Obesity (and overweight) and hypertension were the top two morbidities came across during study. Morbidities were found to be more associated with socio-demographical factors than spirituality.

**Keywords:** Ascetics, morbidities, religious gathering

## Introduction

Ascetics engaged in religious practices. Religious practice may serve as both promotor and barrier to health as spirituality affects health behaviour, choice, and attitude. Health and religion have been a topic of engrossment.<sup>[1-4]</sup> Religious practices and health have been positively correlated by various studies,<sup>[5-7]</sup> and have also been correlated negatively or with no protective effect.<sup>[8-11]</sup> Three types of followers Shiva, Vishnu and Udaseen (neutral & other) divided in to 13 Akharas, joined Simhastha abided at Ujjayini in 2016.<sup>[12,13]</sup> Ascetics are an inherent part of Indian culture so are their health and determinants. Providing primary

care to this hidden population is key to achieving universal health coverage and health for all; for that, assessment is vital. This study aimed to estimate the disease burden in ascetics. Our **primary objective** was to estimate morbidities while our **secondary objective** was to find out the association of morbidities with socio-demographic factors and the spirituality of ascetics.

## Methods and Material

Ethical acceptance was taken from the institutional ethics committee. Permission to conduct the study was taken from regional civil authorities. Approval was also taken from heads of akhadas. Participants were briefed about the procedure and purpose of the study. They were assured about the confidentiality of their personal information, and written informed consent was taken from them.

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