

Bending over backward to beat heart disease; As South Asians worldwide battle rising cardiac risks, the ancient practice of yoga is getting a boost

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Triple bypass heart surgery wasn't on Tarsem Malhi's mind when the fit 44-year-old walked into a hospital last year because he felt crummy, but that changed in a hurry.

He was under the knife within days and has spent a year trying to get back into the shape he was in when he ran a marathon in his mid-30s.

Malhi is a classic example of the unique health risks facing people whose families are from India, Pakistan or Sri Lanka; Studies conducted in Canada, the U.S. and U.K. conclude they have about double the chance of a Caucasian of developing heart disease or diabetes. Malhi's brother died of heart disease at 52 and his mother had triple bypass surgery at 65.

The problems often come without warning at an early age and, in Malhi's case, take down someone who is fit.

Now he's trying to avoid becoming a statistic by cutting back on salt and fat in his diet and exchanging processed foods for more fruits and vegetables.

He's also just finished 30 yoga classes in 30 days at Bikram Yoga Delta near his home.

"I had some misconceptions about yoga going into it. I wouldn't say I thought, 'It's for girls,' but I thought it would be just a stretching routine where you don't really get a hard, intense workout, you don't sweat a lot. But what I discovered is because it's in a heated environment, you start sweating two minutes into the class and you don't stop for the entire class."

His instructor, Mak Parhar, says 90 to 100 per cent of class participants at the studio located on the boundary of Surrey and Delta are often South Asian.

For Malhi, who was an avid gym member before his heart surgery, adding yoga to his fitness regime made sense. Its history, stretching back thousands of years in India, holds special resonance for him.

"There's a better connection to doing yoga because of the traditional ties to the culture. It is a combination of physical and spiritual. When I'm going there I'm not just getting a physical activity, I'm getting a mental exercise where I feel calm and less stress and more at peace with myself."

Health care time bomb

A return to the ancient practice of yoga is one of the ways that heart patients here -- and in India -- are trying to turn the tide on a ticking health care time bomb.

"It's global. It's been demonstrated in the U.K., in the United States, Canada, Australia, wherever the Indian diaspora [is urbanized]. It's the transition from a rural, agrarian type of lifestyle to an urban lifestyle that seems to have had the greatest impact affecting this increased risk," said Dr. Raymond Dong, a cardiologist at Surrey Memorial Hospital.

Although a similar progression has been seen in other ethnic groups, it's moving quickly in the South Asian population, often within the immigrant group itself rather than only their children or grandchildren.

"The genetics haven't caught up. The metabolic stream hasn't caught up. And there's a nutrition transition between a rural economy and an urban economy or urban lifestyle and the body just hasn't caught up. So often there's this flood of protein-rich, high-fat foods, which the system is no longer able to deal with, so where does it go? It goes right into those arteries," he said.

Urbanization is well underway in India, where a rising middle class -- and its expanding waistlines -- is creating an even greater threat to the country's health.

Celebrity yoga guru Baba Ramdev tells the tens of millions who watch his television show each day that practising yoga, with particular attention to its breathing techniques, will cure most ills. He was in Ottawa on Wednesday to promote the same message as part of an international tour that also took him to Dallas and several locations in Britain.

Ramdev and his followers around the world are the face of a trend to bring yoga to the masses, says Dr. Arun Garg, a co-chairman of the recent Canada-India Cardiovascular Health Conference held in the Lower Mainland.

"Yoga ... has a long history and if that gives people more incentive to participate, I think that's positive," Garg says, adding that any reason to get off the couch is worthwhile. "What I find is that because it has very definite links to proper breathing, it might have some additional benefit, but in terms of exercise, I don't believe that one is better than another."

Getting regular exercise is a key focus of the Punjabi Cardiac Rehabilitation Education Program based at Surrey Memorial.

The free program, available in English and Punjabi, has seen more than 130 participants since the Fraser Health Authority created it in 2008. With 13 per cent of the population in the sprawling health authority claiming South Asian descent, there's a huge potential cost saving to be realized by improving their health.

"We know that acute care delivery is one of the most expensive components of health care costs," says cardiologist Dong, who works with the program.

"So if we can prevent or decrease the numbers of heart attacks, unstable angina patients and heart failure patients, then we can save dollars from the acute-care side that we can redirect to primary prevention. ... There's a lot of bang for your buck in that area."

Diet makeover

Malhi went through the nine-week rehabilitation program after his surgery and that's where he learned how to change his diet and read the labels on prepared foods. He used to think canned soup and a sandwich was a healthy lunch, but now he knows it adds too much salt to his diet. As a full-time father to three sons, he's cooking more from scratch.

Charanjit Singh Sandhu, 59, is also in the rehab program after having a heart valve replaced last October. The former sawmill worker from Prince George immigrated to Canada in 1969 at age 18. He says he wasn't overweight, didn't smoke or drink, didn't have high blood pressure and ate a healthy diet before he began to feel exhausted during short walks. Doctors found his aortic valve had narrowed and said he could die of a heart attack at any time without surgery. That was the fate of both his father and grandfather.

Now he finds himself telling his friends at his Sikh temple to cut back on the sweets and fried foods available there all day -- for free.

"My eastern community, they normally take lots of fried foods. When I see anybody eating I get nervous. ... I tell them don't eat too much. They say, 'Oh, I'm fine. There's nothing wrong with me.' I say, 'Look, there was nothing wrong with me either, but it can happen.'

"They enjoy their lives, but they are unaware of the dangers coming ahead in their lives and when they get that kind of problem, it will be too late already."

Indeed, the belly that comes with a fatty, sugary diet is a known health risk. People with bulging waistlines are not only carrying a layer of fat right under the skin, but also around the internal organs, notes cardiologist Dong. That's linked to a range of metabolic disorders including high blood pressure, insulin resistance and high cholesterol, which can harden the arteries.

So while a baked whole-wheat samosa might sound sacrilegious to some, that's the sort of diet makeover promoted by the Canadian Heart and Stroke Foundation.

And take a pass on the sweets shop with its gulab jamun and jalebi, says Garg, who is also the medical director for Fraser Health's laboratory medicine and pathology program.

"I realize how hard it is, especially Indian sweets, which are really tasty. But my message there would be, I'm not talking absolutes, it's in balance. So in other words, once in a while sweets are okay, but if it's just day-in, day-out, three times a day, that's not okay."

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Beating the Odds

The Risks:

According to a recent study of 163,797 Ontario residents, 6.6 per cent of South Asian respondents experienced heart disease or stroke compared with 5.7 per cent of Caucasians and 3.8 per cent of Chinese respondents. It concluded South Asians were 1.9 times more likely to develop diabetes (a contributing factor to heart disease) than people of European descent.

The Recommendations:

- 30 minutes of cardiovascular exercise five days a week. A brisk walk, for example.
- Less salt. Add less salt in cooking, avoid salty processed foods.
- Less fat, including butter, ghee, coconut milk and deep-fried foods.
- Less sugar. Start by not adding sugar to tea or coffee.
- More vegetables and fruits.

Sources: Comparison of cardiovascular risk profiles among ethnic groups using population health surveys between 1996 and 2007, Canadian Medical Association Journal, May 2010.