

## When the DHOL is Beating, BHANGRA comes to the Rescue!

Sir,

South Asia is facing an epidemic of metabolic syndrome and cardiometabolic disorders.<sup>[1]</sup> This has been described as “DHOL” [Table 1], akin to the loud beating of the traditional musical drum, the Dhol.<sup>[1]</sup> Diabetes mellitus, hypertension, obesity, and dyslipidemia significantly contribute to increased cardiovascular and mortality risk.<sup>[2]</sup>

There is a need to develop targeted therapeutic approaches to tackle this modern health crisis with focus on nutrition, lifestyle, behavior modification, optimal glycemic management, and cardiometabolic risk reduction as well as abstinence from substance abuse.<sup>[2]</sup> Bhangra is the most vibrant folk dance of the Punjab region of North India that is performed to the beats of the Dhol.<sup>[3]</sup> Unnikrishnan *et al.*<sup>[4]</sup> suggested that walking, yoga, and folk dances could be easily acceptable approaches to increase physical activity. Bhangra is one such spirited dance form which involves vigorous physical activity and is also fun.<sup>[3]</sup> Dance, indeed, has been considered a safe and effective exercise alternative.<sup>[5]</sup>

We propose that the acronym BHANGRA is also the answer to the challenge when the cardiometabolic DHOL is beating [Table 1]. Bhangra, being a jubilant and energetic dance that it is, can thus be true to its name, both literally and metaphorically.

The management of cardiometabolic disorders requires focus on healthy nutrition, increased physical activity, stress reduction, maintenance of optimal body weight, abstinence from substance abuse, and behavior modification.<sup>[2,4]</sup> Behavior modification is, indeed, the most important component for any therapeutic strategy to succeed.<sup>[3]</sup> In addition, a multifactorial disorder requires a multifactorial risk management. There is a need to address individual components of metabolic syndrome including hyperglycemia, hypertension, dyslipidemia, and prothrombotic state.<sup>[1]</sup> In addition, these measures should also be encouraged and implemented at the population level to prevent the occurrence of overweight and obesity and the clustering of cardiometabolic risk factors. This requires active involvement and engagement of government, health-care professionals, and the general public.<sup>[3]</sup>

In South Asia, the primary care physician (PCP) is the first point of contact for most patients with metabolic syndrome, who provides counseling as well as treatment.<sup>[3]</sup> The concept of BHANGRA and DHOL can be a simple and effective way to educate and motivate the PCPs and general public about strategies to maintain optimal cardiometabolic health (personal observation). When the DHOL is beating, BHANGRA comes to the rescue!

**Table 1: BHANGRA as a strategy to tackle the rising challenge of DHOL**

Abbreviation	The problem	Abbreviation	The strategy
D	Diabetes mellitus	B	Behavior modification and motivation for change
H	Hypertension	H	Happiness (stress reduction and inculcation of positive coping skills)
O	Obesity	A	Active lifestyle and exercise
L	Lipid disorders	N	Nutrition (nutrient-dense, lower calorie meals, lower refined carbohydrate, and lower fat meals with focus on whole grains, protein, vegetables and fruit, and reduced salt intake)
		G	Glucose control (person-centered glycemic targets and management with lifestyle and pharmacological treatment)
		R	Risk reduction (multifactorial approach with focus on weight, blood pressure, lipids, and prothrombotic state)
		A	Abstinence from substance abuse (smoking, alcohol, and others)

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### Conflicts of interest

There are no conflicts of interest.

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