Traditional Diets and Cardiovascular Health in Northeast India

To the Editor,

The growing challenge of cardiovascular health in Northeast India calls for a serious conversation about the role of diet. Traditional foods, once the cornerstone of well-being in this region, are increasingly being replaced by processed, Westernized diets that pose new risks for heart health. This shift in eating habits, fueled by rapid urbanization, has had concerning consequences. A pivotal study by Iqbal and Barkataki (2016) highlights these risks, showing that in Northeast India, 72.4% of acute coronary syndrome (ACS) cases are ST-Elevation Myocardial Infarctions (STEMI), with a significant 30-day mortality rate of 10.22%. These findings underscore the importance of traditional diets in preventing cardiovascular disease and highlight an urgent need for dietary education. [2]

Traditional diets in Northeast India are culturally rich, featuring natural, locally sourced ingredients that support heart health. Foods such as kinema (fermented soybeans), gundruk (fermented leafy greens), and soibum (fermented bamboo shoots) offer essential nutrients and probiotics that reduce inflammation and enhance gut health. [6] Research, such as the work by Kapoor *et al.* (2022), has shown that these foods improve cardiovascular health by supporting the gut microbiome and lowering inflammation. [3] However, rapid shifts toward high-sugar, high-fat, processed foods represent a stark contrast to these traditional, health-promoting diets and have led to higher rates of heart disease and related health problems. [5]

This dietary transition is already affecting urban centers more dramatically than rural areas. A recent study by Lalnuneng *et al.* (2023) indicates that urban populations in Assam and Mizoram are more likely to experience hypertension and metabolic syndrome, with 24.7% of urban residents affected by hypertension, compared to 17.4% in rural areas.^[4] These trends not only strain individual health but also add pressure to the region's healthcare systems.

The public health implications are substantial. The study by Iqbal and Barkataki (2016) notes an average delay of over 11 h in seeking treatment for ACS, significantly contributing to high STEMI mortality rates. [2] This troubling delay reveals an educational gap that modern healthcare has yet to bridge—one where traditional knowledge about healthful diets and timely care could play an essential role. Nurses, who are trusted members of their communities, could be key to closing this gap by educating individuals about the cardiovascular benefits of traditional diets.

In fact, nurses are well-positioned to promote dietary practices that emphasize these traditional foods. They can play a proactive role by educating patients and communities on the benefits of these foods for cardiovascular health, not only addressing immediate health needs but also fostering cultural pride and identity. Traditional diets, which have sustained these communities for generations, should not be sacrificed for quick, processed options that fall short of supporting long-term health.

Promoting traditional diets also aligns with the philosophy of holistic nursing, which advocates treating the whole person and not just disease symptoms. This cultural sensitivity helps in understanding and respecting the values of patients, which in turn enhances health education. Nurses can encourage the consumption of locally sourced foods, which can contribute to food security and sustainability as well as individual health. As healthcare providers, they are also in a unique position to advocate for policies that protect access to these traditional foods.

The benefits of fermented foods in particular – such as improving cholesterol levels and helping manage blood pressure – are backed by evidence (Das *et al.*, 2016).^[1] In a region experiencing a rise in cardiovascular diseases, highlighting these foods' nutritional advantages could empower individuals to make healthier dietary choices.^[6] Educating communities about the value of traditional diets and recognizing symptoms of heart attacks early could reduce delays in seeking treatment, thus potentially saving lives.

This transition toward Western diets is further fueled by urbanization, which has led to an influx of fast food and convenience stores, often displacing traditional markets. Advocacy for policies that promote healthy food environments—like urban gardens and farmer's markets—could help restore access to fresh, traditional foods. [5] Nurses, in collaboration with local health organizations and community leaders, could spearhead initiatives to revitalize traditional food practices and support local agriculture, ultimately benefiting community health.

The erosion of traditional diets in Northeast India carries significant cardiovascular risks, as reflected in the alarming trends identified in the Iqbal and Barkataki (2016) study. [22] Nurses have a unique and crucial role to play in promoting the benefits of traditional diets and advocating for policies that preserve these cultural practices. A holistic approach that respects cultural heritage can empower communities to protect their cardiovascular health for generations to come. By combining the strengths of traditional knowledge with modern healthcare, we can work together to ensure that Northeast India's culinary heritage remains a source of health and nourishment.

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