



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY

Wednesday

20260527

Mercury may hit 46°C before rain brings relief tomorrow

TIMES NEWS NETWORK

Rajesh Mehta

New Delhi: Parts of Delhi are likely to see the mercury touch 46°C on Wednesday, but relief may follow soon, with rain, thunderstorms and gusty winds expected from Thursday under the influence of a western disturbance.

Air quality, which slipped to the 'very poor' category on Monday night due to dust intrusion, improved slightly on Tuesday as winds picked up. The AQI was 304 at 9 am, improved to 295 by 11 am and further to 254 by 4 pm, placing it in the 'poor' category, according to the Central Pollution Control Board.

IMD said the maximum temperature at Safdarjung — the city's base station — was 43.5°C on Tuesday, three degrees above normal and unchanged from Monday. Ayanagar was the hottest at 44.8°C, followed by Ridge at 44.6°C.

Despite the high temperatures, no station officially recorded heatwave conditions, though isolated pockets may see them as the maximum is expected to hover between 44°C and 46°C.

The IMD defines a heatwave as a departure of 4.5°C or more above normal with the maximum at least 40°C, or



SIZZLING CITY: Heatwave conditions are likely over the next 24 hours

when it reaches 45°C or above.

"Heatwave conditions are very likely to prevail over the next 24 hours and are expected to abate thereafter due to the possibility of light rain with thunderstorm activity over Delhi during May 28-30," an IMD official said, adding that temperatures may drop by 5-7°C after two days.

The maximum is expected to fall to 35-37°C by Friday. A yellow alert has been issued for Thursday night and Friday for light rain, thunderstorms and gusty winds up to 60 kmph. While there is no colour-coded warning for the weekend, light rain is likely. The minimum temperature on Tuesday was 26.8°C, near normal.



MCD launches 15-day 'dust-free roads' pilot in Karol Bagh | 6



TIMES CITY

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AGE IN DELHI ON TUESDAY (INDIA)

THE TIMES OF INDIA, NEW DELHI | WEDNESDAY, MAY 27, 2020

TEMP ON TUESDAY
43.5° MAXIMUM
26.8° MINIMUM
FORECAST: Mainly clear sky. Max & min temperatures on Wednesday would be around 46°C and 29°C
MOONRISE 3.05AM (THU) SUNSET 7.32PM (WED)
MOONRISE 3.37PM (WED) SUNRISE 5.25AM (THU)



Delhi Police embeds covert counter-terror units in all its stations across city | 3



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EXAM ENDED, STRESS DIDN'T

Top 10 Glitches That Rocked CBSE's Re-Evaluation Process

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New Delhi: From ₹88,000 fee shocks and missing answer sheet pages to crashed portals and payment failures, many students say CBSE's post-result process became a fresh source of stress after board exams ended.

1 **Fee amounts suddenly shooting up to absurd figures during re-evaluation process**

Students shared screenshots showing normal fees changing dramatically during payment. One case reportedly showed over ₹88,000 for answer sheet services, while another student claimed the fee for four answer sheets jumped to lakhs instead of a few hundred rupees. The issue later prompted CBSE to announce refunds and corrections.



Last night the price was changed to ₹1, then to ₹68.67 and now to ₹8,000 and as of 3 minutes ago ₹8,420 for each subject

2 **Money deducted, but applications not submitted**

Students repeatedly complained that payment succeeded from the bank side but the portal showed 'payment unsuccessful' or no record of submission. Some users feared losing their application window because payment status never updated.

3 **Blurred or unreadable scanned answer sheets**

Students who paid for answer sheet copies reported receiving pages that appeared blurred or unclear.



This became a major issue because the scanned copy itself is the basis for deciding whether to seek re-evaluation.

Students can't even understand their writing. How are teachers supposed to understand and give marks?

4 **Wrong answer sheet uploaded under a student's roll number**

A Class XII student alleged that the Physics answer sheet uploaded by CBSE under his



roll number during the photocopy access process 'does not belong' to him.

Upon review, CBSE said the correct copy was sent to the student's email address.

The Physics answer sheet sent by CBSE is not my answer sheet at all. I know this is not my handwriting and it did not have the questions I attempted.

5 **Page missing from scanned copies that have been obtained**

Reports of missing pages in obtained answer sheets.

My daughter finally received the scanned copies of four answer sheets and to our shock, page number 22 is missing from one of the documents. On top of that, marks have not been awarded for several answers that exactly match the official answer key. And this isn't limited to just one paper

6 **Students not given marks**

In some cases, marks have not been awarded for several answers that exactly match the official answer key, as per parents.



My sister gave CBSE 12th Board Exams this year, she had a doubt she has got low

marks, so she paid ₹700 each subject for rechecking, and when she received the copies on email, this is the condition. Her accurate answers are marked wrong.

7 **Login failures despite correct credentials**

Students reported entering roll numbers and details correctly but being unable to sign in.

8 **Website crashes and day-long outages**

On one of the key application days, the answer sheet portal remained affected for hours.

CBSE had initially indicated restoration by afternoon, but full functioning reportedly resumed only later in the evening, creating a rush of applications.

I applied for copies of the Maths answer sheets and I observed that there were small deductions here and there. The bigger issue, though, was the chaos around the system itself. The website kept crashing in the initial days, which only made things more stressful. — RIYANSHU

9 **Captcha code not displaying**

Students reported being unable to complete registration because the captcha image failed to appear.

Though less widespread, it was among the earliest reported portal issues.

There were issues with code display, scanning problems and confusion at multiple stages. Everything felt frustrating, from accessing information to understanding how the process worked. And now, even for re-evaluation, students are paying repeatedly. — AKSHARA

10 **Payment page repeatedly looping or redirecting**

Many students said that after entering details they were repeatedly redirected back to the payment page rather than receiving confirmation.

Even after payment completion, some students saw payment status remain 'pending' or fail to refresh.

CBSE itself later cautioned students not to submit duplicate requests because delayed status updates were occurring during traffic spikes.

STUDENT GETS ONLINE HATE

When a Class XII student sought scanned copies of his answer sheets, he likely did not anticipate the controversy that would follow. After receiving the documents, Vedant Srivastava claimed that the Physics answer sheet linked to his roll number was not his and shared screenshots comparing handwriting

from his English and computer science papers with that in the physics script. As the issue gained traction online, he faced trolling and abuse, with some accusing him of trying to damage CBSE's reputation. Others questioned his profile location, while some labelled him 'anti-national' and even called him 'Yakshani'. He later received support from public figures and online groups.

OTHER ISSUES FACED DURING EXAM PROCESS

> The process started with anxiety around the result announcement date.

> Deadlines for obtaining scanned answer sheets were extended multiple times.

> A fake circular claiming that the re-evaluation and answer sheet photocopy process had been cancelled began circulating on social media, adding to stress.

> Concerns also emerged around the rollout of the new on-screen marking system. Complaints regarding unexpectedly lower marks and answer sheet discrepancies added to anxiety among students and parents. Some questioned whether the transition had been introduced too quickly.

The first problem started even before the results were declared. There was very little clarity and everyone was left feeling confused and anxious while waiting. — AKSHARA

When I finally saw my marks, I was genuinely shocked. I scored 84% overall, but based on the papers I had written, I was expecting more than 90%. In subjects like Chemistry and Maths, where I usually perform well, the scores felt unexpectedly average. — ANANTIKA

RE-EVALUATION DEADLINE EXTENDED THREE TIMES

WHAT CBSE SAID

All genuine concerns related to scanned answer books or evaluation will be reviewed by subject experts through the prescribed mechanism.

Students and parents are advised not to feel anxious regarding any concerns related to scanned answer books or evaluation.

A fake information is being circulated claiming that the process of obtaining photocopies of answer books and re-evaluation has been cancelled by the Board.

Acknowledged technical issues and said it will issue refunds to students overcharged due to glitches.

WHAT NEXT

Experts from IIT Madras and IIT Kanpur have been brought in to assess the system and recommend improvements.

In addition, four public sector banks have been tasked with supporting CBSE in strengthening its payment gateway infrastructure.

After 10 failed attempts, Bihar student walks again with 3D-printed hip implant surgery

TIMES NEWS NETWORK

New Delhi: A 28-year-old student from Bihar, who almost lost hope of walking normally after a devastating road accident and 10 failed surgeries, has regained mobility after doctors at Sir Ganga Ram Hospital used a patient-specific 3D-printed hip implant in a rare and highly complex reconstruction surgery.

Doctors said this is the first time the hospital has used a customised 3D-printed acetabular implant in a patient with chronic infection and massive hip bone loss after multiple surgeries.

The patient, from Lalganj near Patna, was pursuing graduation in English and aspired to become a college faculty member in Hajipur when he met with a severe road accident in June 2024 near his college.

DOCTOR SAYS

In complex cases like this, success lies not in rushing to replace the joint but in controlling the infection first

Over the next nearly two years, he underwent 10 surgeries, including fracture fixation procedures, implant removals and repeated infection-cleaning operations. Despite prolonged antibiotic treatment, he continued to suffer from chronic infection, persistent pus discharge and extensive destruction of the hip joint, making reconstruction extremely difficult.

Doctors said the young man was left with severe pain, instability and major bone loss around the hip, with conventional

implants unlikely to work because of the damaged anatomy.

A multidisciplinary team led by Dr Nipun Rana, consultant, joint replacement, planned the surgery in stages. Doctors first identified the infection using an advanced molecular diagnostic test called the BioFire Joint Infection Panel, which detects multiple pathogens from a single sample through genetic testing.

After controlling the infection through targeted antibiotics and surgical cleaning, doctors created a CT-based 3D reconstruction of the pelvis and designed a customised titanium implant specifically matching the patient's anatomy.

The surgery, which was the patient's 11th operation, lasted nearly six hours and involved revision total hip replacement using the patient-specific implant.

Doctors said the customi-

sed implant allowed precise reconstruction of the damaged hip socket, accurate screw placement and restoration of joint stability in an area where standard implants often fail because of severe bone loss and deformity.

Within a week of surgery, the patient showed early recovery with improved mobility and no active signs of infection. Doctors said the hip joint is currently stable and the persistent sinus discharge has completely resolved.

"In complex cases like this, success lies not in rushing to replace the joint but in controlling the infection first and planning reconstruction meticulously," said Dr Nipun Rana.

He said patient-specific implants are helping surgeons rebuild bone defects that conventional methods cannot adequately address.

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DUSTING OUT DELHI ROADS

Using mechanical road sweepers, jetting machines, water sprinklers, auto tippers and sanitation squads, Municipal Corporation Of Delhi is conducting a pilot project in Karol Bagh to explore how roads across the city can be kept dust-free and maintained on a regular basis. Dust is one of the major contributors to air pollution, which reaches its peak during winter season. Based on the pilot's outcomes, efforts will be made to implement anti-dust measures in other areas after Oct, reports **Vibha Sharma**



Pilot project to explore anti-dust measures and cleaning of roads in Karol Bagh. Initiative is part of the dust-free roads campaign.

ROADS COVERED

- Girdhari Lal Goswami Marg
- Vande Matram Marg
- Ram Nath Vij Marg
- Shankar Road
- Dev Prakash Shastri Road
- Rani Jhansi Road
- DB Gupta Road
- Panchkuian to Patel Road
- New Rohtak Road
- Najafgarh Road
- Sat Guru Ram Singh Marg



MANPOWER AND MACHINERY

Total sanitation manpower deployed:	195
MRS machines:	13
Water sprinklers:	9
Water tankers:	2
Auto tippers:	24
Jetting machines:	8

STEPS UNDERTAKEN

- 1** Identification of stretches, deployment of sanitation squads
- 2** Both carriageways and central verges being cleaned thoroughly using machines
- 3** Staffers using brooms and other hand tools to remove leftover dust, silt and debris manually
- 4** Thorough cleaning of side edges, bell mouths, footpaths and central verges
- 5** Deployment of water sprinklers, tankers and jetting machines
- 6** Inspection and supervision by ward junior engineers and others

STATUS

26.2 km of road stretches thoroughly cleaned	34.6 metric tonnes of legacy dust removed	15.7 metric tonnes of garbage and debris cleared
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ROAD AHEAD

More machines for better results and maximum coverage across Delhi
Eight more MRS machines to be added by month-end
MCD to engage machines on internal roads from this winter
70 compact-size electric/CNG MRS machines to be procured
Sites being identified to set up charging stations

If you need help, should you see a psychiatrist or psychologist?

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Confusion is common. Here's how you can read your symptoms and go to the right professional



WHAT'S THE DIFFERENCE?

Psychologist

- Not a medical doctor, but a recognised mental health professional under Mental Healthcare Act, 2017
- Trained to evaluate mental health conditions, has working knowledge of psychiatric treatment approaches
- Cannot prescribe medication

CONSULT ONE IF

- You are dealing with everyday stress, worries or life challenges that trigger emotions
- Feeling anxious, low or overwhelmed, but can still manage daily activities
- Facing relationship, family or work-related issues
- Looking for help with coping skills, behaviour change or self-understanding
- Symptoms are mild to moderate and not severely disrupting life

Psychiatrist

- Medical doctor (MBBS + psychiatry training)
- Can diagnose mental health disorders, trained in psychotherapies
- Prescribes medication

CONSULT ONE IF

- Symptoms stay, get worse
- Sleep or appetite changes
- Condition affects work, school, daily routine
- There's severe anxiety, depression or mood changes
- There's paranoia, aggression, withdrawal
- There are suicidal thoughts or self-harm tendencies

HOW TREATMENT WORKS WHEN THERAPY ALONE WON'T DO

Medication

- Stabilises symptoms
- Improves sleep and focus
- Reduces severity

Therapy

- Builds coping skills
- Addresses thoughts & behaviour
- Supports long-term recovery

and he stopped attending school. It took nearly a year — and growing suspicion even towards his own family — before he was finally taken to a psychiatrist.

"There are no simple answers," says Seema Mehrotra, a professor at the clinical psychology department of National Institute of Mental Health and Neurosciences (NIMHANS). "Deciding whether to meet a psychiatrist or a clinical

psychologist depends on the setting in which one is seeking services; the nature, severity and complexity of the problem; the needs and preferences of the client; any other medical conditions; as well as the training and practice preferences of the professionals concerned."

She also points out that the line between everyday emotional experiences (sadness, stress, anxiety) and mental

health conditions (depression and anxiety disorders) is blurred. "That's due to limited awareness, stigma, and the tendency to interpret them as a passing phase or a reaction to life situations."

However, clinical conditions are often marked by persistent symptoms such as dominant negative thoughts, changes in energy levels, sleep disturbances, appetite changes, and behavioural shifts like social withdrawal or avoidance. "In a very general sense, the severity and persistence of the concerns, and the level of interference they cause in day-to-day functioning, are key factors that should determine the need for professional help," adds Mehrotra.

Meds, therapy work in tandem

Another misconception is the perceived divide between therapy and medication. Mental health workers stress that one does not replace the other. Shivane Tripathy, a psychologist at Manipal Hospital, Bhubaneswar believes stigma arises from oversimplified ideas about treatment. "The best way to address this is by consulting experts, whether it is psychiatrists or clinical psychologists. They can guide patients and caregivers in understanding that therapy and medication are complementary, not interchangeable. The approach is tailored to the person's condition and severity," she says.

Tripathy uses a simple analogy to explain: just like diabetes or an eye infection, mental health disorders often require a combination of approaches. Medication helps manage aspects that cannot be directly controlled through willpower or external effort, while behavioural changes — such as therapy, lifestyle adjustments, and coping strategies — play an equally important role in recovery.

In severe cases, medication may be necessary at the outset to stabilise a person. For instance, someone with extreme anger issues, who is breaking furniture or posing a threat to others, cannot immediately benefit from therapy. Once medication reduces intensity and helps them calm down, they can engage in therapy and learn anger management. Settings that bring together psychiatrists, clinical psychologists, and psychiatric social workers are ideal because they allow patients to receive coordinated and customised care. This integrated approach ensures that individuals receive the right combination of treatment at the right time, improving both recovery and long-term wellbeing.

Conversations around mental health have started picking up pace over the past two decades in India. But confusion remains about who to consult during a crisis — a psychologist (also called a therapist or counsellor) or a psychiatrist? This lack of clarity can lead to delays in seeking help or getting the right kind of it, worsening symptoms, and an overall decline in mental wellbeing.

Such delays are not common and have serious consequences, says Dr Jyoti Kapoor, senior consultant psychiatrist and psychotherapist at Maarga Mind Care, Gurgaon. "There are many patients who reach a psychiatrist after months or years of struggling because of stigma, fear of being diagnosed, or concerns about medication. Some may have been in therapy for a long time without a medical evaluation, while others may have tried to manage symptoms on their own," she explains, saying

“Therapy and medication are complementary, not interchangeable. The approach that is used is tailored to a person's condition and severity”

Shivane Tripathy, PSYCHOLOGIST

that for such patients, symptoms tend to get more entrenched and conditions more severe. "What could have been treated relatively simply in the early stages may require more intensive intervention because of the delay. Work, relationships, and overall quality of life often deteriorates."

Help delayed, help denied?

Real-life cases underline how this gap in understanding can make matters worse. A 15-year-old girl in Delhi had been dealing with severe obsessive-compulsive rituals for a long time. Her family opted for psychological therapy but that wasn't effective. As her condition worsened, it began to severely disrupt her daily life — she was unable to clear her Class X exams and attempted suicide. It was only then that her parents sought psychiatric evaluation.

In another case, when a teenager developed paranoid symptoms, his family initially thought it was owing to bullying at school. Despite consulting a counsellor, his condition deteriorated,

Knee pain can start in 40s. Watch for 'cinema sign'

ASK THE DOCTOR

People in their 40s and early 50s are increasingly complaining of knee aches, and experts attribute that to lifestyle changes, obesity and high-impact fitness routines.

Dr Rajesh Malhotra, orthopaedic surgeon at Indraprastha Apollo Hospitals, Delhi tells **Anuja Jaiswal** how to protect one's knees before permanent damage sets in.



■ Once seen as an old-age issue, knee damage is now showing up in those in the 40s. Why?

Poor lifestyle, obesity, sedentary habits, and desk jobs — especially among IT professionals — increase stress on the knees. Long hours of driving and frequent travel also contribute. Flats without lifts means repeated stair climbing, and Indian-style toilets require deep knee bending, which can aggravate symptoms. Wearing high heels alters knee alignment and increases pressure on joints over time. High-intensity sports, contact injuries and aggressive gym workouts also lead to early joint degeneration. Hypothyroidism can also predispose people to joint problems. In young males, acute pain on one side and swelling may be due to a sudden rise in uric acid levels, as in gout. In young females, it can present as atypical rheumatoid arthritis or undifferentiated arthritis.

■ What early signs do people usually ignore?

Pain while climbing stairs is a common sign, as is difficulty getting up from the floor. Discomfort after wearing high heels or doing squats, lunges or lifting heavy weights in the gym indicate that the knee joint is under stress. It's important to seek medical evaluation rather than assume it is normal ageing.

■ How do long hours of sitting cause pain in the knee?

Yes, very much so. Many patients report stiffness after prolonged sitting — what we call the "cinema sign" — where the first few steps may be painful after sitting in a movie hall for an hour or more. When muscles around the knee are weak, the joint bears more load. Long flights, car journeys, and prolonged driving can also worsen symptoms due to reduced movement. Lack of regular strengthening exercises further compounds the issue.

■ How does extra body weight affect knees?

Every kilo of extra weight increases one's knee load by 3-6 kg while walking. Over time, this quickens cartilage wear and tear. Excess fat also increases inflammation, which leads to joint damage. Studies have shown even modest weight loss can reduce risk of knee osteoarthritis and slow its progression. In fact, losing even 5-10% of body weight can meaningfully reduce pain and improve mobility.

■ Is knee replacement too early for those in their 40s or 50s? When is surgery needed?

Knee replacement is generally avoided in patients in their early 50s or younger as they are likely to outlive the artificial joint, and revision surgery later can be complex. Surgery is considered only when pain severely affects quality of life. I usually assess whether the patient can stand or walk for half an hour without much pain, whether sleep is disturbed, whether painkillers are needed often, and whether daily or social activities are being avoided because of knee pain. If several of these factors are present, surgery may be considered.

■ What non-surgical treatments work best?

Weight reduction is the most important step. Walking and swimming are excellent low-impact options. Stationary cycling with zero resistance is helpful. Physiotherapy plays a major role. Nutraceuticals like glucosamine or collagen may offer some benefit, but there's no strong scientific evidence.

■ We are seeing more gym-related knee injuries. What mistakes are people making?

The most common cause of gym injuries is overuse and high-intensity exercises without adequate warm-up or proper technique. Lifting heavy weights, doing repeated lunges or squats despite discomfort, and increasing workout intensity too quickly are common



mistakes. People should listen to their bodies and seek guidance from trained professionals. Upper body workouts and strengthening exercises for the quadriceps, hamstrings and hip muscles are crucial as strong muscles support the joint. But deep squats, lunges, heavy deadlifts and high-speed treadmill workouts with incline can aggravate pain.

■ What daily habits can protect the knees?

Maintain a healthy weight, walk regularly and strengthen muscles around the knee and hip. Eat a balanced diet and avoid sudden increases in activity levels. Think of it like servicing your car — it keeps the engine functioning smoothly for longer.

1-time gene therapy can cut bad cholesterol by up to 62%: Study

If Confirmed By Larger Surveys, It Could Change Treatment Protocol

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New Delhi: In a major medical breakthrough, scientists have shown that a one-time gene therapy can sharply lower "bad" cholesterol for at least a year, potentially opening the door to a future where some heart patients may no longer need lifelong cholesterol medication.

The experimental therapy, called VERVE-102, reduced harmful LDL cholesterol by up to 62% in patients with inherited high cholesterol and early heart disease, according to a study published in *New England Journal of Medicine*.

If confirmed in larger studies, researchers hope the findings may eventually lead to a "one-and-done" approach to preventing heart disease in large numbers of people. While most gene therapies currently target rare diseases, cardiovascular disease remains one of the world's leading killers and accounts for



Scientists found that the cholesterol reduction increased with higher doses

nearly 28% of deaths in India.

Dr Ambuj Roy, professor of cardiology, AIIMS said the study is an important proof of concept for cholesterol gene editing. "This study shows that in-vivo base editing of PCSK9 can produce substantial and sustained LDL cholesterol reduction after a single administration. If long-term safety is confirmed, gene editing for cholesterol could become a major cardiology

breakthrough as lowering cholesterol remains the most important heart disease prevention strategies," he said.

Researchers said the treatment works by permanently switching off a liver gene called PCSK9, which controls cholesterol levels in blood. It uses advanced "base editing" technology, a newer and more precise form of gene editing.

The early-stage trial involved 35 patients with fam-

ilial hypercholesterolemia, an inherited condition that causes dangerously high cholesterol levels from a young age or premature coronary artery disease.

Scientists found that the cholesterol reduction increased with higher doses. At highest dose tested, LDL cholesterol dropped by an average of 78 mg/dL, or nearly 62%.

Researchers said the effect appeared long-lasting, with cholesterol levels remaining low for at least one year in several participants.

High LDL cholesterol is one of the biggest causes of heart attacks, strokes and blocked arteries worldwide. Many patients with inherited cholesterol disorders continue to remain at risk despite taking multiple medicines.

The study found no major safety concerns during the trial. In a statement, Eli Lilly and Company said it plans to begin Phase-2 clinical studies of VERVE-102 later this year.

mediately triggered a debate holds in the UK had it. High in- conditioning local plans, was hit by an oncoming train," Bergeon said. sion has been taken as yet," Lahore deputy commissioner the historical names of the roads and streets of Lahore." en

Exceptionally early heat wave shatters records, brings deaths to Europe

London: Temperature records toppled as a spring heat wave continued to scorch parts of Europe on Tuesday, triggering govt warnings about risks to life. Several drownings were reported in the UK and France as people tried to cool down.

London recorded a rare "tropical night," defined as one in which the temperature does not fall below 20°C, and Britain's Met Office weather service said the temperature in southern England could reach 35°C on Tuesday. Monday was the UK's hottest May day on record, with the temperature hitting 34.8°C at Kew Gardens in London, smashing the record of 32.8°C set in 1922 and 1944.

Records also fell in France, where temperatures reached 36°C on Monday in the country's southwest and widely remained above 20°C at night. The national weather service, Météo-France, said a "heat dome," with heat held in place by a high-pressure weather front, was producing temperatures more than 10°C above what used to be usual for this time of year.

Extreme weather are becoming more frequent as earth's warming builds. Experts say unprecedented and deadly weather extremes that sometimes strike at abnormal times and in unusual places are putting more people in danger.

After a UK long weekend



A man fills a water bottle at a fountain near the Spanish Steps in Rome

that sent people flocking to beaches, pools and shady parks. London commuters sweltered

on Tuesday in subway carriages without air conditioning. Trains to and from the busy Wa-

terloo station were disrupted by a report of smoke on the tracks. In Scotland, firefighters worked through the night to douse a grass fire that sent smoke billowing from Arthur's Seat, the hill that looms over Edinburgh.

The UK health security agency issued an amber health alert for large parts of the country through Thursday, warning of a potential health risk, particularly among older people, at the hottest times of the day. The UK is used to moderate temperatures, and many homes, schools and businesses do not have air conditioning.

At least three teenagers died in apparent drownings in UK lakes and reservoirs, and a

60-year-old man died in the sea in southwest England, UK authorities said.

French govt spokesperson Maud Bregeon said there have been reports of at least seven deaths potentially related to high temperatures, including five drownings and two deaths in sports competitions.

On France's Atlantic seaboard, where magnificent beaches have powerful riptides, officials reported a rash of emergencies in the surf, with two drowning deaths on Sunday at resorts in the Gironde region. The top regional administrator, Sophie Brocas, urged beachgoers "to exercise the utmost caution." AP

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At 73, Mathew K. V refuses to slow down. Nearly two decades after retiring as a schoolteacher, he has continuously built a life around staying active, connected and purposeful — either working on his farmland in Wayanad or attending community meetings and social gatherings.

Age, he admits, has caught up with him. He runs faster and moves slower now. But unlike many others his age who retreat into the confines of home or surrender to deepening weariness, Mathew understood early that the biggest threat facing the elderly is not illness, but isolation. And, so, he resolved never to allow himself to become idle, lonely or discouraged.

"In youth, friendship comes naturally through work, family and social life. But in old age, relationships and routines do not sustain themselves. One has to make a conscious effort to step out, meet people and remain engaged," he says.

Mathew warns that loneliness among senior citizens often triggers emotional, mental and even physical decline. "Many problems in old age arise from isolation. Solace and govt should not allow elderly people to slip into loneliness," he cautions.

As if echoing the concerns raised by Mathew and many other senior citizens, who form a substantial part of Kerala's demography, the state govt has now decided to place sharper focus on elderly welfare by setting up an exclusive department for senior citizens. "This is for the first time, to my knowledge, that a department dedicated to the elderly people has been created in a state in India," chief

Why Kerala is starting govt dept for elderly

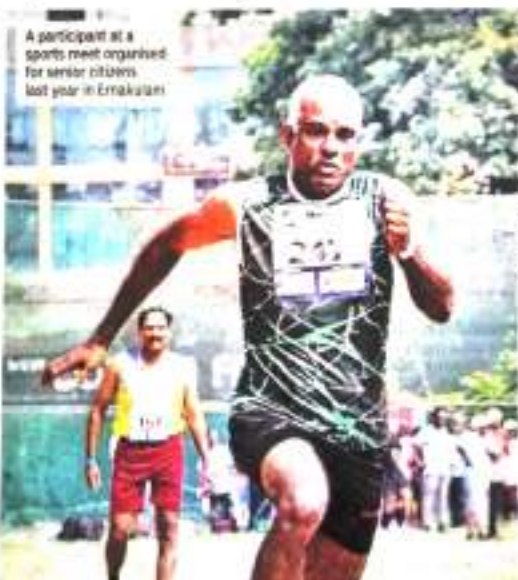
The state has the highest share of people aged above 60 years, and that's only set to go up. Rising healthcare costs to growing concerns around loneliness, the challenges are cut out for the new dept under the Cong-led UDF, which had made it a poll promise

minister V D Satheshan declared immediately after the swearing in of the new UDF govt last week.

The department will first examine the model in Japan, which brought revolutionary changes in the lives of the elderly. It will then conduct a comprehensive study to understand the concerns, condition and needs of the elderly in the state. "The true measure of a refined society lies in how it treats its elders. As a civilised society we must extend care and hold our elderly together," the CM said. This was one of the five guarantees announced in the Congress manifesto for the 2026 assembly elections, given that the elderly make up a major voting bloc in the state.

How Will It Help?

The crude birth rate in 2023 in Kerala was 12.3 per 1,000 population (five births for every 1,000 people) as against 18.4 per 1,000 population at the national level. The current birth rate in Kerala represents a drastic drop from 31.1 in 1971. In fact, in 2023, the death rate was higher than the birth rate in four



A participant at a sports meet organised for senior citizens last year in Ernakulam

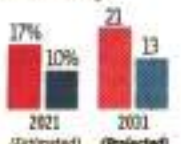
Avg Kerala Lives Longer Than Avg India



Kerala's Birth Rate is Falling



Share Of 60+ Popn More Than Nat'l Avg



Source: Kerala state economics and statistics department, state planning board, IIT Madras, Ministry of Health, Labour and Welfare, UN, World Bank, UN population prospects.

launched for them under the social justice department.

Going forward, the absence of a dedicated and specialised task force at the ground level, fragmentation of welfare schemes across multiple departments, and shortage of funds remain the key challenges before the govt. A senior official in the state social justice department spoke of the challenge of ensuring resources to support "nearly one-third of the total population", pointing out how "intermittent welfare measures may not be sustainable in the long run".

A key focus would be to empower senior citizens by utilising their experience and expertise even after retirement through the creation of a skill bank and setting up of resource groups. "Only those above 80 years should be given intensive welfare support," the official said.

Another dimension in the state where women enjoy longer life expectancy than men is the presence of a large share of widowed women, which stands at 26% in the

are essential to keep them socially connected and engaged in recreational activities," said Surjith.

"Not just money and access to healthcare, our greatest happiness is when we get someone to speak to. This helps in fighting loneliness in our golden years. When I receive a call from my daughters or come across a person willing to listen to me, it feels like heaven," said Varghese, a septuagenarian who lives with his wife in Putharavattilla. His two children are settled abroad.

Care Homes: Changing View

Though Kerala has seen a growth in private retirement homes and old-age homes in the last few years, one can't really ignore the stigma attached to it. Often, the elderly view it as an end-of-life option — a choice they would never voluntarily make. "Placing an elderly person in a care home is often viewed as abandonment. That mindset has to change. In many countries, senior citizens willingly move into care homes because they receive



Kerala's oldest voter, 104-year-old Theyyanama Panchabai, after voting in the 2026 assembly polls

Those aged 60 and above made up over 23% of total voters in the rolls for 2026. Electors in the 50-59 age group account for a further 19%. With senior citizens and those nearing retirement constituting a large share of the population, the Congress-led UDF made a pointed attempt to woo them with the promise of a dedicated govt department to look into their needs

age group above 60, compared with 16% widowers among men.

Illness, Loneliness

Another significant concern is that the majority of the elderly are still not prepared for their healthcare challenges. Very few have medical insurance, even as out-of-pocket expenditure has skyrocketed both at public and private hospitals. Experts, on the other hand, warn that Kerala's healthcare system remains ill-equipped to address the specialised needs of geriatric care. "Geriatric care is individual-specific. The focus should not be merely on treatment, but on improving the quality of life of elderly patients," said Dr Aswin Surjith, treasurer, Geriatric Society of India.

The elderly have a wide range of health concerns: lifestyle diseases, chronic illnesses, and mobility concerns. But now, another serious concern is fast emerging — "geriatric depression" — driven largely by loneliness and social isolation.

"Many elderly people suffer from depression because they are alone at home with their children either busy at work or staying outside. Community outreach programmes like geriatric clubs, etc,

around-the-clock attention and support," Surjith said.

Despite the stigma, the Orphanage Control Board (OCB), which functions under the social justice department, continues to routinely receive new applications for starting care homes in Kerala, where most care homes are run by NGOs.

"Things are slowly changing as family members of elderly people are willing to spend Rs 45-60 lakh to purchase one or two-room apartments at paid home facilities for their parents, where children can come to meet or stay for a few days. It is not abandonment; instead, senior citizens become an able community," said an OCB official.

The challenge before the new govt is to redefine what growing old with dignity means. For thousands like Mathew and Varghese, dignity in old age is not measured only through pensions or hospital care, but through companionship, purpose and the assurance that they are still seen, heard and valued. Whether Kerala can transform this demographic moment into a model of humane ageing will depend on how successfully it can ensure that its elderly do not merely live longer, but live better.

WHAT JAPAN DOES

Long-Term Care Insurance

A mandatory public insurance system for citizens aged 40 and above. Covers 70% to 90% of institutional, home, or community care costs based on individual needs, shifting the financial burden away from families.



Community-Based Integrated Care

Prioritises local care over prolonged hospital stays by integrating medical care, nursing, housing, and livelihood support within neighbourhoods.



National 'Gold Plan' Infrastructure

Plans designs and updates

national blueprints

that legally mandate local municipalities to construct senior day-care centres, specialised nursing homes, and support hubs.



Employment for 'Active Elderly'

Coordinates public employment offices to provide tailored job-matching, re-skilling, and flexible placement programmes for retirees who want to keep working.



Frailty Prevention

Uses nationwide screening tools to catch early signs of decline, funding community fitness and social initiatives to delay the need for intensive nursing care.



New Zealand, Australia, Ireland and Canada, too, have dedicated departments for elderly people

Source: Ministry of Health, Labour and Welfare, UN, World Bank, UN population prospects.

Continued with the Times of India, Delhi, Kolkata, Chandigarh, Gurgaon and Faridkot

Hyderabad, May 27, 2026

An Advertising Health Professional Institute An Official Media Solutions Initiative, A Division of Times Internet Limited

ALL INDIA CRITICAL CARE HOSPITAL RANKING SURVEY 2026

The objective of this research was to arrive at a list of Top Hospitals for various specialties in India for 2026. The specialties included in the research were Oncology, Nephrology, Urology, Cardiology, Paediatrics, Gynaecology/Obstetrics, Neurology, Emergency & Trauma, and Gastroenterology/Hepatology.

ONCOLOGY - CUSTOMER RATED HOSPITALITY

- Rank Name**
1. All India Institute of Medical Sciences and Research Centre, New Delhi
 2. All India Institute of Medical Sciences, New Delhi
 3. All India Institute of Medical Sciences, New Delhi
 4. All India Institute of Medical Sciences, New Delhi
 5. All India Institute of Medical Sciences, New Delhi
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HOSPITAL CHAIN

- Rank Name**
1. All India Institute of Medical Sciences, New Delhi
 2. All India Institute of Medical Sciences, New Delhi
 3. All India Institute of Medical Sciences, New Delhi
 4. All India Institute of Medical Sciences, New Delhi
 5. All India Institute of Medical Sciences, New Delhi

TOP EMERGING DELHI NCR HOSPITAL

- Rank Name**
1. All India Institute of Medical Sciences, New Delhi
 2. All India Institute of Medical Sciences, New Delhi
 3. All India Institute of Medical Sciences, New Delhi
 4. All India Institute of Medical Sciences, New Delhi
 5. All India Institute of Medical Sciences, New Delhi

TOP EMERGING GUJARAT AND PUNJAB

- Rank Name**
1. All India Institute of Medical Sciences, New Delhi
 2. All India Institute of Medical Sciences, New Delhi
 3. All India Institute of Medical Sciences, New Delhi
 4. All India Institute of Medical Sciences, New Delhi
 5. All India Institute of Medical Sciences, New Delhi

TOP EMERGING NORTHERN & WESTERN

- Rank Name**
1. All India Institute of Medical Sciences, New Delhi
 2. All India Institute of Medical Sciences, New Delhi
 3. All India Institute of Medical Sciences, New Delhi
 4. All India Institute of Medical Sciences, New Delhi
 5. All India Institute of Medical Sciences, New Delhi

CARDIOLOGY - NATIONAL MULTI SPECIALITY

- Rank Name**
1. All India Institute of Medical Sciences, New Delhi
 2. All India Institute of Medical Sciences, New Delhi
 3. All India Institute of Medical Sciences, New Delhi
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NATIONAL SINGLE SPECIALITY

- Rank Name**
1. All India Institute of Medical Sciences, New Delhi
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GUJARAT MULTI SPECIALITY

- Rank Name**
1. All India Institute of Medical Sciences, New Delhi
 2. All India Institute of Medical Sciences, New Delhi
 3. All India Institute of Medical Sciences, New Delhi
 4. All India Institute of Medical Sciences, New Delhi
 5. All India Institute of Medical Sciences, New Delhi
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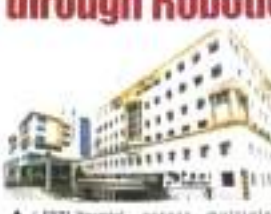
PUNJAB MULTI SPECIALITY

- Rank Name**
1. All India Institute of Medical Sciences, New Delhi
 2. All India Institute of Medical Sciences, New Delhi
 3. All India Institute of Medical Sciences, New Delhi
 4. All India Institute of Medical Sciences, New Delhi
 5. All India Institute of Medical Sciences, New Delhi
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 18. All India Institute of Medical Sciences, New Delhi
 19. All India Institute of Medical Sciences, New Delhi
 20. All India Institute of Medical Sciences, New Delhi

DELHI MULTI SPECIALITY

- Rank Name**
1. All India Institute of Medical Sciences, New Delhi
 2. All India Institute of Medical Sciences, New Delhi
 3. All India Institute of Medical Sciences, New Delhi
 4. All India Institute of Medical Sciences, New Delhi
 5. All India Institute of Medical Sciences, New Delhi
 6. All India Institute of Medical Sciences, New Delhi
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 20. All India Institute of Medical Sciences, New Delhi

PSRI Hospital: Advancing Patient Care through Robotic, AI and 3D Navigation



At PSRI Hospital, digital navigation is a vital component of our surgical approach. Utilizing advanced 3D navigation systems, our surgeons can visualize the patient's anatomy in real-time, allowing for precise and minimally invasive surgical approaches. This technology is particularly beneficial in complex cases such as brain tumor resection, spine surgery, and orthopedic procedures. By providing a clear, three-dimensional view of the patient's anatomy, our surgeons can plan and execute their procedures with greater accuracy and confidence. This results in shorter hospital stays, reduced pain, and faster recovery times for our patients.

PSRI Hospital is committed to providing the highest quality of patient care. Our state-of-the-art facilities, including our advanced robotic and AI-powered surgical systems, are designed to enhance the precision and safety of our surgical procedures. We are proud to be a leader in the adoption of these technologies, ensuring that our patients receive the most advanced and effective care possible. Our experienced surgeons and dedicated staff work together to provide a comprehensive and personalized approach to patient care, from diagnosis to treatment and recovery. We are committed to continuous improvement and innovation, ensuring that we stay at the forefront of medical technology and patient care.



Dr. A. D. Ramesh, CEO, PSRI Hospital

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For more information, contact PSRI Hospital, Phone: 080-8888-8888, Email: info@psrihospital.com

WHEN RADIATION LEARNS TO SEE: THE PROMISE OF MRI-GUIDED CANCER CARE



In oncology, precision has always been the goal. But for decades, we have been constrained by the limitations of traditional imaging. It took weeks—often months—before the actual treatment. The oncologist would prescribe a course of radiation therapy, and the patient would return for the next session. This process was often cumbersome and time-consuming. With MRI-guided cancer care, we can now visualize the tumor in real-time, allowing for more precise and targeted treatment. This results in shorter treatment courses, reduced side effects, and improved patient outcomes. MRI-guided cancer care is a game-changer in the world of oncology, offering a more personalized and effective approach to cancer treatment.

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Dr. P. R. Arora, Chairman of Yashoda Group of Hospitals

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- WHY MRI-GUIDED RADIATION THERAPY IS BETTER:**
- PRECISE TREATMENT OF TUMORS
 - REDUCED SIDE EFFECTS
 - SHORTER TREATMENT COURSES
 - IMPROVED PATIENT OUTCOMES

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DELIVERING NEW-AGE CRITICAL CARE SERVICES AT KALRA HOSPITAL

Critical care services at Kalra Hospital are designed to deliver advanced, round-the-clock medical support for patients with life-threatening and complex health conditions. As a 300-bedded multi-specialty hospital with 60 intensive care ICU beds, the hospital is equipped to provide comprehensive and intensive care management across a wide range of specialties including cardiac care, neurology, pulmonology, trauma, post-operative recovery, and emergency medicine. The hospital's state-of-the-art infrastructure, modern monitoring systems, advanced ventilators, infusion pumps, and bedside diagnostic facilities ensure

rapid assessment and timely intervention. The ICU beds are managed by highly experienced intensivists, critical care specialists, trained nurses, respiratory therapists, and multidisciplinary support teams who work together to provide a data-based and patient-centric care. Kalra Hospital follows strict infection control protocols and internationally accepted critical care practices to maintain patient safety and improve clinical outcomes. The intensive care units are operational 24/7 and are capable of managing severe medical emergencies, multi-organ failure, septic shock, respiratory distress, cardiac complications, and high-risk surgical cases.



Dr. P. R. Arora

ALL INDIA CRITICAL CARE HOSPITAL RANKING SURVEY 2023

The objective of this research was to arrive at a list of Top Hospitals for various specialities in India for 2023. The specialities included in the research were Oncology, Nephrology, Urology, Cardiology, Paediatrics, Gynaecology/Hepatology, Obstetrics, Neurology, Emergency & Trauma, and Gastroenterology/Hepatology.

ONCOLOGY NATIONAL MULTI SPECIALITY

- Rank Name**
1. Apollo Hospitals/Chandrasekhar Institute for Research and Education, Chennai
 2. Apollo Hospitals, Chennai
 3. Apollo Hospitals, Chennai
 4. Apollo Hospitals, Chennai
 5. Apollo Hospitals, Chennai
 6. Apollo Hospitals, Chennai
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 20. Apollo Hospitals, Chennai

HOSPITAL CHAIR

- Rank Name**
1. Apollo Hospitals, Chennai
 2. Apollo Hospitals, Chennai
 3. Apollo Hospitals, Chennai
 4. Apollo Hospitals, Chennai
 5. Apollo Hospitals, Chennai
 6. Apollo Hospitals, Chennai
 7. Apollo Hospitals, Chennai
 8. Apollo Hospitals, Chennai
 9. Apollo Hospitals, Chennai
 10. Apollo Hospitals, Chennai

TOP EMERGING DELHI NCR HOSPITAL

- Rank Name**
1. Apollo Hospitals, Chandigarh/Chandigarh
 2. Apollo Hospitals, Chandigarh/Chandigarh
 3. Apollo Hospitals, Chandigarh/Chandigarh
 4. Apollo Hospitals, Chandigarh/Chandigarh
 5. Apollo Hospitals, Chandigarh/Chandigarh

TOP EMERGING GUJARAT/RAJASTHAN & FARIDABAD

- Rank Name**
1. Apollo Hospitals, Chandigarh/Chandigarh
 2. Apollo Hospitals, Chandigarh/Chandigarh
 3. Apollo Hospitals, Chandigarh/Chandigarh
 4. Apollo Hospitals, Chandigarh/Chandigarh
 5. Apollo Hospitals, Chandigarh/Chandigarh

TOP EMERGING NORTHERN & GREATER NORTHERN

- Rank Name**
1. Apollo Hospitals, Chandigarh/Chandigarh
 2. Apollo Hospitals, Chandigarh/Chandigarh
 3. Apollo Hospitals, Chandigarh/Chandigarh
 4. Apollo Hospitals, Chandigarh/Chandigarh
 5. Apollo Hospitals, Chandigarh/Chandigarh

CARDIOLOGY NATIONAL MULTI SPECIALITY

- Rank Name**
1. Apollo Hospitals/Chandrasekhar Institute for Research and Education, Chennai
 2. Apollo Hospitals, Chennai
 3. Apollo Hospitals, Chennai
 4. Apollo Hospitals, Chennai
 5. Apollo Hospitals, Chennai
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NATIONAL SINGLE SPECIALITY

- Rank Name**
1. Apollo Hospitals, Chennai
 2. Apollo Hospitals, Chennai
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 4. Apollo Hospitals, Chennai
 5. Apollo Hospitals, Chennai
 6. Apollo Hospitals, Chennai
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NORTH MULTI SPECIALITY

- Rank Name**
1. Apollo Hospitals, Chandigarh/Chandigarh
 2. Apollo Hospitals, Chandigarh/Chandigarh
 3. Apollo Hospitals, Chandigarh/Chandigarh
 4. Apollo Hospitals, Chandigarh/Chandigarh
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DELHI MULTI SPECIALITY

- Rank Name**
1. Apollo Hospitals, Chandigarh/Chandigarh
 2. Apollo Hospitals, Chandigarh/Chandigarh
 3. Apollo Hospitals, Chandigarh/Chandigarh
 4. Apollo Hospitals, Chandigarh/Chandigarh
 5. Apollo Hospitals, Chandigarh/Chandigarh

FARIDABAD MULTI SPECIALITY

- Rank Name**
1. Apollo Hospitals, Chandigarh/Chandigarh
 2. Apollo Hospitals, Chandigarh/Chandigarh
 3. Apollo Hospitals, Chandigarh/Chandigarh
 4. Apollo Hospitals, Chandigarh/Chandigarh
 5. Apollo Hospitals, Chandigarh/Chandigarh

GUJARAT/RAJASTHAN & FARIDABAD MULTI SPECIALITY

- Rank Name**
1. Apollo Hospitals, Chandigarh/Chandigarh
 2. Apollo Hospitals, Chandigarh/Chandigarh
 3. Apollo Hospitals, Chandigarh/Chandigarh
 4. Apollo Hospitals, Chandigarh/Chandigarh
 5. Apollo Hospitals, Chandigarh/Chandigarh

PSRI Hospital: Advancing Patient Care through Robotic, AI and 3D Navigation



At PSRI Hospital, we are committed to providing the highest quality of care through advanced medical technologies. Our state-of-the-art facilities, including our Robotic, AI, and 3D Navigation systems, are designed to enhance patient outcomes and reduce recovery times. Our multidisciplinary team of experts, led by Dr. A. K. Sharma, CEO, is dedicated to providing personalized care for every patient.

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Dr. A. K. Sharma, CEO, PSRI Hospital

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WHEN RADIATION LEARNS TO SEE: THE PROMISE OF MRI-GUIDED CANCER CARE



In oncology, precision has always been the goal. For decades, we've been delivering care through radiation therapy, but now we've taken a significant step forward with MRI-guided cancer care. This technology allows us to see the tumor in real-time, ensuring that every dose of radiation is precisely targeted to the cancer cells, minimizing damage to healthy tissue.

Consider a common scenario: prostate cancer. The precision of the process is enhanced by real-time imaging and motion tracking. This allows us to adjust the radiation dose in real-time, ensuring that every dose is precisely targeted to the cancer cells, minimizing damage to healthy tissue.



Dr. P. M. Anand, Chairman of Varodha Group of Hospitals

That's how things will be with the advent of MRI-guided radiation therapy. It's a game-changer for cancer care, allowing us to see the tumor in real-time and adjust the radiation dose accordingly. This technology is a significant step forward in the fight against cancer.

On the MRI-Linac, we can clearly visualize the prostate, adjacent rectum, and bladder as the day of treatment. If the anatomy has shifted, the plan is adapted in real-time. If the prostate motion during treatment, the system can pause immediately.

Dr. P. M. Anand, Chairman of Varodha Group of Hospitals

More importantly, it enables us to deliver a higher dose of radiation to the tumor, ensuring that every dose is precisely targeted to the cancer cells, minimizing damage to healthy tissue. This technology is a significant step forward in the fight against cancer.

Modern oncology is moving towards precision medicine - not just in drugs, but in how we deliver radiation. This is particularly relevant for cancers in the abdomen and pelvis, where motion and organ proximity have always posed challenges.

Dr. P. M. Anand, Chairman of Varodha Group of Hospitals

DELIVERING NEW-AGE CRITICAL CARE SERVICES AT KALRA HOSPITAL

Critical care services at Kalra Hospital are designed to deliver advanced, round-the-clock medical support for patients with life-threatening and complex health conditions. As a state-of-the-art multi-specialty hospital with 60 dedicated ICU beds, the hospital is equipped to provide comprehensive intensive care management across a wide range of specialties including cardiac care, neurology, pulmonology, trauma, post-operative recovery, and emergency medicine. The hospital's critical care department is supported by state-of-the-art infrastructure, modern monitoring systems, advanced ventilators, infusion pumps, and bedside diagnostic facilities to ensure

rapid assessment and timely intervention. The ICU units are managed by highly experienced intensivists, critical care specialists, wound nurses, respiratory therapists, and multidisciplinary support teams who work together to provide evidence-based and patient-centric care. Kalra Hospital follows strict infection control protocols and internationally adopted critical care practices to maintain patient safety and improve clinical outcomes. The intensive care units are operational 24x7, always capable of managing severe medical emergencies, multi-organ failure, sepsis shock, respiratory distress, cardiac complications, and high-risk surgical cases.



Dr. R. K. Kalra

TOI

5 warning signs that your kidneys are failing!

Kidney diseases affect about 10 percent of the population, and millions die each year. Your kidneys play a crucial role in filtering waste and excess fluids from the body, regulating blood pressure, and balancing electrolytes. When your kidneys aren't functioning properly, your body may send warning signals. Recognizing these signs early is crucial to prevent further complications. Here are five crucial symptoms that may indicate your kidneys are not functioning well.



PERSISTENT TIREDNESS

Persistent fatigue and weakness should not be missed. Feeling tired all the time is not okay. This could hint that your kidneys are not working properly, and that toxins and waste products are building up in the blood. If you're feeling unusually tired even after adequate rest, you must certainly talk to your doctor.

SWOLLEN ANKLES, FEET, OR HANDS

Puffiness in your legs, ankles, feet, hands, or face, known as edema, is a sign of kidney dysfunction. Kidneys kidneys not remove excess fluid, which can build up in the body, leading to swelling, especially in the lower limbs, hands, or even the face.

CHANGES IN URINE

Changes in the urine are an indication of a kidney disorder. Pay close attention to your urine. Changes in frequency, color, or consistency could indicate kidney problems. Foamy or bubbly urine, blood in the urine, frequent urination, pain, or a

burning sensation while urinating are signs that should not be ignored.

SHORTNESS OF BREATH

Difficulty in breathing should not be easily dismissed. Shortness of breath, even without physical exertion, may tie back to your kidneys. Fluid buildup in the lungs from poor kidney filtration can make breathing feel labored. Kidney-related shortness of breath is often confused with heart or lung problems, but your doctor could tell them apart.

DRY AND ITCHY SKIN

Another sign of kidney dysfunction is dry and itchy skin. Kidneys remove wastes and extra fluid from your body, help make red blood cells, keep bones strong, and work to maintain the right amount of

minerals in your blood. Dry and itchy skin may indicate a mineral and bone disorder commonly associated with advanced kidney disease.

Consult your doctor if you experience any of these symptoms.

HOW TO KEEP YOUR KIDNEYS HEALTHY

A balanced diet can support kidney function by reducing strain and preventing toxin buildup. Add low-potassium fruits like apples, berries, and grapes, and vegetables such as cauliflower, cabbage, and bell peppers. The antioxidants in it can combat inflammation without overloading the kidneys. Ensure to choose your lean proteins wisely. Cut back on sodium, as excess would raise blood pressure, a leading cause of kidney damage.

NEURO SCIENCES NATIONAL MULTI SPECIALITY

Rank	Name
1	Sir H. N. Reliance Foundation Hospital and Research Centre, Girgaon, Mumbai
1	P. D. Hinduja Hospital & Medical Research Centre, Mahim, Mumbai
2	Medanta the Medicity, Sector 38, Gurugram
3	Aster Medcity, Cheranalloor, Kochi
4	Aster CMI Hospital, Hebbal, Bengaluru
4	Fortis Memorial Research Institute, Sector 44, Gurugram
5	Fortis Ft. Lt. Rajan Dhall Hospital, Vasant Kunj, Delhi
13	Manipal Hospitals, Palam Vihar, Gurugram
14	Max Hospital, Sushant Lok- 1, Gurugram
15	Sir Ganga Ram Hospital, Rajinder Nagar, Delhi
16	Narayana Multispeciality Hospital, Kumbha Marg, Jaipur
17	Fortis Hospital, Sector-62, Noida
18	Marengo Asia Hospitals, Sector 16, Faridabad
19	Fortis Hospital, Shalimar Bagh, Delhi
20	Narayana Superspeciality Hospital Gurugram, Sec- 24 , Gurugram

PROVIDING PATIENT-CENTRIC CARE

Fortis Healthcare is one of India's leading integrated healthcare delivery service providers, with presence across hospitals, diagnostics, and day care specialty facilities. The company is committed to delivering quality, patient-centric care through clinical quality, advanced medical technology, and compassionate healthcare services. Fortis currently operates 36 healthcare facilities, including joint ventures and O&M facilities, across 12 states and union territories, with over 6,000 operational beds.

The Fortis network continues to strengthen its leadership across key specialties through State of the art infrastructure, experienced clinical teams, and a strong focus on innovation, quality, and patient outcomes. The network offers comprehensive healthcare services across key specialties including cardiac sciences, oncology, neurosciences, orthopaedics, gastroenterology, liver and kidney transplants, critical care, and minimally invasive and robotic surgery. Fortis continues to invest in advanced medical technologies, digital transformation, and clinical innovation to further enhance patient care and healthcare outcomes.

As part of the Fortis Network Hospitals ecosystem, Gleneagles Hospitals operates hospitals in Chennai, Bengaluru, and Hyderabad, further expanding the network's footprint in delivering accessible and quality healthcare across key markets in India. Together, the Fortis and Gleneagles network represents one of the country's largest integrated



healthcare platforms, serving patients from India and international markets through a multidisciplinary and patient-centric approach to care.

Complementing the hospital business is Agilus Diagnostics, the diagnostics arm of the Fortis ecosystem and one of India's leading diagnostics service providers. Agilus operates a network of over 410 laboratories and 3,700+ customer

touch points across more than 1,000 cities, offering over 3,000 tests and test combinations ranging from routine to advanced and specialized diagnostics.

With a strong focus on quality, accuracy, and innovation, Agilus continues to play a critical role in strengthening preventive and integrated healthcare delivery in India and international markets. The company's diagnostic capabilities are further supported by a robust network of accredited laboratories and advanced capabilities in molecular diagnostics, genomics, and preventive healthcare solutions.



PARK HOSPITALS: SCALING AFFORDABLE HEALTHCARE IN NORTH INDIA

As India's healthcare industry undergoes a transformation driven by demand in Tier 2 and Tier 3 cities, Park Medi World Limited (popularly known as Park Hospitals) is emerging as a significant player in the organized private healthcare sector.

Currently, Park Hospital operates 16 super-specialty hospitals across the 3 states of Delhi, Haryana, Punjab, Rajasthan, and Uttar Pradesh, with a total capacity of 3,000 beds. Its infrastructure includes over 1,000 ICU beds and 92 fully equipped modular operation theatres capable of handling both emergency and elective procedures. With the ability to perform complex procedures—including organ transplants, cardiac bypass surgery, cancer resections, and neuro interventions—Park Group continues to strengthen its position as a full-spectrum tertiary healthcare provider.

Over the next two years, the group plans to add five new hospitals and expand two existing units. This expansion will add 1,830 beds, bringing the group's total capacity to 5,790 beds by March 2025 and marking its entry into a sixth state, Uttarakhand.

Integrated Healthcare for the Masses
Dr. Ajit Gupta began his medical practice in 1962 and went on to found Park Hospitals in 2005. Since then, Park Hospitals has evolved into a multi-specialty hospital chain that blends tertiary and secondary care across a broad spectrum of clinical disciplines. Its offerings span gastroenterology, oncology, neurology, orthopaedics, urology and general surgery, positioning it as a one-stop healthcare destination for urban and semi-urban populations alike.

A Broad and Specialized Product Portfolio

Park Hospitals offers a robust portfolio of over 30 super-specialty and specialty services, strategically designed to cater to both critical and routine medical needs across its growing network. The group's core clinical strengths include multi-specialties, offering comprehensive care across a broad range of disciplines. A key highlight of Park's clinical prowess strategy is its focus on establishing dedicated Centres of Excellence (CoEs) in high demand domains.

These include:

Plants: For critical care at each hospital

Robotic Surgery

Park Group has a dedicated and modern Robotics Department, equipped with advanced surgical systems which reflects the group's commitment to clinical innovation and precision medicine, offering faster recovery times and improved surgical outcomes. These CoEs not only enhance the clinical depth of each hospital but also contribute to brand strength in local catchment areas, promoting both patient loyalty and referrals. As Park Group continues to invest in skill development, clinical innovation, and medical technology, its product offerings are expected to expand further, reinforcing its position as one of the trusted healthcare partners in north India.

Strategic Geographic

One of Park Group's most distinctive strengths is its focused geographic footprint. While large chains concentrate on metros or pan-India presence, Park Group has concentrated on high potential, underserved regions for stronger outreach in communities where access to quality healthcare remains limited.



Dr. Ajit Gupta, Founder
Park Group Of Hospitals

- Cardiac Sciences, with advanced catheterization laboratories (cath lab), cardiac ICUs, and 24x7 interventional cardiology services
- Oncology, where the group operates specialized cancer care units equipped with modern linear accelerators for precision radiation therapy and comprehensive chemotherapy and surgical oncology capabilities
- Neuro Sciences, offering neuro-critical care, stroke management, and spine surgery programs
- Renal Sciences, backed by dialysis units and approval for kidney transplant surgeries at five locations
- Orthopedics and Joint Replacement, with modular OTs, robotic navigation systems, and arthroscopy suites
- Minimal Access and Robotic Surgery (MARS), Park's flagship program that supports complex surgeries with minimal invasion, reducing recovery time and improving outcomes
- Dedicated Cancer Unit: Park hospitals have two dedicated cancer units that are equipped with linear accelerators, along with a trauma center with round-the-clock coverage from super specialists, anesthesiologists, and intensivists for their patients.
- Dedicated oxygen-generating Plants for critical care at each hospital

Leadership with Clinical Depth and Operational Experience

At the helm of Park Hospitals is Dr. Ajit Gupta, a seasoned physician with over 45 years of experience in clinical medicine and hospital administration. As the founding force behind one of north India's fastest growing multi-specialty hospital chains, he has been committed to delivering affordable, quality healthcare to underprivileged communities. He is ably supported by his

son, Dr. Ankit Gupta, who has played a key role in driving the group's growth and modernization. With a deep sense of both clinical and operational strategy, Dr. Ankit has introduced innovative systems, expanded services, and helped position Park Hospitals as one of the trusted and forward-looking healthcare providers. Together, they bring a blend of wisdom, agility, and forward-thinking leadership that continues to drive Park Hospitals toward becoming a trusted healthcare partner across north India.

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ACCORD SUPERSPECIALITY HOSPITAL: SMARTER TECHNOLOGY, SAFER CRITICAL CARE



Dr. Jitendra Kumar



Dr. Prabal Roy

Healthcare is entering a new era where Artificial Intelligence (AI), smart monitoring systems, and robotic-assisted technologies are redefining patient care across specialties — especially in critical care. Today, technology is not just supporting treatment; it is helping doctors and nurses predict complications early, respond faster, and improve patient outcomes.

At Accord Superspeciality Hospital, advanced AI-enabled systems and smart healthcare technologies are being integrated with a patient-first approach to strengthen critical care management and clinical decision-making.

AI & Smart Technology in Critical Care

Modern AI-enabled healthcare systems help doctors continuously monitor patient vitals, analyze trends, and generate early warning alerts in real time. These systems can identify sudden deterioration in a patient's condition and immediately warn healthcare teams, allowing faster medical intervention and timely action.

Smart tracking systems also help monitor patient progress more efficiently. From ICU monitoring to disease management, technology enables doctors and nurses to stay more attentive and responsive throughout the treatment process. By automating data analysis and alerts, healthcare professionals are able to focus more on patient care and clinical attention.

Advanced data analytics further

by identifying risk patterns, encouraging early screening, and improving disease awareness initiatives.

Robotics & Precision-Based Healthcare

Robotic-assisted procedures are another major advancement transforming healthcare. Robotics offers greater precision, improved control, and enhanced surgical accuracy, especially in minimally invasive procedures. Patients often benefit through smaller incisions, reduced pain, minimal blood loss, faster recovery, and shorter hospital stays.

The integration of technology across specialties is helping improve both patient safety and treatment efficiency.

Balancing Innovation with Medical Expertise

While technology offers significant benefits, it also highlights the importance of ethical and responsible healthcare practices. Increasing dependence on digital platforms raises concerns related to data privacy and patient confidentiality.

Similarly, with growing public access to AI platforms and online medical information, patients are increasingly exploring digital tools for health-related guidance. While such platforms can improve awareness, medical advice should always be verified with qualified healthcare professionals before making treatment decisions.

Technology should support clinical

supports preventive healthcare

expertise — not replace it. The right balance between innovation, ethics, and human judgment remains essential in modern healthcare.

Accord Superspeciality Hospital's Vision for Innovation

At Accord Superspeciality Hospital, technology is being adopted with a clear vision to make healthcare smarter, safer, and more accessible. The hospital continues to invest in AI-enabled systems, modern medical infrastructure, minimally invasive procedures, and intelligent healthcare solutions while ensuring ethical medical practices and patient-centric care.

The institution believes that innovation should make healthcare more efficient and affordable without creating unnecessary burden on patients.

Transparent, Ethical & Cost-Effective Healthcare

Transparency and trust remain at the core of patient care at Accord Superspeciality Hospital. The hospital focuses on evidence-based treatment, transparent pricing, and cost-effective healthcare solutions. Every treatment recommendation is guided by medical necessity, ensuring responsible use of advanced healthcare technologies.

The goal is to combine innovation with compassion, ethics, and affordability to deliver better healthcare outcomes for the community.

- Dr. Jitendra Kumar and
Dr. Prabal Roy

RELIABLE AND COMPASSIONATE CARE

Continued from Page 1

With a strong emphasis on continuous monitoring and early intervention, the hospital ensures that critically ill patients receive personalized treatment plans and compassionate care throughout their recovery journey. Family counseling, ethical care practices, and transparent communication remain integral parts of the critical care approach. The presence of 60 ICU

beds within a 250-bed hospital reflects Kalra Hospital's commitment to advanced tertiary healthcare and its readiness to handle both routine and highly complex critical cases efficiently. Through advanced technology, skilled professionals, and dedicated emergency response systems, Kalra Hospital continues to provide reliable and quality critical care services to the community.



Dr. Ankit Kalra

RESEARCH METHODOLOGY

The objective of this research was to arrive at a list of Top Hospitals for various specialties in India for 2026. The specialties included in the research were Oncologist, Nephrologist, Urologist, Cardiologist, Paediatricist, Gynaecologist/obstetrician, Neurologist, Emergency & trauma experts, and gastroenterologist/Hepatologist.

The research had 3 major modules i.e. Desk Research, Factual survey & Percep-

tual Rating survey followed by a scientifically developed analysis & ranking process. Fieldwork was conducted beginning March 2026 to May 2026.

FACTUAL SCORE

- The information collected corresponds to similar parameters as in the perceptual survey
- A detailed scoring system has been developed for each parameter
- After assigning scores to each parameter, raw scores were calculated

- The raw scores were weighted by their importance to arrive at weighted scores
- The final entity score was calculated as in the perception survey

PERCEPTUAL SCORE

- Ratings on various parameters for each hospital/ clinic
- Calculating the importance of various parameters to arrive at weights for each parameter - we use a regression model to arrive at the importance of various parameters
- Calculation of raw scores and weighted scores for each parameter
- Calculation of overall score for each hospital/ clinic using importance weightage
- The final score for a hospital was a weighted average of the respective hospitals' Perception Score and Factual Score.
- The rating score and their ranks were recalculated to arrive at the final score.

SOME CAVEATS/ASSUMPTIONS

- Government or partly Govt. funded, Not for profit, and Charitable trust funded hospitals were not included in the ranking.
- Best efforts were made to reach the maximum number of hospitals across specialties; however, any hospital that did not send a complete "Fact-Sheet" within the allotted time was assigned an average Factual score for calculating their overall ranking.
- Any entity which expressly stated that it did not wish to participate in the survey was excluded from the survey. Also, some hospitals facing/ faced issues like license, insolvency cases, etc. have also been excluded from the survey.
- If the GAP between Hospitals is found to be low, hospitals are awarded the same rank.
- Hospitals established in 2023 and onwards have been shown to be in the emerging category



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MODULE 1 | DESK RESEARCH

Module 1 was a secondary research module. A comprehensive list of Hospitals and Clinics was generated with the help of the Internet, magazines, and other publications. The various sources used for the generation of the hospital list included:

- List of Hospitals/clinics from previous surveys
- A discussion with specialists to add/delete any Hospital to ensure we have a comprehensive list

As it is not possible to get a completely exhaustive list of hospitals and include them in the survey, we had the option of adding any new hospital name to the survey form.

MODULE 2 | FACTUAL DATA COLLECTION

A detailed questionnaire was sent to all hospitals to collect factual information about their hospitals on various parameters which ranged from the Infrastructure of the hospital to the quality of treatment provided. A total of 2140 hospitals were contacted for factual information.

MODULE 3 | PERCEPTUAL SURVEY

In the perceptual survey module, a structured questionnaire was administered to selected respondents including doctors Oncologists, Nephrologist, Urologist, Cardiologist, Paediatricist, Gynaecologist/obstetricians, Neurologist, Emergency & trauma experts and gastroenterologists/Hepatologist, patients & their caregivers to get ranking for various hospitals and clinics on various parameters ranging from Hospital Infrastructure to quality of treatment provided. A total sample survey of more than 4000 interviews was conducted PAN India.

ANALYSIS & FINAL RANKING OF MULTI SPECIALTY HOSPITALS

A robust approach was followed to arrive

Note: Present survey has been exclusively conducted by an Independent Research Agency named Avance Insights Pvt Ltd using stated methodology for arriving at given rankings. The publication house and its affiliates/employees/authorized representatives/group companies are not responsible/ liable for the said rankings. Readers are advised to take an informed decision before acting upon the survey rankings.

ABOUT AVANCE INSIGHTS PVT LTD (AVANCE INSIGHTS)

Avance is a new age strategic research and consulting firm founded by industry experts from diverse academic and industry background. Avance leverages advanced technologies to provide actionable insights to power client's businesses in real-time. Avance has an ecosystem where clients' interests are aligned with the best-in-class tailored made solutions.

The company has a 360-degree approach which includes qualitative and quantitative parameters to derive all the knowledge which is needed for effective business decision-making. Avance revels in delivering insights that brings clarity to the decision-making process.

Avance strongly believes in building value and relationships with clients and its associates to create a workplace where everyone is respected and honoured for their contribution.

Avance has PAN INDIA Network and covered entire part of country successfully

MARKET RESEARCH, SOCIAL & DEVELOPMENT RESEARCH, CONSULTING

- Brand Studies - Track, Perception, Health Monitor, Brand Equity Index
- Communication Testing- Advertisement Evaluation, Campaign Efficacy- Pre & Post
- Monitoring and Evaluation Surveys
- New Product Development and Evaluation, Concept Development and Testing
- Shopper Insights, U & A, Understanding buying Behaviour, Consumer Profiling Study
- Mystery Shopping & Retail Census
- Psychographic & Segmentation Studies
- Opinion Polls
- Ranking Surveys and Many more...

Avance Insights is a corporate member of MRSI and follows the MRSI code of conduct while conducting all its research projects. For more information about the company please visit www.avanceinsights.in and contact manoj@avanceinsights.in

Times All India Critical Care Ranking Survey 2026

PART 2

How temperature-pressure tango crimps monsoon rain

By Anshika Jha

The first part of this series showed that the winds that blow from the southwest to cause monsoon rains are not just driven by faster heating of land than the ocean. The real gradient between the Indian Ocean and the Indian landmass exists higher up in the atmosphere. It is this gradient that drives the monsoon and which the El Niño suppresses. How exactly does the El Niño suppress the gradient? The short answer is that this happens through the interplay of temperature and pressure. The long answer is as follows.



READ: Scan the QR code to read Part 1. The long pole of El Niño that suppresses monsoon rains



1 Monsoon is caused by the general shift of a low-pressure region north of the equator

The first part of this series explained that the monsoon is triggered by the temperature difference between the Indian Ocean and the Indian landmass becoming positive higher up in the atmosphere. Since air becomes less dense with heat, this also means that the pressure over Indian landmass is lower than over the Indian Ocean. A warm central eastern Pacific – this is what El Niño is – is able to affect this because the gradient is not unique to India. How so? One theory about the monsoon is that its pressure gradient is set up simply as a result of the northward movement of the sun. As our shadow from the spring equinox (sun falls directly over the equator on this day) north of March to the monsoon month of June, the latitude band of maximum solar heating shifts from the equator towards the latitudes of India, also bringing the band of low pressure along. This turns India into a place of lower pressure than the ocean, from where winds blow towards it.

Mean sea level pressure (March, 1971-2020 average)



Pressure (millibars)



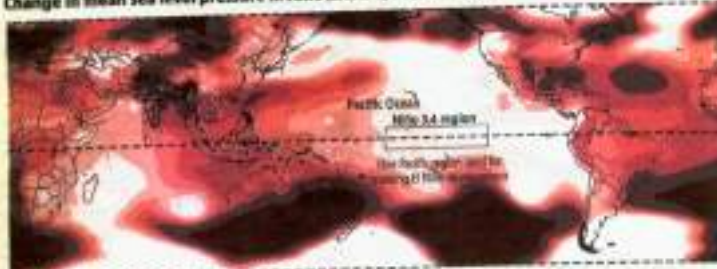
Pressure (millibars)

2 El Niño affects this pressure gradient during monsoon...

To be sure, the meridional (running north to south, along longitudes) pressure gradient described above is not the only game going on in tropical areas. In some ways, it also only explains the "southern" part of the southwest monsoon. The maps below also show a zonal (parallel to latitudes) pressure gradient. This leads to what is known as the Walker Circulation – a giant east-west loop of rising and sinking air over the tropics. Air rises around Indonesia because of the relatively lower pressure there and falls over the eastern Pacific and westerly over the Arabian Sea. The higher

pressure in the Arabian Sea is one reason we have westerly winds blowing for the monsoon in the lower atmosphere. The El Niño affects the Indian monsoon by shifting this entire zonal circulation spanning the globe farther east, shown here as departure from normal pressure in June 2015, when an El Niño was underway and India saw a dry monsoon. The shift means that pressure is higher over India than usual. As the map below also suggests, it is not just the strength of the El Niño that determines how the monsoon is affected, but also how far east or not it shifts the circulation.

Change in mean sea level pressure in June (2015) compared to 1971-2020



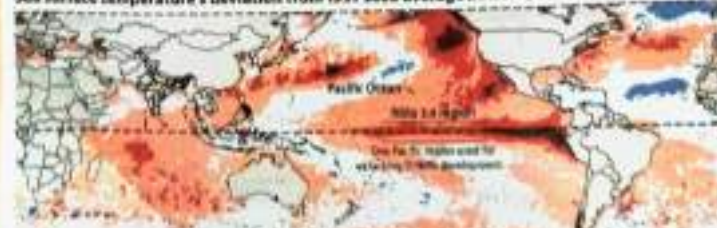
Pressure (millibars)

3 ...because of the warming in the central-eastern Pacific Ocean

How does the El Niño come about? This is a bit of a chicken-and-egg problem. One way to understand this is that the central-eastern Pacific becomes warmer relative to normal during an El Niño, making central-eastern Pacific the region of low pressure rather than the western Pacific, which weakens the trade winds – the steady east-to-west surface winds that normally dominate the tropical

Pacific. Of course, this can also be understood in reverse. The trade winds blowing from east-to-west become weaker, making it difficult to transport heat stored in the upper ocean layers to the west, making the western part cooler and of high pressure. Whatever starts this change in pressure though, it sets in motion the change that prevents air from rising for monsoon rains.

Sea surface temperature's deviation from 1991-2020 average (June 2015)



Deviation (°C)

NUMBER THEORY

PART 2

How temperature-pressure tango crimps monsoon rain

By Abhishek Jha

The first part of this series showed that the winds that blow from the southwest to cause monsoon rains are not just driven by faster heating of land than the ocean. The real gradient between the Indian Ocean and the Indian landmass exists higher up in the atmosphere. It is this gradient that drives the monsoon and which the El Niño suppresses. How exactly does the El Niño suppress the gradient? The short answer is that this happens through the interplay of temperature and pressure. The long answer is as follows.



SCAN the QR code to read Part 2. The long answer to El Niño that suppresses monsoon rains.



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Change in mean sea level pressure in June 2015 compared to 1971-2020

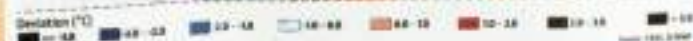
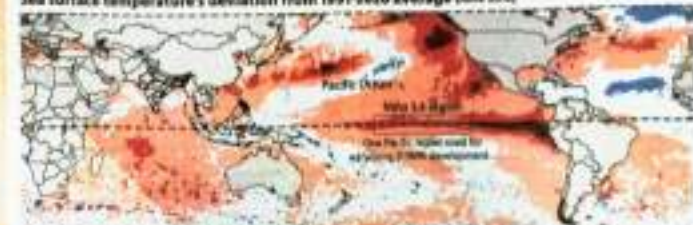


3 ...because of the warming in the central-eastern Pacific Ocean

How does the El Niño come about? This is a bit of a chicken-and-egg problem. One way to understand this is that the central-eastern Pacific becomes warmer relative to normal during an El Niño, making central-eastern Pacific the region of low pressure rather than the western Pacific, which weakens the trade winds – the steady east-to-west surface winds that normally characterize the tropical

Pacific. Of course, this can also be understood in reverse. The trade winds blowing from east to west become weaker, making it difficult to transport heat stored in the upper ocean layers to the west, making the western part cooler and of high pressure. Whichever starts this change in pressure though, it acts to maintain the change that prevents or slows rising the monsoon rains.

Sea surface temperature's deviation from 1991-2020 average (June 2015)



Yamuna level nears historic low, New Delhi starts to feel the pinch

Paras Singh

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NEW DELHI: Water level of the Yamuna dipped to around 668.5 feet on Tuesday, six feet below the normal level of 674.5 feet, at the Wazirabad barrage, leaving just around 1-1.5 feet of water in the pondage area, from where the water treatment plants at Wazirabad and Chandrawal draw raw water. The water level has clocked a steady decline over the past few days, closing in on the historic low of 667 feet, which was recorded on July 16, 2022, officials familiar with the matter said.

Localities in New Delhi also started feeling the pinch on Tuesday, as the Delhi Jal Board (DJB) cut supply by around 14-15%, according to New Delhi Municipal Council (NDMC) officials. They said that the DJB supplied 125 million litres per day (mld) of water on the day, against their demand of 148mld.

A DJB official, requesting anonymity, said, "The historic low level has been recorded at 667ft but for all practical purposes, there is negligible water in the reservoir. Below 268 feet, we are forced to dig channels in the riverbed to push water from deeper areas towards the plant. This raw water too is mixed with silt. More than 100mgd water is being diverted from Haiderpur to keep the Wazirabad and Chandrawal plants running but this will impact water pressure in areas under other plants."

An NDMC official said, "The supply has been further cut by 14-15% and we are advising residents to store enough water in case the situation worsens."

Meanwhile, a Delhi government official, who did not wish to be named, said that Delhi is in talks with Haryana to procure more water and that relief is likely in the coming days.

Unlike previous years, the Delhi government and the DJB have not issued any advisory, or

even acknowledged dropping water levels. The practice of issuing daily summer bulletins was also discontinued last year.

On Tuesday, DJB officials said that they were digging deeper water channels in the riverbed, but the base level at Wazirabad was uneven due to heavy siltation. However, this translated to acute water shortage in north, northwest and central areas of Delhi.

Areas of Model Town, Shadipur, Tilak Nagar, Paryavaran complex, parts of Narela, Puli Prahladpur, Patel Nagar, Dakshinpur and Rajinder Nagar reported acute shortage, while residents of Deoli and Dakshinpur staged protest outside the DJB office in Greater Kailash on the day.

Usually, DJB supplies 1,000 million gallons a day (mgd) of water through nine water treatment plants.

A second DJB official said that the Wazirabad water treatment plant, which supplies 130mgd, is operating at 65% capacity; the Chandrawal plant, which supplies 90mgd, is operating at 80-85% capacity, and all other plants will face 10% supply cut due to diversion of water from Haiderpur. "We can't create a situation in which catchment area of Wazirabad and Chandrawal get zero water supply," the official said.

Fifty-five-year-old Savitri Devi, a resident of Block-14 in Kalyanpuri, said the water supply often lasts only 15 minutes. "The water supply is highly irregular. Sometimes, there is no supply at all in the evening. We switch on the motor, but within 15 minutes, the supply stops. We try to store water in large utensils, but there is only so much water we can store that way. For drinking water, we depend entirely on tanker water from nearby sources, and these days, we even use that water for washing utensils at times," said Devi, who lives in a family of 10 members.

Spot the river

FALLING RAPIDLY

Normal level
674.5 ftHistoric low
667 ft
(July 16, 2022)

May 24 25 26

*Data for Wazirabad barrage shows falling rate, as shared by DJB officials



Only 352 cusecs of water released from Hathnikund

Paras Singh

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NEW DELHI: Data from the Hathnikund barrage on Tuesday morning shows that only 352 cusecs of water was being released into the river from the barrage, with most of the water being diverted to the Western Yamuna Canal.

Officials of the Delhi government said they have started negotiations with Haryana to seek additional water supply through the Munak Canal, and that some additional water will soon be supplied to the Capital as the Yamuna has started drying up in swathes across the Capital.

The Hathnikund barrage acts as the primary regulation point

for the release of the Yamuna water for Delhi. Data from Hathnikund on Tuesday morning shows that on average, 2,293 cusecs of water was being released from the three points, with the bulk of the supply, 1,742.08 cusecs, to the Western Yamuna Canal. On Monday night, the Western Yamuna Canal received 3,299.44 cusecs.

Bhishm Singh Rawat, coordinator of South Asia Network on Dams, Rivers and People (SANDRP), said that 352 cusecs of water was not enough to maintain the e-flow in the river. "The river needs at least 1,500 cusecs to maintain the environmental flow (e-flow). At the same time, 3,200 cusecs of water is being released in Western Yamuna Canal. Filter system has

a base flow and this water also comes from sand aquifers and smaller tributaries; otherwise, 352 cusecs of water would have dried up in Haryana," he said.

Delhi receives raw water from Haryana in two ways: through the river channel and the Munak Canal, comprising the CLC and DSB canals. Amid worsening water shortages across several parts of the capital, Haryana has released 980 cusecs of water into the Munak Canal, which is likely to bring partial relief.

A senior government functionary said some relief is likely in the next 2-3 days. "979.5 cusecs of water has been released. This will provide additional water at Haiderpur. Water is also being diverted to Wazirabad."

Yamuna again a

Paras Singh

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NEW DELHI: The Delhi government's launch its ferry service on the Yamuna seem to be with the water levels. On Tuesday, the boat ready for service, with blue tarp again near the river's Wazirabad stretch. Around few metres of water

An official associated service told HT the cruise boat "can only hundred metres" cold water on the p boat ride over from Sonia Vihar

"There is no wa remaining section heavy boat operators will get stuck needs deep water but even 6-7 feet of water is not available said, requests since even taking boat has been her

MY DELHI

HT

{ **AHEAD OF WINTER** } AS AQI BRIEFLY DIPS TO 'VERY POOR'

Centre urges govt to step up anti-pollution action

Jasjeev Gandhiok

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NEW DELHI: Union environment minister Bhupender Yadav on Tuesday urged the Delhi government to undertake continuous action to mitigate air pollution on the ground over the next few months to ensure a better air quality in the region this winter.

The directive came as Delhi's air quality depleted and briefly touched the "very poor" category on Tuesday, first time since February this year. It later improved to the "poor" category by the evening. Delhi's average AQI was 304 (very poor) at 9am, and improved to 254 (poor) by 4pm.

"Slow moving dust reached Delhi late on Sunday night from Rajasthan and it stayed till early hours of Tuesday. This led to a spike in PM 10 levels," said Mahesh Palawat, vice president at Skymet.

Holding a comprehensive review of ongoing projects in the Capital with chief minister Rekha Gupta, Union minister Yadav discussed measures currently in place, implementation gaps and necessary transitions, such as intelligent traffic systems, electric vehicles and waste management, setting timelines for various projects.

"The coming months are crucial for Delhi's air quality management. Timely completion of planned interventions, strict enforcement and coordinated action on the ground are essential to protect public health and improve the quality of life for citizens," said Yadav in the meeting, which also saw the participation of Delhi water and environment ministers Parvesh Verma and Manjinder Singh Sirsa.

Sirsa directed 15 stretches to be developed as signal-free corri-

dors by September 2026 and directed agencies to identify major pollution hot spots and undertake targeted interventions for decongestion. "Air pollution control requires collective responsibility and continuous action at every level. The Centre remains committed to working closely with the Delhi government and all stakeholders to ensure cleaner air for the people of Delhi," Yadav said.

He advised the Delhi government to constitute task forces comprising official representatives and elected leaders to tackle pollution hot spots.

"The teams may coordinate with respective agencies and conduct monthly reviews to closely monitor implementation and ensure accountability on committed timelines," the minister said.

Yadav asked the Delhi government to intensify road cleaning.

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{ RAIN RELIEF }

Monsoon misses Kerala onset date: IMD

Jayashree Nandi

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NEW DELHI: Monsoon is yet to make onset over Kerala, the India Meteorological Department said on Tuesday.

Though several stations in the state have recorded rainfall recorded between May 24 and 25, the official criteria for monsoon onset to be declared has not yet been met, said the agency, which had earlier forecast that the southwest monsoon was likely to set in over Kerala on May 26 with a model error of ± 4 days.

If 60% of the 14 enlisted stations—including Minicoy, Thiruvananthapuram, Punalur, Kollam, Allapuzha, Kottayam, Kochi, Thrissur, Kozhikode, Thalassery, Kannur, Kudulu and Mangalore report rainfall of 2.5



Bengaluru witnessed thundershowers on Tuesday evening, bringing relief from the recent spell of scorching heat.

PTI

mm or more for two consecutive days after May 10, the onset over Kerala be declared on the second day, provided the westerly winds maintained depth and cloudy or overcast conditions continued.

IMD's extended range forecast

shows widespread rainfall over the southern parts of west coast between May 28 and June 4.

"So far, the wind profile or outgoing longwave radiation (OLR/measure of cloudiness) has not been met. The rainfall

criteria has also been met only for a day. Rainfall should sustain for two days. The clouds have moved away from the region. It is mainly because there is a cyclonic circulation over south-central Arabian Sea which is pulling the moisture towards itself. I do not think monsoon onset will happen during the next four days. It is likely to take place once rainfall picks up," said Mahesh Palawat, vice president, climate and meteorology, Skymet Weather.

The agency said severe heat conditions were likely to continue over central & northwest India over the next 3 to 4 days. The heat wave may abate from May 29, it said. The forecast added that heat wave conditions were very likely in isolated parts of Punjab, Haryana, Chandigarh, Delhi and East UP until May 28.



HT

Six people dead after inhaling CO₂ inside septic tank in Odisha: Police

Debabrata Mohanty

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BHUBANESWAR: Six people died and another was hospitalised on Tuesday after they reportedly inhaled carbon dioxide while working inside an under construction septic tank in Odisha's Kalahandi district, said police on

The incident took place in Kar lakhunta village, said a senior officer.

The deceased were identified as Nimai Pal (48), who owned the house where the tank was being built, and his son Akash Pal (28), Adal Majhi (55), Manoranjan Hati (27), and Chhanda Jal and Bipul Jal.

District superintendent of police (SP) Nagaraj Devarkonda said that preliminary reports suggested that the removal of centring materials from the

CHIEF MINISTER MOHAN CHARAN MAJHI ANNOUNCED AN EX GRATIA COMPENSATION OF ₹4 LAKH EACH FOR THE FAMILIES OF THE DECEASED

tank, which may have contained toxic gases, led to the incident.

Police said Adal Majhi entered the tank first but failed to return. The others then entered the tank in a bid to rescue him, and reportedly lost consciousness inside the confined space.

Locals later pulled the victims out of the tank and rushed them to the Madanpur Rampur Hospital, where doctors declared six of them dead on arrival.

The sole survivor, Pankaj Bhoj (32), was shifted to the district headquarters hospital after his condition deteriorated.

The SP confirmed that an investigation was underway and said that the post-mortem examination would yield the precise cause of death.

Chief minister Mohan Charan Majhi announced an ex gratia compensation of ₹4 lakh each for the families of the deceased.

District collector Sachin Pauer said the district administration has released ₹30,000 each to the family members of the deceased for the conduct of their last rites.

The deaths have cast a pall of gloom over the villages in the area, said people aware of the matter.

(with PTI inputs)

against the accused (that is, going only the materials provided by the... Njeri, the Supreme Court know... edged that at some undefined point, ... may vary, this ri... defeated simply by

Running the last kilometre on eradicating tuberculosis

Nobel laureate Ronald Coase suggested that every solution creates a new problem. India's economic liberalisation of 1991 reduced poverty but shifted us from infectious to lifestyle diseases. Even so, 35 years later, we still have the world's largest tuberculosis (TB) incidence: 220 million Indians harbour the TB pathogen, of which 2.8 million contract the disease and 300,000 die annually. TB exists because we haven't converted a disease control programme into a disease-elimination architecture. A national TB programme, digital public infrastructure, stronger primary care ambition, better diagnostics, shorter treatment regimens, expanding nutritional support, and powerful private sector give us a real shot at eradicating TB.

India's progress in the last decade is impressive: TB incidence is down 21%, mortality 28%, and coverage is up from 50% to 92%. Under the TB Mukht Bharat Abhiyan, more than 200 million vulnerable individuals were screened, and government funding for TB has increased 10 times. Nearly ₹4,500 crore has been disbursed to over 130 million nutritional support beneficiaries. TB is also an economic disease that affects wages, food security, schooling, dignity, and family savings. A patient who stops working to complete treatment and one who stops treatment to keep working are both system failures. Too often, people are choosing between medicine and meals.

Caused by *Mycobacterium tuberculosis* — a bacteria discovered by Robert Koch 144 years ago — the eradication of the "forgotten plague" is within India's grasp if we shift our thinking from more cooks in the kitchen to a different recipe with five pillars, as listed here.

Policy: Current incentives reward detection and notification, but not treatment success or patient well-being. Flip the model. Link funding — both for public systems and private providers — to outcomes: Cure rates, adherence, and relapse reduction. Turn the ₹500 nutrition support into a nutrition-plus strategy — link it to BMI recovery and back it with local food partnerships. Extend conditional cash transfers for treatment completion. Policy must recognise that losing a patient is more costly than treating one; every dropout is both a clinical and an economic failure.

Integration: Under-nutrition and anaemia are not comorbidities; they are facilitators of TB. Mental health is not peripheral; it determines adherence to treatment. HIV, diabetes, alcohol and tobacco weaken immunity and increase the risk of recurrence (more than 10% within two years). We have successfully integrated HIV screening; similar initiatives with nutrition, diabetes and substance-abuse programmes for TB are overdue. TB preventative treatment is now recommended for all

household contacts of patients with lung TB. Care must shift decisively to the primary level — with decentralised, differentiated models that combine diagnosis, counselling, referral and follow-up. The temptation to fragment TB care into silos is understandable but counter-productive: "elementitis" has long sabotaged public health outcomes. TB is a chain of vulnerabilities; break one link and the disease returns. You cannot cure TB on an empty stomach or a defeated mind.

Science: India cannot eliminate a 21st-century disease with 20th-century diagnostics and treatments. We must universalise rapid molecular testing as the first line of diagnosis, not a fallback. Take AI-powered portable X-rays to where the disease is. Make real-time drug-susceptibility testing routine, not rare. Get serious about rolling out newer, shorter, safer regimens for drug-resistant TB. The pipeline for new TB drugs and vaccines is stronger than it has been in decades. The binding constraint isn't science anymore — it's seriousness. We admire data; we don't use it.

Digitisation: India has shown the world that scale and simplicity can coexist — from Aadhaar to UPI. We must replicate this in TB; every patient should have a seamless digital treatment journey — from diagnosis to drug delivery to follow-up — accessible across public and private systems. If India can account for 40% of the world's real-time digital payments, tracking every TB patient shouldn't be aspirational. Use digital tools to improve adherence, flag missed doses, and trigger interventions.

Teamwork: India's TB response often feels like a relay race where the baton is not passed. The first point of care for many patients is outside the public system, making private sector integration non-negotiable. Stigma remains TB's silent accomplice, delaying diagnosis and undermining adherence; private sector engagement must go beyond notification to include diagnosis, digital reporting, treatment adherence and accountability for outcomes. Pharmacists, community health workers, NGOs and TB survivors must be part of a distributed care workforce; initiatives such as Nikshay Mitra should evolve from charity into structured support. TB elimination will not come from hospitals or the government alone; it will come from neighbourhoods, the private sector and institutions like the Anusandhan National Research Foundation. Elimination needs execution excellence — no stock-outs, no shortages, no delays, no patients lost.

Deng Xiaoping's quip that a project 90% done has 50% of the work left is apt for India's TB journey. The last kilometre of TB elimination should not celebrate metrics or announcements but cure, relapse-free survival, nutritional recovery, household protection, and zero catastrophic cost. Eradication is finally in our grasp, but the last kilometre in policy is where good intentions go to die. Public health, like marathons, is about the last kilometre — stamina not speed. Even though one of us runs the world's largest maker of TB medicines, we both agree that TB must die. We know you do too.



Nilesch Gupta



Manish Sabharwal

CURRENT INCENTIVES REWARD DETECTION AND NOTIFICATION, BUT NOT TREATMENT SUCCESS. FUNDING — FOR PUBLIC SYSTEMS AND PRIVATE PROVIDERS — MUST BE LINKED TO OUTCOMES

Nilesch Gupta is managing director, Lupin, and Manish Sabharwal is the author of *Made in India*. The views expressed are personal

India's child mental health crisis calls for systemic solutions and not just quick fixes

Devyani Jaipuria

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On many evenings, in homes across our cities, the scene is almost identical. A child sits at the dining table finishing homework. One parent is on a laptop, responding to emails. The other is scrolling through messages between calls. No one appears distressed. No one is arguing. Everyone is working.

The room is quiet, but it is not calm.

Children do not need to be told that life is competitive. They absorb it. They see it in how urgently adults respond to notifications. They hear it in conversations about deadlines, targets and performance reviews. They notice that even weekends are scheduled.

When we speak about the rise in anxiety among children, the conversation often turns quickly to parenting. Are we pushing too hard? Are we allowing too much screen time? Are we hovering too closely? These questions matter. But they sit inside a larger system that rarely comes under scrutiny.

We are raising children in a culture that glorifies overwork and treats being busy as a virtue. Professional exhaustion is normalised. Productivity is equated with identity. To slow down is to risk irrelevance. To pause is to fall behind.

Children internalise this logic long before they can articulate it.

I remember a student once sharing that he only sees his parents late at night. "We talk for five or ten minutes," he said, not resentfully, just matter-of-factly. They leave early. They return tired. Conversations are brief, functional. Over time, he began struggling with stress. He described feeling overwhelmed by thoughts he could not quiet. There was no dramatic incident. Just a life structured around urgency.

What struck me was not the child's complaint. It was the normalcy of his circumstances.

Many families today are organised around demanding work rhythms that leave little unhurried time. Parents are not indifferent; they are stretched. They are navigating professional cultures that reward constant avail-

ability and penalise pause. The pressure to provide stability often requires personal sacrifice.

But children absorb the emotional climate of their homes. When adult life feels relentlessly accelerated, childhood begins to mirror that pace.

At the same time, schools operate within intensely competitive ecosystems. Rankings are tracked. Examinations loom. Achievement is publicly measured. Even extracurricular activities are curated for strategic value. The message, subtle but persistent, is clear: optimisation is survival. In such a design, anxiety is not a personal failing. It is a predictable outcome. Many students I interact with are capable and articulate. Yet beneath that confidence sits a quiet fear of inadequacy. They worry not about failing, but about not doing enough. Not being ahead enough. Not staying visible enough.

This is not merely academic pressure. It is environmental pressure.

We have also become quick to medicalise distress. Counselling services are expanding, and that

is important. But when large numbers of children feel overwhelmed, we must ask whether we are treating symptoms while preserving the structure that generates them.

This is not an argument against ambition. It is a call to examine sustainability.

If adults model a life of perpetual urgency, children will inherit that urgency. If systems reward speed over steadiness, children will equate value with acceleration. Perhaps the more honest question is not whether parents are doing enough, but whether we have collectively designed childhood around competition rather than growth.

If we want emotionally resilient young people, we must create spaces, at home, in schools, in workplaces, where rest is not weakness and adequacy is not fleeting.

Until then, we will continue searching for answers within families, while the pressure that shapes those families remains untouched.

The author is an institution builder in education & healthcare

India-UK healthcare scholarships open for 2026-27 intake at KCL

PTI

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LONDON: An India-UK education collaboration in the healthcare and innovation sphere launched its latest round of scholarships for Indian students to pursue higher studies at King's College London.

Hinduja Foundation, the philanthropic arm of the Hinduja Group conglomerate, had struck its partnership with one of the UK's leading universities two years ago with a vision to improve healthcare outcomes in both countries.

As part of the tie-up, scholarships are offered to students domiciled in India to pursue full four-year PhD studentships in healthcare technologies at the School of Biomedical Engineering and Imaging Sciences and one-year MSc MedTech Innovation and Entrepreneurship at King's College London.

"Guided by our philosophy of 'Act Local, Think Global', we believe investing in future-ready talent is essential to building resilient healthcare systems in India that are aligned with global standards, contributing to the vision of a Viksit Bharat," said Ashok Hinduja, Chairman of the Hinduja Foundation.

"Through this partnership, we aim to enable Indian students to access global expertise. The focus is on strengthening India's capabilities in healthcare and expanding the scope of knowledge and research linked

to India. Over the long term, the objective is to advance India's role in the global healthcare landscape," he said.

While three PhD and two MSc "Hinduja Scholars" started their studies at King's College London in October last year, one PhD scholar joined in February 2026.

Applications are now open for four PhDs and five MSc scholarships for the coming 2026-2027 academic year, starting in October.

"The Hinduja Scholarship is available to offer holders of the MSc MedTech Innovation & Entrepreneurship who are domiciled in India. It provides either partial or full tuition coverage," said King's College London.

This scholarship is part of a strategic partnership between the Hinduja Foundation and King's College London, aimed at advancing healthcare education, training and research. Through initiatives like the Hinduja-King's Health Partners Academy, this collaboration supports the next generation of healthcare professionals and

biomedical innovators in both India and the UK, helping to develop cutting-edge medical technologies," the university states.

While the partial-tuition scholarship covers 80 per cent of the international student tuition fees, four partial-tuition scholarships cover 50 per cent of the international student tuition fees.

The scholarships are designed to empower Indian students with access to global expertise, real-world healthcare environments, and innovation-led learning, enabling them to address critical clinical needs and contribute to the future of healthcare in India and globally at King's College London, which has a reputation of excellence in education and research.

The Hinduja Foundation said the partnership is reflective of its commitment to drive "positive and sustainable change through impactful research, outstanding education and service to society, both in the UK and globally".

The Hinduja Group operates in 38 countries. Its foundation, established as a public charitable trust in Mumbai in 1968, was created in keeping with the philanthropic principles of the group's founder - Parmanand Deepchand Hinduja - and operates across the fields of education, healthcare, water stewardship, sustainable rural development, social welfare, arts, culture and sports.

**SCHOLARSHIPS
ARE OFFERED TO
STUDENTS
DOMICILED IN
INDIA TO PURSUE
FULL FOUR-YEAR
PHD STUDENTSHIPS**

Hindu

Suspected Ebola case triggers health alert in Bengaluru; govt. readies quarantine facilities

The Hindu Bureau
BENGALURU

A suspected Ebola case triggered a health alert in Bengaluru after a 28-year-old woman from Uganda, who developed mild symptoms including body ache, was shifted from a hotel to the State-run Epidemic Diseases Hospital on Tuesday.

Recent travel

Bengaluru District Surgeon and Medical Superintendent of the hospital Anil Kumar Banagar said the woman had recently travelled from Uganda to Ahmedabad and had later arrived in Bengaluru.

Although she did not show symptoms during airport screening, health authorities continued to monitor her because of her travel history from an Ebola-affected region.



WHO had recently declared the Ebola outbreak a Public Health Emergency of International Concern. AFP

"The district surveillance team and airport health officials were tracking her condition. She developed a mild body ache nearly 24 hours later, following which samples were collected and sent to the National Institute of Virology (NIV), Pune," Dr. Banagar told *The Hindu*.

He said the woman was stable and had not deve-

loped any additional symptoms so far.

"The test reports are expected in a day or two. Even if the result is negative, as per protocol, a repeat test will be conducted after 48 hours of observation. She will be discharged only after testing negative twice," Dr. Banagar said.

Amid the Ebola alert, Karnataka's Health Department has designated specialised isolation, quarantine and treatment facilities at government hospitals in Bengaluru and Mangaluru as part of precautionary preparedness measures.

In Bengaluru, Rajiv Gandhi Institute of Chest Diseases has been identified as the isolation centre, while Epidemic Diseases Hospital has been designated as the quarantine and treatment facility.

Hindu

Gurugram sex ratio dips to 862, DC orders intensified campaign against illegal sex determination

The Hindu Bureau
GURUGRAM

Gurugram Deputy Commissioner Uttam Singh on Tuesday ordered stricter monitoring under the Pre-Conception and Pre-Natal Diagnostic Techniques (PC-PNDT) Act and directed officials to intensify action against illegal sex determination tests after taking note of a sharp decline in sex ratio at birth (SRB).

Reviewing data – suggesting a fall in the SRB to 862 girls per 1,000 boys in the first four months of 2026, down from 901 in 2025 – at a District-Level Standing Committee meeting, Mr. Singh directed further strengthening of

the monitoring mechanism to curb female foeticide and promote gender equality.

Data also indicated a dip in the State average from 923 to 898 during the same period.

Mr. Singh directed officials to conduct special awareness campaigns in villages reporting low sex ratios. He said rallies, wall writings, poster drives, and activities under the Centre's flagship social awareness campaign, 'Beti Bachao, Beti Padhao' should be scaled up to ensure that the message against female foeticide reaches the public.

The DC also reviewed action under the PC-PNDT Act, the Medical Termina-

tion of Pregnancy (MTP) Act, and the Assisted Reproductive Technology (ART) Act.

Chief Medical Officer Lokvir Singh told the committee that 395 centres in the district are registered under the PC-PNDT Act, of which 311 had been inspected. Three FIRs were registered in 2025 and two in 2026 for violations. Registrations of three centres were cancelled due to irregularities, and five ultrasound machines were sealed. The district has 333 registered MTP centres, of which 217 have been inspected. Of the ART centres, 59 are registered and operational while 48 unregistered centres have been shut down.

bindu

NCDs accounted for 60% of all deaths in 2022-2024

Non-communicable diseases are increasingly becoming the major cause of death even among women and the rural population

DATA POINT

Bindu Shajan Perappadan

India's youth mortality profile is shifting with Non-Communicable Diseases (NCDs) being the cause of 60% of all deaths in the 2022-2024 reporting period, according to the Sample Registration System (SRS) Statistical Report 2024, released this month. This was an increase of 7.3 percentage points compared with the 2015-2017 reporting period, when NCDs were the cause of 52.8% of all deaths (Chart 1).

Analysis showed that among the NCDs, cardiovascular diseases alone accounted for 32.1% of all deaths in 2022-2024, which is again an increase of five percentage points compared with 27.1% in 2015-2017. The combined share of communicable diseases, and maternal, perinatal and nutritional conditions as the major cause of death in India has meanwhile come down from 22% in the 2015-2017 period to 19.7% in 2022-2024.

Age-group-wise data presented in the Cause of Deaths in India: 2022-2024 report showed that while cardiovascular diseases accounted for 32.1% of all deaths caused by NCDs, they accounted for 37.3% in the 30-49 age group. Health experts note that heart-related illnesses are increasingly affecting adults in their 30s and 40s, which is a matter of concern as this age group forms a large part of the nation's workforce.

The findings assume significance as India is witnessing a decline in fertility rates. Several States are already below the replacement fertility level of 2.1 children per woman.

In the 2022-2024 reporting period, while 69.3% of deaths happened in the 55-plus age group, those aged between 30 and 44 accounted for 19.5% of deaths, making premature deaths among younger adults an economic and social concern.

Analysis of the data over the years showed notable differences between the rural and urban population and between men and women. NCDs were the cause of 64.8% of all deaths in urban areas while they accounted for only 58.8% of all deaths in rural areas. Similarly, NCDs accounted for 62.3% of all deaths among men and 56.9% among women. However, the trend of NCDs becoming the major cause of death is clearly visible even among the rural population and women (Chart 2).

After cardiovascular diseases, the top causes of death in the 2022-2024 reporting period included cancer and other neoplasms, respiratory diseases, digestive diseases and respiratory infections, each accounting for more than 5% of all deaths (Table 1).

The report suggests that India is now experiencing an epidemiological transition similar to that seen in many middle- and high-income countries, where chronic illnesses dominate mortality trends. At the same time, infectious diseases continue to remain a challenge, creating what public health experts describe as a "double burden" of disease.

Suicide remains the leading cause of death among the 15-29 age group (Table 1). Suicides accounted for 15% of deaths in this age group, compared with 16.3% in 2015-2017. The rise in suicides points to growing mental health pressures, including unemployment, academic stress, financial difficulties, and social isolation.

The report also showed stark differences between the group of eight States - Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Odisha, Rajasthan, Uttar Pradesh and Uttarakhand - which were identified for special focus for the Government under its Empowered Action Group (EAG) along with Assam and other States (Chart 3). In EAG States and Assam, NCDs accounted for 53.9% of all deaths compared with 63.3% for other States.

Cause for concern

The data for the charts were sourced from Sample Registration System - Statistical Reports and Causes of Deaths in India Reports. In the charts, EAG refers to empowered action group



CHART 1: Major causes for deaths in India over reporting periods from 2015-2017 onwards

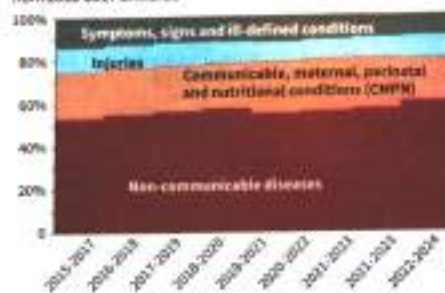


CHART 2: Share of deaths due to NCDs between rural and urban areas and men and women

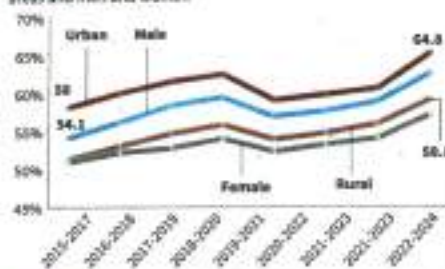


CHART 3: Share of deaths due to NCDs and communicable diseases between EAG States and Assam versus other States

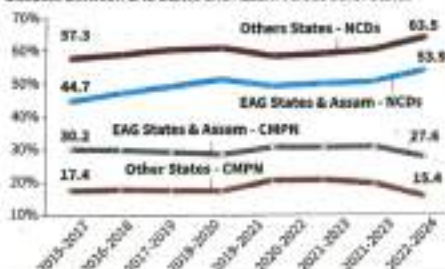


TABLE 1: Top 10 causes of deaths among all age groups, and in the 15-29 and 30-49 age groups in India

Cause	All ages (%)	Age 15-29 (%)	Age 30-49 (%)
Cardiovascular diseases	32.1	37.3	37.3
Cancer	7	4.2	10.3
Digestive diseases	5.9	7.5	4.9
Respiratory diseases	6	-	9.1
Respiratory infections	5.7	-	-
Diabetes mellitus	3.6	-	3.9
Genito-urinary diseases	3.4	-	4.7
Fever of unknown origin	4.1	3.3	-
Road accidents	-	11.1	4.2
Other unintentional injuries	4.1	6.6	3.0
Suicide	-	15	3.4
Tuberculosis	-	3.1	3.5
Neuro-psychiatric conditions	-	3	-
Ill-defined / other symptoms	9.7	5.2	-

The blank cells in the table above indicate that the respective causes were not among the top 10 causes for the corresponding age groups

As shown in the table above, road accidents and suicides disproportionately affect younger people. Deaths caused by motor vehicle accidents increased from 2.9% in 2021-2022 to 3.2% in 2022-2024 for all age groups, while deaths due to suicides rose from 2.5% to 2.8% in the same period

In Chart 1, the increase in deaths due to communicable diseases during 2019-2021 and 2020-2022 was due to COVID-19

The Hindu Huddle to host session on evolving status of regional parties in India

The Hindu Bureau

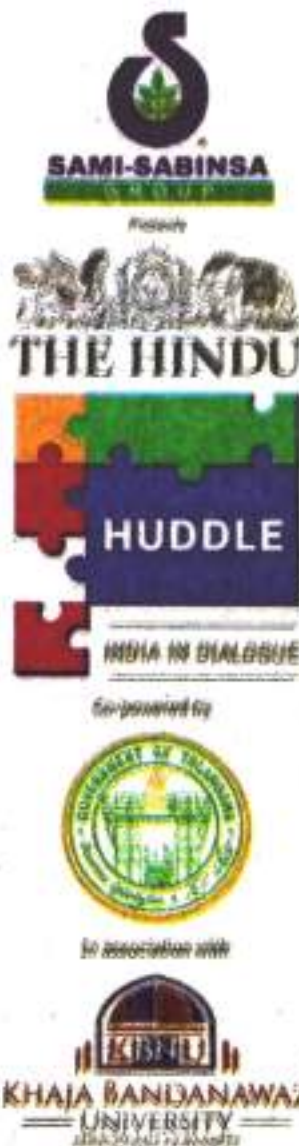
NEW DELHI

The evolving status of regional parties in India, especially in the wake of the recent Assembly elections, will be among the key themes at The Hindu Huddle on June 6 in Bengaluru.

The theme of The Hindu Huddle this year is 'A World in Transition'. This resonates as much within India as it does globally, with the country's multi-party system evolving with every electoral cycle. The space occupied by regional parties is changing, and in the wake of the recent Assembly election results, many have predicted a bleak future for them. But the history of regional parties shows that in a country with as many variations as India, there is never a last day for an idea.

Against this backdrop, The Huddle will host a session titled 'Nurturing our pluralist union: The role of regional politics in strengthening democracy', with Dravida Munnetra Kazhagam (DMK) MP K. Kanimozhi, Biju Janata Dal

(BJD) MP Santrupt Misra, and Samajwadi Party (SP) MP Javed Ali Khan. The diversity represented by the speakers is expected to not only reflect the variations in India's regional politics, but also the points of convergence.



As the title of the session suggests, the question of the place of regional parties within a single-party hegemonic polity has implications for India's democracy in terms of representation of regional aspirations. It also touches upon questions of culture, language, and literary expression.

The session will be moderated by *The Hindu's* political editor, Nistula Hebbar.

Event partners

The event is presented by Sami-Sabinsa Group as the Presenting Partner. The event is co-powered by the Government of Telangana and held in Association with Khaja Bandanawaz University. The event is further supported by: Larsen & Toubro, Apollo Hospitals, IIM Sirmaur, ICFAI Group, TAFE, Wizzmoni, Associate Partners; Casagrand, Realty Partner; Amity University Bengaluru, University Partner; Harrow International School Bengaluru, Education Partner; Meghalaya Tourism, State Partner; and NDTV 24x7, TV Partner.

Gene Therapy for Cholesterol: Initial Test Results Cheer

ET EXPLAINER

Eli Lilly working on single-dose drug to be administered via IV for long-term gain

Vikas Dandekar

Mumbai: For millions of heart patients struggling with elevated levels of cholesterol, there is a ray of hope. A one-time intravenous infusion of a drug coded VERVE-102, being tested by global pharmaceutical giant Eli Lilly showed significant reductions in a liver-produced protein called PCSK9.

VERVE-102 is an early investigational in vivo (inside the body) gene editing medicine designed to make a single, precise DNA base pair change to PCSK9 gene. It is created to mimic naturally occurring cardioprotective PCSK9 variants and lower LDL-C ('bad' cholesterol) over time, with a single infusion.

The US Food and Drug Administration has granted fast-track designation for VERVE-102 to reduce LDL-C in participants with hyperlipidaemia and high lifetime cardiovascular risk. In India, 60-80 million are estimated to be living with heart conditions, while reports suggest three million cases of heart attacks annually.

"In an interim analysis of 35 patients, a single infusion of VERVE-102 resulted in dose-dependent mean reductions in PCSK9, ranging from 51% to 88%, at 0.3 mg/kg or 1.0 mg/kg, respectively. Corresponding reductions in LDL-C ranged from 9% to 62%, at 0.3 mg/kg or 1.0 mg/kg, respectively," an Eli Lilly

Heart Drug

Genetic medicines are increasingly sold and tested for heart or cancer treatment chronic care



VERVE-102

A single shot to defeat heart issues?

Interim analysis of 35 patients

Single infusion reduces PCSK9 from 51% to 88%



Long-term follow-up study for up to 15 years expected



Phase II studies to start by end of the year

Existing drugs that target PCSK9

Praluent (alirocumab), Repatha (evolocumab) and Leqvio (inclisiran)

(These are not gene-editing drugs)



ly India spokesperson told ET. "These early data give us encouraging evidence," said Riyaz S Patel, cardiologist at Barts Health NHS Trust and professor of cardiology at University College London. "Many patients with elevated LDL-C struggle to achieve sustained control... putting them at significant risk. With coronary artery disease still one of the leading causes of death worldwide, the need for new approaches is real."

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MINES MINISTER FLAGS CONCERNS TO HEALTH MINISTER

ePharmacies on Radar Again



Mines minister G Kishan Reddy has raised "unregulated" expansion of online pharmacies with health minister JP Nadda, seeking action. Teena Thacker reports. >> 12

12 Brands: Creating Desire

Economic Times

IN ABSENCE OF GUIDELINES, ONLY A FEW COS DECLARE SELECTIVE INFO

Food Packs Still Don't Tell Full Inside Story

Voluntary declarations on front of the packs need to be standardised across all packs: Experts

Ratna Bhushan

New Delhi: After lagging on front-pack-labelling to declare salt, sugar and saturated fats for over eight years and amid national food safety regulator Food Safety & Standards Authority of India (FSSAI)'s still-pending regulation on the same, select packaged foods makers have started making incremental changes to limited packs, declaring information on front packs such as "sugar, salt and protein content, no preservatives or no artificial colours". In the absence of guidelines by FSSAI, though, the voluntary de-

Laying It Bare

Experts say...

Evidence-based declarations needed

Recent moves won't help in curbing consumption of unhealthy foods



What are cos up to...

Selectively displaying ingredient declarations

Displaying info such as 'made without artificial flavours/less sugar'



clarations being made by companies are very selective, leading to health experts saying that unless the front labels declare salt, sugar and fat content across all packs in a standardised manner, such moves will not help in curbing consumption of unhealthy foods. The development comes amid heightened consumer awareness and social media scrutiny on transpa-

rent ingredient declarations. PepsiCo, ITC, Nestle and iD Fresh Food are among those which are now displaying voluntary ingredient declarations on limited front-of-pack labels. PepsiCo has now begun rolling out packs across its foods' portfolio declaring "made without artificial colours and flavours" on front labels. Saakshi Verma Menon, chief mar-

keting officer at PepsiCo India Foods, said the move reflects "a broader shift in how brands are communicating." iD Fresh Food, which sells fresh breakfast batters, recently made changes on its front packs to declare that its batters have "no added preservatives, no soda and are mildly salted."

On the other hand, Nestle declares fat, sugar and sodium content on front-labels of large packs of Maggi noodles and Milky Bar, while some ITC brands such as Aashirvaad atta and Sunfeast Farmlite biscuits now declare front-pack information on sodium, added sugar, trans fats and protein.

But health advocates called the moves "very limited in scope", amid lack of notified guidelines. "What is needed is evidence-backed front-pack declarations about warning labels clearly telling consumers about sugar, salt, and fat content," Arun Gupta, convenor at health advocacy think tank Nutrition Advocacy in Public In-

terest (NAPI), said. "It is this messaging that will reduce consumption of unhealthy foods."

FSSAI's over eight-year-old discussions with food companies to make it mandatory to declare details about fat, sugar, salt and saturated fat content on front packs, continues to hang in balance. In March this year, the regulator sought more time from the Supreme Court to formalise the contentious and long-overdue guidelines.

The regulator had responded to the Supreme Court directing FSSAI to introduce the mandatory front-of-pack warning labels to declare sugar, salt and saturated fats to rein in consumption of unhealthy foods.



The development comes amid heightened consumer awareness and social media scrutiny on transparent ingredient declarations

D... .. Airtel's

Guide to Drug & Implications

→ From Page 1

Indianapolis-headquartered Eli Lilly, known for its blockbuster weight-loss drugs Mounjaro and Zepbound, announced interim results for VERVE-102 on May 25. The early-stage data was presented at the European Atherosclerosis Society Congress and simultaneously published in *The New England Journal of Medicine*. ET explains:

WHAT IS VERVE-102?

VERVE-102 is an early investigational in vivo gene editing medicine designed to make a single, precise DNA base pair change to the PCSK9 gene. VERVE-102 is designed to mimic naturally occurring cardioprotective PCSK9 variants and durably lower LDL-C after a single infusion.

HOW DOES THE DRUG WORK IN THE BODY?

VERVE-102 has a messenger RNA (ribonucleic acid—responsible for protein synthesis and gene regulation) for an adenine base editor (a type of gene editing tool) and a guide RNA targeting PCSK9, encapsulated in a lipid nanoparticle

designed to target the liver. Inside the liver cells, the PCSK9 gene is precisely edited and turned off by the drug.

WHAT IS PCSK9 AND WHY IS IT THE TARGET OF GENE EDITING?

PCSK9 is a protein produced by the liver that breaks down LDL receptors, which clears bad cholesterol from the blood. People born with naturally inactive PCSK9 are known to have lifelong low LDL-C and up to 88% lower lifetime risk of coronary artery disease, with no apparent adverse effects. This indicates the longer LDL-C stays low, the greater is the protection.

ARE THERE OTHER DRUGS TO CUT PCSK9?

Some drugs known as PCSK9 inhibitors include Praluent (alirocumab), Repatha (evolocumab) and Leqvio (inclisiran). But they are not gene editing drugs. These are administered every few weeks to twice a year. Lilly has another drug called lepodisiran in advanced stages of clinical trials and requires once-a-year infusion. US-based Merck is developing an oral pill target-

ing PCSK9 called Enlicitide.

WHAT ARE THE EFFICACY RESULTS OF THE PHASE 1B DATA FOR VERVE-102?

In this interim analysis of 35 patients, a single infusion of VERVE-102 resulted in dose-dependent mean reductions of 51-88% in PCSK9. As of the data cut-off date earlier this year, median follow-up duration was approximately nine months, with 15 of the patients followed for at least one year. Durability was observed up to 18 months in participants with the longest follow-up.

WHAT DO THESE RESULTS MEAN?

In India, 60-80 million patients are estimated to be living with heart conditions, while reports suggest three million cases of heart attacks annually. Treatment exists but patients struggle to maintain long-term adherence to chronic cholesterol issues. VERVE-102 can be the first in vivo gene-editing medicine, which could transform cardiovascular care from chronic management to a one-time treatment. Larger trials of VERVE-102 are expected to help broader efforts aimed at one-time treatments for chronic diseases.

WHAT'S NEXT FOR THE VERVE-102 CLINICAL PROGRAMME?

Eli Lilly says it will continue to enrol participants and persist with follow-ups. All participants are expected to participate in a long-term, follow-up study for up to 15 years. Based on the positive interim phase 1b results, the company says it will initiate the phase II clinical trial of VERVE-102 before the end of the year.

IS VERVE-102 ONLY FOR SELECT PATIENTS WITH PREMATURE HEART CONDITIONS, OR COULD IT EVENTUALLY BE USED MORE BROADLY?

VERVE-102 is being evaluated in people with heterozygous familial hypercholesterolemia and premature coronary artery disease, two populations where durable LDL-C reduction is critical. There may be potential in the future to extend this approach to broader populations with high cardiovascular risk.

HOW DOES VERVE-102 FIT INTO ELI LILLY'S BROADER GENETIC MEDICINE RANGE?

It is a key part of Lilly's growing genetic medicines portfolio, which now accounts for more than one-third of the company's R&D roster.

What do antibiotics do to your gut?

JUST 1 QUESTION

Trisha Parricha, MD

Many people experience gastrointestinal side effects while on antibiotics, such as nausea, stomach cramps or diarrhoea. That's because antibiotics, which do a terrific job of fighting the bacteria that make us sick, can incidentally kill some of the healthy microorganisms in our bodies that help ferment fibre and bolster our immune system, among other important jobs.

In addition to fighting off infections, several common antibiotics activate receptors in the gut. For example, azithromycin, which is the antibiotic in popular 'Z-Paks', binds to cell proteins throughout the gut called motilin receptors. This can cause contractions – and sometimes, uncomfortable belly cramps.

Experiencing a few days of gut trouble, therefore, is an expected though unfortunate side effect of many antibiotics. This alone does not indicate that the antibiotic has permanently disrupted your microbiome – the trillions of bacteria and their genetic material living in our guts – although that's a common fear.

Different reactions

Here's what experts have known for nearly a decade: Exposure to antibiotics does cause short-term changes to the microbiome. Our microbiomes are resilient enough to bounce back close to our baselines within a few weeks.

Also everyone may react differently to antibiotics because people have different microbiomes to begin with. Those who are



WES GETTY IMAGES

immunocompromised, for example, or taking certain medications such as proton pump inhibitors, may have

more fluctuations in their microbiome as a result of antibiotics, which could put them at higher risk of an infection by a type of bacteria called *C. difficile*.

What wasn't known until recently is how long those changes could persist. A recent Swedish study published in

Nature Medicine said that for some, even a single course of antibiotics led to persistent changes years later. Three broad-spectrum antibiotics studied were mainly responsible: Clindamycin, flucloxacillin and fluoroquinolones. At the same time, some of the most common antibiotics prescribed – amoxicillin, macrolides such as azithromycin and cephalosporins such as cephalexin – were associated with far more modest effects.

– The Washington Post

Antibiotics



Reels That Trigger ©opyright Wars

With ad-dollars being spent on influencers, music copyright is becoming a blind spot

By **Rajesh N. Naidu**
and **Maulik Vyas**

Driven by the need to churn out endless digital content and a lack of discernment, lawsuits alleging music copyright infringement are becoming an increasingly regular occurrence. In the recent past, a few high-profile copyright battles over music have played out: Sony Music versus Myntra, Saregama versus Emami, and Sony Music versus the Marriott Group.

The latest to join this list is Zee Entertainment Enterprises against FSN E-Commerce Ventures, which owns the Indian retailer Nykaa that sells beauty, wellness, and fashion products. As per the Copyright Act of 1957, Zee has argued that FSN E-Commerce used its songs in roughly a dozen Instagram reels to promote its brand without permission or a licence.

Music labels believe that many companies and the influencers they hire remain unaware of the finer points of music copyright violations. The core problem is the confusion between personal expression, typically platform-licensed, and commercial use,



which needs separate permission, agreement, and payment.

"Today, brands routinely

collaborate with influencers and creators to produce 'organic' or 'branded content' that blurs the line between personal expression and commercial promotion," says a leading lawyer requesting anonymity. "However, under platform policies, such collaborations, where there is any exchange of value, constitute branded content, which falls in the realm of commercial use."

Hefty Losses

"A popular song drives engagement in a reel or a video by two times," says Gaurav Dagaonkar, co-founder of Hoopr, a platform that helps brands get

licensed music. "When companies use music owned by labels in their brand promotions, they often don't realise they are using the labels' intellectual property. So, when brands use music without permission, they take away revenue that labels would earn from licensing."

Independent music analysts estimate that the Indian music industry loses a staggering ₹8,000-10,000 crore annually in royalties due to lax enforcement of rules. According to a senior executive at a music licensing platform, the industry could unlock at least ₹3,600 crore more each year if every commercial video simply paid the basic licensing fee.

Continued on Page 4 >>

अमर उजाला

राजधानी में लार्वा मिलने के बड़े मामले एमसीडी नोटिस से रोकेगा डेंगू, मलेरिया

एक सप्ताह में 3,542 स्थानों पर मिला लार्वा, 3,037 नोटिस और 409 के चालान

अमर उजाला ब्यूरो



नई दिल्ली। राजधानी में डेंगू और मलेरिया की आशंका के बीच मच्छरों के लार्वा मिलने के मामलों में बढ़ोतरी ने एमसीडी की चिंता बढ़ा दी है। यही वजह है कि उसने नोटिस और चालान की कार्रवाई तेज कर दी है।

गत सप्ताह जांच के दौरान 3,542 घरों और परिसरों में मच्छरों का लार्वा अथवा मच्छर पनपने की स्थिति पाई गई। उसके बाद एमसीडी ने 3,037 कानूनी

नोटिस जारी किए और 409 मामलों में चालान की कार्रवाई शुरू की।

एमसीडी की टीमों सप्ताहभर में आठ लाख 52 हजार घरों और

परिसरों तक पहुंचीं और मच्छरों की घरेलू ब्रीडिंग की जांच की। इस दौरान बड़ी संख्या में ऐसे स्थान मिले जहां पानी जमा था या सफाई की कमी के कारण मच्छरों के पनपने की आशंका बनी हुई थी। कूलर, पानी की टंकियां, गमले, कबाड़, निर्माण स्थल और खुले बर्तन अब भी मच्छरों की ब्रीडिंग के प्रमुख केंद्र बने हुए मिले।

आंकड़ों के अनुसार, लार्वा मिलने के मामलों और नोटिस की संख्या में सीधा संबंध दिखाई दे

रहा है। जैसे-जैसे मच्छरों के पनपने के मामले सामने आ रहे हैं, एमसीडी की कानूनी कार्रवाई भी तेज होती जा रही है।

अधिकारियों का कहना है कि मानसून से पहले का समय डेंगू और चिकनगुनिया के लिहाज से संवेदनशील होता है, इसलिए रोकथाम के उपायों में किसी तरह की ढिलाई नहीं बरती जा रही। एमसीडी ने नागरिकों से अपील की है कि वे घरों और आसपास पानी जमा न होने दें और नियमित सफाई बनाए रखें।

अमर उजाला

प्रवाह

अमर उजाला



निर्भीक पत्रकारिता
का आठवां दशक

स्थापना : 18 अप्रैल 1948 - अगरा

जो राष्ट्र युद्ध
बढ़ता है।

देश में वायु प्रदूषण के स्तर व भौगोलिक विस्तार के संदर्भ में ताजा अध्ययन के निष्कर्ष चौंकाने वाले हैं और संकट की भयावहता को ही स्पष्ट करते हैं। अब समय आ गया है कि इस चेतावनी को महज एक अन्य रिपोर्ट न मानकर, नीतिगत बदलाव और जमीनी कार्रवाई का ठोस आधार बनाया जाए।

प्रदूषण का भूगोल

शुद्ध वायु प्रदूषण को लेकर चिंता तो लंबे समय से जताई जाती रही है, लेकिन हाल ही में प्रकाशित एक अध्ययन जिन संकेतों की तरफ इशारा करता है, उसे सिर्फ चिंता नहीं, बल्कि गंभीर चेतावनी के रूप में देखा जाना चाहिए। कोलकाता स्थित बोस इंस्टीट्यूट

के शोधकर्ताओं का यह अध्ययन, जो *एटमोस्फेरिक एन्वायरनमेंट* पत्रिका में प्रकाशित हुआ है, बताता है कि गंगा के मैदान, हिमालयी क्षेत्र और पूर्वोत्तर भारत में 2010-19 के दौरान पार्टिकुलेट मैटर (पीएम) का स्तर 2000-2009 की तुलना में 20 फीसदी से अधिक बढ़ गया है। वैसे तो, दिल्ली व राष्ट्रीय राजधानी क्षेत्र और पंजाब, हरियाणा, उत्तर प्रदेश व बिहार जैसे राज्यों में सर्दियों के दौरान जहरीली हवा का संकट हर वर्ष चर्चा का विषय बनता है। लेकिन यह नया अध्ययन इस धारणा को तोड़ता है कि प्रदूषण केवल महानगरों या औद्योगिक क्षेत्रों तक सीमित है। रिपोर्ट का चिंताजनक तथ्य है कि हिमालय व पूर्वोत्तर के संवेदनशील

क्षेत्र जो अपेक्षाकृत कम प्रदूषित माने जाते थे, वे भी अब मैदानी इलाकों के प्रदूषण की चपेट में आ रहे हैं। भारत पहले ही दुनिया के सबसे प्रदूषित देशों में गिना जाता है। ऐसे में प्रदूषण का भौगोलिक विस्तार स्थिति को और गंभीर बना रहा है। इस अध्ययन का एक महत्वपूर्ण निष्कर्ष यह भी है कि प्रदूषण के प्रमुख स्रोत केवल उद्योग या वाहन नहीं हैं। ग्रामीण क्षेत्रों में जीवाश्म ईंधन का उपयोग, फसल अवशेषों का जलना, लकड़ी और अन्य कार्बनिक पदार्थों का दहन तथा शहरी ठोस कचरे को जलाने जैसी गतिविधियां भी प्रदूषण बढ़ाने में बड़ी भूमिका निभा रही हैं। पार्टिकुलेट मैटर या सूक्ष्म कण ऐसे प्रदूषक होते हैं, जो सांस के साथ शरीर में प्रवेश कर फेफड़ों, हृदय और रक्त संचार प्रणाली को प्रभावित करते हैं। राहत की बात है कि 2019 में शुरू किए गए भारत के राष्ट्रीय स्वच्छ वायु कार्यक्रम (एनसीएपी) के बाद की अवधि में बिहार, पश्चिम बंगाल और असम सहित कई राज्यों में सूक्ष्म कणों के स्तर में उल्लेखनीय सुधार देखा गया है। ऐसे में, इस कार्यक्रम का विस्तार



करते हुए परिस्थितिकी रूप से संवेदनशील क्षेत्रों को भी इसके दायरे में लाने की बात जो रिपोर्ट में उठाई गई है, उस पर गंभीरता से विचार करने की जरूरत है। कचरा प्रबंधन की समस्या पर सर्वोच्च न्यायालय की सक्रियता प्रशंसनीय है। सरकारों को भी बहुस्तरीय रणनीति अपनाने हुए जीवाश्म ईंधन पर निर्भरता कम करने, स्वच्छ ऊर्जा को ग्रामीण क्षेत्रों तक पहुंचाने और प्रदूषण निगरानी नेटवर्क को मजबूत करने की जरूरत है। हालांकि नागरिकों की जागरूक भागीदारी के बिना ये प्रयास शायद ही अपने उद्देश्यों में सफल हो सकेंगे।

देश के बड़े हिस्से में झुलसा रही गर्मी, बांदा 47.6° के साथ सबसे गर्म

पश्चिमी विक्षोभ के चलते 29 मई से कई इलाकों में पारा 6 से 8 डिग्री गिरने के आसार

अमर उजाला नेटवर्क



बीकानेर में बृहस्पतिवार को चिलचिलाती धूप में काम पर जाती श्रमिक महिलाएं। ए.पी.ए.

नई दिल्ली। उत्तर भारत मंगलवार को भी भीषण गर्मी और सू की खपेट में रहा। यूपी के बादा में लगातार 8वें दिन तापमान 47.6 डिग्री पार रहा। हरियाणा का सिस्मा 46 डिग्री में तापता रहा। दिल्ली, एनसीआर, पश्चिमी उत्तर प्रदेश, मध्य प्रदेश, राजस्थान, छत्तीसगढ़, हरियाणा, पंजाब समेत कई राज्यों में अधिकतम तापमान 45 डिग्री के करीब बना हुआ है और बड़े इलाकों में सू चलती रही।

मई के अंतिम सप्ताह में शुरू होने वाला नौतपा इस बार भी भीषण गर्मी लेकर आया है। दरअसल नौतपा वर्ष के सबसे गर्म नौ दिनों की अवधि मानी

जाती है, जब सूर्य कर्क रेखा की ओर बढ़ता है और मैदानी इलाकों में तापमान 45 से 50 डिग्री सेल्सियस तक पहुंच जाता है। मौसम विभाग का कहना है कि फिलहाल भीषण गर्मी का

यह दौर कम से कम तीन दिन और जारी रहेगा। मौसम विभाग के अनुसार 28 मई तक उत्तर-पश्चिम भारत के अधिकांश हिस्सों में तापमान में कोई बड़ी कमी आने की संभावना नहीं है।

हालांकि 29 से 31 मई के बीच नए पश्चिमी विक्षोभ के असर से तापमान में 6 से 8 डिग्री सेल्सियस तक गिरावट दर्ज की जा सकती है। इस दौरान कई राज्यों में धूल भरी आंधी, गरज-चमक के साथ बारिश और तेज हवाएं चलने के आसार हैं। धूल भरी आंधी और हल्की बारिश से तपिश कम होगी, लेकिन गर्मी पूरी तरह खत्म होने में अभी समय लगेगा। हालांकि, कमजोर पश्चिमी विक्षोभ, चक्रवाती परिसंचरण और टूफ लाइन के असर से देश के कई हिस्सों में मौसम तेजी से बदल भी रहा है। बिहार, झारखंड, कर्नाटक और कई दक्षिणी राज्यों में तेज हवाओं के साथ गरज-चमक और बारिश होने की संभावना है।

राजधानी दिल्ली में बारिश से बदलेगा मौसम

मौसम विभाग के अनुसार 28 मई से एक नया पश्चिमी विक्षोभ सक्रिय होगा। इसके प्रभाव से पंजाब, हरियाणा, चंडीगढ़ और दिल्ली में 28 और 29 मई को गरज-चमक के साथ बारिश और 50 से 60 किलोमीटर प्रति घंटे की रफ्तार से तेज हवाएं चल सकती हैं। कुछ इलाकों में हवा की गति 70 किलोमीटर प्रति घंटा तक पहुंचने की संभावना है। पश्चिमी उत्तर प्रदेश में 28, 30 और 31 मई को तथा पूर्वी उत्तर प्रदेश में 28 और 31 मई को आंधी और बारिश का अनुमान जताया गया है।

दक्षिण में भी होगी बारिश : केरल, तमिलनाडु, कर्नाटक और आंध्र प्रदेश के कई हिस्सों में गरज-चमक के साथ बारिश होने की संभावना है। केरल और तमिलनाडु में भारी बारिश को लेकर वेरो अलर्ट जारी किया गया है। अरब सागर और बंगाल की खाड़ी में भी 40 से 60 किलोमीटर प्रति घंटे की रफ्तार से तेज हवाएं चलने का अनुमान है। मछुआरों को समुद्र में न जाने की सलाह दी है।

पूर्वोत्तर में भारी बारिश का अलर्ट

पूर्वोत्तर भारत में लगातार भारी बारिश जारी है। असम, मेघालय, नागलैंड, मणिपुर, मिजोरम व त्रिपुरा के कई हिस्सों में भारी से बहुत भारी बारिश दर्ज की गई है। चंद्रपूर में 7 सेंटीमीटर और अगरतला में 8 सेंटीमीटर बारिश रिकॉर्ड की गई। मौसम विभाग ने 26 मई को असम व मेघालय के कुछ हिस्सों में 115.6 से 204.4 मिलीमीटर तक बहुत भारी बारिश का अनुमान जताया है।

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जहा

जम्मू-कश्मीर के पुरुष और केरल की महिलाएं सबसे ज्यादा जी रहीं जिंदगी

अजीत खरे

नई दिल्ली। बेहतर चिकित्सा सुविधाओं, आधुनिक इलाज, टीकाकरण और जीवन स्तर में सुधार के चलते देश में लोगों की औसत उम्र लगातार बढ़ रही है। जनगणना महारजिस्ट्रार की हाल में जारी वर्ष 2020-24 की जीवन प्रत्याशा रिपोर्ट के अनुसार, देश में औसत जीवन प्रत्याशा बढ़कर 70.6 वर्ष हो गई है। यह 2019-23 की तुलना में 0.3 वर्ष अधिक है।

जीवन प्रत्याशा रिपोर्ट में खुलासा, देश में बढ़ी औसत उम्र

रिपोर्ट के मुताबिक, जीवन प्रत्याशा सबसे कम छत्तीसगढ़ में 64.7 वर्ष और सबसे अधिक केरल में 75.6 वर्ष दर्ज की गई है। जन्म के समय पुरुषों की जीवन प्रत्याशा जम्मू-कश्मीर में सर्वाधिक 73.8 वर्ष रही, जबकि महिलाओं की जीवन प्रत्याशा केरल में सर्वाधिक दर्ज की गई। इसके बाद महिलाओं के मामले में हिमाचल प्रदेश और दिल्ली का स्थान

है। महिलाओं-पुरुषों दोनों के लिए छत्तीसगढ़ में जीवन प्रत्याशा सबसे कम पाई गई।

महिलाओं के मामले में बिहार व उत्तर प्रदेश भी निचले राज्यों में शामिल रहे। राष्ट्रीय स्तर पर महिलाओं की औसत जीवन प्रत्याशा पुरुषों से करीब 4.1 वर्ष अधिक है। महिला-पुरुष जीवन प्रत्याशा के बीच सबसे ज्यादा अंतर हिमाचल में दर्ज किया गया, जहां यह करीब 7.1 वर्ष

रहा। वहीं 70 वर्ष की उम्र पर यह अंतरराष्ट्रीय स्तर पर करीब 1.4 वर्ष है। 85 वर्ष से अधिक आयु वर्ग को छोड़ पुरुषों के करीब सभी आयु वर्गों में जम्मू-कश्मीर में सर्वाधिक जीवन प्रत्याशा है। 85 वर्ष से अधिक आयु वर्ग में ओडिशा के पुरुषों की जीवन प्रत्याशा सबसे अधिक रही। दूसरी ओर महिलाओं के सभी आयु वर्गों में छत्तीसगढ़ में सबसे कम जीवन प्रत्याशा दर्ज की गई, जबकि 85 वर्ष से अधिक आयु वर्ग में बिहार सबसे नीचे रहा।

शहरी क्षेत्रों में रहने वालों की जीवन प्रत्याशा अधिक

शहरी व ग्रामीण क्षेत्रों के आंकड़ों में भी अंतर है। रिपोर्ट के अनुसार, जन्म के समय व 70 वर्ष की आयु पर शहरी क्षेत्रों में जीवन प्रत्याशा गांवों के मुकाबले अधिक है। इसलिए केरल व उत्तराखंड में जन्म के समय ग्रामीण क्षेत्रों की जीवन प्रत्याशा अधिक है। वहीं, 70 वर्ष की आयु पर उत्तराखंड, तेलंगाना, हिमाचल, केरल, हरियाणा, छत्तीसगढ़ व झारखंड में गांवों की जीवन प्रत्याशा शहर से अधिक है।

प्रस्तावित समझौते को कनाडाई श्रमिकों और व्यवसायों के लिए गेम चेंजर बताया।

दुनिया हर हफ्ते खड़ा कर रही एक नया पेरिस... ऊर्जा और प्रदूषण के संकट को आमंत्रण दे रहा है इन्सान गर्म भट्टियों में बदलते जा रहे हैं भारत जैसे देशों के अधिकांश बड़े शहर

अप्पर उजाला नेटवर्क

नई दिल्ली। इन्सान अपने लिए विलासिता पूर्ण घर, ऊंची इमारतें और आधुनिक शहर तो तेजी से बना रहा है, लेकिन इसी रफ्तार से वह धरती को कंक्रीट के ऐसे जाल में भी बदलता जा रहा है जो जलवायु संकट, बढ़ती गर्मी, प्रदूषण और ऊर्जा संकट को आमंत्रण दे रहा है।

संयुक्त राष्ट्र पर्यावरण कार्यक्रम (यूएनईपी) और ग्लोबल एलायंस फॉर बिल्डिंग्स एंड कंस्ट्रक्शन की नई रिपोर्ट के मुताबिक दुनिया में हर दिन करीब 1.27 करोड़ वर्ग मीटर नए निर्माण हो रहे हैं। यही वजह है कि दुनिया हर हफ्ते लगभग एक नया पेरिस खड़ा कर रही है। रिपोर्ट बताती है कि निर्माण क्षेत्र अब वैश्विक कार्बन उत्सर्जन

1.27

करोड़ वर्ग मीटर बड़े क्षेत्र में रोजाना हो रहा नया निर्माण

का 37% और ऊर्जा खपत का 28% हिस्सा बन चुका है। तेजी से बढ़ते शहरीकरण, पेड़ों की कटाई और कंक्रीट के फैलते जंगलों ने खासकर भारत जैसे देशों में शहरों को गर्म भट्टियों में बदलना शुरू कर दिया है।

संयुक्त राष्ट्र की रिपोर्ट के अनुसार 2024 में दुनिया भर में इमारतों का कुल क्षेत्रफल 1.7% बढ़कर 27,300 करोड़ वर्गमीटर तक पहुंच गया। विकासशील और तेजी से शहरीकरण वाले देशों में निर्माण गतिविधियां तेजी से बढ़ रही हैं। भारत, दक्षिण-पूर्व एशियाई देशों में बुनियादी ढांचा विस्तार के चलते पर्यावरणीय दबाव बढ़ रहा है।

- **2050 तक आधी दुनिया की इमारतें बननी बाकी...** यूएनईपी की कार्यकारी निदेशक इंगर एंडरसन ने कहा, घर, स्कूल, अस्पताल और दफ्तर केवल ईट-पत्थर की संरचनाएं नहीं, बल्कि इंसानी जीवन की बुनियाद हैं। यदि इन्हें सही तरीके से बनाया जाए तो ये लोगों को सुरक्षित और बेहतर जीवन दे सकते हैं। उन्होंने चेतावनी दी कि 2050 तक दुनिया की आधी इमारतों का निर्माण या पुनर्निर्माण अभी बाकी है। ऐसे में सरकारों के पास नीति बदलने का यह सबसे महत्वपूर्ण अवसर है। विशेषज्ञों का अनुमान है, इमारतों की ऊर्जा दक्षता सुधारने और स्वच्छ निर्माण तकनीकों को बढ़ावा देने के लिए 2030 तक करीब 5.9 ट्रिलियन डॉलर के निवेश की जरूरत होगी।

- **संतुलन की चुनौती :** विशेषज्ञों का मानना है, आने वाले वर्षों में शहरों का विस्तार रुकने वाला नहीं है, इसलिए चुनौती निर्माण रोकने की नहीं बल्कि उसे टिकाऊ बनाने की है। ऊर्जा दक्ष इमारतें, हरित क्षेत्र, प्राकृतिक जल स्रोतों का संरक्षण और अक्षय ऊर्जा आधारित शहरी ढांचा ही भविष्य के शहरों को रहने योग्य बनाए रख सकता है। यदि वर्तमान मॉडल पर ही विकास जारी रहा तो गर्मी, प्रदूषण और ऊर्जा संकट आने वाले दशकों में बड़े शहरों के लिए चुनौती बन सकते हैं।

एलिवेटेड सड़क बनेगी।

चार बड़े अस्पतालों में नर्सों की हड़ताल

नई दिल्ली, प्र.सं.। ठेके पर नर्सों की नियुक्ति के खिलाफ ऑल इंडिया गवर्नमेंट नर्सिंग फेडरेशन के नेतृत्व में दूसरे दिन भी हड़ताल जारी रही।

नर्सिंग कर्मचारियों ने मंगलवार को लेडी हार्डिंग मेडिकल कॉलेज के सुचेता कृपलानी, कलावती सरन बाल चिकित्सालय, आरएमएल और सफदरजंग अस्पताल में सुबह नौ से 11 बजे के बीच दो घंटे की सांकेतिक हड़ताल की। फेडरेशन का कहना है कि यदि बहुत आवश्यक है तो बाकायदा विज्ञापन जारी कर छह माह या एक निश्चित अवधि के लिए नियुक्ति की जाए। फेडरेशन ने सरकार से उभकी मांगें मानने का आग्रह किया है।

बनाने का विचार आया था।

यहां टप काम आता है।

उपयोग किया गया है।

हिंदुस्तान

रक्त की बूंद से 10 हजार गुना सटीक कैंसर टेस्ट

तकनीक

बीजिंग, एजेंसी। चीन के वैज्ञानिकों ने कैंसर का पता लगाने वाली एक ऐसी तकनीक विकसित की है, जो भविष्य में घर बैठे जांच को संभव बना सकती है।

वेस्टलेक विश्वविद्यालय के वैज्ञानिकों ने एक हाथ में समा जाने वाला डिवाइस बनाया है, जो पारंपरिक मशीनों की तुलना में 10 हजार गुना अधिक सटीक है।

इस डिवाइस में एक विशेष 3डी नैनोफोटोनिक चिप का इस्तेमाल किया

गया है। यह प्रकाश की तरंगों के बजाय उसकी तीव्रता को मापता है, जिससे रक्त में होने वाले सूक्ष्म बदलावों को पकड़ा जा सकता है। इससे कैंसर का शुरुआती स्टेज में ही पता लगाया जा सकेगा। टीम इस चिप की निर्माण लागत कम करने पर काम कर रही है,

ताकि इसे आम लोगों तक पहुंचाया जा सके। इसका उपयोग दूरदराज के इलाकों में किया जा सकेगा।

विशेषज्ञों का मानना है कि ऐसी तकनीक भविष्य में कैंसर जांच को तेज, सस्ती और आसान बना सकती है।

सूरज के तेवरों पर लगेगा ब्रेक! 29 मई से तपती दिल्ली को मिलेगी ठंडी सांस

बारिश, धूल भरी आंधी और ठंडी हवाओं से 7 डिग्री तक लुढ़केगा पारा

करीब 6 घंटे बेहद खराब रहा प्रदूषण का स्तर

■ NBT रिपोर्ट, नई दिल्ली

महज एक दिन और... फिर झुलझुलाने वाली इस गर्मी से कुछ दिनों के लिए छहत मिल जाएगी। 29 मई से एक जून तक मौसम खुशनुमान रहने वाला है। तापमान मौजूदा स्तर से 5 से 6 डिग्री कम रहेगा। इसके बाद गर्मी खेड़ी तेज हो सकती है। मंगलवार को भी रोज की तरह गर्मी सुबह से ही शुरू हो गई। न्यूनतम तापमान में बीते सोमवार की तुलना में बढ़ी गिरावट हुई। मंगलवार को न्यूनतम तापमान 26.8 डिग्री रहा। यह सामान्य से 0.2 डिग्री अधिक रहा। सोमवार को यह 32.4 डिग्री के स्तर पर पहुंच गया था। वहीं अधिकतम तापमान बीते कई



मंगलवार को गर्मी सुबह से ही शुरू हो गई, न्यूनतम तापमान भी 26.8 डिग्री रहा

दिन की तरह 43.5 डिग्री बना रहा। यह सामान्य से 3.1 डिग्री अधिक है। पलम का अधिकतम तापमान 44 डिग्री, लोदी रोड का 43.8 डिग्री, रिज का 44.6 डिग्री और आया नगर का 44.8 डिग्री रहा। बुधवार को लू की स्थिति बनी रह सकती है। अधिकतम तापमान 45 और न्यूनतम तापमान 28 डिग्री तक रहेगा। जमीनी सतह पर हवाएं तेज चलेगी। गुरुवार से तापमान में कमी आना शुरू हो जाएगी। दोपहर के समय कुछ जगहों पर आंधी के साथ हल्की बूदाबादी हो सकती है। आंधी के दौरान हवाओं की गति 50 से 60 किमी प्रति घंटे की रह सकती है। अधिकतम तापमान 43 और न्यूनतम 29 डिग्री रह सकता है। शुक्रवार को गर्मी से बड़ी राहत मिलेगी। 29 से 31 मई तक तापमान 35 से 36 डिग्री के आसपास बना रहेगा।

जून की शुरुआत साफ मौसम से

■ जून की शुरुआत साफ मौसम से होगी। मौसम शुष्क हो जाएगा। तापमान कम रहेगा, लेकिन उमस परेशान करेगी। अधिकतम तापमान 37 और न्यूनतम 27 डिग्री रह सकता है। वहीं फंड्र दिन का हाल बताने वाली कुछ वेकसाइट्स के अनुसार 2 से 4 जून के बीच अधिकतम तापमान 40 डिग्री के आसपास रहेगा। न्यूनतम तापमान 29 से 31 डिग्री तक रह सकता है।

स्काईमेट के अनुसार शुक्रवार से दिल्ली-एनसीआर में सामान्य प्री मॉनसून गतिविधियां शुरू होने की संभावना है। इनमें गरज चमक, धूल भरी आंधी और तेज बारिश भी शामिल है। इस वजह से लू की स्थिति खत्म हो जाएगी। 28 मई को एक वेस्टर्न डिस्टर्बेंस उत्तर भारत पर असर डालेगा। 28 से 31 मई के बीच गरज-चमक और धूलभरी आंधी चल सकती है।

सुबह 10 बजे तक राजधानी की हवा करीब छह घंटे तक बेहद खराब स्तर पर रही। इस गर्मी के सीजन में यह पहला मौका रहा जब AQI 300 से अधिक रहा। हालांकि सुबह हवा तेज धली, धूप खिली जिसकी वजह से प्रदूषण में तेजी से कमी आई। वहीं बीते तीन दिनों से वेबसाइट पर प्रदूषण का पूर्वानुमान भी जारी नहीं किया जा रहा है। सुबह आठ बजे राजधानी का AQI 305



इस गर्मी के सीजन में पहली बार हुआ बेहद खराब

रहा। 10 बजे तक इसका स्तर कम होकर 301 आया। 11 बजे तक यह कम होकर 300 से नीचे पहुंच गया। केंद्रीय प्रदूषण नियंत्रण बोर्ड (CPCB) के शाम चार बजे के एयर बुलेटिन के अनुसार दिल्ली का औसत AQI 252 रहा। मुख्य प्रदूषक पीएम 10 रहा। फरीदाबाद का AQI 213, गाजियाबाद का 297, ग्रेटर

नोएडा का 332, गुरुग्राम का 180 और नोएडा का AQI 244 रहा। शाम चार बजे तक कुछ जगहों का AQI 300 से अधिक ही रहा। अलीपुर का 302, आनंद विहार का 331, जहांगीरपुरी का 334, नरेला का 306, रोहिणी का 309 और वजीरपुर का AQI 322 रहा। पांच जगहों का AQI सामान्य यानी 200 के नीचे रहा। इनमें दिल्ली कैट का 131, चांदनी चौक का 198, ITO का 156 रहा।

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अक्टूबर तक धूल कम, 15 सिग्नल-फ्री कॉरिडोर का लक्ष्य

सर्दियों से पहले केंद्र सरकार का बड़ा एक्शन प्लान, पर्यावरण मंत्री भूपेंद्र यादव की बैठक में बड़ा फैसला

■ NBT रिपोर्ट, नई दिल्ली

दिल्ली की खराब हवा को लेकर केंद्र सरकार ने सर्दियों से पहले बड़ा एक्शन प्लान तैयार किया है। केंद्रीय पर्यावरण मंत्री भूपेंद्र यादव ने मंगलवार को दिल्ली सरकार के साथ समीक्षा बैठक कर साफ कहा कि अब हर विभाग को तय समय में काम पूरा करना होगा। बैठक में मुख्यमंत्री रेखा गुप्ता समेत कई वरिष्ठ अधिकारी मौजूद रहे।



बैठक में केंद्रीय मंत्री भूपेंद्र यादव और सीएम रेखा गुप्ता

सड़क किनारे हरियाली बढ़ाने पर दिया जोर

सरकार ने माना कि सड़क की धूल दिल्ली के प्रदूषण की बड़ी वजह है। इसी को देखते हुए अक्टूबर 2026 तक सड़क सुधार और धूल रोकने वाले काम पूरे करने के निर्देश दिए गए हैं। सड़क किनारे हरियाली बढ़ाने और खाली जगहों पर पौधे लगाने पर भी जोर दिया गया।



सफाई मशीनें और डीप क्लीनिंग

बढ़ेगी: रोड क्लीनिंग को तेज करने के लिए 78 बड़ी और मीडियम रोड स्वीपिंग मशीनें लगाने की तैयारी है। 1000 लीटर पिकर तैनात करने का लक्ष्य है। सरकार का कहना है कि गहरी सफाई और पानी के छिड़काव से हवा में कण कम होंगे।



इलेक्ट्रिक बसों और EV

चारिजिंग पर जोर: इलेक्ट्रिक बसों की संख्या बढ़ाने और तेजी से EV चार्जिंग स्टेशन बनाने को कहा गया। सरकार चाहती है कि लोग ज्यादा से ज्यादा सार्वजनिक परिवहन का इस्तेमाल करें।

15 सिग्नल-फ्री कॉरिडोर बनाने की तैयारी: दिल्ली में ट्रैफिक जाम और गाड़ियों के धुएँ को कम करने के लिए 15 सड़कों को सिग्नल-फ्री कॉरिडोर बनाने का लक्ष्य रखा गया है। साथ ही बड़े प्रदूषण हॉटस्पॉट चिह्नित कर वहाँ विशेष अभियान चलाने की योजना बनाई गई है।



पुराने वाहनों और बॉर्डर

निगरानी पर सख्ती: सरकार ने पुराने और प्रदूषण फैलाने वाले वाहनों पर भी सख्ती बढ़ाने के निर्देश दिए हैं। सितंबर 2026 तक दिल्ली बॉर्डर पर ANPR कैमरे लगाने की तैयारी है ताकि वाहनों की निगरानी बेहतर हो सके।



कचरा जलाने पर जीरो

टॉलरेंस: सर्दियों में कचरा जलाने की घटनाओं पर चिंत जताते हुए केंद्र सरकार ने जीरो टॉलरेंस नीति अपनाने को कहा है। मजदूरों के लिए उठ में घमं रहने की व्यवस्था करने की अपील की गई ताकि आम जलाने से बचे।

NBT

एक साल ऑक्सिजन सपोर्ट पर रहीं, सफल ट्रांसप्लांट के बाद मिली राहत दोनों लंग्स के ट्रांसप्लांट से मिली नई ज़िंदगी

■ NBT रिपोर्ट, नई दिल्ली

गंभीर लंग्स की बीमारी से जूझ रही फरीदाबाद की 65 वर्षीय महिला के लिए लंग्स ट्रांसप्लांट किसी नए जीवन से कम नहीं रहा। एक साल पहले तक वह हर समय ऑक्सिजन सपोर्ट पर निर्भर थीं और रोजमर्रा के छोटे-छोटे काम भी उनके लिए चुनौती बन चुके थे। अब दोनों सफल लंग्स ट्रांसप्लांट के बाद वह बिना ऑक्सिजन के सामान्य जीवन जी रही हैं। यह ट्रांसप्लांट दिल्ली के किसी प्राइवेट अस्पताल में पहली बार किया गया था। महिला स्कलेरोडर्मा नामक ऑटोइम्यून बीमारी से पीड़ित थीं, जिसके कारण उनके लंग्स बुरी तरह



AI Image

15 से 20% ही ट्रांसप्लांट के लिए उपयुक्त

डॉक्टरों का कहना है कि लंग ट्रांसप्लांट चिकित्सा क्षेत्र की सबसे जटिल प्रक्रियाओं में गिना जाता है। दान किए गए फेफड़ों में से केवल 15 से 20 फीसंट ही ट्रांसप्लांट के लिए उपयुक्त होते हैं, जबकि कई मरीज अंग मिलने से पहले ही दम तोड़

देते हैं। ऐसे में इस उम्र और गंभीर बीमारी से जूझ रही महिला का एक साल तक स्वस्थ रहना बड़ी सफलता माना जा रहा है। मरीज ने बताया कि पहले वह चौबीसों घंटे ऑक्सिजन पर रहती थीं और अब अपने दैनिक काम खुद कर पा रही हैं।

क्षतिग्रस्त हो गए थे। उनकी इंटरस्टिशियल लंग्स डिजीज अंतिम चरण में पहुंच चुकी थी। हालत इतनी गंभीर थी कि उन्हें हर मिनट 4 से 5 लीटर ऑक्सिजन की जरूरत पड़ती थी। इसके बाद अपोलो में उनका बाईलेटरल यानी दोनों लंग्स ट्रांसप्लांट

किया गया। यह संभव हो पाया नोएडा के एक 48 वर्षीय ब्रेनडेड मरीज के परिवार के अंगदान के फैसले की वजह से। अपोलो हॉस्पिटल के कार्डियोथोरेसिक सर्जन डॉ. मुकेश गोयल ने कहा कि मरीज एक साल से स्वस्थ हैं, जो हमारे इस लक्ष्य की दिशा

में एक बड़ी उपलब्धि है। वहीं, डॉ. अवधेश बंसल ने कहा कि जब मरीज हमारे पास पहुंचीं, तब उनके फेफड़े तेजी से खराब हो रहे थे। उन्हें लगातार ऑक्सिजन सपोर्ट की जरूरत थी। आज वह एक स्वस्थ जीवन जी रही हैं, जो बहुत ही खुशी की बात है।

NBT

इबोला पर भारत अलर्ट, 11 अफ्रीकी देश रिस्क ज़ोन में

■ NBT रिपोर्ट, नई दिल्ली

अफ्रीका में इबोला वायरस के बढ़ते खतरे ने दुनिया भर की स्वास्थ्य एजेंसियों की चिंता बढ़ा दी है। अब तक करीब 220 संदिग्ध मौतों की खबरों के बीच विश्व स्वास्थ्य संगठन (WHO) ने 11 अफ्रीकी देशों के लिए हाई अलर्ट जारी किया है। इसके बाद भारत सरकार भी पूरी तरह सतर्क हो गई है और देश में इबोला की एंट्री रोकने के लिए निगरानी व्यवस्था कड़ी कर दी गई है। केंद्रीय स्वास्थ्य मंत्रालय के निर्देश



पर अंतरराष्ट्रीय यात्रियों की स्क्रीनिंग सभी प्रमुख एंट्री पॉइंट्स पर तेज कर दी गई है। दिल्ली, बेंगलुरु, मुंबई और विजयवाड़ा समेत कई एयरपोर्ट पर स्वास्थ्य टीमों तैनात हैं, जो अफ्रीकी देशों से आने वाले यात्रियों की जांच कर रही हैं।

में दिनभर दमकल कमचारा दाड़त सूचनाए ह। कइ जगहा पर झांगर्या, साम

आर्थराइटिस से हैं परेशान तो गंगाराम अस्पताल के विशेषज्ञ से आज करें बात



वि. नई दिल्ली: बदलती जीवनशैली, बढ़ती उम्र और गलत खानपान के



डा. अनंत कुमार
तिवारी •

संख्या में लोग परेशान हैं। समय रहते सही इलाज और सावधानी से इन समस्याओं को काफी हद तक नियंत्रित किया जा सकता है।

कारण हड्डी और जोड़ों की बीमारियां तेजी से बढ़ रही हैं। विशेष तौर पर आर्थराइटिस और

आस्टियोआर्थराइटिस से बड़ी

इन्हीं विषयों पर लोगों को जागरूक करने और सही सलाह देने के लिए दैनिक जागरण के लोकप्रिय कार्यक्रम 'हेलो जागरण' में विशेषज्ञ चिकित्सक से मुफ्त परामर्श का आयोजन किया जा रहा है। यह कार्यक्रम दैनिक जागरण एवं 'ट्रीटमेंट जरूरी है' बाई मेरिल के सहयोग से आयोजित किया जा रहा है। यदि आप हड्डी एवं जोड़ संबंधी किसी समस्या से परेशान हैं या ज्वाइंट रिप्लेसमेंट सर्जरी के बारे में जानकारी लेना चाहते हैं, तो बुधवार 27 मई को दोपहर 12:30 बजे से 1:30 बजे तक मोबाइल नंबर 97118 80188 पर काल कर विशेषज्ञ से मुफ्त सलाह ले सकते हैं। आपके सवालों के जवाब सर गंगाराम अस्पताल के एआइ एंड रोबोटिक ज्वाइंट रिप्लेसमेंट सेंटर के चेयरमैन डा. अनंत कुमार तिवारी देंगे।

She cited no specific cause of death, but said he had been

part couple in years. From his early days as a teen

on a friend, stayed after watching Mick Jagger dance.

January 1988 the US embassy evacuate its diplomatic staff

late Monday.

eriment workers and the DOW

CELEBRATION

Indian Express

• LONDON RECORDED A RARE 'TROPICAL NIGHT,' DEFINED AS ONE IN WHICH THE TEMPERATURE DOES NOT FALL BELOW 20 CELSIUS

Exceptionally early heat wave in Europe shatters records and brings deaths

All Lawless
London, May 26

TEMPERATURE RECORDS have toppled as a spring heat wave continued to scorch parts of Western Europe on Tuesday, triggering government warnings about risks to life. Several drownings were reported in Britain and France as people tried to cool down.

London recorded a rare "tropical night," defined as one in which the temperature does not fall below 20 Celsius (68 Fahrenheit), and Britain's Met Office weather service said the temperature in southern England could reach 35 C (95 F) on

Tuesday.

Monday was the U.K.'s hottest May day on record, with the temperature hitting 34.8 C (94.6 F) at Kew Gardens in London, smashing the previous record of 32.8 C (91.4 F) set in 1922 and 1944. Records also fell in France, where temperatures reached 36 C (97 F) on Monday and widely remained above 20 C (68 F) at night.

The national weather service, Météo-France, said a "heat dome," with heat held in place by a high-pressure weather front, was producing temperatures more than 10 degrees Celsius above what used to be usual for this time of year.

Unpredictable and extreme weather are becoming more frequent as Earth's warming builds. Experts say unprecedented and deadly weather extremes that sometimes strike at abnormal times and in unusual places are putting more people in danger.

After a UK long weekend that sent people flocking to beaches, pools and shady parks, London commuters sweltered on Tuesday in subway carriages without air conditioning. Trains to and from the busy Waterloo station were disrupted by a report of smoke on the tracks.

In Scotland, firefighters



A man sleeps on the street in London during a heatwave, after the UK recorded its hottest May on Tuesday, Reuters

worked through the night to douse a grass fire that sent smoke billowing from Arthur's Seat, the rocky hill that looms

over Edinburgh.

The U.K. Health Security Agency issued an amber health alert for large parts of the country through Thursday, warning of a potential health risk, particularly among older people, at the hottest times of the day. The U.K. is used to moderate temperatures, and many homes, schools and businesses do not have air conditioning.

13-year-old boy died in the water of a reservoir in Halifax, northern England, on Monday, police said.

French government spokesperson Maud Bregeon said there have been reports of at

least seven deaths potentially related to high temperatures, including five drownings and two deaths in sports competitions.

The early heatwave has struck before the annual summer window when lifeguards watch over bathers at popular beaches, increasing risks.

On France's Atlantic seaboard, where magnificent beaches have powerful riptides, officials reported a rash of emergencies in the surf with two drowning deaths on Sunday at popular resorts in the Gironde region in the southwest.

The top regional adminis-

trator, Sophie Broca, urged beachgoers "to exercise the most caution."

The unseasonable heat extended to Spain, where water service spokesperson Ribo del Campo said "we find ourselves with temperatures normally seen in the middle of the summer now in the month of May."

He said Seville hit 38 C (100 F) over the weekend, while large parts of the peninsula saw temperatures 5 to 10 degrees Celsius higher than normal.

And in Rome, temperatures were expected to reach 32 degrees C (89.6 F) on Tuesday.



New Delhi

Eye on dust mitigation, Delhi to redevelop 5 key corridors

A look at the revamp plan

Five key traffic-heavy stretches are set to transform into dust-free, green corridors



Corridor 1: Minto Road-Aruna Asaf Ali Marg-Jawaharlal Nehru Marg-Delhi Gate

Corridor 2: Minto Road, ITO, Laxmi Nagar, Karkardooma

Corridor 3: Netaji Subhash Marg-Shanti Van-Mahatma Gandhi Marg (along Yamuna)-ITO-IT Estate Metro Station

Corridor 4: Dhaula Kuan-Jail

Road/Cariappa Marg-Tilak Nagar Crossing

Corridor 5: Uttam Nagar-Tilak Nagar-Rajouri Garden on Najafgarh Road

Express News Service
New Delhi, May 26

THE DELHI Government is set to revamp five busy corridors in the Capital as "model road" stretches in an effort to transform them into dust-free, green, and pedestrian-friendly transit corridors with round-the-clock activity, officials said on Tuesday.

As per officials, the five key roads identified for the "model road" project on a pilot basis are: Minto Road-ITO-Karkardooma; Minto Road-Aruna Asaf Ali Marg-Jawaharlal Nehru Marg-Delhi Gate; Netaji Subhash Marg-Shanti Van-Mahatma Gandhi Marg (along the Yamuna)-ITO-IT Estate Metro Station; Dhaula Kuan-Jail Road/Cariappa Marg-Tilak Nagar Crossing and Uttam Nagar-Tilak Nagar-Rajouri Garden on Najafgarh Road, officials added.

Once redevelopment is completed, officials said, the five corridors will not only serve as models of dust mitigation but will also be transformed into green, pedestrian-friendly, employment-oriented, and recreational stretches functional on a 24x7 basis.

Meanwhile, LG Taranjit Singh Sandhu chaired a meeting on Tuesday to review the progress made so far in the redevelopment of these corridors

through coordination between the School of Planning and Architecture (SPA) and the respective road-owning agencies.

Officials said the LG emphasised that the transformation should aim at making these heavily traffic-laden stretches totally free of road dust and the resultant ambient air pollution, as outlined by the Commission for Air Quality Management.

"The LG also stressed that the exercise should succeed in bringing the people of the city close to these stretches of roads so as to instil ownership of these public assets in them. This, in turn, will ensure safety, security, and proper maintenance, apart from providing much-needed open recreational spaces," an official said.

On the concept of the model

road, a senior official said the roads will be equipped with a fool-proof stormwater drainage system to ensure that no flooding takes place, which will consequently prevent silt from being left behind. With flooding brought under control, commuting and traffic flow during rains will be smoother, and the absence of silt will ensure there is no dust pollution.

Officials also said that the central verges along these stretches will be developed scientifically, with grass carpeting and a piped watering facility, thereby eliminating silt spillage caused when tankers are used for watering. "This... will also result in ending the traffic congestion caused due to the movement of slow-moving water tankers," the official said.

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'Smells like sewage': Gulmohar Park residents complain of dirty water, illnesses

Sophiya Mathew
New Delhi, May 26

OVER LAST one week, residents of South Delhi's Gulmohar Park have been alleging severe contamination in drinking water supply, with many reporting foul-smelling, yellow and murky water as well as multiple cases of illness and hospitalisation, prompting inspections and repair work by the Delhi Jal Board (DJB).

Many families have shut off their DJB connections and are relying on private tankers, as fears grow over possible sewage mixing with drinking water in underground pipelines.

An emergency meeting was convened on Tuesday between the affected residents and local

MLA Satish Upadhyay — also the nominated DJB chairman — as authorities attempted to identify the source of the contamination affecting households in A, B, C and D blocks.

Upadhyay said DJB officials traced the possible contamination points to illegal makeshift toilets set up amid ongoing construction activity behind B-40 and B-46 homes, along with an old pipeline near a drain close to Gate 2 that had not been properly sealed. "Whenever a new house is built, a new connection for water is laid. But the old pipeline along these houses was left redundant... as the pipelines are interconnected, water started getting sucked from there," he said.

Upadhyay added that while

illegal makeshift toilets had been demolished and old pipelines plugged, repair work around the drain area had been initiated. "We have requested MCD to take legal action and issue notices. The DC (South) has also been informed," he said.

Residents said DJB teams spent much of Tuesday digging up stretches to inspect damaged pipelines and identify possible leak points between sewer and drinking water lines.

According to the residents, more than 80 complaints have been filed on the Chief Minister's grievance portal regarding the issue. They alleged the contamination has led both senior citizens and children to catch diarrhoea and infections. Some have also been hospitalised.



No clear water at Gulmohar Park; a resident develops skin rash. (ISHA TOBACU)

"Four residents are in the hospital. There may be far more. The water supply is not only muddy, it also contains pathogens... maybe that is what is causing diarrhoea," resident

Subrat Birla said. "We have more than 50 cases, every day it's increasing. Even after boiling water we are not sure, so people are buying drinking water," he added.

Residents said the problem began around a week ago with complaints from a few homes before spreading rapidly across multiple blocks over the last two to three days. "The water smells bad, tastes bad, and is also yellow," said one. "Four senior citizens are in the hospital because of diarrhoea. Two children have also been impacted."

An 18-month-old child was hospitalised on Tuesday, residents claimed, while several others reported gastrointestinal illness and skin irritation.

"It is contaminated with faecal matter. We have cleaned the tanks and plugged the DJB supply. Chlorine etc will not be of much use," a resident from B Block alleged in a message circulated among residents.

Residents who attended Tuesday's meeting said that DJB officials have advised them not to use the water supply until the issue is resolved. They alleged that demand for water supply by tankers has surged sharply, with many depending either on DJB or private suppliers.

The Gulmohar Park Joint Citizens Welfare Association had written to authorities on May 23. "Residents are falling sick. Please correct the problem on an urgent basis," the complaint by RWA president Nirupama Verma said.

Residents said the colony, developed in the early 1970s and home to a large elderly population, has an ageing underground pipeline net-

work. Many also alleged the low water pressure and intermittent supply may have worsened the contamination risk. "Everybody has online meter now. These suck in even dirty water during low-pressure hours," one resident said.

Some said they were relying entirely on tankers. "I drained all the water from my underground tank. Since then, I have been dependent on tanker," a resident said. "My mother and sister are down with diarrhoea. My neighbour's grandson is hospitalised."

As per RWA representatives, while officials assured that the issue may be resolved within two to three days, they remained uncertain about when normal supply would resume.



India's standing in a fractured world order will ultimately rest on the strength it builds at home.

Indian Business

Warmer nights are a public-health challenge

SUMMERS IN most parts of India have usually been harsh. However, sunset would bring some relief. The evening breeze and lower temperatures allowed the human body to recover from daytime stress. But this pattern is changing. Nights have become uncomfortable, especially for those without access to air conditioning. A recent study by Climate Trends, a Delhi-based climate research organisation, in medium- and low-income residential units in Chennai, showed that the peak night temperature was not very different from that experienced by people during the hottest part of the day. Research on the ways this changing weather pattern is affecting people's lives is an emerging field. Heat-related morbidity is also under-reported and not properly documented. But studies have underlined how heat can cause cardiac stress and worsen existing illnesses, including respiratory problems and kidney ailments. The elderly, children and people dependent on outdoor jobs — vendors, construction workers, and those employed in the gig economy — are particularly vulnerable.

Several Indian states, cities and even districts have heat action plans (HAPs). They generally include early-warning systems, public advisories, cooling centres and coordination between local agencies. However, the quality of these plans is uneven. Several lack dedicated funding and enforcement mechanisms. The emphasis is overwhelmingly on emergency response, and inadequate attention is given to long-term adaptation. Most of them fail to identify the most vulnerable sections and do not suggest roadmaps to incorporate heat resilience in urban governance. A White Paper by researchers at Harvard University's Salata Institute, released in April, underlines the scale of the challenge — it pointed out that close to 38 crore workers in India are exposed to heat, but the country's adaptation policies are deeply unequal.

In most of urban India, natural landscapes have been replaced with heat-absorbing concrete, asphalt and glass. The arrangement of housing enclaves has shrunk air corridors. The changing weather pattern, therefore, is also an architectural and urban planning challenge. Building designs need to prioritise ventilation and energy efficiency, while public policy should nudge industry to devise cooling solutions for low-income households. The country cannot postpone meaningful conversations on improving living conditions in the face of climate vagaries.

Delhi's dust pollution needs science, not seasonal optics



GUFRAN BEIG

DUST POLLUTION has emerged as a major public-health hazard in Delhi. Before going deeper into the challenge, it must be made clear that in almost all cases of air pollution, the sources are local and, theoretically, controllable. However, the "local" must be defined in terms of the airshed and not city boundaries. Weather or climate change influences the trajectory of pollutants.

In winter, cooler air and slower winds prevent pollutants from dispersing, causing pollution levels to rise sharply. In summer, higher temperatures and stronger winds increase atmospheric mobility, enabling dust to rise and spread rapidly — that's what we are witnessing these days. Ironically, however, discussions around water sprinkling intensify during winter, when natural dust lifting is relatively limited because of calm winds. In reality, water sprinkling becomes far more important during summer.

Dust pollution can be understood through three distinct categories. The first is natural dust, which depends on landscape characteristics, land use and land cover. The second is re-suspended dust — it's generated from paved and unpaved roads when vehicles move over them. Greater traffic volume, higher vehicle speeds, and poor road conditions significantly increase dust levels, especially during winter. Calm winds reduce the natural dispersion of dust, while continuous vehicular movement keeps dust particles suspended in the air.

The third type of dust generated is when prescribed norms are not followed during construction activities. Though it contributes least to pollution among the three categories, it often receives the closest administrative attention, as reflected in measures such as the GRAP guidelines.

At present, Delhi is struggling primarily with severe natural dust lifting, in addition to the other two dust sources. The critical question is: Why has the summer of 2026 witnessed such extreme severity? The answer lies in large-scale weather patterns, likely amplified by climate change. India appears to be entering a phase of Super El Niño conditions. One of its earliest consequences has been predictions of a weaker monsoon by weather agencies.

As the Pacific Ocean warms, Super El Niño conditions intensify heat across the Indian subcontinent. This year, Indian cities have repeatedly featured among the world's

hottest locations. Widespread heating across South Asia has dried surface moisture over a vast region, making soil loose and highly vulnerable to wind-driven dust lifting.

Traditionally, western India experiences severe dust storm activity during summer. This year, however, northern and eastern India have borne the brunt because the vast Indo-Gangetic Plain has experienced intense heating across its entire stretch. Dust has consequently been lifted on a much larger scale, with transport winds carrying it partly from the Indo-Gangetic region and partly from Rajasthan and adjoining desert areas towards Delhi. Delhi has found itself trapped between multiple dust corridors.

Strong summer winds — locally known as loo — have further enabled this dust to spread. Addressing this challenge requires long-term planning and structural interventions rather than temporary quick fixes.

Several solutions therefore become critical. First, policymakers must understand the science behind each pollution source and the mechanisms through which weather and seasonal conditions influence them. Different sources behave differently across seasons, and mitigation strategies must reflect this reality. Second, implementation backed by scientific evidence is essential for meaningful results. Third, alongside expanding the coverage of mechanical road sweeping machines (MRSM), India must develop technologies that combine efficient sweeping with optimised water sprinkling to suppress dust at its source.

Fourth, better traffic management is crucial for reducing road dust. Electric vehicles can reduce fossil-fuel emissions, but they cannot eliminate re-suspended road dust. That challenge requires smoother traffic flow, better road maintenance and sustained transport management strategies.

Fifth, construction norms, including green covering measures, must be enforced, though construction dust should not overshadow larger contributors. Finally, cities need significantly greater green cover and more water bodies to stabilise soil surfaces.

As climate change intensifies, vigilance will become increasingly necessary. The changing geography of dust pollution is a warning: Climate-linked extreme events are becoming more unpredictable, more widespread and more difficult for humans.

The writer is chair professor, NIAS, IISc-Campus and founder, SAFAR

The Indo-Gangetic Plain has seen intense heating. Dust has been lifted on a much larger scale, with winds carrying it from the Indo-Gangetic region, Rajasthan and adjoining desert areas towards Delhi

CLIMATE

In warming India, local data monitoring is key

A heat strategy that works in one city may not work elsewhere because local climate, population and anthropogenic emissions vary



EXPERT EXPLAINS
NETHIYANANDAM

HEAD, GEOSPATIAL RESEARCH PROGRAMME,
INDIAN INSTITUTE OF SPACE

MANY PARTS of India are in the grip of a scorching heatwave. On heat maps, large sections of the country are seen covered in burning red and orange colours.

What do heat maps indicate about India's summer?

The deep reds and oranges seen in temperature maps represent regions expecting elevated land surface or near-surface air temperatures, depending on the dataset used. In climate science and geospatial analysis, such colour gradients are commonly used in satellite observations, weather station data and numerical weather models' outputs to indicate the intensity and spread of heat visually.

The current heat pattern over northwest and central India and parts of Pakistan is partly a regular seasonal phenomenon and partly an intensified heat wave situation. During April and May, these regions naturally experience extreme heating due to high-solar radiation, dry continental winds, low soil moisture and the formation of seasonal low-pressure heat zones over Rajasthan and Pakistan.

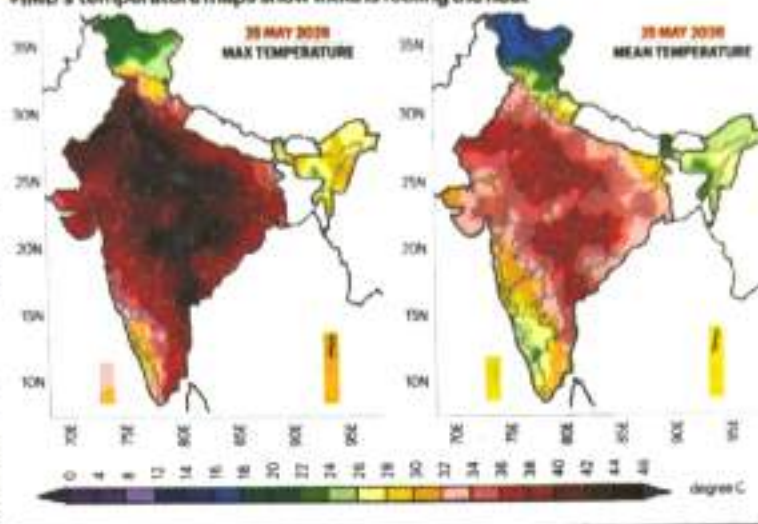
What is concerning is the intensity, persistence and large spatial extent of the heat. Temperatures are abnormally high over prolonged periods with limited nighttime cooling, reduced pre-monsoon rainfall, persistent dry air circulation, extensive land surface warming and Urban Heat Island effects (concrete, roads, etc.) radiating the heat they absorb as amplifying the situation.

Climate change is also acting as a background stress multiplier. While heat waves are not new to India, rising baseline temperatures are increasing their frequency, duration and severity.

How are such maps generated?

All maps showing temperature values are not computed using the same method. First, some are simple interpolations of air temperature data measured by weather

• IMD's temperature maps show India is feeling the heat



stations observed at certain points, scaled to cover the entire area of interest. The finer the observation network, the better the accuracy. These stations come from government agencies, private networks, etc.

Second, remote sensing captures temperature over large areas through thermal sensors aboard satellites. These measure surface skin temperature, specifically the energy radiated from the ground, which is then translated into surface temperature estimation through physical relationships between emitted radiation and temperature.

This has become a widely used tool since the early 1980s, with global daily coverage expanding significantly after 2000, thanks to sensors like the Moderate Resolution Imaging Spectroradiometer (MODIS) and Landsat thermal sensors. Third, air temperature values are calculated using numerical weather model simulations. These ingest data from ground stations, satellite-derived land surface temperatures, humidity, solar radiation, cloud cover, rainfall patterns, soil moisture, land use, and topography.

The key advantage is predictive capability, between four and 15 days, depending on the model. Platforms like Windy.com use the European Centre for Medium-

Likely to rise more

While heat waves are not new to India, rising baseline temperatures are increasing their frequency and severity.

Heat wave frequency in India has been rising since 1961, with projections indicating a rise of 12 to 18 days under continued warming trajectories.

Range Weather Forecasts (ECMWF) and the Global Forecast System (GFS), the most popular models.

The ECMWF's Integrated Forecasting system runs deterministic forecasts up to 15 days. The India Meteorological Department (IMD) operates its own Numerical Weather Prediction suite based on an India-adapted GFS and ingests ECMWF data for best wave guidance and extended-range forecasts.

What is driving India's rising heat?

On the global scale, two factors stand out. First, El Niño conditions are developing in the equatorial Pacific. It is a climate phenomenon marked by changes in sea temperatures along the eastern Pacific Ocean, coupled with atmospheric fluctuations.

The IMD has already projected the 2020 southwest monsoon at 92% of the long-period average (below normal), with El Niño as a primary driver.

Second, long-term anthropogenic warming is steadily raising baseline temperatures. Heat wave frequency in India has been on a consistent upward trend since 1961.

Local factors determine how that heat is felt. In urban areas, the Urban Heat Island of

fact, driven by dense infrastructure, vehicles, air-conditioning, and industries, makes cities measurably hotter. In rural areas, dense trees, biomass burning, and biomass-reserved landscapes amplify surface heating.

The heat we experience is never due to a single factor and ground-based observations often remain the most reliable measure of local heat stress.

How is extreme heat affecting people?

The most immediate impact is the decline in productivity. Daily wage workers, construction labourers, street vendors, and gig workers cannot avoid heat exposure because their livelihoods depend on physical presence. Economic complications override precautionary advisories, making this a social vulnerability as much as a climatic one.

Heat stress also disproportionately affects those in informal settlements. Heat also aggravates comorbidities like cardiovascular disease, respiratory illness, and diabetes, and in severe cases leads to heat exhaustion, heat stroke and death. Heat-related mortality remains significantly underreported due to the complexity of direct attribution.

Ecologically, rising temperatures dry out vegetation, reduce water availability and stress wildlife and livestock. Prolonged heat and drought conditions create fire-prone landscapes, raising the risk of more frequent and intense, which in turn further amplify local surface temperatures.

How can data improve mitigation?

Data must distinguish between global climatic drivers and local heat sources, to help explain how climate change interacts with urbanisation, land-use changes and local environmental conditions. This can enable targeted interventions.

Heat behaviour is highly location-specific and a strategy that works in one city may not work elsewhere. This is why India requires denser weather station networks and improved thermal monitoring systems.

There is also an urgent need for dedicated thermal parks and thermal remote sensing systems to continuously monitor land surface temperatures, identify heat hotspots, study forest fires and understand localised thermal behaviour.

More research and development are required to identify mitigation strategies that work for specific local conditions. Parallel efforts are equally necessary to minimise anthropogenic heat sources through better environmental management, urban planning and energy-use practices.

• POLICY

Delhi Gymkhana Club row: The rules governing land in the capital

Darshini Nath
New Delhi, May 26

LAST WEEK, the Union Ministry of Housing and Urban Affairs's Land and Development Office (LADO) wrote to the Delhi Gymkhana Club, asking it to vacate its leased premises on Saketbar Road by June 5.

The government wanted the 27.3-acre plot back for "strengthening and securing Defence infrastructure", but this decision has kicked off a controversy.

Colonial origins

The club has its origins in 1951, soon after the British Indian government decided to move the capital from Kolkata to Delhi in 1951. The land was leased by the government to the Imperial Delhi Gymkhana Club in 1958, and the buildings were constructed in the 1960s.

According to official documents, the lease was perpetual, meaning that no fixed time frame was attached to it. Initially meant for British officials, the club later became a space for members of the Indian bureaucracy, judiciary and armed forces,

among others.

The club's website states that the building was designed by architect Robert T Russell, who also designed Connaught Place and the Commander-in-Chief's residence. The latter became known as Teen Murti - the residence of Prime Minister Jawaharlal Nehru.

Located at 2, Saketbar Road, the club was renamed the Delhi Gymkhana Club after 1947.

Land administration in Delhi

After 1947, the Union government came to administer the land in Delhi through its LADO. It also laid the development of residential colonies, institutions, clubs, political parties, etc., and administrative issues. The leases can be for a fixed period, like 99 years, or perpetual in nature.

The lessee pays a fixed ground rent for the land, which can be periodically revised. Over the years, more than half of the residential properties have been granted freehold status by the LADO, meaning the ownership status changes to grant full rights. In fact, out of around

Authority at Centre

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It also laid the development of residential colonies, institutions, clubs, political parties, etc., and administrative issues.

30,000 properties on LADO land, around 35,000 had been converted from leasehold to freehold as of 2021, according to the CAO report this year.

Current controversy

In its May 22 letter to the club, the LADO cited clause 4 of the lease that allows the government to "re-enter" the land for a "public purpose".

"It has been determined that the said premises, located in a highly sensitive and strategic area of Delhi, is critically required for the strengthening and securing of Defence infrastructure and other vital public security purposes. The land is essential to fulfil urgent institutional needs, governance infrastructure, and public interest projects, integrated with the strategic vision of adjoining government lands," the LADO said.

The land is located next to the Prime Minister's residence on Lok Kalyan Marg. The shares on Race Course Road, which are the adjoining government lands referred to in the letter, are currently being cleared of micro-businesses by the LADO, pointing to a larger plan for the area.

"Under Clause 4... it is expressly provided that: If the leased premises or any part thereof are required for a public purpose then and in such case it shall be lawful for the Lessee... to re-enter and terminate this lease and everything contained therein shall cease and determine..." the LADO said.

Since 2015, the club has been run by a government-appointed general committee on the orders of the National Company Law Tribunal. The Corporate Affairs Ministry approached the NCLT seeking regulation of the club, which is a registered company under the Companies Act, 1956, alleging that it was being run in violation of norms and mismanaged.

On the latest issue, the club's general committee met on May 23 and decided to write to the LADO asking it to consider that there should be "no divestiture of the club". The committee said the club's 34,000 members, who have been paying fees regularly, and 300 employees would be impacted by the LADO's decision. Multiple petitions filed by members and employees of the club were heard in the Delhi High Court.

