



# **DAILY NEWS BULLETIN**

**LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE Day**  
**Monday**

**20260601**

## WEEKLY CAPSULE

## Beet juice lowers BP in 2 weeks

**D**RINKING NITRATE-RICH beetroot juice may do more than support heart health—it could actually reshape the bacteria living in the mouth in ways that help lower blood pressure in older adults.



In the largest study of its kind, researchers at the University of Exeter found that older people who drank concentrated beetroot juice twice daily for two weeks experienced noticeable blood pressure reductions, while younger adults did not. *Oral* bacteria help convert nitrate from food into compounds that eventually support the production of nitric oxide. This helps blood vessels relax and function properly.

## Reverse brain ageing with nose spray

**W**HAT IF some of the mental decline linked to ageing could actually be undone? Researchers at Texas A&M University have found a way to do just that using a simple nasal spray designed to reduce inflammation in the brain. They showed how the treatment restored memory, reduced depressive inflammation and improved brain cell function after just two doses. The findings could lead to new therapies for conditions tied to ageing and cognitive decline, including dementia and Alzheimer's Disease. The therapy relies on microscopic particles loaded with microRNAs, molecules that help regulate key biological processes.



## Obesity attacks facial nerves

**S**CIENTISTS AT Heinrich Heine University of Düsseldorf, Germany, have created an AI-powered system that can scan and map an entire mouse body in extraordinary detail—and it just uncovered a surprising new effect of obesity. Beyond disrupting metabolism, obesity appears to damage facial sensory nerves linked to touch and sensation, while also triggering widespread inflammation across the body. The study also identified similar molecular patterns in human tissue, suggesting that important aspects of obesity-related nerve damage may occur in both mice and people.



## Junk food rewires brain for life

**E**ATING TOO much junk food early in life may rewire the brain in ways that last into adulthood, even after switching to a healthier diet. Scientists found that high-fat, high-sugar diets changed feeding behaviour and disrupted appetite-control regions in the brain. Researchers at University College Cork (UCC) also found that beneficial bacteria and prebiotic fibres could help reduce some of these long-term effects and support healthier eating behaviour later in life. The team linked these behavioural effects to disruptions in the hypothalamus, a brain region responsible for regulating appetite and energy balance.



# After 60, they return to class to take care of themselves and peers

Elderly citizens at TISS, Mumbai, are learning how to navigate ageing with dignity, companionship and a fresh sense of purpose

Purnima Sah

**O**N A Friday evening in Mumbai's Tata Institute of Social Sciences (TISS), long after most college campuses begin to empty out, a different kind of classroom fills up. A retired Bhadha Atomic Research Centre (BARC) scientist walks in carrying handwritten notes. Beside him sits a former schoolteacher from Hyderabad. A homemaker in her 60s quietly adjusts her spectacles before opening a notebook. Someone else has rushed in after finishing caregiving duties at home.

There are no discussions about second life placements or corporate careers. Instead, the lesson begins with a question: How to manage the process of growing old, especially when one is alone? A faculty member projects an image of the human brain and begins explaining dementia and cognitive decline. The discussion quickly moves beyond medicine. Students speak about parents forgetting names, elderly relatives repeating stories or withdrawing after their children migrate abroad. One student recalls watching his father age rapidly after his mother died. Another talks about the stern education of caregiving. In another session, soft music fills the room as students participate in dance therapy and art exercises, later explained as methods used to stimulate memory and emotional expression among older adults. Many laugh awkwardly at first. Weeks later, the same group will be staging a street play on ageing and loneliness.

These are among the experiences shaping students enrolled in TISS' one-year diploma in gerontology, a part-time programme, where elderly Indians are learning not only about ageing but also about survival, companionship and purpose in later life. "India is witnessing a major demographic shift with people aged 60 and above projected to form nearly 30 per cent of the population by 2050. Loneliness, caregiving stress, emotional neglect, social isolation and the need for dignified ageing are emerging as critical concerns," says Dr Sushila Chitambar, assistant professor at the Centre for Lifelong Learning and faculty coordinator for the programme, which was launched in 2008. Open to candidates above 25 years of age, it combines classroom teaching with field-based experiential learning focused on the biological, psychological, social and economic dimensions of ageing. Over the



Elderly participants at a class on gerontology at TISS, Mumbai. PHOTOS COURTESY TISS

last couple of years, it has opened to the elderly, helping them help themselves. The programme currently admits around 30 students each year. Classes are held on Friday evenings and Saturdays over two semesters, with course fees of around Rs 63,000.

## Learning to teaching

At 62, when most people are expected to settle into retirement, Prakash Apte walks into the classroom to study ageing. "For years, I have seen older people around me struggling with loneliness and neglect. I wanted to understand what ageing really means and how society can respond to it," says Apte, a student from the 2020-22 batch of TISS' diploma in gerontology programme. A yoga teacher, the course has given him a structured understanding of the challenges faced by senior citizens, from loneliness and declining health to the absence of support systems. "India's elderly population is rising rapidly but support for them is still extremely limited. Most policies remain on paper," he says. He now conducts awareness sessions for senior citizen groups, combining gerontology lessons with yoga practices suited for older adults. He also hopes to launch a social enterprise focused on helping elderly people living alone.

Students are allowed to ask the most uncomfortable of questions, from retirement planning and elder abuse to grief, emotional neglect and the fear of dependency—Who will care for you in old age? What happens when children move away? How does one emotionally prepare for ageing?

For 76-year-old Anur Bahadur, a retired senior scientific officer from BARC, the course has been a way to renew a sense of purpose. "Retirement creates a vacuum. Your children move away and suddenly you are left wondering what your purpose is. This course taught me how to age with dignity and meaning," he says. After completing the diploma, Bahadur enrolled in a



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three-year light music course. He now spends time travelling, practising music and conducting awareness sessions for senior citizens. "People think retirement means sitting idle. But if you remain engaged and socially connected, ageing gets easier," he says.

For Milind Patel, 59, who works in the oil and gas sector, the course helped him process years of caregiving stress after caring for ageing parents. His mother died in 2020, while his 95-year-old father continues to live with him. "I have seen ageing very closely in my own home," says Patel, a student from the 2020-22 batch. He is now building a senior citizens' community in Annavali. "Migration has left elderly people in villages and small towns alone," he says.

## Practical life lessons

The learning often extends beyond the classroom. Students visit old age homes, NGOs, hospitals and low-income settlements, including Dharavi, where they spend time listening to elderly residents speak about abandonment, illness and isolation. One student recalls interviewing an elderly woman while her son repeatedly shouted at her in front of them. Another member bedridden sessions who simply wanted someone to sit beside them without rushing away. The course has introduced students to concepts such as neuroplasticity, cognitive stimulation and dementia care, while field visits exposed them to the realities faced by economically weaker elderly populations.

Patil says she is involved in therapy, music therapy and street theatre have helped students like him overcome social hesitation and reconnect emotionally with themselves. "I had never performed before an audience. At 58, I have gained confidence and empathy," he says.

For many women, the classroom has become a space for rediscovering identity after decades spent caring for others. Ela Thakur

joined the programme in 2012 at the age of 60 after years as a homemaker. "I had lost my sister and was emotionally broken. Initially, I felt intimidated because many students were professionals or doctors. I was just a housewife. Then I started developing my own views and expressing myself. Today I write regularly and participate in discussions. I realised older people too need identity and self-worth," she says.

Dr Anita M Kumar, a former radio producer, who spent years caring for her elder sister with polio, describes the programme as a refuge after emotional burnout. Now she conducts virtual support sessions while her weekly programme, *Old Se Dal Tak*, is a space where senior citizens openly discuss loneliness, grief and emotional struggles. "People literally cry during these sessions because many have nobody to talk to. Sometimes what elderly people need most is for someone to sit beside them, maintain eye contact and simply listen," she says. Her field visits reinforce how widespread loneliness among elderly Indians has become. "Children are not always intentionally neglectful. Modern life is demanding. But the result is that many elderly people spend entire days without meaningful human interaction," she says.

## Education for self-reliance

Dr Prasen Chatterjee, group clinical lead, Geriatric Medicine and Longevity Science at Apollo Hospitals, New Delhi, says educating people about ageing, including its medical, social, physical and financial aspects, can help them prepare better for later life. "Ageing in India has largely happened by chance, not by preparation. Courses on ageing science help older adults understand their own health, mental health and also support others in their peer group who may be struggling," he says.

Emphasising the need for meaningful engagement post-60, he feels gerontology, which focuses on the social aspects of ageing, should be promoted as the country's elderly population continues to grow. "Every family will eventually deal with ageing. Basic understanding of elderly care and ageing should not be limited only to senior citizens, but extended to caregivers, healthcare workers and younger generations as well. Older caregivers often understand the emotional and physical needs of elderly people better than younger caregivers because they themselves are going through similar experiences," he says.

He also points to the shortage of trained geriatric specialists and caregivers. "There are very few trained geriatricians and geriatric nurses in the country despite the growing elderly population. India needs stronger caregiver training systems, health education and community-based support structures for older adults," he says. For elderly students, a diploma is no longer an academic course, it has become a way of reclaiming visibility in a society that often sidelines the elderly once their professional and familial roles begin to fade.

LEARNING Curve



# How AI maps are helping India find hidden TB cases before it's too late

## Technology is changing how healthcare workers amp up the national TB screening programme

Aruna Dutt

ON THE first floor of a polyclinic in Haryana's Ambala, a health worker logs into the government TB programme's N-Linky portal. She clicks on a map of Haryana to check where she should plan her screening camps. All the villages and wards are colour-coded red, yellow or green to show the density of the vulnerable population, indicating people who are more likely to have TB. She narrows down on a red patch, a high-risk zone.

This AI-generated map is a new tool in the arsenal of health workers under the National TB Elimination programme. It uses data from nearly 30 open-source geospatial datasets such as population density, electricity of profile, access to health centres — plus the vulnerability of a population to TB — to create a map of places where health

workers are likely to find more TB cases. Called Vulnerability Mapping for Tuberculosis (VMTB), it was piloted in Haryana and Assam before being rolled out across the country under the ongoing 100-day campaign. Smokers, people with diabetes or other respiratory conditions and those who are malnourished are considered to be vulnerable populations for TB. The challenge, however, is that there is no nationwide registry for these conditions. So, how do you find the at-risk population?

"VMTB takes about 30 open-source datasets of socio-demographic and geospatial data. This includes nutrition profiles, NFHS-4 data, presence of night lights and so on. Along with data on historically confirmed TB cases, the AI can predict geospatial vulnerability down to the village and ward level, in fact, down to a 900x900 metre tile," says Dr Neeta Agrawal, chief programme officer



A district programme coordinator uses the tool to identify sites for her next camp

at Wadhwani AI, which developed the programme for the government.

This helps health workers concentrate their resources on areas where more people are likely to get diagnosed during active screening camps, where more cases are

likely to be found by testing fewer people. This would ensure early diagnosis of many and fewer people missing from the treatment net. This is essential as the country moves towards eliminating the condition — while India's 2025 deadline has been revised,

the global deadline of 2030 remains.

Dr Rajesh Raju, state TB officer for Haryana, says, "There are 6,237 gram panchayats in Haryana. Last year, 30 per cent of these were declared TB-free as they had an incidence of less than one per million population. That leaves us with 4,000 gram panchayats where we would need to focus, something that can be very challenging. This tool has helped us identify 1,946 villages and some more wards, a total of 2,111 high-risk areas where we would be concentrating during the current 100-day campaign. So we can focus 100 per cent of our efforts on 50 per cent of the areas. This has increased our efficiency as well as effectiveness."

This decreased workload has also led to a change in strategy during the current 100-day programme. Instead of testing only the vulnerable populations, the health workers are now screening everyone in these high-risk villages. "With VMTB, now 100 per cent X-ray coverage of the adult population is being attempted in these villages," he adds.

This effort is aided by another AI technology — a portable hand-held X-ray machine that can screen a person within sec-

onds with an AI-aided tool. Those who show positive indicators for TB have to then give a sputum sample for a confirmatory test. "Our camps look normal, we do not screen people only for TB. We also conduct routine tests such as BP and blood sugar so that there is less stigma around getting a medical check-up. Getting an X-ray report within minutes — instead of travelling several kilometres to the nearest health centre — is a big draw for patients," says community health officer Anvareeta Sandhu. Patients get their diagnosis the next day. The mapping tool has another use, says Dr Seema Thirwaz, civil surgeon, Ambala. "Once the focused activity is over, we can choose the green or yellow villages and screen vulnerable populations to make these villages TB-free."

The tool was trialled in Haryana and Assam. Data from those two states show that there was a 251 per cent relative increase in the yield of TB cases in Haryana and 61 per cent in Assam last year. More than two lakh TB cases were diagnosed, accounting for nearly 10 per cent of the 21 lakh cases detected last year.



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# 5 Ebola recoveries in Congo, new treatment centre opens

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**Bunia:** Five patients have recovered from a rare type of Ebola virus, the head of the World Health Organisation (WHO) Tedros Adhanom said Sunday during a visit to Bunia in eastern Congo, a city at the heart of an outbreak. "We're still working on vaccines and treatments but that doesn't mean people cannot recover from Ebola," he said during the opening of a new Ebola treatment centre in Bunia.

WHO said authorities have reported 134 confirmed cases in Congo and neighbouring Uganda, including 18 confirmed deaths as of May 29.

Baraka Bulambulu, one of those who recovered, said on Sunday that community members feared contracting an unknown illness from them, keeping their distance while delivering food. He said the uncertainty was overwhelming, as he and other patients believed they might die without knowing what disea-

## Brazil investigates 2 possible Ebola cases

**B**razilian health authorities are monitoring two patients for possible Ebola infection, officials said. A 37-year-old man from the Democratic Republic of the Congo "exhibited symptoms such as fever, meeting the definition of a suspected case" of Ebola, the Sao Paulo state govt said on Saturday. While initial tests did not detect the Ebola virus in the patient, he is being monitored, the statement said. The health department in Rio de Janeiro state meanwhile reported that it had activated safety protocols after a man from Uganda showed "viral symptoms such as cough, chills, and diarrhoea." AFP

se they had. "Being able to come out of this alive is an immense source of happiness," he said. REUTERS

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# एमबीबीएस पाठ्यक्रम पूरा करने की समय सीमा फिर होगी 10 साल, एनएमसी ने पेश किया प्रस्ताव

अमर उजाला ब्यूरो

नई दिल्ली। राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) ने एमबीबीएस पाठ्यक्रम पूरा करने की अधिकतम समय सीमा फिर से 10 वर्ष करने का प्रस्ताव रखा है। प्रस्ताव लागू होता है, तो मेडिकल विद्यार्थियों को प्रवेश की तारीख से 10 साल के भीतर पढ़ाई व अनिवार्य रोटेटरी मेडिकल इंटरशिप पूरी करनी होगी।

एनएमसी ने स्नातक चिकित्सा शिक्षा विनियम (जीएमईआर), 2023 में संशोधन का मसौदा जारी करते हुए इस पर 30 दिन में सुझाव व आपत्तियां मांगी हैं। मसौदे के अनुसार, प्रथम व्यावसायिक एमबीबीएस परीक्षा (फर्स्ट प्रोफेशनल एमबीबीएस) पास करने के लिए अधिकतम चार अवसर की सीमा पहले की तरह बनी रहेगी। यानी कोई विद्यार्थी पहले वर्ष



की परीक्षा में चार से अधिक प्रयास नहीं कर सकेगा। हालांकि, एमबीबीएस पाठ्यक्रम पूरा करने के लिए उसे अधिक समय मिल सकेगा। मौजूदा नियमों में जून, 2023 में एनएमसी ने एमबीबीएस पूरा करने की अधिकतम अवधि 10 वर्ष से घटाकर 9 वर्ष कर दी थी। एनएमसी ने कहा, यह प्रस्ताव विदेशी चिकित्सा स्नातक लाइसेंस संबंधी नियमों, 2021 के अनुरूप है। सुझावों व आपत्तियों पर विचार कर अंतिम संशोधन अधिसूचित होगा।

## 10 वर्ष पूरे होने के बाद पाठ्यक्रम जारी करने की नहीं होगी अनुमति

मसौदे में स्पष्ट कहा गया है कि किसी भी परिस्थिति में छात्र को प्रथम वर्ष की परीक्षा के लिए चार से अधिक अवसर नहीं मिलेंगे। प्रवेश की तारीख से 10 वर्ष पूरे होने के बाद छात्र को एमबीबीएस पाठ्यक्रम जारी रखने की अनुमति नहीं होगी। इस अवधि में रोटेटरी मेडिकल इंटरशिप भी शामिल होगी।

विद्यार्थियों को लाभ : अधिकारियों ने बताया, बदलाव उन विद्यार्थियों के लिए मददगार साबित होंगे, जिनकी पढ़ाई शैक्षणिक कठिनाइयों, सेहत संबंधी समस्याओं, पारिवारिक आपात स्थितियों या अप्रत्याशित कारणों से प्रभावित हो जाती है। ऐसे विद्यार्थियों को मेडिकल शिक्षा पूरी करने के लिए अतिरिक्त लचीलापन मिलेगा और उनकी पढ़ाई खत्म होने का खतरा कम होगा।

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# NBT MBBS के लिए अधिकतम 10 साल NMC का नोटिफिकेशन, फर्स्ट ईयर के लिए 4 मौके ही मिलेंगे

Bhupender.Sharma

@timesofindia.com

नई दिल्ली: नैशनल मेडिकल कमिशन (NMC) ने नोटिफिकेशन जारी कर कहा है कि दाखिले की तारीख से 10 साल के अंदर MBBS की पढ़ाई पूरी करनी होगी। 2023 रेगुलेशंस में इसे 9 वर्ष कर दिया गया था। इसके साथ ही फर्स्ट ईयर (फर्स्ट प्रोफेशनल MBBS) के लिए अधिकतम 4 प्रयास ही मिलेंगे।

ग्रैजुएट मेडिकल एजुकेशन रेगुलेशंस (अमेंडमेंट) 2023 में यह स्पष्ट किया गया है कि MBBS छात्रों को अनिवार्य रोटेटरी मेडिकल इंटरशिप सहित कोर्स पूरा करने के लिए अधिकतम 10 वर्ष का समय मिलेगा।

पहले MBBS की पढ़ाई पूरी करने के लिए 10 वर्ष की ही समय सीमा लागू थी, लेकिन 2023 रेगुलेशंस में इसे 9 वर्ष कर दिया गया था।

देश में MBBS कोर्स की सीटों की संख्या में हर वर्ष इजाफा हो रहा है और 2026-27 की सीटों को लेकर फाइनल



AI Image

## 30 दिनों के भीतर दे सकेंगे सुझाव

एनएमसी ने अपनी वेबसाइट पर अपलोड किए गए ड्राफ्ट में आम जनता, छात्रों, अभिभावकों, विशेषज्ञों से 30 दिनों के भीतर सुझाव और टिप्पणियां मांगी हैं। उसके बाद फाइनल नोटिफिकेशन जारी कर दिया जाएगा। लोग अपने सुझाव [ug\\_gmer\\_amend\\_2026@nmc.org.in](mailto:ug_gmer_amend_2026@nmc.org.in) पर भेज सकते हैं।

डेटा तैयार किया जा रहा है। सूत्रों का कहना है कि इस वर्ष MBBS की सीटें 1.4 लाख से ज्यादा हो सकती हैं। इस प्रस्ताव के लागू होने से वर्ष 2023 से पहले लागू समयसीमा प्रभावी रूप से

बहाल हो जाएगी। ग्रैजुएट मेडिकल एजुकेशन (अमेंडमेंट) रेगुलेशंस 2026 को लेकर ड्राफ्ट नोटिफिकेशन <https://www.nmc.org.in> पर जारी किए गए हैं।

# अदृश्य दिव्यांगता की पहचान के लिए घोषणापत्र जारी

अमर उजाला ब्यूरो

नई दिल्ली। विश्व मल्टीपल स्केलेरोसिस (एमएस) 2026 के उपलक्ष्य में इंडिया इंटरनेशनल सेंटर में आयोजित राष्ट्रीय नीति संवाद में एमएस और अन्य अदृश्य दिव्यांगताओं को बेहतर पहचान और अधिकार दिलाने के लिए दस सूत्रीय घोषणा पत्र जारी किया है। साथ ही स्वास्थ्य सेवाओं की बेहतर पहुंच, दिव्यांगता प्रमाण पत्र में देरी, टेली-न्यूरोलॉजी सेवाओं के विस्तार और समावेशी कार्यस्थल नीतियों की आवश्यकता पर मंथन हुआ।

इहबास के निदेशक डॉ. आर.के. धामिजा ने कहा कि यह केंद्रीय तंत्रिका तंत्र (मस्तिष्क और रीढ़ की हड्डी) की एक दीर्घकालिक ऑटोइम्यून बीमारी है जो एक जटिल, अप्रत्याशित और आजीवन चलने वाली तंत्रिका संबंधी स्थिति है। जिसके लिए शीघ्र निदान, समय पर हस्तक्षेप और उन्नत उपचारों तक निरंतर पहुंच जरूरी है। इसे अक्सर मरीज की समझ के लिए सरल बनाकर प्रस्तुत किया जाता है।

विश्व मल्टीपल स्केलेरोसिस 2026 के उपलक्ष्य में राष्ट्रीय नीति संवाद कार्यक्रम आयोजित

लेकिन नैदानिक वास्तविकता कहीं अधिक जटिल और उपचार व दीर्घकालिक देखभाल के प्रति एक सूक्ष्म दृष्टिकोण की मांग करती है। तंत्रिका संबंधी देखभाल में निवेश महज एक स्वास्थ्य पर किया जाने वाला खर्च नहीं है।

मल्टीपल स्केलेरोसिस सोसाइटी ऑफ इंडिया की मानद राष्ट्रीय कोषाध्यक्ष रेणुका मालाकेर ने कहा कि एमएस से पीड़ित लोगों के लिए चुनौतियां अक्सर बीमारी से कहीं ज्यादा बड़ी होती हैं। बीमा तक देरी से पहुंच, अधिक जेब-खर्च, उपलब्ध अधिकारों के प्रति सीमित जागरूकता और व्यापक मरीज डेटा का अभाव समय पर देखभाल में अवरोध बनते रहते हैं। राष्ट्रीय नीति संवाद ने नीति-निर्माताओं, चिकित्सकों और क्रियान्वयन एजेंसियों को एक मेज पर बिठाकर इन खामियों को दूर करने की कोशिश की है।

नेपाल के स्वास्थ्य अभियान

# Larger message in NFHS numbers

To build on the successes achieved so far, the State and markets must work as complements

The Union health ministry has released the sixth round of the National Family and Health Survey (NFHS-6). Between this round of NFHS (2023-24) and the first one, conducted in 1992-93, is sandwiched almost the entire post-economic reform period in India. The evolution of NFHS trends, therefore, tells us an important story.

With economic growth, the consequent greater revenue cushion and the social sector spending it facilitated, India has done well to cover the most glaring holes in its social health outcomes such as reproductive health and child-care. On some, such as institutionalised deliveries, the success is stellar — from less than 40% in NFHS-1 to 90% in NFHS-6. On others, such as child undernutrition, challenges remain, but the progress is anything but insignificant. As the country gets rid of some of its typical low-income infrastructure challenges, there are new problems which need to be tackled. More Indian men and women are now overweight than underweight. Lifestyle diseases are becoming more prevalent and the share of older people in the population is rising. Population growth itself has already peaked.

Solving these next-generation challenges is going to be trickier than rolling out last-mile family welfare infrastructure. It will also require shedding past ghosts such as rhetoric around population explosion. But solve it we must.

While NFHS's primary mandate is reproductive health, it tells us much more than that. Women's agency has continued to increase across India, in terms of their say in family decisions, their access to bank accounts, and even using the Internet. This ought to be welcomed unambiguously. And yet, there are other data sources such as the Time Use Survey, which tell us that women continue to shoulder a disproportionate burden of household work, especially its unpaid components.

What will it take to make further advances vis-à-vis the challenges the NFHS numbers flag before us?

State and markets must work as complements rather than substitutes. India's JAM trinity, the harbinger of last-mile leakage free benefits is the best example. The financial inclusion bit of the network has been facilitated by public sector banks. Internet access is the handwork of private telecom operators. Similarly, government provided health insurance coverage seems to be working via private health providers. There is much to be celebrated in this State-market synergy. But this success ought not to be a drop in guard vis-à-vis probable market failures.

**विंताजनक** | नेशनल फैमिली हेल्थ सर्वे में खुलासा, राज्य में अब भी कई लड़कियों की शादी 18 वर्ष से कम में हो रही, कम उम्र में मां बनने से जच्चा-बच्चा दोनों का जीवन की खतरा

# बिहार में कम उम्र में शादी से 11% किशोरियां मां बनीं

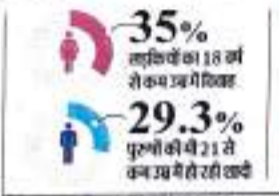
मूजफ्फरपुर, प्रमुख संवाददाता। बिहार में मां बनने वाली 11 प्रतिशत किशोरियां हैं। कम उम्र में शादी के कारण ऐसा हो रहा है। नेशनल फैमिली हेल्थ सर्वे-5 की रिपोर्ट में यह विचारजनक खुलासा हुआ है। रिपोर्ट के मुताबिक बिहार में अब भी 35 प्रतिशत लड़कियों की शादी 18 वर्ष से कम में हो रही है। वहीं, 29.3 प्रतिशत लड़कियों की शादी भी 21 वर्ष से कम उम्र में हो रही है।

इसलिए, रिपोर्ट में दावा किया गया है कि बिहार में पांच वर्षों में कम उम्र में शादी के आंकड़ों में बड़ी आबादी है। पांच वर्ष पहले बिहार में 40.8 प्रतिशत लड़कियों की शादी 18 वर्ष से

कम में हो जाती थी और 30.5% लड़कियों की शादी 21 वर्ष से कम उम्र में होती थी। रिपोर्ट के मुताबिक किशोरियों के मां बनने के आंकड़ों में पांच वर्षों में कोई बदलाव नहीं हुआ है।

**किशोरियों में हाई भीपी बी शिकार** : एनकेएफएचएच की स्वीड प्रमुख रोग विशेषज्ञ डॉ विधा वर्मा ने बताया कि कम उम्र में मां बनने से जच्चा-बच्चा दोनों की जान का खतरा रहता है। किशोरियों में खून की कमी हो जाती है। ऐसे मामलों में चार-से पांच घण्टी खून रहता है।

कम उम्र में गर्भवती होने वाली किशोरियां हाई भीपी बी शिकार हो



- किशोरियों का प्रसव हाई रिस्क में रहता है, गर्भवस्था व अनियमित तौर पर पूरी जांच न कराना भी विचारजनक
- किशोरियों में खून की कमी, ऐसे मामलों में चार से पांच घण्टी रह जाता है खून



जाती है। गर्भवस्था प्रसव हाई रिस्क में रहता है। इन मामलों का हाथ-पैर फूलता रहता है। कम उम्र में मां बनने से बच्चा भी खतरा भी इन मामलों में रहता है। बच्चे के फेट में बंदने का भी खतरा रहता है। यह किशोरियों का

स्वास्थ्य के प्रति भी जागरूक नहीं रहती है। 38% गर्भवतियां ही करा रही प्रसव पूर्व सभी जांच : फैमिली हेल्थ सर्वे में बताया गया है कि बिहार में 38 प्रतिशत गर्भवतियां ही प्रसव से

पहले की सभी जांच करा रही हैं। गर्भवस्था की पहली जांच के लिए अस्पतालों में जांच कराने 64 प्रतिशत महिलाएं पहुंचती हैं, लेकिन चौथी जांच तक यह आंकड़ा अर्ध हो जाता है। रिपोर्ट में इस पर चिंता जताई गई है।

## बच्चों में बौनेपन में कमी आई

नेशनल फैमिली हेल्थ सर्वे की रिपोर्ट के मुताबिक बच्चे के बच्चों में बौनेपन में कमी आई है। रिपोर्ट में कहा गया है कि बिहार में अभी 35.6 प्रतिशत बच्चे बौनेपन का शिकार हैं। पांच वर्ष पहले यह आंकड़ा 43 प्रतिशत था। बिहार में बौने पर और कुपोषित बच्चों की रिपोर्ट आंगवज्जी रैंकी पर तैयार होती है। इसलिए, रिपोर्ट यह भी बताती है कि बिहार में 79 प्रतिशत बच्चे शारीरिक रूप से कमजोर और 4.7 प्रतिशत बच्चे बेहद कमजोर हैं।



*T. Madan*  
**Towards a dialogue on adolescent sexuality**

**A** recent judgment of the Supreme Court of India, allowing the medical termination of pregnancy at 28 weeks, has received significant media attention. Much of this attention stems from the arguments advanced on behalf of the All India Institute of Medical Sciences (AIIMS), which has sought for a reconsideration of the judgment.

Doctors at AIIMS argued that what the court described as a medical termination of pregnancy would, in reality, involve delivering a living child at 28 weeks, one likely to be born with serious medical complications, long-term co-morbidities and disabilities. They asked that the delivery be pushed by six weeks to improve the child's chances of survival. These arguments were rejected by the court in rather strong terms.



**Shreshtha Choudhary**  
Assistant Professor,  
School of Law, IIM,  
Mumbai University

While the court's order protects her from legal action, it does not extinguish her ethical and moral obligations as a doctor and as a human being.

None of this necessarily undermines the court's decision. Faced with an armed soldier who had reportedly attempted to take over, the court understandably prioritised her reproductive autonomy and well-being. But the doctors' objections, though framed as concern for the unborn child, also reflect a potent anxiety: the ethical burden placed on medical professionals asked to perform such procedures at the edge of fetal viability. This burden need not change how we think about the outcome of the case, but it deserves to be acknowledged for the ethical tensions as well as it is.

**On adolescent sexual activity**

These ethical tensions are not accidental or anomalous. The immense trauma evoked by the untold stories, the predicament of the unborn but viable fetus, and the ethical burden of the doctors are all symptomatic of a deeper structural issue. Cases like these arise because of a serious and largely unmet need: failure of the state to deal appropriately with the phenomenon of teenage sex. In this case, a de-facto consensual sexual relationship between a 15-year-old girl and her 17-year-old partner resulted in pregnancy. The pregnancy went undetected until the mother reportedly observed an unusual heaviness in her abdomen, by which time it was already too advanced to terminate without court intervention. This is because the Medical Termination of Pregnancy Act, as amended in 2020, does not allow abortion beyond 24 weeks even in exceptional circumstances.

The Indian state's approach to the issue has largely been one of blanket criminalisation: all sexual activity involving minors is treated as a criminal offence, regardless of whether it involves coercion,

exploitation, or de-facto consensual sexual activity between adolescents. Studies from the U.S. have shown that abstinence-only policies fail to prevent adolescents from having sex. Empirical studies on the Protection of Children from Sexual Offences Act, 2012 (POCSO) in India have also repeatedly shown that nearly 80-85% of all cases before the POC-50 special courts involve de-facto consensual relationships, and there is nothing to suggest that the law manages to deter such sex amongst adolescents.

If anything, this criminalisation works in tandem with the absence of adequate and comprehensive sex education in educational institutions.

Police acts in the bus on condoms advertisement between 8:00 a.m. and 10:00 p.m., and a generally repressive culture around sex brush questions of sex and sexuality under the carpet. Instead of teaching adolescents the essentials of safe sex, menstruation, sexually transmitted diseases and pregnancy, the answer to all questions around sex and sexuality is reduced to a simplistic "don't do it". However, preventing cases such as this is more likely to require comprehensive sex education and an emphasis on safe sexual practices.

**The way forward**

Such policies require a more nuanced conversation around adolescent sexuality, in which we are willing to acknowledge that de-facto consensual sexual interactions involving adolescents exist and should not be conflated with instances of child rape and exploitation. They also require a commitment to steady long-term measures, which may not provide short-term rhetorical gains.

That, if our concern is truly the well-being of adolescents, the solution is not a refusal to acknowledge their sexuality but a commitment to engage with it honestly and in a healthy,

*T. Madan*  
**How T.N.'s healthcare leads by example**

The State offers the country a healthcare system that is accessible

**STATE OF PLAY**

**U.S.R. Veda**

**F**or many years in India, healthcare progress was largely measured by hospital expansion, medical colleges and public health infrastructure. While these remain important, the next phase of healthcare reform requires a broader, integrated approach that links infrastructure with accessibility, workforce capability, diagnostics, telemedicine and long-term outcomes. In this context, Tamil Nadu provides an example.

The State's healthcare strengths did not emerge overnight. They resulted from decades of institutional focus on primary healthcare, maternal and child health, medical education, disease prevention, public health outreach and decentralised healthcare delivery. The Tamil Nadu Medical Service Corporation (TNMSC) is an aspirational model, established in 1984 to streamline procurement, storage and distribution of essential medicines across government institutions. By improving availability and reducing inefficiencies, the TNMSC became a national reference for public-sector drug procurement. This, reform showed that healthcare progress is not just about building hospitals, but about creating systems that make care accessible and accountable.

Over time, Tamil Nadu has created a mature healthcare ecosystem combining public health infrastructure with private partnerships. The 8,700 sub-health centres across districts reinforce a larger principle: strong healthcare systems are built when investment is distributed evenly rather than being

**Tamil Nadu**

concentrated only in urban hospitals.

One of the State's key strengths is its emphasis on diagnostics in primary health care. Public health programmes and community screenings now reach lakhs of citizens across urban and rural regions. For a large, diverse country such as India, primary care systems with robust diagnostics are essential. Early diagnosis reduces pressure on tertiary hospitals, thereby curbing long-term treatment costs. Another important lesson is decentralised health care delivery. Investments of nearly 2000 crore in district hospitals and local microbiology laboratory networks reduce regional disparities in healthcare access.

**On integrating technology**

Technology also plays a defining role in the next phase of healthcare delivery. AI, digital health records, telemedicine and remote diagnostics can improve efficiency and extend access to underserved areas. Tamil Nadu's focus on digital public health systems and data-led healthcare governance is therefore an important development.

Equally important is healthcare workforce capacity. A case focus at the Federation of Indian Chambers of Commerce and Industry (FICCI) is workforce upskilling and future-ready care. Tamil Nadu

India owing to its government initiatives and medical colleges. Building physical infrastructure without parallel investments in workforce development risks creating facilities without operational strength. Continuous upskilling in diagnostics, digital health, telemedicine, AI-enabled systems and multibioanalytical models helps build a sustainable ecosystem.

Tamil Nadu is also well-placed to become a preferred manufacturing destination for medical devices and equipment, leveraging its existing strengths in auto components, electronics and precision engineering. Reducing import dependency will be crucial to strengthening the State's healthcare provisioning further. Lastly, strong collaboration between public and private sectors is essential in addressing systemic challenges. While public health systems promote scale and reach, private healthcare, diagnostics, Med-Tech and digital health ecosystems contribute to innovation, technology and specialised capabilities.

However, it is also important to recognise that even relatively mature healthcare systems face challenges. Patient load pressures, antibiotic distribution gaps, operational bottlenecks remain concerns across Indian States.

The lesson from Tamil Nadu is not about replicating an identical structure - but about replicating the underlying principles of sustained investment, decentralised delivery, workforce development and technology-enabled systems. That is the blueprint India needs now.

Dr. U.S.R. Veda is Chairman, FICCI Tamil Nadu State Council and CMD Tripartite Health Care & NCD Preventive Diagnostic Association (2017-2020).

**A doctor's ethical burden**

The nature of the doctor's argument is not inherently distinct from claims about a much younger foetus' interest in being carried to term. In both cases, more time in the womb increases the chances of natural outcome. However, since a 28-week fetus is at a more advanced stage of gestation, two things change about the claim.

First, doctors are better able to predict both the doctor's chances of survival and the medical complications it may face, making doctors about neonatal care and future health more cautious. Second, and not incidentally, the ethical burden of the doctor who must perform the delivery increases significantly. Where a fetus is not viable, the doctor's sole obligation is to the pregnant woman. But where a living child may be delivered, the doctor's obligations extend to that child as well. A doctor may, therefore, experience the procedure not merely as an abortion, but as a medically induced premature delivery that involuntarily creates an obligation to preserve life.

Policies such as the ban on condom advertisements between 6:00 a.m. and 10:00 p.m. and a generally repressive culture around sex brush questions of sex and sexuality under the carpet.

# व्यावसायिक यौन शोषण के लिए बच्चों की तस्करी तो लगेगा पाँक्सो : शीर्ष कोर्ट

सुप्रीम कोर्ट ने कहा, मानव तस्करी में पीड़ित की सहमति का कोई महत्व नहीं

अमर उजाला ब्यूरो

नई दिल्ली। सुप्रीम कोर्ट ने बच्चों की व्यावसायिक यौन शोषण के लिए की जाने वाली तस्करी के मामलों में सख्त रुख अपनाते हुए कहा कि ऐसे मामलों में भारतीय न्याय संहिता (बीएनएस) और अनैतिक देह व्यापार (रोकथाम) अधिनियम (आईटीपीए) के साथ-साथ पाँक्सो कानून की धाराएँ भी लागू की जा सकती हैं।

जस्टिस जेबी पारदीवाला और जस्टिस आर महादेवन की पीठ ने यह फैसला देते हुए यौन कर्मियों की चिंताओं को कम करने और पीड़ितों के पुनर्वास के लिए कई निर्देश भी जारी किए। शीर्ष अदालत ने स्पष्ट किया कि अगर किसी वयस्क पीड़ित को धमकी, बल प्रयोग, धोखाधड़ी, अपहरण, छल, अधिकारों के दुरुपयोग या किसी लाभ के लालच के जरिये शोषण के लिए तैयार किया गया है, तो उसकी कथित सहमति का कोई महत्व नहीं है। मानव तस्करी जैसे अपराध में सहमति की अनुपस्थिति कोई आवश्यक तत्व नहीं है और



## बच्चों का यौन शोषण गैर-सहमति वाला अपराध

सुप्रीम कोर्ट ने कहा कि बच्चों की तस्करी के मामलों में उनको सहमति पूरी तरह अप्रासंगिक है। अगर किसी नाबालिग का यौन शोषण हुआ है तो अपराधियों पर पाँक्सो कानून के तहत मुकदमा चलाया जाएगा। अदालत ने कहा कि भारतीय कानून के अनुसार बच्चे से जुड़ा हर यौन शोषण गैर-सहमति वाला अपराध माना जाता है।

**बच्चों को यौन उत्पीड़न से बचाने के लिए पाँक्सो...** शीर्ष अदालत ने कहा कि पाँक्सो कानून बच्चों को यौन उत्पीड़न, गंभीर यौन हमले और बाल यौन शोषण सामग्री के निर्माण या प्रसार जैसे सभी अपराधों से सुरक्षा देने के लिए बनाया गया है। ऐसे मामलों में अपराध की रिपोर्टिंग, पीड़ित का बयान दर्ज करने और मेडिकल जांच की प्रक्रिया भी पाँक्सो कानून के विशेष प्रावधानों के तहत होगी।

जांच का केंद्र अपराधियों की मंशा व कार्रवाई होनी चाहिए। सर्वोच्च अदालत ने 29 मई को यह आदेश एक गैर

## सहमति के बिना नहीं होना चाहिए वयस्क सेक्स वर्कर्स का पुनर्वास

नई दिल्ली। सुप्रीम कोर्ट ने कहा कि वयस्क सेक्स वर्कर्स के पुनर्वास और संरक्षण गृह में भेजने संबंधी निर्णयों में उनको सहमति को सर्वोच्च महत्व दिया जाना चाहिए। शीर्ष अदालत ने कहा कि किसी भी वयस्क व्यक्ति को उसकी इच्छा के विरुद्ध पुनर्वास प्रक्रिया में शामिल नहीं किया जा सकता।

जस्टिस जेबी पारदीवाला और जस्टिस आर महादेवन की पीठ ने कहा, पीड़ितों को केवल बचाव और पुनर्वास के निष्क्रिय विषय के रूप में नहीं देखा जा सकता। उनकी स्वतंत्रता, गरिमा और व्यक्तिगत पसंद का सम्मान करना

**मामला 2** सांविधानिक रूप से आवश्यक है। यह पीड़ित का जीवन, स्वतंत्रता और भविष्य है। इसलिए उसकी इच्छा को नजरअंदाज कर कोई फैसला नहीं लिया जा सकता। पीठ ने अनैतिक देह व्यापार (निवारण) अधिनियम, 1956 की धारा 17 के तहत अपनाई जा रही मौजूदा प्रक्रिया की आलोचना करते हुए कहा कि यह व्यवस्था सभी व्यक्तियों को एक ही श्रेणी में रखती है। इसमें उन लोगों के बीच अंतर नहीं किया जाता जो मानव तस्करी के शिकार हैं, जो किसी दबाव में इस पेशे में आए हैं या जो स्वेच्छा से सेक्स वर्कर हैं। इससे कई बार अनायासपूर्ण परिणाम देखने को मिलते हैं। सुप्रीम कोर्ट ने निर्देश दिया कि किसी वयस्क को मजिस्ट्रेट के सामने पेश करने से पहले यह जांच की जाए कि वह स्वेच्छा से सेक्स वर्कर है या नहीं। क्या महिला सेक्स वर्कर संरक्षण गृह में रहना चाहती है। इस प्रक्रिया में सामाजिक कार्यकर्ताओं की सहायता ली जा सकती है, लेकिन सेक्स वर्कर खुद को इच्छा को प्राथमिकता दी जाएगी। अदालत ने कहा कि केवल असाधारण परिस्थितियों में ही पीड़ित की इच्छा के विपरीत निर्णय लिया जा सकता है। ऐसा तब होगा जब उसकी सुरक्षा को गंभीर खतरा हो। ब्यूरो

सरकारी संगठन (एनजीओ) प्रज्वला को उस याचिका पर दिया गया, जिसमें मानव तस्करी पर रोक लगाने और

व्यावसायिक यौन शोषण के पीड़ितों के अधिकारों की सुरक्षा सुनिश्चित करने की मांग की गई थी।

## LONG HOURS IN CARS CAN ALSO AFFECT HEALTH

**Bharati Chaturvedi**

letters@htlive.com

**NEW DELHI:** This summer, a simple car ride in urban traffic can be worse for your health than you might know.

The reason is, our car interiors off-gas significant amounts of chemicals, which we inhale. A study by scientists from Duke University, University of Berkeley and University of Toronto, found a flame retardant called TCIPP (tris(1-chloro-isopropyl) phosphate) was being released in the air, likely from the foam in seats. It was 2-5 times higher in the summer than winter. It is linked with skewing the body's hormonal and nervous system.

The researchers conclude, for California, that their research raises concerns for people who spend significant time in their vehicles, not only during long commutes but also in traffic jams.

This is all valid for us in India, where our cars are exposed to much greater heat and traffic congestion. This might even cause us much greater health problems. The ultimate prevention lies in innovation where safer materials offer the same, or better applications. Till that happens, roll down windows in a car that has been parked in the heat, park cars in the shade and keep windows rolled down when parked, if you can.

चुनौतीपूर्ण  
हुआ है। ब्यूरो

दिया जाए तथा अत्याधुनिक व उभरती प्रध्यागोक्तया का शांति कर  
हमारी परिचालन क्षमताओं को और अधिक मजबूत बनाया जाए।

# विटामिन डी3 व डायबिटीज समेत 30 दवाओं की खुदरा कीमतें तय 14.91 रुपये प्रति एमएल विटामिन डी3 ओरल सॉल्यूशन

नई दिल्ली। राष्ट्रीय औषधि मूल्य निर्धारण प्राधिकरण (एनपीपीए) ने विटामिन डी3 ओरल सॉल्यूशन, मधुमेह और हृदय रोग संबंधी दवाओं सहित 30 दवा फॉर्मूलेशन की खुदरा कीमतें तय कर दी हैं। दवा कंपनियां, थोक विक्रेता और रिटेलर्स अब इन दवाओं के मनमाने दाम नहीं वसूल पाएंगे।

रसायन और उर्वरक मंत्रालय के फार्मास्यूटिकल्स विभाग के अनुसार, हड्डियों की मजबूती के लिए इस्तेमाल होने वाले विटामिन डी3 ओरल सॉल्यूशन- कोलेकैल्सीफेरॉल 60,000 आईयू (नैनो ड्रॉपलेट्स) की कीमत 14.91 रुपये प्रति एमएल तय की गई है। कोलेस्ट्रॉल प्रबंधन के लिए दी जाने वाली एटोरवास्टेटिन और फेनोफाइब्रेट टैबलेट की कीमत 18.46 रुपये प्रति टैबलेट, एलर्जी की बिलास्टिन और मॉंटेलुकास्ट का मूल्य



जीएसटी शामिल नहीं : डायबिटीज सेगमेंट में एम्पाग्लिफ्लोजिन और सिटग्लिप्टिन और मेटफॉर्मिन एक्सटेंडेड रिलीज टैबलेट की कीमत 14.88 रुपये तय की गई है। वहीं, अंग प्रत्यारोपण के मरीजों के लिए जरूरी दवा टैक्रोलिमस प्रोलॉन्ड रिलीज कैप्सूल (3 एमजी) की कीमत 127 रुपये प्रति कैप्सूल निर्धारित की गई है।

21.22 रुपये प्रति टैबलेट और हाई ब्लड प्रेशर की स्थिति में दी जाने वाली बिसोप्रोलोल फ्यूमरेट और एम्लोडिपाइन की कीमत 9.40 रुपये प्रति टैबलेट तक सीमित कर की गई है। ब्यूरो

*1/1 TIME* *THE ECONOMIC*  
**WHO Reports Five Ebola Recoveries**



**Congo:** Five patients have recovered from a rare type of Ebola virus, the head of the World Health Organization said Sunday during a visit to Bunia in eastern Congo, a city at the heart of an outbreak.

"Four people will be discharged today and there was one that was discharged the day before yesterday," WHO Director-General Tedros Adhanom Ghebreyesus said during the opening of a new Ebola treatment center in Bunia, the capital of Ituri province.

"Of course, we're still working on vaccines and treatments but that doesn't mean that people cannot recover from Ebola," he added.

The WHO said Friday a patient had recovered from the Bundibugyo virus, the current species of Ebola, which has no approved treatment or vaccine. It was the first documented recovery of a confirmed Bundibugyo patient during the current outbreak. **AP**

*THE ECONOMIC*  
**Pancreatic Cancer:  
New Pill Lifts Hope**



**Washington:** A novel pill helped people with advanced pancreatic cancer live longer, researchers reported Sunday, raising hopes of long-needed better treatments for one of the deadliest types of cancer.

The drug is called daraxonrasib and it blocks a mutated protein that fuels tumor growth in more than 90% of pancreatic cancer cases — a target that had eluded treatment for decades. "While not curing the cancer, it is a very large step forward," said Dr. Zev Wainberg, of the University of California, Los Angeles, who helped lead the study.

The daily pills nearly doubled survival time, with fewer severe side effects, in a study that randomly assigned the experimental drug or more chemotherapy to 500 patients whose metastatic, or spreading, cancer had quit responding to prior treatment. The findings were published in the *New England Journal of Medicine*. **AP**

# Lowest PM2.5 levels since 2015 in May, but PM10 levels remain steady

Sophiya Mathew  
New Delhi, May 31

DELHI RECORDED its lowest PM2.5 levels in May this year in at least a decade. However, PM10 levels logged in May remained almost unchanged from May 2025. This sharp contrast between the concentration of two pollutants, experts say, suggests that rain and winds may have temporarily cleared finer pollutants without tackling the coarser particles from sources that generate them.

Data from the Central Pollution Control Board (CPCB) show that city's average PM2.5 concentration in May this year

stood at 54  $\mu\text{g}/\text{m}^3$  (micrograms per cubic metre), the lowest in May since at least 2015 and nearly half the 114  $\mu\text{g}/\text{m}^3$  recorded in May 2017. PM10 levels, in contrast, averaged 175  $\mu\text{g}/\text{m}^3$ , marginally higher than 173  $\mu\text{g}/\text{m}^3$  last May and only slightly lower than the 185  $\mu\text{g}/\text{m}^3$  recorded in May 2023.

The divergence between the two pollutants is significant because PM2.5 and PM10 often respond differently to meteorological conditions, experts say. PM2.5 particles are lighter and remain suspended in the atmosphere for longer periods, making them more susceptible to dispersion by strong winds and wash-

## • Skywatch



**Forecast: June 1, 2026:**

Partly cloudy sky becoming generally cloudy sky; a spell of very light to light rain

**MAX: 35-37**

3°C below normal

**MIN: 24-26**

2.4°C above normal

• Sunrise: 5:24 AM (June 1)

• Sunset: 7:15 AM (June 1)

• Moonrise: 9:25 AM (June 1)

• Moonset: 6:30 AM (June 2)

## • AQI Tracker



**Ashok Vihar**  
Satisfactory  
AQI: 82



**Bawana**  
Satisfactory  
AQI: 91



**ITO**  
Satisfactory  
AQI: 79



**Narula**  
Satisfactory  
AQI: 86

- Good (0-50)
- Satisfactory (51-100)
- Moderate (101-200)
- Poor (201-300)
- Very Poor (301-400)
- Severe (401-500)

out during rainfall events. PM10 is more closely linked to dust resuspension, construction activity, and regional dust transport.

Last May, Delhi logged substantially higher rainfall (188.9 mm) and a lower average maximum temperature (37.6°C) compared to this year. Yet, PM10 levels this May still remained almost identical to those of last year, revealing the persistence of coarse-particle pollution. PM2.5 levels, however, fell from 67  $\mu\text{g}/\text{m}^3$  to 54  $\mu\text{g}/\text{m}^3$  this year.

The cleaner PM2.5 levels also coincided with favourable weather conditions during the month. As per IMD data, Delhi

received 19.5 mm of rainfall across three rainy days in May.

Delhi recorded an average maximum temperature of 39.5°C in May, marking only a small variation from the 40°C the usually logs for the month. Meanwhile, the average minimum temperature stood at 25.8°C. "PM10 levels have remained relatively high, which suggests that only the finer particles were dispersed temporarily because of weather conditions, rather than there being a substantial reduction in emissions," said Sunil Dahiya, lead environmental analyst and founder of Envirocatalysts, a Delhi-based think tank.



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# कांटे की बात

आज मैं राजनीतिक हिंस और राज्य प्रायोजित आतंकवाद का शिकार हूँ। BJP की हकीकत यही है। अगर आप उनका समर्थन करते हैं, तो आप देशभक्त हैं। सवाल पूछने पर आप निशाने पर आ जाते हैं।



-अभिषेक बनर्जी, TMC महासचिव

1 जून को अंतरराष्ट्रीय दुग्ध दिवस मनाया जाता है। संयुक्त राष्ट्र का खाद्य और कृषि संगठन 2001 से दूध और डेयरी उत्पादों के महत्व, स्वास्थ्य लाभ और किसानों के योगदान के प्रति लोगों को जागरूक करने के लिए यह दिवस मनाया आ रहा है।

# श्वेत क्रांति में सबसे आगे भारत



अभिषेक बनर्जी पर भीड़ का जानलेवा हमला

कोनकास पुलिस आपके साथ हमेशा... नहीं ?



शुभ

AT की अन्वेषण बगार्ड के चक्कर में मत पड़िए

# Herbal cigarettes as harmful as tobacco cigarettes: Study

Ritu Sharma

Ahmedabad, May 31

HERBAL CIGARETTES, which are outside India's tobacco control laws, can be as damaging as tobacco cigarettes, a joint study by Indian Institute of Technology Gandhinagar (IITGN) and University of Illinois Urbana-Champaign (UIUC), US, has found.

Widely marketed in India and abroad as "natural, tobacco-free and even therapeutic alternatives" to conventional cigarettes, herbal cigarettes produce emissions that can be comparable to — or even more damaging than — tobacco smoke, the study, released ahead of the World No Tobacco day, said.

Notably, the study compared emissions from two of India's best-selling tobacco brands and four popular herbal cigarettes containing basil, clove, cinnamon, mint, green tea, water lily and chamomile. Two herbal brands used tendu (ebony) leaf

wrappers, identical to those used in bidis, India's most widely consumed smoking product.

The research, titled "The lure of 'Healthier Smoke': Comparative physical, chemical, and oxidative potential characterization of emissions from herbal and tobacco cigarettes", was published last week in the 'Journal of Hazardous Materials'. The research paper was co-authored by Alok Kumar Thakur and Sameer Patel from IIT Gandhinagar and P S Ganesh Subramanian and Vishal Verma from the University of Illinois, Urbana-Champaign, US.

"The research paper presents a comprehensive comparison of the physical, chemical, and oxidative properties of smoke from commercially available herbal and tobacco cigarettes in the Indian market," co-author Prof. Sameer Patel, Assistant Professor, Department of Civil Engineering and Chemical Engineering, IITGN, told *The Indian Express*.

अदालत से | इलाज के दौरान एक मरीज का बीमा क्लेम टुकराए जाने पर अदालत सख्त, कंपनियों को मुकदमे का सामना करना होगा

# स्वास्थ्य बीमा सिर्फ अनुबंध नहीं, संकट का सहारा : कोर्ट

नई दिल्ली, कार्यालय संवाददाता। साकेत जिला अदालत ने एक अहम फैसले में कहा है कि मेडिकल बीमा क्लेम को केवल कागजी प्रक्रिया या अनुबंध का हिस्सा मानकर नहीं देखा जा सकता। यह मरीज की संकट का सहारा है।

अदालत ने यह टिप्पणी उस मामले में की, जिसमें इलाज के दौरान बीमा क्लेम टुकराए जाने से मरीज की हालत बिगड़ने और मौत तक पहुंचने के आरोप लगे हैं। अतिरिक्त सत्र न्यायाधीश अनुज अग्रवाल की अदालत ने मेडी असिस्ट इंश्योरेंस टीपीए प्रोडक्ट लिमिटेड की ओर से



दाख पुनरीक्षण याचिका को खारिज करते हुए कहा कि हर मेडिकल फाइल के पीछे एक परिवार की उम्मीद और संघर्ष छिपा होता है। अदालत ने कहा कि जब कोई परिवार अपने

## मदद नहीं मिलने से महिला मरीज की हो गई थी मौत

यह मामला कलकत्ता निवासी घर्मवीर सिंह और उनकी दिवंगत पत्नी सुष्मा सेनी से जुड़ा है। सुष्मा मस्टीपल मायलोमा (एक प्रकार का ब्लड कैंसर) जैसी गंभीर बीमारी से जूझ रही थीं और कीमोथेरेपी के जरिए इलाज जारी था। इलाज के शुरुआती चरण में बीमा कंपनी ने कुछ दावों को मंजूरी दी,

प्रियजन को गंभीर बीमारी से जूझते देखता है, तो ऐसे में क्लेम का खारिज होना महज पॉलिसी की शर्त नहीं, बल्कि उम्मीद के टूटने जैसा होता है। क्लेम का मामला मरीज और उसके

लेकिन बाद में जीवन रक्षक दवा 'बोर्टजोमिब' के लिए क्लेम को बार-बार खारिज कर दिया। जबकि डॉक्टरों ने कंपनी को लिखित में इस दवा को मरीज के लिए अत्यंत आवश्यक बताया था। समय पर भुगतान न होने से इलाज प्रभावित हुआ और अंता: वर्ष 2018 में सुष्मा की मृत्यु हो गई।

परिवार के लिए जिंदगी की उम्मीद से जुड़ा होता है।

**तीन साल की देरी पर कोर्ट सख्त :** इस मामले में पत्नी की मौत के बाद पति न्याय की आस में निचली

अदालत का रुख किया। ट्रायल कोर्ट ने मामले में अप्रैल 2022 में बीमा कंपनी और उसकी थर्ड पार्टी एडमिनिस्ट्रेटर (टीपीए) के खिलाफ आपराधिक साजिश और लापरवाही से जीवन को खतरे में डालने जैसे आरोपों के तहत समन जारी किए थे।

इसके खिलाफ टीपीए कंपनी ने करीब तीन साल की देरी से पुनरीक्षण याचिका दाख की। सत्र अदालत ने इस देरी पर सख्त रुख अपनाते हुए कंपनी को माफ करने से इनकार कर दिया। कोर्ट ने याचिका खारिज करते हुए कहा अब संबंधित कंपनियों को मुकदमे का सामना करना होगा।



जानकारी या इनपुट होने पर secy-cbse@nic.in पर संपर्क करने की अपील की है।

*Daimi Sasm*

## कैंसर के इलाज में बड़ी सफलता, बिना मास्क हो सकेगी रेडियोथेरेपी

नई दिल्ली, एनआइ : भारत ने कैंसर के इलाज के क्षेत्र में बड़ी उपलब्धि हासिल की है। सर एचएन रिलायंस फाउंडेशन अस्पताल के डॉक्टरों ने भारत में पहली बार एआइ संचालित सरफेस गाइडेड रेडियोथेरेपी (एसजीआरटी) और एडेप्टिव रेडियोथेरेपी के अनूठे संयोजन का उपयोग करके सिर और गर्दन के कैंसर के मरीज का इलाज किया है।

पारंपरिक रेडियोथेरेपी में मरीज के सिर को स्थिर रखने के लिए एक बेहद तंग प्लास्टिक मास्क पहनाया जाता है और सीटी सिमुलेशन स्कैन किया जाता है, जिसमें काफी समय लगता है, लेकिन इस तकनीक से डॉक्टरों ने बिना किसी मास्क या सिमुलेशन सीटी स्कैन के सटीक रेडिएशन थेरेपी दी। डॉक्टरों के अनुसार, मुंह के कैंसर से पीड़ित रोगी पिछली सर्जरी और रेडियोथेरेपी उपचारों के असफल होने के बाद अस्पताल में आया था। ट्यूमर अत्यधिक बढ़ा हुआ था और लगातार ब्लॉडिंग हो रही थी। सिर और गर्दन के कैंसर के लिए पारंपरिक रेडियोथेरेपी रोगी की हलचल को रोकने के लिए तंग प्लास्टिक मास्क और सिमुलेशन सीटी स्कैन पर निर्भर करती है, डॉक्टरों ने महसूस किया कि गंभीर रोगी उस कठोर प्रक्रिया को बर्दाश्त नहीं कर सकेगा। रक्तस्राव को रोकने के लिए आवश्यक विकिरण देने हेतु अस्पताल ने इस उन्नत तकनीक का सफलतापूर्वक उपयोग किया। मरीज पर इलाज का सकारात्मक परिणाम रहा और उसे 13 मई को अस्पताल से छुट्टी दे दी गई। सरफेस गाइडेड रेडियोथेरेपी तकनीक में मरीज की त्वचा को ट्रैक करने के लिए 3 डी कैमरा सिस्टम और एआइ का उपयोग किया जाता है। सर एचएन रिलायंस फाउंडेशन अस्पताल के रेडिएशन ऑन्कोलाजी विभाग के प्रमुख डा. प्रसाद राज दांडेकर ने बताया कि यह तकनीक उपचार को अधिक सटीक और प्रभावी बनाती है, जिससे मरीजों के इलाज के परिणाम बेहतर होते हैं।

# Prices of 30 medicines capped, including some for diabetes, BP

## Covers Calcium And Vitamin Supplements Too

Anuja Jaiswal@timesofindia.com

**New Delhi:** Medicines used for diabetes, high blood pressure, heart disease, infections and women's health are among 30 drug formulations for which National Pharmaceutical Pricing Authority (NPPA) has fixed retail prices, a move that could significantly reduce treatment costs for patients who depend on long-term medication.

The latest notification covers several drugs commonly prescribed for chronic illnesses that affect millions of Indians, many of which require long-term or lifelong treatment.

The formulations include anti-diabetic combinations containing empagliflozin, sitagliptin, metformin, teneligliptin and dapagliflozin; heart medicines containing atorvastatin, telmisartan, cilnidipine and metoprolol; antibiotics for infections; pain-relief drugs; vitamin sup-

### RELIEF FOR HEART PATIENTS

#### Major Categories Covered

- Diabetes medicines
- Heart disease & BP drugs
- Antibiotics
- Women's health medicines
- Pain-relief drugs
- Vitamin D & calcium supplements



#### PRICE CAPS ON COMMONLY USED MEDICINES

Medicine	Earlier Market Price*	NPPA Price
Empagliflozin + Sitagliptin + Metformin	18-25	14.8
Teneligliptin + Dapagliflozin	12.1	10.2
Atorvastatin + Fenofibrate	31	18.5
Tacrolimus 3 mg	222	127

\*Approximate market prices cited by industry representatives.

plements; and medicines used for women's health conditions.

Notification fixes maximum retail price at which these formulations can be sold, excluding GST, and manufacturers will not be allowed to market them above the notified rates.

Key formulations include

empagliflozin-sitagliptin-metformin tablets priced at Rs 14.88 per tablet, sitagliptin-glimepiride-metformin tablets at Rs 11.91 per tablet, teneligliptin-dapagliflozin tablets at Rs 10.17 per tablet and atorvastatin-fenofibrate tablets at Rs 18.46 per tablet. Tacrolimus capsules used by

organ transplant patients have been priced at Rs 127 per capsule.

The list also includes vitamin D3 oral solutions, calcium and vitamin supplements, cefpodoxime-clavulanate antibiotic suspensions for children and norethisterone acetate tablets for women's health.

Industry representatives said the notified prices for several commonly used medicines are lower than prevailing market rates. However, market prices may vary across brands and strengths. Rajiv Singhal, general secretary of All India Organisation of Chemists and Druggists, welcomed the move and said consumers are likely to gain from revised prices in 60-90 days, once existing stocks in supply chain are cleared and the revised-MRP stock reaches market.

Health experts note that medicines account for a significant share of household health-care spending in India, particularly for patients living with chronic conditions such as diabetes, hypertension and heart disease. Affordable access to treatment is considered critical for reducing financial burden on families and improving adherence to long-term therapy.

{ IN DR CONGO, UGANDA } MT

# Over 1.1k suspected Ebola cases: CDC

Agence France-Presse

letters@hindustantimes.com

**NAIROBI:** More than 1,100 people were suspected of having contracted Ebola in the Democratic Republic of Congo and neighbouring Uganda, the head of the African Union's health agency said on Sunday in a commentary for the Financial Times.

Africa Centres for Disease Control and Prevention director general Jean Kaseya said there were 263 confirmed cases in both countries as of Saturday, with 43 confirmed deaths.

More than 1,100 suspected cases were still being investigated, he wrote in the editorial. On Thursday, the Africa CDC said there had been 246 suspected deaths from the virus.

"We must move at the speed of the epidemic," added Kaseya, criticising Africa's dependence



**A health worker at an Ebola treatment centre in Bunia. AFP**

on outside financial support.

The health ministers of the DR Congo, Uganda and South Sudan recently adopted a \$319-million response plan to the outbreak.

"That momentum must now expand across the continent," Kaseya said, calling the latest Ebola outbreak a "serious test" for the Africa CDC and the African Union. "This outbreak will not be the last," he added.



transported to the township

Verily provided and medical care, said the report.

sanctions against an oil refi-

quences of any actions targ-

without knowing what disc-

he said.

# Experimental pill promises new hope for deadly pancreatic cancer

**Washington:** A novel pill helped people with advanced pancreatic cancer live longer, researchers reported Sunday, raising hopes of long-needed better treatments for one of the deadliest types of cancer. "While not curing the cancer, it is a large step forward," said Dr. Ziv Wainberg, of the University of California, Los Angeles, who helped lead the study.

The drug is called darsaxinrasib and it blocks a mutated protein that fuels tumour growth in more than 90% of pancreatic cancer cases — a target that had eluded treatment for decades.

The daily pills nearly doubled survival time, with fewer severe side effects, in a study that randomly assigned the experimental drug or more chemotherapy to 500 patients whose metastatic, or spreading, cancer had quit responding to prior treatment. The findings were published in the *New England Journal of Medicine* and presented Sunday at the American Society for Clinical Oncology meeting in Chicago.

Those taking darsaxinrasib lived for a median of 13.2 months compared with 6.7 months for chemotherapy recipients. While that may seem



like a small improvement, Wainberg said it marked the first drug to show a substantial advantage over chemotherapy.

The pills' effects eventually wane but recipients used them for significantly longer than the comparison group stayed on chemotherapy, reporting less pain and a better quality of

life as their tumours shrank. Many still were using the drug after the data was analysed, which Wainberg said means the survival gap may widen as researchers track them.

Dr. Brian Wolpin, of Dana-Farber Cancer Institute, presented the findings on Sunday. He said the drug should be-

**The pills' effects eventually wane but recipients used them for significantly longer than the comparison group stayed on chemotherapy, reporting less pain**

come "a new standard of care" for previously treated metastatic pancreatic cancer, adding that researchers also will explore its use earlier in the disease, including to see if tumour shrinkage might let more patients qualify for surgery. Side effects most likely to affect pill usage were a rash that can be severe and mouth sores, he said.

Maker Revolution Medicines funded the study and the Food and Drug Administration plans to expedite review of the drug. Meanwhile, the agency is allowing what's called "expanded access" to the experimental drug for patients who meet

certain criteria. The drug garnered public attention when former US senator Ben Sasse described on "60 Minutes" how he's had less pain while taking it. Oncologists are being flooded with requests as the special access program gets started.

Pancreatic cancer is among the most deadly forms because it's hard to detect. The American Cancer Society estimates about 47,000 new cases will be diagnosed in the US this year. Unlike with other cancers that have benefited from a variety of chemotherapy alternatives, pancreatic cancer has been harder to tackle.

*The Hindustan*

# NFHS-6 data indicate increase in C-section deliveries, obesity, diabetes in Maharashtra

**Snehal Mutha**

MUMBAI

The latest National Family Health Survey (NFHS-6) report has revealed a rise in caesarean deliveries, obesity, diabetes, and hypertension across Maharashtra, with urban areas reporting more such cases than rural parts of the State. As per data for 2023-24, a total of 96.4% of births in the State were institutional and every third

delivery (33.6%) was by C-section, an increase from 25.4% in 2019-21. More caesarean deliveries were reported from private hospitals (48.5%) than from public hospitals (23.8%).

The survey also showed a 7-8 percentage point increase in obesity cases among women and men. Obesity in women spiked from 23.5% (NFHS-5) to 31.1% while men reported an uptick from 24.7% to 32.8%. In other words,

nearly every third individual in the State was found to be obese.

Similarly, diabetes saw a jump from 12.4% to 16% in women and from 13.6% to 17.7% in men. In urban areas, 19.3% of women and 20.4% of men reported high blood sugar levels.

## **Improved immunisation**

The survey has reported improvements in children's health care. Stunting among children under

five reduced from 35.2% to 29.5%, and wasting decreased from 25.6% to 19.9%, which means fewer children suffered from chronic and acute under-nutrition than before.

It also recorded a decline, from 71% to 64.7%, in breastfeeding among infants below six months.

NFHS-6 also showed improved vaccination coverage, with over eight in 10 children aged 12-23 months immunised in 2023-24.