



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE Day
Saturday

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प्रदूषण, जल संकट एवं बढ़ती गर्मी से हांफ रही दिल्ली



संजीव गुप्ता • जागरण

नई दिल्ली : राष्ट्रीय राजधानी दिल्ली की प्रमुख मुद्दों को लेकर स्थिति दयनीय है। इससे बड़ी चिंता की बात और क्या होगी कि दिल्ली न सिर्फ प्रदूषण, बल्कि जल संकट, कचरा निस्तारण की समस्या एवं साल दर साल बढ़ती गर्मी से भी हांफ रही है। विश्व पर्यावरण दिवस पर सेंटर फार साइंस एंड एनवायरमेंट (सीएसई) द्वारा जारी रिपोर्ट 'स्टेट आफ इंडियाज एनवायरमेंट 2026 : इन फिगर्स' दिल्ली की मौजूदा स्थिति को लेकर चिंतनजनक तस्वीर पेश करती है। रिपोर्ट बताती है कि आने वाले साल दिल्ली के लिए पर्यावरण, सेहत, इंफ्रास्ट्रक्चर के लिहाज से चुनौतीपूर्ण होने वाले हैं।

हर दिन 3000 टन से अधिक कचरा बिना प्रोसेस लैंडफिल साइट पर जा रहा: दिल्ली रोजाना लगभग 11,000 टन ठोस कचरा पैदा करती है। रिपोर्ट के आंकड़ों के मुताबिक, इसमें से केवल 65 से 70 प्रतिशत कचरे को ही प्रोसेस या रीसायकल किया जाता है। हर दिन लगभग 3000 टन से अधिक कचरा बिना



भलस्वा लैंडफिल साइट पर जमा कचरा • जागरण आर्काइव



साँदियों में यमुना के पानी में बन जाते हैं झाग • आर्काइव

- न ठोस कचरे का होता सही निस्तारण, न अपशिष्ट जल का उपचार
- पिछले एक दशक की तुलना में 'अत्यधिक गर्म दिनों' की संख्या में 40 प्रतिशत की बढ़ोतरी
- सीएसई की रिपोर्ट 'स्टेट आफ इंडियाज एनवायरमेंट 2026 : इन फिगर्स' में आया सामने

प्रोसेस के सोधे गाजीपुर, भलस्वा एवं ओखला के लैंडफिल साइट पर जा रहा है। इससे इन पहाड़ों की ऊंचाई व मीथेन गैस का उत्सर्जन लगातार बढ़ रहा है।

400 एमजीडी गंदा पानी बिना उपचारित हुए यमुना में गिर रहा : दिल्ली में रोजाना करीब 720-750

यह रिपोर्ट केवल आंकड़े नहीं, बल्कि एक चेतावनी है। दिल्ली जैसी मेगा-सिटी को बचाने के लिए हमें पारंपरिक तरीकों से ऊपर उठकर सार्वजनिक परिवहन को मजबूत करना होगा। कचरे को शत-प्रतिशत अलग करना अनिवार्य बनाना होगा। साथ ही शहरी वनीकरण को युद्ध स्तर पर बढ़ावा देना होगा।

- सुनीता नारायण, मलविदेगक, सीएसई

मिलियन गैलन (एमजीडी) सीवेज पैदा होता है, लेकिन दिल्ली के सीवेज ट्रीटमेंट प्लांट्स (एसटीपी) की वास्तविक परिचालन क्षमता के चलते अभी भी लगभग 350 से 400 एमजीडी गंदा पानी बिना पूरी तरह उपचारित हुए सोधे यमुना में गिर रहा है।

रिपोर्ट की प्रमुख बातें

- दिल्ली में पीएम 2.5 का वार्षिक औसत स्तर 100 से 110 माइक्रोग्राम प्रति घनमीटर के बीच है। यह डब्ल्यूएचओ के सुरक्षित मानक (पांच माइक्रोग्राम प्रति घनमीटर) से लगभग 20 गुना और भारत के राष्ट्रीय मानक (40 माइक्रोग्राम प्रति घनमीटर) से तीन गुना अधिक है।
- पिछले एक दशक की तुलना में दिल्ली में 'अत्यधिक गर्म दिनों' की संख्या में 40% की वृद्धि हुई है।
- राजधानी में सालाना जितना पानी जमीन के अंदर जाता है, उससे 150 प्रतिशत से अधिक पानी निकाला जा रहा है। इससे हर साल वाटर टेबल 0.5 से 2 मीटर तक नीचे खिसक रहा है।

तापमान में रविवार के बाद फिर बढ़ोतरी होने की संभावना, 40 के पार पहुंच सकता है पारा

गर्मी से दो दिन राहत के आसार

Andersen



नई दिल्ली, प्रमुख संवाददाता। दिल्ली में गर्मी से फिलहाल दो दिन और राहत मिलने के आसार हैं। हालांकि मौसम विभाग का अनुमान है कि रविवार के बाद तापमान में फिर बढ़ोतरी होगी और अधिकतम तापमान 40 डिग्री सेल्सियस के पार पहुंच सकता है। शुक्रवार को दिल्ली का अधिकतम और न्यूनतम तापमान सामान्य से नीचे दर्ज किया गया, जिससे लोगों को गर्मी से राहत मिली।

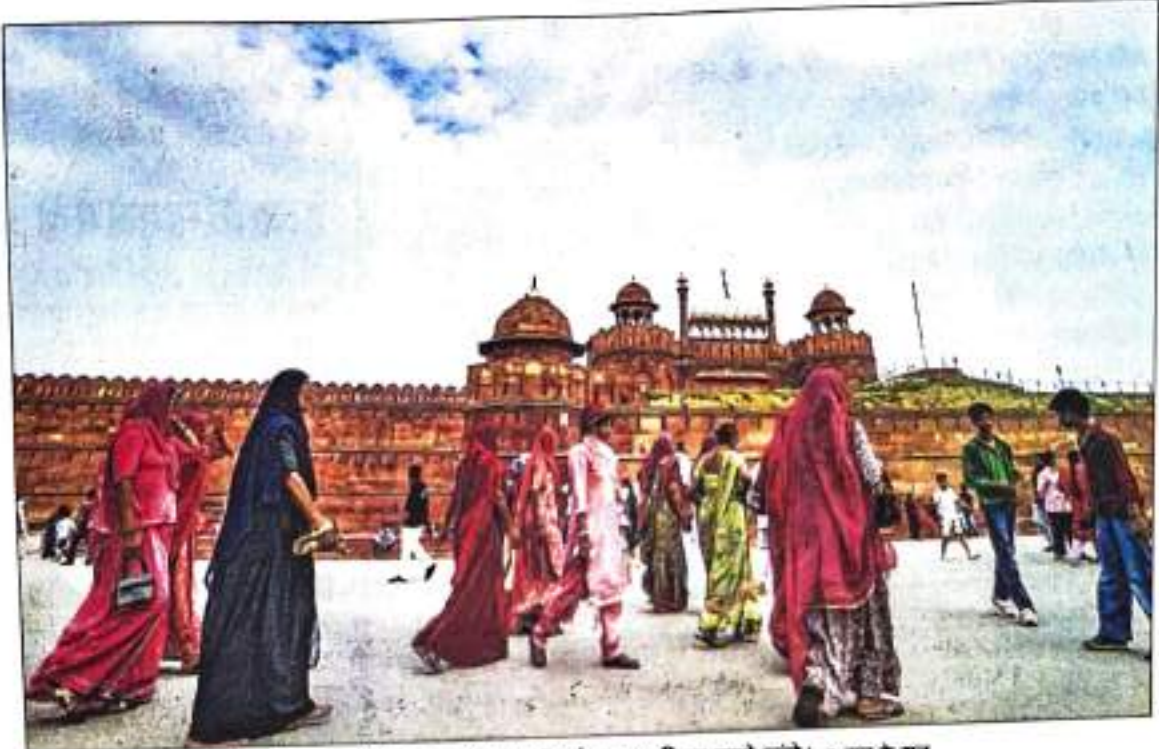
शुक्रवार सुबह से तेज धूप निकली, लेकिन बीच-बीच में हल्के बादलों की आवाजाही बनी रही। गुरुवार को दिल्ली और आसपास के क्षेत्रों में आई धूल भरी आंधी और बारिश का असर मौसम पर दिखाई दिया। हवा में नमी बनी रहने के कारण तापमान में ज्यादा बढ़ोतरी नहीं हुई। दिल्ली की मानक वेधशाला सफदरजंग में अधिकतम तापमान 35.8 डिग्री सेल्सियस दर्ज किया गया, जो सामान्य से 4.2 डिग्री कम रहा। वहीं न्यूनतम तापमान 26 डिग्री सेल्सियस रहा, जो सामान्य से 1.6 डिग्री कम है। आर्द्रता का स्तर 48 से 70 प्रतिशत के बीच दर्ज किया गया।

पालम और रिज में रात रही ठंडी
: दिल्ली के कुछ इलाकों में रात के तापमान में उल्लेखनीय गिरावट दर्ज की गई। मौसम विभाग के अनुसार, पालम

35 डिग्री सेल्सियस दर्ज किया गया अधिकतम तापमान

4.2 डिग्री सेल्सियस तापमान कम रहा सामान्य से

131 रहा एक्वआई, यह मध्यम श्रेणी में आता है



राजधानी में शुक्रवार को सुहने मौसम के बीच काफी संख्या में पर्यटक लातकिला घूमने पहुंचे। • राज के राज

में न्यूनतम तापमान 22 डिग्री सेल्सियस रहा, जो सामान्य से 6.2 डिग्री कम है। वहीं रिज क्षेत्र में न्यूनतम तापमान 23.1 डिग्री सेल्सियस दर्ज किया गया, जो सामान्य से 4.5 डिग्री कम रहा। इससे रात और सुबह के समय मौसम अपेक्षाकृत सुहावना बना रहा।

पश्चिमी विक्षोभ का असर पड़ रहा कमजोर : पिछले दो दिनों से सक्रिय पश्चिमी विक्षोभ के कारण दिल्ली-एनसीआर में आंधी और बारिश का दौर देखने को मिला था। इसी

वजह से तापमान में गिरावट दर्ज हुई। अब इसका प्रभाव धीरे-धीरे कम हो रहा है। मौसम विभाग के अनुसार शनिवार को अधिकतम तापमान 33 से 37 डिग्री और न्यूनतम तापमान 24 से 26 डिग्री सेल्सियस के बीच रह सकता है। कुछ इलाकों में तेज हवाओं के साथ हल्की बूंदाबांदी की भी संभावना है। हवा की रफ्तार 60 किलोमीटर प्रति घंटे तक पहुंच सकती है।

हवा की गुणवत्ता में सुधार : मौसम में बदलाव का असर वायु

गुणवत्ता पर भी देखने को मिला है। केंद्रीय प्रदूषण नियंत्रण बोर्ड (सीपीसीबी) के अनुसार शुक्रवार को दिल्ली का औसत वायु गुणवत्ता सूचकांक (एक्वआई) 131 दर्ज किया गया, जो मध्यम श्रेणी में आता है।

बता दें कि एक दिन पहले यह 164 था। यानी बीते 24 घंटे में वायु गुणवत्ता सूचकांक में 33 अंकों का सुधार हुआ। अगले दो दिनों तक हवा की गुणवत्ता इसी स्तर पर बने रहने की संभावना जताई गई है।

...ने मौसम विभाग ... रजोकरी गांव

बेजान अंगों में जान डाल सकेंगे बिजली के झटके

अमेरिकी वैज्ञानिकों का परीक्षण, स्ट्रोक के मरीजों में जगी उम्मीद

सेहत

कैलिफोर्निया, एजेंसी। स्ट्रोक (लकवा) के कारण हाथ और बांहों में आई कमजोरी से जूझ रहे लोगों के लिए नई उम्मीद सामने आई है।

अमेरिका स्थित पिट्सबर्ग विश्वविद्यालय के विशेषज्ञों ने एक ऐसा सफल परीक्षण किया है, जो सालों पुराने लकवे के बाद भी मरीजों के हाथों की क्षमता को सुधार सकता है। उनके मुताबिक, रीढ़ की हड्डी में हल्के बिजली के झटके (इलेक्ट्रिकल स्टिम्युलेशन) भेजकर मरीजों के हाथों की मूवमेंट को काफी हद तक वापस लाया गया है।

700 मरीजों पर किया गया परीक्षण: परीक्षण के दौरान हाथ के लकवे से जूझ रहे 700 मरीजों को शामिल किया गया था। मात्र चार हफ्तों के इलाज के बाद मरीजों के हाथों की ताकत में औसतन 32 प्रतिशत का सुधार देखा गया।

मांसपेशियों की अकड़न दूर हुई: विशेषज्ञों के अनुसार, परीक्षण से साफ हुआ कि स्ट्रोक के कारण मरीजों की मांसपेशियों में जो असामान्य अकड़न आ जाती है, वह इस खास थेरेपी से काफी कम हो गई। बताया कि इस दौरान मरीजों को नौ घंटे से भी कम की एक्सरसाइज करनी पड़ी।

हाथों में ताकत से बदल सकती है जिंदगी: विशेषज्ञों ने बताया कि लकवे के मरीजों



क्या है यह नई तकनीक

आधुनिक तकनीक को 'सर्वाइकल एपिड्यूरल स्पाइनल कॉर्ड स्टिम्युलेशन' कहा जाता है। इसमें मरीज की गर्दन के पास रीढ़ की हड्डी में बहुत पतले तार डाले जाते हैं। यह डिवाइस रीढ़ की हड्डी के जरिये मस्तिष्क और कमजोर मांसपेशियों के बीच के संपर्क को दोबारा मजबूत करता है।

के लिए हाथ में थोड़ी सी भी ताकत आना पूरी जिंदगी बदल सकता है।

अपने काम खुद कर पा रहे मरीज: विशेषज्ञों ने बताया कि परीक्षण के दौरान इस तकनीक की मदद से जिन मरीजों का उपचार किया गया, अब उनमें से अधिकतर लोग अब अपने छोटे-मोटे काम खुद कर पा रहे हैं, जैसे- शर्ट के बटन लगाना, हाथ खोलना, चम्मच या कप पकड़ना और खुद भोजन खाना।

देश में बढ़ते मामले

- आईसीएमआर-एनएसआरपी के अनुसार, भारत में 13.8 फीसदी स्ट्रोक मरीज 45 साल से कम उम्र के हैं
- डब्ल्यूएचओ के मुताबिक, 40 फीसदी मरीज स्ट्रोक के 24 घंटे बाद अस्पताल पहुंचते हैं, इस वजह से कई विकलांगता का शिकार हो जाते हैं

किस देश में ज्यादा मामले

दुनिया में स्ट्रोक के सबसे अधिक मामले चीन में हैं, जहां विशाल आबादी और बुजुर्गों की बढ़ती संख्या के कारण हर साल लाखों लोग इसकी चपेट में आते हैं। वहीं, अगर आबादी के अनुपात और मृत्यु दर की बात की जाए तो मंगोलिया और किरिबाती शीर्ष पर हैं। भारत में लगभग 14 फीसदी मामले सक्रिय तौर पर हैं।

गैजेट की तरह करना होगा

प्रयोग: विशेषज्ञों के मुताबिक, जैसे ही डिवाइस को चालू किया जाता है, दिमाग से आने वाले कमजोर सिग्नल बूस्ट हो जाते हैं और हाथ तुरंत काम करना शुरू कर देता है। हालांकि, डिवाइस बंद होने पर मूवमेंट फिर कम हो जाती है। यानी मरीजों को इसे दैनिक जीवन में गैजेट की तरह इस्तेमाल करना होगा।

क्या प



अजित ल
असर मेरी
है। इसी व
जानकारी

कैंसर के इलाज में नई आस, ट्यूमर को निशान्त बनाएगी दवा

नई दिल्ली, प्रेड: कैंसर के इलाज में एक महत्वपूर्ण सफलता हासिल करने का दावा किया गया है। पुणे के विज्ञानियों ने ऐसी लक्षित दवा वितरण प्रणाली विकसित की है, जो सीधे कैंसर कोशिकाओं और ट्यूमर पर हमला करती है। इससे स्वस्थ कोशिकाओं पर पड़ने वाले दुष्प्रभावों को तक कम किया जा सकता है।

यह शोध प्रतिष्ठित जर्नल एडवांस्ड हेल्थकेयर मैटीरियल्स में प्रकाशित हुआ है। पुणे स्थित अगारकर रिसर्च इंस्टीट्यूट के विज्ञानियों ने स्तन कैंसर के लिए एक बायोडिग्रेडेबल नैनोकैरियर प्लेटफॉर्म विकसित किया है, जिसे लक्षित जीन थेरेपी के उद्देश्य से तैयार किया गया है। यह प्रणाली विशेष प्रकार के बायोडिग्रेडेबल मेसोपोरस सिलिका नैनोकणों पर आधारित है। इनमें दवा या चिकित्सकीय पदार्थ को अधिक वहन करने की क्षमता होती है। इनसे छोटे हस्तक्षेपकारी आरएनए (एसआइआरएनए) अणुओं को कैंसर कोशिकाओं तक प्रभावी ढंग से पहुंचाया जाता है। ये अणु उन प्रोटीनों के निर्माण को रोकते हैं, जो बीमारी और ट्यूमर के विकास में अहम भूमिका निभाते हैं।

विज्ञानियों ने बताया कि

- पुणे के विज्ञानियों की लक्षित जीन थेरेपी आधारित नैनो तकनीक में दवा अधिक वहन करने की क्षमता
- स्वस्थ कोशिकाओं को कम नुकसान, स्तन कैंसर के परीक्षणों में मिले उत्साहजनक नतीजे



एसआइआरएनए को दो ऐसे महत्वपूर्ण जीनों के विरुद्ध पहुंचाया गया, जो ट्यूमर को जीवित रखने और उपचार के प्रति उसकी प्रतिरोधक क्षमता बढ़ाने का काम करते हैं। नैनोकैरियर नियंत्रित तरीके से चिकित्सकीय पदार्थ छोड़ता है, जिससे दवा का प्रभाव बढ़ता है। स्तन कैंसर मॉडल पर किए गए प्रयोगों में इसने उल्लेखनीय परिणाम दिए। शोध में कैंसर कोशिकाओं की मृत्यु दर बढ़ी और ट्यूमर की वृद्धि में स्पष्ट कमी दर्ज की गई। प्रतिरक्षा दोष से ग्रस्त चूहों पर परीक्षण के दौरान भी नैनोकैरियर ट्यूमर वाले हिस्सों में ही एकत्र हुआ।

हर वायरस से बचने में रामबाण होगी एआइ की मदद से बनी पहली वैक्सीन

जागरण न्यूज नेटवर्क, नई दिल्ली : एआइ का उपयोग कर पहली बार नए तरह की वैक्सीन विकसित की गई है जो हर तरह के वायरस से बचाव के लिए "रामबाण" होगी। यह न केवल वायरस से सुरक्षा करने में सक्षम होगी, बल्कि भविष्य में होने वाली महामारी के प्रकोप को भी रोक सकती है। केंब्रिज विश्वविद्यालय के शोधकर्ताओं ने कहा है कि यह पहली बार है जब किसी वैक्सीन के प्रमुख घटक को एआइ से डिजाइन किया गया और फिर मनुष्यों पर इसका परीक्षण किया गया है। इस वैक्सीन को कोरोना वायरस सभी वैरिएंट से सुरक्षा के लिए तैयार किया गया था। यह शोध शुरुआती चरण में है, लेकिन टीम अलग-अलग वैक्सीन विकसित कर रही है जो फ्लू और इबोला से निपट सकती हैं। दरअसल कुछ वायरस रूप बदलने में माहिर होते हैं, इसलिए टीके जल्दी ही अप्रचलित हो जाते हैं। यही कारण है कि कोविड और फ्लू के टीकों को अपडेट करना आवश्यक है।

केंब्रिज विश्वविद्यालय के

इस तरह डिजाइन की वैक्सीन

- केंब्रिज विश्वविद्यालय के शोधकर्ताओं ने संभावित वायरल खतरों से संबंधित निगरानी कार्यक्रमों द्वारा दर्ज किए गए विभिन्न प्रकार के कोरोना वायरस से ज्ञात जेनेटिक कोड लिए। एआइ की मदद से जेनेटिक कोडों का विश्लेषण किया गया।

- इसके बाद "सुपर-एंटीजन" डिजाइन किया जो प्रतिरक्षा प्रणाली को ऐसे प्रशिक्षित करने में सक्षम है कि वायरस में बदलाव होने पर भी सुरक्षा कर सके। एंटीजन टीकों के महत्वपूर्ण घटक होते हैं क्योंकि प्रतिरक्षा प्रणाली इन्हीं पर हमला करना सीखती है।

प्रोफेसर जोनाथन हीनी ने कहा, एआइ द्वारा डिजाइन किसी एंटीजन का मनुष्यों पर परीक्षण पहली बार किया जा रहा है। वैक्सीन का 39 लोगों पर परीक्षण किया गया। जर्नल आफ इन्फेक्शन में प्रकाशित निष्कर्षों में कहा गया है कि प्रतिरक्षा प्रणाली पर इसका प्रभाव मामूली लेकिन उत्साहजनक रहा।

वित्त मंत्रालय की प्रिंटिंग प्रेस में

जेईई एडवांस्ड के डाटा में संघ का दावा किया

The Indian Express
DATA REVEALS A PERSISTENT GENDER DIVIDE

India's 'partner-less' population shrinks but TN, Kerala buck national trend

Zeeshan Shaikh
 Mumbai, June 5

AT A time when there is a conversation around rising divorce rates and changing family structures, fresh demographic data suggests a different reality. The proportion of Indians who are widowed, divorced or separated has declined over the past decade, even as a handful of southern states have moved in the opposite direction.

According to the Sample Registration System Statistical Report 2024, 3.5 per cent of India's population is currently classified as widowed, divorced or separated (W/D/S), down from 4.1 per cent in 2014.

The sharpest reductions were recorded in Uttarakhand, where the W/D/S population fell from 6.2 per cent to 3.5 per cent over the decade, and Chhattisgarh, where it dropped from 5.2 per cent to 3.6 per cent. Delhi saw its figure decline from 3.6 per cent to 2 per cent, while Gujarat fell from 4.8 per cent to 3.1 per cent. Bihar, which already had one of the country's lowest proportions, saw it decline further from 2.3 per cent to just 1.5 per

cent.

This national trend also masks a striking regional divergence.

Tamil Nadu recorded the highest W/D/S rate in the country in 2024 at 7.2 per cent, up sharply from 5.7 per cent a decade ago. Kerala was the only other major state to record an increase, rising from 6.2 per cent to 6.3 per cent. Telangana remained unchanged at 4.6 per cent.

The contrast with northern states is stark. Uttar Pradesh reported a W/D/S population of 2.2 per cent, Haryana 1.9 per cent, Jammu and Kashmir 1.7 per cent and Bihar 1.5 per cent.

The critical takeaway from the 2024 data is that living without a partner in India remains overwhelmingly a female reality. The figures lay bare a severe structural disparity: men who divorce or lose a spouse are highly likely to remarry, while women overwhelmingly bear the social and economic burden of living out their lives with the W/D/S status.

A decade ago, a massive 6.5 per cent of the total female population was classified as W/D/S,

compared to a mere 1.9 per cent of males. While the overall numbers have improved, the gender chasm remains firmly intact. Today, 5.4 per cent of all Indian females carry this status, compared to just 1.6 per cent of males.

While almost every state in northern, eastern, and western India mirrored the national trend of a declining W/D/S population, the data expose a massive geographic shift in the South. Two of India's most highly developed states completely bucked the national trend, registering notable increases in marital dissolution and partner loss.

Tamil Nadu witnessed a drastic surge, jumping from a W/D/S rate of 5.7 per cent in 2014 to a country-leading 7.2 per cent in 2024. Kerala also experienced an increase, rising from 6.2 per cent to 6.3 per cent.

Higher female literacy, greater financial independence, and better social safety nets may be leading to a higher social acceptance of divorce and separation.

FULL REPORT ON
WWW.INDIANEXPRESS.COM

INDIA'S 'PARTNER-LESS' PARADOX

A demographic look at the Widowed/Divorced/Separated (W/D/S) population (2014 vs 2024)

THE BIG PICTURE:

A SHRINKING DEMOGRAPHIC

Contrary to urban narratives, the proportion of Indians living without a partner after marriage is actually falling nationally

% of the total population



THE GENDER CHASM

Living without a partner remains overwhelmingly a female reality in India. Men remarry; women overwhelmingly carry the W/D/S status for life

Total population W/D/S (2024)



THE GEOGRAPHIC DIVIDE: THE SOUTHERN SURGE

While almost all of India saw rates fall, two highly developed Southern states bucked national trend

● 2014 Rate ● 2024 Rate



Absence of conviviality & a disease called capitalitis

The Indian Express



GAUTAM MENON

IN A talk at CMC Vellore some years ago, the veteran public health expert John Omerman referred to what he called "capitalitis". Among its symptoms was the tendency, most prominently of those based in Delhi, to believe that policies devised in the national capital could be transplanted without change to the rest of the country.

Capitalitis is a disease with diffuse symptoms. It shows itself, for example, in how input is taken to inform decisions at a national level. An instructive example is that of the On-Screen Marking system, or OSM, instituted this year by the CBSE in its Class XII examinations. The CBSE did not hold pilot projects across its 22 regional centres, even though this was reportedly suggested by its advisory committee in the previous year. Only about 100 teachers, all from Delhi-based schools, participated in the exercise. It is understood that even those teachers advised the CBSE not to go ahead with the OSM rollout, citing the need for better features, training and more time to adapt. The total number of city schools that participated was just five, a tiny, non-representative fraction of the approximately 33,000 CBSE schools across the country.

Another pilot project might have led to a better understanding of the problems faced by teachers in areas far from the capital. These are problems of erratic power supplies, intermittent internet availability, quality of scans, a lack of appropriate devices, and the availability of time, given the many other civic duties often assigned to schoolteachers. The idea that the national capital, with its relatively stable power supply, 5G internet, and relatively better-off schools might serve as a template for the rest of the country is a clear example of capitalitis.

More than a decade ago, I served on a committee tasked with devising a national-level graduate examination. For the two days that it took to complete the paper, we were effectively secluded. Cell phones were not allowed and no papers could be taken out of the room in which we worked.



The committee was composed of academics from all over India. All of them were committed to creating an examination that would help identify those who would benefit most from advanced training. The questions had to be appropriate to the level at which students were trained, across India. But they also needed to be able to identify an additional layer of creativity and out-of-the-box thinking.

What strikes me now, looking back, is the collegiality, sociability and joyfulness with which we worked together to this end. We were, in a single word, convivial.

Many things have changed since then. One major change is that the National Testing Agency has taken over administering the same examina-

tions, in addition to others. While there were no serious complaints about the older system, the same cannot be said of the NTA more recently. Several academics of repute have simply not agreed to work with the NTA in forthcoming rounds of exam setting.

There are many reasons for this, but chief among them seems to be the structure of the NTA itself. It is largely staffed by contractual employees. They are overworked and susceptible to multiple pressures, including deadlines imposed on them at short notice. Administrative requirements and the call of efficiency have taken centre stage, replacing the passionate involvement of convivial individuals. The idea of "one agency to rule them all", located in the capital city, manned by staff with no intrinsic attachment to a larger purpose, subverts the true strength of our federal system. The architecture of the past was diffuse, flexible, consensus-based, and diverse.

The combination of capitalitis and AI is worse than those on their own. Any reasonable AI model can now generate questions at an appropriate level, with suggested answers and partial scores. One could go further and have all evaluations done by machine. A further advantage would be to have multiple versions of the papers, again an easy task for any AI. Such a model would be an efficient one and could be administered completely in the national capital. But would it be a convivial one?

A convivial society is one where no centre holds absolutely, where diversity is accommodated, and where a historical level of efficiency is not the chief metric that measures performance. The project of building a social nation requires, at a deep level, conviviality. A *Vishat Bharat* should also be a convivial *Bharat*.

To achieve conviviality, even with AI to help, we should first cure ourselves of capitalitis. One step towards that is to see it for what it is.

The writer is a professor at Ashoka University. Views expressed here are his own and do not represent those of his institution.

Medicines, and not just renaming, heals disease ^{MT}

When a medical condition is given a new name, it begins to cast a different sort of shadow over the people who live with it. Polycystic Ovarian Syndrome (PCOS), a disorder that affects 170 million women worldwide, has been rechristened. It's now called Polyendocrine Metabolic Ovarian Syndrome (PMOS).

The proponents (global experts and patient advocates) of re-naming argue the change was necessary because the old name encouraged a narrow focus on ovaries, leaving other important health consequences insufficiently recognised and addressed.

PCOS indeed extends beyond reproduction, encompassing insulin resistance, hypertension, diabetes, dyslipidaemia, atherosclerosis, sleep apnoea, body-image concerns, anxiety and depression; together, these may substantially increase future cardiovascular and psychological risk.

The metabolic and psychological dimensions of PCOS have long been recognised by gynaecologists and reproductive endocrinologists. Guidelines for identifying and managing these features have existed for years, most recently updated in 2023. The hope is that renaming may encourage wider adherence.

The rebranding, however well intentioned, creates two problems — imposing uniformity on a condition defined by variation, and invit-

ing unnecessary alarm. PCOS is so heterogeneous that no global consensus exists on its diagnosis. Japanese and Chinese criteria differ from the International Consensus Guidelines and, in many ways, from each other. These divergences reflect the influence of ethnicity, environment and population-specific risk profiles on how the syndrome presents. Since 2003, the internationally accepted Rotterdam criteria have defined PCOS by the presence of any two of three features: irregular periods, typically delayed or unpredictable; excess facial or body hair and acne in a male-pattern distribution; and polycystic ovaries on ultrasound.

Neither the Rotterdam criteria nor any major international guideline requires metabolic syndrome, or even insulin resistance, for a PCOS diagnosis. Clinicians have long

recognised that metabolic dysfunction characterises some, but by no means all, women with the condition. This makes the "M" in PMOS troubling, and possibly a distortion. By placing metabolism at the centre of the definition, the new name risks rendering metabolically healthy women with PCOS conceptually invisible. Depending on the population studied, women without significant metabolic impairment comprise 50-70% of diagnosed cases. Metabolic risk is strongly associated with obesity, though leanness

offers no absolute protection.

Lean women constitute a substantial proportion of those diagnosed with PCOS, though the proportion varies considerably between populations. Using a BMI threshold of less than 25 kg/m², they account for nearly 70% of cases in Japan and China, around 50% in India, and about 40% in western populations. Yet, leanness is not a simple category. Indians have a tendency to accumulate visceral fat at lower body weights, meaning that even a BMI of 25 may conceal a degree of metabolic and cardiovascular risk.

This pattern is less common in western populations, where BMI correlates more closely with overall fat distribution. A waist-hip ratio is more informative than weight alone. Among lean women with PCOS, roughly half store fat predominantly around the hips and thighs, while the remainder accumulate it centrally around the abdominal organs. These tendencies arise from a complex interplay of genetic, intrauterine and environmental influences.

Women with the gynoid form (0.7-0.8 waist-hip ratio) of lean PCOS typically lack insulin resistance and are not at increased risk of diabetes, hypertension, cardiovascular disease or stroke. The gynoid pattern of fat distribution seen in multiple celebrities who have talked of

living with PCOS means that the fat is away from the abdominal organs, thereby mitigating metabolic risk. They nevertheless have genuine PCOS, driven by reproductive hormonal imbalance causing ovulatory dysfunction and hyperandrogenic symptoms. The new name risks obscuring this important reality. A purely reproductive, metabolically-healthy variant of PCOS exists.

Modern abundance has superimposed a lifestyle disorder upon a reproductive hormonal one. The renaming, therefore, risks making PCOS appear broader and more intrinsically pathological than it is, implying disease mechanisms beyond hormonal disturbance and obesity.

Weight gain, visceral adiposity, sedentary living and chronic caloric excess are the real forces shaping metabolic risks across a lifetime. Many of the non-reproductive manifestations associated with PCOS are not unique expressions of the syndrome itself, but reflections of the wider obesity-inducing environment in which it occurs.

Traditionally, this variation has been acknowledged by distinguishing between lean and obese PCOS, and between those with and without the metabolic syndrome, because future risk is embedded in those differences. The new name risks implying that metabolic dysfunction arises directly from PCOS itself, locating disease risk within an immutable pathology rather than the influence of lifestyle. To transfer responsibility for metabolic syndrome from lifestyle to biology is a dangerous manoeuvre. It encourages the comforting belief that nothing much can be done, and thereby makes doing something far less likely.



Ruma Satwik

PCOS IS SO HETEROGENEOUS THAT NO GLOBAL CONSENSUS EXISTS ON ITS DIAGNOSIS. JAPANESE AND CHINESE CRITERIA DIFFER FROM THE INTERNATIONAL CONSENSUS GUIDELINES

Ruma Satwik is a Delhi-based gynaecologist. **T**hese views expressed are personal.

अब चाहे छोटी सड़क हो या बंद गली, सबको मिल जाएगा हेल्थ ट्रेड लाइसेंस

विश्व सिंह • जयपुर

नई दिल्ली: अगर हौजवाली में आम की घटना तीन जून को न होकर कुछ समय बाद होती तो शायद इस अवैध होटल व रेस्त्रां का मालिक लवकेश बनाज किसी कानूनी पथ में नहीं पंजसता। वह ईज आफ ड्रिंग बिजनेस के तहत एमसीडी द्वारा सरल को गई हेल्थ ट्रेड लाइसेंस मालिसों का फायदा उठाकर इमारत को रेस्त्रां दिखा देता। उसे न तो रेस्त्रां चलाने के लिए फायर एनओसी की जरूरत होती और न कम से कम छह मीटर चौड़ी सड़क की शर्त माननी होती। वह चाहता तो सिर्फ रेस्त्रां का लाइसेंस ले लेता और कारोबार चला सकता था। कोई एजेंसी न रोकने आती, न टोकने। ये नए लाइसेंस प्रविधान लागू हो चुके हैं। एमसीडी ने फिलहाल लाइसेंस देना बंद कर रखा है। एफएसएसएड और एमसीडी का पोटल मर्ज हो रहा है। इसके बाद ही यह पोटल चालू होगा। हौजवाली की घटना के बाद इस

• एमसीडी ने ईज आफ ड्रिंग बिजनेस के नाम पर खाम की सुरक्षा संबंधी शर्तें

• हौजवाली अग्निकांड के बाद उठ रहे हैं शर्तों को ढीला करने पर सवाल

• नए आदेश के तहत नागरिकों की सुरक्षा की जिम्मेदारी पूरी तरह संचालक की होगी

पहले मास्टर प्लान, फायर एनओसी से कुछ हद तक निगरानी थी

ऐसे तो राजधानी दिल्ली में आम की घटनाओं और हादसों पर हमेशा ही एजेंसियों की निगरानी व्यवस्था पर सवाल खड़े होते रहे हैं, लेकिन नियमों और शर्तों के चलते आखिरी से लाइसेंस नहीं लिया जा सकता था। वही, इसे अवैध रूप से चलाने के लिए

भी दिल्ली नगर निगम, पुलिस और फायर समेत दूसरी एजेंसियों को अवैध रूप से महीना देना पड़ता था। लेकिन नए नियमों से निगरानी व्यवस्था पूरी तरह ढरसा हो जाएगी। क्योंकि पुराने नियमों में मास्टर प्लान 2021 के और अग्निशमन के दिशा

निर्देशों के पालन की जरूरत होती थी। उदाहरण के लिए 50 सीटी से ज्यादा वाले रेस्त्रां को फायर एनओसी की जरूरत होती थी लेकिन अब यह शर्त खत्म हो गई है। हालांकि जब आम लागू तो पूर्ण की तरह मालिक ही जिम्मेदार होगा।

आदेश के सामने आने से एमसीडी को कार्यशील पर सवाल उठ रहे हैं। हालांकि यह प्रविधान दिल्ली में भ्रष्टाचार सरकार बनने के बाद एमसीडी द्वारा बहुत पहले किया जाना था, लेकिन बार-बार इसे लटकाना जा रहा था।

यह प्रविधान एमसीडी द्वारा हेल्थ

ट्रेड लाइसेंस की नीति में हुए बदलावों के बाद लागू हो गए हैं। इसमें अब खाद्य पदार्थों की बिक्री से संबंधित लाइसेंस के लिए न तो एमसीडी से मंजूरी की जरूरत होगी न ही ही अग्निशमन विभाग से फायर एनओसी की। अब चाहे सड़क कम चौड़ी हो गली बंद हो सबको हेल्थ ट्रेड

लाइसेंस मिल जाएगा। व्यक्ति को केवल केंद्र सरकार की एजेंसी भारतीय खाद्य सुरक्षा और मानक प्राधिकरण (एफएसएसएड) से लाइसेंस लेना होगा। यहां से लाइसेंस लेना इतना सरल है जैसे ही ई-मेल अडिडी बनाना। नागरिकों को जैसे रेस्त्रां, डाब, काफी हाउस, फूड कोर्ट,

अद्वितीय पार्लर जैसे 67 ट्रेड में लाइसेंस लेने के लिए अपने व्यवसाय का प्रमाण, फोटो और फॉस चुकानी होगी और लाइसेंस मिल जाएगा। इसे को एमसीडी अपना लाइसेंस मान लेगी। हालांकि एमसीडी ने जनस्वास्थ्य का हवाला देते हुए परिसर के निरीक्षण और निगरानी का अधिकार तो अपने पास रखा है लेकिन नागरिकों की सुरक्षा की जिम्मेदारी पूरी तरह संचालक की होगी।

आदेश में कहा गया है कि प्रदूषण, अग्नि सुरक्षा तथा अन्य वैधानिक मंजूरीयों का पालन करना पूरी तरह लाइसेंसधारी की जिम्मेदारी होगी। एमसीडी ने साफ कहा है कि किसी भी प्रकार की जनहानि या संपत्ति के नुकसान के लिए संबंधित संचालक जिम्मेदार होगा। साथ ही यह भी कहा गया है कि डीएमट हेल्थ ट्रेड लाइसेंस का अवैध निर्माण, स्वामित्व विवाद व अन्य विधानों द्वारा की जाने वाली कार्रवाई पर कोई प्रभाव नहीं पड़ेगा।

फोन पर भाइयों से मदद की गुहार लगाते थमीं विवेक की सांसें

Editorial

India needs innovative strategies to eliminate TB

More than a century after the first tuberculosis vaccine was introduced, the world is struggling to control one of its oldest diseases. Tuberculosis (TB) continues to kill more people annually than any other infectious disease, surpassing even the COVID-19 pandemic at its peak. Yet, there is still no effective vaccine for adolescents and adults.

Once exposed to *Mycobacterium tuberculosis*, individuals may get infected and remain asymptomatic for years. Others develop subclinical disease, showing minimal or no symptoms while harbouring infection. A subset progresses to active TB, which may manifest as pulmonary TB (PTB) – the infectious form that drives transmission – or as extrapulmonary TB (EPTB), which affects organs beyond the lungs and is harder to diagnose, more debilitating, and sometimes fatal.

No one-size-fits-all vaccine

With such diversity in disease pathways, expecting a single “one-shot” vaccine to prevent all forms of TB may be unrealistic. This expectation has shaped global disappointment in TB vaccine development especially since most previous trials have focused primarily on preventing pulmonary TB.

Meanwhile, the burden remains immense. In many low- and middle-income countries, TB incidence ranges between 200 and 300 per 100,000 population. Reducing this to 10-20 per 100,000 – the threshold for elimination – will require sustained effort and enormous public health investment. For India, which carries one of the world's highest TB burdens, the challenge is systemic.

India's goal of eliminating TB is ambitious and necessary. But achieving it will require a holistic approach towards all forms of disease and all age groups moving beyond the search for a perfect solution and embracing a layered, pragmatic approach. As tools are discovered and tested, decisions will need to be made on their deployment.

The first layer is better detection. Advances in diagnostics, including tools for identifying subclinical TB, can help identify individuals at risk earlier. The second is preventive therapy, ensuring that those with latent infection receive treatment before progressing to active disease. The third – arguably the most complex – is vaccination. However, access to diagnostics and preventive therapy remains uneven, making vaccination an especially critical pillar.

Recent findings from the BMJ-published PreVenTB trial conducted by the Indian Council of Medical Research (ICMR) provide such an opportunity. Conducted across 18 sites in India and involving more than 12,700 household contacts of TB patients, the trial evaluated VPM1002 developed by SIIPI, and Immuvac developed by Cadila, in a real-world, high-risk population aged six years and above, including



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Soumya Swaminathan

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Organization (WHO)

individuals with comorbidities and varying infection status closely reflecting real life conditions.

The trial reported efficacy of VPM1002 and Immuvac as: 50.4% efficacy of VPM1002 against extrapulmonary TB (statistically significant); 64.6% efficacy of VPM1002 in children aged 6-14 years against all TB (PTB and EPTB); More than 60% efficacy of Immuvac against EPTB in children aged 6-10 years; more than 60% efficacy against progression to disease among those developing latent infection during follow-up and overall 21.4% efficacy of VPM1002 against all TB (Reference: Subho Sarkar, Consultant Intervention Pulmonologist; from *LinkedIn*). These are not trivial findings.

Extrapulmonary TB is the hidden burden of the epidemic, harder to diagnose, frequently missed, and associated with significant morbidity and mortality. A reduction of over 50% in such cases represents a meaningful clinical and public health impact, including reduced health-care costs and patient suffering.

The data also highlight a strong signal in school-age children and adolescents, where efficacy exceeded 60% which is an add-on benefit of vaccination in this age group. This is particularly relevant because India currently has no structured TB vaccination strategy beyond infancy. If confirmed, this could open the door to a booster-dose TB prevention strategy.

Need for nutritional support

Another important piece of evidence generated from study is the role of nutrition. Reduced efficacy was observed in individuals with low body mass index (BMI), underscoring the need for nutritional support for vaccines to work optimally in undernourished in context of broader health determinants.

From a programmatic standpoint, VPM1002 offers additional advantages. It is a single-dose vaccine based on a modified BCG platform, making it operationally simpler than multi-dose, adjuvanted vaccines in development. In a country of India's scale, logistical simplicity is a decisive advantage. The vaccine can be manufactured at large scale and cost effectively.

TB is largely a disease of low and middle income countries (LMIC) and their governments must act proactively. Waiting for expensive solutions developed elsewhere is neither practical nor sustainable. LMICs cannot afford to wait for a silver bullet, because there is no one-stop solution for TB, especially when there are results from a Phase III trial conducted in an Indian population across all age groups (six years and above) and against all forms of TB, including PTB and EPTB. It is to be noted that no other TB vaccine trial till date has studied efficacy against EPTB and none of the currently ongoing trials worldwide has included EPTB as the efficacy end-point.

India has navigated similar public health

decisions before. TrueNat was the first “make in India” Molecular test approved and adopted by the National TB Elimination Programme before its World Health Organization pre-qualification study.

During the COVID-19 pandemic, Bharat Biotech's Covaxin was initially approved in “clinical trial mode” to enable early access while additional data continued to accumulate. That decision was driven not by perfection, but by urgency and it helped accelerate protection at a critical time.

India has also demonstrated this approach with indigenous rotavirus vaccines, which were introduced despite modest efficacy and wide confidence intervals. Since then, they have helped reduce severe disease and child mortality and have been incorporated into the national immunisation programme (Bhandari *et al.*, *The Lancet*, 2014).

A smarter TB strategy

TB is, in many ways, a slow-moving pandemic. Yet, it has not always been met with the same urgency in policy action. The policy question, therefore, is how innovations, including moderately effective vaccines such as VPM1002 and Immuvac, can be intelligently integrated into the TB elimination programme. Targeted use among household contacts, deployment in school-age children, and alignment with nutrition and preventive therapy programmes could together lead to a form a more effective TB control framework. A combination of vaccines effective across different indications and age groups may be needed to have an impact.

India's TB challenge is unlikely to be solved by a single breakthrough. It will require a combination of early detection, preventive treatment, targeted vaccination against both pulmonary and extrapulmonary TB, case-based clinical management, nutritional supplementation, and sustained public health investment.

Waiting for a perfect vaccine may delay progress indefinitely, especially when no trial other than the PreVenTB trial has evaluated vaccine efficacy against both pulmonary and extrapulmonary TB in individuals aged six years and above. In contrast, deploying tools that reduce severe disease, particularly EPTB, can deliver immediate and tangible benefits.

The PreVenTB trial is comprehensive, well-designed and well conducted, offering a meaningful signal – perhaps a light at the end of the tunnel in TB vaccine development. Given the urgency of the challenge and the limited time to act, we must focus on solutions that are available today and supported by robust evidence of efficacy against both PTB and EPTB in individuals aged six years and above under real-world conditions, rather than wait indefinitely in the hope that better options may emerge in the future – an outcome that is far from certain.

The Hindu

New Indian vaccine trial data show meaningful protection against extrapulmonary TB, underscoring the need for targeted vaccination alongside stronger public health strategies

• CLIMATE

The Indian Express

Can scheme to replace NCR's old trucks and buses curb pollution?

Nikhil Ghanekar
New Delhi, June 5

THE UNION Cabinet Wednesday approved a two-year clean mobility scheme to reduce air pollution in the Delhi-National Capital Region (NCR). The scheme will incentivise the replacement of older trucks and buses with vehicles that are compliant with BS-VI or higher norms.

BS refers to Bharat Stage, a set of emission standards to regulate and reduce vehicular air pollution. While BS-IV regulated tailpipe pollutants such as nitrogen oxides (NOx), carbon monoxide (CO) and particulate matter (PM), BS-VI introduced stricter limits on such emissions besides pushing cleaner fuels and advanced onboard diagnostics. Government vehicles are excluded from the new scheme.

Clean mobility

Delhi-NCR suffers from extreme air pollution. Its predominant sources are the transport sector, dust, industrial pollution and biomass burning. These sources are both local as well as regional. Their share, though, varies depending on the season, as meteorological factors play a crucial role in saturation or dispersal of pollutants.

Vehicular emissions remain a key concern. Delhi-NCR has a large vehicle fleet (2.98 crore) which is growing at 7% per annum, according to government data. This year, a meta-analysis of multiple emission source apportionment studies from 2015 and 2010 by a panel of air quality experts attributed 23% of winter PM2.5 pollution and 19% of summer PM2.5 emissions to the transport sector. This expert panel was tasked by the Commission for Air Quality Management (CAQM) in Delhi-NCR to assess reasons behind the worsening of air quality in the region.

One of the most important studies on source apportionment has been the August 2018 study by The Energy and Resources Institute and The Automotive Research Association of India, which found that the transport sector accounted for 40% of CO and 63% of NOx emissions in Delhi-NCR. Moreover, within the transport sector, trucks and buses account for 36% of PM2.5 emissions — fine particles that enter the the lungs and the bloodstream, causing respiratory and cardiovascular ailments.

Even as the share of trucks and buses compliant with older emission norms is only 3% of the total fleet, their emission load is disproportionate to their stock. It is estimated that one pre-BS norms heavy-duty vehicle pollutes as much as 14 times of the modern, BS-VI compliant vehicles. The government note on the Cabinet decision stated that even a BS-IV vehicle emits 2.7 times more than its BS-VI counterpart, making the transition to cleaner technology an important step to reduce air pollution.

Emission potential and vehicle stock

According to CAQM data from December 2025, goods vehicles accounted for 4.1% (11.80 lakh) of the region's 2.88-crore fleet as on August 31, 2025. Buses account for only 0.6% of the 2.88 crore fleet in the region. Of these 1.61 lakh buses, only 34,449 are compliant with BS-VI norms while 1,26,549 fall in the pre-BS to BS-IV-compliant category.

Last year, CAQM submitted to the Supreme Court that even though a vehicle might be fit otherwise, it would still be emitting pollutants as per its BS standard, which are outdated. The CAQM-constituted panel of air quality experts had noted in their report that older vehicles, particularly those operating beyond their regulatory life, exhibit higher emission intensity due to engine deterioration and compromised emission control performance.

are the personalities — the
s have hosted this tournament
first time.

Feeling stressed? FIFA has 'sensory rooms' for the anxious

Shivani Naik

• A 2024 Nigeria vs South Africa AFCON match resulted in a cardiac arrest of a fan, after a penalty was awarded against Nigeria, which spiked his cortisol levels.

• A study by the New England Journal of Medicine found that in Germany, during the 2006 World Cup they hosted, "The incidence of cardiac emergencies was 2.66 times that during the control period."

• BBC reported in an Oxford University study that tested saliva from Brazilian fans during their historic 7-1 loss to Germany at the 2014 World Cup that levels of the hormone cortisol rocketed during the home defeat in the semi-final.

It isn't exactly new that watching football can prove to be dangerous, as it increases blood pressure and strain on the heart. Diehard fans can cop the worst of it, if they are enmeshed too deep into the sentiment of identifying with a team, and go further than that to acutely feel a sense of doom concentrated in 90 minutes (or 120 minutes + penalties at worse), should results not go their way. Sudden negative turnarounds, or even something as basic as a delay in reaching your stadium seat, can also prove stressful.

But this condition tends to be felt even more acutely for those with sensory processing needs. Underlying cardiac conditions, or even diagnosed anxiety sufferers, can find the in-stadia experience debilitating. This forced FIFA to come up with sensory rooms at each of the venues for fans with sensory needs. These rooms seek to mitigate sudden triggers that make the stadium feel like it's closing in.

While football remains an adrenaline-spike, not just for those playing but also those watching, sometimes the in-stadia cacophony and high intensity can get too much. A piece of research indicates that around 5% to 16.5% of people experience sensory processing needs - hypersensitivity and hyposensitivity. Anything from an edgy emotional investment in a team's fortunes to sudden distress due to the jumpy crowd, cramped bucket seating, persistent cheers and general noise and constant movement - any of these can lead to a feeling of being overwhelmed.

These sensory rooms are built keeping in view the needs of those who can suffer a sensory overload. These vulnerable could be individuals with autism, post-traumatic stress dis-



A dejected fan after Brazil lost the 2014 semi at home. *muris*

order, dementia, anxiety and other conditions which can get triggered and worse, go unseen in the whole frenzy by those around. The sensory rooms are designed to provide calming, supportive environments, a quiet oasis within the buzz of the match crowd, as per FIFA.

The Room

Once fans enter the precincts of any of the 16 stadia across Mexico, USA, Canada, every ticket holder will have access to a sensory room. One thing they promise is silence amidst the din. FIFA notes that these rooms will feature dimmed lighting, reduced noise, comfortable seating, tactile resources and Hisense televisions presenting calming visual content. Think of those screen fillers in waiting rooms -

like calm lakes, blooming flowers, gentle streams, mountains, sunrises, starry skies. It chimes into the tagline of "ensuring no one is left on the sidelines."

Besides the venue itself, sensory rooms are also placed in the Stadium Fan Experience area as part of the expanded footprint, FIFA says, adding that at eight stadia, both options will be available every minute on match days.

Also for the first time, clear sensory bags can be accessed at Fan Info points throughout the tournament for fans to use inside the stadiums, to be subsequently returned. These will contain noise-cancelling headphones, fidget tools and visual cue cards so they can communicate without having to speak.

Trained venue staff of FIFA will also assist fans with sensory needs and other accessibility needs. FIFA has introduced live sign language interpretation for all matches, broadcasts for which will be available for fans inside the stadium and watching elsewhere. Haptic boards, which are interactive tactile surfaces will be made available to the visually challenged fans at select stadia, while all matches will go on with audio-descriptive commentary.

{ FIRST TIME }



गैजेट्स

स्मार्टवाच को बनाएं और कारगर

स्मार्टवाच एक लोकप्रिय गैजेट बन चुकी है, जिसे लोग अपनी सेहत और जीवनशैली को बेहतर बनाने में मददगार मानते हैं। ये वाकई काम की साबित तब ही होगी, जब सोच-समझकर खरीदी जाएं।

फीचर्स से ज्यादा जरूरत पर ध्यान

शुरुआत में यूजर स्मार्टवाच के लगभग सभी फीचर्स जैसे हार्ट रेट मॉनिटरिंग, नींद, स्ट्रेस और स्टेप्स ट्रैकिंग का इस्तेमाल करते हैं, लेकिन समय के साथ ज्यादातर लोग फिटनेस ट्रैकिंग, कॉलिंग जैसे बेसिक फीचर्स तक सीमित रह जाते हैं। इसलिए, खरीदने से पहले अपनी जरूरत तय करें और ऐसी



स्मार्टवाच चुनें, जो इस्तेमाल में आसान हो, अच्छी बैटरी दे और रोजमर्रा के लिए उपयोगी हो।

फिटनेस डाटा की सटीकता

स्मार्टवाच फिटनेस डाटा देती है, लेकिन इसकी रीडिंग हमेशा पूरी तरह सटीक नहीं होती। पहनने के तरीके और मूवमेंट के अनुसार आंकड़े बदल सकते हैं, इसलिए इसे मेडिकल रिपोर्ट नहीं, बल्कि एक गाइड की तरह इस्तेमाल करें।

फोन के साथ तालमेल

खरीदने से पहले यह जरूर जांच लें कि स्मार्टवाच आपके स्मार्टफोन के साथ ठीक से काम करती है या नहीं। साथ ही, बैटरी बैकअप, स्ट्रैप, वजन और फिटिंग पर भी ध्यान दें, क्योंकि असुविधाजनक या जल्दी डिस्बार्ज होने वाली घड़ी का इस्तेमाल लोग अक्सर कम कर देते हैं।

जल्दी पुराना होना

स्मार्टवाच जल्दी पुरानी लगने लगती है, क्योंकि नए मॉडल और अपडेट तेजी से आते हैं। इसलिए ऐसी घड़ी चुनें, जिसे लंबे समय तक सॉफ्टवेयर अपडेट मिलते रहें।

- फीचर डेस्क

"Calling these parks a new environmental achievement is misleading. This was a penalty and a restoration measure," claimed an expert

er Census: Fears cloud enumeration drive

 Bharti.Jain@timesofindia.com

New Delhi: While 82% of the census house listing work is already complete in the capital, the enumerators are dealing with a different challenge: reluctance on part of certain sections — migrants, occupants of 'unauthorised' settlements and owners of residential buildings with multiple rented units — to enumerate due to preconceived notions and misplaced fears about the individual census data being used to penalise them.

As per the Census Act, 1948, individual data collected during the census is kept strictly confidential and only the aggregated data at various administrative levels is made public. This allows people to record their housing and individual data freely and correctly, reassured that it will not be shared with any law enforcement agency or regulatory body.

Officials told TOI that the refusal of certain sections to be enumerated cut across districts/areas. A senior census functionary said this was "due to half-baked understanding of census rules and procedures, which we are trying to correct through awareness activities like nukkad *natak* (skits) and dialogue with involvement of the district administration and community leaders".

The official said some migrants were unwilling to be enumerated in the aftermath of the special intensive revision that saw nearly 5.2 crore deletions in Phase 2. Since many retain Aadhaar and name in the electoral roll in their native place or may have settled in Delhi's authorised colonies, they are reluctant to enumerate, fearing they will lose their documentation from their home state and also face action for squatting. "Fear of being penalised by tax or civic authorities sits in the minds of owners of private houses in unauthorised colonies and in coaching havens like Mukherjee Nagar," the officer said.

Another challenge for enumerators is entering large residential complexes where the owner resides with scores of tenants occupying other rooms. "Fearing scrutiny, the owner insists on the entire building being recorded as a single household comprising only his immediate family. Enumerators are not given access to other rented rooms and sometimes threatened," an officer said. "In some cases, we have had the district administration deploy civil defence volunteers to accompany the enumerator for safety," the officer added.

MCD says only FSSAI nod needed for 67 categories, not health trade licence

Vibha.Sharma@timesofindia.com

New Delhi: Municipal Corporation of Delhi (MCD) has issued an order deregulating health trade licences for 67 of the 97 categories amid a blame game over the Hauz Rani bed and breakfast fire.

The licence or registration document issued by Food Safety and Standards Authority of India (FSSAI) will be treated as a health trade licence for these 67 categories of businesses.

Among the beneficiaries are tea and snack stalls that cannot have seating, a category under which a licence was issued to the Hauz Rani establishment. The B&B allegedly ran a sit-down restaurant-like operation from there.

MCD called the deregulation move an initiative to boost the ease of doing business. It clarified that restaurants will no longer be required to obtain a separate health trade licence from the civic body.

"We currently have around 13,000 licences on record. Deregulation will ef-

fectively widen the licensing net because food businesses in both conforming and non-conforming areas will now be covered through FSSAI licences, which was not the case earlier," the official said.

"Under Sections 417, 420 and 421 of the DMC Act, 1957, FSSAI registration/licence shall henceforth be treated as a deemed health trade licence for food businesses. However, licensees must comply with fire safety, pollution control and other statutory norms prescribed by MCD and other govt agencies and obtain all requisite clearances. The responsibility for ensuring safety will rest entirely with the licensee," the order states.

The order comes over a year after the previous lieutenant governor announced the decision to simplify licensing requirements. Sources said the delay was caused by internal deliberations over the categories that should be exempted from MCD licensing.

"It was only after obtaining the anticipatory approval from the deliberative

wing that the order was issued," said an official familiar with the matter.

An MCD official said: "The deemed licence provision will also not prevent govt agencies from taking action against unauthorised construction. We will anyway continue with risk-based assessment."

Experts, however, fear the situation may worsen. "At a time when widespread violations are being reported despite MCD issuing licences and conducting inspections, relying solely on FSSAI licences may further complicate enforcement," said an expert.

A senior MCD official told TOI that the order has been issued recently and the transition process is under way. "The portal has been discontinued for fresh applications and renewals. Modifications are being made to redirect applicants to the FSSAI portal," the official said.

However, TOI found the portal operational on Friday. Officials later said the transition process may take at least 15 days.



Amit Malik, psychiatrist, and Prabha S. Chandra, Director, NIMHANS, in conversation with Amrita Tripathi, author, in Bengaluru on Friday. K. MUKESH/KUMAR

Character AI poses unique risks for young users, mental health experts warn

Ahhan Yamin
BENGALURU

The Hindu

Mental health professionals have raised concerns over the growing popularity of Character AI platforms among young people, warning that immersive chatbot interactions could blur the line between entertainment, companionship and psychological dependence.

Speaking at a session titled 'The matrix can hear you: chatbots and mental health' organised as part of The Hindu Huddle, NIMHANS Director Prabha S. Chandra said Character AI differs significantly from conventional generative AI tools because users can interact with simulated personalities ranging from historical figures and celebrities to fictional characters and customised companions.

"Unlike a standard chatbot, Character AI allows users to create highly personalised relationships and narratives. It can become deeply immersive because users are not just consuming content; they are actively participating in and shaping the story," she said.

Dr. Chandra noted that many young users find such platforms engaging and entertaining, but cautioned that the absence of adequate safeguards could make them particularly vulnerable.

Referring to studies suggesting that individuals experiencing loneliness, social isolation or social anxiety are among the most frequent users of such platforms, Dr. Chandra said: "People who are lonely often use these tools for comfort, and that can sometimes be helpful. However, those who are already socially avoidant may end up withdrawing further from real-world interactions."

Amit Malik, psychiatrist and founder of mental health organisation Amaha, said AI systems could play a constructive role in improving access to information and mental health resources, particularly in a country where treatment gaps remain significant.

"The challenge is ensuring that AI remains a tool rather than becoming a substitute for human relationships, professional care or independent thinking," he said.

Need for stronger oversight

Pointing to international cases in which prolonged engagement with AI companions has been linked to emotional distress and harmful outcomes, Dr. Malik said this calls for stronger oversight and age-appropriate protections.

Both experts emphasised that while AI technologies are likely to become increasingly integrated into everyday life, human oversight, stronger regulations and greater digital literacy will be essential to minimise risks. Parents should take an active interest in how children and adolescents use AI platforms and discuss online experiences openly, they said.

Excessive dependence on such tools can have unintended consequences, the experts agreed. It can contribute to "cognitive laziness" - a reduced willingness to engage in independent thinking and problem-solving and also "emotional laziness", where individuals increasingly seek reassurance and emotional regulation from AI systems instead of developing coping skills through relationships and lived experience.

The discussion moderated by Amrita Tripathi, author and mental health advocate, also highlighted concerns around data privacy, misinformation and the potential impact of excessive reliance on generative AI on critical thinking, creativity and decision-making abilities.

The Economic Times

PLATINUM-BASED MEDICINES FACE COST PRESSURE

Regulator, Cos Discuss Price Hike for Some Cancer Drugs

Teena Thacker & Vikas Dandekar

New Delhi | Mumbai: The country's drug pricing watchdog may approve a price increase for formulations of platinum-based cancer drugs such as carboplatin, cisplatin and oxaliplatin, people familiar with the matter told ET.

Platinum-based drugs are used to treat various types of cancer, including head and neck, breast, and gastrointestinal cancers.

In this regard, the National Pharmaceutical Pricing Authority (NPPA) held a meeting on June 4 with representatives from leading drug makers, including Pfizer, Fresenius, Zydus Lifesciences and Hetero. The people cited earlier said that senior executives from cancer hospitals, including Tata Memorial, also attended the meeting.

ET had reported in April about the looming possibility of disruption in production and shortage of such medicines due to the sharp increase in raw material prices.

The industry had sought a 50% increase in the prices of the three drugs. The ceiling price for carboplatin is currently ₹61.10 per 10 mg/ml vial. For cisplatin, it ranges from ₹70 to ₹300 per vial, based on the drug strength.

Following the report, the NPPA had directed the leading manufacturers of the drugs to furnish additional data, including the price escalation in raw materials over the last fi-

Dose of Reality



50%

Price hike demanded by the pharma industry for the three lifesaver drugs

Manufacturers report over **100% API** cost escalation since **Dec 2025**

NPPA ordered manufacturers to submit audited **5-year raw material data**

Rigid price caps trigger domestic production bottlenecks



ve years, duly certified by auditors. Sources said the industry informed the government that raw material costs have shot up by more than 100% in the last six months.

They said there is no visibility on procurement and availability of active pharmaceutical ingredients (APIs), as the final cost of medicines has not been increased by the NPPA, though the industry has been raising the issue since February. For instance, the price of carboplatin 10mg/ml in 2016 was ₹49.38, and the same in April 2026 was ₹60.48.