DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE Day

Monday 20260622

End the free rein of junk food advertising in India

Arun Gupta
Paediatrician, convenor of Nutrition Advocacy in Public Interest (NAPi) and co-author of the Lancet Series

Despite the Government of India's plans to amend advertising laws to curb the promotion of HFSS (high in fat, sugar and sodium) foods, such products continue to be advertised rampantly. As evidence of the health harms associated with industrially processed foods engineered to be highly palatable and potentially addictive continues to grow, restricting their advertising – particularly exposure to children and young people – may no longer be avoidable.

Try opening a YouTube video on politics, scrolling through Instagram reels, or scanning a newspaper, and you are likely to encounter advertisements for noodles, chips, biscuits, breakfast cereals, chocolates, sweetened beverages, or other ultra-processed food (UPF) products. Recently, there was a YouTube advertisement for a newly launched baked chips brand in India. The advertisement emphasised the product's cheese and tomato flavours and the "crunchiness" to appeal to consumers. What it did not disclose was that the product is a UPF with ingredients such as maltodextrin, nature-identical flavourings, flavouring substances, salt substitute (KCl/potassium chloride), acidity regulators (627, 631) and emulsifier (322). While prominently promoting selective attributes such as "baked", the advertisement omitted material health information, including the product's high salt and fat content and the presence of refined carbohydrates. Such marketing practices can create a misleading impression of healthfulness while obscuring the nutritional risks associated with these products.

While readers can recall their own experiences, there are a few other examples in the media. A female film celebrity is seen recommending a multigrain, "no maida choco cereal" for her son, despite it being a high sugar product. An entire family of actors promotes a "12-grain" breakfast cereal, while a popular film actor endorses a biscuit as a "good choice". Most of these products, however, are high in sugar, fat and/or salt, raising questions about the messages conveyed through such endorsements. Such selective disclosures create a false perception of healthfulness and deprives consumers, particularly children and adolescents, of the right to make an informed choice.

Review frameworks

The focus of this article is also to draw the attention of policymakers to the need for reviewing whether existing legal frameworks sufficiently serve the public interest. Clearer legal provisions may be required to effectively regulate the advertising of unhealthy food products.

Advertising is directly linked to increased consumption of UPFs, which is strongly associated with rising rates of obesity and diabetes. These advertisements often feature child actors and use emotionally appealing messages aimed at both children and parents, creating a desire for such products. The fact that in 2024, three major transnational corporations spent $13.2 billion on advertising underscores the volumes and the power of food product advertisements. Advertising does not merely reflect demand; it helps create it. In India alone, more than two lakh junk food advertisements in a month were backed by advertising expenditure of about ₹170 crore.

Restricting the advertising of ultra-processed food (UPF) products and foods high in fat, sugar and sodium (HFSS) is a public health imperative

Evidence suggests that UPFs can encourage overconsumption through mechanisms that resemble those identified in addiction science. The health harms associated with UPFs appear closely linked to their industrial design and marketing strategies. But the food industry fails to disclose this fact to people. Recently, the City of San Francisco filed a lawsuit against 10 major UPF manufacturers, alleging child-targeted marketing, the development of highly compelling product formulations, and inadequate disclosure of health risks such as obesity and diabetes. Among other remedies, the lawsuit sought to prevent further deceptive marketing practices and pushed for corrective measures to address the effects of past false advertising.

A policy gap

The Government of India's National Multisectoral Action Plan (NMAP) for Prevention and Control of Common Non-Communicable Diseases (2017-2022) envisaged the prohibition/restrictions on the advertising of HFSS foods. Many pre-packaged foods are highly processed, containing additives such as colours, flavours, emulsifiers and sweeteners, and are often HFSS. The issue has gained policy attention. In February 2026, the Supreme Court of India, in response to a PIL on warning labels for packaged foods, observed that front-of-pack labelling is necessary to protect the right to health. The Economic Survey 2025-26 also highlighted concerns around unhealthy diets. Several Members of Parliament have called for stronger measures, including front-of-pack warning labels, advertising restrictions and taxation of UPFs. In 2024, the Court had noted that misleading advertisements can encourage the consumption of unhealthy foods by children, pregnant women and the elderly, with potentially serious health consequences. These developments point to a growing recognition that existing safeguards may be inadequate.

The Lancet Series on UPFs and Human Health, published three papers in November 2025 which presented scientific evidence linking UPF consumption to poorer diet quality, displacement of real foods, and a higher risk of obesity, hypertension, cardiovascular disease, type 2 diabetes and other non-communicable diseases. Global and Indian data show that rising UPF consumption has coincided with increasing obesity rates. *The Lancet* made a strong case for policies in the food environments to reduce UPF consumption, with many experts arguing that policymaking should not wait for further evidence.

The food environment needs a fix

Children and adolescents in India are exposed daily to advertisements for UPFs and HFSS foods on television, digital platforms, social media, sports broadcasts and through influencers. This sustained and sophisticated marketing is designed to build brand loyalty and shape lifelong consumption patterns. The aim of the UPF industry is clear: to encourage the displacement of real culinary or cultural foods for profits. What children or youth eat cannot be separated from what they are persuaded to desire at schools, work places, cinema halls, other public places or even at home.

Experts in *The Lancet* Series contend that nutrition education and behaviour-change programmes alone cannot succeed in an environment that is saturated with aggressive marketing of unhealthy food products.

This situation underscores an important constitutional principle: when harm is foreseeable and populations are vulnerable, the state has a duty to protect public health and regulate the marketing of unhealthy food products. India committed in 2017 to restrict such advertising, but that objective remains unfulfilled. Given the scale of the problem, neither market forces nor self-regulation are likely to be sufficient. Therefore, there is a strong case for the Government of India to introduce stricter controls on the advertising and promotion of UPFs and HFSS foods such as planned in 2017 by amending advertisement laws.

If schools are to be protected spaces free from UPFs, HFSS foods and misleading nutrition messages, it is inconsistent to ignore the commercial environment that shapes children's choices outside school. The school environment itself requires clear policy direction, not merely advisories (as Brazil did recently). The Economic Survey has called for stronger regulation of UPF advertising and marketing. International experience, from Chile to Mexico, suggests that voluntary self-regulation is often ineffective, whereas enforceable legal measures can be more effective. Given its influence on children's food choices, advertising warrants stronger regulation as part of the broader right to health.

Restricting the advertising of unhealthy food products need not be viewed as anti-industry or anti-profit. In fact it could reduce company expenditure on advertising and encourage companies to redirect resources towards minimally processed foods and healthier local markets. Such a shift could help shape more sustainable and health-oriented food systems in the future.

Britain after Brexit, divided

Kerala's battle with water-borne diseases

The State's under-investment in proper sewerage networks is costing it dearly

STATE OF PLAY

C. Maya

A State renowned for being the model of public health in the country and one which has consistently recorded some of the best health indicators nationwide, is now battling recurrent outbreaks of various water-borne diseases such as shigellosis. The irony is stark, for Kerala has demonstrated the responsiveness and resilience of its health system by having a firm grip on a disease as unpredictable and complex as Nipah.

Now, rapid urbanisation and social development on the one side and inadequate attention paid to environmental health, water quality measures, poor sewage and sanitation infrastructure on the other, is threatening to undo the State's reputation as a beacon of good public health. The explosion of water-borne diseases and zoonotic diseases in the State points to the system's failure to pay attention to the social and environmental determinants of health.

Scale of contamination

A look at the outbreaks of Acute Diarrhoeal Diseases (ADD), Hepatitis A, shigellosis and norovirus in recent years gives an indication of the impact of groundwater contamination on people's health.

Between four to five lakh cases of ADD are reported every year in the State. Since the past two decades, Kerala has also been experiencing several large and small Hepatitis A outbreaks. In 2025, the State reported 31,536 cases and 82 deaths due to Hep A. This year too, as of June 15, close to 9,000 cases and 25 confirmed deaths have been reported.

Amoebic meningoencephalitis, which has also emerged as a significant public health problem in Kerala, is being linked to the faecal contamination in domestic wells, in which free-living amoeba thrive. This infection has claimed the highest number of lives in the State, with 134 cases and 34 deaths reported as of June 15 this year.

Various studies have reported that groundwater resources in the State have been under increasing stress, with 62% of the population depending on ground water from close to 7 million wells.

Lack of sewage system

As of 2025, Kerala has less than 6% proper sewerage network coverage, with most major cities having virtually no household sewage collection systems. The CAG's 2025 report stated that at the closure of the AMRUT Mission, a Central initiative aimed at ensuring universal access to safe water and reliable sewerage connections across urban areas, Kerala's overall achievement was just 11.25% and only 0.13% households got sewerage connections.

While Kerala does have high sanitation coverage with a significant proportion of households relying on septic tanks or on-site sanitation systems, these septic tanks are poorly designed and located close to domestic wells which lead to groundwater contamination. The fact that Kerala is one of the most densely populated States with small landholdings and houses situated close to each other aggravates the issue. High levels of faecal contamination have been reported in over 70% of the open wells in the State by agencies such as the Centre for Water Resources Development and Management. A study in the urban areas of Thiruvananthapuram in 2018 had reported that coliform contamination was prevalent in 73% of wells and that well chlorination and cleaning practices were inadequate.

Recurring outbreaks of Hepatitis A and shigellosis in the State showed that almost all outbreaks had been in rural areas and were linked to the local source of drinking water. Epidemiological investigations have revealed that water for regional supply systems is often pumped into supply lines without adequate chlorination or filtration, and that these lines often run close to sewage drains – any breaks in the pipeline can lead to major contamination.

It is also true that most of the interventions to provide safe drinking water to people lie outside the health sector, demanding coordinated intersectoral efforts. Thus, rather than a failure of public health, the current problem of water-borne diseases seems to be the result of the State's under-investment in establishing proper sewerage networks.

Prevention of water-borne diseases requires long-term investments in urban planning, establishing safe water distribution systems, sewer networks, wastewater treatment plants as well as measures for environmental and water quality surveillance.

maya.c@thehindu.co.in

FROM THE ARCHIVES

Hospital cover: pricey/costly either way

COVERNOTE

K. Nitya Kalyani

In the previous instalment of Cover Note we saw the angst over rising hospitalisation premium and revisited the idea, "Why not do away with the basic policy and keep only a top-up policy with, say, a ₹10 lakh threshold? A medical expenses fund can meet the first ₹10 lakh and further expenses can be claimed from top-up policy."

That would work up to a point. If you can't get a basic policy or failed to renew/lost coverage, then pick this option. If you are doing this exercise voluntarily, how do you decide if it works? You have to start with some assumptions, educated guesses. What kind of hospitalisation are you likely to face in the future and maximum expense? If your answer is "less than ₹10 lakh," here are the options. If you have a basic policy, you can make a claim and if you don't, the medical expenses fund will come in handy. If you wind up with very expensive surgeries/hospital stays, the top-up policy will also come into play after ₹10 lakh is spent via the basic policy or from your pocket. So, top up is for catastrophic claims.

The math

The idea is sensible in principle. Look at the math. If you pay ₹50,000 for a ₹10 lakh cover, in 10 years you would have paid half the sum insured as premium. You can be peeved if no claim is made. Of course, over 10 years, the premium would have doubled so you may have paid more than half the sum insured! So, saving this as a medical fund is a reasonable idea [illegible] depends on age, medical status and whether you will keep the money for intended use.

The wins

Let us see the pros of the idea. We already saw we save on the bigger premium for the basic cover and pay only the smaller premium for the top up.

Plus, you don't have to deal with claims for the first ₹10 lakh, saving quite some effort, paperwork and tension. No waiting for pre-authorisation, wondering if your claim will be paid in full, hesitating to spend on a higher rent room and stressing about cashless approval or chasing reimbursement claims.

So, if you can set aside ₹10 lakh and for good measure, add the notional premium you would have otherwise paid each year, wisely invest it, make it grow and keep it intact till in time of use. The ability to do depends on economic status, liquid assets, stable income and whether or not about ₹10 lakh hospital bill worries you.

The fund option is more efficient economically than insuring the first tranche of risk. Large companies use this strategy of retaining small losses and insuring only catastrophic ones, thus saving on premium.

The flip side

Guessing the trajectory of claims isn't easy. What if, instead of the rare ₹20 lakh expense, you repeatedly incur ₹5-₹10 lakh across many years. The base policy renews the ₹10 lakh cover every year and pays out. Your fund is a standalone protection and will run out after [illegible] such occurrences.

And then, there can be cancer or kidney disease with expenses recurring over many years, repeated hospitalisations and ICU stays.

Not only surgery or hospital stay, diagnostics and medication are costlier too. Add to this loss of wages or employment due to illness, and the situation would be unbearable for a medium income family.

So, strategies must differ depending on financial resilience and awareness of health care needs. There is more and we will see them in the upcoming instalment of Cover Note.

The writer is a business journalist specialising in insurance & corporate finance.

Send queries: [illegible]

The Economic Times

ET GRAPHICS

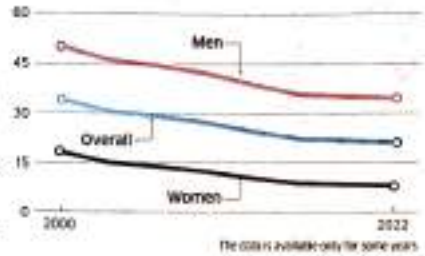
Stubbed Out

How the World is Quitting Smoking

In a viral video from last week's G7 meet, Italian Prime Minister Giorgia Meloni was heard telling other leaders on a hot mic that she had quit smoking last month. Meloni got the attention and praise for junking the habit, but she's not alone: millions across the globe are putting out cigarettes for good. Nearly all major economies have seen this trend, and in India, newly released survey data shows the same across states.

The 21st century smoking revolution: Tobacco use on the wane globally

% of adults who consume any form of tobacco globally, over the years



The data is available only for some years

Almost all G20 countries are dropping the cigarette

Change in cigarette smoking rates in G20 nations, 2000 vs 2021

The trend holds true for India, too

% of Indians who consume tobacco in any form

India's tobacco capitals: Consumption high in eastern, central states; least in south

% of men who consume any form of tobacco, 2023-24

The survey didn't take place in Manipur

What else you need to know

China, India have ultra-low smoking rates among women (less than 3%)

Italy, Russia, Turkey are the only G20 nations where smoking rates among women haven't come down

In all G20 nations, men are far more likely to consume tobacco than women, but the gap is less in Western countries (e.g.: **Italy: 25% vs 19%**)

The decline in tobacco use is not consistent across India: Chhattisgarh, Uttar Pradesh, Madhya Pradesh are some of the major states that bucked the trend

Note: All the data is for individuals aged 15 years and above
Source: **World Health Organization** (for global data), **National Family Health Surveys** (for India data)

Midlife habits for your brain health

Researchers believe the period between your 40s and 60s is a critical window for protecting cognitive health

Ariana Eunjung Cha

GETTY IMAGES

The Economic Times

Neuroscientist Miia Kivipelto's life's work has been about preventing dementia. Now, at 52, she has begun thinking more about her own vulnerability.

"Midlife is the time," said Kivipelto, a neuroscientist who recently joined the Yale School of Nursing as the inaugural director of its Center for Aging Well in Connecticut, US. "It's the last best chance to lower risk."

The idea that dementia prevention may hinge on what people do in their mid-30s to their 60s is rapidly reshaping the field. Scientists believe the disease is driven not only by changes in the ageing brain, but also by years of metabolic stress, inflammation and vascular damage accumulating across the body. Many researchers now think the biological process that leads to dementia begins 15 to 20 years before the first memory problems emerge.

Starting early

Last year, a large study found that people who remained physically active during midlife had a 40 to 45 per cent lower risk of dementia later in life. A meta-analysis of more than three million people published in *PLOS One* found that the greatest reductions in dementia risk came from how people behaved in midlife and were associated with seven to eight hours of sleep, at least 150 minutes of aerobic activity a week and fewer than eight sedentary hours a day.

PHC: REUTERS

In a 2024 Stanford University study, researchers found large shifts in proteins linked to metabolism, immune function and cardiovascular health clustered around the mid-40s and early 60s. Because these systems help regulate blood flow, inflammation and energy supply to the brain, changes in them can also influence cognitive function and overall brain health as people age. In November, a different research team found four pivot points in brain changes, including at ages 32 and 66.

That means the last big bursts of brain growth may end as middle age closes, researchers say, and that habits such as poor sleep, inactivity and chronic stress may already be taking a toll.

Learn and adapt

So what could a prescription for healthier brain ageing look like? Three factors — diet, exercise and sleep — have arguably drawn the most attention in recent years.

A 30-year study of 1,00,000 people found that those who ate plant-based foods and fewer ultra-processed foods in midlife were more likely to reach their 70s healthy, mentally sharp and free of depression. Exercise may help preserve memory, while good sleep supports brain health and may reduce the risk of cognitive decline.

Learning a language, mastering an instrument or taking up an unfamiliar hobby may help build resilience over decades.

Some factors, however, pose a risk. The Lancet Commission estimated that high LDL cholesterol and hearing loss each account for roughly seven per cent of dementia cases worldwide, while depression and traumatic brain injury each account for about three per cent. Physical inactivity, diabetes, smoking and hypertension were each linked to about two per cent of cases, with obesity and excessive alcohol use contributing an estimated one per cent.

— The Washington Post

Times Square to Nicobar: World marks Yoga Day

(Clockwise from above) People perform yoga at Times Square in New York; in Kozhikode, Kerala; Indian Coast Guard personnel in Andaman and Nicobar; and local residents in Srinagar, J&K, on the occasion of International Yoga Day on Sunday. PTI/SHAMEEKOOD

PM's message: Should aim to become more flexible at 40 than 20

Sweety Kumari
Kolkata, June 21

AS THE world marked the 11th International Yoga Day on Sunday, Prime Minister Narendra Modi said yoga has become the largest global community celebration, binding people across countries and cultures.

Kicking off the day's celebrations at Kolkata's iconic Red Road, Modi said June 21, the longest day of the year, or summer solstice, in the northern hemisphere, is now known to the world as a day of yoga.

"June 21, which marks the longest day on Earth, has now become the largest community celebration day because of yoga. Yoga brings people together. I congratulate the people of the world on this occasion," he said.

He also emphasised this year's theme for the celebrations, "Yoga for Healthy Ageing", and said, "Yoga is not just physical exercise, not restricted to any age group; it is an expression of human spirit."

He said the aim should be to become more flexible at 40 than at 20, and more energetic at 50 than at 30. He added that this ancient practice plays a crucial role in promoting physical health, mental well-being, and active ageing, thereby improving the quality of life.

PM Narendra Modi at Red Road in Kolkata, after kicking off the celebrations of 12th International Yoga Day, on Sunday. EXPRESS

Flanked on the stage by Chief Minister Suvendu Adhikari and Governor R N Ravi, PM Modi practiced a series of asanas before walking through the crowds to interact with participants, occasionally pausing to correct their postures. He also invoked the philosophies of Rabindranath Tagore, Swami Vivekananda, and Rishi Aurobindo to underscore the spiritual and social depth of the practice. "Tagore believed that human identity lies in staying connected with the people around us. Yoga speaks of this connection. Maharishi Aurobindo used to say that our entire life is yoga. Therefore, yoga is not just physical postures... it is the expression of consciousness in human life."

Adhikari thanked Modi for elevating yoga to a global platform. Given the state's political landscape, Adhikari claimed that although International Yoga Day began 12 years ago, it had never been officially celebrated as a government-backed initiative in West Bengal until the BJP government took office. The CM credited Modi for the achievement of "bringing yoga home", while stressing that the tradition of yoga had been practised in Bengal for over a century.

The fervour was mirrored across the state and other parts of the country.

both partnership and autonomy.

When doctors can move, healthcare benefits

IN A first-of-its-kind reform, Andhra Pradesh has thrown open its doors to doctors from across India by removing state registration hurdles. An MBBS graduate holding a recognised medical qualification and valid registration with any state or UT medical council in the country will now be allowed to practise in the state, without a separate Andhra Pradesh Medical Council registration or a No Objection Certificate (NOC) from the council where they are registered. The order cuts through a bureaucratic roadblock that has long deterred doctors — particularly young graduates and specialists — from moving to states where there are better opportunities. With Andhra Pradesh's registered doctor base standing at roughly 1.05 lakh for a population of nearly 5 crore, and the country's overall doctor-population ratio hovering at 1:811 against the WHO benchmark of 1:1,000, this is likely to help address shortages in specialist care and strengthen the state's ambition to attract medical talent from across India.

The significance of the decision is not limited to healthcare administration alone. In a country that routinely speaks of the ease of living and doing business, domicile preferences in public employment and local registration requirements have often tested the spirit, if not always the letter, of constitutional guarantees. Driven by political and administrative considerations, states frequently create procedural hurdles that limit opportunities. For instance, in an attempt to stem high attrition rates, Bihar recently made it mandatory for government doctors to complete three years of continuous service before becoming eligible for NOCs. There are also other tangible costs for those seeking to relocate. Re-registration fees at state councils typically range from Rs 5,000 to Rs 10,000, while obtaining an NOC from a home-state council — a prerequisite for re-registration elsewhere — can take weeks and involve additional paperwork.

Andhra Pradesh's move also aligns with the broader objective behind the National Medical Commission's efforts to create a seamless national registration framework. The "One Nation, One Registration" platform was launched in August 2024 to eliminate impediments to professional mobility. Yet only around 1,800 registration certificates have been issued so far, while more than 30,000 applications remain pending verification at state medical councils. By lowering barriers to mobility, Andhra Pradesh has not only moved to strengthen healthcare delivery, it has shown that states need not wait for administrative bottlenecks to be resolved before adopting the principle underlying the reform.

A home of her own can be a lifeline

BINA AGARWAL

TWISHA SHARMA'S untimely death in Bhopal on May 12, following reported spousal abuse and dowry demands, is just one of several thousand such deaths reported annually in India. People often ask me (given my research on gender inequality issues): Why don't even educated professional women leave abusive marriages? My answer is simple: Usually because they have nowhere to go.

A woman could potentially return to her parents, but most Indian parents encourage a daughter to "adjust" and view her return from a "failed marriage" as a blot. What about a shelter home for victims of domestic violence? Apart from inadequate numbers, these can, at best, provide temporary emergency refuge. The same goes for friends. A rental apartment can be expensive, would not be available immediately if you have to flee violence, and landlords are often suspicious of single women tenants. The one sure protection, however, can be owning an apartment, even a one-room studio flat.

My research with a colleague, Pradeep Panda, on spousal physical violence among ever-married women in 502 randomly selected rural and urban households in Kerala (a state with high female education and female-favourable sex ratios), showed that owning immovable property (house or land) provided the single most important protection against this. The incidence of domestic violence (DV) was 49 per cent where women owned neither house nor land, 18 per cent and 10 per cent respectively if they owned land or a house, and only 7 per cent if they owned both. Simply being employed did not help unless it was a formal-sector job (which barely 10 per cent of Indian women have). Working in a family enterprise or farm does not provide women independent or assured earnings. Subsequent research, in UP in India, as well as other countries, has reinforced these findings.

Owning a house gives a woman an exit option. It deters violence and gives her a place to stay if she does face abuse. It provides what economists call "a credible threat point". Also, in our study, very few of the propertyless women who faced DV left their spouses, and of those who did, most returned. Women owning homes, on the other hand, rarely returned.

In 2005, the Protection of Women from Domestic Violence Act was passed. Its implementation has been poor. Neither policymakers nor most women's groups have made the link between DV and women's home ownership, even though the Hindu Succession Amendment Act, also passed in 2005, gave married women coparcenary rights in ancestral property and the legal right to return to their parental homes.

The just-released NFHS-6 (2023-24) factsheet shows that women own a house or land (individually or jointly) in only 18.8 per cent of households across India. Even in Kerala, the figure is just 34 per cent.

The Pradhan Mantri Awas Yojana, which gives homes to poor urban families, prioritises female household heads. This is a welcome start, but not enough. Middle-class women facing violent marriages also need independent housing support. There are three aspects to this. One is architectural — the need to build several affordable studio apartments in every multi-storey housing complex. The second is financial — some government schemes do provide subsidies and charge women buyers lower interest on loans, but awareness is limited, and a grant along with the loan would help. The third is the need to think outside the box. For instance, women can jointly own homes with other women if they can't afford one alone. Parents could also gift funds for such purchases, instead of the usual dowry in jewellery and moveable items. Joint home ownership with non-relatives is possible in India with a co-ownership agreement, under laws such as the Transfer of Property Act, 1882, and the Registration Act, 1908. Much can be done to protect women from spousal violence, the most effective measure being helping them buy a room or a plot of their own.

Owning a house gives a woman an exit option. It deters violence and gives her a place to stay if she does face abuse. It provides what economists call 'a credible threat point'

The writer is professor, Development Economics & Environment, GDI, University of Manchester, & former director, Institute of Economic Growth, Delhi

among participants in their 80s, showing that efforts to improve brain health are just as effective later in life.

CONSULTATION ROOM

DR AMBUJ ROY
PROF OF CARDIOLOGY, AIIMS, NEW DELHI

Can yoga complement medicine? The evidence is growing

Studies are showing results, from heart attack recovery to prevention

EVERY YEAR on International Yoga Day, millions roll out their mats, celebrating a practice that has been part of India's civilisational heritage for millennia. Yet the most important development of yoga for us in academia is happening beyond parks or stadiums. It is happening in research laboratories, clinical trials and medical journals.

Yoga is steadily moving from a belief system to an evidence-based health intervention. The numbers tell a compelling story. Nearly 90 per cent of all scientific publications on yoga in medical literature have appeared in the last two decades. In fact, this has accelerated further in the last decade, with the number of yoga-related clinical trials reported in PubMed (the leading biomedical search engine) more than doubling in the most recent decade compared with the preceding 10 years.

This transition is particularly important in my field of cardiovascular medicine, where claims are scrutinised rigorously and only interventions supported by evidence find a place in clinical practice. Today, that evidence is beginning to emerge and become mainstream. One of the landmark studies in this field was the Indian Council of Medical Research-funded trial by our Yoga-CaRe group of authors, published in the *Journal of the American College of Cardiology* in 2020. Conducted across 24 centres in India and among nearly 4,000 patients recovering from heart attacks, it remains the largest randomised clinical trial ever undertaken on yoga-based cardiac rehabilitation. It found that patients who participated in a structured yoga-based rehabilitation programme reported significantly better health status and earlier return to normal daily activities, following a heart attack. In fact, among practitioners who attended 75% or more of yoga sessions, there were 40% fewer adverse cardiovascular outcomes. The Yoga-CaRe trial was important not merely for its findings but also for demonstrating that yoga can be evaluated using the same rigorous standards applied to medicines and medical devices.

More recently, CaReMATCH, an analysis of several cardiac rehabilitation trials, showed that yoga was as beneficial as conventional cardiac rehabilitation in improving quality of life and preventing recurrent hospitalisations by 30%. This has important implications for India, since the availability and acceptability of standard cardiac rehabilitation with multiple instruments and gadgets is limited and expensive, while yoga is culturally acceptable and readily available and affordable.

Altogether 49 trials found that yoga produced reductions of 5 mmHg in systolic and 3 mmHg in diastolic BP

A yoga-based rehabilitation model can extend the reach of cardiovascular care far beyond tertiary hospitals into smaller cities and rural communities. Research suggests that yoga works by improving autonomic balance (equilibrium between the sympathetic fight-or-flight and the parasympathetic rest-and-digest systems) enhancing heart-rate variability (the natural fluctuation in the exact time intervals between consecutive heartbeats and an indicator of how well your body adapts to stress and recovers from exertion) reducing stress-related hormonal activation, and improving psychological well-being. These mechanisms are key to cardiovascular health.

Evidence for yoga is emerging not only in cardiac rehabilitation but also in preventive cardiovascular health. A growing body of research suggests that regular yoga practice can improve blood pressure, body weight, lipid levels and, importantly, quality of life. A pooled analysis of 49 trials found that yoga produced average reductions of 5 mmHg in systolic and 3 mmHg in diastolic blood pressure. Such reductions can lead to 25% and 20% lowering in the risk of heart and brain attack, respectively. The public health implications of this can be profound. Even modest improvements in these risk factors can translate into large reductions in cardiovascular disease and other non-communicable conditions, including disorders affecting brain health, kidney disease and bone health, when adopted across large populations.

Beyond disease prevention, yoga promotes positive health and has been shown to improve physical fitness, mental well-being, emotional resilience, sleep quality and healthy ageing — outcomes that are increasingly recognised as important components of overall health.

The next step is to expand access to yoga while systematically measuring its impact on health outcomes. Doing so will help generate the evidence needed to guide policy and maximise yoga's contribution to public health. Positive results should lead to its systematic implementation through the extensive network of Ayushman Aarogya Mandirs as a proactive health policy. The real story of yoga in the 21st century is, therefore, not one of ancient wisdom competing with modern science. It is one of ancient wisdom being examined, tested and, where justified, validated by modern science. India has long exported yoga as culture. The moment has come to export it as evidence-based therapy.

Over 2,000 cough syrup brands: Can regulators ensure they're safe?

Cough syrups are among the most consumed medicines but recurring contamination incidents have exposed flaws in quality checks

Anonna Dutt

GETTYIMAGES

COUGH SYRUPS are among the most widely manufactured and consumed medicines in India, making robust regulation of the market essential. In May alone, sales touched at least 8.47 lakh units worth Rs 6,670 crore, according to pharma retail tracker Pharmarack. Yet the sector has repeatedly come under scrutiny after contaminated cough syrups were linked to the deaths of children in India and abroad. The Health Ministry has since tightened rules, restricting sales to licenced chemists and making doctors' prescription mandatory.

With more than 2,000 manufacturers producing cough syrups across the country, experts say sustained regulatory vigil, rigorous quality testing and stricter enforcement are critical to safeguarding public health. "Cough syrup manufacturers are like *kalwats* — they are everywhere. This is the reason it is very difficult to maintain the quality of the products. While bigger companies may implement good manufacturing practices, ensure sterile water and environment, it is not true for most manufacturers," says an industry expert, who did not wish to be named.

This is a cause for concern, considering the apex drug regulator did not have on its record the Tamil Nadu-based firm whose cough syrup was implicated in the deaths of at least 22 children in Madhya Pradesh (MP) last year. After the incident, the drug regulator admitted that the company was not on its records and that the state had never shared information about them with the Central Drugs Standard Control Organisation (CDSCO).

Massive inspection drive but does it yield results?

Following the incident, the apex regulator reached out to all states to gather data on all cough syrup manufacturers across the country and then carry out a risk-based inspection — vetting of the premises of a manufacturing unit that has been repeatedly flagged for substandard drugs.

The CDSCO, along with state regulators, has inspected the premises of 960 companies since last year, based on which 860 actions were taken, including issuance of showcause notices, stop production order, suspension, cancellation of licences /product licences and warning letters. Around 1,100 manufacturers have been subjected to intense audit since.

"While the states were asked to share details of all cough syrup manufacturers after the incident in MP, the challenge is that some may still not do so," says an official in the know of the matter. Another expert on drug regulation adds: "If the company is not on record itself, how can risk-based inspection be carried out? For risk-based inspection, data of peevious regulatory action and instances of samples failing are used to determine which companies or manufacturing units need to be inspected."

There's need for a consolidated database across states and the Centre for regulatory information

SCAN THE QR CODE TO READ MORE HEALTH SPECIAL STORIES

DIAGNOSING ILLS

Where are manufacturing clusters located?

Manufacturing units of the companies making the most common cough products — by sale and by volume — are largely clustered in states such as Maharashtra, Himachal Pradesh, Sikkim, Gujarat, Madhya Pradesh and Goa.

Some of the topmost common brands of cough syrups sold in India are Cipla's Corex, Glenmark's Ascoril, Centaur's Sinarest, Dr Reddy's Zedex and Johnson and Johnson's Benadryl among others.

What are the major regulatory challenges?

While the current move by the Centre is likely to have limited impact, experts say that ensuring availability of quality raw materials — even to the smaller companies — is likely to reduce instances of contamination. "The 2,000 manufacturers of cough syrup are not the problem, the fragmented regulatory ecosystem in India is. India today has effectively 37 regulators, one per state/UT and the national regulator — the CDSCO. There is no consolidated database containing accurate information from all these 37 regulators, despite India being a single market for all practical purposes with drugs being able to cross state borders as easily as any other commodity," says public health activist Dinesh Thakur.

So, a drug manufactured in West Bengal can be sold in Karnataka but the Karnataka drug controller cannot inspect the plant in West Bengal or cancel its manufacturing licence if it sells substandard drugs in Karnataka. "At most the Karnataka drug controller can launch a criminal prosecution and that can take a lot of time in Indian courts. Even if there is enough evidence, the courts tend to be very lenient. It is this fragmented regulatory framework that is the problem. Despite petitions, the core issue is still unaddressed," adds Thakur.

Why do contaminants enter the pharma supply chain?

Pharmaceutical companies have not been testing their ingredients, especially propylene glycol, the solvent they use to manufacture cough syrups. Besides, these drugs are difficult to manufacture because of sterility requirements. "This is a brazen violation of the GMP (good manufacturing practices) code. Given the lax nature of regulation in India, most of these companies know they can escape punitive consequences," says Thakur.

An industry expert concurs: "Smaller companies have to buy propylene glycol from the open market. Unlike bigger companies, they cannot afford to buy full, sealed barrels from suppliers. This also creates an opportunity for the unscrupulous people to mix cheap industrial grade propylene glycol as pharmaceutical grade."

Thakur argues for a consolidated database of licensing, inspection, marketing information across states and the Centre to ensure a single source of truth of all regulatory information. "This is not just meant for regulatory purposes but also procurement purposes by both the public and private sector," he adds.

He believes the industry's argument that propylene glycol has to be regulated doesn't quite hold. "No other country regulates raw materials. It is the responsibility of the pharma company, as it is written in the law, to test their raw materials before using them. At the end of the day, it all boils down to compliance with the GMP code — if followed properly, all these issues will be caught before the product is shipped to the market. The Indian pharmaceutical industry does not care because manufacturers know they will escape any strict action from the state as evidenced by the outcome of so many tragedies in the recent past. Can you point one instance where a particular company or its management has been punitively held to account?," asks Thakur.

The cough syrup tragedies are only the tip of the iceberg; they are evidence of how a regulatory oversight can jeopardise the manufacturer's credibility. "Cancer medication manufactured by Indian companies has been found to be contaminated in Colombia and Yemen. There are a huge number of complaints coming in from Nepal, Sri Lanka and many African countries. Poorly manufactured eye drops have made their way to the US. Then there are doctors who have discovered that their patients often do not react as expected to Indian manufactured drugs. The Indian industry's reputation is taking a beating across the globe — at some point when more trustworthy competitors emerge, it will be the end of the Indian pharmaceutical dream," says Thakur.

(With Rinku Ghosh)

DECODING A STUDY

IIT Bombay finds a new way to lower LDL cholesterol

Researchers stop bad fat from reaching the site inside liver cells that releases it into the blood

Purnima Sah

FOR DECADES, scientists have tried to lower harmful fats in the blood by targeting enzymes, genes or receptors involved in fat metabolism. Researchers at IIT Bombay have now taken a strikingly different approach: preventing bad fat from reaching the site inside liver cells that releases it into the bloodstream.

Working with scientists at IISER (Indian Institute of Science Education and Research) Pune and IISER Kolkata, the team has developed a tiny peptide (a short chain of amino acids or the building blocks of life) called KTDP that interrupts the movement of fat inside liver cells. In laboratory-grown liver cells and zebrafish, this reduced the release of cholesterol and triglycerides into the bloodstream by nearly 50 per cent.

The findings, published recently in the *Proceedings of the National Academy of Sciences (PNAS)*, are still at an early stage. The peptide has not been tested in humans. But researchers say the work opens an entirely new strategy for reducing the biggest risk factor of heart attacks, namely bad fats —LDL (low-density lipoprotein) and triglycerides — in the blood.

Why does this finding matter?

While medicines such as statins have transformed the treatment of high cholesterol, options for lowering triglycerides remain relatively limited. The IIT Bombay study proposes a fresh way of reducing the liver's export of fats into the bloodstream rather than interfering with how fats are produced or broken down.

The liver is the body's central hub for fat metabolism. Inside liver cells are tiny storage compartments called lipid droplets that temporarily hold fats such as cholesterol and triglycerides. When required, these droplets are transported to specific locations within the cell, where they are repackaged into very low-density lipoproteins (VLDL) and released into the bloodstream.

Professor Roop Mallik of IIT Bombay explains it simply. "There are little balls of fat inside our liver cells. These need to be carried to specific locations inside the liver cell. From there, the fat is repackaged into lipoprotein particles and sent out into your blood," he says. "If we can tone down the export of fat from the liver into blood using a small peptide, we could have a new way of treating high serum lipids." The researchers' solution was KTDP, a tiny peptide derived from a naturally occurring protein.

GETTY IMAGES

Blocking fat export did not lead to dangerous fat build-up inside the liver. Fatty acids were instead redirected to the mitochondria

What is KTDP?

Researchers identified a motor protein called kinesin-1, which is a delivery truck operating inside a cell. "These motor proteins catch hold of these fat particles and take them to a certain location. We found a small piece of this protein called a peptide. When we delivered this to cells or zebrafish, these didn't get carried to the right location," Prof Mallik says. Without reaching that destination, the fat cannot be packaged into VLDL particles and exported into the bloodstream.

How is this different from statins?

Current cholesterol-lowering medicines, including statins, work by reducing cholesterol synthesis or increasing its clearance from the blood but have nothing to halt it in its tracks. Because the peptide selectively blocks the transport of lipid droplets without shutting down protein functions overall, researchers believe it could avoid some of the side-effects associated with disrupting a motor protein.

Excess fat circulating in the blood can accumulate in several organs. "That is a disaster because that fat is going to accumulate in your heart and other tissues," says Prof Mallik. Interestingly, blocking fat export did not lead to dangerous fat build-up inside the liver. Fatty acids were instead redirected to the mitochondria — the cell's energy-producing structures.

New Delhi

PM leads Yoga Day celebrations

HT Correspondent

KOLKATA: Prime Minister Narendra Modi on Sunday said that Yoga has connected the world to India by bringing people together, as he led the 12th International Yoga Day (IYD) celebrations at Kolkata's Red Road.

The Prime Minister's remarks, against the backdrop of multiple conflicts and geopolitical tensions across the world, came across as an argument that yoga, an ancient Indian practice, holds relevance beyond personal health and wellness, with the potential to promote collective peace and harmony across societies.

"Yoga is not just for a better personal life but for the world's future," Modi said in his inaugural address.

The celebration started at 6:30 am when the PM reached the venue from Lok Bhawan (formerly Raj Bhawan) where he spent the night. He was accompanied by West Bengal governor RN Ravi, chief minister Suvendu Adhikari, Union minister of state for the ministry of Ayush Prataprao Yadav and other senior dignitaries.

"June 21 is the longest day in our part of the world, and now it is the day the world celebrates its biggest festival. Yoga has connected the world to India. It brings people together. Today, I offer my best wishes to the world community," Modi said.

"This year's theme is Yoga for Healthy Aging. It means that age does not reduce human potential. Yoga can help human life to aspire for growth. Our target must be to be more energetic at 50 than we were at 30. We must be more resistant to lifestyle diseases at 70 than we were at 50. This is where Yoga can help us," Modi said.

President Droupadi Murmu said yoga is an invaluable gift of India's cultural heritage to the world, playing a vital role in guiding humanity towards peace and harmony amid multiple global challenges. The president took part in a mass yoga session at Jabalpur's Garrison Ground.

"We are celebrating India's great tradition that has shown humanity the path to a healthy, balanced and meaningful life," she said.

Chief Justice of India Surya Kant said yoga offers a timeless framework for finding stillness in an otherwise chaotic world as he performed Yoga at the Supreme Court premises to celebrate International Yoga Day.

Yoga is the practical vehicle for that philosophy, offering a timeless framework to find stillness in an otherwise chaotic world," he said.

To celebrate the day, Hundreds of students across madrasas in Uttar Pradesh's Lakhimpur Kheri and Etah districts participated in special sessions.

From the celebrated Taj Mahal in Agra to the iconic Warangal Fort in Telangana, yoga sessions were hosted on the premises of several ASI sites across the country to mark the International Day of Yoga.

In Shimla, hundreds of people, including foreign tourists, students, security personnel and residents, participated in the International Day of Yoga celebrations at the historic Ridge Ground, highlighting the growing global appeal of the ancient Indian practice.

The Inland Waterways Authority of India (IWAI) celebrated the International Yoga Day in a unique riverine setting by conducting yoga sessions aboard vessels sailing on the Brahmaputra River across Assam.

Similar events were organised in Delhi, Imphal, Ranchi, Gangtok, Chandigarh, Vijayawada, Itanagar, Thiruvananthapuram, Chennai, Coimbatore, Ahmedabad, Mumbai, Bhubaneswar and Jaipur, among other places, with governors and chief ministers taking part. A large number of armed forces personnel took part in yoga sessions across the country to mark the occasion.

Meanwhile, the Nagaland government has deferred the official programme to mark International Day of Yoga to Monday in the face of strong opposition from student bodies, tribal organisations, church and political bodies over holding the event on a Sunday in the Christian-majority state.

The School Education Department issued a revised order, directing the Directorate of School Education to postpone the observance of the day in all institutions to June 22.

The Naga Students' Federation (NSF) argued that Sunday is a sacred day of worship and that compelling schools to organise yoga programmes amounted to disregarding the constitutional rights and beliefs of the people.

With PTI inputs

1. President Droupadi Murmu performs yoga during 12th International Day of Yoga celebrations in Jabalpur; 2. PM Narendra Modi leads yoga event in Kolkata; 3. Union home minister Amit Shah performs yoga in Ahmedabad; 4. An Indian Army sniffer dog and its handler perform yoga in Ladakh; 5. CJI Surya Kant performs yoga in Supreme Court premises. PTI/PMO/IB PHOTO

Union health minister JP Nadda performs yoga at Shanti Path in Delhi on Sunday. ANI PHOTO

YOGA NOW GLOBAL HEALTH, WELLNESS MOVEMENT: NADDA

NEW DELHI: The ministry of Ayush celebrated the 12th International Day of Yoga (IDY) at 40 prominent locations across Delhi on Sunday. "The enthusiastic public participation reflects the spirit of 'Jan Bhagidari' and the growing acceptance of Yoga as a way of life," said Ayush ministry in a statement.

As part of the nationwide observance, Union minister of health and family welfare, JP Nadda, participated in a mass yoga session organised at Shantipath. "Yoga an ancient gift of India's civilisational heritage, has today emerged as a global movement for health and well-being owing to the visionary leadership of PM Narendra Modi," said Nadda.

"Yoga offers a holistic pathway to healthy and active ageing by promoting physical fitness, mental clarity, emotional balance and overall well-being. Yoga provides a natural and sustainable means of restoring balance and harmony within the body and mind," he added. HTC

What's 'green whistle' in World Cup that's making viewers curious?

Portable device used by Canadian footballer is a pain relief inhaler

Jahnavi@timesofindia.com

As injured Canadian midfielder Ismaël Koné was stretchered off the FIFA World Cup field during Thursday's match with Qatar, he puffed on a green tube that caught everyone's attention. That was Penthrox, popularly known as the green whistle, an inhaler designed to provide rapid pain relief during injury. It's become a mainstay in emergency medicine and sports care in many countries.

It's portable and contains methoxyflurane, a fast-acting, non-opioid analgesic. The disposable, patient-controlled inhaler is primarily used in trauma and emergency settings. Each inhaler contains 3 ml of methoxyflurane and can provide pain relief within 4-6 minutes, with effects lasting for up to an hour when inhaled off-and-on. "The green whistle is a time-buying device, its biggest advantage being rapid onset of action," says Dr Firozahmad H Torgal, additional director-emergency medicine at Fortis Hospital, Bengaluru. "While intravenous pain-relief drugs might take up to 30 seconds or a minute to take effect, pain relief with methoxyflurane can begin from the first few inhalations itself."

Pic: Reuters

Ismaël Koné

Many elite sports teams prefer the green whistle as it provides immediate, needle-free pain relief for conscious athletes with acute traumatic injuries such as suspected fractures, joint dislocations and severe soft-tissue injuries. Lightweight and self-administered under medical supervision, it's a practical tool to use during on-field assessment and while transporting an injured athlete. Methoxyflurane is used in sub-anaesthetic doses, allowing athletes to remain awake and cooperative for examination while reducing pain.

"Koné sustained a tibia injury. It's a grievous injury as the tibia is the primary weight-bearing bone of the leg," points out Dr Chirag Thonse, consultant orthopedics and sports surgeon at Manipal Hospital. During such injuries, the player needs instant pain relief until they can be moved for further treatment. "The green whistle ensures the player does not collapse from pain, especially as they are already exhausted and dehydrated from the sport and there may also be blood loss associated with the fracture," he says.

Since it's inhaled, methoxyflurane gets rapidly absorbed through the lungs into the bloodstream, giving pain relief in minutes. It is believed to act on the central nervous system, influencing receptors and ion channels involved in pain signalling. At low doses used for pain relief, it reduces pain without inducing general anaesthesia, allowing patients to remain awake and responsive.

Doctors, however, caution that it should only be used for short-term pain relief under medical supervision. "If the patient uses it without a prescription, there is a risk of overdosing," Dr Torgal warns, saying patients with kidney or liver ailments should not ideally use it. Doctors also caution about possible side effects such as drowsiness, dizziness, nausea, and vomiting.

The green whistle has not been approved for routine clinical use in India by the Central Drugs Standard Control Organisation (CDSCO). However, it may be imported through specialised distributors under strict regulatory provisions for specific medical emergencies. "It's mostly used in Australia and Canada, particularly in contact sports. Immediate pain relief helps medical teams assess the extent of injury and see whether the athlete needs further treatment or can safely return to play," says kinesiologist Badarinath Rao.

The green whistle's use during Koné's leg injury has sparked wider conversations about pain management in sport and how different countries respond to acute injuries on the field.

TOI HEALTH+

WHAT'S INSIDE THE PUFF?

- Penthrox, an inhaler, is portable & disposable. Each tube contains 3 ml of methoxyflurane, a non-opioid analgesic
- Commonly used in trauma, emergency medicine & sports injuries
- Approved in Australia, UK, many European countries. **Not yet approved for clinical use in India**

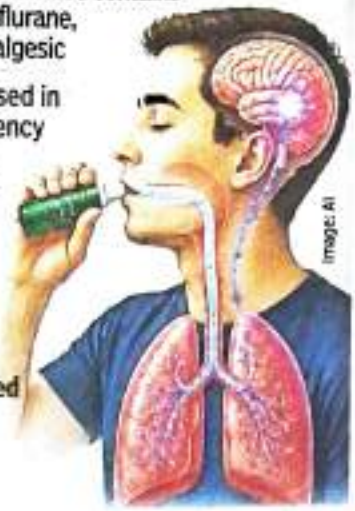


Image: AI

HOW IT WORKS

- Patient inhales methoxyflurane through mouthpiece
- Drug gets absorbed through lungs and acts on central nervous system, reducing pain perception
- Pain relief begins in about 4-6 minutes
- Effects can last up to an hour, with intermittent inhalation

Pvt hosps get 60% of patients but have little research output

Those Without Colleges Publish Less Than 10 Papers/Yr: Study

Rema.nagarajan
@timesofindia.com

Private hospitals in India have negligible research output though they deal with 60% of patients. A study of research at Indian hospitals during the 5-year period from January 2021 to December 2025 also found that nearly all hospitals without medical colleges produced fewer than 10 publications annually.

The study published in the latest issue of the Journal of Medical Evidence of the BMJ (British Medical Journal) group looked at the number of publications included in Scopus, PubMed and Google Scholar.

In the period studied, the average number of publications by the top 50 private hospitals in India without medical colleges attached was 242. In the same period, the average number of publications by the top 50 Indian hospitals with medical colleges was 1,530.

PUBLICATION COUNT

Average number of publications per year from the top 10 medical institutions in different countries

*Non-medical colleges, ** Medical colleges

The latter list was topped by AIIMS, Delhi (6,932) and CMC, Vellore (5,333).

In comparison, the average research output of the top 10 medical colleges in China was over 16,000 with Shanghai Jiao Tong University School of Medicine and Peking University Health Science Centre topping the list; in the US, the average was almost 14,500, with Harvard and Johns Hopkins topping the list, and in the UK it was 13,500 with University of Oxford Medical Sciences Division and University College, London Medical School topping the list.

Mayo Clinic in the US produces 8,000 papers annually, which is more than the entire Indian private sector. Indian healthcare is now dominated by private hospitals many of which are controlled by large corporate houses whose main purpose is making a profit for its shareholders, so education and research is not a priority, observed the study.

"This study confirms that in spite of their dealing with most of the population, doctors in private hospitals in India do little research. There is a neglect of the enormous data that can be accessed from Indian patients going to the majority of Indian hospitals. This may be due to lack of incentive, absence of electronic hardware or priorities which are mainly commercial," stated the study.

According to the study, there were 49,000 Indian medical institutions of which 800 were attached to medical colleges. Although India is fourth in the world in the quantity of research publications after the US, China and UK, its quality, as assessed by the number of citations it receives, drops it down to ninth. This means that the papers are not referred to and do not make a major impact on the world stage, stated the study conducted by Dr Samiran Nundy and Dr Parmanand Tiwari from Delhi's Sir Ganga Ram Hospital.

Research and publication are among the major hallmarks of good medical institutions and there is evidence that those which produce high quality research also provide better patient care. "The quality and quantity of research output is also a major factor in ranking medical institutions all over the world including the well-known US News and World Report as well as the National Institute Ranking Framework of India," pointed out the study.

request for the same. JDU national working that the party would work to post while not serving as CM.

Why daily Indian staple is having a moment as 'It' veggie of 2026

Rich in fibre, nutrients & antioxidants, social media has woken up to dietary values of the cabbage

Srirupa.Ray@timesofindia.com

I'm going to cook a whole head of cabbage in a bath of coconut milk.... you want it to open up like a little lotus." Trust Padma Lakshmi to make the boring cabbage sound so gourmet. The Top Chef host recently posted a throwback Instagram video of her cooking this braised cabbage dish that gained viral fame last year. Now that Pinterest has crowned cabbage the 'it' vegetable of 2026, it's on bags, Burberry campaigns, and influencer timelines. Social media is bursting with healthy stir-fries, soups, and caramelised 'cabbage steaks'.

For a vegetable that's used as slang for dim-witted, is all the hype worth it?

"I'm glad cabbage is getting the attention," says Sneha Raje, clinical nutritionist at Pune-based health tech platform PreventiveHealth.ai. "Pinterest might have made it a trend, but World health Organisation (WHO) and Indian Council of Medical Research-National Institute of Nutrition guidelines have long stressed on fibre-rich foods. Cabbage fits the bill perfectly. It's affordable and brings a host of micronutrients into everyday diets."

Krish Ashok, author of 'Masala Lab: The Science of Indian Cooking', hates the term 'superfood' but says cabbage should have always been celebrated as one. Known for busting food myths on social media, Ashok isn't surprised that cabbage took a long time coming. "Cruciferous vegetables are always a healthy choice for their nutrient density. The more hipster kale and Brussels sprouts were trending only a decade ago. Funny thing, the US economy is in such bad shape that, this time, the only cruciferous vegetable they have found worthy is literally the cheapest one."

TOI HEALTH+

Cabbage, kale, Brussels sprouts, cauliflower and broccoli stem from the same *Brassica oleracea*, a wild mustard plant that's been artificially selected and modified by humans over centuries, he explains. "When Romans selected its terminal leaf buds, it became cabbage. The flower stocks became broccoli, the unopened flowers, cauliflower. All of them are insanely nutritious," he says.

But what makes us turn up our noses at the very mention of cabbage? Ashok says it's the pungent smell and taste, owing to sulphur compounds typical to crucifers. But these very compounds, called glucosinolates, are what make the cabbage so healthy. "Glucosinolates like glucobrassicin and sinigrin — which convert to bioactive compounds when cabbage is cut — act as antioxidants and support detoxification. Glucobrassicin-derived compounds like indole-3-carbinol also help with healthy estrogen metabolism," Raje points out.

Overcooking spoils its food value. "Prolonged boiling increases nutrient loss. Quick stir-frying or steaming for 5 to 7 minutes retains all its vitamin C, folate, and glucosinolates. Cook cabbage with little or no water, so that it's tender but with a slight crunch," adds Raje.

Cabbage is low-calorie, nearly fat-free and big on fibre. With fibremaxxing being followed as a health hack, is cabbage just what our colon needs to stay healthy? That would be a bit of a stretch, laughs Dr Pavan Dhoble, a gastroenterologist at P D Hinduja Hospital, Mahim. "Cabbage takes care of a good part of one's daily fibre needs, improves stool bulk, eases constipation and flatulence. Cabbage alone, however, cannot maintain colon health," he says.

Its polyphenols are also powerful antioxidants that cut inflammation. Indians mostly eat the green variety, but red and purple ones are equally healthy. "Red and purple cabbage gets its colour from anthocyanins (a polyphenol) that protect the heart and gut barrier. It's crunchier and is shredded raw for salads," says Dr Prachi Patil, head, digestive diseases and clinical nutrition at Tata Memorial Hospital, Mumbai. "Cabbage heals the gut lining and reduces stomach ulcers," adds Gurgaon-based gut health coach Smriti Kochar.

Fermented cabbage is especially healthy. "Lacto-fermentation produces lactic acid bacteria that work wonders for gut microbial diversity and digestion. Sauerkraut (German dish) and kimchi (Korean) show this. In India, while less common, cabbage can be included in pickling, providing similar probiotic potential when naturally fermented," says Dr Dhoble.

Cabbage has always been a kitchen staple across India, whether it's aloo gobi, pakoras and steamed wadis with gram flour; koshimbir (raw cabbage salad), poriyal/thoran (stir-fried with coconut) or stuffed into parathas, and street-side Indian 'Chinese' dishes such as gobi Manchurian, momos, and spring rolls. And it will always be around in Indian cooking, irrespective of passing trends, believes Dr Patil. "The trend may help raise awareness about its benefits on a wider scale."

WHAT MAKES IT YUM FOOD FOR THE BODY?

1. Polyphenols, sulphur compounds reduce inflammation, cell damage, protect heart, regulate blood sugar, and improve working memory
2. Insoluble fibre adds stool bulk, helps with bowels. Delayed gastric emptying aids weight loss. Prebiotic fibre feeds good bacteria
3. Has probiotic potential when fermented, helps form short chain fatty acids that protect colon
4. Has potassium that helps control BP. Plant sterols bind to bile acids, lower lipids, while Vitamin K helps with bone density

Nutrients In Cabbage

Vitamins & minerals: Vit C, K, and A (trace), folate (vit B9), potassium, calcium, manganese, & magnesium

- **Carbs, calories & fat:** Low
- **Fibre:** High (2.5g/100g)

But eat with caution if...

- You have thyroid issues. Don't have too much raw cabbage, use iodised salt
- You are on anticoagulants, as cabbage helps with blood clotting
- If you have irritable bowel syndrome or kidney conditions

> Prolonged boiling increases nutrient loss. Quick stir-frying or steaming for 5 to 7 minutes retains all its vitamin C, folate, and glucosinolates. Cook cabbage with little or no water, so that it's tender but with a slight crunch
>
> **Sneha Raje,** CLINICAL NUTRITIONIST

> Cabbage, cauliflower, kale and broccoli stem from Brassica oleracea, a wild mustard plant that's been modified over centuries. When Romans selected its terminal leaf buds, it became cabbage. The flower stocks became broccoli
>
> **Krish Ashok,** AUTHOR

'एडेड शुगर' नहीं होने, प्राकृतिक होने के दावों पर कई खाद्य ब्रांड को नोटिस

एफएसएसएआइ ने भ्रामक दावे करने वाले कंपनियों पर की कार्रवाई

जागरण न्यूज नेटवर्क, नई दिल्ली : भारतीय खाद्य सुरक्षा एवं मानक प्राधिकरण (एफएसएसएआइ) ने एडेड शुगर' नहीं होने, प्राकृतिक होने जैसे भ्रामक दावे करने वाले कई खाद्य ब्रांडों (फूड बिजनेस आपरेटरों) को नोटिस जारी किए हैं। इन पर ब्रांड नाम, ट्रेड नाम और उत्पाद से जुड़े भ्रामक दावे कर उपभोक्ताओं को गुमराह करने के आरोप हैं। एफएसएसएआइ ने एक्स पर उन फूड बिजनेस आपरेटरों की पूरी सूची साझा की है जिन्हें नोटिस जारी किए गए है। इनमें बच्चों के बीच लोकप्रिय किंडर जाय, प्लक्क मैंगो फ्रूट जूस, नेचुरल पनीर, गौर हेल्दी फूड का सिल्कन टोफू शामिल हैं।

एफएसएसएआइ ने फेरेरो इंडिया प्राइवेट लिमिटेड के – किंडर जाय पर 'रिच इन मिल्क सालिड्स' (दूध से भरपूर) का दावा करने के लिए सवाल उठाए हैं। प्लक्क मैंगो फ्रूट जूस के पैक पर साफ़ तौर पर 'नो एडेड शुगर' का दावा किया गया था। हालांकि, इसकी सामग्री की सूची से पता चला कि इसमें 51 प्रतिशत आम और 49 प्रतिशत गन्ने का रस था। नेचुरल पनीर ब्रांड ने अपनी पैकेजिंग पर 'नेचुरल पनीर' नाम का इस्तेमाल किया जो खाद्य सुरक्षा और मानकों का उल्लंघन है। गौर हेल्दी फ़ूड – सिल्कन टोफू के लेबल पर '100% वेज' लिखा है। यह एफएसएसएआइ की एडवाइजरी का उल्लंघन है।

'100%' का भ्रामक दावा करने वाली दो कंपनियों पर जुर्माना

नई दिल्ली, प्रेट्र : केंद्रीय उपभोक्ता संरक्षण प्राधिकरण (सीसीपीए) ने 'स्टोरिया फूड्स एंड बेवरेजेज प्राइवेट लिमिटेड' और 'इंग्लिश ओवन' ब्रेड बनाने वाली कंपनी 'मिसेज बेक्टर्स फूड स्पेशलिटीज लिमिटेड' पर एक- एक लाख रुपये का जुर्माना लगाया है। सीसीपीए ने रविवार को कहा कि जुर्माना इसलिए लगाया गया, क्योंकि इन कंपनियों ने अपने उत्पादों के विज्ञापनों में '100%' का भ्रामक दावा किया। सीसीपीए ने दोनों कंपनियों को निर्देश दिया है कि वे आधिकारिक वेबसाइट व सभी डिजिटल प्लेटफार्म से उन दावों को हटा लें।

सीसीपीए ने कहा, '100%' शब्द सटीक और और पूर्ण संख्यात्मक पैमाना है। इसे अंदाजन या मार्केटिंग स्लोगन के तौर पर इस्तेमाल नहीं किया जा सकता। सीसीपीए ने 'स्टोरिया फूड्स' के उन विज्ञापनों पर खुद संज्ञान लिया जिनमें '100% टेंडर कोकोनट वाटर' (नारियल पानी) और 100% अनार, मिक्स्ड फ्रूट, आम और अमरूद जूस का दावा किया गया था। नारियल पानी में प्रिजर्वेटिव्स थे। वहीं 'इंग्लिश ओवन' के विज्ञापनों में '100% आटा ब्रेड', '100% होल व्हीट ब्रेड' जैसे दावे शामिल थे। कंपनी ने खुद माना कि उसके ब्रेड में सिर्फ 87 प्रतिशत साबुत गेहूं का आटा था। पैकेजिंग पर '100% होल व्हीट ब्रेड' और 'जीरो मैदा' के एक साथ इस्तेमाल पर सीसीपीए ने कहा कि विज्ञापनों को उपभोक्ता के नजरिए से देखा जाना चाहिए।

मास्टरचाउ फूड्स – रामेन नूडल्स की पैकेजिंग पर '100% नेचुरल' जैसे शब्दों का इस्तेमाल करने पर सवाल उठाए गए। मैरिको लिमिटेड को 'सफोला टोटल हार्ट प्रो-मल्टी सोर्स कुकिंग आयल' के लिए नोटिस जारी किया है। एफएसएसएआइ ने कहा, दिल से जुड़े डिवाइस की तस्वीरों का इस्तेमाल से ग्राहकों में धारणा बन सकती है कि इसके सेवन से ही दिल की सेहत को फायदा मिलता है। मेडाइज़ेन लैब्स के एटम पीडब्ल्यूआर व्हे प्रोटीन एक्सएल, रा प्रेसरी – अल्फांसों मैंगो फ्रूट ड्रिंक, इनसिप्रो गोल्ड पाउडर वनीला, आरविल – माउंटेन बाबर्ची बुरांश स्क्वैश को भी भ्रामक दावों पर नोटिस जारी किए गए हैं। प्रेट्र के अनुसार एफएसएसएआइ ने बीकानेरवाला और परम डेरी को नोटिस जारी किए। इंटरनेट मीडिया के जरिये बीकानेरवाला के खिलाफ शिकायत मिली थी कि काम के दौरान एक कर्मी सर्विस/किचन एरिया में खाना खा रहा था। वहीं परम डेरी के दही और रबड़ी में फंगस की शिकायतें मिली थीं।

ढलती उम्र में भी निरोगी काया पाएं, दिनचर्या में योग अपनाएं

योगा हर रोज
#YogJagran

दैनिक जागरण की सहभागिता से सर्वोच्च न्यायालय व एआइआइए परिसर में हुआ योग

एम्स, दिल्ली विश्वविद्यालय समेत विभिन्न संस्थानों में हुए कार्यक्रम, मंत्रियों-सांसदों-विधायकों ने आम जन के साथ किया योग

स्वस्थ रहने के लिए हजारों लोगों ने एक साथ किया योग

साइबर हब बना योगस्थली, शिल्पा

लोधी गार्डन से किला राय

जेएनयू ने संविदा कर्मियों

पुरानी सोच छोड़कर पहले पीरियड्स का मनाया जश्न

Sudipto Das

32 वर्षीय मौमिता दास ने बेटी अहोना को पहले पीरियड के मौके पर दिए गिफ्ट्स

Sudipto.Das
@timesofindia.com

■ **कोलकाता:** हमारे समाज में लड़कियों के पीरियड्स को लेकर आज भी झिझक है और लोग इस पर खुलकर बात करने से बचते हैं। लेकिन त्रिवेनी के एक कपल ने इस पुरानी सोच को पीछे छोड़ते हुए कुछ ऐसा किया, जिसने सीधे दिल जीत लिया। उन्होंने समाज के इस बड़े टैबू को तोड़कर अपनी बेटी के पहले पीरियड को एक त्योहार की तरह सेलिब्रेट किया।

32 वर्षीय मौमिता दास ने 12 साल की बेटी अहोना के इस खास जश्न की तस्वीरें सोशल मीडिया पर शेयर कीं, जिस पर लोगों ने जमकर प्यार लुटाया। मौमिता बताती हैं कि 10 साल पहले उन्होंने एक वीडियो देखा था, जिसमें एक अमेरिकन कपल बेटी का पहला पीरियड मना रहा था। उसी से उन्हें हिम्मत मिली और ठान लिया था कि अपनी बेटी के लिए भी वह ऐसा ही करेंगी।

यह 6 जून की बात है। मौमिता ने काम पर न जाकर पूरा समय बेटी के साथ बिताने का फैसला किया। अहोना के 33 वर्षीय पिता प्रसेनजीत ने भी बेटी के सपोर्ट में अपनी 'फ्यूजन टी शॉप' बंद रखी और लाडली को नए कपड़े गिफ्ट किए।

12 साल की अहोना मासूमियत से बताती है, 'शुरुआत में मैं बहुत डर गई थी और घबराहट में स्कूल-ट्यूशन भी छोड़ दिया था। लेकिन मां ने प्यार से संभाला और शरीर के बदलावों को समझाया। उन्होंने मेरे लिए केक मंगवाया और चांदी की बाली गिफ्ट की, जिससे यह दिन हमेशा के लिए यादगार बन गया।'

इस मौके पर अहोना के मामा मेघ कोले भी साथ रहे। पेशे से सिनेमैटोग्राफर मेघ ने बेहद गहरी बात कही, 'अब वक्त है कि हम इस झिझक को तोड़ें। मां कामाख्या ने हमारी बच्ची को अपना आशीर्वाद दिया है।'

फैसला किया है।

इस्तेमाल किया।

की अध्यक्षता में एक स्वतंत्र विशेषज्ञ

बड़ा खुलासा **ED ने 'किडनी-फाइल्स' खोली तो गाजियाबाद से लेकर केरल तक हॉस्पिटल्स सेक्टर में मची बेचैनी**

इंसानी अंगों की 'मंडी' में गरीबी का सौदा

AI Image

VishalSharma3
@timesofindia.com

■ नई दिल्ली: ED ने 'किडनी-फाइल्स' खोली तो गाजियाबाद से लेकर केरल तक हॉस्पिटल्स सेक्टर में बेचैनी है। NBT ने 18 जून को ED की जांच के बढ़ते दायरे में बारे में विस्तार से बताया था। रविवार को खुद जांच एजेंसी ने मानव अंगों के इस कारोबार में चौंकाने वाला खुलासा किया। ED के मुताबिक, इस नेटवर्क में इंसानी मजबूरी को 'माल' और अंगों को 'कारोबार' में बदल दिया गया। केरल में सामने आए बड़े अवैध अंग तस्करी रैकेट की जांच कर रही ED ने कई ठिकानों पर छापेमारी कर दस्तावेज और डिजिटल सबूत जुटाए हैं, जो भयावह तस्वीर सामने ला सकते हैं।

ED सूत्रों ने बताया कि एर्नाकुलम के कुछ डीटीपी और डिजिटल स्टूडियो में ये दस्तावेज तैयार किए जाते थे। इन्हीं के आधार पर अस्पतालों में प्रत्यारोपण प्रक्रिया को आगे बढ़ाया जाता था। छापेमारी में कथित तौर पर प्रत्यारोपण से जुड़े रेकॉर्ड, दाताओं और प्राप्तकर्ताओं का विवरण, जिलास्तरीय प्राधिकरण समिति के समक्ष जमा किए गए दस्तावेज और कई अन्य महत्वपूर्ण साक्ष्य मिले हैं। सूत्रों के मुताबिक, 2021 से 2026 के बीच सक्रिय रहे इस कथित गिरोह के मास्टरमाइंड मोहम्मद नजीब और उसकी सहयोगी रशीदा थे। आरोप है कि दोनों ने अपनी कंपनी 'कल्लाथारास मेडिकल टूरिज्म' की आड़ में ऐसा नेटवर्क खड़ा किया, जो आर्थिक तंगी से जूझ रहे लोगों को निशाना बनाता था। जांच में सामने आया कि कथित एजेंट और बिचौलिए गरीबों को 5 से 15 लाख रुपये का लालच देकर किडनी दान के लिए तैयार करते थे। जबकि जरूरतमंद मरीजों से 20 से 35 लाख रुपये तक रकम वसूली जाती थी। जांच एजेंसी इस नेटवर्क से अर्जित की गई काली कमाई का पता लगा रही है। कई बैंक खाते फ्रीज किए गए हैं।

5 से 15 लाख तक का लालच दे दान कराते थे किडनी, 20 से 35 लाख रुपये में सौदा

कहां से खुला केस?

यह रैकेट सबसे पहले कोल्लम सिटी पुलिस की जांच में सामने आया था। एजेंट श्रीजा और सुधीर नाम के दो लोगों को पैसों के लिए ऑर्गन डोनेशन का इंतजाम करने के आरोप में गिरफ्तार किया गया था। विनोद नाम के एक डोनर को भी गिरफ्तार किया गया। एक आरोपी से मिले डिजिटल सबूतों से एर्नाकुलम में किए गए ऑर्गन ट्रांसप्लांट की डिटेल्स सामने आईं, जिससे और गिरफ्तारियां हुईं और जांच का दायरा बढ़ा। शक है कि मास्टरमाइंड नजीब की फर्म ने गैर-कानूनी ट्रांसप्लांट को आसान बनाने में अहम भूमिका निभाई और पिछले पांच सालों में लगभग 40 से अधिक प्रोसीजर में शामिल रही। अब एक पैरेलल मनी लॉन्ड्रिंग जांच शुरू की है ताकि यह पता लगाया जा सके कि रैकेट से कितना पैसा आया। सर्च जारी है।

गर्मी ने किया बेहाल, आज गिर सकता है पारा

मौसम का मिजाज

नई दिल्ली, प्रमुख संवाददाता। राजधानी में रविवार को दिनभर लोगों को गर्मी और उमस का एहसास हुआ। अधिकतम और न्यूनतम दोनों तापमान सामान्य से अधिक दर्ज किए गए।

मौसम विभाग का कहना है कि अगले दो दिन तक अधिकतम तापमान में दो से तीन डिग्री सेल्सियस की कमी दर्ज की जा सकती है। उसके बाद इसमें बढ़ोतरी दर्ज की जाएगी। रविवार को लोगों को दिन में गर्म हवा चलने से भी दिक्कतों का सामना करना पड़ा।

मौसम विभाग से प्राप्त जानकारी के अनुसार अधिकतम तापमान 38.9 डिग्री सेल्सियस दर्ज किया गया। यह सामान्य से 0.3 डिग्री सेल्सियस अधिक रहा। न्यूनतम तापमान 28.8 डिग्री सेल्सियस दर्ज किया गया। यह सामान्य से 0.8 डिग्री सेल्सियस अधिक था। राजधानी के रिज इलाके में सबसे अधिक 41 डिग्री सेल्सियस तापमान दर्ज किया गया।

मौसम विभाग ने अगले तीन दिनों तक अधिकतम तापमान 40 डिग्री सेल्सियस से अधिक न होने का अनुमान व्यक्त किया है। हालांकि उसके बाद अधिकतम तापमान 40 डिग्री सेल्सियस तक जा सकता है।

सोमवार को अधिकतर स्थानों पर गरज चमक के साथ हल्की बारिश होने की संभावना है। कई स्थानों पर गरज चमक के साथ तेज हवा भी चल सकती है जिसकी रफ्तार 40 से 60 किलो मीटर प्रति घंटा भी हो सकती है।

देश के कई राज्यों में भारी बारिश का अलर्ट जारी

देश के कई राज्यों में मानसून ने फिर रफ्तार पकड़ ली है। मौसम विभाग ने 17 राज्यों में आंधी- बारिश और बिजली गिरने का का अलर्ट जारी किया है। पूर्वोत्तर भारत में आज भारी बारिश होने की आशंका है।

पिछले पांच दिन का अधिकतम तापमान

16 जून	**33.3** डिग्री सेल्सियस
17 जून	**38.1** डिग्री सेल्सियस
18 जून	**39.5** डिग्री सेल्सियस
19 जून	**39.1** डिग्री सेल्सियस
20 जून	**40.2** डिग्री सेल्सियस
21 जून	**38.9** डिग्री सेल्सियस

तैयारी | एम्स संभाल रहा अस्पताल के संचालन की जिम्मेदारी, रेडियोथेरेपी की अत्याधुनिक मशीन लगाई जा रही, मरीजों का इंतजार घटेगा

एम्स-कैपफिम्स में कैंसर का इलाज जल्द शुरू होगा

नई दिल्ली, प्रमुख संवाददाता। एम्स-कैपफिम्स (केंद्रीय सशस्त्र पुलिस बल आयुर्विज्ञान संस्थान) में जल्द ही कैंसर का इलाज भी शुरू हो जाएगा। इसके लिए अस्पताल में रेडियोथेरेपी की अत्याधुनिक मशीन लगाई जा रही है। इसे स्थापित करने की प्रक्रिया अंतिम चरण में है।

बता दें कि मैदान गढ़ी में बने कैपफिम्स के संचालन की जिम्मेदारी एम्स को दी गई है। एम्स प्रशासन ने पिछले वर्ष जुलाई में इसमें ट्रामा के रूप में ओपीडी सेवा का संचालन शुरू किया था। फिलहाल इस अस्पताल की ओपीडी में केंद्रीय सशस्त्र पुलिस बल के जवान और उनके परिवार के लोगों का इलाज होता है। बताया जा रहा है कि आगे चलकर इसमें सामान्य मरीजों का भी इलाज हो सकेगा। इस अस्पताल की क्षमता 900 बेड होगी। अभी इसमें आईपीडी (इंडोर पेशेंट डिपार्टमेंट) सेवा शुरू होना बाकी है। अस्पताल के एक वरिष्ठ डॉक्टर ने बताया कि एम्स-कैपफिम्स में फैकल्टी स्तर के डॉक्टरों की नियुक्ति प्रक्रिया चल रही है। अगले तीन माह में फैकल्टी स्तर के डॉक्टर नियुक्त हो जाएंगे। तब अस्पताल में आईपीडी सहित कई सेवाएं शुरू होंगी। इससे हजारों मरीजों को इलाज की सुविधा मिलेगी और इधर-उधर भटकना नहीं पड़ेगा।

900 बिस्तर की सुविधा इस अस्पताल में मिलेगी

03 महीने के भीतर नियुक्त हो जाएंगे कई फैकल्टी डॉक्टर

एईआरबी की मंजूरी मिलने के बाद शुरू होगी मशीन

अस्पताल में रेडियोथेरेपी के लिए लीनियर एक्सीलेटर मशीन खरीदी गई है। अस्पताल के बंकर में इस मशीन को स्थापित करने का काम चल रहा है। परमाणु ऊर्जा नियामक बोर्ड (एईआरबी) की स्वीकृति से संचालन शुरू किया जाएगा।

कुछ सरकारी अस्पतालों में ही है रेडियोथेरेपी की सुविधा

दिल्ली में अभी सरकारी क्षेत्र के एम्स, सफदरजंग, लेडी हार्डिंग मेडिकल कॉलेज, लोकनायक व दिल्ली राज्य कैंसर संस्थान (डीएससीआई) इन पांच अस्पतालों में रेडियोथेरेपी की सुविधा उपलब्ध है। इसके अलावा यकृत एवं पित्त विज्ञान संस्थान में यह सुविधा है।

से घटकर 14-15 मिनट रह गया।

मशीनरी और क्रेन की जरूरत होती

सुधरा बनाया जा सकेगा।

शोध

उच्च रक्तचाप के ऐसे मरीजों की संख्या में वृद्धि हो रही, जिनमें दवाओं के बावजूद रक्तचाप नियंत्रित नहीं हो पाता

अब जटिल जांच वाले मरीजों की पहचान होगी आसान

विस्तार

नई दिल्ली। देश में उच्च रक्तचाप के ऐसे मरीजों की संख्या लगातार बढ़ रही है, जिनका रक्तचाप दवाइयों के बावजूद नियंत्रित नहीं हो पाता। इसके पीछे एक अहम लेकिन अक्सर नजरअंदाज की जाने वाली बीमारी प्राइमरी एल्डोस्टेरोनिज्म हो सकती है, जो हार्मोन से जुड़ी समस्या है।

अब अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), नई दिल्ली के एक हालिया शोध ने इस बीमारी के निदान और उपचार की दिशा में नई उम्मीद जगाई है। शोध के अनुसार, कुछ विशेष रक्त जांच और एक सरल क्लिनिकल स्कोर की मदद से उन मरीजों की पहले से पहचान की जा सकती है, जिन्हें महंगी और तकनीकी रूप से जटिल जांच एड्रेनल वेन सैंपलिंग की सबसे अधिक आवश्यकता होती है। अध्ययन के तहत वर्ष 2018 से 2025 के बीच एम्स में एबीएस जांच करवाने वाले 98 मरीजों के आंकड़ों का विश्लेषण किया गया। इस दौरान इस्तेमाल होने वाली एसीटीएच हार्मोन स्टिमुलेशन और बिना स्टिमुलेशन वाली प्रक्रियाओं की तुलना की गई। बिना एसीटीएच स्टिमुलेशन वाली प्रक्रिया उन मामलों की पहचान करने में प्रभावी साबित हुई, जिनमें समस्या केवल एक एड्रेनल ग्रंथि तक सीमित होती है।

शोधकर्ताओं ने एक नया संयुक्त स्कोर विकसित किया

शोध में यह भी सामने आया कि जिन मरीजों में एल्डोस्टेरोन हार्मोन का स्तर अधिक था। साथ ही, एल्डोस्टेरोन-रेनिन अनुपात ज्यादा था, उनमें बीमारी के एक एड्रेनल ग्रंथि तक सीमित होने की संभावना अधिक थी। इन्हीं संकेतकों के आधार पर शोधकर्ताओं ने एक नया संयुक्त स्कोर विकसित किया। इस स्कोर में एल्डोस्टेरोन स्तर, एल्डोस्टेरोन-रेनिन अनुपात और पुरुष लिंग जैसे कारकों को शामिल किया गया। अध्ययन में यह स्कोर बीमारी के एकतरफा मामलों की पहचान करने में काफी सटीक साबित हुआ।

जांच देश के बहुत कम अस्पतालों और चिकित्सा केंद्रों पर उपलब्ध : एम्स की शोधकर्ता मनीषिनी भट्ट ने बताया कि एबीएस को प्राइमरी एल्डोस्टेरोनिज्म के विभिन्न प्रकारों की पहचान करने का सबसे भरोसेमंद तरीका माना जाता है। हालांकि, यह जांच देश के बहुत कम अस्पतालों में उपलब्ध है। वहीं, एम्स के शोधकर्ता राकेश गर्ग ने बताया कि एबीएस एक विशेष चिकित्सा जांच है, जिसका उपयोग यह पता लगाने के लिए किया जाता है कि शरीर में एल्डोस्टेरोन हार्मोन का अत्यधिक उत्पादन किस एड्रेनल ग्रंथि से हो रहा है।

है। एजेंसी

मदद से छिपे हुए इलेक्ट्रॉनिक सर्किट का पता

करने पर जोर दिया था।

हृदय के लिए फलों की मात्रा नहीं, सही चयन जरूरी

स्वास्थ्य : 20% से भी कम लोग फ्लैवानॉल युक्त खाद्य पदार्थ का करते हैं सेवन

नई दिल्ली। स्वस्थ रहने के लिए रोजाना पांच बार फल और सब्जियां खाने की सलाह दी जाती है, लेकिन केवल मात्रा बढ़ाना ही पर्याप्त नहीं है, बल्कि खाद्य पदार्थों का चयन भी महत्वपूर्ण है। ताजा अध्ययन में सामने आया कि अधिकतर लोग ऐसे खाद्य पदार्थों का सेवन नहीं कर रहे हैं जिनमें प्राकृतिक फ्लैवानॉल यौगिक पाया जाता है। यह यौगिक हृदय रोग से होने वाली मृत्यु के जोखिम को कम करता है।

यूनिवर्सिटी ऑफ रीडिंग, हार्वर्ड मेडिकल स्कूल, यूनिवर्सिटी ऑफ कैलिफोर्निया-डेविस और मार्स इंक. के वैज्ञानिकों का यह अध्ययन फूड एंड फंक्शन में प्रकाशित हुआ है। शोधकर्ताओं ने अमेरिका और ब्रिटेन के 30 हजार से अधिक लोगों के आहार संबंधी आंकड़ों और जैविक मार्कर्स का विश्लेषण किया। अध्ययन में पाया गया कि 20% से भी कम लोग उस स्तर तक फ्लैवानॉल का सेवन कर रहे थे। चौंकाने वाली बात यह रही कि कई लोग प्रतिदिन पांच बार फल और सब्जियां खाने के बावजूद भी पर्याप्त फ्लैवानॉल नहीं ले पा रहे थे। प्रमुख लेखक डॉ. जेवियर ओटावियानी के अनुसार लोग अक्सर मान लेते हैं कि फल और सब्जियां खाने से उन्हें सभी जरूरी पोषक तत्व मिल जाते हैं, लेकिन वास्तविकता अलग है। भोजन में कुछ विशेष फलों, सब्जियों और पेयों को शामिल करने से फ्लैवानॉल की मात्रा काफी बढ़ सकती है।

सही पांच फल चुनना जरूरी

यूनिवर्सिटी ऑफ रीडिंग के प्रोफेसर गुंटर कूनले का कहना है कि दिन में पांच बार फल और सब्जियां खाने की सलाह सही है, लेकिन अब यह समझने की जरूरत है कि वे पांच विकल्प कौन से हों। अलग-अलग फल और सब्जियां केवल विटामिन और खनिज ही नहीं, बल्कि विभिन्न जैव-सक्रिय यौगिक भी प्रदान करती हैं, जिनके स्वास्थ्य पर अलग-अलग प्रभाव हो सकते हैं।

इनमें सबसे अधिक फ्लैवानॉल की मात्रा : आलूबुखारा, क्रैनबेरी, ब्लैकबेरी, बींस, चेरी, स्ट्रॉबेरी, ब्लूबेरी, पिंटो बीन

■ अमर उजाला नेटवर्क

योग से जुड़ी दुनिया...शंघाई से लेकर बर्लिन तक भारत ने साझा किया सेहत का खजाना

वॉशिंगटन/सैनफ्रांसिस्को। अमेरिकी के टाइम्स स्क्वेयर का चौराहा हो या लंदन का ट्राफलगर स्क्वेयर, पेरिस का आइफिल टावर या जर्मनी के बर्लिन तक दुनियाभर में योग सत्र आयोजित हुए। इनमें अधिकांश ने खेलकर लोगों को बड़ी संख्या में योग की पुरातन परंपरा से जोड़ने का प्रयास किया गया। योग के संदेश दिया और सकारात्मक संदेश दे। भारतीय महावाणिज्य दूतावास की शाखा से आयोजित योग शिविर सप्ताहांत में लगभग 400 लोगों ने भाग लिया।

दूतावास के अनुसार, कार्यक्रम को संबोधित करते हुए महावाणिज्य दूत प्रवीण कुमार ने योग को भारत की पुरातन और दी गई एक अमूल्य भेंट बताया। कार्यक्रम में एक भजन गया, कोलकाता मुख्य प्रस्तुति, भारतीय संगीतज्ञ समीत का प्रदर्शन एवं योग के लाभों पर एक प्रस्तुति दी गई। सोशलिस्ट के कैलाश स्थित ओलंड पार्टिसिपेटरी प्रशासन से काफी प्रशंसा दी गई। वे योग अभ्यासियों के संयोजनों लोग जगह की रोशनाओं में भोजनालय किया। भारत के कई भारतीय उपकरणों की शक्ल का साथ आयोजन हुआ। टिप्पणी उपस्थापन लिखित विवरण सहायता हुए। न्यूजीलैंड में पोर्ट, अमेरिकी ने अन्य भारतीय समुदायों के साथ योग दिवस समारोह में सक्रिय हुए।

विश्व योग दिवस : अमेरिका-जापान व सऊदी में हुए विभिन्न कार्यक्रम, आयुर्वेद का बताया महत्व

सिंगापुर के सहयोग संगठन के पुनर्स्थापना से हुए, जापानी में कुलपतियों, सिंगापुर के अधिकारी ने इसमें राजनीति शामिल हुए। लंदन के ट्राफेल्गर आयोजित एक विशेष कार्यक्रम में योग को विभिन्न शाखाओं का प्रदर्शन हुआ। कार्यक्रमों के दूतावासों में भारतीय राजदूत व वैश्वी सुमन ग्रह बना पारंपरिक कोलकाता केंद्र को लाख से आयोजित लगातार में 1,100 से ज्यादा लोगों ने हिस्सा लिया। दूतावास के सिंगापुर स्थित समुदाय आयरी ईशा सेवा का सोशलाइज हुआ। ⊂ पेज

अमेरिका के लिंकन मेमोरियल पर हुआ योग सत्र

अमेरिका में कई कार्यक्रम हुए। वाशिंगटन स्थित एंबेसडर, टेक्सास लकीरिया और न्यूयॉर्क के मैनहटन स्क्वायर का बैंकर्स इनिशनी भारतीय दूतावास द्वारा आयोजित योग सत्र से शामिल हुए। भारतीय दूतावास ने अंतरा सोहेदा पेंसर से सिंगर, अभिनेता ने अंतरराष्ट्रीय योग दिवस बनाया गया। दूतावास ने दुबई स्थानों और विश्व सैर यहीन विभिन्न स्थानों पर स्थानीय समुदायों के साथ मिलकर कई कार्यक्रमों का आयोजन किया। सांस्कृतिक स्वास्थ्य और कल्याण गतिविधि को प्रदर्शित करने के लिए उन्हें आयुर्वेद शामिल भी स्थापित किया गया।

- मराठी में महिला योग प्रशिक्षक ने किया नेतृत्व : मराठी लाख के नेतृत्व ने आयोजित योग दिवस कार्यक्रम में लगभग 500 प्रतिभागियों ने हिस्सा लिया। वेबर लिंक मराठी दूतावास ने संयुक्त राष्ट्रीय योग में बताए कि इस साल का विषय मराठी महिला योग प्रशिक्षक सोना भन्नाल ने मराठा आयुर्वेदाय ने किया। दूतावास ने कहा, मराठी आज से योग को सहजों लोकप्रियता भरत ने सहयोग आज से सांस्कृतिक मराठी में एक और महत्वपूर्ण उदाहरण है।
- जकार्ता के ऐतिहासिक मस्जिदों क्षेत्रफल-जी मस्जिद में हुआ आयोजन : जकार्ता की राजधानी टोकरो के ऐतिहासिक मस्जिदों क्षेत्रफल-जी मस्जिद में इंडोनेशिया दूतावास की ओर से आयोजित योग दिवस समारोह में 2,100 से अधिक योग प्रेमियों ने भाग लिया और सामूहिक आसनों तक पहुंचा।