DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE Day

Monday **20260629**

How schools can tackle adolescent malnutrition

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As schools across the country reopened after summer vacation, classrooms were filled once again with the energy, aspirations and anxieties of millions of adolescents. Yet hidden behind their growing ambitions lies a silent public health emergency – adolescent malnutrition. The recently released NFHS-6 (2023-24) findings are stark. Obesity among women aged 15-49 years has risen from 24% to 30.7%, and among men from 22.9% to 27.3%. High blood sugar among men aged 15 and above jumped from 15.6% to 20.9%, and among women from 13.5% to 17.8%. What is most alarming is that lifestyle changes once associated with cities and affluent communities such as sedentary behaviour, processed diets, stress and rising obesity, are now affecting rural populations too. India faces a double burden: undernutrition among children and surging obesity among adults, with obesity driving diabetes, heart disease and stroke. These crises do not begin in adulthood. Their roots lie in adolescence, making schools the most critical setting for prevention.

Addressing diets differently

Schools must recognise that malnutrition is no longer only about thinness. India is witnessing the 'thin-fat' phenotype –children who appear lean yet carry dangerous metabolic risk. According to the Comprehensive National Nutrition Survey (CNNS, 2019), 27.4% of Indian adolescents are stunted. At the same time, obesity is rising, particularly among the urban youth. More strikingly, 35% of children under five are stunted yet carry adult-level triglycerides, which is like a metabolic time bomb associated with adult-onset diabetes and cardiovascular disease. Preventing these diseases *must begin in school, not in hospitals decades later.*

Studies on Delhi school adolescents confirmed that the consumption of milk and dairy products, green leafy vegetables and fruits is lower than what is recommended. Far too many children consume cereal-heavy diets while proteins and protective foods remain woefully inadequate. Schools can address this through improved midday meals, healthier canteens and food demonstrations that teach students how to build balanced plates. The Dietary Guidelines for Indians 2024 recommend that half the plate by volume should consist of fruits and vegetables. Yet research confirms that sedentary and screen-heavy behaviours are inversely associated with daily fruit and vegetable intake – a dangerous compounding effect. School gardens, fruit breaks, and local seasonal produce can normalise healthier eating habits.

> Schools are not merely educational institutions; they have the potential to be powerful public health promoting institutions

Addressing sugar and UPFs

Moreover, the bitter truth about sugar has to be revealed. Sugary drinks, High fat sugar and salt (HFSS) foods, and Ultra-Processed Foods (UPFs) are rapidly replacing traditional foods. Studies highlight alarming trends in free sugar and UPF consumption among Indian adolescents. A recent World Health Organization study has revealed that UPF consumption in India has been surging at more than 13.7% year-after-year. The bitter truth is that the excess sugar consumed today becomes a metabolic risk tomorrow. Schools must actively discourage sugary beverages and display sugar boards showing hidden sugar content. Reinforcement, not one-time campaigns, converts knowledge into practice.

Physical inactivity must be treated as seriously as poor diet. Schools should guarantee structured physical activity and sports as core educational components, not optional extras. This is especially urgent as urban lifestyle habits such as reduced movement, changing diets, and rising obesity are now affecting rural communities too, making inactivity a nationwide epidemic, not only city schools' problem.

Thus, among the most common risk factors for non-communicable diseases in children and adolescents are unhealthy diets and insufficient physical activity. The rapid rise of adolescent obesity increases the risk of early-onset Type 2 diabetes, hypertension and heart disease, and will lead to substantially greater healthcare spending. UPF-free school zones must become a national movement backed by consistent policy.

Schools advancing public health

It is here that the Let's Fix Our Food (LFOF) initiative offers a compelling direction. Led by the Indian Council of Medical Research-National Institute of Nutrition (ICMR-NIN), the LFOF consortium is a multi-stakeholder initiative working to create healthier food environments for adolescents by advancing evidence-based policy, empowering youth through nutrition literacy, and campaigning for regulatory frameworks. Its outputs include recommendations for regulating HFSS food advertising, taxation on unhealthy beverages, a model school nutrition curriculum and a food label reading kit.

A 2025 *Lancet* study projected that 21.8 crore men and 23.1 crore women in India will be overweight by 2050, with the steepest rise expected among adolescents and young adults aged 15-24 years.

Schools must move beyond textbook nutrition education and adopt skill-based approaches such as reading food labels, recognising portion sizes, understanding marketing tactics, and basic cooking. Schools are not merely educational institutions; they have the potential to be powerful public health promoting institutions. School-based interventions in India have demonstrated measurable improvements in dietary behaviour and reductions in sugary beverage consumption. A child protected from unhealthy *diets today is far less likely to become a patient tomorrow.*

एनीमिया मुक्त भारत अभियान: देश को कुपोषण से जिताने की नई मुहिम

स्वास्थ्य मंत्री जेपी नड्डा आज विज्ञान भवन में 'एनीमिया मुक्त भारत अभियान' के नए दिशानिर्देश जारी करेंगे

नई दिल्ली, प्रेट्र : भारत को एनीमिया (यानी खून की कमी) से मुक्त करने की दिशा में एक ऐतिहासिक कदम उठाया जा रहा है। केंद्रीय स्वास्थ्य मंत्री जेपी नड्डा नई दिल्ली के विज्ञान भवन में सोमवार को केंद्रीय स्वास्थ्य एवं परिवार कल्याण परिषद (सीसीएचएफडब्ल्यू) की 16वीं बैठक के दौरान 'एनीमिया मुक्त भारत अभियान' के नए दिशानिर्देश जारी करेंगे। अब यह कार्यक्रम सिर्फ एक मिशन नहीं, बल्कि तकनीक से लैस एक जन-आंदोलन बनने जा रहा है, जो हर नागरिक के स्वास्थ्य और पोषण को सुनिश्चित करेगा।

इस अभियान की सबसे भावपूर्ण और संवेदनशील बात यह है कि इसमें अब जीवन के सबसे शुरुआती और नाजुक दौर को भी शामिल किया गया है। पुरानी रणनीति का दायरा बढ़ाकर अब इसे '7x7x7' का रूप दिया गया है। इसके तहत 'कम वजन के साथ पैदा होने वाले नवजात शिशुओं (0-6 माह)' को सातवें लाभार्थी समूह के रूप में शामिल किया गया है जो जीवन के प्रारंभिक चरणों से ही एनीमिया के निवारण के महत्व को दर्शाता है। इसके अलावा, रोजमर्रा की जिंदगी में आयरन से भरपूर और विविध आहारों 'ईटिंग राइट' (सही खान-पान) के नियमित सेवन को दैनिक आदत के रूप में बढ़ावा देने को सातवें हस्तक्षेप के रूप में शामिल किया गया है।

'समग्र शिशु बाल स्वास्थ्य कार्यक्रम' की नड्डा करेंगे शुरुआत: केंद्रीय स्वास्थ्य और परिवार कल्याण मंत्री जेपी नड्डा नई दिल्ली के विज्ञान भवन में केंद्रीय स्वास्थ्य और परिवार कल्याण परिषद के 16वें सम्मेलन के दौरान 'समग्र शिशु बाल स्वास्थ्य कार्यक्रम' का सोमवार को आरंभ करेंगे। इसके तहत जन्म से लेकर 36 महीने की उम्र तक घर और समुदाय आधारित देखभाल की निर्बाध व्यवस्था प्रदान की जाएगी।

Will a survey error threaten the credibility of govt. schools?

The finding that government schools are charging fees in rural areas is at odds with all existing government policy and needs to be properly investigated

DATA POINT

Anish Gupta
Gaurav
Deepti Kushwaha

In a written question in the Rajya Sabha earlier this year, an MP highlighted that 27% of students in government schools are paying fees – including admission, tuition, examination and development charges – and sought a response from the Ministry of Education. The MP's claim was based on the findings of the Comprehensive Modular Survey: Education (CMS-E), conducted by the National Statistics Office as part of the 80th round of the National Sample Survey (NSS) from April-June 2025 **(Charts 1 and 2)**.

The finding that a sizeable share of students, even in government schools, paid fees surprised many, since it could suggest that those schools were illegally charging fees, raising concerns over the implementation of the Right to Education (RTE) Act, which mandates free education for all children up to age 14. The survey covered 52,085 households, including 28,401 in rural areas.

This article examines whether government schools are indeed charging such fees, or whether the findings reflect issues related to data collection, compilation or both.

To identify the source of the problem, the average course fees paid by students in rural and urban areas were compared using education expenditure data for students in Classes 1 to 8, who are covered under the RTE Act. For the analysis, the course fees reported in the survey – which include admission fees, tuition fees, examination fees, development fees and other compulsory payments – were classified into four categories: no fees, ₹1-₹5,000, ₹5,001-₹10,000 and above ₹10,000.

The analysis showed that, among those reporting course fees above ₹10,000, the average course fee paid by students in government schools in rural areas was higher than that paid by their counterparts in private schools.

Second, the data across all four course-fee categories showed that the percentage difference in average total educational expenditure between students in government and private schools ranged from −50.4% to +4.0% in rural areas and from −57.2% to +34.3% in urban areas **(Table 1)**. Both points challenge the widely held perception that students in government schools incur substantially lower educational expenses than those in private schools.

Third, several States reported unusually low proportions of students with no course fees in government schools. In rural areas, the share of such students is particularly low – in Ladakh (0%), Tripura (2.6%), West Bengal (43%) and Kerala (53%).

Fourth, the percentage of students with no course fees in government schools is substantially lower in rural areas than in urban areas. For instance, in Himachal Pradesh this was 55.6% and 78.3% respectively, with similar patterns observed in six other States, which is difficult to reconcile with any existing government policy.

Possible problems

A commonly cited explanation for such discrepancies is data-collection error.

First, even when survey investigators understand the intended meaning of the questions, they may struggle to communicate it to respondents in the same context in which they were designed. For example, a key question on educational expenditure in this survey is Question 9(i) in Block 5. It asks about "course fees", which include admission fees, tuition fees, examination fees, development fees and other compulsory payments. Interestingly, in common usage, the term "tuition fees" is often understood to mean fees paid for private coaching or supplementary education.

However, in school education, "tuition fees" refers to payments made to schools for teachers' salaries and basic academic resources. While the survey intends to capture this, respondents may have reported spending on private coaching as tuition fees.

Second, information was collected using Computer-Assisted Personal Interviewing (CAPI), under which responses are recorded directly on tablets. While this approach may facilitate faster processing, it also introduces certain limitations. For example, in earlier paper-based NSS surveys, enumerators could leave questions blank when respondents gave no answer. With CAPI, non-response is generally not permitted, and enumerators must enter a value before proceeding. Previous surveys suggest that non-response, resulting in missing observations, was not uncommon and in the NSS 75th Round (2017), it was 39.4%. However, there were no missing observations in 80th Round of survey, which used CAPI.

This raises the possibility that some course-fee values may have been entered merely to proceed to the next question. Moreover, even minor modifications may disrupt the process, and features such as autocorrect can sometimes distort recorded responses. Even the World Bank has noted that CAPI systems can be highly rigid.

If a large number of students do not have access to free education, the issue warrants serious scrutiny. Yet it is surprising that, despite the matter being raised in Parliament, neither the Central government nor any State government has come forward to investigate.

Conversely, if the findings result from flaws in data collection and validation, as the evidence above suggests, those responsible must be held accountable. Such errors not only distort policy research but also tarnish the reputation of government schools and teachers.

Misleading data?

The data for the charts were sourced from the NSS 80th round, the Comprehensive Modular Survey: Education (CMS-E), 2025

Students arrive at a government high school in Vijayawada in Andhra Pradesh after the summer vacation on June 12. G.N. RAO

Chart 1: The share of students who reported expenditure on course fees by type of school

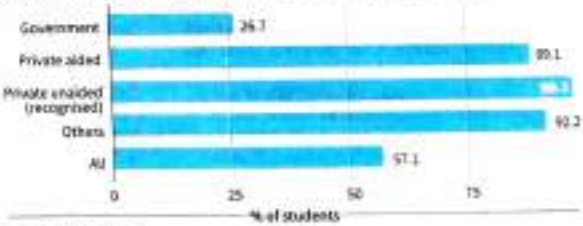

Chart 2: The share of students who reported expenditure on course fees in government schools in rural and urban areas. Figures in %

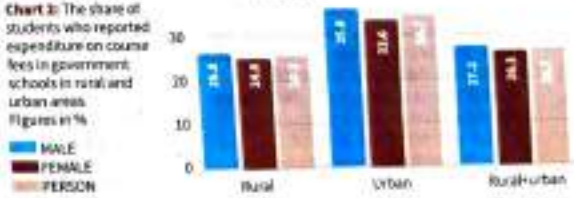

Table 1: Average total expenditure by course fee categories (in ₹)

Course Fee category	School type	Average exp on course fee		Average total expenditure	
		Rural	Urban	Rural	Urban
0	Government	0	0	1,824	2,470
	Private (aided & unaided)	0	0	3,677	5,767
1-5000	Government	736	1,009	3,920	5,255
	Private (aided & unaided)	2,621	2,800	7,866	8,280
5001-10000	Government	6,917	6,827	15,639	19,956
	Private (aided & unaided)	7,596	7,837	15,236	14,857
Above 10000	Government	14,000	19,443	31,850	30,686
	Private (aided & unaided)	23,608	28,458	35,742	41,452

Based on authors' calculations

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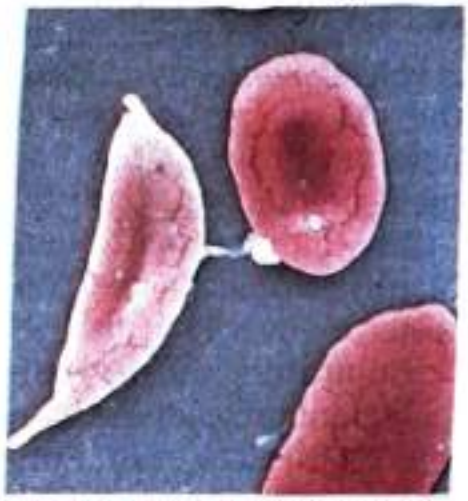
New Anaemia Mukt Bharat norms seek early action

Bindu Shajan Perappadan
NEW DELHI

The Union Health Ministry is set to launch revised operational guidelines for the Anaemia Mukt Bharat Abhiyaan (AMB) on Monday, expanding the national programme's strategy to include a new beneficiary group, greater emphasis on dietary interventions, and digital tracking of beneficiaries.

The guidelines, to be released by Union Health Minister J.P. Nadda during the 16th meeting of the Central Council of Health and Family Welfare at Vigyan Bhawan in Delhi, mark the transition of the programme from Anaemia Mukt Bharat to Anaemia Mukt Bharat Abhiyaan.



Treat and track: The Ministry proposed a digital ecosystem to monitor anaemia services.

New framework

The revised framework seeks to strengthen anaemia control through improved testing, treatment, monitoring and community participation.

The revised programme adds low birth weight babies (0-6 months) as a seventh beneficiary group, recognising the need for early intervention.

A new "eating right" component has been introduced as the seventh intervention to promote the regular consumption of iron-rich and diversified diets. The seventh institutional mechanism focuses on strengthening monitoring and evaluation through digital tracking. The guidelines also replace the existing T3 with a T4 strategy of Test, Treat, Talk, and Track, which emphasises routine haemoglobin testing, treatment according to national anaemia management protocols, systematic tracking of beneficiaries for referral and follow-up, and counselling on healthy dietary practices.

The Ministry has also proposed an integrated digital ecosystem for monitoring anaemia services.

The National Family Health Survey (NFHS-5) shows that 67.1% of children aged six to 59 months, 57% of women aged 15 to 49 years, 52.2% of pregnant women, and 59.1% of adolescent girls aged 15 to 19 years are anaemic.

'INFLATED BILLS, MISSING FILES'

Former health services chief, ex-CPA official arrested in medical procurement scam

Alok Singh
& Ankita Upadhyay
New Delhi, June 28

X-RAY MACHINES at Rs 33 lakh each against an actual cost of around Rs 10 lakh, linen bedsheets at Rs 450 a piece against its original price of Rs 150, and ORS sachets at Rs 15 each against a market rate of around Rs 2.5 were among alleged procurements made by the Central Procurement Agency (CPA) under the Directorate General of Health Services (DGHS) earlier this year.

In connection with the alleged scam involving inflated procurement bills — that the Anti-Corruption Branch (ACB) has so far estimated to be worth around Rs 700 crore — the agency on Sunday arrested former DGHS Director, Dr Vatsala Aggarwal, and former Deputy Controller of Accounts (DCA), CPA, Neeraj Chopra, after they allegedly failed to provide "satisfactory explanations". ACB officials also found that several files related to expenditure and procurement were "missing".

The agency earlier on June 18 arrested Dr Vinod Kumar Ranga, former Head of Office of the CPA. Dr Ranga is currently in judicial custody.

According to official sources, around 10 more government officials associated with the CPA, whose names have surfaced during the investigation, are on the ACB's radar. Some have already been summoned for questioning. Besides, more than half a dozen individuals, including contractors and bidders, are also being questioned in connection with the alleged scam.

The alleged irregularities first came to light in May this year when the Delhi Directorate of Vigilance conducted raids at the CPA office over two nights following complaints regarding procurement tenders for medicines, surgical items and medical equipment. On June 2, acting on a complaint from the vigilance department, the ACB registered an FIR under provisions of the Prevention of Corruption Act.

According to the complaint, official sources said, Dr Ranga, a supplier-operator, several unidentified officials and private persons allegedly operated a cartel that manipulated procurement by drafting tailor-made tender specifications, floating fake or front companies and submitting collusive bids to ensure favoured suppliers secured contracts at grossly inflated rates.

The complaint stated that the amount misappropriated could run into several hundred crores of rupees. It was also alleged that CPA officials repeatedly obstructed the vigilance department's attempts to obtain procurement-related files.

The vigilance department also alleged that manufacturers first agreed among themselves to nominate specific distributors. These distributors allegedly drafted restrictive technical specifications and tender conditions suited to their nominees. According to sources, the complaint stated that the documents were then submitted to Dr Ranga and approved by DGHS officials.

The complaint further alleged that several companies were effectively controlled by a single distributor who was allegedly close to the officials under investigation. It also claimed that approvals were granted on the same day, financial bids were opened secretly, and purchase orders were issued without publishing contract awards on the Government e-Marketplace (GeM) or other e-procurement portals.

It was also alleged that the CPA deliberately kept the status of several tenders marked as 'Active' on procurement portals even after contracts had been awarded and payments released, thereby preventing competitors and the public from accessing the final contract details and rates, official sources said.

Sources also said that vigilance officers visited the CPA office on May 18 to collect procurement records only to find that key files were unavailable. CPA officials allegedly told them that the records were in the custody of Dr Ranga, who, they said, could not be contacted. Although the CPA later supplied some folders, vigilance officials found that the principal procurement files remained missing, sources added.

• SIPHONING OF FUNDS, ILLICIT GAINS

PORTABLE X-RAY MACHINES Billed to the CPA at Rs 33 lakh each against a market price of around Rs 10 lakh per unit. The vigilance department estimates excess payment of around Rs 100 crore under this contract alone.

LINEN AND BEDSHEETS Retail price of hospital linen are estimated at around Rs 150 per piece. Vigilance department says the CPA paid Rs 450 per sheet through three linked suppliers. Rs 75 crore was allegedly paid in total against an estimated cost of only Rs 25 crore. The remaining amount was allegedly siphoned off.

C-ARM AND ANAESTHESIA WORKSTATIONS Vigilance department cited GeM bids for C-arm units and anaesthesia workstations in which technical specifications were allegedly tailored to favour particular models. The equipment available in the market for only a few lakh rupees was invoiced to the CPA at several times the actual cost, resulting in alleged illicit gains worth crores

ORS AND SURGICAL CONSUMABLES 50 lakh ORS sachets were procured at Rs 15 each against a market price of about Rs 2.5 per sachet. Surgical dressings, sutures, cannulas and gloves were allegedly procured at highly inflated rates. The vigilance department says procurement worth around Rs 400 crore was made via hospital-level local chemist tenders. Funds worth nearly Rs 300 crore were diverted

People die of sadness far away. Here, grief must stand in line

HANSDA SOWVENDRA SHEKHAR

ILLUSTRATION: C R SASIKUMAR

DEATH OFTEN pops its head up like a nosy meerkat in my mind. Then it turns into a peacock, spreading its plumage so gloriously that every other thought is subdued. Then, like a dazed tortoise within its shell, it stays. Still. So long that it turns into the only thought in my mind.

Unhealthy or downright morbid, call it what you may, but in the last six or seven years, I have started to secretly envy people who die while they are still in their prime, physically, mentally, and financially. As the unofficial saying goes, the best time to leave is when it is least expected. On anxiety-driven nights, when I doomscroll into the rabbit hole that is the internet and come across someone who has left in their 40s or early 50s, my immediate reaction is, "How fortunate! *Shob dukkho shesh.*" All agonies over. I say 40s and early 50s and not anyone younger because, first, I am 43, and it would be unfair for me to wish early departure for anyone when I myself have hung around for so long; and, second, I assume that mid-40s to mid-50s is when a person — I apologise if I sound hurtful — has lived enough, experienced enough, seen enough, suffered enough, been overjoyed and revulsed by this world enough. Families come to mind. Dependents. Elderly parents, a spouse with no source of sustenance, children orphaned. Know that I do not wish this upon anyone, but I can't deny that sometimes hope deflects from me.

In the part of the country I come from, what appears more daunting than death is the paperwork that follows for the living. It is the survivors, the ones left behind, the ones often clueless, who are tasked with the job of putting things in order after the dear departed. The place of death, the cause of death, the declaration of death by a medical doctor, the certification of death by a competent authority — each of these factors, and perhaps some more, go into the various papers – death certificate, NOC, insurance, etc. In this hinterland, it literally takes a village to get a person's death certified.

Graphic novelist and filmmaker Marjane Satrapi passed away recently. I am yet to read *Persepolis*, her iconic, autobiographical graphic novel, but I have seen the film (released the same year as the English translation, 2007, and co-directed by Satrapi herself) based on the book and been fascinated. Nearly two decades have passed, but this sequence from the film is still fresh in my mind: The headscarf-wearing, feisty Marji, while running to catch a bus, shouts, "Then stop looking at my a**" at the guards when they tell her that her rear looks obscene when she runs. The image of Marji on one of the posters of the film — a side profile, eyes closed, hair free from the shackles of the headscarf, chin resting on the left palm, a prominent mole on the right side of her nose, a hint of a smile playing on her face — is an enduring one.

> Wouldn't the life — and living, as a consequence — of those left behind become much more convenient if death and its cause could be summed up in just one easy-to-understand word?

Satrapi passed away at 56. I ought not to have been shocked, given my advocacy of dying sooner, but I was as taken aback as her well-wishers across the world. What struck me more was the reason furnished for Satrapi's death: Sadness. Satrapi's family had stated that she had "died of sadness" over her husband's death.

Sadness. Just one word.

Perhaps "sadness" was just a provisional statement provided by the family to the media. Perhaps there was some other reason — a more medical one, mentioned on the death certificate. Whatever the case might be, it made me wonder if sadness could ever be a valid reason for the death of a person in a rural hinterland in India, someone who is a beneficiary of a government developmental programme. Would sadness be accepted as a valid reason to put on the life insurance papers of a deceased person without jeopardising the prospect of the nominee/s of receiving its benefit/s unhindered? Wouldn't the life — and living, as a consequence — of those left behind become much more convenient if death and its cause could be summed up in just one easy-to-understand word? Would a single word in lieu of long sentences with technical terms make it easier to find closure or bring to an end all the official procedures and paperwork that follow death?

As my mind keeps returning to it over and over again, I feel — and I might be wrong again, so I apologise in advance — in the place I come from, death is never accorded the solemnity it deserves. There, grief isn't private; it is usually performative. There is no room for a quiet meditation over one's loss. The pervasiveness of this usually cuts across barriers of caste and wealth.

Death is an irreparable loss. In most cases, the person who dies is the anchor who held together entire worlds. But instead of letting that loss seep in, allowing oneself time and quiet to grieve, rituals and paperwork rush in to fill the vacuum. People die of sadness and heartbreak in places far away. Out here, where death can have only three likely explanations — age, ailment, or accident — and every other reason elicits questions and suspicions, will an abstract concept like death due to sadness hold any meaning?

Shekhar, a doctor based in Jharkhand, is also a writer and translator

lung cells. It kept the virus under control.

had in one of their knees earlier.

beneficial for body composition and overall health.

supplements may not help with dementia prevention.

She donated EGGS for Rs 20,000, 45 times

Inside Maharashtra's illegal egg harvesting network, where agents and clinics exploit donors, scarring their health for a lifetime

Purnima Sah

FOR MOST of her life, **Neeta Prasad*** cleaned other people's homes. The 30-year-old domestic worker steps out of her one-room shack in an Ulhasnagar slum every morning and spends her day sweeping floors, washing utensils and mopping apartments across the city. By month's end, she earns about Rs 10,000 — barely enough to pay rent, buy medicines to remain fit and keep her household running. Her husband works as a cook at roadside eateries. Their son lives with relatives in their village, where he attends school.

Yet when the family moved to Ulhasnagar in 2022, they had hoped for a better future. Instead, they found themselves trapped in the cycle of urban poverty. That was when a relative told Neeta about what sounded like an easy way to earn money. "She said I could make Rs 20,000 by donating my *stree beej* (eggs). My body naturally produces them every month and since I had a child of my own and didn't want more, I could donate them and get paid," says Neeta. What she did not fully understand was the price her body would pay.

By the time authorities uncovered the illegal egg-harvesting network this year, Neeta had undergone at least 45 egg retrievals, a procedure which is legally allowed only once in a lifetime under the Assisted Reproductive Technology (ART) Act, 2021. That meant 45 rounds of hormone injections, 45 periods of recovery and 45 occasions on which a needle was inserted through the vaginal wall to collect eggs from her ovaries. Doctors say each cycle subjected her to hormonal manipulation designed to force her ovaries to produce multiple eggs, followed by an invasive retrieval procedure under sedation. Repeated stimulation carries risks of bleeding, infection and cysts. Yet for women like Neeta, the decision was about economics rather than their health.

The process began with daily hormone injections administered into her abdomen for nearly two weeks. Then came repeated pelvic ultrasounds to monitor egg development. Finally, she was given a trigger injection and taken to a clinic where doctors retrieved her eggs through a procedure performed under sedation. These became part of the donor egg pool at the clinic for use in assisted reproductive procedures among infertile couples. As the days passed, Neeta experienced fatigue, mood swings, irritability, bloating and pelvic pain. "The woman giving me the injections said it was normal. She told me I was helping women who could not have children," she says. When she woke up after her first egg retrieval, her stomach felt swollen and sore. "I was scared although I received Rs 20,000," she says. Initially, she decided she would never do it again. Then she began calculating school expenses, rent payments and household bills. The next time the agents called, she agreed. Then she agreed again. And again.

Poverty as recruitment strategy for donors

Neeta's story echoes across Maharashtra's slums. Roshani Shaikh*, a 35-year-old factory worker from Thane, entered the network after her husband abandoned her in 2023. Living alone and struggling financially, she was introduced to egg donation by a colleague. A woman known only as "madam" coordinated the process. Soon, Roshani too was receiving hormone injections and travelling for procedures. "I thought I could move to a better area and improve my life. My friends had been donating eggs for years and they were earning good money," she says. "When I held Rs 20,000 in my hand after every procedure, the pain my body had gone through suddenly felt very small," she adds. For Suman Patil*, 25, the choice came amid debts after her husband cheated on her and chose to live with another woman. Friends who were already donating eggs suggested she join them. "They told me I could make Rs 30,000 every month on the side. I experienced severe cramps and bloating, but the money kept me going."

Investigators say that financial vulnerability became the foundation of a network that systematically recruited poor women and transformed their reproductive capacity into a commodity.

The racket is busted

The operation came to light on February 19 when Badlapur police received information that women were being administered hormone injections inside a residential apartment. Suspecting a health-related offence, police sought assistance from district health authorities. Acting on instructions from Civil Surgeon Dr Kailash Pawar, a team of government doctors joined officers during a raid.

What they discovered would expose a network stretching across multiple cities and states. According to police, the apartment functioned as an illegal hub where women were called to receive fertility injections before being sent for egg retrieval procedures. Officers recovered Menotropin, a drug used to stimulate egg production.

The woman operating the facility allegedly admitted she was administering injections and coordinating with a broader network across Thane, Badlapur and other regions. Her statement led investigators to additional suspects and locations. As investigators dug deeper, they uncovered what they describe as a sophisticated supply chain involving recruiters, medicine suppliers, sonography operators, document forgers and fertility clinics. Police have booked 15 accused, including doctors, agents, pharmacists and alleged document forgers, under provisions relating to human trafficking, exploitation, forgery and violations of the ART Act.

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Deep DIVE

ILLUSTRATION: SUMALIT DEY

How the system worked

The Assisted Reproductive Technology (Regulation) Act, 2021 allows a woman to donate eggs only once in her lifetime. Investigators allege the network bypassed that safeguard through forged identities. Women who had already donated eggs were allegedly provided fake Aadhaar cards and fabricated records so they could continue being presented as first-time donors. Police say donors were first given hormone injections to stimulate their ovaries. They were then sent for ultrasound scans to monitor follicle growth before being transported to fertility centres for egg retrieval procedures.

One donor identified during the investigation underwent 35 egg retrieval procedures in three years and was transported to clinics in Kerala and Tamil Nadu. She received Rs 35,000 for each cycle.

The economics reveal why the system flourished. Women were paid between Rs 20,000 and Rs 35,000 for each cycle. Intended parents seeking donor eggs reportedly paid between Rs 3 lakh and Rs 5 lakh. Agents allegedly earned between Rs 70,000 and Rs 1 lakh for arranging donors. Smaller participants earned commissions for scans, medicines and forged documents. At every stage, someone profited.

The hidden health toll

Medical experts say the case raises disturbing questions about the cumulative impact of repeated egg retrieval procedures. Dr Anjali Malpani, Professor Emeritus of KEM Hospital and founder-director of Malpani Infertility Clinic in Mumbai, described the practice as the worst form of physical abuse. "A woman's body is resilient. But calling the same woman back every month for hormonal injections, anaesthesia and egg retrieval takes a toll on her reproductive and hormonal systems," she says.

According to her, women can experience abdominal pain, bloating, nausea, weakness, constipation, emotional stress and discomfort. "The most serious complication is ovarian hyperstimulation syndrome, which in severe cases can become life-threatening. The ovaries swell up with fluid. Warning signs include severe abdominal pain, rapid weight gain (more than 1-2 kg in 24 hours), significant abdominal swelling, shortness of breath, reduced urination, severe nausea/vomiting, dizziness, or signs of blood clots. These symptoms require prompt attention and could become life-threatening. The procedure can compromise the liver, haematological, renal and respiratory systems. The woman has to regularly monitor her health parameters lifelong," she says.

Perhaps more troubling is what medicine still does not know. "There is little research on women undergoing 20-30 retrievals over a short period," she says. Dr Kailash Pawar, civil surgeon at Thane District Hospital, warns against the risks of infection and cyst formation.

Beyond one criminal case

Fertility specialists argue that the case exposes broader structural failures. Dr Aniruddha Malpani, patient advocate and co-founder of Malpani Infertility Clinic, believes the racket reflects a system in which information and financial power are concentrated among intermediaries while the donors remain poorly informed.

"Weak oversight and the growing commercialisation of fertility services create conditions in which exploitation can thrive. Unless those incentives change, similar networks are likely to emerge elsewhere," he warns. For Neeta, however, the larger policy debate feels distant. What she remembers are the injections, the scans, the procedures and the envelopes of cash that followed. The money helped pay for her son's education. But it came at a cost that nobody fully explained to her. And one which she will never understand.

**Names changed to protect privacy*

•In India, donor egg IVF is a regulated process under the Assisted Reproductive Technology (ART) Act, 2021

SUGAR-FREE LIFE

DR V MOHAN

DR MOHAN'S DIABETES SPECIALITIES CENTRE, CHENNAI

India's diabetes lessons can help the world

We have developed a model of delivering care in resource-constrained settings

WHEN I began my journey in diabetes care more than four decades ago, India was already witnessing a silent epidemic. Today, that epidemic has grown into one of the country's greatest public health challenges. India is home to more than 300 million people with diabetes and another 136 million at high risk of developing the condition. Yet the challenge is not unique to India. Across low- and middle-income countries, diabetes is rising rapidly, stretching healthcare systems that are often under-resourced and overburdened.

The question I have grappled with throughout my career is simple: How do we provide quality diabetes care to millions of people when specialists, infrastructure and financial resources are limited? The answer, I believe, lies not in replicating models from wealthy countries but in developing solutions that are locally relevant, affordable and scalable.

One of the earliest lessons we learnt was that diabetes in South Asians differs in important ways from diabetes in many Western populations. Indians tend to develop diabetes at younger ages and at lower body weights. Many patients present lean, often after complications have already set in. This means prevention, early diagnosis and regular monitoring become even more critical. Yet conventional healthcare models are poorly suited to this reality. Asking patients to visit multiple clinics for eye examinations, kidney assessments, foot care, nutrition counselling and laboratory investigations is impractical, especially for those travelling long distances or paying out of pocket.

This realisation led us to develop an integrated model of diabetes care in which all essential services are available under one roof. The objective was simple: reduce the burden on patients while ensuring comprehensive evaluation and treatment during a single visit. Such integrated care not only improves convenience but also increases the likelihood that complications are detected early.

However, infrastructure alone cannot solve the problem. A country the size of India does not have enough endocrinologists or diabetes specialists to care for every patient. Capacity building, therefore, became central to our work. We invested heavily in training physicians, diabetes educators, nurses, podiatrists and other healthcare workers. Task-sharing and task-shifting are no longer optional strategies; they are essential if diabetes care is to reach the under-served populations.

Task-sharing and task-shifting are no longer optional strategies; they are essential if diabetes care is to reach the under-served

Technology has emerged as another powerful equaliser. Digital health tools, telemedicine platforms and mobile applications can bridge the gap between patients and healthcare providers. They allow individuals to access information, monitor their condition, receive reminders, communicate with healthcare teams and maintain continuity of care between clinic visits. For chronic diseases such as diabetes, where long-term engagement is critical, these tools can make a measurable difference. Perhaps one of the most rewarding experiences has been taking diabetes care beyond urban centres. Through mobile units equipped with diagnostic facilities, we have been able to screen for diabetes and its complications in remote villages where specialist services are unavailable. More recently, home-based care models have further expanded access, particularly for elderly patients and those with mobility limitations. The COVID-19 pandemic reinforced the importance of these innovations. During lockdowns, teleconsultations and digital monitoring enabled patients to remain connected to healthcare providers even when physical visits were impossible. What began as an emergency response has now become a permanent component of diabetes care.

Research has also played a crucial role. For too long, many clinical guidelines were based largely on data generated in high-income countries. While such evidence is invaluable, it does not always reflect the realities of populations in Asia, Africa or Latin America. Locally generated research helps us understand disease patterns, risk factors and treatment responses within our own communities. It enables us to design interventions that are both scientifically sound and culturally relevant. There is another lesson that deserves emphasis. Healthcare cannot succeed if it excludes those who cannot afford it. In countries where a significant proportion of healthcare expenditure comes directly from patients' pockets, affordability remains a major barrier. Sustainable solutions must incorporate mechanisms that expand access for economically disadvantaged groups.

As the global burden of diabetes continues to rise, low- and middle-income countries can no longer rely solely on imported healthcare models. They must innovate, adapt and build systems that reflect local realities. India's experience demonstrates that even in resource-constrained settings, meaningful progress is possible through integrated care, workforce development, technology research and community engagement.

The challenges remain enormous. But if there is one lesson I have learnt over four decades, it is that solutions do not emerge from abundance. Sometimes they emerge from necessity. And those solutions may hold valuable lessons for the rest of the world.

Govt to amend rules for speedy approvals for medical devices

Rhythma Kaul
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NEW DELHI: The Union ministry of health and family welfare has proposed amendments to medical device rules to fast-track licencing approvals for moderate- to high-risk medical devices, according to people familiar with the matter.

"The ministry of health and family welfare has published a draft notification in the Official Gazette proposing amendments to the Medical Devices Rules, 2017, with the objective of simplifying and expediting the licensing process for medical devices while ensuring continued compliance with quality, safety and performance requirements," read the health ministry statement.

The draft notification was issued based on the suggestions made by the Drugs and Technical Advisory Board (DTAB) after a detailed consultation.

RULES PRESCRIBE STATUTORY TIMELINES FOR PROCESSING APPLICATIONS FOR GRANT OF MANUFACTURING LICENCES IN EACH OF 4 CATEGORIES

According to the health ministry, the proposed amendments seek to rationalise the timelines for the grant of manufacturing licences for medical devices across different risk categories. The initiative is also aimed at enhancing the ease of doing business, improving regulatory efficiency, and facilitating the timely availability of quality medical devices in the country.

Under the Medical Devices Rules, 2017, medical devices are classified into four risk-based categories—Class A, Class B, Class C and Class D—with Class D comprising the highest-risk devices.

The rules prescribe statutory timelines for processing manufacturers' applications for the grant of manufacturing licences in each category. The proposed amendments seek to reduce these timelines, thereby enabling faster regulatory approvals while maintaining established standards of quality, safety and performance, the statement said.

For Class B medical devices, which include low- to moderate-risk devices such as blood pressure monitors, hypodermic needles and pulse oximeters, the timeline for grant of manufacturing licence has been proposed to be reduced from 140 days to 115 days.

Similarly, for Class C and Class D medical devices, which include high-risk devices such as cardiac stents, hip and knee implants, and other orthopaedic implants, the timeline for granting a manufacturing licence has been proposed to be reduced from 105 days to 90 days.

For Class A devices, which include low-risk items such as medical thermometers and stethoscopes, there has been no change.

The draft amendments also introduce clearly defined timelines for each stage of the licensing process, including scrutiny of applications, audit by notified bodies, verification of compliance and issuance of licences.

According to the draft notification, the applicant's manufacturing site of the applicant will conform to the requirements for quality management system and will be verified through an audit by a notified body before the license is granted. The State Licensing Authority will ensure that a registered notified body carries out the site audit and duly submits the audit report to the State Licensing Authority.

Climate action must be guided by fairness, responsibility: Modi

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NEW DELHI: At a time when the Global South, especially island nations, has been hit hardest by climate change, developed countries must take on a greater burden in climate action, while global institutions must reflect contemporary realities and help in shaping a collective, inclusive and fair future, Prime Minister Narendra Modi said on Sunday.

Modi made the remarks while addressing an extraordinary sitting of the National Assembly of Seychelles, becoming the first Indian premier to do so. Besides highlighting the historic bonds between India and Seychelles, he emphasised the shared values of democracy and the rule of law, and noted that mutual trust has shaped a key partnership in development cooperation, maritime security and capacity building.

"The Global South, and especially the island nations, are the most impacted by climate change...We both firmly believe that those who have contributed the least to climate change should not bear the greatest burden of its consequences," he said. "Climate action must be guided by fairness, responsibility and equity. This is the essence of climate justice."

In this context, he pointed to India's initiatives, such as one of the world's largest expansions of renewable energy, International Solar Alliance, Coalition for Disaster Resilient Infrastructure, Global Biofuels Alliance, and work with partner countries to boost the green transition. "Seychelles and India both seek a world where development is more inclusive. We both seek a world where international institutions reflect contemporary realities. We believe that our shared future must be shaped collectively, inclusively, and fairly," he said. This spirit has led to India placing the Global South's priorities at the centre of international discussions.

Modi noted that Seychelles was the first Indian Ocean country he visited in 2015, after becoming PM, and this was also his first trip to Africa. "I came here because I believed that Seychelles occupies a special place in India's vision for the Indian Ocean. Today, as I return here after a decade, that conviction is stronger than ever," he said, noting that the friendship between the two sides dates back to August 1770, when five Indians were among those who arrived at Saint Anne Island on board the ship Thelemaque.

He also highlighted the robust security and defence partnership between the two sides, with the defence forces, coast guards and maritime agencies training and working closely together.

The Seychelles Defence Force and Coast Guard play a vital role in safeguarding the wider Indian Ocean, and bilateral cooperation in maritime security, hydrography and maritime domain awareness reflects the shared commitment to a safer and more secure region, he said.

India's vision MAHASAGAR (Mutual and Holistic Advancement for Security and Growth Across Regions) "recognises that our futures are inter-connected and interdependent, and both countries will continue working together for a safer and more secure Indian Ocean, Modi said.

Seychelles is more than a group of islands in the Indian Ocean as its maritime domain extends across nearly 1.4 million sq km, making it a "large ocean country" whose efforts to protect marine ecosystems and advance innovations such as the Blue Bonds have helped shape important global conversations. "Together, we can build partnerships in fisheries, marine science, coastal management, renewable energy and sustainable tourism," he said.

Modi noted that one in every 50 people in Seychelles has undergone some training in India, and this includes students, professionals, officials and security forces. He proposed digital innovation, including India's digital public infrastructure, as a focus area for cooperation to expand opportunities, improve governance, bolster financial inclusion and deliver services.

PM Narendra Modi conferred the 'Guardian of the Blue Horizon'—Seychelles' highest distinction for leadership in environmental conservation and sustainable development—by President Patrick Herminie on Sunday. The MEA said this is the first time that this distinguished honour has been bestowed. ANI

Indian squads set to join 50th Seychelles National Day event

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NEW DELHI: Marching contingents from the army and navy, and two Indian warships will take part in the 50th National Day celebrations of Seychelles in Victoria on Monday, reflecting the growing security cooperation between the two sides, officials aware of the matter said on Sunday.

The participation of Indian armed forces' contingents in the national celebrations of friendly foreign countries serves as a symbol of mutual trust, military camaraderie and shared commitment toward strengthening bilateral relations, the army said. The celebrations, marking the golden jubilee of the archipelago's independence, are being attended by Prime Minister Narendra Modi as the guest of honour. On Saturday, Modi handed over a patrol vessel to Seychelles as part of efforts to bolster the collective security and surveillance mechanisms of smaller countries in the region.

Modi last visited Seychelles 11 years ago, and security, development and maritime cooperation between the two countries has grown since then.

The Indian Army contingent consists of 32 personnel from the Assam Regiment and is led by Captain Aryan H Deolekar, the army said in a statement.

"An Indian Navy marching contingent accompanied by a military band is also participating in the celebrations, reflecting the close and enduring defence partnership between the two countries. India and Seychelles share longstanding historical ties. Over the years, the relationship has evolved into a strong strategic partnership encompassing defence cooperation, development, culture and trade," the statement said.

INS Tarkash arrived at Port Victoria in Seychelles on Sunday. @INDIANNAVY X

Such engagements reinforce defence cooperation and underscore India's role as a reliable partner in promoting peace in the Indian Ocean Region, it said.

Indian warships Tarkash and Ikshak are participating in the celebrations. "#INSTarkash a frontline warship of the #IndianNavy, arrived at Port Victoria, #Seychelles on #26Jun 26 during her ongoing operational deployment to the SW #IOR (south-west Indian Ocean Region). During the port call, Tarkash, along with #INSIkshak, will participate in Golden Jubilee celebrations of the National Day of Seychelles, on 29 Jun 26, with a marching contingent and naval band," the navy wrote on X on Sunday.

Indian Armed Forces contingents had previously represented the country at the 237th Bastille Day Parade in France in 2023, the Victory Day Parade in Bangladesh in 2021, and the Victory Day Parade in Russia in 2015 and 2020.

TIMES CITY

THE TIMES OF INDIA NEW DELHI | MONDAY, JUNE 21, 2026

41.8° MAXIMUM | 31.1° MINIMUM

152 AQI IN DELHI ON SUNDAY SHOWERED

Space issues: 25% of traffic fixes benched as city runs out of roads to build on | 5

Road that walks you through India-Afghanistan relations | 4

Ahead of June 30 rebate deadline, glitches put on a show at MCD's property tax portal | 4

Govt to rope in IIT for study as it plans a flood protection wall

Tuhin Mohan Pathak

New Delhi: Delhi govt has decided that IIT Delhi will be brought in to do a study for the construction of a new flood protection wall along a 4-km stretch of the Yamuna.

Building the wall to protect flood-prone areas of the city will start next year after a detailed study by the IIT, officials said on Wednesday. "For now, we will repair the existing wall along the Yamuna to protect vulnerable areas, including Yamuna Bazar," water minister Parvesh Verma said.

The Yamuna Bazar area, near Kashmere Gate, has been identified by the authorities as one of the high-waterlogging hotspots in the city. "In 2023, despite the protection wall, inundation had reached 6 to 8 feet in the area, due to which evacuations had to be done. It is the first area to get flooded during high tide in the Yamuna in the monsoon," the minister added.

From the existing levels of 207.5 to the more recent elevation in 2023 and 2025, this stretch has remained exposed.

According to the plan, a 4.76-km wall will be built from Majnu Ka Tila to the Old Railway Bridge. The target is to complete it before the next monsoon.

The wall is expected to get a ride-sharing protection to protect low-lying areas such as Civil Lines, Kashmere Gate, Yamuna Bazar and Majnu Ka Tila.

In Aug 2024, a report of the joint Govt committee (JFC) identified the construction of a flood protection wall along this stretch of the Ring Road as the most viable long-term solution.

The initiative is being positioned to govt as a "permanent solution" to the city's perennial flooding woes. Experts have, however, cautioned that preventing water from reaching the flood plain can impact groundwater recharge and harm the ecology.

The CWC had earlier said the wall will act as a safeguard against overflowing river from flooding low-lying areas.

WHY 42°C FEELS LIKE 50°C

While air temperature is the standard measure of how hot a place is, it doesn't tell the whole story. Humidity has a major influence on how heat is felt because the body cools itself by evaporating sweat. When the air is moisture-laden, sweat evaporates more slowly, making it harder for the body to lose heat. **Priyangi Agarwal** *explains how...*

BEYOND THE THERMOMETER

These terms are often used during India's summer and monsoon season, but they measure different aspects of heat and human discomfort

Dry Bulb Temperature

- The actual air temperature measured using a standard thermometer
- Indicates how hot or cold the air is
- Does not take humidity into account

Heat Index

- The 'feels-like' temperature combines air temperature and relative humidity
- Shows how hot it actually feels to the human body
- High humidity slows the evaporation of sweat, reducing the body's ability to cool itself
- As humidity rises, the heat index can be much higher than the actual air temperature

Wet Bulb Temperature

- The lowest temperature air can reach through evaporation
- Measured using a thermometer wrapped in a wet cloth and exposed to airflow
- Indicates how effectively the body can cool itself by sweating
- A wet-bulb temperature of 35°C is considered the upper limit of human tolerance for heat and humidity

Heatwaves

- Declared when temperatures are significantly above the normal for a region
- Criteria vary across India based on local climate

Heatwave Criteria For Delhi And Other Plains

Maximum temperature 4.5°C or more above normal, with the maximum at least 40°C, or	Maximum temperature reaches 45°C or above

Severe Heatwave

Maximum temperature 6.5°C or more above normal, or	Maximum temperature reaches 47°C or above

WHAT THE THERMOMETER RECORDS AND WHAT YOU FEEL

Maximum air temperature in degrees Celsius
Heat index or feels-like temperature in degrees Celsius

HOW HEAT IMPACTS HEALTH

Dehydration
Loss of fluids and salts through sweat can cause weakness, dizziness, nausea, headache and thirst

Skin disease
Long periods in the sun can result in sunburn and heat-related rashes

Weakened immunity
Heat stress may reduce the body's ability to fight infections

Mental stress
Heat can affect mood, concentration and sleep quality

Higher inflammation
Hot conditions can trigger inflammatory responses in the body

Excessive sweating
The body produces more sweat to cool itself down

Organ stress
Vital organs, including the heart and kidneys, may face added pressure during extreme heat, especially among people with existing conditions

HEATEST FAST

July 5, 2025
Air temperature was 37.1 degrees Celsius but feels-like temperature was 54° Celsius

May 22, 2024
Air temperature was 43.4 degrees Celsius but feels-like temperature was 55.4° Celsius

In Delhi, humidity typically rises during June and July, pushing up the heat index, or the feels-like temperature, often making conditions far more oppressive than the actual air temperature suggests.

The city saw three spells of heatwaves in this season: one each in April, May and June

> The heat index varies throughout the day as it is influenced by changes in both air temperature and humidity. It is generally assessed during the hottest part of the day, when temperatures peak and heat stress is at its highest. As temperatures fall, the feels-like temperature or heat index also tends to decrease. However, the heat index is only a representative measure and may not reflect the exact level of discomfort experienced by every individual. Factors, such as a person's rate of sweating, physical activity and exposure to sunlight, can influence how hot the weather actually feels

– ARJAS SRIVASTAVA | SCIENTIST, IMD

HOW TO STAY SAFE

DOs

- Drink sufficient water even if you are not thirsty
- Use oral rehydration solutions and consume homemade drinks like lemon water, butter milk, fruit juices with some salt
- Eat seasonal fruits and vegetables
- Wear loose cotton garments, preferably light-coloured ones
- Use umbrella, hat, scarf, etc. to cover your head
- Stay in shade
- Take cool showers or bath

DON'Ts

- Avoid direct exposure to the sun during peak hours
- Do not go out barefoot
- Avoid drinks with large amount of sugar
- Never leave children or animals in parked vehicles
- Do not eat stale food

Yellow alert in place for rain, thunderstorm over next 2 days

▸Continued from P1

While the met department issued a yellow alert for rain, thunderstorms and gusty winds for Sunday night, temperatures may start dipping only from Tuesday and may fall to 35 degrees C by July 3.

A heatwave was declared on Sunday as it met the criteria of the maximum temperature being over 40 degrees Celsius and more than 4.5 degrees above normal.

"Heat wave conditions occurred at a few places over Delhi. A further rise in maximum temperature is likely by 1-2 degrees Celsius during the next 24 hours but a gradual fall by 3-4 degrees Celsius is expected during the subsequent four days," a met official said.

It has also predicted that the maximum temperature is likely to remain between 41 and 42 degrees C on Monday with chances of rain and thunderstorm. However, a yellow alert is in place for rain, thunderstorm and gusty winds for Tuesday and Wednesday. The maximum temperature is likely to drop by 3-4 degrees Celsius by July 1 and may dip further to 35 degrees Celsius by July 3.

Despite night temperatures staying above 31 degrees C, the city did not report any heatwave conditions on Sunday. The met department considers a "warm night" when the minimum temperature is over 40 degrees C and the maximum is at least 4.5 degrees C or more above normal.

The minimum temperature on Saturday was 30.8 degrees C. The season's highest minimum of 32.4 degrees C was recorded on May 20. It is likely to stay around 29-31 degrees Celsius on Monday and may drop to around 27-29 degrees Celsius on July 2.

The city's AQI, which stayed in the 'moderate' category on the

Ggn's Heat Divide: 8°C Gap Between Neighbourhoods

Hottest Zones Concentrated In Old Ggn, Along Dwarka E-Way

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Gurgaon: A person living in Dwarka Expressway corridor experiences surface temperatures up to 8 degrees Celsius (°C) higher than someone in Sushant Lok or South City. A thermometer reading of 39°C in Sector 43 can register as 44°C on the ground in Sector 84 — a difference of 5°C.

These differences are neither anomalies nor are they entirely down to the geography of a spot. Instead, they are driven by a decade of unchecked concretisation, vanishing green cover, and the spread of heat-absorbing roads and glass buildings.

A 12-year ward-wise analysis of satellite-derived land surface temperature (LST) data, covering the summer months of March through June between 2015 and 2026, maps this divide in granular detail. Conducted by climate think-tank Envirocatalysts, the study analysed imagery from Landsat 8 and 9 satellites at 30-metre resolution — each data point represents a 30m x 30m patch of ground — allowing a precise neighbourhood-level assessment of surface heat across the city's municipal wards.

The findings show that where a resident lives in the city can significantly influence their heat exposure, with neighbourhood-level differences often exceeding the impact of year-to-year weather variation. Crucially, the same hotspots have persisted across the entire study period, pointing to structural rather than seasonal causes.

The most extreme heat is concentrated along the Dwarka Expressway growth corridor, Old Gurgaon, the industrial belts around Khandsa and Udyog Vihar, and parts of the DLF-Sushant Lok area. Every ward in Gurgaon has become warmer since 2015, but the pace has been sharply uneven. The widest temperature gap was recorded in 2019, when surface temperatures in Ward 24, covering Sihi and sectors 83, 84 and 88, along the Dwarka Expressway, were nearly 8°C higher than in Ward 33.

Ward 24 also recorded the highest average summer LST in 2026 at 44.1°C. It also holds the highest single reading in the entire dataset — 56.73°C in May 2019, during what the data identifies as Gurgaon's most intense heat year on record. The ward crossed 53°C on multiple occasions in 2018 and 2019, years when several parts of the city regularly breached the 50°C mark during peak summer months.

LEAD ANALYST SAYS

Cutting down of green trees, disappearance of water bodies, and their replacement by concrete roads and glass buildings have led to land surface temp increasing much more steeply in some localities

Ward 8, which includes Basai Village, Dhanwapur, Ram Vihar, Surat Nagar Phase 2, and sectors 100-104, and 37D, recorded the second-highest average summer LST in 2026 and also the sharpest warming trend of any ward over the decade — rising by 3.6°C between 2015 and 2026.

Wards 22 and 23, covering areas such as Sushant Lok (Blocks A and B), DLF Phases 4 and 5, Sectors 27, 42 and 43, along with Khandsa Village, Saraswati Enclave, and Sector 10A, consistently appeared among the city's hottest wards. Ward 28, covering the railway corridor around Sectors 14, 15 and 31, was another recurring hotspot.

At the other end of the scale, wards 32 and 33, which include Sector 7, Sector 7 Extension, Shivpuri, New Colony, Krishna Colony, Jyoti Park, Housing Board Colony, Laxman Vihar Phases I and II, Sector 4 and Cancon Enclave, consistently ranked among the coolest parts of the city, despite being densely built-up urban neighbourhoods.

Ward 3, covering DLF Cyber Hub, DLF Phase 2, Udyog Vihar, Sarhaul and Dundahera, also remained comparatively cool throughout the study period.

In 2026, ward 33 recorded an average summer LST of 39.1°C against Ward 24's 44.1°C — a gap of more than 5°C within the same city. In several earlier years, that difference widened further, approaching 8°C during peak summer months. Ward 8 recorded the steepest rise at 3.6°C over the decade. Ward 24 followed at 2.71°C. Wards 3 and 4, covering Carterpuri, Palam Vihar Extension and sectors 21 to 23A, warmed by 2.5°C and 2.3°C, respectively. Ward 19 rose by 2.31°C.

The pattern shows that both older, densely populated neighbourhoods in Old Gurgaon and rapidly developing corridors on the city's edge are accumulating heat at an accelerating pace.

Ward 25 in Badshahpur, covering sectors 65 to 70, recorded the smallest increase at just 0.52°C. Ward 30, which includes Greenwood City, Malibu Town, Mayfield Garden and Sushant Lok Phases 2 and 3, rose by 0.63°C. Both wards retain relatively more green cover and open space than the city's hotspots.

Unlike ambient air temperature recorded at weather stations, LST measures the heat emitted directly by surfaces — roads, rooftops, paved areas and open land. It is a standard tool for mapping urban heat islands and identifying where heat stress is most acute at the ground level.

Sunil Dahiya, founder and lead analyst at Envirocatalysts, said the divide reflects changes in the physical fabric of these neighbourhoods over time. "The heat stress and LST are governed by the meteorological conditions and geographic features. The cutting down of green trees, disappearance of water bodies, and their replacement by concrete roads and glass buildings have led to LST increasing much more steeply in these localities than in others," he said. Dahiya called for immediate ward-level action, including heat-resilient infrastructure and the protection of existing green cover.

POCKETS UNDER HEAT STRESS

Wards that see increased heating

Ward (Areas)	2026 Avg (°C)	Rise since 2015
24 (Sectors 83, 84 & 88, Dwarka Expressway)	44.19	+2.71°C
8 (Basai Village, Dhanwapur, Ram Vihar, Surat Nagar Phase 2, sectors 100-104)	42.42	+3.60°C
23 (Khandsa, Pace City, Udyog Vihar Phase 6)	42.24	+2.02°C
22 (Sushant Lok A & B, DLF Phases 4 & 5, Sectors 27, 42 & 43)	42.22	+1.86°C
28 (Sectors 14, 15 & 31 railway corridor)	41.86	+2.31°C

Wards that see lower temperatures

Ward (Areas)	2026 Avg (°C)	Rise since 2015
32 (Sector 4, Cancon Enclave)	39.1	+1.49°C
33 (Sector 7, Sector 7 Extension, New Colony, Krishna Colony, Housing Board Colony, Laxman Vihar Phases I & II)	39.3	+1.49°C
3 (DLF Cyber Hub, DLF Phase 2, Sarhaul, Dundahera)	39.63	+1.58°C
30 (Greenwood City, Malibu Town, Mayfield Garden, Sushant Lok Phases 2 & 3)	39.74	+0.63°C
25 (Badshahpur, sectors 65-70)	39.87	+0.52°C

Four-year-old girl dies after

Biker critical

y transporting the 600kg satellite on a bullock cart? Answer: Telemetry, tracking & command system test

Govt widens fight on anaemia, adds low birth weight babies

Anuja.Jaiswal
@timesofindia.com

New Delhi: Low birth weight babies up to six months of age will be brought under the Centre's flagship anaemia control programme for the first time as govt overhauls its strategy to tackle one of India's biggest public health challenges, widening the focus beyond iron supplementation to include better testing, treatment, nutrition and digital tracking.

Union health minister J P Nadda will release the operational guidelines for the revamped Anaemia Mukt Bharat Abhiyaan Monday during the 16th meeting of Central Council of Health and Family Welfare. The revised programme replaces the existing Anaemia Mukt Bharat framework with a broader, technology-enabled approach aimed at improving prevention, early detection, treatment and follow-up.

ANAEMIA MISSION: WHAT'S NEW

- Low birth weight babies included
- Test, Treat, Talk → Track added
- Iron-rich diet promoted
- Digital tracking introduced
- IV iron therapy for severe cases

Anaemia remains one of India's major public health challenges, and is associated with poor pregnancy outcomes, low birth weight and impaired child development.

A key feature of the new guidelines is the expansion of the existing 6x6x6 strategy into a 7x7x7 framework. Low birth weight babies have been added as the seventh beneficiary group, recognising the need to address anaemia from the earliest stage of life. A new "Eating Right" initiative has also been introduced to encourage the regular consumption of iron-rich and diversified diets, while strengthened monitoring through digital tracking has been added as the seventh institutional mechanism.

The guidelines also upgrade the programme's T3 approach of Test, Treat and Talk to T4 by adding 'Track' to ensure beneficiaries are monitored after diagnosis and treatment. For pregnant and lactating women with severe anaemia, or those who do not respond to oral iron therapy, intravenous iron treatment using ferric carboxymaltose and iron sucrose has been included as an important clinical intervention under the national treatment protocols.

Haemoglobin test records of pregnant women will be linked through the JANANI portal, while records for children will be captured through the RBSK and U-WIN portals.

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Health Min Proposes Quicker Approvals for Medical Device Makers

ET Press Trust of India

New Delhi: The Union health ministry has proposed amendments to the Medical Devices Rules, 2017 to shorten timelines for granting manufacturing licences for medical devices across different risk categories, with the aim of improving regulatory efficiency and easing business operations.

The draft notification, published in the official gazette, seeks to simplify and expedite the licensing process while ensuring continued compliance with quality, safety and performance standards, the ministry said on Sunday.

Under the Medical Devices Rules, 2017, medical devices are classified into four risk-based categories – Class A, Class B, Class C and Class D – with Class D comprising the highest-risk devices. The rules prescribe statutory timelines for processing manufacturing licence applications for each category.

The proposed amendments seek to reduce these timelines, enabling faster regulatory approvals while maintaining existing quality, safety and performance standards.

For Class B medical devices, which include low- to moderate-risk products such as blood pressure monitors, hypodermic needles and pulse oximeters, the timeline for granting a manufacturing licence has been proposed to be reduced from 140 days to 115 days.

Similarly, for Class C and Class D medical devices, including cardiac stents, hip and knee implants, and other orthopaedic implants, the timeline has been proposed to be cut from 105 days to 90 days.

The draft amendments also propose clearly defined timelines for every stage of the licensing process, including scrutiny of applications, audits by notified bodies, verification of compliance and issuance of licences.

According to the ministry, the changes are expected to bring greater transparency, predictability and efficiency to the regulatory framework while facilitating faster availability of quality-assured medical devices in the country.

The draft notification has been placed in the public domain for comments and suggestions from stakeholders. It is available in the official gazette and on the website of the Central Drugs Standard Control Organisation (CDSCO). Stakeholders can submit their comments within the prescribed period.

बदल रही आबादी की तस्वीर

डेमो Window

दुनिया मे सबसे ज्यादा बच्चे अब भी भारत मे पैदा हो रहे है। क्या तब भी घटती जन्मदर चिंता की बात है? सबसे ज्यादा और कम TFR वाले देश कौन से है, हमारे देश की आबादी मे किस तरह असंतुलन बढ़ रहा? आइए आकड़ो से समझते है...

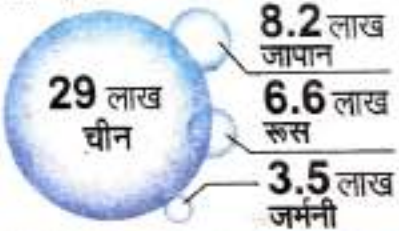
भारत से भी बुरा इन देशों का हाल

- **0.70** प्रजनन दर है मकाऊ की
- **0.75** हॉन्कॉन्ग की प्रजनन दर
- **0.76** TFR है दक्षिण कोरिया की
- **0.86** ताइवान की प्रजनन दर

भारत की आबादी बढ़ रही, TFR में कमी

- **1.4** अरब है देश की आबादी
- **1.9** है भारत की प्रजनन दर
- **1.3** करोड़ इस साल पैदा होंगे

57 देशो मे जन्म से ज्यादा मौत



6 TFR सग चैड नबर 1

-अभिषेक मिश्र

अस्पतालों में गुणवत्तापूर्ण सेवाओं के लिए सरकार तैयार करेगी नाभ मित्र

नई दिल्ली। देश के अस्पतालों की गुणवत्ता और डिजिटल स्वास्थ्य सेवाओं को मजबूत बनाने के लिए राष्ट्रीय प्रत्यायन बोर्ड (एनएबीएच यानी नाभ) ने दो नई पहल शुरू की हैं। इसमें नाभ मित्र कार्यक्रम और नाभ डिजिटल मित्र कार्यक्रम शामिल हैं।

इसके माध्यम से ऐसे प्रशिक्षित विशेषज्ञ तैयार किए जाएंगे, जो अस्पतालों को नाभ मानकों के अनुरूप तैयार करने, गुणवत्ता सुधारने और डिजिटल हेल्थ सिस्टम लागू करने में मार्गदर्शन देंगे। इससे विशेष रूप से छोटे और मध्यम अस्पतालों को मान्यता प्राप्त करने में आसानी होगी।

नाभ मित्र अस्पतालों में गुणवत्ता प्रबंधन, मरीज सुरक्षा, नाभ मानकों के अनुपालन और प्रत्यायन प्रक्रिया में सहयोग करेगा। वहीं, नाभ डिजिटल मित्र अस्पतालों को डिजिटल हेल्थ रोडमैप तैयार करने, हॉस्पिटल इंफॉर्मेशन सिस्टम (एचआईएस), इलेक्ट्रॉनिक मेडिकल रिकॉर्ड (ईएमआर), आईटी इंफ्रास्ट्रक्चर और नाभ डिजिटल हेल्थ स्टैंडर्ड लागू करने में मदद करेगा। ब्यूरो

अस्पतालों को मान्यता दिलाने से लेकर सही संचालन तक करेंगे मदद

कौन बन सकता है नाभ मित्र? कार्यक्रम के लिए स्वास्थ्य क्षेत्र से जुड़े अनुभवी पेशेवर आवेदन कर सकेंगे। इनमें डॉक्टर, नर्स, अस्पताल प्रशासक, क्वालिटी मैनेजर और अन्य हेल्थकेयर प्रोफेशनल शामिल हैं। चयनित उम्मीदवारों को नाभ की ओर से विशेष प्रशिक्षण और मूल्यांकन के बाद पैनल में शामिल किया जाएगा। डिजिटल मित्र कार्यक्रम के लिए किसी भी विषय में स्नातक और कम से कम आठ वर्ष का अनुभव अनिवार्य होगा। अनुभव अस्पताल के आईटी विभाग, हेल्थकेयर आईटी इंफ्रास्ट्रक्चर या एचआईएस, ईएमआर से जुड़े संगठनों में होना चाहिए।

तीन दिन का प्रशिक्षण : डिजिटल मित्रों को तीन दिन का प्रशिक्षण दिया जाएगा। इसमें नाभ डिजिटल हेल्थ स्टैंडर्ड, अस्पतालों के लिए डिजिटल रोडमैप, आईटी इंफ्रास्ट्रक्चर, एचआईएस-ईएमआर सिस्टम, डाटा प्राइवेसी, कानूनी प्रावधान और डिजिटल क्षमता निर्माण जैसे विषय शामिल होंगे। प्रति प्रतिभागी प्रशिक्षण शुल्क 15 हजार रुपये (जीएसटी अतिरिक्त) रखा गया है। प्रशिक्षण देश के प्रमुख शहरों में आयोजित होगा। नाभ के अनुसार, पहली इंट्रोडेट्री विजिट के लिए मित्र 10,000 (+ टैक्स) प्रति अस्पताल विजिट ले सकेगा। इस विजिट में अस्पताल को नाभ मानकों, प्रमाणन प्रक्रिया, समय-सीमा, लागत और लाभों की जानकारी दी जाएगी। इसके बाद अगर अस्पताल विस्तृत कंसल्टेंसी लेना चाहता है, तो उसकी फीस पूरी तरह अस्पताल और मित्र के बीच तय होगी। नाभ इसमें हस्तक्षेप नहीं करेगा।

सेहत

प्रसव के बाद पहला वर्ष सबसे संवेदनशील, थकान-सुस्ती जैसे लक्षणों को सामान्य समझना पड़ सकता है भारी

वक्त रहते बीमार दिल की पहचान से बच सकती है हजारों माताओं की जान

अमर उजाला नेटवर्क

नई दिल्ली। गर्भावस्था और प्रसव के बाद सांस फूलना, अत्यधिक थकान, पैरों में सूजन या तेजी से वजन बढ़ना जैसे लक्षण सामान्य मानकर नजरअंदाज करना कई महिलाओं के लिए जानलेवा साबित हो सकता है। अमेरिकन हार्ट एसोसिएशन (एएचए) का मानना है कि गर्भकाल और प्रसवोत्तर अवधि में दिल को होने वाले खतरों को अगर समय पर पहचान लिया जाए तो उपचार से अनियमित धड़कन, स्ट्रोक, समयपूर्व प्रसव और मातृ मृत्यु जैसे गंभीर जोखिमों को काफी हद तक रोका जा सकता है।

विशेषज्ञों ने जोर देकर कहा है कि प्रसव के बाद पूरे पहले वर्ष तक लगातार निगरानी और उपचार मातृ स्वास्थ्य की

इन महिलाओं में अधिक रहता है खतरा

पहले से हृदय रोग से पीड़ित महिलाओं के अलावा उच्च रक्तचाप, टाइप-2 मधुमेह, असामान्य कोलेस्ट्रॉल, मोटापा और मेटाबॉलिक सिंड्रोम से ग्रस्त महिलाओं में हार्ट फेलियर का जोखिम अधिक रहता है। गर्भावस्था के दौरान अधिक आयु में मातृत्व, जुड़वां या बहु-भ्रूण गर्भ, हृदय रोग से जुड़े आनुवंशिक बदलाव, सहायक प्रजनन तकनीकों का उपयोग तथा समयपूर्व प्रसव रोकने वाली दवाओं का लंबे समय तक इस्तेमाल भी जोखिम बढ़ाता है। पहले से हृदय रोग से पीड़ित महिलाओं में लगभग 11 प्रतिशत को गर्भावस्था या प्रसवोत्तर अवधि में हार्ट फेलियर की समस्या हो सकती है।

32 गुना ज्यादा बढ़ जाता है खतरा

विशेषज्ञों के अनुसार हार्ट फेलियर की पहचान और उपचार में देरी मां और शिशु दोनों के लिए गंभीर परिणाम पैदा कर सकती है। राष्ट्रीय आंकड़ों के अनुसार हार्ट फेलियर से पीड़ित गर्भवती महिलाओं में प्रसव के आसपास मृत्यु का खतरा अन्य गर्भवती महिलाओं की तुलना में लगभग 32 गुना अधिक होता है। इसके अलावा अनियमित हृदय गति, स्ट्रोक, हृदय की कार्यक्षमता में गिरावट, समयपूर्व प्रसव, प्रसवोत्तर अत्यधिक रक्तस्राव, संबंधी समस्याएं भी बढ़ जाती हैं।

सुरक्षा के लिए अत्यंत आवश्यक है। अमेरिकन हार्ट एसोसिएशन का यह वैज्ञानिक बयान इसके प्रमुख समीक्षित वैज्ञानिक जर्नल सर्कुलेशन में प्रकाशित हुआ है। इसमें गर्भावस्था और प्रसवोत्तर अवधि में हार्ट फेलियर की पहचान, जोखिम, जांच, उपचार और दीर्घकालिक देखभाल से जुड़े नवीनतम वैज्ञानिक साक्ष्यों को संकलित किया गया है। विशेषज्ञों के अनुसार हार्ट फेलियर के लक्षण सामान्य गर्भावस्था जैसे दिखते हैं। हार्ट फेलियर ऐसी स्थिति है, जिसमें हृदय शरीर की जरूरत के अनुसार पर्याप्त रक्त पंप नहीं कर पाता। इसका असर केवल हृदय तक सीमित नहीं रहता, बल्कि फेफड़ों, गुर्दों, मस्तिष्क और अन्य अंगों पर भी पड़ सकता है। रक्त प्रवाह कम होने और शरीर में तरल पदार्थ जमा होने से सांस लेने में कठिनाई, किडनी संबंधी समस्याएं, अनियमित हृदय गति, स्ट्रोक और मृत्यु का खतरा बढ़ सकता है।

कराने वाले संस्थानों के खिलाफ आगे भी इसी तर्ज पर सख्त कार्रवाई की जाएगी।

आयोजित 'विकसित भारत संकल्प सम्मेलन' में दी। मुख्यमंत्री ने रविवार

राजनीतिक षड्यंत्रों के विकास को और को तेज गति दी गई है।

लगाने से रोककर उसकी जान बचाई।

लागू होगा। डीएमएसएसबी ने 29 मई

न्यूनतम आयु 18 वर्ष तय की गई है।

तेज धूप, हवा की धीमी रफ्तार ने उमस बढ़ाई

कहां पर कितना रहा पारा

(आंकड़े डिग्री सेल्सियस में)

चार दिनों में छह डिग्री बढ़ा

50 डिग्री जैसा अहसास

दिल्ली में लगातार दूसरे दिन भी महसूस की जाने वाली गर्मी असहनीय बनी रही। मौसम विभाग के मुताबिक, दोपहर दो बजे दिल्ली में महसूस होने वाली गर्मी (हीट इंडेक्स टेम्परेचर) 50 डिग्री जैसी थी। इस दौरान तापमान 41.4 डिग्री, हवा की गति 5.6 किलोमीटर प्रति घंटे और नमी का स्तर 37 फीसदी रहा। इन्हीं कारकों की वजह से लोगों को ज्यादा बेचैनी का अनुभव हुआ।

वई दिल्ली, प्रमुख संवाददाता।

मानसून के राजधानी में दस्तक देने में हो रही देरी का असर तेज गर्मी के रूप में देखने को मिल रहा है। दिन में हो रही तेज धूप और हवा की धीमी रफ्तार ने उमस काफी बढ़ा दी है। इस कारण रातें भी गर्म हो रही हैं।

बीते चार दिनों में दिल्ली के न्यूनतम तापमान में छह डिग्री के लगभग की बढ़ोतरी हुई है। दिल्लीवाले इन दिनों बेचैनी भरे मौसम का सामना कर रहे हैं।

रात के समय भी मौसम ठंडा नहीं हो रहा है। दिल्ली के सफदरजंग में रविवार को न्यूनतम तापमान 31.1 डिग्री सेल्सियस रिकार्ड किया गया। यह सामान्य से 3.2 डिग्री ज्यादा है। जून के इस महीने में पहली बार न्यूनतम तापमान 31 डिग्री रिकार्ड किया गया है। यह दो वर्षों में जून की सबसे गर्म रात थी। इससे पहले 24 जून, 2024 की रात न्यूनतम तापमान 31.6 डिग्री दर्ज किया गया था।

राजधानी दिल्ली में शाम के समय तेज धूल भरी हवाएं चलीं। दिल्ली के पालम मौसम केन्द्र में 5:25 बजे हवा की रफ्तार सबसे ज्यादा 70 किलोमीटर प्रति घंटा तक दर्ज की गई। जबकि, पुसा में हवा की रफ्तार 56, जफरपुर में 52 और इग्नू में 48 किलोमीटर प्रति घंटा तक दर्ज की गई।

स्पाइन सर्जन ने एम्स को छोड़ा, बढ़ सकती है वेटिंग

वई दिल्ली, प्रमुख संवाददाता।

फैकल्टी स्तर के डॉक्टरों का एम्स छोड़ने का सिलसिला थम नहीं रहा है। अब ऑर्थोपेडिक्स विभाग के प्रोफेसर डॉ. भगुकल वर्मा ने भी एम्स छोड़ दिया है।

उन्होंने एम्स से त्यागपत्र देकर दिल्ली में कॉर्पोरेट क्षेत्र के एक बड़े निजी अस्पताल का दामन थाम लिया है। उनकी गिनती तेज तर्रार स्पाइन सर्जन में होती है। इसका असर एम्स में रीढ़ की बीमारी के साथ इलाज के लिए पहुंचने वाले मरीजों की सर्जरी पर पड़ सकता है। उन्हें एम्स में रीढ़ की रोबोटिक सर्जरी की शुरुआत करने का श्रेय जाता है। इसके अलावा उन्होंने एम्स में वेक्षेल किए बिना भी रीढ़ की सर्जरी की शुरुआत की। एम्स में रीढ़ की सर्जरी के लिए पहले से ही लंबी वेटिंग है। अब यह समस्या और ज्यादा बढ़ सकती है। तीन वर्षों में फैकल्टी स्तर के 50 से ज्यादा डॉक्टरों ने एम्स से इस्तीफा और स्वैच्छिक सेवानिवृत्ति ली है। वर्ष 2025-26 में ही फैकल्टी स्तर के 10 से अधिक डॉक्टरों ने एम्स छोड़ा है।

तीन वर्षों में फैकल्टी स्तर के 50 से ज्यादा डॉक्टर छोड़ चुके हैं संस्थान

सेहत का सवाल | सर्वे में चौंकाने वाले खुलासे हुए, व्यायाम और बेहतर जीवनशैली में बदलाव से बना रहे दूरी

सिर्फ दवा के भरोसे शुगर से लड़ रहे 80% मरीज

■ आशीष दीक्षित

कानपुर। मधुमेह (शुगर) के मरीज दवा तो खा रहे हैं, लेकिन इलाज की सबसे जरूरी शर्तें भूल रहे हैं।

एसोसिएशन ऑफ फिजीशियन के सालभर चले सर्वे में 35 से 65 वर्ष के 4,250 मरीजों पर अध्ययन किया गया। इसमें 80 फीसदी मरीज सिर्फ दवा के भरोसे मिले। 60 फीसदी मरीज दो से चार महीने तक शुगर की जांच नहीं कराते। 55 फीसदी मरीज समय पर दवा लेने में भी लापरवाही बरत रहे हैं। विशेषज्ञों का कहना है कि व्यायाम, संतुलित आहार, पर्याप्त नींद और अनुशासित दिनचर्या के बिना केवल दवा के सहारे मधुमेह पर प्रभावी नियंत्रण संभव नहीं है।

दिल, किडनी, आंखों और नसों तक बढ़ रहा खतरा

सर्वे के मुताबिक अधिकांश मरीज पर्याप्त नींद, संतुलित आहार और तनाव नियंत्रण जैसी जरूरी बातों की भी अनदेखी कर रहे हैं। यही वजह है लंबे समय तक शुगर नियंत्रित नहीं रह पाती। इससे हृदय रोग, किडनी खराब होने, आंखों की रोशनी प्रभावित होने और नसों को नुकसान पहुंचने का खतरा बढ़ जाता है। एसोसिएशन ऑफ फिजीशियन के स्टेट ज्वाइंट सेक्रेटरी डॉ. एसके गौतम का कहना है मधुमेह का इलाज केवल दवा नहीं है। दवा के साथ नियमित व्यायाम, संतुलित भोजन, समय पर जांच और अनुशासित दिनचर्या भी जरूरी है।

सर्वे में सामने आया कि बड़ी संख्या में मरीज डॉक्टर की सलाह लिए बिना ही दवा की मात्रा घटा-बढ़ा देते हैं या इलाज का तरीका बदल लेते हैं। कई मरीज शुगर सामान्य आते ही जांच और दवा दोनों में लापरवाही शुरू कर देते हैं। विशेषज्ञों के अनुसार, यह आदत बीमारी को और गंभीर बना सकती है। नियमित जांच नहीं कराने से मरीजों की वास्तविक स्थिति का समय पर पता नहीं चल पाता और इलाज में देरी हो जाती है।

चिंताजनक | चार प्रतिष्ठित विश्वविद्यालयों के शोधकर्ताओं ने अध्ययन में दावा किया, नींद की परेशानी, बोलने में देरी, अलग-थलग रहने की

स्मार्टफोन और टैबलेट की लत बच्चों को बीमार बना रही

लंदन, एजेंसी। शिशुओं के विकास में स्मार्टफोन, टैबलेट और दूसरे डिजिटल उपकरण बाधक बन रहे हैं। दो साल से कम उम्र के बच्चों और छोटे बच्चों के लिए स्क्रीन टाइम का सेहत और जीवन पर लंबे समय तक बुरा असर पड़ता है, इसलिए इससे बचना चाहिए।

यूके के चार विश्वविद्यालयों के शोधकर्ताओं की ओर से की गई स्टडी में यह दावा किया गया है। स्टडी में पेशकश की गई है कि इस उम्र में स्क्रीन का इस्तेमाल करने से विकास से जुड़ी कई तरह की समस्याएं हो सकती हैं। जिसमें नींद में परेशानी, बोलने में देरी, अलग-थलग रहने का व्यवहार, मोटापे इत्यादि की समस्या शामिल है। स्मार्टफोन और दूसरे डिजिटल डिवाइस से बच्चों को होने वाले खतरों की और जांच करने की मांग की गई है। अध्ययन यूनिवर्सिटी ऑफ लीड्स, लीड्स ट्रिनिटी यूनिवर्सिटी, लीफबोरो यूनिवर्सिटी और एस्टन यूनिवर्सिटी के शोधकर्ताओं ने किया है।

दुनियाभर में मौजूद शोधों की समीक्षा : इस विषय पर अब तक की उपलब्ध ग्लोबल रिसर्च की व्यापक समीक्षा की गई है। स्टडी में सरकार से 5 साल से कम उम्र के बच्चों के लिए स्क्रीन टाइम पर जारी गाइडेंस पर फिर से विचार करने को कहा गया है।

अनदेखी करने पर चिंता

शोधकर्ताओं ने बच्चों से जुड़ी अनदेखी को लेकर चिंता जताई है। ऐसा तब हो रहा है जब स्क्रीन का इस्तेमाल रोजमर्रा की ऐक्टिविटी का हिस्सा बन गया है। लीड्स यूनिवर्सिटी के प्रोफेसर और शोध के सह-प्रमुख रेफ क्लेटन ने कहा कि माता-पिता अनजाने में ही बच्चों को स्क्रीन डिवाइस के साथ हानिकारक आदतें और रिश्ते बनाना सिखा रहे हैं। इसे बदलना होगा।

भारत में दो घंटे से अधिक मोबाइल देखते हैं बच्चे

भारत में पांच साल से कम उम्र के बच्चे औसतन रोजाना 2.22 घंटे मोबाइल, टैब के सामने बिताते हैं। पिछले साल एम्स रायपुर तथा अन्य संस्थानों की ओर से की गई स्टडी में यह बताया गया था। विश्व स्वास्थ्य संगठन के अनुसार, एक साल से कम उम्र के बच्चों को स्क्रीन टाइम की सलाह नहीं दी जाती है। दो से चार साल की उम्र के बच्चे एक घंटे तक देख सकते हैं।

माता-पिता से बॉन्डिंग भी घट रही

बच्चों में स्क्रीन टाइम से जुड़े कई नुकसान सामने आए हैं। इनमें माता-पिता और देखभाल करने वालों के साथ कम बॉन्डिंग, दूसरे बच्चों के साथ खेलने के लिए कम समय शामिल है। इतनी कम उम्र में स्क्रीन के इस्तेमाल से आंखों की सेहत और बचपन में मोटापे पर असर पड़ सकता है। यह चिंता भी है कि बच्चे आराम और सुकून पाने के लिए माता-पिता के बजाय डिजिटल डिवाइस का सहारा ले रहे हैं।

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तनाव के पलों में भी बना रहेगा संतुलन

एक के बाद एक काम को पूरा करते रहने का दबाव नर्वस सिस्टम को तनाव में बनाए रखता है। ऐसे में किसी लंबे ब्रेक का इंतजार न करें। काम के बीच 30-60 सेकंड के छोटे-छोटे विराम लेना मानसिक संतुलन बनाए रखता है।

तनाव के पलों में हमारा दिमाग उस लैपटॉप की तरह हो जाता है, जिसमें खुले तो हैं 50 टैब्स और बैटरी बची है केवल 2 प्रतिशत। मनोविज्ञान विशेषज्ञ, वर्कप्लेस पर तनाव की स्थिति को समझने के लिए दो तरह के जोन बताते हैं। एक, ऑप्टिमल जोन, यह स्थिति जब आप बिना हड़बड़ी और घबराहट के अपने ई-मेल्स, आलोचना और काम को सहजता से संभाल लेते हैं।

दूसरा, हाइपो अराउजल जोन है, जब आप लगातार खुद को बेचैन और गुस्सा करते हुए पाते हैं। चिड़चिड़ापन बढ़ा रहता है। ब्रेन फॉग की स्थिति बनी रहती है, काम को ढंग से पूरा करने के लिए जूझते हैं या जरूरी कामों को छोड़कर यों ही घंटों फोन देखते रहते हैं।

छोटे-छोटे ब्रेक लीजिए

1. गहरी सांस का अभ्यास

कैसे करें : नाक से गहरी सांस लें। फिर एक छोटी अतिरिक्त सांस लें। अब मुंह से धीरे-धीरे पूरी सांस छोड़ दें। इसे दो बार दोहराएं।

समय : 20-30 सेकंड

फायदा : तनाव कम होता है। शरीर को शांत होने का संकेत मिलता है। यह फेफड़ों की छोटी वायु थैलियों को दोबारा फुलाकर कार्बन डाइऑक्साइड को बाहर निकालता है। शरीर 'फाइट-या-फ्लाइट' मोड से निकलकर 'रेस्ट-एंड-डाइजेस्ट' यानी सुकून के मोड में आ जाता है।

2. नजर का दायरा बढ़ाएं

कैसे करें : स्क्रीन से नजर हटाएं। सामने किसी दूर की वस्तु को देखें। बिना आंखें घुमाए दोनों तरफ का दृश्य देखने की कोशिश करें।

समय : 30 सेकंड

फायदा : तनाव के समय 'टनल विजन' की स्थिति बन जाती है। यानी हम बहुत सीमित चीजें देख पाते हैं, जो खतरे का एहसास बढ़ाती हैं। जब हम नजरों को चौड़ा करके दूर का दृश्य देखते हैं, तो दिमाग को सुरक्षित होने का एहसास होता है।

3. चाय-कॉफी ध्यान से

कैसे करें : चाय या कॉफी के पहले 3 घूंट पूरी तरह होश में पिएं। कप की बनावट, चेहरे पर लगती भाप और स्वाद हर चीज महसूस करें। इस दौरान फोन या ई-मेल्स न देखें।

फायदा: यह एक ग्राउंडिंग तकनीक है। इससे मन वर्तमान क्षण में लौटता है। मानसिक भटकाव कम होता है।

4. हल्का-सा गुनगुनाएं

कैसे करें: लिफ्ट, गलियारे या वॉटर कूलर तक जाते समय 20-30 सेकंड तक धीरे-धीरे गुनगुनाएं। मुंह बंद करके 'मम्म...' की आवाज निकालें। गले और छाती में होने वाला कंपन महसूस करें।

फायदा : शरीर की सबसे बड़ी नसों में से एक वेगस नर्व, गले के पास से गुजरती है। हमिंग का कंपन इस नर्व को सक्रिय करता है, जिससे शरीर तुरंत शांत होने लगता है।

5. बनाएं माइक्रो-बाउंड्री

कैसे करें : लंच करते समय अपने फोन को दराज में या दूसरे कमरे में रख दें। स्क्रीन को सिर्फ उल्टा करके टेबल पर रखना काफी नहीं है।

फायदा : दिमाग कुछ मिनटों के लिए हर दबाव से मुक्त हो जाता है, जिससे बाद में फोकस बढ़ता है।

सही सोच के तीन बड़े दुश्मन ???

जीवन में स्पष्टता होना जरूरी है। जिस व्यक्ति को पता है कि उसे कहां जाना है, उसके लिए कठिन रास्ते भी आसान हो जाते हैं। कमी समय की नहीं, स्पष्टता की है। जरूरत से ज्यादा जिम्मेदारियां, अनकही भावनाएं और लगातार फैसलों की थकान, ये सब सोच को धुंधला कर देते हैं। अच्छी बात यह है कि हम मन पर छाई इस धुंध को हटा सकते हैं।

जब हमारे भीतर स्पष्टता होती है, तो हम पूरे उत्साह और उद्देश्य के साथ काम कर पाते हैं। जब स्पष्टता नहीं होती, तो हम उलझन, निराश और हर समय दबाव महसूस करते हैं। सोचिए, यदि आपको पता है कि आपको किस महत्वपूर्ण काम पर ध्यान देने की जरूरत है, यह भी जानते हों कि यह काम आपके जीवन-मूल्यों से कितना जुड़ा है, तो आप सहज ही सर्वश्रेष्ठ देने के लिए प्रेरित हो जाते हैं।

मानसिक स्पष्टता बनाए रखना हमेशा आसान नहीं होता। मेरे अनुभव में तीन चीजें हमारी स्पष्टता के रास्ते में बड़ी बाधा बनती हैं- अत्यधिक प्रतिबद्धताएं, अनसुलझी भावनाएं और लगातार निर्णय लेने की थकान।

दुश्मन नंबर 1: जरूरत से ज्यादा जिम्मेदारियां ओढ़ना

अक्सर हम अपनी क्षमता से अधिक जिम्मेदारियां स्वीकार कर लेते हैं। नतीजा, हम इतने सारे कामों के तले दबे जाते हैं कि हमें हर काम अति जरूरी लगने लगता है। हर काम के लिए हां कहने के पीछे कई कारण हो सकते हैं- पीछे छूट जाने का डर, लोगों की नाराजगी का डर या अपनी क्षमता को लेकर जरूरत से ज्यादा आशावादी होना। इससे कैसे बचें?

वरीयता तय करें : हर सुबह उन्हें कि आज का जरूरी काम कौन-सा है। उसी पर अपना फोकस रखें।

समीक्षा करें : महीने में एक बार उन सभी कामों की समीक्षा करें, जो आपके जिम्मे हैं। खुद से पूछें- क्या वे सभी काम सचमुच मेरे जीवन का हिस्सा होने चाहिए? क्या ये काम मेरी ही जिम्मेदारी है?

सोच-समझकर चुनाव करें : जब भी हम किसी काम के लिए हां कर रहे होते हैं, तो उसके बदले में किसी अन्य काम को न कह रहे होते हैं। खुद से पूछें- हम किस काम को हां कह रहे हैं, किस काम के लिए न। तब काम जरूरी है, तो आप समझ जाएंगे कि किस काम को छोड़ना है। ऐसा करने से धीरे-धीरे संतुलन और स्पष्टता बढ़ने लगेगी।

दुश्मन नंबर 2: अपनी भावनाएं दबाकर रखना

क्रोध, दुख, भय, निराशा, शिकायत या शोक जैसी भावनाओं को हम अक्सर नजरअंदाज कर देते हैं। हमारी अनसुनी भावनाएं दबी रह जाती हैं। लंबे समय तक ऐसा रहने पर अनकही भावनाएं, हमें भटकाए रखती हैं। हमारी सोच को धुंधला बना देती हैं। यदि आप अक्सर थकित, उलझन में या खुद को निर्णय लेने में असमर्थ महसूस करते हैं, तो अपने भीतर के भावनात्मक बोझ को हल्का करें। कैसे?

डेस्क की मदद लें : कभी-कभी किसी विशेषज्ञ से बातचीत करना भीतर के भावनात्मक बोझ को कम करने का सबसे प्रभावी उपाय होता है।

डायरी लिखें : सिर्फ घटनाओं का विवरण न लिखें, बल्कि यह भी लिखें कि आपने क्या महसूस किया। आप किस बात से डर रहे हैं? किस भावना से बचना चाह रहे हैं? उसे केवल महसूस करें, तुरंत हल निकालने की कोशिश न करें।

काम शुरू करने से पहले स्वयं से जुड़ें : किसी महत्वपूर्ण बैठक, प्रेजेंटेशन या काम की शुरुआत से पहले कुछ क्षण रुककर स्वयं से पूछें- मैं इस समय क्या महसूस कर रहा हूं?

अपनी भावनाओं को स्वीकारें : आपके भीतर जो भी भावनाएं हैं, उन्हें पहचानें, उन्हें स्वीकारें। कई बार हमारी भावनाएं, हमें महत्वपूर्ण संकेत देती हैं। नियमित रूप से स्वयं को समझने का अभ्यास करने पर यह पहचानना आसान हो जाता है कि कौन-सी भावना पर ध्यान देने की जरूरत है और कौन-सी केवल भीतर जमा हुआ मानसिक शोर है।

अधिकतर मामलों में अपनी भावनाओं को बिना कोई राय बनाए स्वीकार करके छोड़ देना पर्याप्त होता है।

आज का क्लैरिटी चैलेंज

आज रात सोने से पहले केवल तीन बातें लिखिए-

1. आज मैंने किस पैर-जरूरी काम पर समय लगाया?
2. कल का सबसे महत्वपूर्ण काम क्या है?
3. कल मैं फोन से कितनी मैं समय बेकार नहीं करूंगा?

केवल तीन मिनट का यह अभ्यास कुछ ही दिनों में आपके निर्णय, फोकस और मानसिक स्पष्टता में उल्लेखनीय बदलाव ला सकता है।

76%

कामकाजी लोग जीवन और काम में संतुलन न होने के कारण छोटी-न-छोटी बर्नआउट का शिकार होते हैं, गैलप की एक रिपोर्ट के अनुसार

73%

लोग बहुत सारे विकल्पों के बोझ के कारण खुद को मानसिक रूप से थका हुआ व चिंतित महसूस करते हैं।

दुश्मन नंबर 3: लगातार फैसले लेने की थकान

हम दिनभर छोटे-बड़े अनगिनत निर्णय लेते रहते हैं। धीरे-धीरे हमारा दिमाग थकने लगता है। जब सम्मुख महत्वपूर्ण फैसले लेने का समय आता है, तब हम चुकी लाह थक चुके होते हैं। यही कारण है कि दिन के अंत में हम या तो तुरंत फैसले लेते हैं या फिर निर्णय टालते रहते हैं। कैसे बचें?

महत्वपूर्ण निर्णय सुबह लें : दिन की शुरुआत में दिमाग सजग होता है। हमारी ऊर्जा अधिक होती है, इसलिए बड़े और जरूरी निर्णय सुबह के समय लेने की कोशिश करें।

अपनी दिनचर्या व्यवस्थित करें : क्या पहनना है, सुबह क्या करना है, भोजन कैसा होगा, घरेलू काम कैसे होंगे आदि चीजें जितनी पहले तय होंगी, उतनी मानसिक ऊर्जा बची रहेगी।

छोटी बातों पर अधिक न सोचें : यदि किसी निर्णय के गलत होने पर उसे आसानी से सुधार सकते हैं, तो

बात को लंबा न खींचें। अपनी मानसिक ऊर्जा उन विकल्पों के लिए बचाकर रखें, जिनके परिणाम वास्तव में महत्वपूर्ण है।

मन का मैदान साफ रखें

ऊपर की तीनों चीजों को मैंने दुश्मन कहा है, पर तीनों हमारे जीवन का हिस्सा हैं। यह हमें ध्यान रखना है कि अत्यधिक प्रतिबद्धताएं, हमारे लिए खाली समय की जगह नहीं छोड़तीं। अनसुलझी भावनाएं, हमें थका देती है। निर्णय लेने की थकान हमारी मानसिक क्षमता कम कर देती है।

सबसे बड़ी बात, स्पष्टता कोई ऐसी चीज नहीं है, जिसे हमें बाहर से लाना पड़े। वह तो पहले से हमारे भीतर है। हमें केवल उसके लिए जगह बनानी है। जब हम अनावश्यक बोझ हटाते हैं, भावनाओं को सम्मान देते हैं और मानसिक ऊर्जा का सही उपयोग करते हैं, तब स्पष्टता स्वयं सामने आने लगती है।

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जागरण ने बार-बार चेताया पर सोता रहा स्वास्थ्य महकमा

दवा एवं चिकित्सा उपकरण खरीद घोटाला

- फरवरी, 2025 में कैंसर इंस्टीट्यूट में दवा खरीद व नियुक्तियों में धांधली की खोती थी पोल
- नवंबर में किया था डीजीईएचएस में फार्मासिस्टों की जगह क्लर्क की तैनाती का मामला उजागर

स्वदेश कुमार ● जागरण

नई दिल्ली: साल 1993 में केंद्रीय स्वास्थ्य सेवा से जुड़ीं डा. वत्सला अग्रवाल पिछले कुछ दिनों से चर्चा में हैं। साल 2009 में दिल्ली स्वास्थ्य सेवा में शामिल होने वाली डा. वत्सला अग्रवाल पर पिछले तीन चार सालों में सरकार की ऐसी मेहरबानी हुई कि हर कोई हैरान रह गया। डीडीयू अस्पताल में एनेस्थिया विभाग की प्रमुख डा. वत्सला अग्रवाल कई सालों तक किसी अस्पताल की चिकित्सा अधीक्षक या निदेशक बनने के लिए हाथ-पैर मारे थे। लेकिन, साल 2023 उनके लिए वरदान की तरह आया। पहले अतर सेन आई एंड जनरल अस्पताल की चिकित्सा अधीक्षक बनीं। इसके बाद उन्हें दिल्ली कैंसर इंस्टीट्यूट में लिंक आफिसर के रूप में निदेशक का प्रभार मिल गया। स्वायत्त संस्था होने के कारण कैंसर इंस्टीट्यूट में उनका मन अधिक लगा। यहां उनके कार्यकाल में जमकर नियुक्तियां और दवा खरीद की गई। शिकायतें भी होने लगीं, लेकिन डा. वत्सला के सितारे बुलंद थे। साल 2025 आते-आते उन्हें दीप चंद बंधु और जनकपुरी सुपरस्पेशियलिटी अस्पताल के निदेशक का भी जिम्मा दे दिया गया। इस तरह से एक समय में उनके पास चार अस्पतालों की जिम्मेदारी थी। लेकिन 20 फरवरी 2025 के दैनिक जागरण के अंक में 'कैंसर इंस्टीट्यूट में खरीद व नियुक्तियां संदेह के घेरे में' शीर्षक से खबर प्रकाशित होने के बाद यहां भ्रष्टाचार का खेल उजागर हो गया। दिल्ली में सरकार बदल चुकी थी। शिकायतें बढ़ने लगीं तो इन्हें यहां से हटा दिया गया, लेकिन कुछ ही दिनों बाद डीजीएसएच बना दिया गया। डीजीएचएस बनने के बाद भ्रष्टाचार का पौधा पेड़ बन गया। अस्पतालों के चिकित्सा अधीक्षक और निदेशकों से दवा सहित अन्य सामग्रियों की खरीद की शक्तियां छीन ली गईं। सभी तरह की खरीद का अधिकार सेंट्रल प्रोक्योरमेंट एजेंसी यानी सीपीए को दे दिया गया। डीजीएचएस के अंतर्गत आने वाले दिल्ली गवर्नमेंट इंप्लाई हेल्थ स्कीम (डीजीईएचएस) में फार्मासिस्टों के स्थान पर क्लर्क की नियुक्ति कर दी गई। डीजीईएचएस में दिल्ली सरकार के कर्मचारियों के मेडिकल बिल पास होते हैं। दवाओं की जानकारी फार्मासिस्टों को होती थी लेकिन ये काम क्लर्क करने लगे। यह मामला भी दैनिक जागरण ने आठ नवंबर, 2025 के अंक में 'डीजीईएचएस में फार्मासिस्ट से अधिक क्लर्क कर रहे हैं काम' शीर्षक से प्रकाशित की थी। लेकिन कोई कार्रवाई नहीं की गई। यही वजह है कि सीपीए के माध्यम से दिल्ली में करीब 650 करोड़ रुपये का घोटाला सामने आ गया।

26 दिसंबर, 2024 को जन्मतिथि पर डा. वत्सला को उपहार देते चिकित्सक व कर्मचारी ○ सौ. स्रोत

डीजीईएचएस में फार्मासिस्ट से अधिक क्लर्क कर रहे हैं काम

आठ नवंबर 2025 को प्रकाशित खबर

20 फरवरी, 2025 को प्रकाशित खबर

जन्मतिथि पर महंगे उपहार लेने का भी रहा शौक

26 दिसंबर को डा. वत्सला अग्रवाल की जन्मतिथि होती है। 2024 में उनकी जन्मतिथि कैंसर इंस्टीट्यूट में मनाई गई तो इस दिन कुछ डाक्टरों को उपहार के साथ आने का मौखिक निर्देश जारी हुआ। इस दिन उन्हें दिए गए उपहार में दिलशाद गार्डन के वर्मा ज्वेलर से खरीदी गई चांदी की चेन, जिसमें डायमंड लगा हुआ था, उसकी चर्चा खूब रही। इसके अलावा जिन डाक्टरों से जो बन पड़ा, वो उस दिन दिया गया।