



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY

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In this fortnightly column, renowned paediatrician Dr Anupam Sibal helps young parents resolve common dilemmas

COULD MY BABY'S YELLOW SKIN BE DUE TO BREAST MILK JAUNDICE?

My 12-day-old baby, who is exclusively breastfed, still looks yellow. Should I be worried?

In many healthy, well-fed babies, this can be due to the harmless condition, breast milk jaundice. However, it is important that the baby be assessed by a paediatrician to ensure that no other cause is missed.

Globally, around 60% of full-term newborns and up to 80% of preterm babies develop visible jaundice during the first week of life (1). Studies suggest that around 30–40% of breastfed babies have slightly higher bilirubin levels in the early weeks, even though they are otherwise healthy and feeding well. By the third week of life, only a small proportion of about 2–4% of breastfed babies continue to have higher bilirubin levels (2). This pattern, known as breast milk jaundice, usually settles on its own without stopping breastfeeding. In India, hospital-based studies among newborns with clinical jaundice have reported breast milk jaundice in approximately 2.8 to 3.7% of babies (3).

Jaundice is the yellow

discolouration of the skin and the white of the eyes due to an increased level of bilirubin, which is produced naturally when red blood cells break down.

Newborns commonly develop jaundice because their liver is still maturing and takes time to process bilirubin efficiently.

Breast milk jaundice is different. It usually appears after the first 5 to 7 days of life, peaks around the second or third week and then gradually settles. In some babies, a mild yellow tinge may persist for several weeks. The baby, however, remains well, feeds actively, passes urine and stools normally, and gains weight appropriately. It is also important to distinguish breast milk jaundice from 'breastfeeding jaundice', which usually occurs in the first few days when the baby is not receiving enough milk, leading to dehydration and reduced stooling.

Breast milk jaundice is usually a diagnosis of exclusion, considered only after ensuring that there are no warning signs or other causes for prolonged jaundice. If jaundice persists beyond two weeks, the paediatrician may advise a bilirubin test, including total and direct or conjugated bilirubin, to rule out liver or bile flow-related problems.

Parents should seek urgent medical advice if jaundice appears within the first 24 hours of life, is rapidly increasing, or is associated with poor feeding, excessive sleepiness, fever, abnormal movements, or poor weight gain. Especially important warning signs that should never be ignored are pale or white stools and dark yellow urine staining the diaper. A baby who has fewer wet diapers or is not gaining weight should also be reviewed promptly.

Most babies with breast milk

jaundice do not need any special treatment. Breast milk jaundice can look worrying because it lasts longer than ordinary newborn jaundice. But if the baby is feeding well, gaining weight, passing normal yellow stools and plenty of urine, and has been reviewed by a paediatrician, it is usually harmless and settles gradually without stopping breastfeeding.

1. Ansong-Assoku B et al. Neonatal Jaundice. StatPearls Publishing, 2026.
2. Bratton S et al. Breast Milk Jaundice. StatPearls Publishing, 2026.
3. Garg Paridhi et al. Sch. J. App. Med. Sci., July 2015

Dr Anupam Sibal is a leading paediatric gastroenterologist and hepatologist with over three decades of experience and five books to his credit, including the national bestseller *Is Your Child Ready to Face the World?*



Growing Pains

DR ANUPAM SIBAL



New Clinics, Dialysis Unit At RML Soon

PIL Recently Sought HC's Order For Making ₹400cr Super Specialty Block Operational

Amita Jaiswal@timesofindia.com

New Delhi: Less than a week after a public interest litigation (PIL) sought Delhi High Court's intervention over the prolonged delay in commissioning Ram Manohar Lohia (RML) Hospital's Rs 400-crore super specialty block, authorities said the facility is finally nearing operationalisation, with only the final statutory fire safety clearance pending before the first phase of patient services begins.

The development comes a little over three months after TOI highlighted that the completed facility had remained non-operational for over a year because of delays in securing an electricity connection. The issue was subsequently cited in the PIL, filed on July 13 by social jurist Ashok Agarwal, which alleged that the prolonged delay had deprived patients of advanced healthcare facilities and

resulted in wastage of public resources. The petition sought court directions to remove the remaining deficiencies, obtain all statutory approvals and make the fa-

New Delhi: A superspecialty block at Ram Manohar Lohia Hospital, built at a cost of about Rs 400 crore, remained non-operational for over a year — not due to lack of infrastructure, staff or equipment, but due to delay in electricity connection, re-

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10,
2026

'YOU READ IT HERE'

₹400cr RML block waiting for power for over a year

GRAND FACILITY

> The 12-storey building, with three basements & a helipad, has 600-660 beds, multiple ICUs, 17 OTs

> Block planned to house 96 superspecialty OPDs to ease load on existing facilities

cility fully operational without further delay.

Hospital officials said the first phase will include super speciality outpatient clinics, a dedicated

dialysis unit and advanced radiology facilities equipped with CT and MRI scanners, significantly expanding access to specialised treatment and diagnostic services at one of Delhi's busiest Central govt hospitals.

"The inspection process has been completed. Fire officials have carried out operational checks, including access for fire tenders around the building. We are now awaiting the final clearance," a senior hospital official said.

Officials said issues related to parking arrangements, which had earlier been flagged by Delhi Urban Art Commission, have also been resolved, clearing another hurdle before commissioning the facility.

The hospital has opted for a phased rollout so that patients can begin using the new block without waiting for the entire complex to become operational. The initial phase is expected to improve

access to super speciality consultations, expand dialysis capacity for patients with chronic kidney disease and reduce waiting time for advanced diagnostic investigations. Additional super speciality departments will be introduced in phases as the remaining infrastructure becomes operational, officials said.

The ground-plus-11-storey building, with three basements and a helipad, has around 600 beds, multiple ICUs and 17 operation theatres. It has been designed to house nearly 96 super speciality OPDs, including cardiology, gastroenterology, neurology, oncology and plastic surgery. Once fully operational, the facility is expected to substantially ease pressure on RML Hospital's existing infrastructure and strengthen its capacity to provide advanced tertiary care to patients from Delhi and neighbouring states.

Craft will not be tolerated: Police chief Frick that killed cabbie drove

Concern or control? When young adults are treated like kids by their parents

To help readers cope with their anxieties in these stressful times, TOI's Talk it Out series brings expert counsellors to answer your mental health queries. This week's advice is from counselling psychologist Gunjan Arya

I'm a 27-year-old single woman working as a software engineer in Delhi, and living with my parents. It works well for me financially, but is costing me my freedom. My father criss whenever I want to go out with friends. I know he is concerned, but he knows I always go out with the same friends and am always back on time. Even then, he will call a dozen times and ask: "Who are you going with?", "When will you be back?", "Share your location". I somehow feel he doesn't trust me. I get so resentful that I can't have a conversation with him without getting angry. I get stressed even while asking for his permission to go out. If it's out of the city, he bluntly says no, or sends me only when I get stubborn. It's costing me my friendships. I want to enjoy life on my own terms before getting married. I don't know how my partner will be, and I don't want to depend on him to fulfill my wishes. Please help.

— Anonymous

It makes complete sense that you feel suffocated. Living under your parents' roof means you're often still seen through a childhood lens, not as the independent 27-year-old you actually are. Your father's calls come from worry, but constant checking reads as distrust, and that sting is real. Try picking a calm moment, not right before or after you head out, to tell him plainly how the calls make you feel: "I feel anxious and second-guessed when I get called repeatedly, even though I've never given you a reason to worry." Then, offer something concrete instead of open-ended reassurance, like one text when you reach rather than answering call after call. Also, notice the pattern where you ask permission the way a child asks for approval. Try informing him of your plans instead, the way an adult shares their schedule with someone who cares. It won't shift overnight; you're teaching him a new way to relate to you. But staying calm and consistent will get you there faster than the anger does.

I recently completed my Master's from Hyderabad and am preparing to pursue a PhD abroad. While I am 24, my sister is 17 and just gave her class 10 boards. We are from Kolkata. I've noticed that she has become very irritable and upset ever since her results came out. When we ask her what's wrong, she says nothing. I was wondering whether my plan to go abroad is making her think that she will be alone



Image: AI

again, like she was when I was studying in Hyderabad. How to get her to open up about her concerns?

— Anonymous

Your instinct here is probably right. A sibling leaving for another continent, right on the heels of board results, can stir up a mix of fear, inadequacy, and loneliness that a 17-year-old often can't name yet, let alone explain when asked directly. Direct questions like "what's wrong?" tend to make teenagers shut down further. Try going sideways instead. Share your own feelings first, saying how you remember feeling completely lost after your own board exams, or how you are thrilled about this PhD but will miss your sister badly. That kind of honesty often opens a door that direct questioning closes. Look for moments where you're doing something together rather than sitting across from

each other, like a walk, cooking, or a long drive. Conversations flow easier when eye contact isn't the whole point. Let her irritability exist without rushing to fix it. Sometimes, just being allowed to feel prickly is what helps. And keep reminding her in small ways that distance won't change how close you two are.

A recent visit to a relative's house to celebrate their daughter's birthday turned into a nightmare for me. I'm a 16-year-old, and was still in bed the morning after the celebrations when my brother-in-law molested me. I froze and couldn't say anything as I was still trying to process why he was touching me inappropriately. No one has ever misbehaved with me like this. But when I told my mom, she didn't say anything at all, just because they were close relatives from her side of the family. I didn't tell my dad as I thought he would think I'm lying. But I can't get this off my mind. I've taken science (with maths) stream in class 11 and am preparing for JEE. I can't concentrate on my studies as I'm constantly thinking about the ridiculous incident. I just want to forget it completely and get aligned with my coursework. How can I do that? Please help.

— Anonymous

I'm so sorry this happened to you, and sorrier still that your mother's silence left you carrying it alone. Say this to yourself as many times as you need to: none of this was your fault. Freezing is not weakness, it's how the body protects itself when something is too overwhelming to process in the moment. The fact that you can't stop thinking about it isn't a concentration problem. It's your mind trying to make sense of something painful while feeling unsupported. Pushing yourself to "forget it completely" usually buries it deeper instead of resolving it. If it feels safe, consider telling your father, a teacher, or a school counsellor; someone who will believe you and help you figure out next steps. Please also try to see a trauma-informed therapist or counsellor. This is exactly the kind of pain that gets lighter with the right support, not simply with time alone. Be gentle with your JEE prep too. Give yourself permission to take breaks. Your peace of mind matters more right now than any exam timeline, and both can still come together.



WANT SOME ADVICE?

Sharing can help your recovery so write to us at talkitout@timesofindia.com with your question, name and place. But if you wish to stay anonymous, do indicate that in your email.

You can also visit bit.ly/TOITalkitOut or scan this QR code to send in your concern.



9 in 10 Indians have abnormal blood lipids, shows data

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Chennai: Nine in 10 Indian adults live with at least one abnormal blood lipid — fats, including cholesterol and triglycerides, in their bloodstream and body tissues, according to national data from an ICMR-INDIAB study.

Dyslipidemia, or an unhealthy imbalance or abnormal amount of lipids (fats) in blood, is one of the most common yet least discussed cardiovascular threats in the country, the study found.

Women, city dwellers and people in central India carry a disproportionate burden, and the problem spikes shar-



SILENT BURDEN: Abnormal lipids act as an early warning signal and steadily raise the future risk of heart attack and stroke if left unchecked

ply in those with adverse glycemic status (pre-diabetes or diabetes), obesity and hypertension, scientists said.

Abnormal lipids, or dysli-

pidemia, by themselves don't cause symptoms or immediate harm. However, doctors say they act as an early warning signal, steadily raising the fu-

ture risk of heart attack and stroke if left unchecked. Senior diabetologist Dr V Mohan, chairperson of the Madras Diabetes Research Foundation, who is the senior author of the study, said, "You don't feel high cholesterol or triglycerides the way you feel chest pain. The silent numbers on a test report will eventually lead to fatty plaques in the arteries, which can rupture or block blood flow to the heart or brain. Proper lifestyle changes and medicines, if required, will help prevent this."

Analysis of data drawn from 23,665 participants in the ICMR-INDIAB national study, published recently in the *Journal of Clinical Lipi-*

dology, found that low levels of "good" cholesterol or HDL — the protective cholesterol that helps clear fat from the bloodstream — were the single most common abnormality, affecting 66.8% of adults in the sample.

High levels of "bad" LDL cholesterol and raised triglycerides — together affecting roughly 49.4% and 29.5% of adults, respectively — are also common, painting a picture of a population where multiple lipid problems often co-exist. "The prevalence climbs steadily with worsening body mass index," said scientist Dr Mohan Deepa, the first author of the study.

The condition explains

how a silent biochemical abnormality now intertwines with India's epidemics of diabetes, obesity and hypertension, experts said.

"Abnormal lipids are no longer confined to a small high-risk group but have become the norm for most Indian adults, often starting in their 30s," said diabetologist Dr R M Anjana, also an author of the study.

Regionally, central India had the highest prevalence of dyslipidemia at around 89.1%, while the northeast had the lowest at about 85.3%, but even the "lowest" region had more than eight in 10 adults with at least one lipid abnormality, the study found.

Modern liver transplant techniques focuses on improving recovery: Doc

Liver transplantation surgery traditionally requires a large abdominal incision, which can lead to significant muscle cutting and pain, slower recovery, and visible scarring, notes Dr Amit Rastogi. He adds that recent advancements have introduced a smaller upper midline incision technique, which is less invasive but technically challenging, and offers promising benefits without compromising safety.

The doctor further addresses some concerns about the procedure.

What is the traditional incision used in liver transplant surgery?

Traditionally, liver transplant surgeons use a large "J-shaped" or "Mercedes-Benz" incision across the upper abdomen. This provides adequate access to the liver but involves cutting through abdominal muscles, which may result in more pain, breathing difficulties, wound complications, and a longer recovery period.

What is the new upper midline incision technique?

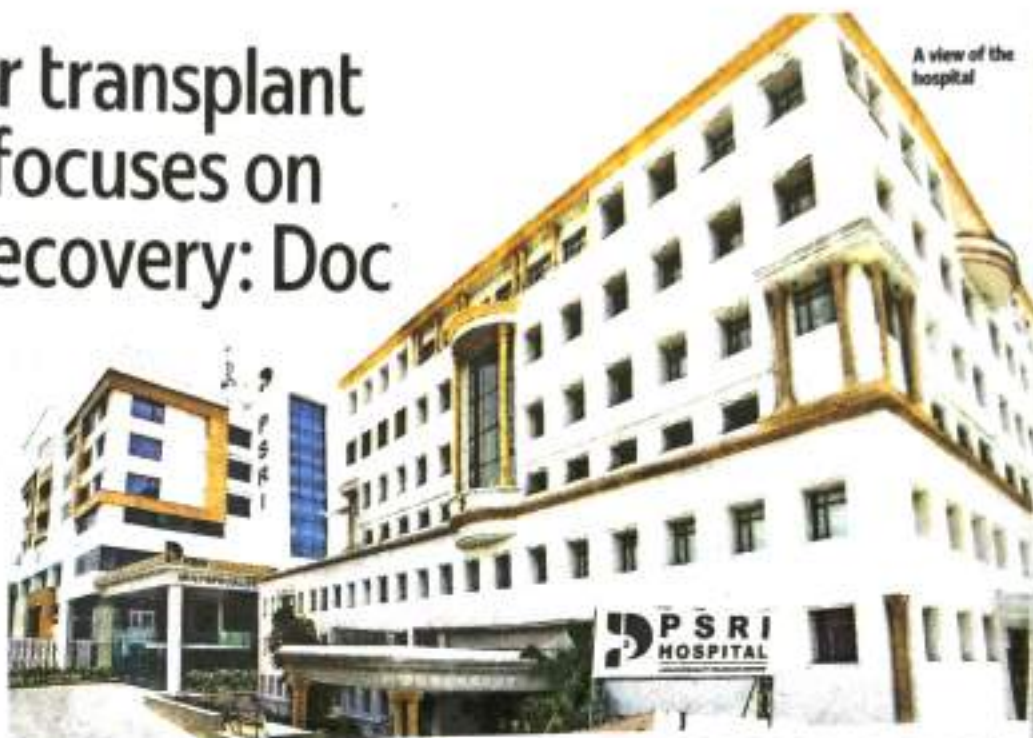
The upper midline incision is a smaller vertical cut made in the centre of the upper abdomen, extending from the breastbone towards the navel. Unlike traditional incisions, it passes through the avascular rectus sheath, causing minimal damage to the subcutaneous nerves and blood vessels. It avoids cutting major abdominal muscles, making the procedure less invasive while still providing sufficient access for the transplant surgery.

Why are surgeons exploring smaller incisions for liver transplantation?

The goal is to reduce surgical trauma without affecting the success of the transplant. Smaller incisions can help patients experience less pain, regain mobility earlier, reduce respiratory complications, and improve cosmetic outcomes due to a smaller scar.

Is this technique safe for liver transplant recipients?

Yes. A study by Amit Rastogi et al., published in *Transplant International* in 2024, involving 115 liver transplant recipients who underwent surgery through an upper midline incision, found that the technique was safe and



A view of the hospital



Dr Amit Rastogi, Chairman, Liver transplant & Hepato-Pancreato-Biliary (HPB) Surgery, PSRI Hospital

produced outcomes comparable to those achieved with conventional larger incisions. Rates of graft function, bile duct complications, and survival were similar between the two groups.

What benefits did patients experience with the smaller incision?

Patients who underwent liver transplantation through the upper midline incision experienced several advantages: earlier walking and mobilisation after surgery, a shorter stay in the intensive care unit (ICU), a lower incidence of fluid accumulation around the lungs (pleural effusion), a reduced occurrence of postoperative bowel sluggishness (ileus), less need for blood transfusions in some cases, and better satisfaction with the appearance of the surgical scar. These benefits contribute to a smoother and more

comfortable recovery process.

Does a smaller incision mean a shorter hospital stay?

Although the overall hospital stay was similar in both groups, patients with the upper midline incision recovered faster during the initial postoperative period. They were able to become active sooner and required less intensive monitoring.

Can every liver transplant patient undergo this technique?

The procedure requires considerable surgical expertise and may not be suitable for every case. However, as surgeons gain more experience with this approach, it is being successfully applied to a wider range of patients.

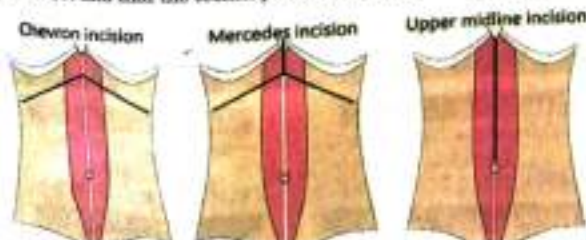
What does this mean for the future of liver transplantation?

The study suggests that liver transplantation can be performed safely through a smaller, muscle-sparing incision. This advancement may improve patient comfort, accelerate recovery, and enhance quality of life after surgery. As more centres adopt and refine the technique, it could become an important step towards making liver transplant surgery less invasive and more patient-friendly.

A smaller incision does not mean a lower success rate. Modern liver transplant techniques are focusing not only on saving lives but also on improving recovery, comfort, and the overall patient experience.

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Kerala records 2,914 State school dropouts in 2024-25

Migrant workers' children account for 36.72% of the dropouts; they discontinued studies to return to their native States or as their parents moved elsewhere for work, says Education Minister

R.K. Roshni
THIRUVANANTHAPURAM

As many as 2,914 students dropped out of schools that follow the State government syllabus in the 2024-25 academic year in Kerala. Of them, 36.72% (1,070 students) were children of migrant workers.

These students formed the biggest group of dropouts from State schools. A majority of them were from States such as Assam, West Bengal, Bihar, Uttar Pradesh, Tamil Nadu, and Odisha.

They discontinued studies either because they, along with their parents, had returned to their native States or their parents had shifted to another location for work, Minister for General Education N. Samsudheen said in a writ-

Reasons for dropping out



ten reply in the Assembly recently.

Key reasons

Of the total inter-State migrant children who dropped out, 36.5% (390 children) were from Ernakulam. Malappuram followed with 169 children dropping out, while Idukki recorded 127 dropouts.

Additionally, 29 students were children of

workers from other countries. They returned to their home countries and discontinued their education in Kerala. Of them, 27 were from Nepal and two from Bangladesh.

Another major reason for dropping out from schools was a "lack of interest in studies", according to the Minister's reply. A total of 704 students in the State dropped out ow-

ing to this reason.

Of them, 42.19% (297 students) were from Wayanad district. Palakkad recorded 92 such students, followed by Thrissur with 60 and Kannur with 55, who also discontinued their education midway owing to lack of interest.

As many as 213 students left studies because they moved to other States or countries, while 174 had dysfunctional family backgrounds. Persistent illness, hospitalisations, and accidents were responsible for 163 students discontinuing studies. As many as 103 students left to prioritise religious education.

Some of the other factors for students dropping out include "negative attitude" of parents to education (78 students), and poor financial condition of family (43 students).

Non-animal testing is key to next phase of pharma growth

Animal studies continue to play an important role and cannot be entirely replaced at present; however, advances in non-animal testing models are enabling a more scientific approach that can reduce dependence on lab animals

N.K. Ganguly

For every medicine that reaches a pharmacy shelf, many others do not – not necessarily because the science was flawed but because testing models do not always predict how those medicines will behave in the human body. This long-standing challenge is at the heart of global drug development. But for India, which supplies affordable medicines to more than 200 countries, it also presents an opportunity.

As the sector matures, future growth must be anchored in creating value through original drug discovery, complex biologics, and stronger domestic innovation. Central to this transition will be India's ability to adopt and scale non-animal testing models (NAMs).

Only 10-14% of drug candidates worldwide entering phase I clinical trials ultimately receive regulatory approval. One significant reason is animal testing, which often struggles to accurately predict how a compound will behave in humans.

The consequence is not only high attrition and rising costs but also delays in bringing effective treatments to patients.

NAM is emerging as a complement to this system. NAMs include organoids, organ-on-chip platforms, advanced computational models, and artificial intelligence-enabled approaches designed to generate insights

Animals of medicine

Only 10-14% of drug candidates entering phase I trials ultimately receive regulatory approval

- High failure rates in global drug development often stem from the poor predictive accuracy of animal models

- Transitioning to non-animal models is essential for India to move from generic manufacturing towards discovering original drugs

- Technologies like organoids and artificial intelligence can improve predictive accuracy while significantly shortening drug development timelines

- India must establish a national framework and clear regulations to effectively integrate these innovative testing methods

- Implementing these models in generic and biosimilar testing offers an immediate way to enhance domestic pharmaceutical efficiency

- Adopting advanced testing technologies will position India as a competitive leader in the evolving global medical landscape



Hit or miss: Animal testing often struggles to accurately predict how a compound will behave in humans. PUBLIC DOMAIN

grounded in human biology. Increasingly, these tools are demonstrating the ability to improve predictive accuracy, shorten drug development timelines, and support more informed decision-making.

India's engagement with NAMs has evolved steadily over the years. Greater emphasis on laboratory animal ethics and institutional oversight encouraged researchers to explore alternative approaches. This led to the adoption of a range of platforms, including *Caenorhabditis elegans*, *Drosophila melanogaster*, zebrafish, yeast-based models, and *ex-vivo* tissue studies. More recently, 3D organoids and human-relevant cellular models have expanded the scientific toolkit available for research.

The U.S., the European Union, the U.K., and Japan

have already established national centres, dedicated funding streams, and validation programmes for NAMs. For India, engaging early with this shift will be critical to remain competitive and to play a role in shaping emerging global standards.

India's existing strengths include a robust generics industry, growing biosimilars capability, and a well-established contract research ecosystem. However, moving from scale to innovation will require a decisive shift in how we approach drug development. Integrating NAMs into research and development pipelines can enable more reliable science and faster development cycles. In this sense, NAMs can enable India's ambition to become a hub for drug discovery and innovation.

Incorporating NAMs in-

to quality testing of generics and biosimilar development could enhance efficiency without disrupting existing systems. In areas such as pyrogen and endotoxin testing, validated non-animal alternatives are already available and can be adopted at scale. For more complex therapies, NAMs can complement conventional approaches.

NAMs' relevance extends beyond pharmaceuticals. In the cosmetics and personal care sectors, virtual skin models and computational testing platforms have demonstrated an ability to generate robust safety data without relying exclusively on animal studies.

While India possesses significant scientific capabilities and research infrastructure relevant to NAMs, much of this capacity re-

mains underutilised and is not formally integrated into regulatory pathways. Progress remains constrained by limited regulatory clarity and the absence of a unified national strategy. Addressing these gaps will require aligning existing strengths with a clear and shared direction that recognises NAMs as a strategic priority.

A national framework to adopt NAMs would provide that direction. A central coordinating mechanism can help align stakeholders, prioritise investments, and ensure India moves in step with global developments. The regulatory system already permits the use of NAMs in areas such as proof-of-concept studies, target identification, drug screening, and aspects of toxicology. As a next step, clear guidance on the use and acceptance of NAM-generated data will give industry confidence and accelerate adoption.

The broader implication is not limited to improving efficiency in drug development. It is about positioning India as an active participant in defining the future of medical science. While animal studies continue to play an important role and cannot be entirely replaced at present, advances in NAMs are enabling a more balanced and scientifically informed approach that can progressively reduce dependence on laboratory animals. (N.K. Ganguly is former director-general, Indian Council of Medical Research)

ज्यादा पानी किडनी के लिए फायदेमंद है?

मिथ: सिर्फ भूखे रहकर ही वजन घटता है...

सत्य: कभी भी यह न सोचें कि सिर्फ भूखा रहने से वजन कम हो जाएगा। पेट बिल्कुल खाली न रखें क्योंकि जब भी आप भूखे पेट खाने के लिए बैठेंगे तो कैलरी काउंटिंग अमूमन भूल ही जाएंगे। साथ ही खाली पेट रहने से पेट में गैस की समस्या भी हो सकती है।

मिथ: खाने की बजाए जूस पीने में शरीर में कैलरी कम पहुंचती है...

सत्य: पैकड जूस में आमतौर पर कैलरी की मात्रा लिखी होती है। पर समस्या तब आती है जब जूस या शेक कॉर्नर से फ्रूट जूस पीते हैं। गन्ने का जूस तो सिर्फ कैलरी है। वहीं, मैंगो शेक में भी काफी मात्रा में कैलरी होती है। जूस या शेक बिना आइसक्रीम या स्वीटनर के लें। हां, संतरे, मौसमी, अनार का जूस बिना कुछ मिलाए जरूर पी सकते हैं। वैसे सबसे बढ़िया है कि मौसमी, ताजा और साबुत फल खाएं। इससे फाइबर की भी अच्छी मात्रा शरीर में पहुंचेगा।

मिथ: फैट कम लेने से पतले हो जाएंगे...

सत्य: ऐसा बिल्कुल नहीं है। आप अगर फैट कम लेते हैं लेकिन साथ, कार्बोहाइड्रेट यानी रोटी चावल, वेड, इडली जैसी चीजें ज्यादा मात्रा में खा रहे हैं तो वह फैट का ही रूप है। आपको जरूरत 1000 कैलरी की है लेकिन आप कार्बोहाइड्रेट के जरिए 2000 कैलरी ले रहे हैं तो बाकी बची 1000 कैलरी फैट में ही बदल जाएगी। फिर आपको इसे बर्न करने के लिए कम से कम 2 घंटे की ब्रिस्क वॉकिंग करनी होगी।

मिथ: ज्यादा पानी किडनी के लिए फायदेमंद...

सत्य: यह सोचना कि ज्यादा पानी पीने से किडनी को फायदा होता है, पूरी तरह से गलत है। इंसान को अमूमन सर्दियों में हाई से 3 लीटर और गर्मियों में 3.5 लीटर तक ही पानी पीना चाहिए। यह करीब 10 से 12 गिलास होता है। वैसे अगर प्यास न हो तो जबरदस्ती पानी पीने की कोशिश न करें। साथ ही यह भी ध्यान रखें कि एक बार

मिथ: आजकल मार्केट में बिकने वाले खास तरह के तेल को नाभि में लगाने से मेटाबोलिज्म तेज होता है, वजन कम होने लगता है...

सत्य: सीधा-सा उत्तर है नहीं। नाभि में तेल डालने से मेटाबोलिज्म तेज होने का अभी तक कोई भी वैज्ञानिक प्रमाण नहीं है। इसे दावा ही समझा जाना चाहिए। सोशल मीडिया पर कई विडियो और विज्ञापन सिर्फ दावा ही करते हैं कि रात में नाभि में सरसों, नारियल, अरंडी या किसी खास हर्बल तेल की कुछ बूंदें डालने से मेटाबोलिज्म तेज हो जाता है, शरीर की बर्बी तेजी से पिघलती है और बिना डाइट



मिथ-मंथन

में एक से दो गिलास से ज्यादा पानी न पिएं। इससे किडनी पर अतिरिक्त दबाव पड़ सकता है। इसलिए

कोशिश यह होनी चाहिए कि दिनभर प्यास के अनुसार पानी पिएं। अगर कोई शख्स सुबह उठकर 1 लीटर या इससे ज्यादा पानी पी लेता है तो सुबह-सुबह ही काफी ज्यादा बोझ किडनी पर चला जाता है, इसलिए जितनी जरूरत हो उतना ही पानी पिएं। यह ठीक वैसे ही है कि हमें अगर दिनभर में 4 से 5 बार खाना हो तो हम एक-दो बार में ही बहुत ज्यादा खा लें।

मिथ: पथरी का दर्द खत्म तो परेशानी खत्म...

सत्य: कई बार ऐसा होता है जब मरीज डॉक्टर के पास पथरी की वजह से दर्द की शिकायत लेकर पहुंचता है। डॉक्टर दवा लिखते हैं। साथ ही यह भी सलाह भी देते हैं कि 2 या 3 हफ्ते बाद अल्ट्रासाउंड या सीटी स्कैन कराकर फिर से आएँ। दवा खाने के बाद मरीज का दर्द ठीक हो जाता है और इसके बाद वह न ही अल्ट्रासाउंड कराता है और न ही सीटी स्कैन, जबकि दर्द ठीक होने की वजह यह हो सकती है कि पथरी किडनी ट्यूब से निकलकर यूरिनरी ब्लैडर में पहुंच गई हो। ऐसे में वहां भी इन्फेक्शन का खतरा बना रहता है। यह हरगिज नहीं सोचना चाहिए कि अगर पथरी का दर्द नहीं हो रहा है तो परेशानी खत्म हो गई, जब तक कि जांच में इसकी पुष्टि न हो गई हो।

या एक्सरसाइज के वजन कम होने लगता है।

इसके पीछे तर्क दिया जाता है, वह कि नाभि शरीर का एनर्जी सेंटर है और यहां तेल डालने से यह पूरे शरीर में पहुंच जाता है, जिससे मेटाबोलिज्म बढ़ता है और फैट तेजी से बर्न होने लगता है। लेकिन विज्ञान कुछ और कहता है। विज्ञान का मानना है कि बच्चे के जन्म के बाद नाभि त्वचा पर बना एक निशान होती है। हां, जब बच्चा गर्भ में पल रहा होता है तो प्रेग्नेंसी के दौरान जरूर नाभि, अम्बिलिकल कॉर्ड के जरिए बच्चे को मां से जोड़ती है। जिससे बच्चे को पोषण आदि मिलता है। लेकिन जन्म के बाद यह संबंध पूरी तरह खत्म हो जाता है।



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द्वारा से हो करके हेल्थ अभियान (WHO) ने डिजिटल का प्रयोग कम करने के लिए भी परामर्शदाताओं को भी है। परामर्शदाता के मुहूर्तक, डिजिटल के 45 पीएचएम मामलों की जांचकर, डिजिटल में बदलाव करने और परिवर्तन से जुड़े रिस्क कम करने रोक या टालने का सकारण है। डिजिटल संक्रमण और लक्षण से पूर्ण बचाव, वास्तु में ही से बचाव, पानी से शरीर को धोना, सामाजिक दूरी रखना चाहिए। साथ ही अपने स्वस्थ जीवन, स्वास्थ्य और अन्य कारकों को ध्यान में रखते हैं।

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उमर उजाला

लोकनायक अस्पताल ने बनाया राष्ट्रीय रिकॉर्ड

नई दिल्ली। दिल्ली सरकार का मौलाना आजाद मेडिकल कॉलेज और उससे संबद्ध लोकनायक अस्पताल बच्चों की जटिल यूरोलॉजी जांच करने वाला देश का पहला सरकारी संस्थान बन गया है। अस्पताल के पी डी या ट्रि क सर्जरी विभाग ने 345 बच्चों की सफलतापूर्वक

345

बच्चों की हुई
यूरोडायनामिक
स्टडी

वीडियो यूरोडायनामिक स्टडी कर राष्ट्रीय रिकॉर्ड बनाया है। यह जांच बच्चों में मूत्राशय (ब्लैडर) और मूत्र

निजी अस्पताल से रेफर होकर आ रहे मरीज

जबकि विभाग प्रमुख डॉ. सिम्मी रतन ने कहा कि इस कार्य की राष्ट्रीय स्तर पर पहचान बनने के बाद अब निजी और कॉर्पोरेट अस्पतालों से भी बड़ी संख्या में मरीज रेफर किए जा रहे हैं। इस सफलता का श्रेय विभाग के चिकित्सकों, नर्सिंग स्टाफ और तकनीकी कर्मचारियों को जाता है।

मार्ग की जटिल बीमारियों की सटीक पहचान की जाती है। मूत्राशय के दबाव की जांच के साथ रीयल टाइम

एनोरेक्टल बायोफीडबैक सुविधा शुरु

निदेशक डॉ. बीएल चौधरी ने कहा कि यह अस्पताल के लिए गर्व की बात है। चिकित्सा नवाचारों को बढ़ावा देने को हर प्रशासनिक सहयोग रहेगा। यह दर्द रहित और सुरक्षित थेरेपी है। बच्चों को मल त्याग से जुड़ी मांसपेशियों को सही तरीके से नियंत्रित करना सिखाती है। यह उन बच्चों के लिए बेहद प्रभावी है।

एक्स-रे इमेजिंग होती है। किडनी को नुकसान से बचाने और उपचार योजना बनाने में सहायता मिलती है। ब्यूरो

अगर उजला

भूख न लगाने की वजह कहीं यह तो नहीं

3

उम्र बढ़ने के साथ लोगों का कम खाना आम बात है। उदाहरण के लिए, शोधकर्ताओं ने पाया कि 60 साल या उससे अधिक उम्र के लोगों ने वयस्कों की तुलना में 16 से 20 प्रतिशत कम कैलोरी ली। बड़ा सवाल यह है कि ऐसा क्यों होता है।

ह्यूस्टन मेथोडिस्ट हॉस्पिटल की इंटरनिस्ट डॉ. मारिग्रेट मैन्स का कहना है कि उम्र बढ़ने के साथ होने वाले हार्मोनल बदलाव आपकी भूख पर असर डाल सकते हैं। शोध से पता चला है कि युवा लोगों की तुलना में बुजुर्गों में 'ग्रेलिन' हार्मोन कम बनता है। यह वही हार्मोन है, जिससे भूख लगती है। एक और शोध से पता चला है कि उम्र बढ़ने के साथ लोग दो और हार्मोन (लेप्टिन और कोलेसिस्टोकिनिन) अधिक बनाते हैं, जिनसे पेट भरा हुआ महसूस होता है। इसी वजह से वे कम खाते हैं।



मेलिंडा वेनर
मोयर

ग्रेलिन नामक हार्मोन कम बनने से भूख कम हो जाती है या उम्र का असर भी हो सकता है। फिटनेस पर ध्यान दें, खुश रहें, भूख खुद ही बढ़ जाएगी।

पेन स्टेट में न्यूट्रिशनल साइंसेज की प्रोफेसर बारबरा रोल्स ने कहा कि इस बात के भी कुछ प्रमाण हैं कि उम्र बढ़ने के साथ पेट धीरे-धीरे खाली होता है। इसकी वजह से, खाने के बाद व्यक्ति को दोबारा भूख लगने में अधिक समय लग सकता है। टफ्ट्स यूनिवर्सिटी में न्यूट्रिशन के प्रोफेसर रोजर ए फील्डिंग ने कहा कि उम्र बढ़ने के साथ लोगों की मांसपेशियां कम होने लगती हैं, जो वसा की तुलना में ज्यादा कैलोरी बर्न करती हैं, इसलिए उन्हें कम खाना खाने की जरूरत होती है। डॉ. रोल्स ने कहा कि समय के साथ हमारी सूंघने और स्वाद

लेने की क्षमता कम हो सकती है। शोधकर्ताओं के मुताबिक, अगर खाने का स्वाद या महक अच्छी न हो, तो आपका उसे कम खाने का मन करता है।

बुजुर्ग अक्सर अकेले खाना खाते हैं, जिससे हो सकता है कि वे कम खाएं। अध्ययनों से पता चला है कि जब लोग दूसरों, खासकर दोस्तों और अपनों के साथ खाना खाते हैं, तो वे अधिक खाते हैं। भूख जगाने के लिए विशेषज्ञ नियमित रूप से एक्सरसाइज करने की सलाह देते हैं। जब आप कैलोरी बर्न करते हैं, तो आपका शरीर खाने के जरिये उन्हें फिर से पाना चाहता है। अगर आप कम खा रहे हैं और आपको लगता है कि शरीर में पोषक तत्वों की कमी हो सकती है, तो संतुलित आहार लें।

डॉ. रोल्स ने कहा कि सूंघने और स्वाद लेने की क्षमता में कमी को दूर करने के लिए जड़ी-बूटियों और मसालों के साथ नए प्रयोग करने की कोशिश करें। अपने खाने में नींबू का रस, निचोड़ें या उसमें हॉट सॉस मिलाएं। खाने में थोड़ा तो नयापन लाएं।

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जब आपकी जिम्मेदारियां बढ़ा दी जाएं

आरोपियों को गिरफ्तार कर लिया है। एजेंसी

है और धमकी दी है। धुरी

अमर उजाला

सेहत

जीवनशैली में बदलाव, संतुलित भोजन और नियमित व्यायाम से आएगी अच्छी नींद

रोज 80 मिनट की कम नींद से बढ़ सकता है आपका वजन

अमर उजाला नेटवर्क

नई दिल्ली। अगर कोई व्यक्ति रोजाना सिर्फ एक घंटे से कुछ अधिक समय की नींद कम लेता है, तो इसका असर उसकी सेहत पर अपेक्षा से कहीं ज्यादा पड़ सकता है।

एक नए अध्ययन में सामने आया है कि लगातार छह सप्ताह तक हर रात लगभग 80 मिनट कम सोने वाले लोगों का वजन बढ़ गया, उनकी शारीरिक सक्रियता घट गई। शोधकर्ताओं का कहना है कि स्वस्थ जीवनशैली में संतुलित भोजन और नियमित व्यायाम जितने जरूरी हैं, उतनी ही महत्वपूर्ण पर्याप्त नींद भी है। अमेरिकी जर्नल 'एनल्स ऑफ इंटरनल मेडिसिन' में प्रकाशित इस



450 ग्राम तक बढ़ा वजन, छाई रही सुस्ती

अध्ययन के नतीजों में पाया गया कि जिन लोगों की नींद लगातार कम हुई, उनका औसतन लगभग 450 ग्राम वजन बढ़ गया। यह बढ़ोतरी देखने में भले ही बहुत अधिक न लगे, लेकिन शोधकर्ताओं का मानना है कि यदि यही स्थिति महीनों या वर्षों तक बनी रहे तो इसका प्रभाव काफी बड़ा हो सकता है। नींद की कमी का असर केवल वजन तक सीमित नहीं रहा। प्रतिभागी पहले की तुलना में अधिक समय तक निष्क्रिय बैठे रहे और उनकी रोजमर्रा की शारीरिक गतिविधियां भी कम हो गईं।

हृदय रोग, डायबिटीज का खतरा : शोधकर्ताओं का कहना है कि वजन नियंत्रित रखने के लिए केवल संतुलित आहार और नियमित व्यायाम पर ध्यान देना पर्याप्त नहीं है। पर्याप्त और नियमित नींद भी स्वस्थ जीवनशैली का उतना ही महत्वपूर्ण हिस्सा है। यदि पूरी नींद लें, डायबिटीज, हृदय रोग का खतरा कम होगा।

अध्ययन को कोलंबिया यूनिवर्सिटी वैंगेलोस कॉलेज ऑफ फिजिशियंस एंड सर्जन्स के शोधकर्ताओं ने किया है। वैज्ञानिकों ने यह जानने की कोशिश की कि यदि कोई

व्यक्ति रोजाना थोड़ी-सी नींद कम लेता रहे, तो उसका शरीर किस तरह प्रतिक्रिया देता है। अध्ययन में 95 स्वस्थ वयस्कों को शामिल किया गया। प्रतिभागियों ने छह

सप्ताह तक अपनी सामान्य दिनचर्या की तुलना में लगभग 90 मिनट देर से सोना शुरू किया, जिससे उनकी कुल नींद औसतन करीब 80 मिनट कम हो गई।