DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY

Monday 20260720

What Happens After Someone Dials 1098?

CHIILD HELPLINE: From Abandoned Infants To Abuse Complaints, Hundreds Of Distress Calls Handled Daily

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New Delhi: "Please hurry. I'm standing near Rajghat with a newborn. She can't be more than two hours old. I don't know who left her here, but I won't leave until someone comes."

It was mid-May. The caller's voice was calm, but every second mattered. Somewhere near Rajghat, a stranger was standing, holding an abandoned infant, waiting for help to arrive. The call reached a modest control room tucked away inside Delhi govt's women and child development department. Within minutes, a responder had recorded the details, alerted the authorities and set the rescue process in motion.

Nearly a month later, the infant is in foster care and is expected to be referred to foster parents soon.

At least four telephones sit on the desks of the helpline room, each connected to a responder wearing a headset and facing a computer screen that flashes details of incoming calls.

TOI spent time inside the control room, watching responders move seamlessly from one emergency to the next. The work inside the room has taken on added significance as concerns over crimes against children continue to grow. Delhi govt is also observing July as child safety month across more than 16,600 schools and institutions to spread awareness on child protection.

Between April 2025 and March 2026, the child helpline received 9,83,145 calls. After verification, 7,388 cases were registered for intervention, a 15.3% increase from the 6,525 cases registered in 2024-25. Compared with 2023-24, when 2,785 cases were registered, the number has more than doubled.

Every ring carries the possibility of a child in danger. For instance, one was from a distraught father in north Delhi. He told the responder he had rushed out to check on his daughter after hearing her scream. The girl had gone to a neighbour's house, where he had allegedly shown her inappropriate videos on his phone.

Soon after came another call from Rani and Rajeev (names changed), two college students who had recently become parents. "We are not ready to get married or raise a child," they told the responder. "We want to surrender the baby so someone else can give the child a better life."

Then a teenager called seeking help for herself.

"Ma'am, I am 16 years old. I was dating a 22-year-old boy. He wanted to become intimate but I did not. He kept insisting and later took my photographs. Now he is threatening to circulate them if I leave him."

"What would you like us to do?" the responder asked gently.

"Please make him delete the photos," the girl replied. "But don't let my parents know."

These were only a few of the calls the helpline handled.

Overall, child abuse accounted for the largest share of verified cases (1,974), followed by missing children (883), family issues (735) and counselling (715) in 2024-2025. North Delhi topped the districts with 882 cases, while 3,280 cases have already been registered since April this year.

"The women and child development department has built a robust child protection system through institutions such as the child welfare committees, juvenile justice boards, district child protection units and the 24x7 helpline 1098). Together, they ensure timely rescue, care, protection, rehabilitation and support for children in need, while strengthening the city's overall child protection framework," WCD secretary Rashmi Singh said.

Every call follows a defined response mechanism. However, a key challenge remains. A significant share of the calls are either wrong numbers or accidental calls. Many callers also mistake the helpline for other govt services.

A source said: "Our job is to pick up every call. Even if it turns out to be a wrong number, we still have to answer it."

Several categories of vulnerable children, including school dropouts, children living on the streets and those facing cyber-related issues, remain under-reported on the helpline.

Indu Prakash Singh, member of the state-level shelter monitoring committee, said: "At one point, the child helpline number at 1098 was very active. Then it was put under the women and child development department, after that the integrated child protection scheme and then the district child protection unit (DCPU). When we once encountered children on the streets, we called 1098 wherever it was. But DCPU isn't as active now. Callers are usually directed to call the 100 police emergency number or to take the child to the police station. The helpline was meant for intervention independent of the cops."

"Efforts are under way to strengthen outreach and bring such children within the child protection system. Guidelines for a dedicated mechanism to identify and support street children are also expected to be issued soon," a govt source said.

INSIDE DELHI'S CHILD HELPLINE CONTROL ROOM

WHAT HAPPENS AFTER A CALL

1. Call received
2. Details recorded
3. Verification
4. **Case forwarded to:**
   - District Child Protection Unit
   - ERSS-112
   - Police
   - Child Welfare Committee
   - Labour Department
   - Education Department
   - Health Department
5. Support services
6. Follow-up
7. Case closure

Child Helpline (1098) 2025-2026

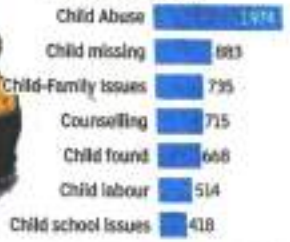
98,315 calls received at Child Helpline 1098

7,388 cases created after verification

15.3% rise over 2024-25
More than double if compared with 2023-24 (2,785 to 7,388)

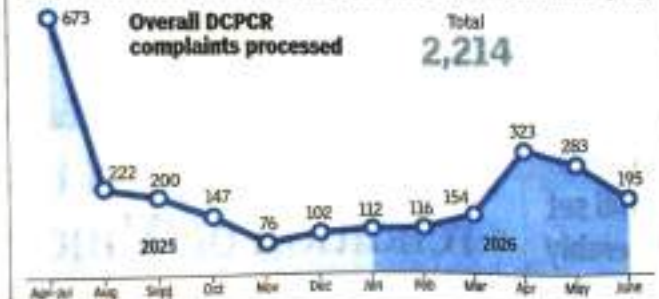
Current financial year (from April 2026 to June 2026)
3,280 cases created

Top Case Categories
2024-2025
1 in every 4 created cases involved child abuse

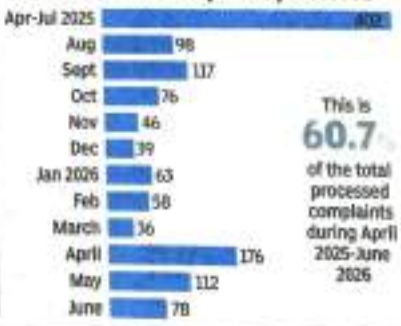


Meanwhile, Education Emerges As Key Concern at DCPCR

Complaints received over lack of access to education – 79 (2025-26 financial year)



Total RTE-related complaints processed



This is **60.7** of the total processed complaints during April 2025-June 2026

CASE STUDIES

1. Abandoned Newborn

- *"Please hurry. I'm standing near Rajghat with a newborn. She can't be more than two hours old"*
- A passerby found an abandoned infant near Rajghat and alerted Child Helpline 1098. The baby was rescued, placed in foster care and is expected to be referred to foster parents

2. Child Abuse

- *"Everyone heard my daughter scream"*
- A father called the helpline after alleging that her daughter was shown inappropriate videos by a neighbour. The complaint was recorded and forwarded for intervention

3. School Admission

- *"My daughter has been out of school because she doesn't have an Aadhaar card"*

This 10-year-old was unable to attend school after her family struggled to complete the admission process. Following intervention by Delhi Commission for Protection of Child Rights, the child was enrolled in school

10 held for circulating child abuse material

Police have arrested people accused of circulation of Child Sexual Exploitative and Abuse Material (CSEAM), registering 10 FIRs across multiple police stations over the past five days. The operation, a zero-tolerance enforcement drive against the transmission, downloading, storage and circulation of CSEAM, was started after investigators analysed digital indicators and received international cyber inputs pointing to the offence. TNN

Man dies in attack by minors, cops assaulted too

TIMES NEWS NETWORK

New Delhi: A 20-year-old salon worker was stabbed to death by a group of four-five people in northwest Delhi's Jahangirpuri Saturday, despite the efforts of two patrolling police officers to rescue him. The policemen were themselves assaulted while trying to save the victim. Four people, including three juveniles, were apprehended and a search was on to catch the remaining assailants.

The victim, identified as Irfan, a resident of B-block in Jahangirpuri, was rushed to Babu Jagjivan Ram Memorial Hospital, but was declared dead on arrival.

Police said a PCR call was received about an injured man at 8pm. By the time local police reached the spot, two head constables on beat patrol had already taken Irfan to hospital.

According to police, Krishan and Sohan Lal were patrolling the area when they noticed a group attacking Irfan. The cops immediately intervened, pulled him away from the attackers and tried to escort him to safety. "However, the assailants chased the policemen, assaulted both of them and then attacked Irfan again with knives. The victim suffered fatal injuries. The cops sustained minor injuries in the attack," a senior police officer.

Police said, Irfan had gone to work at a local salon in the evening when around five people called him outside and took him away before attacking him.

"Prima facie, it appears that the attackers belonged to a rival group and had a previous enmity with Irfan. However, the exact motive is yet to be ascertained," the officer added.

Police have registered a murder case under Bharatiya Nyaya Sanhita (BNS) and formed multiple teams to investigate the incident.

Using CCTV footage and

months of learning lost while waiting for access to a classroom.

(RTE). Between April 2025 and June

abruptly disrupted his education.

For 15-year-old Ravi (name

school remains a struggle.

Dowry dairies: Inside the room where brides prove cost of their abuse

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New Delhi: The Special Police Unit for Women and Children (SPUWAC) in Delhi buzzes with activity. Every few minutes, a couple is called into a counselling room, a file lands on an inspector's desk, while another family takes a seat in the waiting area.

On a weekday morning, every chair is occupied, women clutch toddlers too young to understand why they are there, husbands avoid eye contact, and anxious parents wait at the reception.

Against the backdrop of rising dowry death cases in the capital, **TOI** spends time inside SPUWAC to understand what happens long before a woman meets her end.

According to the National Crime Records Bureau's (NCRB) Crime in India 2024 report, Delhi recorded 109 dowry death cases involving 111 victims in 2024. While the figures have gradually declined — from 136 cases in 2021 to 129 in 2022 and 114 in 2023 — the capital continues to report the highest number of dowry deaths among the country's 19 metropolitan cities for the fifth consecutive year.

Inside the room at the special police unit, conversations overlap. At a table, a counsellor patiently hears out a woman, while, just a few feet away, an officer tries to persuade a couple to speak to each other. Phones continue ringing with spouses joining virtually from abroad.

Amid the conversations, inspectors sift through stacks of documents — medical records, screenshots of chats, photographs of injuries purportedly inflicted during domestic violence, bank statements, call recordings, legal notices and wedding albums. Each paper is an attempt to prove the rot that has set in a conjugal relationship.

Women wipe away tears midway through recounting years of their turbulent marriages. Some recall how the taunts began, sometimes within a week of the wedding. Though each complaint is different, one echoes another: of being told by in-laws that they did not bring in enough cash and valuables, of being pressured to ask their parents for more money, of jewellery being taken away for "safe keeping" or of demands that gradually grew from paying for household expenses to bringing in vehicles.

One of the first women called in by sub-inspector Seema is from Laxmi Bai Nagar. She balances her three-year-old daughter on her lap as she opens a folder that has grown thicker over seven years of marriage. She alleges she was repeatedly assaulted and ordered to secure more cash from her parents. Claiming that she was forced out of the matrimonial home several times, she says she now fears a cross-case may be filed against her parents. Spread across the table in front of her is a handwritten inventory of jewellery and household articles she says are still with her in-laws. The list is detailed: a gold chain, bangles, earrings, rings, furniture, kitchen appliances, electronics, utensils and a Swift Dzire car.

As another complainant begins telling her story, it's obvious that almost every woman in the room is carrying a similar list. According to police officers, documenting this inventory is crucial because *stridhan* — property that legally belongs to a woman after her wedding — frequently becomes the focal point of matrimonial disputes.

Women who have come to SPUWAC for counselling tell **TOI** that, at the time of marriage, these items are rarely viewed through the lens of transaction or extortion. For brides and their families, even the most substantial gifts are seen as a daughter's belongings lovingly sent by parents. It is only after a conjugal relationship fractures that women are forced to reconstruct lists from memory, struggling to prove what was given as dowry and what was not. And it is through counselling that many come to recognise the repeated demands after marriage for what they were: dowry.

An hour races past, and a few chairs away sits a woman from Lajpat Nagar waiting for her turn. Married a year ago, she tells a police officer that arguments at home increasingly centred on money, and that her financial independence became a source of conflict. "My in-laws wanted my salary too," she tells the counsellor. Like many others in the room, she has brought documents to support her allegations that her in-laws pressured her and her family for more money. Her jewellery, she says, is still with her in-laws.

Another woman walks in with her mother and 16-year-old brother. In another case, a complainant's in-laws living in Canada join by phone. Officers try to understand whether the complainants want reconciliation, the dowry articles to be returned or their equivalent value, or separation, before hearing both parties separately and bringing them together for mediation, wherever possible, with the help of Delhi High Court-appointed lawyers.

Sub-inspector Hansi says some complainants attend two or three sessions before suddenly going incommunicado. Then, there are husbands who repeatedly don't appear and families who deny that dowry was ever demanded. As a result, the counsellors are often left wondering whether a complainant has returned to the same home she described as abusive, reached a private settlement, or simply lost faith in the process.

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WAITING ROOM OF LAST RESORT

AI illustrations

WHAT IS SPUWAC

Delhi Police's Special Police Unit for Women and Children

- Handles complaints of dowry harassment, domestic violence and matrimonial disputes, before criminal proceedings are initiated, if needed
- Complaints received directly, through police stations or court referrals

WHAT COUNSELLORS CHECK

- Medical records, photos
- Chats & call records
- Bank transactions
- Wedding bills/ photos
- Stridhan inventory
- Dowry details

COUNSELLING FOCUS

- Return of stridhan
- HC lawyer-led mediation
- FIRs & legal protection in abuse cases

CHALLENGES

- Parties skip sessions
- In-laws don't appear
- Private settlements
- Harassment hard to prove

HOW IT WORKS

Complaint registered → Statements recorded → Separate, then joint hearings → Counselling, if needed → Virtual participation allowed

DOWRY DEATH CASES IN DELHI

(NCRB figures in report 'Crime in India 2024')

Not just kids, many adults are discovering they have ADHD

Namita Devidayal

After getting the eighth report card describing her son as "intelligent but careless" or "distracted in class" homemaker Sagari Shah took the school's advice and had him tested for ADHD (Attention Deficit Hyperactive Disorder). His diagnosis led Shah (name changed on request) to discover what she had always suspected but never confirmed clinically: She too had ADHD.

While more and more children are being diagnosed with some version of this neurodevelopmental disorder — on average 1 out of 15 are low on attention though not necessarily clinical, says a therapist with a Mumbai school — many adults in their 40s and 50s are discovering that what they had internalized as chronic laziness or disorganized tendencies, is undiagnosed ADHD.

HOW ADHD CAN SHOW UP IN ADULTS

Adults with ADHD may experience the following types of symptoms:

Inattention: Difficulty paying attention, staying on task, or being organized

Hyperactivity: Excessive activity or restlessness, even at inappropriate times, and difficulty engaging in quiet activities

Impulsivity: Acting without thinking or having trouble with self-control

"Adults with ADHD often have a history of poor academic performance, work problems, or strained relationships. They may find it challenging to stay organized, stick to a job, keep appointments, perform daily tasks, or complete large projects. They may be restless, try to do multiple things at once, or engage in risky or impulsive behaviours." —FROM NATIONAL INSTITUTE OF MENTAL HEALTH, US

"There has been an increase in the number of persons being assessed and diagnosed in recent years," says Paulomi Sudhir, who heads the department of clinical psychology in NIMHANS (National Institute of Mental Health and Neuro Sciences), Bangalore. She attributes this to greater awareness and the likelihood of clinicians detecting it when treating other disorders like substance abuse or anxiety. "It is a highly heritable condition," she adds.

The American Psychiatric Association classified ADHD as a lifelong neurodevelopmental condition only 13 years ago; in India, the awareness is even more recent. For many years, ADHD was considered a childhood condition, and most epidemiological surveys have focused on kids. But the prevalence of Adult ADHD is unmistakable. For instance, a recent study of young adults in the Delhi-NCR revealed adult ADHD in 5% to 26% of the general and specific population. In the cross-sectional study, 14% of participants screened positive for ADHD.

"Back then, the child who couldn't sit still was labelled 'naughty' and the bright one who daydreamed was 'careless'", says psychiatrist Pervin Dadachinji. She describes how one father said he had secretly started taking the medicines prescribed to his ADHD son and started feeling better. "ADHD is not a life sentence," adds Dadachinji. "You can lead a well-rounded life, with the right meds or tools. In fact, people with this condition are often more creative, more fun, more filterless!"

Undiagnosed adult ADHD is often disguised as anxiety, depression, addiction or burnout, say counsellors. Being able to peg their helplessness on an actual condition, has given people some coherence to years of scattered living with chronic lateness, unfinished projects, untidiness, impulsive spending or emotional reactivity. Some had developed elaborate coping mechanisms to make up for their executive dysfunctionality and even became successful but the brilliant surgeon remained hopeless with paperwork, and the entrepreneur's office reflected controlled chaos. "In India, the problem is denial," says occupational therapist Purvi Gandhi. "Some parents who bring their kids because they have been told to do so by the school, are themselves in need of therapy. But these parents are in denial that their child has a problem, so how can they look at themselves?" Counsellors say greater awareness must be matched by inclusion in schools and workplaces. "ADHD can be your superpower," says ADHD life coach Ankita Jagtiani. "Always pair your pills with skills," she adds, suggesting exercise, to-do lists and journalling.

Study: Fatty pancreas may up risk of diabetes, cancer

TIMES NEWS NETWORK

Mumbai: An international panel of experts has, for the first time, recognised fatty pancreas disorder (FPD) as a distinct disease, ending decades of uncertainty over whether excess fat in the pancreas is merely an incidental finding or a clinically significant condition.

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AN EMERGING DISORDER

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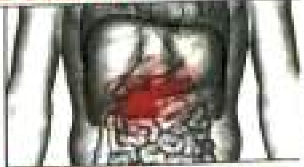
- Obesity is the biggest risk factor, along with ageing, male sex, poor lifestyle and metabolic syndrome
- Raises risk of pancreatitis, pancreatic cancer, pancreatic



PREVALENCE

Affects 16%–35% of Asians

Global about 33%

Accused's right to fair trial overrides victim privacy: HC

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Dehradun: Holding that "a victim's right to privacy cannot automatically override an accused's right to a fair trial", Uttarakhand HC has set aside a trial court order rejecting the main accused's plea for call detail records (CDRs) in a Pocso case, saying the "two constitutional rights must be balanced".

The case concerns a Haridwar-based man who was accused of raping a 16-year-

track court in Haridwar rejected the application, holding that seeking the minor's CDRs would violate her right to privacy. Setting aside the order Friday, Justice Alok Mahra of the HC observed: "An application seeking production of CDRs cannot be rejected solely on the ground of privacy if the records are prima facie relevant for a just adjudication of the case."

The HC, however, made it clear that the victim's privacy must be protected through appropriate safeguards.

TOI

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Study: Fatty pancreas may up risk of diabetes, cancer

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Mumbai: An international panel of experts has, for the first time, recognised fatty pancreas disorder (FPD) as a distinct disease, ending decades of uncertainty over whether excess fat in the pancreas is merely an incidental finding or a clinically significant condition.

Called the Melbourne Consensus, the statement published in the 'Nature Reviews: Gastroenterology & Hepatology' warned that fatty pancreas could increase the risk of pancreatitis, pancreatic cancer and type 2 diabetes.

The consensus distinguishes intrapancreatic fat deposition (IPFD), which is the amount of fat within the pancreas, from FPD, a disease in which excess fat damages the pancreatic structure and function through inflammation, scarring (fibrosis) and fat-induced damage. Although small amounts of pancreatic fat are normal and increase with age, excessive fat could even develop in lean individuals because of genetic, environmental and lifestyle factors.

Although pancreatic fat has been recognised for decades, doctors have debated whether it is simply an incidental imaging finding or a disease in its own right. The Melbourne Consensus now classifies it as a distinct disorder and outlines how it should be diagnosed.

"Pancreatic fat is difficult to assess with ultrasound, while MRI is expensive and largely confined to research settings," said senior Delhi-based diabetologist Dr Anoop Misra, who was part of the global panel that worked on the consensus document. The panel recommends MRI-based proton density fat fraction as the preferred method to quantify pancreatic fat.

Misra said the consensus has important implications for India, where pancreatic fat may contribute to the country's high burden of diabetes. "One of our research papers, which is the only such study from India so far, shows that fat accumulation in the pancreas goes hand-in-hand with liver fat. Reducing both is important for controlling, and in some people even reversing, type 2 diabetes," he said.

On the bright side, the experts said that pancreatic fat is modifiable. "A calorie deficit of about 500 kcal a day or a 6%-10% weight loss in people with obesity can reduce pancreatic fat," according to the paper. Mediterranean-style or lower-carbohydrate, higher-protein diets, along with regular aerobic and strength training, could also help. The paper noted that GLP-1 receptor agonists and SGLT2 inhibitors have been shown to reduce pancreatic fat by about 1.6% and 1.4%, respectively, after three to six months.

AN EMERGING DISORDER

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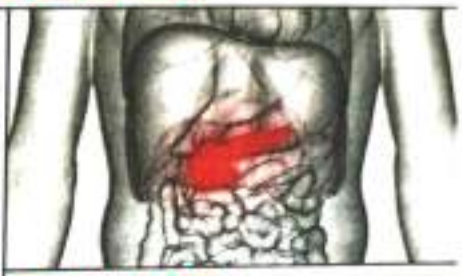
- Obesity is the biggest risk factor, along with ageing, male sex, poor lifestyle and metabolic syndrome
- Raises risk of pancreatitis, pancreatic cancer, pancreatic fistula and type 2 diabetes
- Smoking, inactivity, hypertension and frequent meat consumption increase risk
- Weight loss, healthy diet and regular exercise remain the cornerstone of treatment



PREVALENCE

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Closely linked to fatty liver

Studies estimate that nearly 7 in 10 people with fatty pancreas also have fatty liver

Indian Express

Patents should not put cancer care out of reach

SAROJINI NADIMPALLY

ON JULY 8, the World Health Organisation (WHO) released its Global Status Report on Cancer. The figures are staggering: An estimated 20.6 million new cancer cases and nearly 10 million deaths worldwide each year, that is, more than 26,000 lives lost each day. At current rates, the WHO predicts 35 million annual cases by 2050.

In addition to the scale of the disease, the report highlights an inherent inequity. A woman with breast cancer in a high-income country has an 87 per cent chance of surviving five years, compared to about 42 per cent in a low-income country, a gap that is less due to biology and more due to where she happens to live. While 68 to 94 per cent of wealthier countries have access to the top 20 priority cancer medicines, only 9 to 54 per cent of low- and lower-middle-income countries do.

India's own numbers fit into this picture, albeit not comfortably. With an estimated 15.33 lakh new cases expected in 2024, a Rajya Sabha standing committee noted that roughly one in nine Indians faces a lifetime risk of cancer. The committee has also sought expert recommendations to improve the affordability of cancer care and expand access to diagnostics. According to GLOBOCAN 2022 data, breast cancer accounted for over 1.92 lakh new cases and over 98,000 deaths in India in 2022. More than half of these cases are detected at an advanced stage, making treatment more expensive and less effective. I'm writing this while undergoing cancer treatment myself. What has struck me is not the disease itself but the ordeal of surviving it: Waiting for an appointment, the anxiety, and the arithmetic every patient does, working out which drug she can afford, which treatment package is feasible, and how much her insurance might cover.

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A breast cancer patient who cannot afford targeted therapy, immunotherapy, or hormonal therapy is not just facing a market or health-system failure. She is witnessing the slow erosion of a right that the Constitution is meant to guarantee. The same applies to access to essential medicines.

The right to health has long been recognised as integral to the right to life under Article 21 of the Constitution. The Supreme Court has held that a healthy body is the foundation of all human activity; that the right to life includes access to medical care and a decent standard of living; that the state has a duty to make essential medicines affordable.

Litigation over access to medicines, compulsory licensing, or drug pricing should not languish in courts for years, as it often does. In 2022, a retired bank employee with HER2-negative metastatic breast cancer approached the Kerala High Court seeking compulsory licensing of the patented drug Ribociclib under Sections 92 and 100 of the Patents Act, 1970, because its prohibitive cost made treatment unaffordable. The court directed the Centre to consider compulsory licensing, but the petitioner died before the matter was decided. The High Court converted the proceedings into a *suo motu* case, *In Re Exorbitant Pricing of Life Saving Patented Medicines*, which remains pending despite having been listed for hearing more than 57 times. If delayed treatment is already a rights violation, prohibitively expensive treatment cannot be any less so.

In the 20 years since India aligned its patent regime with TRIPS, it has issued only one compulsory licence: For Bayer's Nexavar in 2012, a drug for kidney and liver cancer, which reduced its monthly supply cost from Rs 2.8 lakh to under Rs 9,000. The 2001 Doha Declaration on the TRIPS Agreement and Public Health, which India helped shape, holds that intellectual property protection should never come at the cost of public health. The tools already exist. What is missing is the willingness to use them.

The WHO has declared this a global emergency. For India, it is a pressing policy issue and a constitutional question. The Rajya Sabha's inquiry into affordable cancer care is a welcome opening. What remains uncertain is the political will to act before it is too late, even for a patient like me who can afford treatment.

The writer is a public-health specialist working on reproductive health and biotechnologies

9 in 10 Indian adults have abnormal lipid level; low HDL most common

Found to peak among those aged 30-39 yrs: Study

Express News Service
New Delhi, July 19

MOST PEOPLE associate high cholesterol with middle age, obesity or diabetes but according to data from a national study by the Indian Council of Medical Research (ICMR)-INDIAB, nine in 10 (87.3%) Indian adults have at least one abnormal lipid level, making dyslipidemia — an unhealthy balance of fats in the blood — one of country's most widespread health problems.

The study analysed lipid profiles from 23,665 adults selected from the larger ICMR-INDIAB survey covering all states and UTs. People with dyslipidemia often feel healthy while unhealthy fats accumulate inside blood vessels over the years, narrowing arteries, increasing the risk of heart attack, stroke and other cardiovascular diseases.

Overall, women had a higher prevalence of dyslipidemia than men. Urban residents were more affected than those in rural areas, but the relatively small urban-rural gap indicates lifestyle changes from sedentary occupations, changing diets, which include processed food, and decline in physical activities have transcended metropolitan centres. "These findings reinforce decades of evidence that cardiovascular health depends not only on genetics but also on daily habits — healthy eating, regular exercise, maintaining an appropriate body weight and avoiding tobacco. They point to an early screening of cholesterol," says Dr V Mohan, one of the authors of the study and chairman, Dr Mohan's Diabetes Specialities Centre, Chennai.

"A lot of dyslipidemia is driven by low high-density lipoprotein (HDL), which we call good cholesterol. Of course, Indians are genetically predisposed but lifestyle is equally to blame. Our diet continues to be carbohydrate-heavy. Excess carbs push up triglycerides, which push down HDL. We have found this factor alone drives up dyslipidemia in Indians by 90%," he says.

The study revealed that two out of every three adults had low HDL cholesterol — the most common abnormality, followed by elevated LDL or "bad" cholesterol, high triglycerides and high total cholesterol.

South Asians have long been recognised as having a unique metabolic profile. Many Indians develop low HDL and elevated triglycerides while their body weight remains normal. This combination is closely linked to insulin resistance which contributes to the disproportionately high rates of premature heart disease in South Asian populations.

Researchers estimate that around 355 million Indians have abnormal lipid levels despite normal blood sugar and blood pressure and no obesity. In other words, those generally considered "healthy" are significantly at risk of heart disease.

Instead of rising only in old age, dyslipidemia was found to peak among those aged between 30 and 39 years. For a country with one of the world's youngest populations, the implications are profound — early onset of abnormal lipid levels means longer lifetime exposure to cholesterol-related damage, increasing the likelihood of premature cardiovascular disease.

Individuals with higher Body Mass Index (BMI) and worsening blood glucose status showed substantially higher rates of dyslipidemia. Sedentary lifestyle pushed the likelihood of unhealthy lipid profiles.

The study's authors argue that if India hopes to curb the rising tide of heart disease, screening must begin earlier and not wait until people develop diabetes, hypertension or obesity before recommending cholesterol tests. Most importantly, people should not assume they are protected simply because they are young, slim or not diabetic, they said.

• India's dyslipidemia profile

Nearly 9 IN 10 Indian adults have at least one lipid abnormality

87.3% of Indian adults have at least one abnormal cholesterol level

TYPES OF DYSLIPIDEMIA ABNORMALITIES

66.8% Low HDL (good cholesterol)

49.4% High LDL (bad cholesterol)

High triglycerides 29.5%

High total cholesterol 22.1%

SEDENTARY LIFESTYLE, UNHEALTHY DIET INCREASES RISK

UNEXPECTED FACE OF RISK
Around 355 million Indians have abnormal lipid levels despite normal blood sugar, normal blood pressure and no obesity.

WOMEN SHOW A HIGHER BURDEN
Women have a higher prevalence of dyslipidemia than men. Urban areas are more affected, though rural India isn't far behind.

LINKED TO MODERN LIFESTYLES
Sedentary lifestyle, unhealthy diet, obesity, diabetes and hypertension significantly increase the risk of abnormal cholesterol levels.

HEART RISK BEGINS EARLY
Dyslipidemia peaks between the ages of 30 and 39 years

at home for **30-39 YEARS**

SOURCE: ICMR-INDIAB NATIONAL STUDY

Geo-tagging, scientific monitoring, revival plans: Chhattisgarh draws roadmap to curb river pollution

On the run for 27 yrs after killing 2 cops, Agra man held in Bhopal

THE HEALING TOUCH

DR DOMINIC THOMAS

They simply have a much narrower role than marketing suggests

Why your Omega-3 supps may not be helping your heart

Research has found little benefit for most healthy adults

PICTURE THIS: You're standing in the supplement aisle, staring at a bottle of fish oil that promises to "support heart health." It seems like a sensible investment. You don't eat much fish, so popping a capsule every morning feels like an easy way to protect your heart. It's a belief shared by millions of people. In fact, about one in five adults over 60 takes fish oil supplements. The problem? The science behind those claims doesn't hold up nearly as well.

For years, the idea that fish oil supplements prevent heart disease was largely built on observational studies showing that populations eating more fatty fish had lower rates of cardiovascular disease. But observational studies can only identify associations — they cannot prove cause and effect. People who regularly eat fish also tend to have healthier overall diets, exercise more and consume less processed meat, all of which independently reduce cardiovascular risk. When researchers finally put fish oil supplements to the test in large, randomised controlled trials — the gold standard of medical evidence — the results were disappointing. A landmark meta-analysis published in *JAMA Cardiology* found that Omega-3 supplements were not associated with reductions in heart attacks, strokes, coronary heart disease or major vascular events. In other words, the cardiovascular benefits seen in people who eat fish did not translate into swallowing an over-the-counter fish oil capsule.

One reason is that eating fish delivers far more than just Omega-3 fats. Fish provides high-quality protein, vitamins, minerals and replaces less healthy foods in the diet. Simply isolating Omega-3 into a capsule doesn't recreate those dietary benefits. Unlike prescription medications, dietary supplements are regulated as foods rather than drugs. Manufacturers are not required to demonstrate that their products actually prevent disease before selling them. An analysis of more than 2,800 fish oil supplement labels found that roughly 2,000 carried heart health claims, despite the lack of convincing evidence. Researchers have also found substantial variability in the actual Omega-3 content of commercially available supplements. Some products contain far less of these Omega-3 fats than consumers expect. Omega-3 fatty acids are chemically fragile and easily damaged by heat, oxygen and light during manufacturing and storage. Oxidised fish oil loses biological activity and may even promote inflammation rather than reduce it. Laboratory testing has shown that many commercially available fish oil products contain significant levels of oxidation.

Evidence supports Omega-3 pills — of prescription strength only and not OTCs — in certain situations

So are Omega-3 supplements useless? Not at all. They simply have a much narrower role than marketing suggests. Evidence supports Omega-3 supplementation — of prescription strength and not OTCs — in certain situations. Prescription-strength EPA (icosapent ethyl) has been shown to reduce cardiovascular events in selected high-risk patients who have elevated triglycerides despite taking statins. Fish oil at doses above 2 grams per day can significantly lower triglyceride levels. Omega-3s are important for foetal brain and eye development during pregnancy. Regular dietary Omega-3 intake may support overall brain and eye health.

These benefits, however, should not be confused with preventing heart disease in otherwise healthy people using low-dose, over-the-counter supplements. They aren't completely harmless either. Fish oil supplements can cause fishy burps, bloating, nausea and diarrhoea. Higher doses (typically above 4 grams per day) have also been associated with an increased risk of atrial fibrillation in some studies. Most over the counter capsules contain around 300–500 mg of Omega-3, well below prescription doses used to lower triglycerides.

Supplementation may be reasonable for people who eat less than one or two servings of fatty fish each week, those with elevated triglycerides (under medical supervision) and specific medical conditions. For everyone else, especially those with normal triglyceride levels, there is little evidence that routine OTC fish oil supplementation prevents cardiovascular disease.

One in five women now lives with PMOS

Why is it rising?

Once dismissed as an ovarian disorder, it is now understood to be a metabolic condition linked to insulin resistance, lifestyle and genetics

Revo Thakkar

AT 36, when Anushka Gaikwad stopped getting her periods, she did what most teenagers wouldn't — she visited the nearest clinic in her village of Cumbarjua in Goa. Instead of looking for an underlying hormonal problem, the doctor asked her to take a pregnancy test. Alarmed, Anushka persuaded her mother to seek another opinion in Panaji. A sonography finally revealed the real cause: Polycystic Ovarian Syndrome (PCOS), now referred to as Polyendocrine Metabolic Ovarian Syndrome (PMOS) to better reflect what doctors now understand about the condition.

Now 22, she says, "I realised later how little people, even healthcare providers, understood women's problems. Her experience is far from unique. PMOS is the most common endocrine disorder affecting women of reproductive age worldwide. But despite the name change, many still think of it as a disease of the ovaries. In reality, it is a metabolic disorder that affects nearly every system in the body — from insulin regulation and fertility to cardiovascular health, sleep, mood and mental wellbeing.

According to *The Lancet*, PMOS affects around one in eight women globally. In India, however, the burden is higher, with recent studies suggesting that one in five women may have the condition. "Almost one in five women below the age of 25 has some impact of PMOS, compared to the global average of around 8-13 per cent," says Dr Anshumala Shukla, head, Minimally Invasive Gynaecology, at Kokilaben Dhirubhai Ambani Hospital, Mumbai, who specialises in endometriosis. PMOS and is part of WHO efforts to draw up guidelines for the former. "Part of this is because India already has very high rates of diabetes and insulin resistance. Added to that are rapid urbanisation, easy access to processed food, sedentary lifestyles and rising stress levels," she says.

Why India is seeing early PMOS

The increase in diagnoses is partly because more women are seeking help for menstrual problems. "It's no longer taboo to see a gynaecologist," says Dr Meenakshi Ahuja, principal director, Obstetrics and Gynaecology, Fortis La Femme, Delhi. But awareness has not spread evenly. Women in rural areas often remain undiagnosed for years, while mothers — who are usually the first point of support for adolescent girls — have little understanding of the condition. India's underlying metabolic profile also makes women more vulnerable. A family history of diabetes and insulin resistance increases susceptibility to PMOS. While Dr Ahuja estimates India's overall prevalence at around 10 per cent, she says rates in cities — where sedentary routines and poor sleep are more common — may range between 25 and 40 per cent.

Dr Shukla believes the younger age at diagnosis is no coincidence. "Teenagers have higher screen times, eat unhealthy food and don't exercise regularly. Those with a genetic tendency start showing symptoms soon after they begin menstruating," she says. Then there is smoking, common among women in their 20s. This raises levels of free testosterone in the blood that manifests as acne, excess facial hair and hair loss. Smoking increases fasting insulin levels, worsening insulin resistance. This can lead to rapid weight gain and a higher risk of developing Type 2 diabetes. Smoking further triggers body inflammation and reduces your ovarian reserve (the number and quality of your eggs) by almost 20 per cent.

What are its symptoms?

Irregular periods remain the symptom that prompts most women to seek medical help but doctors say they are only one part of the picture. They look for irregular or delayed menstrual cycles caused by lack of ovulation, signs of excess male hormones such as facial hair or male-pattern hair loss, ultrasound evidence of enlarged ovaries with multiple follicles, and hormonal abnormalities in blood tests, including elevated Anti-Müllerian Hormone (AMH) levels, the last measuring the number of small, early-stage egg follicles in the ovaries. In women with PCOS, this follicle count is often very high.

The syndrome can also trigger weight gain, infertility, insulin resistance, sleep disturbances, anxiety and depression. For Nakshatra Borgaonkar, the diagnosis came at 14. When her periods finally began, they came only once before disappearing for another five months. A scan confirmed PMOS. A decade later, she says the diagnosis itself was not the hardest part. "Nobody really explained what was happening to my body. I was simply told to stop eating junk food and eat small meals, an advice that pushed me towards years of unhealthy eating habits," she says. She describes herself as having spent years on the eating disorder spectrum, fuelled by emotional eating linked to hormonal changes she barely understood.

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For Tahera, 23, it was only after beginning treatment that she realised excessive body hair and persistent acne were symptoms of PMOS. Once prescribed oral contraceptive pills, she noticed her skin clearing and body hair reducing. Dr Shukla says these emotional consequences are common. "High testosterone levels can lead to weight gain, which causes anxiety and depression," she says. Irregular periods themselves also contribute to anxiety. Stress worsens the condition by increasing cortisol, which increases insulin resistance, which in turn worsens PMOS. Poor sleep compounds the problem. "You can't sleep at 3 or 4 in the morning and wake up at 11. That disrupts the body's circadian rhythm," says Dr Shukla.

Not just about losing weight

For years, PMOS treatment has been reduced to a familiar refrain: lose weight. "But it has more to do with hormonal imbalance and insulin resistance," says Ritika Samaddar, regional head, Clinical Nutrition and Dietetics, Max Healthcare. "If you don't address hormonal imbalance, any weight loss is likely to be temporary." That means focusing less on eating less and more on eating better. "The quality of food becomes more important than simply cutting down the quantity. Protein and fibre are gradually increased over several weeks before patients are advised what to cut back on. Blanket denials backfire and leave young women feeling guilty rather than empowered," she says.

Dr Shukla agrees that lifestyle is the cornerstone of treatment. "You may have a genetic tendency for PMOS because of your family history," she says. "But if your lifestyle involves processed food, excess carbohydrates, little exercise and poor sleep, those genes begin to express themselves." Exercise, she adds, should not be viewed as a temporary fix for weight loss but as a long-term part of managing insulin resistance.

That is reflected in patient experiences, too. Rachita Jain noticed her symptoms amplify after the birth of her second child. "I was completely occupied with the children and stopped taking care of myself and routines. Weight gain, bloating and swelling came first. Missed periods followed. I was diagnosed with PMOS at 34," she says. Exercise and diet changed that. Anushka noticed something similar. During college, her daily four-kilometre walk kept her menstrual cycles relatively regular. During holidays, when that routine disappeared, the irregularity often returned.

Medication also has a role but experts caution against the widespread misconception that everyone needs birth control pills. "They are recommended only for certain patients," says Dr Shukla. Women with highly irregular periods and significantly elevated male hormones may benefit from oral contraceptive pills, while others can be managed with medicines that improve insulin resistance or help regulate menstrual cycles.

The cost of living with PMOS

Managing PMOS is not just emotionally demanding; it can be financially draining. Anushka has undergone six ultrasounds since her diagnosis at 16, many of them because she moved cities. Whether so many scans are medically necessary is itself debatable. PMOS cysts are functional, explains Dr Ahuja. They form and disappear as part of the menstrual cycle and generally do not require repeated imaging once a diagnosis has been established. "The patient's symptoms and menstrual cycle are much better indicators of how treatment is progressing," she adds. A follow-up scan may be useful to confirm that ovarian size has normalised, but routine repeat imaging is avoidable.

What is needed are routine screening of adolescent girls, simple hormone and androgen tests and early diagnosis long before the condition worsens. "I wish we were informed and vocal about it," says Anushka.

history of diabetes and insulin resistance in- turbances, anxiety and depression. For Nak- better. The quality of food becomes more

Indian Express

• DECODING A STUDY

Air pollution may be quietly damaging your kidneys

A study of over 12,000 Indians found that long-term exposure to PM2.5 was linked to poor kidney function

Anonna Dutt

NOT JUST your lungs, high levels of air pollution may be damaging your kidneys too. Researchers found that increase in exposure to PM2.5 was linked to reduced filtration efficiency of the kidneys, according to a study that followed over 12,000 people for six to ten years. The findings were recently published in the journal *Kidney International Reports*. This decline was evident even when the researchers controlled other risk factors like diabetes and hypertension.

"This is part of an ongoing series of studies on the impact of air pollution on different diseases. So far, we have shown an association with higher air pollution levels and increased risk of hypertension, diabetes and dyslipidemia (high levels of blood fats like cholesterol and triglycerides). Now, we have shown that pollutants impact kidney function as well. The association remained consistent even after controlling other factors, meaning the impact of air pollution on kidneys is not through the increases in diabetes and hypertension, but independently as well," says Dr V Mohan, one of the authors of the study and chairperson of Dr Mohan's Diabetes Specialties Centre, Chennai.

The participants were from Delhi and Chennai — two cities with very different levels of ambient air pollution. "The findings show that long-term exposure to fine air pollution may gradually reduce kidney function even in younger adults who do not already have chronic kidney disease (CKD)," adds Dr Mohan.

The PM2.5 levels in Delhi were much higher than Chennai during all three hospital visits by the participants during the study. The baseline PM2.5 level in Chennai stood at 33 mg/m3 and in Delhi 118 mg/m3. The levels stood at 37mg/m3 and 30 mg/m3 for Chennai during the subsequent visits and 123 mg/m3 and 130 mg/m3 for Delhi.

GETTY IMAGES

PM2.5 triggers systemic inflammation which damages cells and blood vessels

The doctors measured the estimated glomerular filtration rates (eGFR) — used to check the health of the kidney — and found it to be 112 mL/min/1.73 m2 for Chennai residents and 106.4 for Delhi residents. While both values are considered to be normal, people in Delhi were already starting with lower reserves. The decline was also sharper. The study found that every 5 mg/m3 increase in annual average PM2.5 levels led to a decline of kidney function by 0.42 in Delhi residents and 0.32 in Chennai residents.

"There could be as much as four per cent decline in a year. Kidney function goes down with age but if you start with lower reserves, the damage would be quicker," says Dr Dorairaj Prabhakaran, one of the authors and executive director of Centre for Chronic Disease Control. PM2.5 triggers systemic inflammation, oxidative stress that damages cells and blood vessels. The small particles directly enter the blood and then travel to the kidneys.

New Delhi

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सतर्क रहें! बदलते मौसम में स्वाइन फ्लू का संक्रमण फैल रहा

नई दिल्ली, प्रमुख संवाददाता।
दिल्ली में फ्लू (इन्फ्लूएंजा) का संक्रमण फैल रहा है। इस वजह से अस्पतालों में फ्लू के मरीज भी इलाज के लिए पहुंच भी रहे हैं। डॉक्टर बताते हैं कि सामान्य फ्लू में भी इस बार स्वाइन फ्लू (एच1एन1) का संक्रमण अधिक देखा जा रहा है।

स्वाइन फ्लू के कारण फेफड़े में संक्रमण और सांस की परेशानी होने से कुछ मरीजों को अस्पतालों में भर्ती करने की भी जरूरत पड़ रही है। अस्पतालों में कोरोना के भी कुछ मामले आए हैं। ऐसे में डॉक्टर लोगों को सतर्क रहने और बाहर निकलने पर मास्क का इस्तेमाल करने की सलाह दे रहे हैं। डॉक्टरों का कहना है कि बच्चों, बुजुर्गों, गर्भवती महिलाओं और पहले से मधुमेह, हाइपरटेंशन, किडनी की बीमारी, हृदय रोग, अस्थमा, कैंसर सहित अन्य बीमारियों से पीड़ित मरीजों को अधिक सतर्क रहने की जरूरत है।

आकाश अस्पताल के पल्मोनरी मेडिसिन के विशेषज्ञ डॉ. अक्षय बुधराजा ने बताया कि जुलाई के दूसरे सप्ताह में वर्षा होने के बाद मौसम में बदलाव हुआ। देखा जा रहा है कि बारिश के बाद अस्पताल में इन्फ्लूएंजा ए के मरीज अधिक आने लगे हैं। खांसी, जुकाम, गले में दर्द, बुखार से पीड़ित ज्यादातर लोग इन दिनों इन्फ्लूएंजा से पीड़ित पाए जा रहे हैं।

इसमें स्वाइन फ्लू का संक्रमण करीब 50 फीसदी मामलों में पाया जा रहा है। इसके अलावा एच3एन2 के करीब 25 फीसदी मामले भी आ रहे हैं। बचे मामले इन्फ्लूएंजा बी के देखे जा रहे हैं। स्वाइन फ्लू के तीन-चार मरीज भर्ती भी हुए हैं। सभी 50 वर्ष से अधिक उम्र के हैं। कोरोना का भी एक मरीज भर्ती हुआ है।

शालीमार बाग स्थित फोर्टिस अस्पताल के पल्मोनरी मेडिसिन के विशेषज्ञ डॉ. विकास मौर्या ने बताया कि ओपीडी में स्वाइन फ्लू के लक्षण के साथ कई मरीज पहुंच रहे हैं। अभी तीन मरीजों को फेफड़े तक संक्रमण पहुंचने के कारण भर्ती करना पड़ा था। एक मरीज अब भी भर्ती है। गंगाराम अस्पताल के चेस्ट मेडिसिन के विशेषज्ञ डॉ. बॉबी भालोत्रा ने बताया कि फ्लू के ज्यादातर मरीजों को अस्पताल में भर्ती करने की जरूरत नहीं पड़ रही है। तीन-चार दिन में ठीक हो रहे हैं।

50
फीसदी के करीब वायरल बुखार के मरीज स्वाइन फ्लू से पीड़ित मिल रहे

- अस्पतालों में पहुंच रहे हैं मरीज, कुछ को भर्ती करने की भी पड़ रही है जरूरत

एक जैसे होते हैं स्वाइन फ्लू और कोरोना के लक्षण

अपोलो अस्पताल के इंटरनल मेडिसिन के विशेषज्ञ डॉ. सुरनजीत चटर्जी ने बताया कि अभी वायरल बुखार से पीड़ित ज्यादातर लोगों में स्वाइन फ्लू का संक्रमण पाया जा रहा है। कोरोना के भी मरीज आए हैं पर घबराने की बात नहीं है। दोनों बीमारियों में खांसी, जुकाम, सिर दर्द, बुखार, पेट दर्द व उल्टी दस्त जैसी समस्या होती है और समस्या बढ़ने पर सांस लेने में परेशानी होती है।

बचाव के लिए ये करें

- वायरल, खांसी होने पर तीन दिन अलग कमरे में आइसोलेशन में रहें।
- घर में बच्चे, बुजुर्ग व पुरानी बीमारियों से पीड़ित लोग हों तो बुखार खांसी होने पर उनके पास जाने से बचें।
- नियमित अंतराल पर हाथ धोते रहें, पर्याप्त पानी पिएं और पौष्टिक आहार लें।
- खांसी जुकाम अधिक हो तो भाप लें।
- भीड़ में जाने से बचें, बाहर मास्क पहनकर जाएं।

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सतर्क रहें! बदलते मौसम में स्वाइन फ्लू का संक्रमण फैल रहा

नई दिल्ली, प्रमुख संवाददाता।

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स्वाइन फ्लू के कारण फेफड़े में संक्रमण और सांस की परेशानी होने से कुछ मरीजों को अस्पतालों में भर्ती करने की भी जरूरत पड़ रही है। अस्पतालों में कोरोना के भी कुछ मामले आए हैं। ऐसे में डॉक्टर लोगों को सतर्क रहने और बाहर निकलने पर मास्क का इस्तेमाल करने की सलाह दे रहे हैं। डॉक्टरों का कहना है कि बच्चों, बुजुर्गों, गर्भवती महिलाओं और पहले से मधुमेह, हाइपरटेंशन, किडनी की बीमारी, हृदय रोग, अस्थमा, कैंसर सहित अन्य बीमारियों से पीड़ित मरीजों को अधिक सतर्क रहने की जरूरत है।

आकाश अस्पताल के पल्मोनरी मेडिसिन के विशेषज्ञ डॉ. अक्षय बुधराजा ने बताया कि जुलाई के दूसरे सप्ताह में वर्षा होने के बाद मौसम में बदलाव हुआ। देखा जा रहा है कि बारिश के बाद अस्पताल में इन्फ्लूएंजा ए के मरीज अधिक आने लगे हैं। खांसी, जुकाम, गले में दर्द, बुखार से पीड़ित ज्यादातर लोग इन दिनों इन्फ्लूएंजा से पीड़ित पाए जा रहे हैं।

इसमें स्वाइन फ्लू का संक्रमण करीब 50 फीसदी मामलों में पाया जा रहा है। इसके अलावा एच3एन2 के करीब 25 फीसदी मामले भी आ रहे हैं। बच्चे मामले इन्फ्लूएंजा बी के देखे जा रहे हैं। स्वाइन फ्लू के तीन-चार मरीज भर्ती भी हुए हैं। सभी 50 वर्ष से अधिक उम्र के हैं। कोरोना का भी एक मरीज भर्ती हुआ है।

शालीमार बाग स्थित फोर्टिस अस्पताल के पल्मोनरी मेडिसिन के विशेषज्ञ डॉ. विकास मौर्या ने बताया कि ओपीडी में स्वाइन फ्लू के लक्षण के साथ कई मरीज पहुंच रहे हैं। अभी तीन मरीजों को फेफड़े तक संक्रमण पहुंचने के कारण भर्ती करना पड़ा था। एक मरीज अब भी भर्ती है। गंगाराम अस्पताल के चेस्ट मेडिसिन के विशेषज्ञ डॉ. बॉबी भाल्लोत्रा ने बताया कि फ्लू के ज्यादातर मरीजों को अस्पताल में भर्ती करने की जरूरत नहीं पड़ रही है। तीन-चार दिन में ठीक हो रहे हैं।

50 फीसदी के करीब वायरल बुखार के मरीज स्वाइन फ्लू से पीड़ित मिल रहे

- अस्पतालों में पहुंच रहे हैं मरीज, कुछ को भर्ती करने की भी पड़ रही है जरूरत

एक जैसे होते हैं स्वाइन फ्लू और कोरोना के लक्षण

अपोलो अस्पताल के इंटरनल मेडिसिन के विशेषज्ञ डॉ. सुरनजीत चटर्जी ने बताया कि अभी वायरल बुखार से पीड़ित ज्यादातर लोगों में स्वाइन फ्लू का संक्रमण पाया जा रहा है। कोरोना के भी मरीज आए हैं पर घबराने की बात नहीं है। दोनों बीमारियों में खांसी, जुकाम, सिर दर्द, बुखार, पेट दर्द व उल्टी दस्त जैसी समस्या होती है और समस्या बढ़ने पर सांस लेने में परेशानी होती है।

बचाव के लिए ये करें

- वायरल, खांसी होने पर तीन दिन अलग कमरे में आइसोलेशन में रहें।
- घर में बच्चे, बुजुर्ग व पुरानी बीमारियों से पीड़ित लोग हों तो बुखार खांसी होने पर उनके पास जाने से बचें।
- नियमित अंतराल पर हाथ धोते रहें, पर्याप्त पानी पिएं और पौष्टिक आहार लें।
- खांसी जुकाम अधिक हो तो भाप लें।
- भीड़ में जाने से बचें, बाहर मास्क पहनकर जाएं।

ब्लड प्रेशर की नकली दवा आपूर्ति करने वाले दबोचे

गुरुग्राम, संवाददाता। गुरुग्राम में ब्लड प्रेशर की नकली दवा की आपूर्ति करने वाले गिरोह का औषधि नियंत्रण विभाग ने रविवार को पर्दाफाश किया। विभाग ने नकली दवाओं के साथ दो आरोपियों को गिरफ्तार किया।

अधिकारियों ने बताया कि विभाग को सूचना मिली थी कि जिले की कुछ दवा दुकानों पर बीपी की नकली दवा बेची जा रही हैं। टीम गठित कर दुकानों में छापेमारी शुरू कर नकली दवाओं की खेप जब्त की। दवाओं पर बैच नंबर 05251007A अंकित था। इस दवा का नाम टेल्मा एम था और पैकेट पर निर्माता के रूप में हिमाचल प्रदेश स्थित कंपनी का नाम दर्ज था। संबंधित कंपनी ने भी इन दवाओं को नकली करार दिया।

छापेमारी के दौरान दिल्ली के राजौरी गार्डन निवासी आपूर्तिकर्ता सुब्रत द्विवेदी को शनिवार को गुरुग्राम से गिरफ्तार किया। पूछताछ में नकली दवाओं के मुख्य आपूर्तिकर्ता पटना निवासी जुबैर का पता चला, उसे दिल्ली पुलिस की मदद से मुरादाबाद से गिरफ्तार किया।

दैनिक जागरण

बीपी की नकली दवा बेचने वाले गिरोह का पर्दाफाश, दो थोक कारोबारी गिरफ्तार

एफडीए टीम ने दिल्ली और मुरादाबाद में की गई कार्रवाई

जागरण संवाददाता, गुरुग्राम: रक्तचाप (बीपी) की नकली दवा के कारोबार में शामिल एक अंतरराज्यीय गिरोह का खाद्य एवं औषधि प्रशासन (एफडीए) टीम ने पर्दाफाश किया है। गुरुग्राम के सुभाष नगर में नकली दवा की खेप पकड़ी गई। उसके बाद एफडीए टीम ने जांच करते हुए दिल्ली और मुरादाबाद से जुड़े दो थोक दवा कारोबारियों को गिरफ्तार किया है।

मामले की शुरुआत गुरुग्राम के सेक्टर-37 स्थित एक दवा विक्रेता के यहां संदिग्ध बीपी की दवा मिलने से हुई। यह दवा सुभाष नगर स्थित एक थोक दवा विक्रेता के माध्यम से पहुंची थी। इसके बाद एफडीए की टीम ने छापेमारी कर संदिग्ध दवा का स्टाक जब्त कर जांच शुरू की। वरिष्ठ औषधि नियंत्रण अधिकारी गुरचरण सिंह के नेतृत्व में औषधि नियंत्रण अधिकारियों अमनदीप चौहान, डा. सुरेश कुमार और मुकेश कुमार की टीम ने जांच को आगे बढ़ाया। कार्रवाई के दौरान टेल्मा-एएम नाम से बिक रही रक्तचाप की दवा का संदिग्ध स्टाक बरामद हुआ। यह दवा टेलिमसार्टन 40 मिलीग्राम और एम्लोडिपिन पांच मिलीग्राम का संयोजन है। बरामद दवा पर बैच नंबर 0525100ए अंकित था और निर्माता के रूप में ग्लेनमार्क का नाम दर्ज था। कंपनी से सत्यापन कराने पर पता चला कि यह बैच उनकी इकाई में कभी तैयार ही नहीं किया गया।

जांच के आधार पर एफडीए ने दिल्ली के घिटोरनी के सुव्रत द्विवेदी को गिरफ्तार किया, जो ओखला फेज-2 स्थित श्री बालाजी फार्मापोरियम का पार्टनर है। पूछताछ में सामने आया कि उसकी फर्म को मुरादाबाद के एक कारोबारी से नकली दवा की आपूर्ति हुई थी। इसके बाद टीम ने मुरादाबाद के शेखपुर थाना क्षेत्र के नौशाना गांव में दबिश देकर दवा व्यापारी जुबैर को भी गिरफ्तार कर लिया।

एफडीए टीम की गिरफ्त में आरोपित दवा कारोबारी • सौ. जागरण

नकली दवाओं की बिक्री सीधे मरीजों के जीवन से खिलवाड़ है। मामले की जांच जारी है और रैकेट से जुड़े सभी लोगों के खिलाफ कानून के तहत सख्त कार्रवाई की जाएगी। प्रदेश में नकली दवाओं की बिक्री पर रोक लगाने के लिए चलाए जा रहे विशेष अभियान के तहत यह कार्रवाई की गई है।
-डा. सुरेश कुमार, औषधि नियंत्रण अधिकारी, गुरुग्राम

प्रमुख कार्रवाई

- मई 2026 : दिल्ली के मुखर्जी नगर से लगभग छह करोड़ रुपये की नकली जीवनरक्षक दवा बरामद
- अप्रैल 2026 : भगीरथ पैलेस से मधुमेह और रक्तचाप की नकली दवाओं के नेटवर्क का पर्दाफाश
- दिसंबर 2025 : गाजियाबाद में 2.3 करोड़ रुपये के नकली औषधीय उत्पाद बरामद, इन्हें दिल्ली में बेचा जाता था
- अगस्त 2025 : मुरादाबाद से जुड़े मामले में 1.10 लाख से अधिक संदिग्ध टैबलेट जब्त

नकली दवाओं के धंधे में फिर आया दिल्ली का नाम

जासं, नई दिल्ली: पिछले दो वर्षों के दौरान दिल्ली से नकली और अधोमानक दवाओं के कई नेटवर्क पकड़े गए हैं। इन मामलों में नकली इंसुलिन, रेबीज वैक्सीन, कैंसर, मधुमेह और रक्तचाप की दवाओं की बरामदगी हो चुकी है। कई मामलों में करोड़ों रुपये की दवाएं जब्त हुईं और आरोपितों को गिरफ्तार किया गया। इसके बावजूद नकली दवाओं का नेटवर्क पूरी तरह समाप्त नहीं हो सका है। जांच एजेंसियों का मानना है कि राजधानी का थोक दवा कारोबार उत्तर प्रदेश, हरियाणा, राजस्थान, उत्तराखंड, बिहार व पूर्वोत्तर राज्यों को दवाओं की आपूर्ति करता है। यही वजह है कि किसी राज्य में पकड़ी गई संदिग्ध दवा की जांच अक्सर दिल्ली तक पहुंच जाती है। ताजा मामला भी इसी पैटर्न की ओर इशारा करता है।

पैकिंग पर एक छोटी सी गलती से मिला सुराग

दक्ष त्रिवेदी • जागरण

गुरुग्राम: बीपी की नकली दवा के मामले में गुरुग्राम की एफडीए टीम की जांच में कई चौंकाने वाली बातें सामने आई हैं। जांच में सामने आया है कि फर्जी खरीद बिलों के सहारे 1700 स्ट्रिप नकली दवा बाजार में भेजी गई, जबकि अब तक केवल 178 स्ट्रिप ही बरामद हो सकी हैं। जिला ड्रग कंट्रोलर सुरेश वर्मा ने बताया कि नकली दवा का सबसे महत्वपूर्ण सुराग दवा के रैपर पर लिखे 'थिकित्सक' संबंधी निर्देश में मिला। जहां असली पैक पर 'पी' अक्षर बड़े रूप में छपा था,

एफडीए टीम द्वारा जब्त की गई बीपी की नकली दवा • सौ. जागरण

वहीं नकली पैक पर वही छोटे आकार में छापा गया था। देखने में मामूली लगने वाली यही गलती नकली दवा की पहचान का सबसे बड़ा आधार बनी। इसके बाद मामले की पुष्टि दवा निर्माता कंपनी ग्लेनमार्क फार्मास्यूटिकल्स की वास्तविकता सत्यापन रिपोर्ट से भी हुई। रिपोर्ट में बाजार से मिले नमूने और कंपनी के सुरक्षित नमूने की तुलना के दौरान पैकिंग, छपाई, वाटरमार्क, चेतावनी संदेश और अन्य विवरणों में कई अंतर पाए गए।

ऐसे पहचानें नकली दवा: नकली दवा की पहचान केवल रंग या आकार देखकर करना आसान नहीं होता, लेकिन कुछ बातों पर ध्यान देकर जोखिम कम किया जा सकता है। दवा खरीदते समय हमेशा बिल लें और लाइसेंसधारी मेडिकल स्टोर से ही दवा खरीदें। पैकिंग पर छपाई धुंधली, फांट अलग, बर्तनी की गलती या लोगो में बदलाव दिखे तो सतर्क हो जाएं।

57,000 से अधिक हो गई। हुई। मंदिर में स्थापित प्राचीन

दैनिक जागरण

टाइप 2 डायबिटीज वाले लोगों को गंभीर डेंगू का अधिक खतरा

तिरुअनंतपुरम, प्रेट्र: टाइप 2 डायबिटीज से पीड़ित लोगों में डेंगू की गंभीर व जानलेवा जटिलताओं का खतरा सामान्य लोगों की तुलना में अधिक होता है। शोध पत्र में यह दावा किया गया है।

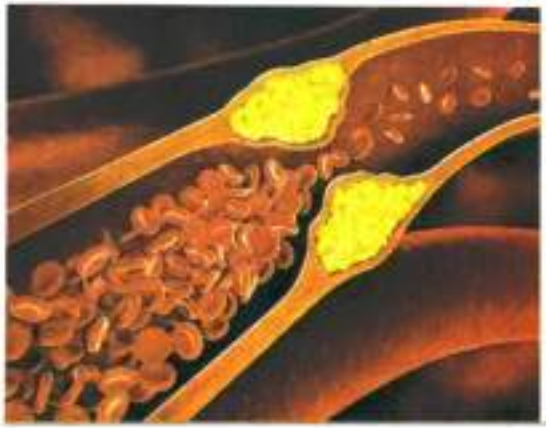
इंटरनेशनल जर्नल आफ डायबिटीज एंड टेक्नोलाजी में प्रकाशित होने वाले इस शोध पत्र में सुझाव दिया गया है कि डायबिटीज के रूटीन इलाज में डेंगू का टीकाकरण भी शामिल किया जाए। इससे अधिक जोखिम वाले लोगों में गंभीर स्थिति और अस्पताल में भर्ती होने की नौबत को कम करने में मदद मिल सकती है। रविवार को इस शोधपत्र के परिणाम मीडिया के साथ साझा किए गए। टाइप 2 डायबिटीज ऐसी स्थिति है जिसमें शरीर इंसुलिन का सही ढंग से उपयोग नहीं कर पाता है। इससे खून में शर्करा (शुगर) का स्तर बढ़ जाता है। डायबिटीज विशेषज्ञ डा. ज्योतिदेव केशवदेव के नेतृत्व में तैयार शोधपत्र को देशभर के कई प्रमुख डायबिटीज विशेषज्ञों और इंटरनेशनल डायबिटीज फेडरेशन, यूरोप की निर्वाचित अध्यक्ष डा. नीति पाल ने मिलकर लिखा है। विशेषज्ञों के अनुसार, लगातार अधिक ब्लड शुगर से शरीर की प्रतिरक्षा प्रणाली (इम्यून सिस्टम) कमजोर हो जाती है और रक्त वाहिकाओं को नुकसान पहुंचता है, जिससे डायबिटीज के मरीजों में गंभीर डेंगू संक्रमण का खतरा बढ़ जाता है। ऐसे में शरीर की सूजन बढ़ाने वाले साइटोकाइन्स का स्तर बढ़ जाता है, जिससे वायरस से लड़ने की क्षमता घटती है। डेंगू बुखार, रक्तस्राव व गंभीर मामलों में डेंगू शाक सिंड्रोम हो सकता है। डेंगू शाक जानलेवा स्थिति है जिसमें ब्लड प्रेशर तेजी से गिर जाता है।

दैनिक जागरण

आइसीएमआर की रिपोर्ट, 10 में से नौ भारतीयों में असामान्य कोलेस्ट्राल का खतरा

जागरण ब्यूज नेटवर्क, नई दिल्ली: देश में कोलेस्ट्राल की समस्या तेजी से गंभीर होती जा रही है। भारतीय चिकित्सा अनुसंधान परिषद (आइसीएमआर) के राष्ट्रीय अध्ययन के अनुसार, करीब 87.3 प्रतिशत भारतीय वयस्क असामान्य लिपिड स्तर (डिसलिपिडमिया) से प्रभावित हैं। यानी औसतन 10 में से नौ लोगों में खराब कोलेस्ट्राल की समस्या मौजूद है। खास बात यह है कि इनमें बड़ी संख्या ऐसे लोगों की है जो देखने में पूरी तरह स्वस्थ हैं और उन्हें न मोटापा है, न डायबिटीज और न ही उच्च रक्तचाप।

- स्वस्थ दिखने वाले लोग हो सकते हैं डिसलिपिडमिया के शिकार
- समय पर जांच और जीवनशैली में बदलाव से घट सकता है हृदय रोगों का जोखिम



आइसीएमआर-इंडियाबी के राष्ट्रीय अध्ययन का निष्कर्ष

23,665 वयस्कों पर किया गया अध्ययन

87.3% भारतीय वयस्क पाए गए असामान्य कोलेस्ट्राल से ग्रस्त

66.8% में निम्न एचडीएल (अच्छा कोलेस्ट्राल) की समस्या

49.4% में पाया गया उच्च एलडीएल (खराब कोलेस्ट्राल)

29.5% में उच्च ट्राइग्लिसराइड की समस्या

22.1% में उच्च कुल कोलेस्ट्राल का स्तर पाया गया

आइसीएमआर-इंडियाबी अध्ययन के अनुसार, अस्वास्थ्यकर खानपान और बदलती जीवनशैली इस समस्या की सबसे बड़ी वजह बनकर उभरे हैं। विशेषज्ञों का कहना है कि हृदय रोग केवल आनुवंशिक कारणों से नहीं होते, बल्कि हमारी रोजमर्रा की आदतें भी इसके लिए समान रूप से जिम्मेदार हैं। संतुलित भोजन, नियमित व्यायाम, वजन नियंत्रित रखना और तंबाकू से दूरी बनाकर इस खतरे को काफी हद तक कम किया जा सकता है।

अध्ययन में पाया गया कि डिसलिपिडमिया का सबसे बड़ा कारण शरीर में एचडीएल (अच्छे कोलेस्ट्राल) का कम होना और ट्राइग्लिसराइड का बढ़ना है। एचडीएल धमनियों से खराब वसा को बाहर निकालने में मदद करता है। इसके कम होने से धमनियों में वसा जमा होने लगती है, जिससे हार्ट अटैक, स्ट्रोक और अन्य हृदय रोगों का खतरा बढ़ जाता है। साथ ही इंसुलिन रेजिस्टेंस का जोखिम भी बढ़ता है। विशेषज्ञों के अनुसार, भारतीय भोजन में कार्बोहाइड्रेट की अधिक मात्रा लोगों को स्वाभाविक रूप से इस समस्या के प्रति अधिक संवेदनशील बनाती है। हालांकि, समय रहते जीवनशैली में सुधार कर इसे नियंत्रित किया जा सकता है। अध्ययन के तहत सभी राज्यों और केंद्रशासित प्रदेशों के 23,665 लोगों की लिपिड प्रोफाइल का विश्लेषण किया गया। डायबिटीज विशेषज्ञ और इस अध्ययन के लेखकों में से एक, डा. आरएम अंजना ने कहा, "असामान्य लिपिड अब ज्यादातर भारतीय वयस्कों में यह आम बात हो गई है, और अक्सर इसकी शुरुआत 30 की उम्र में ही हो जाती है।" रिपोर्ट के अनुसार, 30 से 39 वर्ष आयु वर्ग के लोगों में डिसलिपिडमिया का जोखिम सबसे अधिक पाया गया। यह जीवन का सबसे उत्पादक दौर माना जाता है, लेकिन इसी समय शरीर के मेटाबोलिज्म में अस्वास्थ्यकर बदलाव भी तेजी से शुरू हो जाते हैं। महिलाओं, विशेषकर शहरी महिलाओं में, यह खतरा ग्रामीण महिलाओं की तुलना में अधिक देखा गया।

विशेषज्ञों का कहना है कि प्रोसेस्ड फूड का बढ़ता चलन, लंबे समय तक बैठे रहकर काम करना और शारीरिक गतिविधियों में कमी इस स्थिति को और गंभीर बना रहे हैं। उनका मानना है कि केवल डायबिटीज, मोटापा या हाई ब्लड प्रेशर होने पर ही कोलेस्ट्राल जांच कराने की मौजूदा रणनीति पर्याप्त नहीं है।

बड़े स्तर पर लिपिड स्क्रीनिंग, समय पर जोखिम की पहचान और जीवनशैली में बदलाव के जरिए भविष्य में हार्ट अटैक और स्ट्रोक के मामलों को काफी हद तक रोका जा सकता है।

स्वास्थ्य तथा शांति की कामना की। श्रद्धालु शामिल हुए।

दैनिक जागरण

चाचा नेहरू अस्पताल में अब हो सकेगी नवजातों की हार्ट सर्जरी

जागरण संवाददाता, पूर्वी दिल्ली: यमुनापार के हजारों परिवारों के लिए बड़ी राहत की खबर है। चाचा नेहरू बाल चिकित्सालय (सीएनबीसी) जल्द ही यमुनापार का पहला सरकारी अस्पताल बन जाएगा, जहां नवजात शिशुओं की हार्ट सर्जरी की सुविधा उपलब्ध होगी। अभी तक इस तरह की जटिल सर्जरी के लिए मरीजों को एम्स, सफदरजंग, जीबी पंत या निजी अस्पतालों में जाना पड़ता था, लेकिन नई सुविधा शुरू होने के बाद इलाज यमुनापार में ही संभव हो सकेगा।

गीता कालोनी स्थित चाचा नेहरू बाल चिकित्सालय • जागरण

- यमुनापार में इस तरह की सुविधा देने वाला यह पहला सरकारी अस्पताल बनेगा
- अस्पताल में तैयारियां अंतिम चरण में, हजारों परिवारों को मिलेगा बड़ा लाभ

अस्पताल प्रशासन के अनुसार कार्डियक सर्जरी यूनिट का निर्माण कार्य लगभग पूरा हो चुका है। अत्याधुनिक आपरेशन थिएटर, पीडियाट्रिक कार्डियक आइसीयू, वेंटिलेटर और अन्य जरूरी चिकित्सा उपकरण लगाए जा रहे हैं। विशेषज्ञ डाक्टरों और तकनीकी कर्मचारियों की नियुक्ति के बाद यूनिट को शुरू कर दिया जाएगा। डाक्टरों के अनुसार जन्मजात हृदय रोग से पीड़ित कई नवजात बच्चों के लिए जन्म के कुछ घंटे और शुरुआती दिन बेहद महत्वपूर्ण होते हैं। समय पर सर्जरी नहीं होने पर उनकी जान तक खतरे में पड़ सकती है। ऐसे मामलों में रेफरल और अस्पताल बदलने में लगने वाला समय कई बार इलाज में बाधा बन जाता है। चाचा नेहरू अस्पताल में यह सुविधा शुरू होने से मरीजों को समय पर उपचार मिलेगा। इस अस्पताल में सिर्फ यमुनापार ही नहीं गाजियाबाद, नोएडा, ग्रेटर नोएडा, बागपत और पश्चिमी उत्तर प्रदेश के कई जिलों से मरीज आते हैं। अस्पताल प्रशासन का कहना है कि नई यूनिट शुरू होने के बाद बच्चों में जन्मजात हृदय विकार, वाल्व संबंधी बीमारियों और अन्य जटिल हृदय रोगों का इलाज एक ही जगह में उपलब्ध होगा। मरीजों को अलग-अलग अस्पतालों में रेफर करने की आवश्यकता काफी हद तक समाप्त हो जाएगी।

सावधान...पांच एंटीबायोटिक-एंटीफंगल दवाओं से लीवर और किडनी को हो रहा गंभीर नुकसान

दवा कंपनियों को पैकेज में नए गंभीर दुष्प्रभाव जोड़ने के सीडीएससीओ ने दिए निर्देश

हिमांशु अरविंद मिश्र

नई दिल्ली। एंटीबायोटिक और एंटीफंगल की पांच दवाओं के गंभीर दुष्प्रभाव सामने आए हैं। इनमें कुछ दवाओं से मरीजों में लीवर और किडनी जैसे अहम अंग प्रभावित होने का खतरा है।

केंद्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) ने इन पांचों दवाइयों को लेकर नई चेतावनी जारी की है। संगठन ने दवा कंपनियों को पांचों दवाओं के साथ इसके

दुष्प्रभाव अंकित करने के निर्देश दिए हैं। इन दवाओं में चार संक्रमणरोधी यानी एंटीबायोटिक/एंटीप्रोटोजोअल और एक एंटीफंगल दवा शामिल है। सीडीएससीओ ने सभी राज्यों और केंद्र शासित प्रदेशों के औषधि नियंत्रकों से कहा है कि वे अपने यहां दवा बनाने वाली कंपनियों से इन निर्देशों का पालन सुनिश्चित कराएं।

इन दवाओं से चकत्ते, त्वचा रोग व जलन की समस्या

गंभीर बैक्टीरियल संक्रमण में दिए जाने वाली वैनकोमायसिन से मरीजों में ड्रेस सिंड्रोम बुखार, चकत्ते देखने को मिल रहे हैं। मुंहासे, श्वसन व अन्य संक्रमण रोगों में दी जाने वाली टेट्रासाइक्लिन दवा से त्वचा में प्रतिक्रिया की समस्या हो रही है। इसे लेने से मरीजों में बार-बार एक ही जगह चकत्ते और फफोले हो रहे हैं। यूटीआई, फेफड़ों व अन्य संक्रमण में दी जाने वाली कोट्रिमोक्साजोल से भी मरीजों में चकत्ते और फफोले देखे जा रहे हैं। पेट, आंत, दांत व अन्य संक्रमण की समस्या में आमतौर पर मरीजों को मेट्रोनिडाजोल और फंगल संक्रमण में ओरल इट्राकोनाजोल दी जाती है। इसके चलते भी मरीजों में चकत्ते, जलन, फफोले और लाल चकत्ते देखने को मिले हैं।

बगैर डॉक्टर की सलाह न करें दवा का सेवन

सीडीएससीओ ने कहा है कि ये दवाएं असुरक्षित नहीं हैं और न ही इनका इस्तेमाल बंद कर दिया गया है। बगैर चिकित्सकीय सलाह के दवा बंद या शुरू नहीं करनी चाहिए। उसके दिए निर्देशों का मकसद डॉक्टरों और मरीजों को संभावित गंभीर दुष्प्रभावों के बारे में पहले से सचेत करना है। इन दवाओं से त्वचा पर बार-बार चकत्ते, फफोले, तेज बुखार, चेहरे या शरीर में सूजन जैसे लक्षण दिखाई देने पर तुरंत डॉक्टर से संपर्क करना चाहिए।