DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE Day

Monday **20260803**

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Strong health systems for all with better public spending

The discourse on building strong public health systems tends to start with financing. Indeed, according to the World Bank, the per capita public spending on universal health coverage in low- and middle-income countries (LMICs) – including government expenditure and off-budget development assistance – is about half of the minimum benchmarks. As a share of gross domestic product (GDP), the health expenditure gap between LMICs and high-income countries narrowed from 2.05 percentage points in 2000 to 1.68 percentage points in 2023. While it may seem that LMICs are "catching up", recent World Health Organization data show that in per capita terms the gap has in fact expanded more than three-fold during this period.

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With foreign aid cuts and strained domestic budgets, the way forward may be to spend available money better

Health aid under pressure

Over the years, "development assistance for health" (DAH) has played a critical role in supplementing national budgets in LMICs with the amount of such aid peaking in 2021 during the COVID-19 pandemic. However, the trend of increasing DAH reversed sharply post the pandemic. Further, in early 2025, the United States, a country that has historically contributed over a third of all DAH globally per year, announced cuts to the tune of 67% to its foreign assistance programme. The United Kingdom, France, and Germany followed suit, with cuts of 39%, 35%, and 12%, respectively. As per the Organisation for Economic Co-operation and Development (OECD), health funding could drop by up to 60% from its 2022 peak.

At the same time, national budgets are strained due to rising public debt and its costs. Global public debt reached a record figure of $102 trillion in 2024, with developing countries accounting for $31 trillion of this total. Since 2010, the public debt of developing countries has grown twice as fast as that of advanced countries. In 2024, according to UN Trade and Development (UNCTAD), developing countries paid a record $921 billion in net interest payments in public debt leaving less for other needs including health.

With public sources drying up, it is unlikely that more money will flow into health systems anytime soon and the way forward may be to spend available money better. There are three broad ways to make public health spending go further.

The first is to spend what is allocated. The World Bank reports that health budgets in LMICs are executed at around 85%-90%, rates that are lower than that for the general budget and for education. This effectively means that there is a deprioritisation of health at the implementation stage of budgets. In India, a parliamentary panel found that only about two-thirds of the allocation for the flagship health infrastructure mission was spent in 2024-25. Within the National Health Mission (NHM), the picture is worse: just 26% of the money earmarked for communicable and non-communicable disease programmes was actually used that year.

The right health investments

The second is to spend on the right things. Budget execution varies across expenditure categories. While wages and salary budgets tend to be implemented in full, there is underspending on goods and services. As a result, workers are not well-equipped to deliver quality health care. More broadly, there is a choice to be made in terms of the tiers of health care that are prioritised in public spending. A lot of the money goes to curative care at the secondary and tertiary levels – at the cost of preventive, primary health care. According to estimates from the London School of Hygiene & Tropical Medicine, India spends less than one-fourth of public health money on preventive care.

Purely from a health impact viewpoint, public health money is best spent on classic public goods such as infectious disease control or sanitation, where there is a 'market failure' – rather than on the expansion of relatively cheap curative health services (for instance, treating common illnesses) that the private sector is already supplying competitively. Recent evidence bears this out: public health spending markedly improves infectious disease outcomes, through greater access, vaccination, and sanitation, but does far less for maternal and child health or non-communicable diseases, making a strong case for strategic allocation. As populations age, more will need to be done for chronic conditions in terms of addressing risk factors, early detection, and management.

Better governance, better health

The third is to improve governance and operational efficiency. Good governance is key: if corruption is reduced or the quality of bureaucracy improves, countries see greater positive effects of public health spending on desired health outcomes, such as child mortality. The converse also holds: simply increasing spending where governance is weak is unlikely to improve outcomes. Moreover, with the increasing decentralisation of public service delivery, it is becoming imperative to focus on improving governance at the subnational level.

Within governance, there is a crucial role for public finance management. While a well-formulated budget is a good starting point, impact will only be achieved if the budget is implemented efficiently. There is a need to improve budget credibility and cash disbursement. Involvement of public health providers in budget processes can enhance both their accountability and motivation. Improving procurement processes can help achieve greater value for money in health sector resources. As the pandemic has taught us, budgets should be flexible to respond to unforeseen circumstances.

That said, the case for enhanced spending remains: its returns are greatest precisely where health outcomes are poorest; hence, money that is well-directed can help narrow gaps across countries.

Both writers co-author 'The Cure Gap', a living literature review supported by Coefficient Giving.

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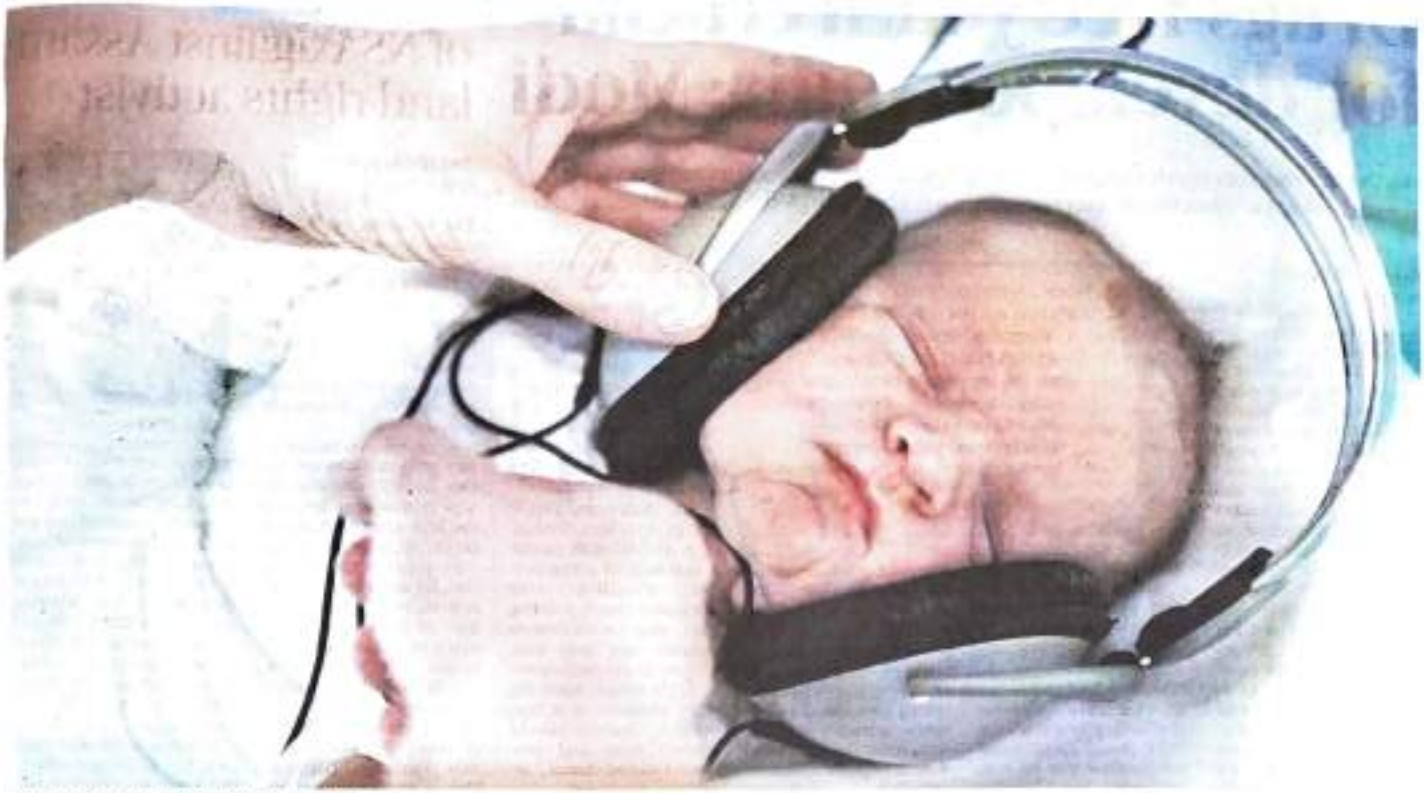

Image used for representational purposes. REUTERS

Why are people turning to social media for childbirth advice?

Social media platforms are monetising unscientific content promoting home births and free births without doctors; while many parents turn to these practices after traumatic hospital experiences, experts warn that unsafe online advice and lack of regulation can have fatal consequences

Sahana Venugopal

The story so far:

In late June, a Tamil Nadu woman, 32, died from a postpartum haemorrhage and other complications. According to the police, the woman died after a medically unassisted birth at home, where family members allegedly helped her by watching YouTube videos for guidance. She leaves behind both her newborn and an older daughter. According to the initial police reports, the couple had wanted a "natural delivery."

Around the world, more people who want to give birth at home or without doctors and surgeries are going to Reddit, Instagram, and YouTube to both give and get medical guidance. This unvetted, high-risk content could cost the lives of more parents and newborns.

Is social media promoting childbirth without doctors?

Social media companies with millions of users – Google-owned YouTube and Meta-owned Instagram – are allowing content creators to share unscientific advice, as well as make money from videos that document and promote home births with only a midwife. On Reddit, most home birthing content is text-based but still poses risks.

For example, a home birth YouTube vlog posted in November 2025 with over 146,000 views showed the mother touting a "2-HOUR PAIN FREE HOME BIRTH!" in a small pool, as well as promoting a religious birthing course and app. The mother said she gave birth at 42 weeks, and claimed she experienced a "healthy, supernatural labor". The vlog claimed that the midwife "finally got there only a few minutes before the baby's arrival" and that the family waited 90 seconds for the newborn's first breath, which is far longer than the accepted standard.

Another "natural home birth" vlog that was documenting the mother's labour ended with an emergency hospital delivery after meconium (the baby's very sticky first faeces) was detected before birth, upping the risk of potential infection should the baby inhale this via the amniotic fluid (meconium aspiration).

"Not the outcome we hoped for, but grateful to the NHS for keeping me and baby safe," stated the description of the mother's video from September that had over 420,000 views.

Multiple similar home birth vlogs contained links to online storefronts and other social media channels, or promoted products, coupon codes and affiliate links. This allows home birthers to directly profit from their content and view counts. But monetising childbirth vlogs brings up ethical concerns as birth videos include footage of the naked newborn and/or the mother in an undressed and vulnerable state.

On Instagram, several free birth influencers claim that they are going through their pregnancies without any doctors' appointments or ultrasound scans.

Other free or home birthers on Instagram recommended extending pregnancies well beyond 41 weeks (to avoid being induced at a hospital), even though such delays without medical clearance can increase the chances of a stillborn baby. Free birth influencers and even some midwives online share frightening anecdotes about patient abuse, and push the false idea that women's bodies are made to birth babies without outside help.

In Reddit's Home Birth community, forum rules ban medical advice. However, this rule is openly flouted as people often ask sensitive medical questions, with other users' answers presented as opinions or personal stories.

One pregnant user in the Reddit Home Birth community, for example, posted that they had multiple high blood pressure readings. They dismissed these readings and declined a hospital-recommended induction. Instead, they asked Reddit users about taking a specific oil. This Reddit poster also minimised the potential risks of that oil causing the baby to pass faeces (meconium) before birth.

The work of free birth influencers online has already led to fatal consequences in the offline world. Take the Free Birth Society movement – with 72,000 subscribers on YouTube and 134,000 followers on Instagram – that has been named in relation to multiple baby injuries and deaths around the world, per an investigation by *The Guardian*. The founder has continued to promote highly unscientific videos, as well as her business, on social media.

Unlike the health content shared online during the COVID-19 pandemic that came with compulsory medical disclaimers, home birthing videos on YouTube and Instagram lack formal warnings about the dangers of giving birth in one's house (home birth) or without doctors present (free birth).

Why do people choose home births or free births?

There are valid reasons why these practices still exist. Many pregnant women on forums such as Reddit have posted about traumatising birthing experiences at hospitals, such as being ignored or assaulted by healthcare professionals, being pressured into caesarean deliveries, having surgeons cut them without warning, not being given adequate pain relief, and having their bodies and babies handled roughly.

For their part, home birthers portray their deliveries as being quiet, peaceful, luxurious, and even spiritual. Edited vlogs and curated clips on social media show the birthing parents being cared for by their partners, midwives, and other children for hours on end. Many are seen seated in a pool of warm water while surrounded by soft lights, nature, prayers, soothing music, snacks, and even photographers. In multiple such videos, rushing to the hospital to be induced or undergo a C-section is often framed as a catastrophe to be avoided until the very last minute. But when such practices are normalised, hospital doctors and nurses face increased pressure; instead of a monitored delivery, they are dealing with a medical emergency.

In truth, the popularity of free birthing and home birthing can be seen as a response to the failure of hospitals to give pregnant parents the standard of care that they require. But as influencers leverage both trauma and technology in order to promote life-threatening birthing practices on social media, what viewers must really see is the dangerous absence of regulation.

SUGAR-FREE LIFE

DR V MOHAN

CHAIRMAN, DR MOHAN'S DIABETES SPECIALITIES CENTRE, CHENNAI

Why your blood sugar is linked to fatty liver, hepatitis

High blood sugar doesn't just affect your heart, kidneys and eyes. Get screened

WHEN 58-YEAR-OLD Ramesh (name changed), who had been living with Type 2 diabetes for over a decade, came for his routine diabetes review, he expected the conversation to revolve around his blood sugar levels, medication and HbA1c or the three-month average sugar count. Instead, I suggested a liver function test and asked if he had been vaccinated against Hepatitis B. He looked puzzled. "Doctor," he asked, "I have diabetes. Why are we talking about my liver?"

Most people think of diabetes as a disease that affects the heart, kidneys, eyes and nerves. Very few realise that the liver plays an equally important role in diabetes, and that looking after liver health is an essential part of managing the condition. My patient had silently developed fatty liver. People with Type 2 diabetes have a higher risk of developing liver disease, particularly fatty liver disease. If they also develop viral hepatitis, they are more likely to experience complications. Yet the liver is often overlooked during discussions about diabetes, even though it is central to the body's metabolism and blood sugar regulation. The liver stores glucose and releases it whenever the body needs energy. In people with Type 2 diabetes, insulin resistance causes extra fat to accumulate in the liver over time. Doctors now refer to this condition as metabolic dysfunction-associated steatotic liver disease (MASLD), and it is extremely common among people with diabetes.

The concern is that MASLD is usually silent in its early stages. Left unchecked, it can gradually progress to liver inflammation, scarring, cirrhosis and, in some cases, even liver cancer. This is why liver health deserves far more attention in people living with diabetes.

People with diabetes have a higher risk of Hepatitis B. Hepatitis C worsens insulin resistance and increases the chance of diabetes

Hepatitis B and C are the two viral infections we watch most closely. People with diabetes have a somewhat higher risk of Hepatitis B, particularly in settings where infection control during medical procedures or routine glucose monitoring is inadequate. Hepatitis C has a different relationship with diabetes. It actually worsens insulin resistance and can increase the likelihood of developing Type 2 diabetes. In many ways, the relationship between diabetes and hepatitis is a two-way street, with each condition influencing the other.

A damaged liver struggles to regulate blood sugar effectively, causing glucose levels to fluctuate unpredictably. In advanced liver disease, doctors may also need to adjust the doses of diabetes medications because the liver is responsible for processing many of these drugs. That is why diabetes and liver disease should never be managed in isolation. They need to be addressed together to achieve the best outcomes.

Unfortunately, fatty liver disease and chronic hepatitis rarely cause symptoms in their early stages. Most people feel perfectly well until significant liver damage has already occurred. Rather than waiting for symptoms to appear, regular check-ups and appropriate screening are the best ways to detect liver problems early, when they are most treatable.

So should you get your liver tested as part of routine diabetes care? In many cases, yes. As part of comprehensive diabetes care, your doctor may recommend liver function tests, an ultrasound examination or other specialised investigations if anything appears abnormal. If you have received blood transfusions in the past, have been exposed to unsafe injections or have a family history of hepatitis, it is also worth discussing screening specifically for hepatitis B and C with your healthcare provider.

If you have not already received the hepatitis B vaccine, I would strongly recommend discussing it with your doctor. Vaccination is one of the simplest and most effective ways to protect yourself against hepatitis B infection and the long-term liver damage it can cause. The encouraging news is that the same healthy habits that help control diabetes also protect the liver. Keeping your blood sugar under good control, staying physically active and maintaining a healthy weight all reduce stress on the liver. A balanced diet rich in vegetables, fruits, whole grains, pulses and healthy fats, while limiting sugary foods, refined carbohydrates and saturated fats, benefits both conditions. Equally important is avoiding alcohol and refraining from taking medications or herbal supplements without medical advice, as some of these can be harmful to the liver.

Tata Trusts will create institutions for healthcare, education: Chairman

The Hindu Bureau
BENGALURU

Noel Tata, Chairman of Tata Trusts, said on Sunday that the philanthropic arm of the Tata Group has decided to move beyond its traditional role of supporting non-governmental organisations and development programmes to create institutions capable of serving future generations.

Participating in a fireside chat at IIMBue 2026, an annual conclave hosted by old students of the Indian Institute of Management-Bangalore, Mr. Tata outlined the future direction of Tata Trusts, emphasising institution-building over project-based philanthropy and reaffirming a philosophy that has shaped the Tata Group for more than a century.


Noel Tata

He unveiled a new roadmap for one of India's largest philanthropic organisations, signalling a strategic shift toward building enduring institutions in healthcare and education, while calling for greater accountability in philanthropy. "The founders left their shares in the companies to the Trusts with one message: do good for India. They never said to become the biggest company. The companies exist to serve India and improve the quality of life," he said.

'Revives a legacy'

The new strategy revives a legacy that produced some of India's most respected public institutions, including the Indian Institute of Science, Tata Institute of Fundamental Research and Tata Memorial Hospital.

According to Mr. Noel, as part of this renewed focus, the trust will establish 40 to 50 not-for-profit general hospitals. The proposed hospitals will operate on a cross-subsidy model, where premium-paying patients help finance treatment for economically weaker sections without compromising the quality of doctors, medicines, or infrastructure.

Mr. Tata stated that education would be another major area of investment, describing the proposed undergraduate institution being developed in partnership with IIM Bangalore as an important beginning.

He said that philanthropy must become more accountable. Charitable organisations should move beyond broad claims of impact and instead demonstrate measurable outcomes, he said.

Drugs-free youth crucial for developed India: Modi

The PM launches nationwide campaign against drugs, says physically and mentally fit young Indians are key for 'Viksit Bharat'; over one crore participants join pledge against substance abuse

The Hindu Bureau
NEW DELHI

Prime Minister Narendra Modi on Sunday laid out a national vision for building a drugs-free youth population as the foundation of "Viksit Bharat" (developed India). Stressing the need for sustained action and community participation to combat drug abuse, he said today's youth would eventually enjoy the fruits of a developed India.

After launching the *Nasha Mukt Yuva* for Viksit Bharat *Sankalp Abhiyan* (Drug-Free Youth for Developed India Pledge Campaign), Mr. Modi said that as India has set the goal of becoming a developed country, it was essential for the youth to remain physically and mentally fit, and therefore stay away from drug abuse.

Supported by more than 125 spiritual and public organisations, educational institutions, and industrial associations, the programme was conducted at over 28,000 locations across the country and saw participation from over one crore youth, besides several Chief Ministers and Governors.

> When a young person falls into drug addiction, it is not only that individual who loses. A dream dies before it can be fulfilled. An entire family suffers and often falls apart... when this happens in families and society, the strength of the country is weakened as well. That is why hostile countries also conspire to lure our youth into drug addiction
>
> **NARENDRA MODI**
> Prime Minister

Before the Prime Minister's address, the participating youth pledged to make India drugs-free.

'Youth to lead India'

Mr. Modi said the initiative required collective action. "The pledge taken today will continue over the next 100 weeks. Every Sunday, activities related to art, culture, sports, meditation, spirituality, and service will be organised. The message of a drug-free life will reach more and more people," he said.

"Over the next 20 to 25 years, you will shape your own lives, and by 2047, it is you who will lead India to the goal of becoming a developed country. You will be the ones enjoying the fruits of that achievement," he said, addressing the youth.

Noting that young people were today excelling in start-ups, leading the field of Artificial Intelligence, setting new milestones in sports, science and space, he said the country needed their energy, imagination, and talent.

"That is why it is essential that you remain free from drugs, for both your own future and for the country... When a young person falls into drug addiction, it is not only that individual who loses. A dream dies before it can be fulfilled. An entire family suffers and often falls apart," said Mr. Modi.

"When this happens in families and society, the strength of the country is weakened as well. That is why hostile countries also conspire to lure our youth into drug addiction. Profiting from drug trafficking while weakening our country is part of their malicious agenda. Therefore, we must protect every young person from falling into the trap," he said.

Mr. Modi urged people not to hide cases of addiction and to seek professional help for young people struggling with substance abuse, pointing out that rehabilitation centres have been established to aid their recovery. "Someone who defeats addiction is a true warrior. Society should respect them and give them a second chance," he said.

The Prime Minister said the government had been taking stringent action against drug traffickers and dealers. "Compared with previous years, arrests have increased significantly. This shows how seriously our government is tackling this issue," he said., expressing confidence that the government would continue the mission with full commitment.

Focus on health care, sanitation, power restoration in flood-hit areas: Assam CM

The Hindu Bureau
GUWAHATI

Assam Chief Minister Himanta Biswa Sarma on Sunday began a tour of the State's worst flood-hit districts to assess the damage and oversee relief and rehabilitation operations.

Beginning his tour from Dibrugarh district in eastern Assam, he said the government machinery was focusing on health care, drinking water supply, power restoration, and sanitation to help the affected areas return to normal at the earliest.

Sharing data on social media, he said recurring floods affected 11.45 lakh people across 25 districts, claiming 82 human and countless animal lives between April 29 and August 1. According to the data, 63 of the 82 people who died were from Sivasagar and Charaideo districts.

"As Assam moves from relief to recovery, our work on the ground continues," Mr. Sarma said, adding that a comprehensive Statewide flood damage assessment would begin on August 9.

A girl dries her textbooks in the sun after they were salvaged from floodwaters at Santak Kenduguri in Sivasagar. ANI

Meanwhile, the State government announced a waiver of the July electricity bill for people in Charaideo and Sivasagar districts, who consumed up to 300 units of power. The government also released ₹7.63 crore from the Chief Minister's Relief Fund for uniforms for school students (up to Class 8) in Sivasagar, Charaideo, Jorhat, and Golaghat districts.

Nagaland impact

Many in Assam attributed the floods to excessive rainfall in parts of Nagaland, leading to death of nine persons in a landslide in Mon town on July 19.

Reacting to allegations, the Konyak Union said the recent floods in parts of Assam were unrelated to Nagaland. The union is an apex body of the Konyak Naga community, which dominates Mon district.

A few days ago, Sivasagar MLA Akhil Gogoi said syndicates formed by legislators and Ministers dug up a 21-km stretch in the foothills of Nagaland to extract coal and stones. "Water accumulated in the trenches and pits broke out to devastate three Assam districts," he said.

The Konyak Union refuted the claims that the Assam floods were caused by the release of water from a purported hydroelectric dam in Mon district or alleged illegal coal mining activities. Citing experts, Mr. Sarma had said rainfall of 435%-490% above normal in parts of Assam and Nagaland, along with hill catchment runoff and silt movement, hit Sivasagar, Jorhat, and Charaideo hard.

'His guitar still waits'

How a NEET aspirant's family is learning to heal

Kahaan Patel's suicide at 17 changed his family forever. Psychologists explain why parental grief doesn't end but how remembrance can become part of healing

Reva Thakkar

PHOTOS: PRASHANT PATEL

Kahaan Patel's guitar still stands in his room; Prashant Patel with his sons in happier days

THE BOOKS are gone. The biology notes, mock test papers and dog-eared textbooks that had once taken over Kahaan Patel's room now sit inside a cupboard, packed away one-and-a-half months after his death. But the guitar remains where he left it. His father, Advocate Prashant Patel, has discovered that grief follows no logic. Some things it asks you to put away. Others, it refuses to let you touch. Like the guitar.

"I was going to buy him a car when he turned 18", the 45-year-old says of his son, who took his own life at 17, unable to cope with the pressure of a re-test following a paper leak and cancellation of the NEET exam. "I had even planned a guitar stand in the car trunk so he could carry it everywhere," says Prashant. After the NEET results, he had promised himself, he would get Kahaan a customised stethoscope.

Before medicine became his singular ambition, Kahaan was simply a curious child. He built Lego models, dismantled toy aeroplanes to understand how they worked and loved trekking with his family. Later came football, the ukulele and heavy metal music. He wanted an electric guitar, but postponed buying one because the entrance examinations were too close. By Class XI, Kahaan had changed schools to prepare for the NEET exams better. For the next two years, life revolved around studies as holidays disappeared. Hobbies became rewards for a future yet to arrive.

When he finally walked out of the examination hall on May 3, that future finally seemed within reach. His friend Dhruvi says Kahaan was confident of scoring around 650 out of 720 marks and securing a seat in a government medical college. For the first time in months, he allowed himself a holiday with friends at a farmhouse near Surat. The news of the NEET paper leak broke him. Kahaan became far less certain and anxious, worried if he could get top notch scores yet again. That performance anxiety pushed him over the edge.

Naina Shahri, a psychologist who has spent over a year working on a suicide helpline and now provides trauma support to students, says overwhelming stress often changes the way people experience possibility itself. "When someone has invested years into one goal and suddenly experiences something that feels deeply unfair or beyond their control, it can create profound helplessness. Instead of believing the system has failed them, they begin believing they themselves have failed," she says. This summarises what could have been Kahaan's last straw.

The questions that never stop

In the weeks after Kahaan's death, Prashant's grief settled into details as he replayed conversations that had once seemed ordinary. He wondered if he should have called his son more often during the weeks leading up to the re-examination instead of worrying that he might disturb his revision. He thought about a family holiday the previous year that Kahaan had later joked had cost him valuable study time.

"The grief of losing a child can be unbearable," says Shahri. "Parents often revisit conversations again and again, wondering if something could have changed. They search for signs they may have missed and go on a guilt-trip. But grief doesn't move in a straight line. It returns to the same questions because the mind is trying to make sense of something that feels impossible to understand," she adds.

Psychologists describe this as one of the most common responses to traumatic loss. The brain keeps reconstructing the past, hoping to find a version of events in which the ending is different and comforting. It is less about finding answers than about trying to regain a sense of control after an event that shattered it. For Prashant, speaking about his son has become part of a survival strategy. "I want to remember him. I want to talk about him," he says. Silence to him is far more frightening.

Dealing with grief

Grief, in most cases, resolves gradually without professional help. "The support from family, social network and sometimes religious practices and reassurance usually suffice. If there is lack of social support, short-term help from a counsellor is needed," says Dr Mamta Sood, professor of psychiatry, All India Institute of Medical Sciences (AIIMS), Delhi.

Resolution, she argues, is a process that comes in waves where one confronts the reality of the loss and simultaneously pursues ongoing activities of life. "It is important to acknowledge the sadness and other symptoms a person is experiencing. There is need for professional help for prolonged grief disorder which involves psychotherapy and medications. For depressive disorder, professional help is needed," says Dr Sood. She cautions against chinks in the family unit itself. "Family members could express anger toward each other over perceived failure to save the deceased. Scapegoating of one or more family members is common," she says.

Grief did not arrive the same way for everyone in the Patel family. Veena, Kahaan's mother, withdrew into herself. Friends describe her as trying to stay strong for their younger son, Rihaan. Yet even in the middle of her own grief, she began asking whether there were places where she could volunteer with children struggling under academic pressure. For psychologists, that instinct reflects something important. "People often think healing means forgetting or moving on," says Dr Manmeen Singh Tanwar, clinical psychologist and head of the School Mental Health Programme at Fortis Adayu. "It doesn't. Over time, many bereaved parents begin looking for ways to create meaning. For one parent, it may be advocacy. For another, it may be supporting other children or simply finding ways to keep their child's memory alive." The hardest part, she says, is allowing grief to exist without trying to rush it away.

Families often tell bereaved parents that time will heal everything. Those reassurances, however well intentioned, can leave people feeling lonely. "What they need most is space to express what they are experiencing. To have someone simply listen without judgement, without trying to fix it or explain it," adds Tanwar.

There is another grief that goes unseen. Rihaan, Kahaan's 13-year-old brother, has heard adults tell him, in different ways, "Don't do what your brother did." Children who lose siblings are frequently overlooked, psychologists say, because so much attention is focused on grieving parents. Yet they are grieving, too, while navigating fear and expectations that others may now place upon them. "Let children talk freely about the dead," advises Dr Sood.

For Dhruvi, trauma processing is going over Kahaan's voice notes, old messages and photos. Kahaan had saved her from school bullies. "Since then he became a friend I could trust," she says. A month after Kahaan's death, she called a friend and stayed on the phone until morning. Divya, a psychotherapist who works with people navigating grief and loss, says moments like these underline why connection matters after suicide. "Grief can become isolating," she says. "Naming emotions, talking about them and allowing someone else to sit with that pain reduces the intensity of what they're experiencing. It doesn't erase grief, but it helps make it survivable."

She also challenges one of the oldest assumptions about bereavement — that healing requires letting go. Many people continue speaking to loved ones who have died, listening to their voice notes, celebrating birthdays or holding onto photographs. Rather than preventing healing, these continuing bonds often become part of it. "We don't ask people to stop loving someone simply because they died," says Divya. "The relationship changes, it doesn't disappear."

Learning to carry absence

The guitar remains. It is still difficult for Prashant to imagine giving it to someone else. "Healing is not about returning to the person you were before loss. It is about slowly building a life around an absence that will always remain," says Tanwar. For Prashant, it means speaking publicly about his son because silence feels more stifling than remembrance. For Veena, it is searching for ways to help other children facing pressures like the ones Kahaan carried. "I now work extra hours so that I can spend more time with my family without regret and cherish Kahaan's memory," says Prashant.

With inputs by Rinku Ghosh

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MIND matters

Best way to lower oil in French fries

A NEW COOKING method could make French fries crispier in less time while significantly limiting how much oil they absorb. Researchers at the University of Illinois have proposed combining microwave heating, which keeps oil out. The researchers found that as much as 90 per cent of frying occurs while the food is under negative pressure. That creates a suction effect, allowing oil to move into the newly-opened pores. A more effective frying process would keep pressure inside the potato positive for a longer period and reduce the amount of time spent under negative pressure.

Metformin's hidden brain impact

A DECADES-OLD diabetes drug just got a surprising twist. Scientists have discovered that metformin doesn't just work in the liver and gut — it also acts directly on the brain, where it taps into a hidden control centre for blood sugar. By switching off a protein called Rapl in a key brain region, the drug activates specific neurons that help lower glucose levels, even at tiny doses. Found researchers at Baylor College of Medicine. The findings point to new opportunities for developing therapies that directly target the brain pathway. While the liver and intestines need high concentrations of the drug to respond, the brain reacts to much lower levels.

Natural molecule for weight loss

SWEDISH MEDICINE researchers have identified a naturally occurring molecule that may suppress appetite and reduce body weight in a way that resembles semaglutide, the active ingredient in Ozempic. In animal studies, the molecule also appeared to avoid several problems associated with the drug, including nausea, constipation and intestinal muscle loss. The molecule, known as MBP, works through a different but related metabolic pathway and activates a separate group of neurons in the brain. That distinction could make it a more precise tool for controlling appetite and body weight.

Rice bran may tame IBS

A COMPOUND in rice bran may help calm an overactive gut by reducing the calcium signals that cause intestinal muscles to contract. Ferulic acid suppressed contractions triggered by several chemical messengers in laboratory experiments. The discovery could eventually support new dietary approaches for disorders related digestive disorders, although it may make constipation worse, according to new research from Tulsa University. Ferulic acid is a polyphenol found in many plant-based foods, especially whole grains and rice bran. It is already known for its antioxidant and neuroprotective effects

Toddler foods are ultra-processed

A GROCERY-STORE audit found that many foods marketed for toddlers may be far less healthy than parents expect. Of nearly 1,800 products examined in Texas, 81 per cent were ultra-processed, and almost half failed at least one World Health Organization (WHO) nutrient standard, often because they contained too much sugar, sodium, fat, or too many calories. The audit was done by the American Society for Nutrition. What children eat during their toddler years can influence the flavours they prefer and the dietary patterns they follow later in childhood, with consequences for long-term health

Air pollution in Capital accelerating Humayun's Tomb decay: IIT study

Express News Service
New Delhi, August 2

AIR POLLUTION is accelerating the decay of Humayun's Tomb in Delhi by driving the formation of pollutant-rich black crusts on its sandstone surfaces, according to a joint study by IIT Kanpur and IIT Roorkee of the UNESCO World Heritage Site.'

The study, according to the researchers, "provides a multi-analytical evidence base to inform preventive conservation strategies and the prioritisation of cleaning and monitoring actions at this site and at comparable monuments in similarly polluted urban environments".

Published in the International Journal of Architectural Heritage, the study was carried out by Gaurav Kumar, Bhola Ram Gurjar and Chandra Shekhar Prasad Ojha from the Department of Civil Engineering at IIT Roorkee, along with Mukesh Sharma from IIT Kanpur.

How pollution affects the monument

To understand how pollution affects the monument, the researchers collected five small black crust samples from rain-sheltered rooftop locations of Humayun's Tomb under the supervision of a conservator from the Archaeological Survey of India.

No sandstone was removed from the monument because of conservation restrictions. Instead, only the thin black deposits that had accumulated on the stone surface were carefully collected using a scalpel, avoiding mortar joints and repaired areas to ensure that no damage was caused to the structure. The samples were collected from different orientations of the rooftop to capture how prevailing winds and environmental exposure influence pollutant deposition.

The sampling locations were chosen based on Delhi's long-term weather patterns, explains the study. During the post-monsoon and winter months, prevailing northwesterly and westerly winds transport sulphur dioxide, nitrogen oxides, particulate matter and trace metals across the city.

According to the authors, these winds carry "urban and regional air pollutants like SO_2, NOx, PM2.5, PM10, and trace metals eastward, which favors the accumulation and growth of BC (black crust)."

Once collected, the samples underwent a comprehensive series of laboratory analyses. The analyses showed that the black crust is dominated by gypsum, a sulphate mineral formed through atmospheric pollution, along with carbon-rich particles embedded within the mineral layer. "Combined evidence from XRF, XRD, FTIR, SEM-EDX, and CHNS analysis identifies carbonaceous rich gypsum as the signature alteration phase, accompanied by trace amounts of heavy metals indicative of atmospheric inputs," the study said.

According to the researchers, the gypsum does not originate primarily from the sandstone itself. Instead, calcium supplied through road dust and airborne particles reacts with sulphur compounds present in polluted air to form gypsum on the monument's surface.

The study found that the crust also contains trace metals associated with urban pollution. "Trace-element profiles further suggest regional air pollution markers, consistent with Delhi's major emission sources, including vehicular traffic, road/soil dust, construction dust, biomass burning, and industrial activities," the authors wrote.

The study recommends periodic removal of black crusts using scientifically established cleaning techniques, evaluation of protective coatings through site-specific trials, continued air-quality monitoring, and the use of atmospheric modelling to assess future deterioration risks.

SUGAR-FREE LIFE

DR V MOHAN

CHAIRMAN, DR MOHAN'S DIABETES SPECIALITIES CENTRE, CHENNAI

Why your blood sugar is linked to fatty liver, hepatitis

High blood sugar doesn't just affect your heart, kidneys and eyes. Get screened

WHEN 58-YEAR-OLD Ramesh (name changed), who had been living with Type 2 diabetes for over a decade, came for his routine diabetes review, he expected the conversation to revolve around his blood sugar levels, medication and HbA1c or the three-month average sugar count. Instead, I suggested a liver function test and asked if he had been vaccinated against Hepatitis B. He looked puzzled. "Doctor," he asked, "I have diabetes. Why are we talking about my liver?"

Most people think of diabetes as a disease that affects the heart, kidneys, eyes and nerves. Very few realise that the liver plays an equally important role in diabetes, and that looking after liver health is an essential part of managing the condition. My patient had silently developed fatty liver. People with Type 2 diabetes have a higher risk of developing liver disease, particularly fatty liver disease. If they also develop viral hepatitis, they are more likely to experience complications. Yet the liver is often overlooked during discussions about diabetes, even though it is central to the body's metabolism and blood sugar regulation. The liver stores glucose and releases it whenever the body needs energy. In people with Type 2 diabetes, insulin resistance causes extra fat to accumulate in the liver over time. Doctors now refer to this condition as metabolic dysfunction-associated steatotic liver disease (MASLD), and it is extremely common among people with diabetes.

The concern is that MASLD is usually silent in its early stages. Left unchecked, it can gradually progress to liver inflammation, scarring, cirrhosis and, in some cases, even liver cancer. This is why liver health deserves far more attention in people living with diabetes.

People with diabetes have a higher risk of Hepatitis B. Hepatitis C worsens insulin resistance and increases the chance of diabetes

Hepatitis B and C are the two viral infections we watch most closely. People with diabetes have a somewhat higher risk of Hepatitis B, particularly in settings where infection control during medical procedures or routine glucose monitoring is inadequate. Hepatitis C has a different relationship with diabetes. It actually worsens insulin resistance and can increase the likelihood of developing Type 2 diabetes. In many ways, the relationship between diabetes and hepatitis is a two-way street, with each condition influencing the other.

A damaged liver struggles to regulate blood sugar effectively, causing glucose levels to fluctuate unpredictably. In advanced liver disease, doctors may also need to adjust the doses of diabetes medications because the liver is responsible for processing many of these drugs. That is why diabetes and liver disease should never be managed in isolation. They need to be addressed together to achieve the best outcomes.

Unfortunately, fatty liver disease and chronic hepatitis rarely cause symptoms in their early stages. Most people feel perfectly well until significant liver damage has already occurred. Rather than waiting for symptoms to appear, regular check-ups and appropriate screening are the best ways to detect liver problems early, when they are most treatable.

So should you get your liver tested as part of routine diabetes care? In many cases, yes. As part of comprehensive diabetes care, your doctor may recommend liver function tests, an ultrasound examination or other specialised investigations if anything appears abnormal. If you have received blood transfusions in the past, have been exposed to unsafe injections or have a family history of hepatitis, it is also worth discussing screening specifically for hepatitis B and C with your healthcare provider.

If you have not already received the hepatitis B vaccine, I would strongly recommend discussing it with your doctor. Vaccination is one of the simplest and most effective ways to protect yourself against hepatitis B infection and the long-term liver damage it can cause. The encouraging news is that the same healthy habits that help control diabetes also protect the liver. Keeping your blood sugar under good control, staying physically active and maintaining a healthy weight all reduce stress on the liver. A balanced diet rich in vegetables, fruits, whole grains, pulses and healthy fats, while limiting sugary foods, refined carbohydrates and saturated fats, benefits both conditions. Equally important is avoiding alcohol and refraining from taking medications or herbal supplements without medical advice, as some of these can be harmful to the liver.

In sub-Saharan Africa, climate change leading to slight increase in childhood malaria: Study

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NEW DELHI: Climate change has increased childhood malaria and could continue to do so in southern and East Africa where communities are less experienced at tackling the disease, while reducing the risk in today's hotspots as temperatures become too high for mosquitoes, according to a new study published in Nature.

The study—The past and future impact of climate change on childhood malaria in Africa—quantifies climate change's historical and future impact in sub-Saharan Africa's children, where most cases and deaths occur. It finds that climate change has slightly increased malaria overall.

Looking ahead, rising temperatures could increase the malaria risk in southern and East Africa while reducing it where it is most rampant today as it becomes so hot that even mosquitos struggle to survive.

Temperatures in today's hotspots are becoming too high for mosquitoes to survive.

"Climate change isn't just making malaria worse or better—it's moving it," said co-author Tamma Carleton, faculty head of Research for the Climate Impact Lab and an assistant professor at the University of California, Berkeley, in a statement. "Whether a place sees elevated malaria risks or reduced burdens under climate change depends on how hot it is today. We see relief in the current hotspots and new risk nearly everywhere else."

The study finds that climate change has slightly suppressed the spread of the disease in the warm, malaria hotbeds of today, and will continue to as it gets too hot for the disease to flourish—posing other human health threats. This is especially the case in many large West African nations (Nigeria, Burkina Faso, Mali), where climate change will reduce cases by 5%. In extremely hot Sahelian countries (Niger, Gambia, Guinea-Bissau, Somalia) the disease may actually be fully eliminated.

The opposite is true for cooler regions where malaria isn't a significant problem today, such as southern Africa and high-elevation east Africa. In these areas, climate change is slowly making the temperature more suitable for mosquitoes to spread malaria, increasing cases by 5% in the Ethiopian highlands (Kenya; Burundi) and by similarly large increases in Angola, Zambia, and northeast South Africa. By 2100, the risk could increase by 20 percent in regions like the Rift Valley and coastal southern Africa, creating new malaria challenges.

But efforts to reduce emissions can change this trajectory. If the world is able to meet the 2°C warming threshold, this would avert 5 excess cases per 1,000 children in southern Africa and more in the east African highlands. It would also reduce the other widespread climate impacts that will be felt in central and western Africa as the planet continues to heat up. Further, while mitigation is crucial, so is adaptation.

The southern and East African regions expected to be hit the hardest in the future are also regions that aren't accustomed to needing to fight the disease today.

{ STRAIGHTFORWARD }

Shashi Shekhar

Ending digital addiction to safeguard children's future

It's a slightly old story. A 16-year-old boy was sitting in a police station in Uttar Pradesh. He had been detained for threatening to kill Prime Minister Narendra Modi, chief minister Yogi Adityanath, and then Bihar chief minister Nitish Kumar.

The boy, from a rural background, wanted overnight fame and hence resorted to the online stunt. As it involved VIPs, the police zeroed in on him in no time. Later, the court took a lenient view considering his age and granted him bail. But this is no isolated case. There are thousands of such incidents where children or young adults perform such acts, compelled by their online addiction.

Online addiction has started affecting children in many adverse ways. The Academy of Medical Royal Colleges (AMRC) has categorised online addiction as a public health emergency. AMRC rates the addiction on a par with smoking.

The doctors participating in the survey confirmed that they receive at least one young patient every day who has been suffering mental or physical ailments due to excessive online engagement. The doctors warned that tech companies design their apps in a manner that turns people into addicts. We are well aware of insomnia, irritation, violent outbursts and other problems that online addiction causes.

It's no surprise that on June 15, the UK banned all forms of social media for children below 16 years of age.

Even the Norwegian government is going to take revolutionary new steps from August 1. Norway was the first country in the world to digitalise even the primary classes. The government of Norway and the country's society are now reversing the initiative. Norwegian education minister Kari Nesa Nordtun says that excessive use of screens in the school is affecting the core cognitive abilities of children. It's adversely impacting their physical and mental health. As a result many children are turning to cyber bullying. The Norwegian government is terming the initiative as "back to basics".

The government in Oslo dedicated a budget of millions of krones two years ago to bring back textbooks in classrooms. The results are visible. From August 1, the use of screens for students of class 1 to 4 was completely stopped. A zero-screen law is already in place for children under two years of age. The government has tripled the grant for school libraries. This move will definitely be a milestone in preserving human mind and cognition.

China too has restricted screen time for children below eight to 40 minutes in 24 hours. At 10 in the night, 'internet curfew' is imposed which lasts till six in the morning. Beijing has restricted all those services that can make children AI addicts.

Even South Korean classrooms became out of bounds for mobile phones last month. The government has also established internet rescue schools. Here minors are kept in the lap of nature without any electronic gadget so they can revert to their natural human self.

Similarly, Australia has completely banned social media for children below 16 years of age, with hefty fines for companies found breaking the law. France is planning similar curbs. The head of the EU has urged European nations to make laws that decide the age at which children can access social media and also detox from algorithm-driven addiction.

Where does India stand on such an important issue? We have put some curbs under Online Gaming Regulations Act 2025 but we still have a long way to go.

The academic world is dealing with another issue — how can a golden mean be achieved in the era of AI? PISA (International Student Assessment Programme) and OECD (Organisation of Economically Developed Nations) studies enlighten us about the issue. They say that the AI tools are indeed a force multiplier for increasing human productivity but people will have to make a distinction between addiction and use.

Researchers found that when students with digital addiction restricted use of devices to three out of 24 hours, their results were way better. However, digital addicts whose screen time was not restricted failed maths tests despite access to their digital equipment. Close to 59% of students were found distracted by the laptops and smartphones of the others; 45% of students using smartphones for three to seven hours become fidgety if they lose access to it. The verdict is clear: Smartphones and laptops don't make students sharp. They need to develop discipline and focus. The beautiful balance between the power of AI and human wisdom is the only way to create a meaningful world.

Shashi Shekhar is editor-in-chief, Hindustan. The views expressed are personal

He further said: "Timely disposal of cases in courts

and procedures."

While the apex court has

30,868 judges.

The law minister blamed

Act, 2016 with a view to reduce pendency," Meghwal said.

When 'healthy' is just a label

From 'natural' and 'organic' to 'zero maida' and 'heart healthy', the regulator is questioning whether front-of-pack promises are supported by what is inside

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"Natural", "healthy", "organic", "heart-friendly", "high protein" and "zero maida" often persuades a shopper before the packet is even turned over. In a spate of notices sent in the past month, Food Safety and Standards Authority of India (FSSAI) has asked several brands whether their front-of-pack promises say more than the product can support.

FSSAI has issued notices to food businesses across categories including breads, chocolates, juices, cooking oils, noodles, supplements, packaged water and caffeinated drinks. The claims questioned range from "100% natural" and "organic" to immunity, detoxification, disease reduction and energy-boosting promises. Since these are notices rather than final rulings, the issues remain subject to the companies' replies and regulatory examination. TOI reached out to FSSAI over e-mail, but was yet to receive a response.

UNDER FSSAI SCANNER FOR PAST FEW WEEKS

What the pack says	Products carrying such claims	What the notices questioned
Natural, pure, fresh	Buns, noodles and other packaged foods	Whether ingredients and processing support the claim
Organic	Spreads, supplements and packaged foods	Use without required certification or organic logo
Healthy, heart-healthy, anti-cancer, detox	Oils, tofu, water and supplements	Broad health or disease claims without adequate support
Zero maida, rich in milk solids, fruit-led branding	Bread, wafers, chocolates and beverages	Whether the name or imagery accurately reflects composition
Energy drink, boosts energy/focus	Caffeinated beverages	Product descriptions and performance claims questioned
Naturally occurring sugars	Fruit drinks	Claim questioned where added fructose or sugar is present
FSSAI approved	Nutraceutical products	Wording that may imply endorsement by the regulator

The scrutiny comes as India's health-and-wellness food market expands and brands compete for shoppers seeking healthier choices. Experts say the front of a packet increasingly functions as advertising, while the information needed to judge the product — ingredients, sugar, fat, sodium and additives — is usually on the back.

Image AI

Former FSSAI CEO Pawan Kumar Agarwal says consumers rarely read or fully understand the mandatory information panel. Marketing teams therefore have a powerful incentive to foreground attractive words, sometimes stretching the meaning permitted by regulation. For large companies, he argues, penalties may need to be linked to turnover or the commercial gain from a misleading claim rather than treated as a routine cost.

Nutrition experts call this the "health halo" effect: one positive phrase can make the entire product appear healthier and reduce the buyer's inclination to examine it critically. A packet labelled "natural" can still be high in sugar or sodium. "Sugar-free" does not automatically mean low-carbohydrate. "Organic" requires certification; it is not merely a lifestyle description. Disease-treatment or prevention claims require scientific and regulatory support.

AIIMS dietician Monita Gahlot advises shoppers to start with the ingredient list, which records ingredients in descending order by weight. The nutrition panel should then be checked for total and added sugars, saturated and trans fats, sodium, protein and carbohydrates. Serving sizes deserve particular attention: a modest-looking number can be based on a portion far smaller than what people normally consume.

The clearest warning sign, food-testing expert Ashwin Bhadri says, is a bold front claim that is not supported or adequately explained elsewhere on the label. The simplest consumer rule is therefore to turn the packet over before deciding.

Food author Krish Ashok argues that companies are not acting in a vacuum. Consumers increasingly seek a purchasable shortcut to good health. Products labelled "high protein", "low GI", "A2" or "heart-healthy" can offer the feeling of making a healthy choice without the slower work of eating fewer ultra-processed foods, increasing fibre and protein, exercising and sleeping well.

That is why tighter enforcement alone will not end the health halo. Brands must make precise, evidence-backed claims, but consumers must also stop treating the front of a packet as nutritional advice.

Poor job quality forces postdoc researchers to seek careers abroad

With the Centre drawing up a roadmap to curb their exodus, experts suggest a slew of measures to retain top talent

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The Indian government is drawing up a new policy framework to retain top researchers by substantially increasing stipends and expanding postdoctoral seats from 2,500 to 25,000 over the next decade. Led by NITI Aayog, which is currently holding inter-ministerial consultations to finalise the proposed increase in stipends and infrastructure expansion, the move aims to bring local compensation at par with global standards and reduce the exodus of talent to countries like the US, UK, and Germany. Educators are of the view that a multipronged approach involving world class lab infrastructure, high-end jobs, significant R&D investments and structured fellowships will help retain the brightest minds.

Cause and Effect

Speaking to *Education Times*, Prof RP Tiwari, VC, Central University of Punjab, says, "Postdoctoral researchers are important to India's growing research and innovation ecosystem. Although the country has moved up to 38th position in the Global Innovation Index in 2025 and 4th in Nature Index in 2025, the postdoctoral stage is a tough time for those who want to be researchers. The biggest challenge is the limited availability of postdoctoral opportunities. While India produces nearly 40,000 PhD graduates each year, the number of postdoctoral fellowships such as the CSIR Postdoctoral Fellowship and the SERB National Postdoctoral Fellowship are relatively few. Compensation is another major concern. Postdoctoral researchers in India earn significantly less than their counterparts in countries such as the US, UK, and Germany, making overseas positions far more attractive."

While reflecting upon the systemic challenges, Prof RJ Rao, pro-chancellor, SGT University, Gurugram, says that the current lack of globally competitive infrastructure and high quality employment opportunities forces top scientific talent to seek careers abroad. "India's scientific stagnation stems from a shortage of high-quality career opportunities and insufficient infrastructure rather than a mere shortage of funding or fellowships. Though the country has made significant progress, it is still not undertaking globally competitive research projects in many areas. Lab infrastructure also remains a challenge, with only a limited number of facilities meeting international standards," he says.

Institutions such as the IITs, NITs, IISc, centrally funded technical institutions (CFTIs), a few leading central universities and select private universities together account for only about 5-10% of the country's research and talent absorption capacity. "Although India produces a surplus of highly skilled talent, it has not expanded its research infrastructure sufficiently to absorb them. This mismatch leads to an oversupply of qualified graduates, making it difficult to retain the country's best talent. Even when top researchers are retained, the limited availability of high-quality research positions and projects restricts their opportunities, leading to the continued outflow of talent," he says.

Sustainable Solutions

Reiterating the need for creating high-end jobs to get researchers 'excited', Prof Ranbir [illegible] recent initiatives to increase stipends as mere 'tokenism' emphasising that these measures act only as temporary stoppages rather than sustainable solutions for research and development. To achieve true progress, he advocates for a significant overhaul in spending, moving away from social subsidies towards long-term investments in the scientific ecosystem. "To remain globally competitive, India must shift its spending priorities away from populist 'freebies' towards massive R&D investment involving both public and private sectors," he adds.

> **Brain drain is driven less by salaries than by research quality, institutional prestige, job prospects, and societal perceptions**

While higher stipends are a key factor in postdoctoral destination choices, researchers also seek access to globally experienced mentors, better funding, and clear career pathways. "Raising stipends must therefore be complemented by strengthening research ecosystems across central and state universities. In line with NEP 2020, institutions should focus on multidisciplinary research, deepen industry-academia collaboration, expand postdoctoral opportunities, and give greater weight to postdoctoral experience in faculty recruitment," Prof Tiwari says.

Sudhabhan Avasthi, associate professor, Centre for Nano Science and Engineering, Indian Institute of Science (IISc), Bengaluru, seconds his views, elaborating, "Brain drain is driven less by salaries than by research quality, institutional prestige, career prospects, and societal perceptions. Even initiatives offering higher pay, such as IISc's enhanced postdoctoral packages and the INSPIRE Faculty programme, have had limited success, suggesting that compensation alone is not enough to retain talent."

Prof Dinesh Babu Jayagopi, dean (R&D) & head, Department of Data Science and Artificial Intelligence (DSAI), IIIT Bangalore, however, has a different take on the subject. He says, "A strong postdoctoral ecosystem in Indian universities can be built by attracting talented researchers from India and abroad through competitive salaries and excellent research infrastructure. It will enable faculty members to build more productive research groups, increase output, and compete more effectively for external funding. Additionally, it will create a strong pipeline of future faculty members. As universities increasingly seek high-quality faculty, postdoctoral experience equips researchers with greater independence, broader expertise, mentoring experience, and grant-writing skills, making them far better prepared for academic careers."

Major Fellowships	
Name	**Field and Features**
ANRF N-PDF (formerly SERB)	Science & engineering; monthly fellowship
CSIR-RA	Research support for young PhDs at CSIR labs
DBT-RA	Biotechnology and life sciences research
ICMR Postdoctoral Fellowship	Biomedical and health research
ICSSR Postdoctoral Fellowship	Social sciences, for researchers under 40
Wellcome Trust/DBT India Alliance Early Career Fellowship	Independent biomedical research
Fulbright-Nehru Postdoctoral Fellowship	8-24 months at US host institutions with stipend, J-1 visa support

Beyond Numbers

The Centre's initiative to increase postdoctoral positions is expected to provide much-needed support to an under-resourced R&D ecosystem. "However, without well-equipped labs, adequate research funding and long-term career opportunities, simply adding more postdoctoral positions is unlikely to deliver meaningful gains," Prof Avasthi says.

Moreover, academia alone cannot absorb 20,000-25,000 postdoctoral researchers, notes Prof V Ramgopal Rao, vice chancellor, BITS Pilani group. He adds, "A robust postdoctoral programme can strengthen universities, national laboratories, deep-tech startups, and industrial R&D centres while building a pipeline of scientists, faculty members, entrepreneurs, and technology leaders. But the programme cannot be designed on the assumption that every postdoctoral fellow will eventually become a professor."

Proposed NMC norms to make MBBS colleges fully functional before admissions

Draft regulations also call for abolishing the State-issued Essentiality Certificate

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First-year MBBS students may no longer have to study in colleges with half-built anatomy halls, under-equipped labs, or temporary teaching hospitals. To boost the quality of medical education, the National Medical Commission (NMC) has proposed amendments that would require aspiring medical colleges to complete all academic and hospital infrastructure before applying for regulatory nod, effectively ending the practice of admitting students while facilities are still under construction.

Medical educators have welcomed the proposed 'zero-tolerance' approach to incomplete infrastructure, saying it could substantially improve the learning experience from the very first day of medical training. However, questions remain over whether the reforms could slow down the expansion of medical colleges and lead to a greater concentration of institutions in urban centres.

> **With no state participation, new medical institutions could cluster in urban centres**

The proposed amendments to the Establishment of New Medical Institutions, Starting of New Medical Courses, Increase of Seats for Existing Courses & Assessment & Rating Regulations, 2023, represent one of the most significant overhauls of the approval framework since the NMC replaced the erstwhile Medical Council of India (MCI). Besides mandating 100% infrastructure readiness, the draft proposes abolishing the State-issued Essentiality Certificate, introducing a mandatory institutional corpus fund, requiring solvency certificates verified by CAs, expanding the list of eligible applicants, and prescribing stricter penalties for incomplete applications or attempts to influence the approval process.

Explaining the rationale behind the changes, an NMC official tells *Education Times* that the objective is to make the approval mechanism more objective, transparent and quality-oriented. "The amendments are intended to further strengthen the regulatory framework for establishment of new medical colleges by making the approval process more objective, transparent and quality-oriented. The emphasis is on ensuring that essential infrastructure and institutional readiness are in place before applications are considered, thereby reducing avoidable deficiencies and facilitating a more efficient assessment process," says the official.

Infrastructure Gap

For faculty members, the proposal directly addresses a longstanding concern that students often bear the consequences of infrastructure deficiencies during the crucial first year of training. "The first year lays the foundation for the entire medical career as students require well equipped anatomy dissection halls, physiology and biochemistry laboratories, libraries, skills laboratories and digital learning facilities from the very first day," says Dr Roy R Chandran, professor, Physical Medicine and Rehabilitation, Government Medical College, Kozhikode. He adds that when infrastructure is incomplete, practical teaching suffers, faculty spend valuable time overcoming logistical challenges instead of focusing on academics, and students lose confidence in the quality of their training.

CBSE, NCERT bring inquiry-led Math, Science learning by introducing new textbooks in class IX

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Mathematics classrooms largely revolved around learning formulae and solving problems. To change the conceptual focus and introduce key elements of Indian Knowledge Systems and to reflect new learnings, NCERT has revised the class IX Mathematics textbook, *Ganita Manjari*, and Science textbook, *Exploration*. The NCERT aims to change this approach by encouraging students to explore, interrogate and arrive at concepts through reasoning. The new books reflect the changing nature of learning in a technology-driven world, where access to information has expanded significantly.

Space for Exploration

In mathematics, students will now be encouraged to investigate patterns, develop conjectures, test ideas and justify conclusions rather than only apply ready-made formulae. Concepts will be introduced through activities, observations and problem-solving situations, allowing learners to understand how mathematical rules and statements emerge.

The new books provide greater space for exploration, investigation, and discovery of problem-solving methods. Students will be guided to develop their own approaches to solving problems, compare different methods and understand why a particular process works to strengthen deeper mathematical thinking. The change also reflects the growing importance of computational thinking, which has been emphasised under the NCF-SE 2023.

> **Teachers will need to encourage students to ask questions**

"When the new maths textbook was introduced in April 2026, students found very few questions to solve and more stories to read. It looked more like a Hindi or a Social Science textbook, where reading was emphasised over solving problems," says Sulochana, TGT Maths, Dr BR Ambedkar CM Shri School, Sector 21, Rohini.

The new classroom model, described as an 'Engaged Maths' aims to promote curiosity, motivation and persistence among students. Lessons will begin with activities or observations followed by investigations where students attempt to identify patterns and generalise rules, making formulas

availability.

The milestones came

washing, laundry and basic meal preparation.

to below Rs 250.

with 2025," he said.

Education needs more capital, fewer curbs: Noel Tata

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Bengaluru: Tata Trusts chairman Noel Tata on Sunday questioned restrictions on for-profit education, saying they discouraged investment in a sector where India needs far more quality colleges and universities.

Speaking at IIMBue, an IIM Bangalore alumni meet in Bengaluru, Tata said only a small fraction of students secure admission to the country's top institutions, forcing many high-performing students to pursue higher education overseas.

"We spend an atrocious amount of money every year sending kids to the US and Europe," he said.

Tata said India should create enough world-class institutions so students do not have to leave the country for quality education and career opportunities.

"I believe the courts have said that you can't. An educational institution cannot be for profit, which is sad," he said. "I think it's preventing a lot of money from coming into education, into building the education system."

His remarks come as Tata Trusts partners with IIM Bangalore to establish its School of Undergraduate Studies. Tata said education would be a key focus area for the Trusts, which wants to return to building institutions as it did with the Indian Institute of Science, Tata Institute of Fundamental Research and Tata Memorial Hospital.

"I'd like to start spending some more of our money on building new institutions," he said.

Healthcare is another priority. Tata said the Trusts plans to build 40-50 general hospitals across India.

"We're now looking to see if we can build 40 or 50 general-purpose hospitals across India," he said. "We've identified three locations. We're going to start that."

The hospitals will operate on a not-profit basis and aim to work within the funding available under govt health insurance schemes.

The Trusts is also considering a cross-subsidy model under which 20-30% of rooms would be charged at commercial rates, helping subsidise treatment for the remaining patients.

Tata said all patients would receive the same doctors, medicines and operating theatres. Those paying more would primarily get private rooms and additional facilities for their families.

He also called for more rigorous ways to measure the impact of philanthropy, questioning broad claims that projects had "touched" thousands of lives without demonstrating what had actually changed. "We need to be clear about what we mean when we say 'touch the lives of somebody'," he said.

NEED BETTER MEASURES OF IMPACT

> We spend an atrocious amount of money every year sending kids to the US and Europe
>
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> I'd like to start spending some more of our money on building new institutions...We're now looking to see if we can build 40 or 50 general-purpose hospitals across India
>
> —Noel Tata | CHAIRMAN, TATA TRUSTS

In search of a great Indian exam fix

Should board examinations stay? Should NEET and CUET offer multiple attempts? Can coaching be made redundant? TOI asks noted educationists, policymakers and a student activist about how India can make the exam system fairer, more secure and less stressful

Keep The System, But Soften The Stakes

For **Prof Ali Raza Moosvi**, former pro-vice-chancellor at EFLU and vice-chancellor of KBN Medical University, the answer is not to abolish board exams, but to restore balance. Board marks, he argues, capture years of effort. An entrance test captures only performance on a single day. Neither is enough on its own. His preferred model gives 50% weight to board performance and 50% to an entrance exam, with moderation and statistical normalisation to even out differences across boards.

Moosvi's larger concern is not only the exam itself, but the machinery built around it. The original idea behind common entrance tests was sensible: one test, one timetable, one fairer benchmark for students across different school systems. But the system loses legitimacy when it drags on for months.

If an admission cycle begins in Jan or Feb and remains incomplete in Aug, students lose options, colleges close their doors, and the promise of fairness turns into delay. A reform, he says, should be judged by whether it helps students, not whether it is administratively neat.

He also warns against assuming that technology automatically solves the problem. Computer-based testing was sold as a way to prevent leaks and impersonation. But technology is only as strong as the infrastructure behind it. If servers fail, centres are weak or personnel are untrained, digitisation simply gives old failures a shiny new format. The deeper issue, he says, is whether the system is designed around students or around institutional convenience.

Prof Ashok Misra, former director of IIT Bombay and chairman of the committee whose recommendations led to the creation of the National Testing Agency, is more cautious about scrapping boards altogether. India, he argues, is not ready for that because school quality varies too widely. Some schools have strong teachers and reliable assessment systems. Others do not. Until the state can trust every school to certify its students honestly and objectively, board exams still serve a purpose. They provide a public benchmark showing that a child has completed a stage of schooling.

But Misra, too, wants the pressure reduced. His preferred model is multiple attempts through the year with the best score retained. That, he argues, would protect students from a bad day, illness or family trouble. The same logic, he says, should apply to NEET. A single test, even if computer-based, gives too much weight to one moment. More sessions, secure question banks and transparent normalisation would make the system fairer without abandoning national comparability.

Misra also stresses the design of the exam itself. Good systems, he says, are built so that no single person can compromise the whole paper. Questions should come from multiple sets, be selected centrally and randomised so that even neighbouring students do not get the same sequence. The logic is simple: an exam should not depend on trust in individuals alone. It must be structured so that collusion becomes hard by design.

Mamidala Jagadesh Kumar, chairman of the Review Committee for NEP 2020 and chairman of the board of governors of IIM Calcutta, takes a more institutional view. Board exams, he says, serve a public purpose by certifying completion of schooling. Their value lies not just in ranking students but in offering a common reference across a fragmented school landscape. NEP 2020 retains class 10 and 12 board exams, while shifting their emphasis towards core competencies and conceptual understanding. CBSE's move to hold class 10 board exams twice a year from 2026, he says, gives students another chance without reducing the value of certification.

For Jagadesh Kumar, the goal is not abolition but balance. School-based evaluation should be strengthened, common entrance tests should remain, and both should keep improving through evidence. The value of a board exam, in his view, lies in its ability to certify a stage of learning; the value of an entrance test lies in its ability to select for a specific programme. The problem begins when one exam is asked to do both jobs.

Push Back Against Centralisation

Anita Rampal, professor and former dean of the department of education at Delhi University, goes further in her criticism of centralised testing. School-leaving exams, she says, should assess what students have actually learned over 12 years, not just what they can reproduce in an MCQ format. But she does not want these to be national board exams.

At most, they should be state-level, decentralised assessments, because students then compete against themselves rather than under the crushing pressure of a single high-stakes national test.

Rampal sees a direct link between centralised exams and the coaching economy. Once marks stop mattering and admissions are pushed through machine-scorable MCQs, students are forced into speed-based training, she argues. That, in turn, strengthens the commercial coaching industry and weakens schools. She describes a system in which even young teenagers are pushed into residential coaching centres, families sell land or take loans, and learning is reduced to memorisation and competition. The larger question, she says, is not just about exams but about the kind of country India is building.

On CUET, her view is blunt. She calls it a very bad idea. In her view MCQs do not test critical thinking or analytical skill, and centralised testing pushes poorer students out. Universities should assess applicants through written tests and interviews depending on the course, while school marks should be brought back into the admissions process. She is also sharply critical of the National Testing Agency, which she believes should be shut down. CUET, she says, tends to privilege CBSE students and those who can afford coaching, while disadvantaging students from state boards and underprivileged backgrounds.

That is the strongest counter-current in the package: not just a call for improvement, but a challenge to the underlying logic of nationalised testing. Rampal's position is that the problem is structural, not technical. If the test itself is the wrong tool, making it faster or more digital only deepens the fault.

Keep National Standards, But Move Beyond One-Shot Tests

R Subrahmanyam, former education secretary, occupies the middle ground. He rejects the idea that board exams should be scrapped. They are essential, he says, to test conceptual understanding of knowledge imparted. But he also accepts that the present system has too much rote learning and too little formative assessment. NEP 2020, he says, already emphasises both formative and summative assessment. The real problem is implementation.

On CUET, he does not want abolition. Instead, he argues for redesign. CUET was meant to overcome the flaws of board assessment systems and bring an all-India perspective to higher education. But it has drifted into testing domain knowledge already covered in school and degree exams. He wants it to test only cognitive and research skills — locally domain-neutral — with school or university marks read alongside it for admissions. A single exam, he says, should never be the sole basis for entry into higher education.

On NEET, his instinct is similar. He wants national standards to remain, but the format to change radically. Rather than a one-day high-stakes exam, he argues for a series of formative assessments over two years, plus aptitude tests, all designed centrally but administered locally. State-level exams are not the answer, in his view, because technical education needs national and global standards. But those standards should not be reduced to one-shot testing.

His broader point is that India must stop thinking of reform as merely changing the paper pattern. A meaningful assessment system must judge understanding over time, not just performance under pressure. It should reward depth, not just speed. And it should build a framework in which schools matter again, rather than becoming mere staging posts for coaching centres.

The Student Voice: Transparency First

Sarthak Siddhant, a 17-year-old student from Ranchi who played a key role in exposing gaps in CBSE's digital evaluation tendering process, brings the sharpest practical question. He does not advocate abolishing board exams because board scores still matter for admission to universities and other institutions. But he says the system is not standardised. There are significant differences among state boards, CBSE and ICSE. The exam system, he argues, should be standardised nationwide, with a common format that ensures parity among students.

On CUET, he is broadly supportive. Rather than several entrance exams, India could move towards a more standardised system, comparable to China's Gaokao, he says. If implemented properly, technology can make CUET more secure and accessible. The key issue is not whether India has one test or many, but whether the system is transparent and fair.

His position on NEET is also pragmatic. The future, he says, lies in technology and NEET should consider a computer-based, multiple-shift format on the lines of JEE. But his emphasis is less on design philosophy than on accountability. When the system fails, someone must answer for it. That, for him, is the missing discipline in Indian exams.

Across the interviews, one theme returns again and again: India needs to lower the stakes attached to a handful of exams. Moosvi says that means better universities, stronger public colleges, vocational education and multiple routes into professional life. For Misra, it means multiple attempts and stronger exam design. Jagadesh Kumar says it means preserving board exams and entrance tests while steadily improving both through evidence. Rampal says it means restoring school education and resisting the coaching market. Subrahmanyam says it means stronger formative assessment and clearer national standards. Sarthak Siddhant says it means transparency and parity.

The govt's new task force under Nandan Nilekani suggests that exam reform is no longer a theoretical debate. It is now a live policy question. But the experts' answers make one thing clear: no amount of technology will help if the system still asks one exam to do too much. The real reform is not just to make tests cleaner. It is to make them less decisive.

Reporting by Hemali Chhapia, Manash Gohain, Meghna Dhulia, Himanshi Dhawan and ASRP Mukesh

EXPERT SPEAK

" Keep board exams, give school marks weight, and ensure one exam doesn't decide a student's future

Ali Raza Moosvi, FORMER PRO-VICE CHANCELLOR, EFLU; FORMER VC, KBN MEDICAL UNIVERSITY

" Keep board exams, adopt JEE-style multiple attempts, and redesign tests to make leaks far harder.

The strongest systems ensure that no single person knows enough to compromise the whole test

Ashok Misra, FORMER DIRECTOR, IIT BOMBAY

" Scrap CUET and the NTA, decentralise admissions, and put schools — not coaching — back at the centre.

We should respect our federal structure and have state-level exams developed by eminent academic institutions in that field

Anita Rampal, PROFESSOR & FORMER DEAN, DEPT OF EDUCATION, DELHI UNIVERSITY

" Keep national exams, but replace one-shot testing with continuous assessment and aptitude evaluation.

Strengthen school education, and shut down coaching shops which masquerade as schools

R Subrahmanyam, FORMER EDUCATION SECRETARY

" Keep board exams and CUET, but refine them with multiple attempts and evidence-based reforms.

NEET could be a phased pilot offering two computer-based attempts, with the better score retained

Mamidala Jagadesh Kumar, CHAIRMAN, REVIEW COMMITTEE FOR NEP 2020; CHAIRMAN, BOARD OF GOVERNORS, IIM CALCUTTA

" Standardise board exams nationwide, make NEET computer-based and multiple choice format.

I am a student who feels that the present system lacks adequate transparency and vigilance

Sarthak Siddhant, STUDENT, EXPOSED GAPS IN CBSE'S DIGITAL EVALUATION TENDERING PROCESS

कैंसर से लेकर मिर्गी-दिल की बीमारी तक...बढ़ाए जाएंगे इलाज के विकल्प

सीडीएससीओ के दवाओं व क्लीनिकल ट्रायल पर अहम फैसले

नई दिल्ली। कैंसर, मिर्गी, मानसिक रोग और दिल की बीमारियों के इलाज से जुड़ी कई नई दवाएं जल्द भारतीय मरीजों तक पहुंच सकती हैं। केंद्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) की तीन सब्जेक्ट एक्सपर्ट कमेटी ने कई नई दवाओं की मैन्युफैक्चरिंग, मार्केटिंग, इंपोर्ट और क्लीनिकल ट्रायल से जुड़े अहम फैसले लिए हैं। समितियों ने कई नई दवाओं और उनके नए उपयोग को मंजूरी देने की सिफारिश की है, जबकि कुछ दवाओं पर अतिरिक्त भारतीय मरीजों का क्लीनिकल डेटा और आगे के क्लीनिकल ट्रायल कराने को कहा है।

कैंसर के इलाज को लेकर बड़े फैसले...सबसे अहम फैसले कैंसर के इलाज में इस्तेमाल होने वाली दवाओं को लेकर हुए हैं। समिति ने डाराटुमुमैब इंजेक्शन को मल्टीपल मायलोमा (ब्लड कैंसर के एक प्रकार) के नए मरीजों के इलाज में अतिरिक्त उपयोग के लिए इंपोर्ट और मार्केटिंग की अनुमति देने की सिफारिश की है। इसके लिए स्थानीय फेज-3 क्लीनिकल ट्रायल से छूट देने की भी सिफारिश की गई है, लेकिन कंपनी को भारत में फेज-4 क्लीनिकल ट्रायल करना होगा।

दिल की दवाओं और स्टेंट को लेकर क्या बोली समिति?...कार्डियोवैस्कुलर एसईसी ने हाई ब्लड प्रेशर की नई दवा बैक्सड्रोस्टैट पर फैसला फिलहाल टाल दिया है। समिति ने कहा कि भारतीय मरीजों पर उपलब्ध क्लीनिकल डेटा बहुत कम है। इसलिए अधिक भारतीय मरीजों का डेटा जमा करने के बाद ही प्रस्ताव पर दोबारा विचार किया जाएगा। ब्यूरो

मिर्गी और मानसिक रोगों की दवाओं पर भी फैसले

न्यूरोलॉजी और साइकियाट्री एसईसी ने मिर्गी की नई दवा सेनोबामेट टैबलेट की मैन्युफैक्चरिंग और मार्केटिंग की सिफारिश की है। समिति ने कहा है कि यह दवा केवल न्यूरोलॉजिस्ट के प्रिस्क्रिप्शन पर ही बेची जाएगी। इसके अलावा क्वेटियापिन ओरल सस्पेंशन को भी मंजूरी देने की सिफारिश की गई है। वहीं ब्रेक्सपिप्राजोल टैबलेट के नए इंडिकेशन को भी हरी झंडी दी गई है। हालांकि सभी प्रस्तावों को मंजूरी नहीं मिली। गैबापेंटिन एक्सटेंडेड रिलीज 200 मिलीग्राम टैबलेट पर समिति ने कहा कि यह स्ट्रेंथ दुनिया में कहीं भी मंजूर नहीं है। इसलिए पहले इसकी बायोएवेलेबिलिटी स्टडी करानी होगी।

एआई बच्चों की कर रहा निगरानी, स्टार्टअप्स ला रहे स्मार्ट सर्विलांस सिस्टम

सपना माहेश्वरी, द न्यूयॉर्क टाइम्स। बच्चों की देखभाल के लिए इस्तेमाल होने वाले स्मार्ट बेबी मॉनिटर अब आर्टिफिशियल इंटेलिजेंस (एआई) से तैयार किए जा रहे हैं। नैनिट, बेबीटेक समेत कई स्टार्टअप्स ऐसे सिस्टम विकसित कर रहे हैं, जो रात के दौरान बच्चे की नींद, सांस, करवट और गतिविधियों पर लगातार नजर रखते हैं। कंपनियां भविष्य में एआई के जरिए बच्चों की दिनभर की गतिविधियों, विकास और व्यवहार का भी डिजिटल रिकॉर्ड तैयार करने की दिशा में काम कर रही हैं। यही वजह है कि विशेषज्ञ इसे बेबी सर्विलांस का नया दौर मान रहे हैं।

सांस लेने से सोने-जागने तक की हर गतिविधि का डाटा

द न्यूयॉर्क टाइम्स की रिपोर्ट के मुताबिक, दीवार पर लगा सफेद कैमरा बच्चों पर सीधा नजर रखता है। एचडी वीडियो ऐसे सर्वर पर भेजी जाती है, जहां मशीन-लर्निंग एल्गोरिदम उसके हर हिलने-डुलने और उसकी आंखें खुलने-बंद होने के सटीक समय का रिकॉर्ड रखते हैं।

■ इन आंकड़ों को चार्ट और विश्लेषण के रूप में तैयार करते हैं। इसमें सांस लेने से लेकर सोने में लगा समय, रात के माता-पिता की जरूरत कितनी बार पड़ी, ऐसी जानकारी रिकॉर्ड की जाती है।

10 करोड़ डॉलर का कारोबार

■ नैनिट का दावा है कि उसके 10 लाख सक्रिय उपयोगकर्ता हैं और सालाना आय 10 करोड़ डॉलर से अधिक है। उसका सबसे महंगा किट 474 डॉलर (करीब 45 हजार रुपये) का है। नैनिट ने निवेशकों से हाल में 5 करोड़ डॉलर जुटाए हैं।

अब पारंपरिक इलाज को मिलेगी AI की ताकत

■ NBT रिपोर्ट. नई दिल्ली

आयुर्वेद योग यूनानी सिद्ध और होम्योपैथी (आयुष) को अब आर्टिफिशियल इंटेलिजेंस (AI) की ताकत मिलने जा रही है। इस दिशा मे इलेक्ट्रॉनिक्स एवं सूचना प्रौद्योगिकी मंत्रालय (MeitY) के IndiaAI मिशन और आयुष मंत्रालय ने एक महत्वपूर्ण समझौता (MoU) किया है।

आईटी मिनिस्ट्री के मुताबिक इस साझेदारी का मकसद AI के जरिए पारंपरिक चिकित्सा मे रिसर्च को गति देना और भारत की प्राचीन चिकित्सा विरासत को आधुनिक तकनीक से जोड़ना है। इसके तहत आयुष मंत्रालय अपनी रिसर्च से जुड़े पात्र और अनाम (Anonymised) स्वास्थ्य डेटा डेटासेट मेटाडेटा AI मॉडल टूलकिट और उपयोग से जुड़े उदाहरण AIKosh मे उपलब्ध कराएगा। AIKosh भारत का स्वदेशी AI रिपॉजिटरी प्लेटफॉर्म है जहां रिसर्चर स्टार्टअप शैक्षणिक संस्थान और इनोवेटर इन संसाधनो का उपयोग कर नई AI आधारित स्वास्थ्य तकनीक विकसित कर सकेंगे। यह पूरी प्रक्रिया डेटा साझा करने से जुड़े नियमो और गोपनीयता मानको के अनुरूप होगी। इसका बड़ा फायदा यह होगा कि आयुष क्षेत्र के रिसर्चर और संस्थान IndiaAI Compute के हाई-परफॉर्मेंस AI कंप्यूटिंग इंफ्रास्ट्रक्चर का भी इस्तेमाल कर सकेंगे। इससे बड़े पैमाने पर नई दवाओ पर शोध, औषधीय पौधो की पहचान और AI आधारित हेल्थकेयर समाधान विकसित करने मे तेजी आएगी।

AI Image

- IndiaAI मिशन और आयुष मंत्रालय के बीच समझौता
- रिसर्च आसान होगी, इलाज के नए तरीके पता चल सकेंगे

रिसर्चर के लिए नई संभावनाएं खुलीं

IndiaAI मिशन के COO और संयुक्त सचिव सुदीप श्रीवास्तव के मुताबिक, यह समझौता AIKosh को पारंपरिक स्वास्थ्य संबंधी महत्वपूर्ण डेटासेट से समृद्ध करेगा। उनके मुताबिक आधुनिक तकनीक और भारत की प्राचीन चिकित्सा परंपरा का यह संगम शोधकर्ताओ और आयुष विशेषज्ञो को नई संभावनाएं देगा। यह समझौता शुरुआती तौर पर दो वर्षों के लिए लागू रहेगा और आपसी सहमति से स्वतः आगे बढ़ाया जा सकेगा। खास बात यह है कि इस साझेदारी मे किसी भी पक्ष पर कोई वित्तीय दायित्व नही होगा।

'स्वस्थ और नशामुक्त युवा ही देश को नई ऊंचाई तक ले जा सकते हैं'

■ NBT रिपोर्ट, नई दिल्ली

- प्रधानमंत्री नरेंद्र मोदी का संदेश, हजारों युवाओं ने लिया नशामुक्ति का संकल्प
- केंद्रीय मंत्री गजेंद्र सिंह शेखावत रहे मौजूद, MY Bharat के तहत यमुना विहार में भी कार्यक्रम

दिल्ली के स्वामीनारायण अक्षरधाम मंदिर में रविवार को विकसित भारत के लिए नशामुक्त युवा कार्यक्रम का आयोजन किया गया। इसमें दिल्ली और आसपास के इलाकों से हजारों लड़के-लड़कियों ने हिस्सा लिया। कार्यक्रम के दौरान प्रधानमंत्री नरेंद्र मोदी ने ऑनलाइन माध्यम से युवाओं से बातचीत करते हुए नशामुक्त जीवन अपनाने का आह्वान किया। इस अवसर पर केंद्रीय पर्यटन और संस्कृति मंत्री गजेंद्र सिंह शेखावत भी मौजूद रहे। बीएपीएस के वरिष्ठ संत ईश्वरचरणदास स्वामी ने युवाओं से कहा कि भगवान स्वामीनारायण ने नशामुक्त जीवन का संदेश दिया था। उन्होंने युवाओं से प्रधानमंत्री के इस अभियान से जुड़ने की अपील भी की।

प्रधानमंत्री ने कहा, विकसित भारत के लक्ष्य को हासिल करने में युवाओं की सबसे महत्वपूर्ण भूमिका है। उन्होंने युवाओं से नशे से दूर रहने और समाज में भी जागरूकता फैलाने का आग्रह किया। उनका कहना था कि स्वस्थ और नशामुक्त युवा ही देश को नई ऊंचाइयों तक ले जा सकते हैं। केंद्रीय मंत्री गजेंद्र सिंह शेखावत ने बीएपीएस द्वारा युवाओं के बीच किए जा रहे कामों की सराहना की। नशा मुक्ति केवल स्वास्थ्य का विषय नहीं बल्कि समाज और राष्ट्र निर्माण से भी जुड़ा मुद्दा है। युवा कार्यक्रम और खेल मंत्रालय के MY Bharat (मेरा युवा भारत) के तहत रविवार को डॉ भीमराव आंबेडकर कॉलेज, यमुना विहार में 'नशामुक्त युवा-विकसित भारत संकल्प अभियान' का आयोजन किया गया। कार्यक्रम में दिल्ली सरकार के समाज कल्याण मंत्री रविन्द्र इन्द्राज सिंह और उत्तर-पूर्वी दिल्ली के सांसद मनोज तिवारी शामिल हुए।

सरकारी अस्पतालों में बंदरों और आवारा पशुओं का आतंक

जागरण संवाददाता, नई दिल्ली: एम्स और सफदरजंग सहित राजधानी के अधिकांश सरकारी अस्पतालों में मरीज अब केवल बीमारी से ही नहीं, बल्कि बंदरों और आवारा पशुओं के आतंक से भी जूझ रहे हैं। अस्पताल पहुंचने वाले मरीजों और उनके स्वजन पर बंदरों और कुत्तों के हमले की घटनाएं लगातार सामने आ रही हैं। उपचार के लिए मरीजों, कर्मियों को इनसे बचते हुए गुजरना पड़ता है। इस स्थिति को लेकर अस्पतालों में संक्रमण नियंत्रण और मरीजों की सुरक्षा को लेकर लगातार सवाल उठ रहे हैं, शिकायतें हो रही हैं पर समस्या का समाधान नहीं हो पा रहा है।

नया मामला शाहदरा स्थित बुलाकी दास आयुष्मान आरोग्य मंदिर (पूर्व में बुलाकी दास टीबी अस्पताल) का है। अस्पताल से मिली जानकारी के अनुसार पिछले 10 दिनों में बंदरों के काटने की 10 घटनाएं सामने आ चुकी हैं। बीती

सफदरजंग अस्पताल के बर्न यूनिट के पास घूमता कुत्ता • प्रवीन शर्मा

हिंदू राव अस्पताल परिसर में बंदर • जागरण

बुधवार को भी दो महिलाओं और एक पुरुष सहित तीन लोगों को बंदरों ने काट लिया था। अस्पताल की चिकित्सा अधीक्षक डा. बिंदु बाहल इस बात को मानती हैं कि अस्पताल में बंदरों की समस्या गंभीर है। हिंदू राव अस्पताल की स्थिति तो और भी चिंताजनक है। बंदरों के झुंड वार्डों, ओपीडी, गलियारों और मरीजों के बैठने वाले स्थानों तक पहुंच जाते हैं। मालवीयनगर निवासी अख्तर अहमद ने शिकायत की कि बंदर मरीजों और तीमारदारों के हाथ से खाने-पीने का सामान तक छीन लेते हैं। कर्मियों का कहना है कि बंदरों और कुत्तों के बीच काम करना अब सामान्य बात हो गई है। एम्स में भी बंदरों की मौजूदगी समय-समय पर मरीजों और तीमारदारों के लिए परेशानी बनती है। सफदरजंग अस्पताल में आवारा कुत्तों की मौजूदगी को लेकर भी लगातार शिकायतें सामने आ चुकी हैं। यह समस्या केवल इन अस्पतालों तक सीमित नहीं है। लोकनायक, जीबी पंत, गुरु तेग बहादुर (जीटीबी) सहित अन्य सरकारी अस्पतालों में भी समय-समय पर बंदरों और आवारा पशुओं की शिकायतें सामने आती रही हैं, लेकिन समस्या का स्थायी समाधान नहीं किया जा रहा।

उल्टी तरफ था हृदय, दाएं की जगह बाएं तरफ हुई सर्जरी

- जन्मजात हृदय विकार और डेक्स्ट्रोकार्डिया से पीड़ित मरीज का सफदरजंग में हुआ इलाज
- रोबोटिक तकनीक से सिस्टमिक एट्रियोवेंट्रिकुलर वाल्व प्रत्यारोपण का यह पहला केस होने का दावा

विश्व में पहली रोबोटिक सिस्टमिक एवी वाल्व सर्जरी करने वाली सफदरजंग अस्पताल की सीटीवीएस चिकित्सकों की टीम • सौजन्य अस्पताल

जागरण संवाददाता, नई दिल्ली: सफदरजंग अस्पताल और वर्धमान महावीर मेडिकल कालेज (वीएमएमसी) के कार्डियोथोरेसिक एवं वैस्कुलर सर्जरी (सीटीवीएस) विभाग ने दुर्लभ जन्मजात हृदय विकार से पीड़ित मरीज का रोबोटिक तकनीक से सिस्टमिक एट्रियोवेंट्रिकुलर (एवी) वाल्व प्रत्यारोपण कर बड़ी उपलब्धि हासिल की है। अस्पताल का दावा है कि चिकित्सा विज्ञान में यह अपनी तरह का विश्व का पहला मामला है, इस उपलब्धि को अस्पताल निदेशक डा. कविता शर्मा के नेतृत्व में हासिल किया गया। सर्जरी का नेतृत्व सीटीवीएस विभागाध्यक्ष डा. अनुभव गुप्ता और उनकी टीम ने किया।

डा. अनुभव गुप्ता ने बताया कि मरीज कंजेनिटली करेक्टेड ट्रांसपोजिशन आफ ग्रेट आर्टरीज (सीसीटीजीए) और डेक्स्ट्रोकार्डिया जैसी दो जन्मजात हृदय विकृतियों से पीड़ित था। इस स्थिति में हृदय की निचली संरचना सामान्य से उलट होती है और हृदय सीने के दाईं ओर स्थित रहता है। इस कारण हृदय के सिस्टमिक एट्रियोवेंट्रिकुलर वाल्व पर लगातार अधिक दबाव पड़ रहा था और वाल्व गंभीर रूप से खराब हो चुका था। इससे मरीज के हृदय की कार्यक्षमता भी प्रभावित होने लगी थी। उन्होंने बताया कि आपरेशन से पहले मरीज के सीटी स्कैन का थ्री-डी पुनर्निर्माण कर पूरी सर्जरी की सूक्ष्म योजना बनाई गई। सामान्यतः रोबोटिक माइट्रल वाल्व सर्जरी सीने के दाईं ओर से की जाती है, लेकिन इस मरीज की शारीरिक बनावट को देखते हुए पहली बार बाईं ओर से विशेष रोबोटिक तकनीक अपनाई गई। उच्च गुणवत्ता वाली थ्री-डी दृश्य प्रणाली व रोबोटिक उपकरणों की मदद से छोटे-छोटे छिद्रों के जरिये वाल्व प्रत्यारोपण सफलतापूर्वक किया गया। इस तकनीक से सीने की हड्डी नहीं काटनी पड़ी। इससे रक्तस्राव कम हुआ, संक्रमण का खतरा घटा, आपरेशन के बाद दर्द कम रहा और मरीज के जल्दी स्वस्थ होने की संभावना भी बढ़ गई। मरीज के जल्द ही स्वस्थ होने की उमी।

है।

पुलिस ने इस संबंध में

बाद सिलाई करने और कपड़ा बेचने

विशेष निगरानी रखी जा रही है।

फेफड़ों के संक्रमण जैसे हैं पक्षियों के मल से होने वाले हिस्टोप्लाज्मा कैप्सुलेटम के लक्षण

अनूप कुमार सिंह • जागरण

नई दिल्ली: चमगादड़ और पक्षियों के मल से दूषित मिट्टी में पनपने वाले हिस्टोप्लाज्मा कैप्सुलेटम फंगस इंसानों में मात्र फेफड़ों को ही नहीं बल्कि गंभीर मामलों में मस्तिष्क, आंख, लिवर समेत शरीर के कई अन्य महत्वपूर्ण अंगों को नुकसान पहुंचाता है। गुरुग्राम में एक महिला की आंख में मिले दुर्लभ हिस्टोप्लाज्मा संक्रमण के मामले ने इस फंगल बीमारी को लेकर चिकित्सकों का ध्यान खींचा है। स्वास्थ्य विशेषज्ञों के अनुसार इसके लक्षण कई बार टीबी या सामान्य फेफड़ों के संक्रमण से मिलते-जुलते हैं। इसलिए केवल लक्षणों के आधार पर निष्कर्ष निकालने के बजाय चिकित्सकीय परामर्श और आवश्यक जांच करानी चाहिए। समय पर एंटी-फंगल दवाएं शुरू होने पर अधिकांश मरीजों का सफल उपचार संभव है।

सर गंगाराम अस्पताल के चेस्ट मेडिसिन विभाग के वरिष्ठ सलाहकार डा. उज्ज्वल पारख ने बताया कि अधिकांश स्वस्थ लोगों में संक्रमण हल्का रह सकता है, लेकिन कमजोर प्रतिरोधक क्षमता वाले मरीजों में यह फेफड़ों से आगे बढ़कर मस्तिष्क, आंख, लिवर, अस्थि मज्जा, लिम्फ नोड्स (लसिका ग्रंथि) और एड्रिनल ग्लैंड (अधिवृक्क ग्रंथियों) तक फैल सकता है। ऐसे मरीजों में बीमारी तेजी से गंभीर रूप ले सकती है, इसलिए समय पर जांच बेहद महत्वपूर्ण है।

डा. नीतू जैन

डा. उज्ज्वल पारख

- फेफड़ों के साथ मस्तिष्क, आंख और लिवर को भी नुकसान पहुंचाता है हिस्टोप्लाज्मा कैप्सुलेटम फंगस
- यह फंगस उन स्थानों की मिट्टी में पनपता है, जहां लंबे समय तक चमगादड़ या पक्षियों का मल जमा रहता है

पीएसआरआइ अस्पताल की पल्मोनोलाजी, क्रिटिकल केयर एवं स्लीप मेडिसिन की वरिष्ठ सलाहकार डा. नीतू जैन के अनुसार यह फंगस उन स्थानों की मिट्टी में पनपता है, जहां लंबे समय तक चमगादड़ या पक्षियों का मल जमा रहता है।

पुराने भवनों की सफाई, गोदामों, तहखानों, निर्माण या खोदाई के दौरान दूषित मिट्टी के सूक्ष्म कण हवा में फैल जाते हैं। सांस के साथ शरीर में पहुंचने के बाद संक्रमण सबसे पहले फेफड़ों को प्रभावित करता है। अगर जोखिम वाले वातावरण में काम करने वाले लोग सतर्क रहते हैं, समय पर पहचान और उपचार के लिए जागरूक हैं तो इसके प्रभाव से बचा जा सकता है।

इन लोगों को अधिक खतरा

- एचआइवी संक्रमित मरीज
- कैंसर का उपचार करा रहे मरीज
- अंग प्रत्यारोपण करा चुके मरीज
- लंबे समय तक स्टेरायड लेने वाले मरीज
- कमजोर प्रतिरोधक क्षमता वाले अन्य लोग

लक्षण

- दो सप्ताह या उससे अधिक समय तक खांसी बने रहना
- बुखार या ठंड लगना
- सांस लेने में तकलीफ या सांस फूलना
- सीने में दर्द या जकड़न
- अत्यधिक थकान और कमजोरी
- बिना कारण वजन कम होना
- रात में अधिक पसीना आना

बचाव के लिए बरतें ये सावधानियां

- जहां चमगादड़ या पक्षियों का मल जमा हो, वहां सफाई या खोदाई के दौरान एन-95 मास्क और दस्तानों का इस्तेमाल करें।
- धूल उड़ने से बचने के लिए सफाई से पहले मिट्टी को हल्का गीला कर लें
- पुराने बंद भवनों, तहखानों और गोदामों में काम करते समय सुरक्षा उपाय अपनाएं।
- लगातार खांसी, बुखार या सांस लेने में तकलीफ हो तो स्वयं दवा न लें, विशेषज्ञ चिकित्सक से जांच कराएं।

जागरूकता की लौ जला दी हजार का कराया सुरक्षित प्रसव

दिव्यांगता और संघर्ष के बावजूद स्वास्थ्य सेवा की मिसाल बनीं साइकिल वाली दीदी गीता कर्मकार, राष्ट्रपति ने किया सम्मानित

अजीत कुमार ठाकुर • जलपाईगुड़ी

जागरण विशेष

सिलीगुड़ी: किसी इंसान की पहचान उसके पद से नहीं, उसके काम से होती है। बंगाल के जलपाईगुड़ी जिले के बेलाकोबा की रहने वाली गीता कर्मकार इसकी जीवंत मिसाल हैं। उनको वहां के लोग साइकिल वाली दीदी के नाम से जानते हैं, क्योंकि वह साइकिल से ग्रामीण क्षेत्र में गर्भवती महिलाओं तक पहुंचती थीं और सुरक्षित प्रसव कराने में मदद करती थीं। 1983 से अब तक उन्होंने दो हजार से अधिक महिलाओं को अस्पताल पहुंचाकर सुरक्षित प्रसव सुनिश्चित कराया। 40 प्रतिशत दिव्यांगता, नौ आपरेशन व निजी जीवन के अनेक संघर्ष के बावजूद वह सेवा से कभी पीछे नहीं हटीं। चार दशक तक दूर-दराज के चाय बागानों और गांवों में स्वास्थ्य सेवाएं पहुंचाने वाली गीता को उनके असाधारण योगदान के लिए राष्ट्रीय फ्लोरेंस नाइटिंगेल पुरस्कार-2025 से सम्मानित किया गया।

22 जनवरी 1964 को जन्मी गीता का बचपन आर्थिक तंगी में बीता। मां दूसरों के घरों में काम करके परिवार का पालन-पोषण करती थीं। 1977 में पिता का निधन हो गया। आर्थिक अभावों के बावजूद उन्होंने पढ़ाई जारी रखी। 12वीं कक्षा पास करते ही उनको स्वास्थ्य विभाग में नौकरी मिल गई। 1985 में उनका विवाह युगल किशोर कर्मकार से हुआ, जो स्वयं समर्पित स्वास्थ्यकर्मी रहे हैं। 1983 में गीता की पहली नियुक्ति बेलाकोबा के डेंगुआझाड़ चाय बागान क्षेत्र में हुई थी। वहां ज्यादातर लोग गरीब थे। स्वास्थ्य सेवाओं, टीकाकरण और संस्थागत प्रसव के प्रति जागरूकता बहुत कम थी। सड़कें खराब थीं और अस्पताल कई किलोमीटर दूर थे। आर्थिक रूप से कमजोर लोग अस्पताल जाने से डरते थे। ऐसे माहौल में गीता ने घर-घर जाकर लोगों को टीकाकरण व सुरक्षित प्रसव को लेकर जागरूक किया। उन्होंने शत-प्रतिशत टीकाकरण अभियान सफल बनाया और महिलाओं को सुरक्षित प्रसव के लिए अस्पताल पहुंचाने का जिम्मा खुद उठाया।

अतिरिक्त सामग्री पढ़ने के लिए स्कैन करें।

एक महिला को प्रसव के बाद आवश्यक सामग्री देती गीता कर्मकार (दाएं) ● स्वयं

...फिर भी जज्बा बरकरार रहा

2008 में सड़क दुर्घटना में गीता दिव्यांग हो गईं। 2015 में पति के साथ स्कूटर से लौटते समय एक बच्चे को बचाने के प्रयास में फिर दुर्घटना हुई। नौ आपरेशन हुए और डाक्टरों ने लंबे आराम की सलाह दी, पर गीता ने हार नहीं मानी। शरीर ने साथ देना कम किया, पर जज्बा बरकरार रहा।

गीता कर्मकार ने चार दशकों तक बेहद समर्पण के साथ सेवा दी। सेवानिवृत्ति के बाद राष्ट्रपति के हाथों उनको पुरस्कार मिलना पूरे जिले और स्वास्थ्य विभाग के लिए गर्व की बात है।

डा. असीम हलदार, मुख्य स्वास्थ्य अधिकारी, जलपाईगुड़ी

परंपरा को बढ़ाया आगे, देश के सर्वोच्च नर्सिंग सम्मान से नवाजा गया

31 जनवरी, 2026 को गीता स्वास्थ्य विभाग से सेवानिवृत्त हुईं। कुछ ही महीनों बाद 12 मई 2026 को उन्हें देश के सर्वोच्च नर्सिंग सम्मान से नवाजा गया। जलपाईगुड़ी जिले के स्वास्थ्यकर्मियों का फ्लोरेंस नाइटिंगेल पुरस्कार पाने का गौरवशाली इतिहास रहा है। 2019 में अरुणा साहा, 2020 में सुनीता दत्त, 2023 में अंशिस्मिता घोष और पहले गौरी लामा को भी यह सम्मान मिल चुका है। गीता ने इस परंपरा को आगे बढ़ाया।