DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE Day

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Transparency as the foundation of trust in medicine

India marked Doctors' Day on July 1, but the occasion demands that we continue to look beyond well-deserved expressions of gratitude and reflect on the structural foundations that sustain public confidence in health care. Trust in medicine is frequently thought of as a sacred, isolated bond between patient and doctor. In reality, that trust is forged much earlier – within the institutions that regulate care, the systems that deliver it, and the transparency that connects them.

The limitations of this system are readily observable. This writer tried the simple exercise of verifying a doctor's credentials on the Tamil Nadu Medical Council (TNMC) website. What should have been a straightforward search turned out to be unexpectedly challenging. The system required specific details, such as the doctor's exact registration number, which are not easily available to the public. Whether something obvious was missed or the website was simply not designed with the public – or even a colleague concerned – in mind, the experience pointed to a larger question: how much does institutional transparency shape public faith in medicine?

Vincent Arockiasamy

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How institutions build trust

In many western countries, public trust is maintained through highly accessible regulatory frameworks. For example, the United Kingdom's General Medical Council hosts a publicly searchable register where anyone can quickly verify a doctor's qualifications, registration status, and any history of regulatory restrictions. Similarly, the provincial Colleges of Physicians and Surgeons in Canada require minimal identifying information to view a physician's professional profile. These organisations explicitly signal that professional standards are being ensured through peer review, continuing education, and clear processes for handling complaints. This transparency does more than just share data. It reassures people that medical practice is open to independent scrutiny, creating a safe environment where individual doctor-patient relationships can thrive.

India's clinical landscape is evolving admirably, with a workforce that is known for its excellent clinical acumen despite working under considerable constraints. While the National Medical Commission has taken steps to improve medical education and professional standards in recent years, public-facing regulatory transparency remains uneven. State Medical Councils, including the TNMC, hold digital registers, but the ease with which a regular patient can navigate them varies. As India continues its digital transformation, making these regulatory portals genuinely user-friendly is a low-hanging opportunity to reinforce public trust at its foundation.

Transparency across regulatory bodies, hospital systems, and clinical care can strengthen public faith and trust

Beyond individual blame

Between regulatory bodies and individual consultation rooms lie the systems of care – hospitals, clinics, and their organisational processes. These daily workflows heavily influence patient satisfaction, shaping perceptions of fairness long before a clinical outcome is reached.

System transparency requires clear communication about medical costs, operational processes, and pathways to register a grievance. Crucially, it also means having an internal culture of medical auditing. Rather than placing blame entirely on individuals when things go wrong, modern health-care systems – following World Health Organization guidelines – are moving toward analysing the systemic design flaws that allow mistakes to occur in the first place.

This approach requires a formal culture of "Open Disclosure". In advanced medical jurisdictions, being honest when things go wrong is a professional requirement, not an option. It involves a structured, honest conversation with the patient or their family, acknowledging the incident, explaining how it occurred, and detailing the steps being taken to prevent recurrence.

Formalising open disclosure in India, right from the ground level of clinical care, would be transformative. When hospitals support their doctors to be transparent about clinical uncertainties or complications, they reduce the emotional burden on the practitioner and prevent potential friction with families. A lack of clear information breeds suspicion. When processes are opaque or difficult to navigate, public dissatisfaction builds rapidly – even if the actual clinical care delivered was appropriate. Much of this friction arises not from malice, but from a mismatch between patients' expectations and their actual experience.

India has seen a worrying rise in violence against health-care workers. The Indian Medical Association reports that over 75% of doctors have faced some form of workplace violence. While the root causes are multifactorial, deep-seated systemic mistrust is often the spark that escalates conflict. In these high-stress settings, transparency is a protective shield, not an administrative burden. A system that is completely honest about limitations and constraints within clinical care makes it less likely that individual frontline doctors will become the sole targets of a family's anger and resentment.

At the ground level, the doctor-patient relationship remains the ultimate test of the profession – a space where high-stakes decisions are made in moments of profound human vulnerability. Here, transparency transitions from policy into a purely human interaction.

Modern patients increasingly expect clarity regarding who is treating them and why specific clinical decisions are chosen. This means explaining a diagnosis in plain language, detailing the rationale behind investigations, discussing therapeutic alternatives, and being transparent about costs and complications. Providing proactive, periodic updates on a patient's progress – or lack thereof – is often the single most effective way to ease a family's distress.

This shift toward shared decision-making recognises that transparency in treatment is about relationships, not just data. However, if transparency is to be a core part of modern medicine, it must be integrated into medical training. This cannot be taught in a lecture hall alone; it must be actively modelled by senior doctors during everyday clinical practice and teaching. By embedding this culture of communication early, we prepare the next generation of physicians to navigate increasing public expectations.

In my experience, the majority of conflicts in health care do not arise from the medical decisions themselves, but from how those decisions were communicated and understood. When patients feel genuinely heard and informed, the bond is strengthened. When communication is poor, even appropriate care may be perceived as inadequate.

A final reflection

Doctors need safe, respectful, and dignified environments in which to work. Patients require reassurance that the care they receive is both ethical and competent. These are not competing demands; they are mutually reinforcing traits.

Trust in medicine is built collectively by what our institutions make visible, how our clinical care systems function, and how doctors and patients talk to one another. When transparency runs through all three layers, it stops being an abstract ethical principle and becomes part of everyday practice.

Doctors' Day has passed, words of appreciation are important. But the days after also invite a structural look at our systems. At a time when the medical profession is practising under unprecedented strain, enhancing transparency in regulatory frameworks, clinical corridors, and individual consultation rooms is the most meaningful way to protect the integrity of the profession. Trust is not an entitlement to be claimed; it is a professional pact that must be continuously renewed through transparency.

India Q1 pharma exports up 7%, U.S. is largest export stop

The Hindu Bureau
HYDERABAD

India's pharmaceutical exports rose 6.8% year-on-year (YoY) to $8.1 billion in the first quarter (Q1) ended June, the Pharmaceuticals Export Promotion Council of India (Pharmexcil) said.

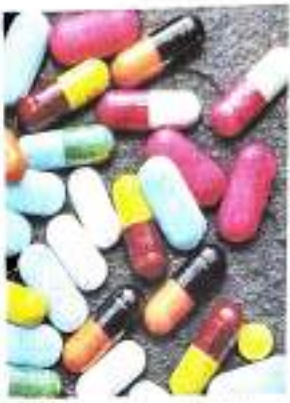
Drug formulations and biologicals exports stood at $5.98 billion, up 4.14% and accounting for 73.85% of total exports. Bulk drugs and drug intermediates, the second-largest export category, rose 13.84% to $1.36 billion, vaccine exports 35.68% to $0.39 billion and surgical products 11.95% to $0.21 billion.

The broad-based growth reflects sustained global demand for affordable generic medicines, rising procurement from regulated and emerging markets and India's growing strength as a pharmaceutical manufacturing and export hub, said the pharma exporters body.

NAFTA (North American Free Trade Agreement), Europe, Africa and Latin America and the Caribbean (LAC) together continued to be the key destinations region-wise, accounting for nearly 75% of the exports. NAFTA alone was the largest market, accounting for 34.28% of the exports.

Country-wise, the U.S. was India's largest pharmaceutical export destination followed by Brazil, the U.K, the Netherlands and France. The top 25 export destinations accounted for almost 70% of pharmaceutical exports with shipments valued at $5.65 billion, a 5.5% growth.

"The export performance demonstrates the sector continues to combine scale in established markets with growing momentum across a wider set of geographies. The U.S. stays as largest export destination with shipments of $2.50 billion and a 30.89% share while the strong performance of Brazil, the Netherlands, France and many emerging markets reflects the expanding global footprint of Indian pharmaceutical companies," Pharmexcil Chairman Namit Joshi said.



India's pharma exports saw broad-based expansion.

The double-digit growth across Europe, Africa, Latin America, ASEAN and South Asia is crucial in the present global trade environment. The ability to combine quality, regulatory credibility, manufacturing scale and market diversification will determine strength of India's next phase of pharmaceutical export growth, he said.

In June, pharmaceutical shipments rose 7.13% to $2.81 billion . June exports were 6.86% higher compared with $2.63 billion in May FY27, Pharmexcil said.

India's pharmaceutical exports in FY26 increased by more than 2% YoY to $31.11 billion.

"Smell is a potent wizard that transports you across thousands of miles and all the ye

AI GENERATED

STOP AND SMELL THE ROSES

More than just good life advice, research suggests intentional smelling could improve brain health

Richard Sima

The loss of the sense of smell is often one of the first warning signs of neurodegenerative conditions such as Alzheimer's disease and Parkinson's disease. Experts believe losing our sense of smell, or olfaction, may be a biomarker of declining brain health. And yet, the sense of smell has gotten short shrift. "We are constantly using our sense of smell and we don't recognise it," said Nicholas Rowan, otolaryngologist and associate professor at Johns Hopkins University School of Medicine, US.

Smell trains the brain

People can actually regain their ability to smell; it is something we can practise and improve with smell training — repeatedly sniffing different odours. Researchers are now figuring out how improving smell is linked to improved cognition.

Our olfactory nerve casts out hairlike neural fibres that dangle into the upper part of our nasal cavity. These fibres contain specialised receptors that bind to odour molecules; each nostril contains about six million to 10 million olfactory sensory neurons. Studies show that we can detect anywhere between 10,000 and one trillion different scents and even outperform dogs for certain odours. Despite this, most people don't think about their sense of smell until they lose it, which happened to millions of people following bouts of Covid. But without it, food loses its flavour and we struggle to smell the warnings signalled by smoke or spoilage.

Sensitive souls

For smell, information is passed from the olfactory bulb to the olfactory cortex, making more direct connections to brain areas important for cognition, memory and mood, including the hippocampus and amygdala. This could explain why smells are tied to emotions and memories.

Perfumer Jo Malone, who regained her sense of smell after losing it to chemotherapy, says it links to her mind "like photographic memory, but for my nose"

One longitudinal study of 408 adults reported that smell was more predictive of cognitive decline than vision and hearing. Smell loss is linked to reduced volume in brain regions in our olfactory system, but also in areas important for cognition, memory and emotion. The olfactory nerve is the only cranial nerve able to regenerate, a biological feat that smell therapy tries to take advantage of. Neuroimaging studies find that smell training can increase brain volume and neural activity in some of these areas.

Tips to improve

So what should you do if you don't think your smell is quite up to snuff or you want to improve it? First, "don't be exposed to things that you're breathing in that are going to potentially influence or hurt your nose", especially if it's a regular exposure, Rowan said.

Second, you can practise smelling with smell training kits or ones you can make yourself with essential oils. The most common scents used are rose, eucalyptus, clove and lemon. Smell training differs from aromatherapy because the smelling is intentional. Rowan also recommends organisation sites such as SmellTaste and AbScent.

We are bathed in odours all day long, even if we aren't aware of them. As such, we can be smell training all the time — if we pay attention. The foliage after rain. A cup of coffee in the morning. So go ahead: Stop and smell the roses. It is good for you.

– The Washington Post

Actor Jason Sudeikis didn't realise he was born without a sense of smell, known as congenital anosmia, until his late teens

PTI, AP

ET Health Conclave 2026 Celebrates Excellence in Healthcare

From AI-powered hospitals and genomics to regenerative medicine and precision cardiology, ET Health Conclave 2026, presented by Dalcore Projects Pvt. Ltd. & powered by Agilus Diagnostics, brought together India's leading doctors, healthcare institutions, and industry experts to shape the next chapter of healthcare transformation. Bringing together some of India's most respected clinicians, healthcare leaders and innovators, ET Health Conclave 2026, held at The Oberoi, Gurugram, served as a platform to exchange ideas, showcase innovation, and celebrate excellence across the healthcare ecosystem. The conclave featured a series of engaging panel discussions and insightful presentation sessions, bringing together leading experts to deliberate on the latest advancements in regenerative medicine and preventive healthcare. The event also witnessed the launch of the book The Illusion of "I Am Fine" by Pankaj N. Uneuala, Founder, PHYNIX, adding another significant highlight to the day's proceedings. A special highlight of the evening was "Celebrating Healthcare Heroes," presented by Dalcore Projects Pvt. Ltd. led by the brand's Managing Director - Sidharth Chowdhry, the initiative recognised six healthcare professionals for their dedication to patient care, innovation and clinical excellence. The evening concluded with a felicitation ceremony, where distinguished doctors, hospital leaders and healthcare institutions were honoured for their exemplary contribution to Indian healthcare. Guest of Honour and celebrated Indian cricketer Ishant Sharma presented the awards.

"Laiqa is an AI powered personalised health platform for women and fully backed by clinicians. It puts your hormonal-metabolic issues into remission by addressing your stress, sleep, menstrual cycles and gut. It recommends you a cycle synced lifestyle as per your body type," said Monica Bindra, Founder Laiqa.

Tripti Shandal Sonani, Founder Wemeenovate, said, "Healthcare automation is no longer optional, it is essential for making early disease detection faster, more accessible and affordable. The future of healthcare lies in integrated screening solutions that can identify multiple health risks in a single visit, reducing the need for repeated tests and enabling timely intervention."

"Participating at EMTI, TATA Growth Shop the ET Health Conclave allows us to drive meaningful dialogue and showcase our commitment to healthcare innovation. Together, we are shaping a healthier, technology-driven future for patient care. By leveraging cutting-edge solutions, we aim to make high-quality medical advancements accessible to all," said a Biocorock representative.

"The future of dermatology lies at the intersection of advanced technology and accessible care. At Salve, our focus on active molecular cosmetics ensures that we aren't just following dermatology trends, but pioneering validated, research-driven solutions. True innovation means delivering products that precisely address specific skin needs while maintaining the highest global standards.

- Ajay Kalra, Founder and CEO, Salve Group of Companies.

Dalcore DESIGN & ALIVE Presents ET Health Conclave 2026 AN INITIATIVE BY TIMES OF INDIA Powered by agilus diagnostics (formerly SRL)

"Muscle loss is never listed as the primary cause on a death certificate. But it is the invisible collapse before the fatal decline. You hire experts for your wealth, why gamble with your health?

- Pankaj N Uneuala, Founder, Phynix

"Preventive healthcare begins with awareness and early diagnosis. Accessible diagnostics and regular health screening can significantly reduce the burden of chronic diseases across India.

— Deepak Narang, COO, Agilus Diagnostics

"ET Health Conclave 2026 provided a valuable opportunity to share perspectives on how wellness is increasingly influencing residential real estate, with branded residences integrating thoughtfully curated amenities and experiences that support holistic living. Thanks to Times of India for curating such a meaningful platform, and I was honoured to represent Dalcore at the event.

- Shalin Raina, MD & Head - Residential Services, Cushman & Wakefield, Strategic Partner, Dalcore Projects Pvt. Ltd.

"At Dalcore, we believe that recognising excellence is essential to shaping the future of healthcare. It was our privilege and pride to honour those exceptional achievers at the ET Health Conclave. Their innovation, dedication and relentless commitment to improving patient outcomes continue to inspire the entire healthcare ecosystem.

- Sidharth Chowdhry, Managing Director, Dalcore Projects Pvt. Ltd.

"Biosimilars are the most practical route to affordable diabetes care at scale. Indian manufacturers producing insulin biosimilars to global quality standards can widen patient access without compromising on outcomes.

- Dr. K. Balaji, MD, MRCP (UK), Executive Director, Regenix Biosciences Ltd.

"We're not just India's fastest-growing diagnostics brand — we're redefining what trust, accuracy and affordability mean for Bharat.

- Vivek Khanna, Integrated Vertical Head - PAN India, Manipal TRUtest Diagnostics

Panel Discussion Topic - Intimacy as a Biomarker of Longevity

"Advanced diagnostic imaging plays a vital role in validating non-invasive regenerative therapies, demonstrating how objective radiological assessment strengthens evidence-based treatment protocols and supports innovation in longevity, fertility, and intimate wellness.

- Dr Chetna Dutton, Director, 1 Scan Diagnostics

"Regenerative dermatology and non-invasive technologies are playing a growing role in intimate wellness by emphasising evidence-based tissue restoration, healthy ageing, and patient-centred care while reducing dependence on unnecessary cosmetic and surgical interventions.

— Dr Dinesh Tiwari, Director, Oneskin Dermatology

"Longevity is not merely about adding years to life - it is about preserving vitality. Healthy intimacy, fertility, and mental wellness are interconnected pillars of healthy ageing that ultimately define an individual's quality of life.

- Dr. Sandeep Aole, Founder, Fertilvency Clinical Wellness

Panel Discussion Topic - Next-Gen Clinical Excellence & Advanced Care

"Clinical excellence is achieved when innovation, evidence-based practice and multidisciplinary collaboration come together to deliver better outcomes for every patient.

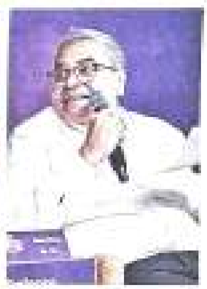
- Dr Manoj Padman, Director, Pediatric Orthopaedics, Madhukar Rainbow Children's Hospital

"In neurosciences, every minute matters. The ability to diagnose early, intervene rapidly, and continue structured rehabilitation through an integrated care pathway makes the biggest difference.

Dr Praveen Gupta, Chairman, Marengo Asia International Institute of Neuro & Spine

"Minimally invasive neurointerventions are playing a growing role in improving stroke outcomes and enabling better management of life-threatening diseases.

- Dr Tariq Matin, Director & Chief Neurointervention, Artemis Hospitals



"AI-powered imaging is enabling earlier detection of vision-threatening diseases.

- Dr Vivek Gupta, Proprietor, Nayan The Modern Eye Care Centre

Panel Discussion Topic - AI, Innovation & Intervention: Transforming the Future of Modern Cardiology

"The future of cardiac care lies in combining clinical excellence with AI integration in predictive technologies that enable preventive approaches, earlier intervention and better patient outcomes.

— Dr (Brig) Satish Chandra Mishra, Chairman, Cardiac Sciences, Park Hospital.

"Minimally invasive tech drastically reduces complications and accelerates recovery. AI serves as a powerful support tool, but human expertise remains irreplaceable.

- Dr. Mansoor Bhasmi, VP & HOD, Interventional Cardiology Max Super Speciality Hospital

"Minimally invasive cardiac surgery continues to improve both patient safety and long-term clinical outcomes.

- Dr Udgeath Dhir, Principal Director, Cardio Thoracic Vascular Surgery, Fortis Hospital, Gurgaon

"AI-powered wearables and 3D mapping are revolutionising arrhythmia detection. Standardising lossless pacing nationwide will fundamentally transform Indian cardiac care.

Dr Vanita Arora, Clinical Lead, Cardiac Electrophysiology, Indraprastha Apollo Hospitals

"AI-driven cardiac imaging enhances early accuracy while preventing unnecessary procedures. The future of personalised heart care relies entirely on multimodality imaging.

Dr Vinayak Aggarwal, Senior Director & Head of Clinical Cardiology & Cardiac Imaging, Fortis Hospital, Gurgaon

SC questions FSSAI, govt on food labels

Utkarsh Anand

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NEW DELHI: How many children in India can afford dry fruits, and how many reach out for a packet of Kurkure - a mass-market packaged snack? The difference, the Supreme Court said on Thursday, is precisely why consumers, especially children, need to know what they are eating, as it questioned the Food Safety and Standards Authority of India (FSSAI) over its reluctance to introduce front-of-pack warning labels on foods high in sugar, salt and saturated fat.

"You don't want people of this country to remain healthy? More particularly growing children?" a bench of Justices JB Pardiwala and K Vinod Chandran asked the Centre and FSSAI, while underlining that India must not compromise on public health or settle for lower standards merely because Indian foods may differ from those consumed in developed countries.

The bench was particularly concerned by minutes of a recent meeting of the food regulator suggesting continued hesitation over front-of-pack warning labels, despite the Supreme Court having already asked it to consider the measure. "Are you taking the court for a toss?" asked the bench, questioning whether pressure from food manufacturers was influencing the regulator.

"There is immense pressure at the end of all these corporate houses on you. And you are succumbing to that pressure! We are doing this in public interest. Keep it in mind. We are not doing it for ourselves," it added.

The court gave the Centre and FSSAI two weeks to place their final decision on record, warning: "This is your last chance. Next time we will dictate the judgment," it said.

The bench made clear that it was not seeking to ban any particular food or dictate what consumers should eat. What it wanted was for people to have clear information before making that choice.

"In this country, how many people can afford dry fruits? And how many children buy Kurkure? That makes all the difference. We are not against any particular product. We only want the person purchasing it to know what he is consuming," it said.

THE TOP COURT QUESTIONED THE FSSAI OVER ITS RELUCTANCE TO INTRODUCE FRONT-OF-PACK WARNING LABELS ON FOOD HIGH IN SUGAR, SALT AND SATURATED FAT

The exchange came during the hearing of a public interest litigation filed by non-profit 3S and Our Health, seeking warning labels on packaged foods to indicate high levels of salt, sugar and saturated fats.

The government sought to explain the reluctance to impose such warnings by pointing to the composition of Indian foods. Additional Solicitor General Brijender Chahar, appearing for the Centre and FSSAI, said traditional Indian foods tend to contain more salt, sugar and fat than what he described as "bland" food in developed countries.

"The difficulty is that each of our traditional foods will have the red symbol on it. Whether it is namkeen etc warning that it is very harmful," argued Chahar, adding that even foods such as eggs could cross proposed thresholds for fat. He also submitted that such a system could adversely affect micro, small and medium enterprises, with about a third of MSME revenue coming from traditional foods.

But the bench was unconvinced. "Even without a red label, everybody knows there is sugar, fat, carbs etc. no? This is to create public awareness," it said, stressing the need to protect children who are increasingly consuming such products.

The court also rejected the argument that manufacturers could be affected by warning labels. "Manufacturers may not like this because it may affect their business. Even after these warnings, it's the discretion of the person who purchases it. He may still purchase it or he may not purchase. Why are you reluctant to do this?" it asked.

The confrontation over the issue comes after the Supreme Court had already expressed dissatisfaction with FSSAI's handling of the matter.

In its August 4 order, the court recorded that it was not satisfied with FSSAI's compliance affidavit and specifically asked the authority to consider front-of-package labelling, noting that such a system was "internationally prevalent", and directed it to revert within four weeks.

The issue has been pending for more than a year. The original PIL was disposed of in April 2025 after FSSAI told the court that an expert committee would recommend amendments to food labelling rules. The regulator's proposed Indian Nutrition Rating (INR) system envisaged a 0.5-to-5 star rating for packaged foods based on factors including sugar, salt, saturated fat, energy, protein and fibre, aimed at helping consumers make healthier choices.

But the process has dragged on. FSSAI said it received more than 14,000 comments on the proposal and its expert committee held five meetings, but later reported a lack of consensus on the INR format. It subsequently proposed further amendments, research, consumer surveys and wider stakeholder consultations, while the matter was deferred by the Food Authority.

The Supreme Court, however, appeared unwilling to let the consultation process become an indefinite exercise. It also rejected the Centre's suggestion that India should not necessarily seek to match international standards on food labelling.

"We do not approve the stance of the Union when it says that it's not possible to match the international standards, more particularly developed countries. Should India remain as an undeveloped country? The world should know that India is concerned about the health of its citizens and more particularly children," it said.

SC has nurtured environmental law. Do its decisions look distant today?

UJJAL BHUYAN

FOR THE record

IN THE early years of Indian Independence, there was no precise environmental policy. The Constitution of India had a few provisions regarding the environment, though the word "environment" was not expressly mentioned.

In 1976, Parliament drew upon the commitment made by India at the UN Conference on Human Environment held at Stockholm. The views expressed at the Stockholm Conference form the core of the environmental philosophy of India that has found expression in various statutes and policy pronouncements. These provisions were inserted in the Constitution by the Constitution (forty-second amendment) Act, 1976 (the Amendment Act), which included Article 48A and Article 51A (g).

Article 48A is a directive principle of state policy. It advises the state that while framing laws or executing policy decisions, it should endeavour to protect and improve the environment and to safeguard the forests and wildlife of the country. Article 51A is a separate provision under Part IVA providing for fundamental duties of citizens. It says that it shall be the duty of every citizen to protect and improve the natural environment.

The Amendment Act introduced a host of provisions, starting from amendments to the Preamble. Some of its provisions became highly controversial, both substantively and in the political and constitutional context as internal Emergency was then in force. Shanti Bhushan, one of India's most prominent lawyers, became the law minister when a new government came to power in 1977. There was clamour all around that all the amendments should be removed lock, stock and barrel. It is to his eternal credit that, notwithstanding his sharp political disagreement with the outgoing PM and despite overwhelming public demand, he did not touch many of the provisions.

Though we had the statutory framework before and after the Stockholm Conference, it is the Bhopal gas leak tragedy of 1984 that really galvanised the Supreme Court into action. In *Union Carbide vs Union of India*, the Supreme Court developed the doctrine of absolute liability. This is based on the principle that when an enterprise involves inherently dangerous activity and harm results to anybody because of a mishap relatable to the enterprise or activity, the enterprise would be obligated to repay each one of the injured or affected individuals. The polluter pays principle was introduced by the Rio Summit of 1982 and was applied for the first time in India in the case of *Indian Council for Enviro-Legal Action Vs. Union of India*.

In the case of *Vellore Citizens' Welfare Forum vs Union of India*, the Supreme Court declared that the precautionary principle includes three major conditions: the state must anticipate, prevent and attack the cause of environmental degradation. It is a preventive principle based on precaution.

In my dissenting judgment in *Confederation of Real Estate Developers of India (CREDAI) vs Vanashakti*, which reviewed the original *Vanashakti* judgment, I have said that the precautionary principle is the cornerstone of environmental jurisprudence. Polluter pays is only a principle of reparation. In other words, if at all there has to be a grading of the environmental principles, precautionary principle has to be placed above the principle of polluter pays.

The principle of sustainable development means that the state must make efforts to maintain a balance between the environment and development. In *Vellore Citizens' Welfare Forum*, the Supreme Court held that the precautionary principle and polluter pays principle are essential features of sustainable development. Sustainable development has come to be accepted as a part of customary international law.

In the case of *M.C. Mehta vs Kamal Nath*, famously known as the Span Motel case, the Supreme Court developed the concept of the public trust doctrine. While Span Motel had to bear the cost of compensation and had to face penalties under the polluter pays principle, it was the Himachal Pradesh government which was pulled up for breaching public trust. The Supreme Court also emphasised the principle of inter-generational equity, holding that the present generation has a duty to protect the environment for future generations. From these judgments, and there are many more, we can conclude that if Indian environmental jurisprudence has a parent, it is the Supreme Court. It has nurtured environmental law from its infancy. But having said that, I ask myself: Today, do these decisions look very distant?

My former colleague in the Bombay High Court, Justice Gautam Patel, has analysed Supreme Court judgments dealing with the environment in an article titled 'Consistently Inconsistent: Environmental Law and the Supreme Court'. Justice Patel finds that by and large, the Supreme Court has supported the environmental cause raised by non-governmental organisations. It has not shown the same degree of support to cases challenging infrastructure projects. Justice Patel says it is in precisely this area that an intervention of the Supreme Court is vital, and yet it is here that we find a reluctance to come down on the side of the environmentalists. He says the jurisprudential inconsistency is apparent when one sets these decisions against the principles that the Supreme Court itself repeatedly enunciates in the broadest possible terms. It is that consistent inconsistency that exacerbates the threats to the environment.

> When a conscientious citizen approaches the Court with a grievance that a particular project is in breach of environmental norms, what should be the approach of the Court?

Is there any conflict between environment and development? The answer, according to me, is an emphatic no. Three decades ago, the Supreme Court had observed in the *Vellore Citizens* case that the traditional concept that development and ecology are opposed to each other is no longer acceptable. In my *Vanashakti* review judgment, I have said that it is unfortunate that a false narrative is being created pitting environment against development. Both are part of the constitutional construct of sustainable development.

When a conscientious citizen approaches the Court with a grievance that a particular project is in breach of environmental norms, what should be the approach of the Court? Should the Court throw out the challenge at the threshold by asking aloud, almost posing a leading question to itself, whether any development project in India has gone unchallenged? It is true that there are many busybodies who file frivolous petitions. However, such attempts have been deprecated by the courts, but that cannot be the reason to paint all challengers with the same brush. There are committed environmentalists in our country who continue to espouse the cause of the environment. Where would they go if the doors of the courts are closed? According to me, that cannot be the approach of a constitutional court. Instead, the Court should ask: Has the project complied with the environmental norms? The Court should assure itself and citizens that all projects, big or small, infrastructure or otherwise, should comply with the environmental norms.

The writer is a Supreme Court Justice. Edited excerpts from a speech he delivered on August 8 at Vivekananda Kendra, Guwahati

How 'Perfect' Families 'Cure' Mental Illness

Even when someone is patently not fine, they are pressured to act as if they are, each dining table talk making them smaller. This must change. Begin by acknowledging that the mind, like the body, can need medical care

Rituparna Borah

● *Why don't you try meditation, maybe yoga?*

● *You are overthinking. Everyone feels depressed sometimes. Now chill and stop thinking so much.*

Those of us coping with anxiety, depression, or other mental health issues, hear such platitudes quite often. Mostly from people who are close and care. But more than helping, such statements diminish mental distress as a "you" problem, absolving any structural factors of blame. Depression becomes just a phase, bipolar disorder becomes mood swings, trauma something to move on from. And, of course, mental illness is still popularly imagined through dangerous, violent stereotypes.

Indian families have a strange way of invisibilising mental illness. It is not that they do not notice distress, anxiety, or depression. But naming it means accepting that something is not "fine". In a society where image is generally top priority, being fine carries with it expectations of good behaviour, good grades, good jobs, a stable marriage with children, caring for parents, ad infinitum.

When someone is not *fine*, the "perfect" family, or rather its image, crumbles. A pressure, then, is created to portray perfection. The first reaction is fixing and questioning, rather than listening and acknowledging. That is when the elephant in the room becomes bigger, but, alas, the room itself starts shrinking. Accountability shifts to the person in distress, because the family won't face it directly. And when the family can't, sometimes you can't either.

I am bipolar, and I have chronic pain and fatigue. I came out as a lesbian before I came out as someone with a mental illness. I was ashamed of being that "difficult woman", that "too much woman", the woman who cancels plans at the last moment, that "emotional woman". Strangely, I was not ashamed to speak about my life as a queer woman. But mental illness felt different. It felt like admitting that I failed, maybe I didn't have a rational understanding of life.

This rationality is something the family worries about. If you are not rational, how are you going to lead a *fine* life? Not leading a fine life, with all that your family has provided, can feel like you are being ungrateful. Especially when you try talking to your loving family and are met with a cacophony of yoga, meditation, mindfulness, rest. Those who can resonate with this, who are shown a character/personality development path instead of a doctor, are sailing in the same boat. The same leaky boat, where we ourselves are the holes that must be plugged to stay afloat.

The family's faith in mindfulness etc is unfortunately not matched by their faith in medication. Only the likes of diabetes and BP are respectable enough to be treated with pills. For mental illness, everyone becomes a philosopher of willpower.

I am not promoting the pharma industry. But medicines for mental health can help, just like other meds do. They may have side effects, just like other meds do. We also need to understand that therapy is not the same as taking advice from friends or giving advice to friends. Therapy requires skill, training, and a safe space where one can speak without being dismissed, judged, or immediately fixed.

India needs mental healthcare. Around 150mn Indians do. Shortage of doctors and expensive treatment are major barriers. But for many of us, the first barrier is still inside us – the shame, fear, internalised stigma that make it hard to say that we need help.

THE GREAT UNSPOKEN
CONVERSATIONS WE NEED TO HAVE

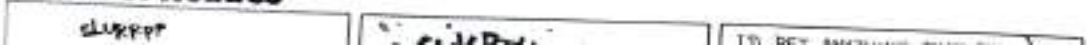
What can we do as individuals? As family members or friends, we must stop performing and accepting only "perfection" and rationality. These ideas fall flat when we look at the reality around us. What we can do instead is not try to be the therapist, judge, disciplinarian who can fix everything. Do not become another place where people feel smaller. We can ask what support can look like to the person in need. We can listen without preparing a lecture.

Our living room and dining table conversations also need to change. It isn't enough to share posts on awareness days. Instead, we can begin with small actions. Making space for a friend or family member to say that they are not okay. And if someone says they are not okay, we can stand beside the person, even when we don't fully understand what they are going through. Just try seeing mental illness as a call for care and understanding, doing right by the person you care for, who has reached out to you.

The beauty of family, friend-circle, community is how it shows up when its members need it. I want to tell my younger self that my loneliness was not only a family failure; it was the systematic silence around mental health. That it was not for the lack of love, but issues larger than what we could control, but we tried anyway. Sometimes, that makes all the difference.

The writer is co-founder of an NGO working on LGBTQIA issues

Calvin & Hobbes



Sacred SPACES

Transparency as the foundation of trust in medicine

India marked Doctors' Day on July 1, but the occasion demands that we continue to look beyond well-deserved expressions of gratitude and reflect on the structural foundations that sustain public confidence in health care. Trust in medicine is frequently thought of as a sacred, isolated bond between patient and doctor. In reality, that trust is forged much earlier – within the institutions that regulate care, the systems that deliver it, and the transparency that connects them.

The limitations of this system are readily observable. This writer tried the simple exercise of verifying a doctor's credentials on the Tamil Nadu Medical Council (TNMC) website. What should have been a straightforward search turned out to be unexpectedly challenging. The system required specific details, such as the doctor's exact registration number, which are not easily available to the public. Whether something obvious was missed or the website was simply not designed with the public – or even a colleague concerned – in mind, the experience pointed to a larger question: how much does institutional transparency shape public faith in medicine?

Vincent Arockiasamy

Clinical Assistant Professor of Paediatrics; former Director, Student Assessment, Undergraduate Medical Education, University of British Columbia, Canada, and also involved in medical professional regulation

How institutions build trust

In many western countries, public trust is maintained through highly accessible regulatory frameworks. For example, the United Kingdom's General Medical Council hosts a publicly searchable register where anyone can quickly verify a doctor's qualifications, registration status, and any history of regulatory restrictions. Similarly, the provincial Colleges of Physicians and Surgeons in Canada require minimal identifying information to view a physician's professional profile. These organisations explicitly signal that professional standards are being ensured through peer review, continuing education, and clear processes for handling complaints. This transparency does more than just share data. It reassures people that medical practice is open to independent scrutiny, creating a safe environment where individual doctor-patient relationships can thrive.

India's clinical landscape is evolving admirably, with a workforce that is known for its excellent clinical acumen despite working under considerable constraints. While the National Medical Commission has taken steps to improve medical education and professional standards in recent years, public-facing regulatory transparency remains uneven. State Medical Councils, including the TNMC, hold digital registers, but the ease with which a regular patient can navigate them varies. As India continues its digital transformation, making these regulatory portals genuinely user-friendly is a low-hanging opportunity to reinforce public trust at its foundation.

Transparency across regulatory bodies, hospital systems, and clinical care can strengthen public faith and trust

Beyond individual blame

Between regulatory bodies and individual consultation rooms lie the systems of care – hospitals, clinics, and their organisational processes. These daily workflows heavily influence patient satisfaction, shaping perceptions of fairness long before a clinical outcome is reached.

System transparency requires clear communication about medical costs, operational processes, and pathways to register a grievance. Crucially, it also means having an internal culture of medical auditing. Rather than placing blame entirely on individuals when things go wrong, modern health-care systems – following World Health Organization guidelines – are moving toward analysing the systemic design flaws that allow mistakes to occur in the first place.

This approach requires a formal culture of "Open Disclosure". In advanced medical jurisdictions, being honest when things go wrong is a professional requirement, not an option. It involves a structured, honest conversation with the patient or their family, acknowledging the incident, explaining how it occurred, and detailing the steps being taken to prevent recurrence.

Formalising open disclosure in India, right from the ground level of clinical care, would be transformative. When hospitals support their doctors to be transparent about clinical uncertainties or complications, they reduce the emotional burden on the practitioner and prevent potential friction with families. A lack of clear information breeds suspicion. When processes are opaque or difficult to navigate, public dissatisfaction builds rapidly – even if the actual clinical care delivered was appropriate. Much of this friction arises not from malice, but from a mismatch between patients' expectations and their actual experience.

India has seen a worrying rise in violence against health-care workers. The Indian Medical Association reports that over 75% of doctors have faced some form of workplace violence. While the root causes are multifactorial, deep-seated systemic mistrust is often the spark that escalates conflict. In these high-stress settings, transparency is a protective shield, not an administrative burden. A system that is completely honest about limitations and constraints within clinical care makes it less likely that individual frontline doctors will become the sole targets of a family's anger and resentment.

At the ground level, the doctor-patient relationship remains the ultimate test of the profession – a space where high-stakes decisions are made in moments of profound human vulnerability. Here, transparency transitions from policy into a purely human interaction.

Modern patients increasingly expect clarity regarding who is treating them and why specific clinical decisions are chosen. This means explaining a diagnosis in plain language, detailing the rationale behind investigations, discussing therapeutic alternatives, and being transparent about costs and complications. Providing proactive, periodic updates on a patient's progress – or lack thereof – is often the single most effective way to ease a family's distress.

This shift toward shared decision-making recognises that transparency in treatment is about relationships, not just data. However, if transparency is to be a core part of modern medicine, it must be integrated into medical training. This cannot be taught in a lecture hall alone; it must be actively modelled by senior doctors during everyday clinical practice and teaching. By embedding this culture of communication early, we prepare the next generation of physicians to navigate increasing public expectations.

In my experience, the majority of conflicts in health care do not arise from the medical decisions themselves, but from how those decisions were communicated and understood. When patients feel genuinely heard and informed, the bond is strengthened. When communication is poor, even appropriate care may be perceived as inadequate.

A final reflection

Doctors need safe, respectful, and dignified environments in which to work. Patients require reassurance that the care they receive is both ethical and competent. These are not competing demands; they are mutually reinforcing traits.

Trust in medicine is built collectively by what our institutions make visible, how our clinical care systems function, and how doctors and patients talk to one another. When transparency runs through all three layers, it stops being an abstract ethical principle and becomes part of everyday practice.

Doctors' Day has passed, words of appreciation are important. But the days after also invite a structural look at our systems. At a time when the medical profession is practising under unprecedented strain, enhancing transparency in regulatory frameworks, clinical corridors, and individual consultation rooms is the most meaningful way to protect the integrity of the profession. Trust is not an entitlement to be claimed; it is a professional pact that must be continuously renewed through transparency.

कोर्ट बनाम FSSAI सुप्रीम कोर्ट ने फटकार लगाई, कहा- क्या आप नहीं चाहते कि बच्चे स्वस्थ रहें

बंद पैकेट में क्या है? लेबल पर FSSAI को कोर्ट का अल्टिमेटम- ये आखिरी मौका

AI Image

■ NBT रिपोर्ट, नई दिल्ली

सुप्रीम कोर्ट ने गुरुवार को पैकेट बंद खाने के वॉर्निंग लेबल पर फूड सेफ्टी एंड स्टैंडर्ड्स अथॉरिटी (FSSAI) को आखिरी चेतावनी दी है। कोर्ट ने कहा कि नमकीन, बिस्किट और चिप्स के पैकेट पर ज्यादा चीनी-नमक और फैट की चेतावनी देने वाले वार्निंग लेबल लगाने पर अगर फैसला नहीं ले पा रहे हैं तो हम आदेश जारी करेंगे। कोर्ट ने कहा, यह आपका आखिरी मौका है। अगली बार हम खुद फैसला लेंगे। फरवरी में दिया गया उसका पिछला आदेश महज सुझाव नहीं, बल्कि FSSAI के लिए निर्देश था। कोर्ट ने पूछा, क्या आप नहीं चाहते कि इस देश के लोग स्वस्थ रहें? खासकर बड़े होते बच्चे?

FSSAI का क्या कहना है

FSSAI ने कहा, तय गाइडलाइन के आधार पर पैकेट पर एक्स्ट्रा शुगर की लिमिट 25 ग्राम, फैट 10 ग्राम और नमक 5 ग्राम प्रतिदिन बताने का सुझाव है।

कोर्ट ने दिया 2 हफ्ते का वक्त

जस्टिस जेबी पारदीवाला और जस्टिस के. विनोद चंद्रन की बेंच ने पैकेट पर चेतावनी देने के बजाय FSSAI के चीनी, नमक और सैचुरेटेड फैट की डेली तय मात्रा बताने के सुझाव पर सवाल उठाया। याचिकाकर्ता ने कहा था कि ग्राहक हिसाब लगाता ही रह जाएगा कि उसे क्या और कितना खाना है। जस्टिस पारदीवाला ने सवाल उठाया कि क्या FSSAI फूड इंडस्ट्री के दबाव में काम कर रहा है। कोर्ट ने FSSAI को अपने फैसले पर दोबारा सोचने के लिए 2 हफ्ते दिए।

'2 घंटे देश के नाम', डॉक्टर अब हर हफ्ते करेंगे मुफ्त में इलाज

जरूरतमंद मरीजों को ध्यान मे रखकर शुरू किया गया है खास अभियान

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■ नई दिल्ली : स्वतंत्रता दिवस से पहले दिल्ली के डॉक्टरों ने जरूरतमंद मरीजों के लिए एक ऐसी पहल शुरू की है, जिससे इलाज की महंगी फीस अब विशेषज्ञ डॉक्टर से सलाह लेने में बाधा नहीं बनेगी। '2 घंटे देश के नाम' अभियान के तहत अलग-अलग स्पेशलटीज वाले डॉक्टर हर सप्ताह दो घंटे जरूरतमंद लोगों का मुफ्त इलाज करेंगे। खास बात यह है कि मरीज अस्पताल या क्लिनिक में जाकर ही नहीं, बल्कि वीडियो कंसल्टेशन के जरिए भी विशेषज्ञ डॉक्टर से सलाह ले सकेंगे। इसका फायदा खासतौर पर झुग्गी-बस्तियों, ग्रामीण इलाकों और कम आय वाले परिवारों को पहुंचाने का लक्ष्य है।

ऑनलाइन के साथ ऑफलाइन ले सकेंगे इलाज

इस अभियान में आंख, हड्डी, कैंसर, साइकियाट्री, बच्चों की बीमारी, हार्ट की बीमारी, महिला रोग, एंडोक्रिनोलॉजी और जनरल मेडिसिन समेत कई क्षेत्रों के डॉक्टर शामिल हो रहे हैं। डॉक्टर अपने अस्पतालों और क्लिनिकों में मुफ्त ओपीडी के साथ दूर-दराज के मरीजों के लिए ऑनलाइन सलाह भी उपलब्ध करा

AI Image

सीनियर डॉक्टरों की टीमें जुड़ी इस पहल से

दिल्ली आई सेंटर की 8 सीनियर आई एक्सपर्ट की टीम इस पहल से जुड़ी है। टीम का नेतृत्व नेत्र रोग विशेषज्ञ और मेडिकल डायरेक्टर डॉ. इकेदा लाल कर रही हैं। इसके लिए 9999066872 पर संपर्क किया जा सकता है। सीनियर ऑर्थोपेडिक सर्जन और तोमर फाउंडेशन के संस्थापक डॉ. एल. तोमर की टीम भी अभियान से जुड़ी है। हड्डियों की समस्याओं के मरीज 9910000159 पर संपर्क कर सकते हैं। होप केयर इंडिया, नई दिल्ली के मानसिक स्वास्थ्य विशेषज्ञ भी जरूरतमंद लोगों को मुफ्त सलाह देंगे। संस्था के सीनियर साइकियाट्रिस्ट और डायरेक्टर डॉ. दीपक रहेजा ने कहा कि आर्थिक और सामाजिक कारणों से कई लोग समय पर मानसिक स्वास्थ्य विशेषज्ञ तक नहीं पहुंच पाते। 9311112377 पर संपर्क किया जा सकता है।

कैंसर मरीजों को मिलेगा मुफ्त सेकंड ओपिनियन

10 मेडिकल और सर्जिकल ऑन्कोलॉजिस्ट भी इस पहल में शामिल हैं। इसके लिए 9355520202 पर संपर्क किया जा सकता है।

डॉक्टर से इस प्रकार इलाज करा सकते हैं

- संबंधित बीमारी के स्पेशलिस्ट डॉक्टर से इलाज के लिए फोन नंबर जारी किया गया है।
- सोमवार से शनिवार के बीच इस नंबर पर कॉल करें और सुबह 10 से शाम 5 बजे के बीच अपना स्लॉट ले सकते हैं।
- स्लॉट में मरीज ऑनलाइन और ऑफलाइन में से कोई एक विकल्प चुन सकते हैं।
- ऑनलाइन वाले मिले स्लॉट पर वीडियो कॉल कर डॉक्टर से इलाज करा सकते हैं।
- ऑफलाइन इलाज के लिए स्लॉट और डॉक्टर के क्लिनिक का एड्रेस लें और तय समय पर पहुंच कर वहीं से इलाज ले सकते हैं।
- गांवों तक पहुंचेगी दिल्ली के विशेषज्ञों की सलाह: अभियान का डिजिटल मॉडल इसकी सबसे अहम कड़ी है। इसके जरिए गांवों, टियर-3 शहरों और दूर-दराज के इलाकों में रहने वाले मरीज दिल्ली के विशेषज्ञ डॉक्टरों से वीडियो कंसल्टेशन ले सकेंगे।

स्वास्थ्य विभाग: खरीद प्रक्रिया पर मांगा जवाब

■ NBT रिपोर्ट, नई दिल्ली: दिल्ली के स्वास्थ्य विभाग में खरीद प्रक्रिया को लेकर चल रहे विवाद के बीच स्वास्थ्य मंत्री डॉ. पंकज कुमार सिंह ने स्वास्थ्य सचिव की ओर से भेजी गई रिपोर्ट को असंतोषजनक बताया है। मंत्री ने साफ किया है कि मामले की जांच का हवाला देकर सरकारी रिकॉर्ड में उपलब्ध वास्तविक जानकारी देने से इनकार नहीं किया जा सकता है। मंत्री की ओर से 12 अगस्त को जारी आदेश में ORS पैकेट, वेंटिलेटर और कैटेगरी एक्स-रे मशीनों की खरीद से जुड़े विस्तृत रिकॉर्ड मांगे गए हैं। इनमें खरीद दर, GST, लैंडेड कॉस्ट, खरीदी गई मात्रा, संबंधित स्पेसिफिकेशन, सप्लाई ऑर्डर और डिलिवरी की जानकारी शामिल है।

सिरसा को बर्खास्त कर हो जांच: AAP

■ NBT रिपोर्ट, नई दिल्ली: आम आदमी पार्टी (AAP) ने उपराज्यपाल और मुख्यमंत्री से खाद्य व नागरिक आपूर्ति मंत्री मनजिंदर सिंह सिरसा को तत्काल बर्खास्त कर मामले की जांच कराने की मांग की है। गुरुवार को AAP मुख्यालय में प्रेस वार्ता के दौरान दिल्ली प्रदेश अध्यक्ष सौरभ भारद्वाज ने आरोप लगाया कि दिल्ली के गरीबों में बांटने के लिए FCI (फूड कॉर्पोरेशन ऑफ इंडिया) से आवंटित चावल NERAMAC निगम को चावल मिला लेकिन उसने गरीबों में बांटने के बजाय हरियाणा की एक कंपनी को दोगुने दाम में बेच दिया। सौरभ ने कहा कि यह चावल मंत्री सिरसा के विभाग में तैनात अतिरिक्त कमिश्नर अरुण कुमार झा के कई पत्राचार के बाद FCI ने निगम को दिया था। इस मामले में झा को सस्पेंड कर दिया गया है।

उत्तर रेलवे

चिकित्सा क्षेत्र की दो बड़ी उपलब्धियों से मरीजों को जांच में कम तकलीफ होगी

बिना बायोप्सी लिवर की जांच होगी

एक्सक्लूसिव

■ रणविजय सिंह

नई दिल्ली। मोटापे से पीड़ित लोगों में लिवर फाइब्रोसिस की पहचान के लिए एम्स दिल्ली के डॉक्टरों ने एक फार्मूला विकसित किया है। इसे एएफएसओ (एडवांस फाइब्रोसिस सेवेरिटी इन ओबेसिटी) नाम दिया गया है।

दो रक्त जांच ईएलएफ (एन्हांस्ड लिवर फाइब्रोसिस), प्लेटलेट्स जांच और लिवर की कठोरता (एलएसएम) जांच को मिलकर इसे तैयार किया गया है। इस स्कोर से बायोप्सी के बगैर लिवर में फाइब्रोसिस और उसकी गंभीरता की सटीक पहचान की जा सकेगी। एम्स के यह शोध अंतरराष्ट्रीय मेडिकल जर्नल सर्जिकल एंडोस्कोपी में प्रकाशित हुआ है। इससे मोटापे की सर्जरी कराने वाले 69 प्रतिशत मरीजों में फाइब्रोसिस की जांच के लिए बायोप्सी को टाला जा सकता है। डॉक्टरों ने अत्यधिक मोटापे से ग्रस्त 189 लोगों पर यह शोध किया है। जिनकी बीएमआई 46.3 था। इनमें 67.2 प्रतिशत महिलाएं थी।

17.5 प्रतिशत मरीजों के लिवर में एडवांस फाइब्रोसिस की बीमारी थी। जिसमें से 8.5 प्रतिशत मरीजों को एडवांस सिरोसिस था। लिवर फाइब्रोसिस की जांच के लिए बायोप्सी मानक जांच की तकनीक है।

कम स्कोर तो जोखिम नहीं

शोध में पाया गया कि एएफएसओ स्कोर 0.15 से कम हो तो एडवांस फाइब्रोसिस का जोखिम नहीं होता। इन मामलों में बायोप्सी को टाल सकते हैं। यह स्कोर 0.31 से अधिक होने पर एडवांस फाइब्रोसिस का अधिक जोखिम पाया गया।

लार से मुंह के कैंसर का पता चल सकेगा

इंदौर, एजेंसी। आईआईटी इंदौर के शोधकर्ताओं ने मुंह के कैंसर का शुरुआती चरण में ही पता लगाने का बेहद आसान और कारगर तरीका खोज निकाला है। प्रोफेसर हेम चंद्र झा की देखरेख में विकसित इस तकनीक में केवल लार और मुंह के अंदरूनी हिस्से से लिए गए नमूनों से कैंसर के लक्षणों की पहचान की जा सकती है। इस शोध के नतीजे प्रसिद्ध ब्रिटिश जर्नल ऑफ कैंसर में प्रकाशित हुए हैं।

अभी मुंह के कैंसर की पुष्टि के लिए चिकित्सक बायोप्सी करते हैं। इसमें मुंह के प्रभावित हिस्से से थोड़ा टिश्यू लिया जाता है, जिससे दर्द हो सकता है। नई तकनीक में ऐसा नहीं करना पड़ता।

पैरों में झनझनाहट से कैसे पार पाएं

बिस्तर पर लेटते ही पैरों में झनझनाहट हो या फिर तलवों में लगातार जलन रहे, तो इसे नजरअंदाज न करें। हर बार इसे उम्र या थकान का असर मानकर टालना ठीक नहीं है। यह नसों से जुड़ी समस्या का एक संकेत हो सकता है, जिसे समय रहते समझना जरूरी है। इस झुनझुनी का कारण क्या है और कब सावधान हो जाएं, बता रही हैं तृप्ति मिश्रा

रा[illegible]

इन लक्षणों पर रखें नजर

- झुनझुनी, सुई चुभने का [illegible]
- [illegible]
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बीमारी नहीं लक्षण

[illegible]

- [illegible]
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डायबिटीज में पैरों की जांच जरूरी

[illegible]

घर पर ध्यान दें

[illegible]

राहत के रास्ते

[illegible]

हमारे विशेषज्ञ:
- डॉ. [illegible]
- डॉ. [illegible]

बिना जांच बी-12 की गोलियां न खाएं

[illegible]

लक्षणों के आधार पर जांच

[illegible]

रात में क्यों बढ़ जाती जलन

[illegible]

तुरंत डॉक्टर से मिलें अगर

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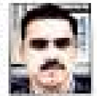
सवाल-जवाब

तनाव भी पाचन समस्याओं का एक कारण

[illegible]



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भेजें अपने सवाल

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थाली में असली पनीर या एनालॉग?

भारतीय थाली में पनीर सिर्फ स्वाद नहीं, प्रोटीन का एक जरूरी स्रोत है, इसलिए हमें यह पता होना चाहिए कि हम जो पनीर खा रहे हैं, वह असली है या एनालॉग। प्रोसेस्ड, सस्ते व मिलावटी विकल्पों से बना पनीर सेहत को नुकसान पहुंचा सकता है।

हाल में महाराष्ट्र में एनालॉग यानी नॉन-डेयरी उत्पादों से बने पनीर पर एक साल की पाबंदी लगाई गई है। जांच में कई पनीर के नमूनों को मानकों पर खरा नहीं पाया गया था। यहां यह समझना जरूरी है कि एनालॉग पनीर हमेशा 'जहरीला' या 'मिलावटी' नहीं होता, लेकिन वह आपकी सेहत के लिए कितना अनुकूल है, यह जानना जरूरी है।

क्या है एनालॉग पनीर

परंपरागत पनीर दूध फाड़कर बनाया जाता है। एनालॉग पनीर दूध की जगह वनस्पति तेल, स्टार्च, आटा, सोया या मटर या अन्य वनस्पति उत्पादों से बने प्रोटीन, मिल्क पाउडर, इमल्सीफायर और स्टेबलाइजर जैसी चीजों से तैयार किया जाता है। इसमें पनीर जैसा स्वाद, रंग और बनावट देने के लिए प्रिजर्वेटिव और फ्लेवर भी मिलाए जा सकते हैं। दूध से बने पनीर में प्रोटीन, कैल्शियम व दूसरे पोषक तत्व कुदरती रूप से मिलते हैं। दूसरी ओर, एनालॉग उत्पाद का पोषण उसके फॉर्मूले पर निर्भर करता है। उसमें प्रोटीन कम, स्टार्च अधिक, सोडियम ज्यादा या वसा की किस्म अलग हो सकती है। कुछ में सस्ते उत्पाद भी प्रयोग किए जा सकते हैं।

कैसे करें पहचान

घर पर देखकर, सूंघकर या उबालकर हर बार निश्चित रूप से यह पता लगाना संभव नहीं है कि पनीर असली है या एनालॉग। सोशल मीडिया पर गर्म करने, आयोडीन डालने या बनावट देखने जैसे कई घरेलू जांच के तरीके बताए जाते हैं, लेकिन प्रयोगशाला परीक्षण ही ज्यादा भरोसेमंद हैं। पैकेट वाला पनीर खरीदते समय देखें कि उस पर एनालॉग या नॉन-डेयरी उत्पाद की स्पष्ट जानकारी दी गई है या नहीं। अगर दूध के बजाय वनस्पति तेल, स्टार्च, सोया/मटर प्रोटीन, इमल्सीफायर या स्टेबलाइजर प्रमुख घटक हैं, तो यह सामान्य डेयरी पनीर नहीं है। पोषण लेबल पर प्रोटीन और कैल्शियम की मात्रा भी देखें।

खरीदने से पहले अपनी जरूरत जानें

किसी खाद्य पदार्थ को 'एनालॉग' कहने का आशय यह नहीं कि वह बीज अनिवार्य रूप से असुरक्षित है। ऐसे लोग, जिन्हें दूध या लैक्टोज से परेशानी रहती है, ये अन्य विकल्पों से बने पनीर का चुनाव कर सकते हैं। वहीं, ऐसे लोग जो सामान्य पनीर समझकर इसे खरीद रहे हैं, उन्हें यह पता होना चाहिए कि पनीर किन सामग्री से बना है। मसलन, ऐसे लोग जो स्टार्च या किसी विशेष खाद्य पदार्थ के प्रति संवेदनशील होते हैं, उन्हें एनालॉग पनीर खाने पर गैस, पेट फूलना या अपच जैसी समस्या हो सकती है। ऐसे लोग, जो डायबिटीज, हाई ब्लड प्रेशर या मोटापे से जूझ रहे हैं, उनका लंबे समय तक अधिक कैलोरी, वसा, सोडियम या प्रोसेस्ड बीजों से बना एनालॉग पनीर खाना सेहत को नुकसान पहुंचा सकता है। यही वजह है कि सामग्री की जानकारी होना जरूरी है।

कैसे लड़ेंगे मच्छरों से जंग जब योद्धा हैं कम

नगर निगम के स्वास्थ्य विभाग में 1657 पद खाली, एमटीएस तक स्टाफ की है कमी

विक्रमजीत सिंह • जागरण

नई दिल्ली: दिल्ली में इस बार डेंगू का डेनवी-2 (स्ट्रेन 2) लोगों के लिए खतरे की घंटी है। इन बीमारियों से एमसीडी कैसे जंग लड़ेगा इस पर सवाल हैं, क्योंकि एमसीडी के स्वास्थ्य विभाग में योद्धाओं की ही कमी है। इस वजह से मच्छरजनित बीमारियों के रोकथाम का कार्य प्रभावित हो सकता है।

एमसीडी के एमएचओ-1 अशोक कुमार रावत द्वारा दी गई रिपोर्ट के अनुसार निगम स्वास्थ्य विभाग में 6304 पद स्वीकृत हैं। इसमें से 1657 पद खाली पड़े हैं। यह वह पद हैं, जो मच्छरजनित बीमारियों की रोकथाम में अहम भूमिका निभाते हैं। इसमें जमीनी स्तर पर काम करने वाले एमटीएस के 529 पद ही खाली पड़े हैं। इसके साथ ही मच्छरों की उत्पत्ति वाले इलाकों पर विशेष ध्यान देने और वहां पर

स्वीकृत पद 6304, तैनात हैं 4647, एंटी मलेरिया अधिकारी के सभी 14 पद खाली, मलेरिया निरीक्षक के 104 पद रिक्त

लगातार निरीक्षण करके मच्छरों की उत्पत्ति कम करने के लिए जिम्मेदार सहायक जनस्वास्थ्य निरीक्षक, जन स्वास्थ्य निरीक्षक, सहायक मलेरिया निरीक्षक, मलेरिया निरक्षक, एंटी मलेरिया आफिसर, महामारीविद और मच्छरजनित बीमारियों के लिए विशेषज्ञ जैसे पद खाली पड़े हैं।

रिपोर्ट के अनुसार एंटी मलेरिया आफिसर के सभी 14 पद खाली हैं। इस पद पर एक भी नियमित, सीधे नियुक्त या अनुकंपा आधार पर कर्मचारी तैनात नहीं है। वहीं स्वीकृत 150 मलेरिया निरीक्षक के पदों में केवल 46 पद भरे हैं, 104 खाली पड़े हैं। सहायक मलेरिया निरीक्षक के 600 स्वीकृत पदों में 54 नियमित और 151 सीधे नियुक्त कर्मचारी हैं। इसके बाद भी 395 पद खाली हैं। इसी तरह महामारी विज्ञानी के 12 स्वीकृत पदों में एक नियमित और दो सीधे नियुक्त कर्मचारी हैं, जबकि नौ पद रिक्त हैं। एंटोमोलाजिस्ट के 12 पदों में से तीन खाली हैं। जन स्वास्थ्य निरीक्षक के 85 स्वीकृत पदों में से 37 पद रिक्त हैं। सहायक जन स्वास्थ्य निरीक्षक के 255 पदों में 135 पद खाली हैं। सबसे अधिक रिक्तियां एमटीएस (पीएच) सहित फील्ड वर्कर आदि श्रेणियों में हैं। इस श्रेणी में 5176 पद स्वीकृत हैं, जिनमें 529 पद रिक्त हैं। उल्लेखनीय है कि इस वर्ष सर्वाधिक मरीज डेंगू के स्ट्रेन 2 के आ रहे है, जो सर्वाधिक खतरनाक माना जाता है।

> हम लगातार संसाधनों को बढ़ाने की कोशिश में लगे हैं। इसके साथ ही मच्छरजनित बीमारियों का प्रसार न हो इसके लिए लगातार इसकी निगरानी की जा रही है। जागरूकता कार्यक्रम भी चलाए जा रहे हैं।
> -प्रवेश वाही, महापौर

> भाजपा सरकार डेंगू-मलेरिया को रोकने के लिए जमीनी स्तर पर काम नहीं कर रही है। न तो इनके पास स्टाफ है और न ही इनके पास कोई विजन है। इसकी वजह से हर साल लोग इन बीमारियों की चपेट में आते है।- प्रवीण कुमार, आप पार्षद व स्थायी समिति सदस्य

लोकार्पण भाजपा सरकार ने किया लोगों को परेशानी का हल करेगा।

गंभीर मरीजों के ही लिए जा रहे एच1एन1 जांच के वास्ते सैंपल

जागरण संवाददाता, नई दिल्ली: दिल्ली में एच1एन1 (स्वाइन फ्लू) के मामले बढ़ने के बीच सरकारी अस्पतालों में हर बुखार मरीज की जांच नहीं की जा रही है। दिल्ली स्वास्थ्य महानिदेशालय से मिली जानकारी के अनुसार बुखार और फ्लू जैसे लक्षण वाले मरीजों को उनकी स्थिति के आधार पर तीन श्रेणियों में बांटा जाता है। इनमें गंभीर लक्षण वाले मरीजों की ही एच1एन1 जांच कराई जा रही है। लोकनायक अस्पताल के मेडिकल डायरेक्टर डा. बीएल चौधरी ने कहा कि मरीज की स्थिति और लक्षणों के आधार पर ही सैंपल लेने का निर्णय किया जाता है।

दिल्ली स्वास्थ्य सेवा महानिदेशालय के दिशानिर्देशों के अनुसार ए श्रेणी में हल्का बुखार, खांसी और गले में खराश जैसे लक्षण वाले मरीज आते हैं। इन मरीजों की एच1एन1 जांच की जरूरत नहीं होती। बी श्रेणी में तेज बुखार, गंभीर गले का संक्रमण या हाई रिस्क बीमारी वाले मरीज शामिल होते हैं। इन मरीजों में भी सामान्य तौर पर एच1एन1 जांच नहीं कराई जाती है। सी श्रेणी में सांस लेने में परेशानी, सीने में दर्द, ब्लड प्रेशर गिरना, खून मिला बलगम आना या बीमारी लगातार बिगड़ना जैसे गंभीर लक्षण वाले मरीज आते हैं। ऐसे मरीजों की जांच और तत्काल अस्पताल में भर्ती की जरूरत होती है।

कुल जांच का आंकड़ा जारी नहीं किया

सैंपल जांच की रिपोर्ट समय से नहीं मिलने की शिकायतें भी सामने आ रही हैं। इस सीजन में दिल्ली में एच1एन1 के 1,344 मामले सामने आए हैं। हालांकि, अब तक कुल कितने मरीजों के सैंपल की एच1एन1 जांच हुई, इसका आंकड़ा सार्वजनिक नहीं किया गया है।

एफएसएसएआइ की इस तरह की क्या आप इसे ठीक करेंगे

खाद्य पदार्थों में मिलावट के सर्वाधिक मामले यूपी में

- एफएसएसएआइ की हालिया रिपोर्ट, मप्र में हर 56वां नमूना मिला अधोमानक
- दूध-मावा-पनीर से लेकर मिठाइयों तक गुणवत्ता पर उठाए गए सवाल

नईदुनिया प्रतिनिधि, इंदौर : देशभर में खाद्य पदार्थों में मिलावट व गुणवत्ता गंभीर चिंता का विषय है। मिलावट से अधिक चिंताजनक स्थिति गुणवत्ता को लेकर है। भारतीय खाद्य सुरक्षा और मानक प्राधिकरण (एफएसएसएआइ) की हालिया रिपोर्ट चौंकाती हैं। देश में मिलावट के सर्वाधिक मामले उत्तर प्रदेश में पाए गए हैं। मप्र की बात करें तो यहां हर 56वां नमूना निर्धारित गुणवत्ता मानक पर खरा नहीं उतरा।

देश में वर्ष 2024-25 में कुल 6,47,408 खाद्य नमूनों की जांच की गई। इनमें 34,388 नमूने तय मानकों पर खरे नहीं उतरे। इनमें 22,516 यानी 65.5 प्रतिशत निर्धारित गुणवत्ता मानक से कम थे। 7,945 नमूने असुरक्षित और 3,931 में लेबलिंग अथवा अन्य अनुपालन संबंधी खामियां मिलीं। दूध, पनीर, मावा से लेकर मिठाइयों तक गुणवत्ता पर गंभीर सवाल हैं।

विशेषज्ञों का कहना है कि दूषित या असुरक्षित भोजन स्वास्थ्य पर गंभीर असर डाल सकता है। विश्व स्वास्थ्य संगठन (डब्ल्यूएचओ) के अनुसार हानिकारक बैक्टीरिया, वायरस, परजीवी या रसायनों से दूषित भोजन 200 से अधिक बीमारियों का कारण बन सकता है। इनमें दस्त, उल्टी और पेट संबंधी संक्रमण से लेकर कैंसर तक शामिल हैं। डब्ल्यूएचओ के 2026 के आकलन के अनुसार दुनियाभर में असुरक्षित भोजन से हर साल करीब 86.6 करोड़ लोग बीमार पड़ते हैं और 15.2 लाख लोगों की मौत होती है। पांच साल से कम उम्र के बच्चों पर इसका जोखिम विशेष रूप से अधिक है। रसायनों के संपर्क से बच्चों के मस्तिष्क के विकास पर असर पड़ सकता है, जबकि सीसा और अकार्बनिक आर्सेनिक जैसे तत्व हृदय रोग और कैंसर का जोखिम बढ़ा सकते हैं।

खराब गुणवत्ता के कहां कितने नमूने

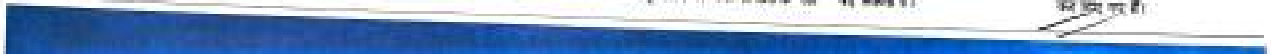
12,693	उत्तर प्रदेश
2,832	राजस्थान
1,012	मध्य प्रदेश
763	गुजरात
555	महाराष्ट्र
480	पंजाब

सुप्रीम कोर्ट ने ज्यादा चीनी, नमक और सैचुरेटेड फैट वाले उत्पाद के पैकेट पर लेबल की मांग पर की टिप्पणी, एफएसएसएआइ की अनिच्छा पर जताई नाराजगी -कहा

आप कारपोरेट दबाव के आगे झुक रहे, क्या आप नहीं चाहते कि लोग स्वस्थ रहें

नियमों के उल्लंघन पर एफएसएसएआइ ने तीन कंपनियों पर की कार्रवाई

खाद्य पदार्थों में मिलावट के



सुप्रीम कोर्ट ने पूछा-क्या भारतीयों को स्वस्थ भोजन का हक नहीं

डिब्बाबंद खाने में कितना चीनी और नमक, साफ-साफ बताओ

राजीव सिन्हा

नई दिल्ली। डिब्बाबंद खाद्य पदार्थों के पैकेट पर सामने की ओर (फ्रंट ऑफ पैकेट) चीनी, नमक और वसा की स्पष्ट जानकारी देने संबंधी अंतरराष्ट्रीय मानकों को लागू करने में केंद्र सरकार और एफएसएसएआई की असमर्थता पर सुप्रीम कोर्ट ने कड़ी नाराजगी जताई। कोर्ट ने कहा, यह बेहद शर्मनाक है, क्या भारत को हमेशा अविकसित ही रहना चाहिए? क्या भारतीय स्वस्थ भोजन नहीं कर सकते? कोर्ट ने कहा, यदि केंद्र सरकार और एफएसएसएआई दो सप्ताह में कदम उठाने में नाकाम रहती है, तो हम खुद इस संबंध में निर्देश जारी करेंगे।

जस्टिस जेबी पारदीवाला और जस्टिस के विनोद चंद्रन की पीठ पैकेज्ड खाद्य पदार्थों में अधिक मात्रा में चीनी, नमक और संतृप्त वसा की जानकारी उपभोक्ताओं को देने के मामले में दायर याचिका पर सुनवाई कर रही थी। इस दौरान पीठ ने भारतीय खाद्य सुरक्षा एवं मानक प्राधिकरण (एफएसएसएआई) के रुख पर कड़ी नाराजगी जताई। पीठ ने केंद्र की ओर से पेश अतिरिक्त सॉलिसिटर जनरल बृजेंद्र चाहर से कहा,मामले में पहले दिए गए निर्देश महज सुझाव नहीं थे बल्कि उनका पालन किया जाना था। >> स्टार रेटिंग लोगों की समझ से बाहर : पेज 18

केंद्र से कहा-क्या आप कॉरपोरेट दबाव में झुक गए, बदलाव करो, वरना हम करेंगे

■ **हमारे निर्देश मानने ही होंगे**

अदालत ने एएसजी चाहर से कहा, सरकार को हमारे निर्देश मानने ही होंगे। क्या सरकार कॉरपोरेट घरानों के दबाव में झुक रही है? अदालत के आदेश का पालन क्यों नहीं किया जा रहा है? सरकार खुद कदम उठाएगी, या हमें आदेश देना होगा?

■ **एफएसएसएआई का टाल-मटोल :** एफएसएसएआई ने पैकेट पर तालिका या चित्रात्मक रूप में चीनी, संतृप्त वसा व नमक की दैनिक सीमा बताने का प्रस्ताव रखा। याचिकाकर्ता और पीठ दोनों ने सुझाव का विरोध किया और कहा, लोगों को यह जानने का हक है कि वह क्या खा रहे हैं।

उपभोक्ताओं को स्पष्ट जानकारी देने के लिए कहा था

पीठ ने 10 फरवरी, 2026 के आदेश में एफएसएसएआई को डिब्बाबंद खाद्य के पैकेट पर सामने की ओर सही तरीके से ऐसे चेतावनी लेबल दिखाने पर विचार करने को कहा था, जिससे उपभोक्ताओं को पैकेट में चीनी, नमक व वसा की अतिरिक्त मात्रा और पोषक तत्वों के बारे में सारी सूचना मिल सके।

कंपनियों ने विरोध किया: एफएसएसएआई ने कोर्ट को बताया कि हितधारकों की बैठक में ज्यादातर कंपनियों ने चेतावनी लेबल का विरोध किया है।

14 में से एक बच्चा मोटापे की चपेट में

5-19 आयुवर्ग में 4.1 करोड़ बच्चों का वजन ज्यादा

05% हाईबीपी से प्रभावित हैं

■ दो में से एक शहरी बच्चा रोज पैकेज्ड स्नैक्स खाता है ■ 10-19 वर्ष का 8 में एक किशोर मधुमेह की दहलीज पर है ■ 40% सालाना बढ़ रहा है देश का फास्ट फूड उद्योग

दुनिया के अन्य देशों में क्या हैं नियम?

■ ब्रिटेन में पैकेट पर लाल, पीले व हरे रंग के जरिये संतृप्त फैट, चीनी व नमक की मात्रा बताई जाती है। ग्राहक को लाल रंग से पता चल जाता है कि कौन सा तत्व ज्यादा है।

■ चिली में सीमा से ज्यादा चीनी, नमक, संतृप्त फैट या कैलोरी वाले पैकेट पर सामने काले अष्टकोण बनाए जाते हैं। सुधार लागू होते ही चिली में मीठे शीतल पेयों की बिक्री 24% घट गई।