DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE Day Friday **20260109**

SC orders panel for law against unethical pharma marketing

Utkarsh Anand
letters@hindustantimes.com

NEW DELHI: The Supreme Court on Thursday directed the Union government to constitute an expert committee within two weeks to examine and recommend an appropriate statutory and regulatory framework to curb unethical pharmaceutical marketing practices, giving the long-pending exercise a time-bound push under judicial supervision.

The committee has been tasked with examining whether existing framework is adequate, whether current monitoring and enforcement mechanisms are effective, and what measures are needed to ensure greater transparency and accountability in the pharmaceutical sector. It will have to complete the exercise within two months of its first meeting and submit its recommendations to the Centre.

The intervention assumes significance as the court found that the existing framework "has not proved entirely effective" in preventing and curbing unethical practices in a sector that has a direct bearing on public health.



SC will take up the matter on January 29, 2027 as part-heard.

A bench of justices Vikram Nath and Sandeep Mehta, however, made it clear that it would not formulate the policy itself, saying its role was to facilitate a meaningful and effective consultative process while leaving the choice of the appropriate statutory framework to the Union government.

The court invoked its powers under Articles 32 and 142 of the Constitution, read with the constitutional mandate to protect the right to health under Article 21, and directed the Centre to file a compliance affidavit setting out the steps taken, including the constitution of the committee, its deliberations, recommendations and the decision taken by the government. The matter has been fixed for January 29, 2027.

The court directed the committee to consult the petitioners, intervenors and other stakeholders, and make recommendations on the appropriate regulatory and statutory framework for effectively regulating pharmaceutical marketing practices. The committee has been given two months from its first meeting to complete the exercise and submit its recommendations to the Centre.

The Union government, in turn, has been directed to take an appropriate and reasoned decision at the earliest after considering the committee's recommendations and to file a detailed compliance affidavit before the Supreme Court. The matter will be taken up on January 29, 2027, as part-heard.

The court's intervention came on a petition filed by the Federation of Medical and Sales Representatives' Associations of India (FMRAI), which has for years sought a legally enforceable framework to regulate unethical practices by pharmaceutical companies in their dealings with medical professionals.

GOVT FIXES TRADE MARGINS ON NON-SCHEDULED MEDICINES AT 30%

Cancer Drugs May Get up to 70% Cheaper

Teena Thacker

New Delhi: The government has decided to cap trade margins on non-scheduled anti-cancer drugs at 30%, a move that could reduce the prices of several cancer medicines by up to 70% and save patients an estimated ₹2,500 crore annually, officials told ET.

Following this, the department of pharmaceuticals asked the health ministry to constitute an expert committee to recommend the list of the medicines to be covered under the trade margin rationalisation (TMR) exercise.

The committee under the directorate general of health services (DGHS) is expected to submit its list by October 14, according to the minutes of a recent meeting at the National Pharmaceutical Pricing Authority (NPPA). "The positive list may be updated periodically based on market developments and public health considerations," the minutes showed.

The cap will apply to branded and generic drugs, domestic and imported products, and patented as well as non-patented medicines, officials ET spoke with said.



As part of the measure, manufacturers of the covered medicines will be required to maintain their current production levels to ensure that supplies of these life-saving drugs are not disrupted. Since the move only regulates the trade margin, manufacturers' selling prices and revenues will not be affected, the officials explained.

To be sure, the MRP is set by the manufacturer or marketing company. They are expected to bring it down as the new rule limits the share that can accrue to the trade. The 30% cap translates into a trade margin of 42.86% on the price to the stockist.

The government decision comes days after the Supreme Court raised concerns over the pricing of cancer medicines and questioned the Centre over a drug reportedly supplied to retailers for around ₹2,700 but sold at MRP of ₹27,000.

EXTRAORDINARY CIRCUMSTANCES

The minutes of the NPPA meeting said the authority "deliberated upon the need to address excessive trade markups in non-scheduled anti-cancer medicines" and observed that "extraordinary circumstances warrant intervention under Paragraph 19 of DPCO, 2013 in public interest".

Paragraph 19 of the order empowers the government to fix the ceiling or retail price of a drug in extraordinary circumstances and in public interest. The authority observed that "extraordinary circumstances existed" to address market distortions, curb profiteering and ensure fair and affordable prices.

An NPPA analysis found that non-scheduled anti-cancer medicines carry an average trade markup of around 170%, with the margin on some drugs going up to 700%. The minutes also noted substantial variations in transaction prices across retail, hospital and e-pharmacy channels, including significant differences in discounts from MRP.

"The authority accordingly noted that high trade margins, particularly in non-scheduled anti-cancer formulations, are a significant factor contributing to the high prices of such medicines," according to the minutes.

The NPPA expects the proposed intervention to reduce the MRP by broadly 20-70%, depending on the existing trade structure and markup of individual medicines, and estimates annual savings of around ₹2,500 crore.

The authority said the move would help reduce patients' out-of-pocket expenditure, improve affordability and accessibility, curb excessive trade markups and increase transparency in prices applicable to patients. Officials said patients bear nearly 75% of cancer treatment costs out of pocket.

The Working Group on Access to Medicines and Treatments (WGAMT), a civil society network working for affordable healthcare in India, however, said the 30% trade margin cap would not make non-scheduled cancer medicines affordable, arguing that such a capping in 2019 didn't help much.

For instance, the margin on ribociclib was capped at 30% in 2019, but its monthly cost rose from ₹58,000 in 2022 to ₹78,000 in 2025, WGAMT co-convenors Jyotsna Singh and KM Gopakumar said. Pembrolizumab (Keytruda) still costs around ₹1,85,000 per vial, they added.

Experts recommend the best ways you can add more good bacteria into your diet

Is fibre a fad or a fixture?

Research has consistently shown that high-fibre diets are linked to significant health benefits, including a lower risk of cardiovascular disease and colorectal cancer, as well as improved arthritis symptoms.

Adding fibre to your diet by eating more fibre-rich foods or by taking supplements has become a viral health trend. But what does the science say about the health benefits of a high-fibre diet?

Basics of dietary fibre

Dietary fibre can be found in many sources and the choices can be overwhelming. Dietary fibre refers to carbohydrates your body can't digest. High-fibre foods include raspberries, avocados, oats and other whole grains, and lentils and other legumes.

Fibre also comes in supplements such as psyllium husk powder, which comes from a plant called Plantago ovata. Isolated fibres such as inulin are now increasingly added to foods, including those marketed as high-fibre snack bars, keto-friendly carbs and even soda.

Psyllium is a viscous fibre, meaning it forms a gel when added to water. This gel can contribute to early satiety, meaning you feel fuller after eating. Viscous fibre can help lower cholesterol, improve blood sugar levels and blood pressure, which can make bowel movements more regular and lead to a small amount of weight loss.

Other popular types of fibre are fermented, meaning they are eaten and processed by bacteria that live in your gut. These gut bacteria make proteins that can lower inflammation in the body. Nutrition experts recommend getting a variety of fibre-rich foods in your diet because of the added benefit of other nutrients in these foods, such as antioxidants.

Probiotics versus fibre

Besides fibre, adding probiotics to your diet may also benefit your gut health.

Probiotics are a category of fermented foods that still contain live microbes when you eat them. These include fermented foods such as sauerkraut, yogurt and kimchi, which are changed by the addition of live microbes, such as bacteria or yeast. Although the terms sound similar, these fermented foods that have 'good' bacteria added to them are not the same as the fibre that gets fermented by bacteria already in your gut.

In a 2021 study, researchers examined the gut microbiomes of 36 healthy adults who either ate a diet high in fibre or a diet high in fermented foods. They found that those who ate a high-fibre diet had a gut microbiome that was more active in making the enzymes that break down fibre. That means these microbes got better at using the fibre they were fed to make by-products helpful for the body.

In contrast, those who ate a diet high in fermented foods had a gut microbiome that was more diverse, meaning they had many different species of bacteria in their guts. They also had lower levels of inflammation.

Many chronic conditions can raise levels of inflammation in the body, and exposure to inflammation can put stress on the body, contributing to issues such as cardiovascular disease.

How can you get more fibre in your diet?

Some barriers to eating enough dietary fibre include cost, accessibility and tolerability. Highly fermentable fibres, such as inulin, often cause bloating and discomfort, especially if you aren't used to eating them. This can be a turnoff for high-fibre drinks and snacks, since they contain so much fibre in a single serving.

There are many ways to increase the amount of fibre you eat on a daily basis. The general recommendation is to do it slowly to allow your body to get used to the higher amount of fibre and to stay hydrated so your body can use the water along with the fibre for optimal bowel health.

Most importantly, try a variety of fibre sources to figure out what's right for you. Some people will be able to reach the recommended fibre levels by eating whole foods alone; others will add supplements or eat foods with added fibre. There is no one-size-fits-all healthy diet. ■

– AP



PICS: GETTY IMAGES

Singer Billie Eilish follows a plant-based diet with high fibre content

Actor Chris Hemsworth's diet includes plant-based shakes, berries and other fibrous foods

Too much screen time stunts speech in kids



More screen time appears to stunt children's language skills, according to a major new scientific review.

The study of 2.8 million children in 64 countries examined links between gaming, social media use, streaming and key language development benchmarks.

It also found longer periods spent using digital devices were linked to poorer school grades.

Higher exposure was linked to emotional problems such as depression and anxiety, ADHD and issues with friendship groups as well.

parent thesis

The review, led by academics at the University of Calgary, Canada, concluded that: "Longer durations of digital and social media exposure were associated with some aspects of development and mental health, including lower academic achievement and language development."

The study added: "The findings suggest that screen use may represent one potentially modifiable factor associated with children's well-being."

Scroll away

Published in the journal *JAMA Pediatrics*, the umbrella review said that the link between screen time and poorer outcomes was similar to other factors such as poverty and parenting.

Tatiana Iniguez Berrozpe, a senior lecturer at Zaragoza University in Spain, said: "The most significant factor is the time spent scrolling. The problem is not screen use in itself, but rather what I stop doing when I am engrossed in it, such as sleeping, physical activity, or socialising."

This comes as a YouGov poll found that 73 per cent of gamers feel guilty about not doing something more productive with their time.

– Daily Mirror

IN BRIEF



Govt. to cap trade margins at 30% of MRP for cancer drugs

In a bid to make cancer treatment more affordable and reduce patients' out-of-pocket expenditure, the Union government has decided to cap trade margins at 30% of the maximum retail price (MRP) for all non-scheduled anti-cancer drugs. The measure will cover branded and generic drugs, domestically manufactured and imported medicines, and patented and non-patented products. An expert committee under the Directorate General of Health Services (DGHS) will finalise the list of medicines to be brought under the measure. The National Pharmaceutical Pricing Authority (NPPA), found that the average trade mark-up on non-scheduled anti-cancer medicines was around 170%, with mark-ups reaching up to 700% in some cases.

Govt. launches JOSH teams to accelerate TB elimination

The Union Health Ministry is engaging with youth volunteers to find people with tuberculosis (TB) who may be missing from the health system. JOSH teams of the National Cadet Corps (NCC) and MY Bharat volunteers will be deployed for household-level outreach in 55 districts across 11 States and Union Territories. Health Minister J.P. Nadda launched the JOSH (Joint Squad for Health) teams under the TB Mukt Bharat Abhiyaan on Thursday. The teams will work at block and ward levels to identify people with symptoms, encourage testing and support so they can complete treatment. The government's emphasis is on active case finding, with the Health Minister stating that people could be living with TB without recognising their symptoms and therefore remain outside the formal healthcare system.

AI, medicine in focus at *The Hindu* Sustainability Dialogues

The Hindu Bureau
CHENNAI

The convergence of artificial intelligence, medicine, and engineering is ushering in a new era of healthcare. *The Hindu* Sustainability Dialogues, to be held on October 13, brings together experts to explore how technology can drive smarter, more sustainable healthcare while keeping it ethical, inclusive, and human-centred. The event will be hosted by *The Hindu* Group, in association with the Saveetha Institute of Medical and Technical Sciences (SIMATS).

Centred on the theme "The Future of Medicine: Harnessing AI for Better Healthcare", the initiative will bring together leading voices from healthcare, academia, technology, and industry to examine emerging challenges and opportunities that could shape a sustainable, equitable, and future-ready healthcare ecosystem.

The inaugural session will feature K.G. Arunraj, Tamil Nadu Minister for Health, Medical Education, and Family Welfare, as the chief guest, who will deliver the keynote address. N.M. Veeraiyan, Chancellor of SIMATS, Chennai, will deliver the special address.

A key highlight of the event will be a special fireside chat titled "Future Healthcare Systems: Convergence of Artificial Intelligence and Medicine". The session will feature Dr. Arunraj in conversation with Ramya Kannan, Health Editor and Chief of Bureau (Tamil Nadu), *The Hindu*, exploring how AI and medical innovation could reshape healthcare delivery, clinical decision-making, and patient outcomes.

SAVEETHA

THE HINDU
Sustainability Dialogues 2026

Intelligent Healthcare for a Sustainable and Human-Centered Future

The first panel discussion, "AI-Driven Healthcare: Innovation, Ethics, Accessibility and Sustainability", will feature Richa Pant, Director – Research, DeepTek; Sindhuja Giritharan, Clinical Lead - Digital Health and Patient Engagement, Sundaram Medical Foundation; Hariharan, Associate Professor, Department of Transfusion Medicine, Saveetha Medical College, SIMATS; and Reuben Fernandes, Founder and CEO, Skyfire Applied Intelligence Pvt. Ltd. (Atom360). The discussion will be moderated by Zubeda Hamid, Senior Assistant Editor, *The Hindu*.

The second panel discussion, 'Human Touch in the Age of AI: Preserving Compassion, Trust and Ethics in Modern Medicine,' will focus on the importance of keeping human values at the heart of an increasingly technology-driven healthcare ecosystem. The session will feature Abdul Ghafur, Senior Consultant and Adjunct Professor in Infectious Diseases, Apollo Hospitals, Chennai; K. Ganapathy, Honorary Distinguished Professor, IIM Jammu, Distinguished Professor, The Tamil Nadu Dr. M.G.R. Medical University, and Emeritus Professor, National Academy of Medical Sciences; and Iniyan S., Professor and Clinical Head, Department of Psychiatry, Saveetha Medical College, SIMATS. The session will be moderated by Geetha Srimathi S., Senior Reporter, *The Hindu*.

The Sustainability Dialogues 2026 will explore how artificial intelligence can be harnessed to strengthen healthcare systems while addressing critical questions around ethics, accessibility, sustainability and trust and preserving the irreplaceable role of human compassion in medicine.

The event will be live-streamed at https://newsth.live/THSASDY

To combat pollution, we need to cast a wider net, go beyond the city



GUFRAN BEIG

THE COUNTRY has been witnessing rapidly evolving dynamics on multiple fronts in recent weeks. While much of the public discourse has been dominated by Election Commission-related developments, it was particularly gratifying to hear a minister in Delhi make a scientifically important observation: "PM10 does not travel as far as PM2.5, so the construction contributes far less to pollution than vehicular emissions." This is the kind of scientific understanding I have long wished to hear from policymakers and authorities. Nearly a decade ago, while presenting the SAFAR (System of Air Quality and Weather Forecasting and Research, India's first air-quality forecasting framework) findings under the MoES, I reported that the transport sector was a major contributor to Delhi's toxic pollution, accounting for around 40 per cent of PM2.5 emissions. At the time, the finding was uncomfortable. It provoked strong resistance, even a backlash. Although it was clear that PM2.5 was the most harmful to our health, we continued to devote disproportionate attention and resources to the second- or third-tier contributors, especially dust, because the National Clean Air Programme's (NCAP) metric gauges funding, assessing performance and mitigation progress by percentage reduction in PM10, where dust is a major contributor. This inevitably shaped pollution-control priorities. It is encouraging to see scientific understanding of Delhi's pollution sources gradually finding greater acceptance in policy discourse, though the road ahead remains long.

While Delhi begins work on its Winter Action Plan — narrow road-sweeping machines, doubling parking charges, work-from-home provisions under GRAP — nature may have a plan of its own. One of the biggest factors shaping Delhi's winter air quality will be "Super El Niño", an exceptionally strong event of the century. It has already influenced India's monsoon, which ended with a 13 per cent rainfall deficit, the highest in a decade. Delhi defied the national trend, recording a 17 per cent surplus. This raises a question: If ENSO's larger dynamics originate from the Pacific Ocean, why should it matter for Delhi's winter air quality, a regional phenomenon? While a Super El Niño does not generate an air pollution source, it can act as a villain by "weather trapping" in several ways. First, it can drastically reduce wind speed over north India, as a recent study by this author at the National Institute of Advanced Studies (NIAS) found. This prevents dispersion of fine particulates — PM2.5 emitted from stubble burning, vehicular transport, biofuel, and open waste burning — thereby compounding emissions for a prolonged period and leading to repeated extreme pollution episodes. Two, in all probability, westerly disturbances (WD) will be almost absent as El Niño becomes severe. The WDs bring rain in Delhi to wash away pollutants intermittently. The dry spell means prolonged accumulation of pollution without a break. Third, under the influence of this super event, winter is likely to be milder in northern India. A combination of milder daytime temperatures and nighttime cooling under stagnant conditions may lower the surface inversion layer. This can restrict vertical mixing and prevent pollutants from dispersing, causing them to accumulate in a shallow layer near the ground. As a result, pollutant concentrations can rise sharply.

> This calls for science-based simultaneous action across the short, medium and long term. The first and most difficult step is to move decisively from a city-centric to an airshed-based approach

Places in Punjab and Haryana experienced severe recent rainfall deficits, reaching as high as 23-40 per cent. Some early monsoon rains, however, enabled early paddy sowing — meaning harvesting could begin as early as the first week of October. Recent research, reinforced by conversations with farmers during a recent visit to Amritsar, suggests that stubble burning has indeed shifted from morning to evening. MODIS-based fire detection, which authorities rely on heavily, may miss a significant share of these fires. We should not repeat last year's blind spot — when undercounting fires risked undermining the very purpose of mitigation. However, how the rainfall deficit affected the rice crop and, consequently, stubble burning, remains to be seen.

The festive season when firecrackers are used arrives in the first week of November this year, when winter conditions are already firmly established, and stubble burning is expected to be at its peak. Without suitable alternatives, farmers may resort to the fastest matchbox methodology. Historically, November 5-10 has been Delhi's most challenging pollution period in the last decade. The pattern is likely to return with greater intensity this year, as El Niño-driven weaker-than-usual winds may create a perfect atmospheric trap, allowing emissions from multiple sources to accumulate rapidly over the region. But there is an opportunity: Curbing additional emission sources at least during this critical window could spare Delhi the worst of the pollution.

India's air-quality challenge, particularly across the Indo-Gangetic Region and Delhi, is becoming increasingly complex as climate change amplifies natural drivers of pollution. It is a double whammy: Worsening emissions compounded by extreme weather events and a changing climate. This calls for science-based simultaneous action across the short, medium and long term, not just the short term. The first and most difficult step is to move decisively from a city-centric to an airshed-based approach. The pathway is outlined in a monograph, NARFI (National Air Quality Resource Framework of India), a project developed by NIAS under the auspices of the Office of the Principal Scientific Adviser to the Government of India. Where the full airshed is too vast for practical implementation, a satellite airshed could provide an operational alternative. What is needed now is not another incremental measure, but a firm commitment to airshed-based, science-driven air-quality management.

The writer is chair professor, National Institute of Advanced Studies, IISc campus, and founder project director, SAFAR

'Broad daylight dacoity': Drug prices in six questions

A cancer drug supplied to a retailer for Rs 2,700 carried a Rs 27,000 MRP. After the Supreme Court questioned the gap, TOI examines where the money can go and what might lower patients' bills

PURCHASE PRICE VS MRP: 10 STRIKING GAPS

MEDICINE	Purchase cost (₹)	MRP (₹)	Mark-up (%)
GUFIPOL 5,00,000 units (antibiotic)	74	4,981	6,631
Terlipressin injection (to treat severe bleeding)	56	3,050	5,346
Colistimethate Sodium 4.5 MIU (antibiotics)	210	9,702	4,520
Tigibex 50 mg (antibiotic)	350	5,635	2,061
Taxocare 120 mg (cancer drug)	1,000	21,618	1,510

CONSUMABLE	Purchase cost (₹)	MRP (₹)	
IV infusion set	11	325	2,854
Nebuliser mask (adult)	44.5	950	2,034
Catheter	29.4	310	954
Syringe 10 ml	6.75	57.2	747
Aeroneb mask (child)	100	536	436

Source: State FDAs and court petitions



Illustration: Uday Deb

How are medicines priced?

> Under the Drugs (Prices Control) Order, 2013, ceiling prices of 348 medicines were fixed, of which 1,924 are diabetes, cancer and cardiovascular drugs

> These medicines – classified as scheduled (essential) drugs – represent about 18% of the domestic pharma retail market, which is valued at around Rs 3 lakh crore

> Prices of these medicines are revised annually based on the Wholesale Price Index for the preceding calendar year on April 1 of every year

> Outside of these, the remaining are non-scheduled drugs that face no price cap. An annual increase up to 10% in a year is allowed on their prices

> So, when a new, non-scheduled drug enters the market, the manufacturer is free to set its price. That's where trade margins need to be brought in, so as to prevent the huge gap between the PTR (price to retailer) and the MRP (maximum retail price) billed to patients

> Industry experts say there should be transparency in prices across the distribution channel, particularly PTR and MRP, printed on medicine packs

Why print an MRP far above selling price of a medicine?

Bhupendra Singh, former chairperson of National Pharmaceutical Pricing Authority (NPPA), says manufacturers justify high MRPs by pointing to the cost of marketing a medicine and keeping it attractive to the people who distribute, stock and sell it. He says they also seek to keep prescribing doctors happy. "I am not justifying it but that is how they justify it." His objection is that marketing costs should already be accounted for in the manufacturer's selling price. A very high MRP, then, creates additional room for margins further along the chain.

> The issue is not the MRP printed on the pack, but whether the final price paid by the

pital buying in bulk, for example, may pay much less than a small retailer for a product carrying the same MRP.

Maitri Ainola, co-convener of the All India Drug Action Network (AIDAN), says hospital purchasing is a major reason inflated MRPs persist. Hospitals are particularly important buyers of implants, consumables and high-value medicines such as cancer drugs, which patients often obtain during treatment. She argues that suppliers seeking a place in a hospital's procurement system face pressure to leave enough room between their selling price and MRP for a large hospital mark-up. A patient billed at MRP may receive none of the savings the hospital negotiated.

Rajiv Nath, forum coordinator of the Association of Indian Manufacturers of Medical Devices (AiMeD),

Drug prices low in India, regulation shouldn't hit innovation: Pharma cos

Members of industry bodies mostly desisted from commenting on the issue, not least because the matter of drug pricing is now sub judice. Speaking off the record, they pointed out that India has among the lowest medicine prices globally across several categories and said any intervention on margins should be carefully calibrated so that it does not discourage the introduction of newer medicines or affect the viability of the distribution network.

Capping trade margins is an aspect that's been under discussion for long, with the **industry broadly in favour of rationalising trade margins.** However, they say, the framework has to recognise the different costs at each stage of the distribution chain. The manufacturer is not necessarily the party pocketing the margin reflected in the MRP; a significant part accrues to the trade/channel. Following up on a 2013 move – that had seen trade margins on 42 cancer medicines capped at 30% – the govt has decided to cap trade margins at 30% of MRP for all non-scheduled cancer drugs, reports said on Thursday. The experience from such measures should be taken for any broader framework for high-priced medicines and life-saving antibiotics.

Aerolied mask (child)	100	536	436	Source: State FDAs and court petitions

Why print an MRP far above selling price of a medicine?

Bhupendra Singh, former chairperson of National Pharmaceutical Pricing Authority (NPPA), says manufacturers justify high MRPs by pointing to the cost of marketing a medicine and keeping it attractive to the people who distribute, stock and sell it. He says they also seek to keep prescribing doctors happy. "I am not justifying it but that is how they justify it." His objection is that marketing costs should already be accounted for in the manufacturer's selling price. A very high MRP, then, creates additional room for margins further along the chain.

> **The issue is not the MRP printed on the pack, but whether the final price paid by the patient reflects the actual procurement cost. Patients should benefit from discounts, not just hospitals and middlemen**
>
> **Rajiv Nath** | FORUM COORDINATOR, ASSOC OF INDIAN MANUFACTURERS OF MEDICAL DEVICES



Girdhar Gyani, director general of the Association of Healthcare Providers (India), or AHPI, says the difference cannot automatically be treated as profit. A medicine has to reach outlets, be stocked and sometimes be stored under special conditions. Its MRP must accommodate legitimate costs and reasonable returns. But the printed price can also give a supplier room to offer substantial discounts to different buyers without changing the price visible to the patient. A hospital buying in bulk, for example, may pay much less than a small retailer for a product carrying the same MRP.

Malini Aisola, co-convener of the All India Drug Action Network (AIDAN), says hospital purchasing is a major reason inflated MRPs persist. Hospitals are particularly important buyers of implants, consumables and high-value medicines such as cancer drugs, which patients often obtain during treatment. She argues that suppliers seeking a place in a hospital's procurement system face pressure to leave enough room between their selling price and MRP for a large hospital mark-up. A patient billed at MRP may receive none of the savings the hospital negotiated.

Rajiv Nath, forum coordinator of the Association of Indian Manufacturers of Medical Devices (AiMeD), makes a similar point about devices. A supplier competing for a hospital's business may need to offer an attractive margin to those procuring the product. Setting a high MRP creates room to do so. The hospital may obtain a large discount, while the patient can still be billed at a price based on the figure printed on the product.

Puneet Bhasin, president of the Surgical Manufacturers and Traders Association (SMTA), says devices need particular care in this discussion. A syringe, a glucometer and a device that requires servicing have different storage, freight and warranty costs. A manufacturer printing one MRP for a product sold across India must also allow for the cost of getting it to distant markets. A high gap between a supplier's price and MRP, therefore, needs to be examined product by product, he says.

the price visible to the patient. A hos-

product by product, he says.

How does a high MRP skew drug choices?

An inflated MRP, according to Girdhar Gyani, the AHPI DG, can make the size of a discount seem more important than the price paid. A product carrying a high MRP and offered at half price may look more attractive than a comparable product with a lower MRP and little discount.

AiMeD's Rajiv Nath says high margins can also influence which product a hospital buys. A cheaper device may lose out to one that earns the hospital more, even when both meet the patient's needs.

Bhupendra Singh, the former NPPA chair, notes how a new manufacturer offering a lower price may struggle to enter a market in which established products offer attractive margins to those who stock and sell them. Advocacy body AIDAN's Aisola argues that this can particularly disadvantage manufacturers trying to price products more modestly. In the device market, she says, large importers and MNCs may be better placed to offer the margins a hospital demands. Also, she argues, if hospitals are buying substantially below the prices reflected in a ceiling-price calculation, then that ceiling may offer patients less protection than it appears to.

JS Shinde, president of All India Organisation of Chemists and Druggists (AIOCD), and Rajiv Singhal, its general secretary, say that an online seller able to advertise a deep discount against a high MRP can appear far cheaper than a pharmacy selling a differently priced product on a narrower margin. They want the regulator to look at actual selling prices as well as advertised discounts.

Puneet Bhasin, the SMTA president, is less convinced that printed MRP alone determines the outcome. For many devices, he says, customers can compare prices online, and that competition can pull selling prices below MRP. He would place greater emphasis on what a hospital ultimately charges a patient who has limited opportunity to shop around.

> "A moderately high MRP is not necessarily unreasonable, as manufacturers have legitimate costs to consider. However, if MRP is deliberately kept high to facilitate large discounts... it can mislead consumers, distort competition



Rajiv Singhal | GENERAL SECRETARY, ALL INDIA ORGANISATION OF CHEMISTS AND DRUGGISTS

Would showing prices and discounts lower medical bills?

Former NPPA chair Bhupendra Singh says disclosure would show where the money goes, but it would not, by itself, prevent someone from keeping an excessive margin. He does not favour requiring the regulator to determine precisely what each medicine costs to produce. Manufacturing costs can be difficult to establish, he says, and a price agreed between the manufacturer and its first buyer already includes the manufacturer's costs and return. He would regulate the total trade margin added after that point.

AHPI's Girdhar Gyani sees a case for giving the regulator a fuller picture of the chain: the manufacturer's price, prices to stockists and retailers, discounts offered to hospitals, and what the patient finally pays. That would help distinguish the cost of making a medicine from the cost of supplying it. He does not argue that every commercial agreement must be made public; the regulator could examine sensitive pricing information.

AIDAN wants more of that information available for public scrutiny. AIDAN co-convener Malini Aisola says NPPA has examined trade margins in some product categories using pricing information supplied by manufacturers and importers.

> "A rigid percentage margin for every stage may not reflect the very different costs of cold-chain products, oncology drugs, specialty medicines, low-volume products and high-volume generics
>
> **Girdhar Gyani** | DIRECTOR GENERAL, ASSOCIATION OF HEALTHCARE PROVIDERS (INDIA)



But, she points out, its data and analyses are not routinely available to the public while some commercial datasets used in price monitoring are expensive to access. Without access to the underlying numbers, she argues, patients and independent researchers have little opportunity to test whether price controls reflect what products actually sell for.

Rajiv Nath of AiMeD suggests concentrating on two points: the first sale of a product and the final sale to the patient. Medical devices can pass through varying numbers of intermediaries, so tracing and judging the margin at every stop would be cumbersome. If a hospital buys a device at a steep discount, he says, the crucial question is whether that discount appears in the patient's bill.

JS Shinde, president of the All India Organisation of Chemists and Druggists (AIOCD), and Rajiv Singhal, its general secretary, want NPPA to be able to examine the prices to stockists and retailers alongside MRPs, discounts and actual selling prices. Without that full view, they say, a low purchase price could be hidden behind a high printed price, while a large advertised discount could obscure what the seller earns.

When it comes to MRPs, Shinde and Singhal also distinguish between one that accommodates genuine costs and one that has been deliberately inflated to allow eye-catching discounts. A product marked at Rs 100 and offered at Rs 50 can be advertised as "50% off". That sounds like a bargain even if a comparable product was priced at Rs 50 to begin with.

Rajiv Nath of AiMeD suggests

uct was priced at Rs 50 to begin with.

Can a hosp patient buy meds from outside?

A hospital cannot bar outside purchases merely because the patient has been admitted there, says Bhupendra Singh, ex-chair of NPPA. In practice, he says, a patient may be discouraged by being told the hospital cannot guarantee a product sourced from elsewhere. For a family dealing with an urgent treatment decision, that can be enough to prevent them from comparing prices.

AIDAN co-convener Malini Aisola describes the patient as effectively "locked-in" when a hospital prohibits outside purchases. She says hospitals may cite their own policies or concerns about quality, leaving a family dependent on the treating team little room to seek a lower price. She raises a second billing concern: patients may struggle to check whether the quantity of medicines and consumables they've been charged for matches what was actually used. She wants itemised bills that make those charges possible to verify.

AiMeD forum coordinator Rajiv Nath supports a choice of seller where the outside product meets the required quality and safety standards. If the same approved device is available for less elsewhere, he sees no reason for the patient to be forced to buy it from the hospital.

Puneet Bhasin of SMTA raises the other side of that decision. A hospital using a device in treatment must be able to establish its quality and trace where it came from, he says. He expects hospitals to be reluctant to accept an outside device if they cannot make those checks. The practical issue is how a patient's ability to seek a lower price can work alongside the hospital's responsibility for the product it uses.

> "Patients are effectively 'locked-in' into the hospital's supply chain. This increases the vulnerability of families who are dependent on the hospital and treating physicians for decisions related to medical treatment
>
> **Malini Aisola** | CO-CONVENER, ALL INDIA DRUG ACTION NETWORK



— As told to Rema

Would a cap on margins bring medicine bills down?

Rationalising trade margins would lower prices of many drugs outside price control, believes Bhupendra Singh, former chair, NPPA. He argues that a hospital pharmacy performing the role of retailer should receive a retailer's margin. Some hospitals buy directly from manufacturers, which can leave them with discounts. Direct buying isn't improper; but how much of the savings reaches the patient?

Supreme Court has asked the Centre to consider limiting an MRP to 16% above the price to retailer. There is already a 16% retailer margin in the formula used to calculate ceiling prices for scheduled medicines. That formula does not impose the same limit on every medicine sold in India.

AIDAN, too, supports caps on trade margins for medicines and devices outside routine price control. But Malini Aisola, co-convener of AIDAN, says the starting point matters. If a cap is calculated only from a price charged later in the supply chain, a large margin taken earlier may escape it. For a medicine made in India, she wants

> If hospitals seek margin, they ought to get the margin of retailers as they are doing the job of retailers through their pharmacy
>
> **Bhupendra Singh**
> FORMER CHAIRPERSON, NATIONAL PHARMACEUTICAL PRICING AUTHORITY



the calculation to begin with the manufacturer's first sale; for an imported product, with its landed cost.

Girdhar Gyani, director general of AHPI, says a commonly sold tablet moves through the market differently from a low-volume oncology drug or a product needing refrigerated transport. If a cap does not reflect those costs, suppliers may lose interest in stocking them. He suggests margin bands, disclosure of actual transaction prices and checks on distribution costs.

Rajiv Nath, forum coordinator, AiMeD, says a product may go through several distributors before reaching a small hospital; another may be supplied directly to a large one. Fixing a separate margin for each intermediary would be difficult to monitor. He favours a limit on overall mark-up, or close scrutiny of the final sale.

For Puneet Bhasin, president, SMTA, the preferred approach is to examine what a hospital paid to procure and store a device, then determine a reasonable mark-up.

J S Shinde, president of AIOCD, and Rajiv Singhal, its general secretary, say chemists also bear costs that a comparison of purchase price and MRP misses. They cite drugs that sell slowly or expire, and the need to keep stock available for patients. AIOCD proposes margins of 10% for wholesalers and 20% for retailers, calling for scrutiny of prices and discounts across the chain. Those are the organisation's proposals, not percentages suggested by the court.

percentages suggested by the court.

Who should regulate what hosps charge?

Girdhar Gyani, director general of AHPI, says India lacks a uniform system for regulating private hospitals across states. He supports an independent regulator dealing with patient safety and costs.

Malini Aisola, co-convener of AIDAN, says the immediate difficulty is making existing hospital rules work. In states that have adopted the Clinical Establishments

> "South Africa's Single Exit Price system shows transparency in private-sector medicine pricing is possible. It sets a standardised price for registered medicines... with prices disclosed. This is complemented by mandatory generic substitution, etc.
>
> **Leena Menghaney** | LAWYER, PUBLIC HEALTH AND IP CONSULTANT



Act, she argues, the absence of notified minimum standards has limited its effect. Other states have their own laws, leaving patients with differing protections.

Rajiv Nath, forum coordinator, AiMeD, supports a strong national framework, particularly for procurement and transparency in patient bills. Puneet Bhasin, president of SMTA, would like an independent cost auditor to assess what hospitals spend on buying and storing devices. Bhupendra Singh, former chairperson of NPPA, places responsibility with both the NPPA (for drug and device pricing), and state govts (for hospital costs).

J S Shinde, president of AIOCD, and Rajiv Singhal, its general secretary, want patients to be able to see procurement prices, mark-ups and other charges clearly on bills, and to have a way to challenge them.

Nagarajan, Rupali Mukherjee, Himanshi Dhawan

Ageing's Most Tragic Problem No One Talks About

Knees can be fixed, cataracts can be corrected. But, there is no loneliness replacement surgery. In the end, we do not fear death as much as irrelevance

Sandip Roy



In his later years, my grandfather had a little mid-morning ritual. He would come to the bottom of our staircase and ask for the newspaper. I would hand it to him, and he would sit quietly in the living room, the newspaper spread out in front of him on the table.

Now it strikes me he must have been lonely. My grandmother had already died. We were busy with our lives. He used to go on little walks of his own. But after he tripped and fell on the tram tracks, those stopped. It's as if he chose to recede into the background. Even that newspaper, he would read it only after everyone in the house was done with it.

Still, my grandfather was one of the lucky ones. He lived out his old age with the family I can see him in the background in my childhood birthday pictures. But I don't remember talking to him about his childhood. It never occurred to me that he might be lonely amidst all of us.

He never spoke about it. Most people like him do not. They fear it will be seen as a complaint. Or their weakness. They do not want their children to think they are being ungrateful. They do not want to impose on anyone. So, loneliness becomes their companion.

A speech attributed to Clint Eastwood, 96, has been doing the rounds on social media. In it, he talks about the hidden toll of ageing. The phone rings less, the people who knew your funny stories are gone. "You find yourself repeating stories, adding details, not to convince anyone, but just to feel like you are still connected to something," Eastwood says.

It reminded me of my mother, as she crossed out yet another name in her phonebook after someone else she knew had died. On her own birthday, she painstakingly noted every person who had called in her diary. "Are you including messages from your bank and phone company?" I would joke. But I realise now that in a world that was shrinking every day around her, every point of connection was a reminder that she mattered.

We accept bad knees and cataracts as inevitable in old age. But we do not want to talk about loneliness, perhaps because there is no "loneliness replacement" surgery available. As always, we hope tech might be the solution. According to *BBC*, U World, a Chinese company, has just launched the world's first full-sized humanoid robot designed for lonely people. The AI-powered robots can engage in conversation and stay with you for a lifetime. An endless love that will never betray you, Michael Tam, CEO of U World, told the media. For about $17,600 for a base model.



It's targeted at seniors, but loneliness is not just a senior problem. Physical connection, even across continents, has never been as easy as it is now. Yet, we feel more disconnected than ever. Aritra Sarkar writes in his new book *Are You Lonesome?* that the paradox of our times is "despite constant communication, we often feel like solitary islands, drifting without an anchor". A recent survey on the entertainment platform *JB.com* found that India ranked as the second-loneliest country in the world, despite still having relatively higher household sizes and strong family structures.

It shows that the family isn't necessarily the cure to loneliness. Emotional connection is. In the Hindi film *Baghban*, the ageing parents find themselves shuttled back and forth between their busy and ungrateful children, reduced to stealing tender moments secretly via telephone late at night. My mother loved it. It would drive me up the wall. Our family is nothing like the *Baghban* family, I would splutter.

THE GREAT UNSPOKEN
CONVERSATIONS WE NEED TO HAVE

We were not. But the uncomfortable truth about loneliness is it happens in the best of families, not just the *Baghban* types. Loneliness is not about abuse. It's about feeling irrelevant.

That's why programmes like Tata Trusts' Elder Spring focus a lot on activity centres for senior citizens. Organisations like HelpAge and Agewell Foundation emphasise not just healthcare, but companionship, conversation, and intergenerational connections. Years ago, at a senior centre in Mumbai, the director told me he tried to organise spiritual programmes at the centre. But the seniors told him, "We want bingo. Call a DJ, we want to have music." They started salsa sessions and Bollywood song classes. Some of the seniors were surprised they could make new friends in their seventies and eighties.

Gerontologist Mala Kapur Shankardass said for elders, especially women, there is a strong expectation of self-denial. It's seen as a virtue. So, one is expected to stoically accept loneliness as the price of old age. To her, self-denial is a hidden form of abuse that no one talks about.

But unlike many other problems, loneliness has a simpler solution. Giving someone one's time. Sometimes, it might mean listening to the same story again. But that is okay. When we listen, we are really telling someone they still matter. In the end, we do not fear death as much as irrelevance. Irrelevance feels so much lonelier.

Roy is a novelist

Calvin & Hobbes

ज्यादा बच्चे पैदा कर रहे अरबपति, इसे सामाजिक रुतबे से जोड़कर देखते हैं

अरवा महादवी, द न्यूयॉर्क टाइम्स

न्यूयॉर्क। क्या संतान का होना अब केवल परिवार बसाने की इच्छा नहीं, बल्कि अत्यधिक संपत्ति और सामाजिक रुतबे का सबसे नया प्रदर्शन बन चुका है? एक हालिया विश्लेषण ने अति-अमीरों की इस अनूठी दुनिया पर रोशनी डाली है, जहां एक तरफ आम आदमी के लिए एक बच्चे का खर्च उठाना भी चुनौती बनता जा रहा है, वहीं दूसरी तरफ दुनिया के शीर्ष अरबपति दर्जनों बच्चों के माता-पिता बनने की होड़ में लगे हैं।

अरबपति न सिर्फ बच्चे अधिक चाहते हैं बल्कि उनको पालने के लिए नैनी की भारी-भरकम फौज भी रहती है जो शिफ्टों में काम करती है। विश्लेषण में यह बात प्रमुखता से रेखांकित की गई है कि घरेलू कामों और बच्चों की परवरिश में मदद लेना गलत नहीं है, लेकिन जब बच्चों की संख्या इतनी बढ़ा ली जाए कि खुद समय देना असंभव हो जाए, तो यह सवाल उठना स्वाभाविक है कि क्या यह केवल एक सामाजिक प्रदर्शन है जिसका असर आगे चलकर बच्चों के मानसिक विकास पर पड़ेगा।



किम कार्दशियन के 4 बच्चे और पांच नैनी : प्रसिद्ध कारोबारी किम कार्दशियन के अपने पूर्व पति से चार बच्चे हैं, जिनकी देखभाल के लिए उन्होंने पांच दाइयों (सहायकों) को रखा है। उनकी व्यवस्था के अनुसार एक समय में एक दाई ड्यूटी पर रहती है, जबकि चार दाइयां बारी-बारी से अपनी पाली बदलती हैं। यानी बच्चों की संख्या से भी अधिक उनके पास देखभाल करने वाला दल है।

पावेल दुरुव के 12 देशों में 100 बच्चे



- **पावेल दुरुव :** रूस में जन्मे तकनीक क्षेत्र के इस दिग्गज के शुक्राणु दान के जरिए दुनिया के 12 देशों में 100 से अधिक जैविक बच्चे हैं।
- **शू बो :** चीन के इस उद्योगपति के सरोगेसी के माध्यम से 100 से अधिक बच्चे होने का ब्यौरा सामने आया है।
- **एलन मस्क :** दुनिया के सबसे अमीर व्यक्तियों में शामिल एलन मस्क के अब तक 14 ज्ञात बच्चे हैं।

70% तक सस्ती होंगी कैंसर की दवाएं

व्यापार मार्जिन की सीमा 30% तय

केंद्र सरकार का आदेश इस माह के अंत से हो सकता है लागू

नई दिल्ली। केंद्र सरकार ने कैंसर के इलाज में इस्तेमाल होने वाली सभी गैर-अनुसूचित दवाओं पर ट्रेड मार्जिन अधिकतम खुदरा मूल्य (एमआरपी) का 30 फीसदी तक करने का फैसला किया है। सरकार के इस फैसले से कैंसर की दवाएं 70 फीसदी तक सस्ती हो सकती हैं, जिससे आम मरीजों को बड़ी राहत मिलेगी।

सूत्रों के मुताबिक, इस नई व्यवस्था ब्रांडेड, जेनेरिक, घरेलू, आयातित, पेटेंट और गैर-पेटेंट समेत कैंसर की सभी श्रेणियों की लगभग 110 दवाओं पर समान रूप से लागू होगी, जिनमें 35 पेटेंट वाली दवाएं भी शामिल हैं। यह आदेश इसी महीने के अंत तक प्रभावी हो सकता है। सरकार के इस कदम से बाजार में दवाओं की निरंतर आपूर्ति सुनिश्चित रहते हुए मरीजों पर वित्तीय बोझ काफी हद तक कम होगा।

ट्रेड मार्जिन क्या है : ट्रेड मार्जिन वह अंतर है जो दवा कंपनी की ओर से पहले वितरक या स्टॉकिस्ट को बेची गई कीमत और मरीज की ओर से दवा के लिए चुकाई जाने वाली अंतिम कीमत के बीच होता है। उदाहरण के लिए यदि किसी दवा को कंपनी वितरक को 100 रुपये में बेचती है और रिटेलर उसे मरीज को 500 रुपये में बेचता है, तो बीच का 400 रुपये (400%) ट्रेड मार्जिन कहलाता है। चूंकि गैर-अनुसूचित दवाओं की शुरुआती कीमतों पर सरकार का सीधा नियंत्रण नहीं होता, इसलिए कंपनियां अपने विशिष्ट ब्रांड को बढ़ावा देने के लिए ट्रेड मार्जिन का ऑफर करती हैं। शेष पेज 2



गिफ्ट देकर दवा नहीं लिखवा पाएंगी कंपनियां

नई दिल्ली। सुप्रीम कोर्ट ने दवा कंपनियों द्वारा अपनी ब्रांडेड दवाएं लिखवाने के लिए डॉक्टरों को महंगे गिफ्ट, विदेश यात्राएं और अन्य फ्रीबीज (मुफ्त सुविधाएं) देने की अनैतिक प्रथा पर बेहद सख्त रुख अपनाया है। जस्टिस विक्रम नाथ और जस्टिस संदीप मेहता की बेंच ने मामले में केंद्र सरकार को निर्देश दिया है कि वह एक विशेष कमेटी का गठन करे। यह कमेटी दवा कंपनियों की गलत और अनैतिक मार्केटिंग प्रैक्टिस को रोकने और इसे कानूनी नियमों के दायरे में लाने के लिए अपने कड़े सुझाव और सिफारिशें तैयार करेगी। यह मुद्दा ऐसे समय सामने आया है जब शीर्ष न्यायालय दवाओं की कीमत और उनकी किफायती उपलब्धता से जुड़े एक अलग मामले की भी जांच कर रहा है। शेष पेज 2

जुर्माना 10,000 करोड़, 84 फीसदी अब भी जमा नहीं

नई दिल्ली (हिमांशु अरविंद मिश्र)। बेहतर इलाज के नाम पर अस्पताल पहुंचने वाले मरीजों से दवा की ऊंची कीमतों के रूप में भी लूट हो रही है। अस्पतालों की इस लूट से मरीजों को बचाने के लिए कड़े कदम भी उठाती है, लेकिन यह सिर्फ कागजों तक सिमट के रह गई है। औषधि मूल्य निर्धारण प्राधिकरण (एनपीपीए) के आंकड़े बताते हैं कि दवा की ज्यादा कीमत वसूलने पर कंपनियों पर इस साल 31 मार्च तक 10,029 करोड़ रुपये जुर्माना लगाया गया, लेकिन वसूली सिर्फ 1,582.4 करोड़ रुपये की हो सकी, यानी 8,447.4 करोड़ रुपये (84 फीसदी) अब भी बाकी हैं। उत्तर प्रदेश में अस्पतालों की तरफ से 67 फीसदी और कर्नाटक में 52 फीसदी ज्यादा कीमत वसूलने के मामले सामने आए हैं।

बड़े मामलों में सिप्ला समेत कई कंपनियां

कंपनीवार रिकॉर्ड में सिप्ला, जॉनसन एंड जॉनसन, रैनबैक्सी, ग्लैक्सोस्मिथक्लाइन और सन फार्मा जैसी कंपनियों के खिलाफ बड़ी रकम के मामले दर्ज हैं। सिप्ला के एक सालबुटामोल मामले में ब्याज समेत 742.82 करोड़ रुपये की जुर्माना दर्ज है, जिसमें 93.96 करोड़ रुपये वसूले जा चुके हैं।

और चश्मा लेने की प्रक्रिया में कई

13 वर्षीय बच्चे समेत परिवार के चार सदस्यों की बेरियाट्रिक सर्जरी

अमर उजाला ब्यूरो

नई दिल्ली। गंभीर मोटापे से जूझ रहे एक परिवार के चार सदस्यों की बेरियाट्रिक सर्जरी सर गंगा राम अस्पताल में सफलतापूर्वक की गई। इनमें 13 वर्षीय बच्चा भी शामिल है। सर्जरी से पहले बच्चे का वजन करीब 186 किलो था। उसे सांस लेने में परेशानी, जोड़ों और कमर में दर्द, तेज खर्राटे, स्लीप एपनिया और चिड़चिड़ेपन जैसी समस्याएं थीं। खानपान और जीवनशैली में बदलाव के बावजूद वजन कम नहीं हो रहा था।

परिवार में मोटापे का लंबा इतिहास रहा है। बच्चे के माता-पिता भी पहले मोटापे से परेशान थे और उनकी बेरियाट्रिक सर्जरी हो चुकी है। 13 अगस्त को बच्चे की लेप्रोस्कोपिक स्लीव गैस्ट्रेक्टॉमी की गई। सर्जरी के बाद अब तक उसका वजन 20 किलो से अधिक कम हो चुका है। सांस लेने, खर्राटों, नींद, चलने-फिरने और जोड़ों के दर्द में भी सुधार हुआ है। डॉक्टरों के अनुसार, अगले 12 से 18 महीनों में वजन में और कमी आ सकती है। हालांकि, इसके लिए संतुलित आहार, नियमित व्यायाम और लगातार चिकित्सकीय निगरानी जरूरी होगी।



186 किलो वजनी बच्चा। स्रोत : अस्पताल

सर्जरी डॉ. तरुण मित्तल की अगुवाई में की गई। डॉक्टरों ने बताया कि बच्चों में बेरियाट्रिक सर्जरी का निर्णय पूरी जांच और विशेषज्ञों के आकलन के बाद ही लिया जाता है। सर्जरी के बाद पोषण, जीवनशैली में बदलाव और नियमित फॉलो-अप का विशेष महत्व है। बच्चे की आगे की निगरानी पीडियाट्रिक्स समेत अन्य विभागों की बिशेषज्ञ टीम कर रही है।

टीबी-मुक्त भारत के लिए जोश टीमों का आगाज

मुख्यमंत्री रेखा गुप्ता ने की युवाओं से अभियान में सक्रिय भागीदारी की अपील

नई दिल्ली। हेल्थ, यूथ और डिफेंस की त्रिशक्ति मिलकर टीबी-मुक्त भारत के संकल्प को साकार करने में अहम भूमिका निभाएगी। मुख्यमंत्री रेखा गुप्ता ने बृहस्पतिवार को भारत मंडपम में जॉइंट स्क्वाड फॉर हेल्थ (जोश) टीमों के शुभारंभ कार्यक्रम में यह बात कही। उन्होंने युवाओं से टीबी उन्मूलन के राष्ट्रीय मिशन में सक्रिय भागीदारी निभाने की अपील की।

मुख्यमंत्री ने कहा कि युवा वॉलंटियर्स, एनसीसी कैडेट्स, जनप्रतिनिधि और अधिकारी लोगों के बीच जाकर टीबी के प्रति जागरूकता फैलाएंगे। इससे बीमारी के खिलाफ चल रहे अभियान को जनभागीदारी का व्यापक स्वरूप मिलेगा। उन्होंने कहा कि प्रधानमंत्री नरेंद्र मोदी के नेतृत्व में देश को टीबी-मुक्त बनाने के लिए लगातार प्रयास किए जा रहे हैं और जोश टीमों का राष्ट्रीय स्तर पर शुभारंभ इसी दिशा में महत्वपूर्ण कदम है। सीएम ने कहा कि जोश टीमें टीबी हारेगा, देश जीतेगा के संकल्प के साथ देशभर में काम करेंगी।

उन्होंने प्रधानमंत्री के हम करके रहेंगे संदेश का उल्लेख करते हुए कहा कि दृढ़ इच्छाशक्ति और सामूहिक प्रयासों से हर चुनौती का सामना किया जा सकता है। विकसित भारत का सपना तभी पूरा होगा, जब देश स्वस्थ और समृद्ध होगा। ब्यूरो

सावधान

कार्डियक अरेस्ट का जोखिम जानलेवा, तुरंत मदद जरूरी

अभिनेता नाना पाटेकर का 75 साल की उम्र में गुरुवार को कार्डियक अरेस्ट से निधन हो गया। इससे एक बार फिर कार्डियक अरेस्ट से होने वाली मौतों को लेकर चिंता बढ़ गई है। इस स्थिति में मरीज को संभलने का मौका ही नहीं मिलता। ऐसे में दिल के इस जोखिम के बारे में जानना इसे रोकने के लिए अहम हो सकता है–

अचानक हृदय गति क्यों बंद हो जाती है?

कार्डियक अरेस्ट वह स्थिति है, जब दिल अचानक खून पंप करना बंद कर देता है। ऐसा आमतौर पर दिल की गतिविधि में गंभीर गड़बड़ी के कारण होता है। दिल खून पंप नहीं कर पाता, इसलिए शरीर और खासकर दिमाग तक ऑक्सीजन पहुंचना बंद हो जाती है। व्यक्ति अचानक बेहोश होकर गिर सकता है। तत्काल इलाज जरूरी होता है।

हार्ट अटैक, कार्डियक अरेस्ट एक नहीं

हार्ट अटैक में दिल तक खून पहुंचाने वाली नस में ब्लॉकेज हो जाता है। इस कारण दिल की मांसपेशियों के एक हिस्से को ऑक्सीजन नहीं मिल पाती। इसमें व्यक्ति आमतौर पर होश में रह सकता है। वहीं, कार्डियक अरेस्ट में दिल अचानक सही तरीके से धड़कना और खून पंप करना बंद कर देता है।



दिल से जुड़ी समस्या हो तो तत्काल क्या करें

- तुरंत इमरजेंसी मदद के लिए फोन करें।
- तुरंत सीपीआर दें। व्यक्ति को लिटाकर छाती के बीचों-बीच हथेली को दूसरे हाथ से दबाएं।
- सीपीआर देते समय छाती को ज्यादा तेजी से न दबाएं।
- किसी की मदद लेकर मरीज को तुरंत अस्पताल लेकर जाएं।

ये लक्षण दिखें तो नजरअंदाज न करें

कार्डियक अरेस्ट की स्थिति में कई बार पहले से लक्षण नजर नहीं आते। व्यक्ति अचानक गिर जाता है। हालांकि, अगर किसी को अचानक सीने में दर्द, सांस फूलना, घबकर, असामान्य धड़कन या अचानक कमजोरी महसूस हो रही है तो इसे नजरअंदाज नहीं करना चाहिए।

हर घर में सीपीआर की जानकारी क्यों है महत्वपूर्ण

कार्डियक अरेस्ट कभी भी और कहीं भी हो सकता है। ऐसी स्थिति में शुरुआती कुछ मिनट बेहद महत्वपूर्ण होते हैं। अस्पताल पहुंचने में समय लग सकता है। ऐसे में अगर आसपास मौजूद किसी व्यक्ति को सीपीआर करना आता है, तो वह तुरंत छाती पर दबाव देकर खून का प्रवाह बनाए रखने की कोशिश कर सकता है। इससे जान बचने की संभावना बढ़ सकती है।

थायरॉइड सामान्य पर लक्षण दिखे तो नजरअंदाज न करें

अध्ययन

नई दिल्ली, प्रसं। थायरॉइड की दवा लेने के बाद अगर टीएसएच (थायरॉइड स्टिम्युलेटिंग हॉर्मोन) की रिपोर्ट सामान्य आ गई है, लेकिन मरीज को लगातार थकान, कमजोरी या सुस्ती महसूस हो रही है तो इसे नजरअंदाज नहीं करना चाहिए।

हाल ही में इंडियन जर्नल ऑफ एंडोक्रिनोलॉजी एंड मेटाबॉलिज्म में प्रकाशित एक देशव्यापी अध्ययन में ऐसे मरीजों की समस्या पर ध्यान दिया गया है। अध्ययन के अनुसार, करीब पांच से 10 फीसदी मरीजों में लेवोथायरोक्सिन (एलटी4) लेने और टीएसएच सामान्य होने के बावजूद थायरॉइड से जुड़े लक्षण बने रह सकते हैं। इसका मतलब यह है कि केवल टीएसएच की सामान्य रिपोर्ट हमेशा मरीज की पूरी स्थिति नहीं बताती। दिल्ली के गुरु गोबिंद सिंह अस्पताल के सर्जन डॉ. नीरज कुमार के अनुसार, टीएसएच सामान्य होने से ही थायरॉइड की समस्या को पूरी तरह खारिज नहीं किया जा सकता। कुछ मरीजों में टीएसएच सामान्य होने के बावजूद टी3 और टी4 हॉर्मोन के स्तर में बदलाव हो सकता है। टी3 और टी4 थायरॉइड ग्रंथि द्वारा बनाए जाने वाले प्रमुख हॉर्मोन हैं, जो शरीर के मेटाबॉलिज्म, ऊर्जा और कई अन्य कार्यों को प्रभावित करते हैं। अगर मरीज को लगातार थकान, सुस्ती, कमजोरी, भूख कम लगना या हृदय गति धीमी होने जैसी शिकायत है तो डॉक्टर को केवल टीएसएच रिपोर्ट के आधार पर इलाज का निर्णय नहीं लेना चाहिए।

यौन शोषण पीड़िता को गर्भपात की अनुमति मिली

नई दिल्ली, प्रमुख संवाददाता। उच्च न्यायालय ने यौन शोषण की शिकार 16 वर्षीय किशोरी को करीब 26 हफ्ते की गर्भावस्था को चिकित्सकीय तरीके से समाप्त कराने की अनुमति दे दी है।

न्यायमूर्ति मनमीत प्रीतम सिंह अरोड़ा की पीठ ने किशोरी की तरफ से उसके मामा की ओर से दायर याचिका पर यह आदेश दिया है। पीठ ने लोकनायक जयप्रकाश अस्पताल को निर्देश दिया कि वह आवश्यक सावधानियों, चिकित्सकीय प्रोटोकॉल और कानून में निर्धारित सुरक्षा उपायों का पालन करते हुए गर्भावस्था समाप्त करने की प्रक्रिया जल्द से जल्द पूरी करे। पीठ ने माना कि गर्भावस्था मेडिकल टर्मिनेशन ऑफ प्रेग्नेंसी एक्ट, 1971 में निर्धारित 24 सप्ताह की सामान्य वैधानिक सीमा से आगे

- **कोर्ट ने 26 हफ्ते की गर्भावस्था को जल्द खत्म कराने को कहा**

बढ़ चुकी है। इसके बावजूद पीठ ने कहा कि मामले की असाधारण परिस्थितियों में संविधान के अनुच्छेद 226 के तहत अपने विशेष अधिकार क्षेत्र का इस्तेमाल करना उचित है।

किशोरी को उसके माता-पिता ने 2022 में छोड़ दिया था। तब से वह अपने मामा और नानी की देखरेख में रह रही है। किशोरी मानसिक रूप से दिव्यांग है। वह कथित यौन शोषण या इस तथ्य को भी समझने की स्थिति में नहीं थी कि वह गर्भवती है। 28 सितंबर को जांच में उसकी गर्भावस्था 25 सप्ताह एक दिन की पाई गई। इसके बाद मेडिकल बोर्ड ने जांच कर गर्भावस्था की अवधि करीब 26 सप्ताह बताई।

प्रक्रिया को आसान बनाने पर ध्यान

रिफंड का समय घटेगा P15

कैंसर की 68 और दवाओं पर मुनाफे की सीमा तय

नई दिल्ली, विशेष संवाददाता। सुप्रीम कोर्ट की टिप्पणी के बाद केंद्र ने कैंसर की 68 और दवाओं पर मुनाफे की सीमा तय करने का फैसला किया है। सरकार ने कहा कि इन दवाओं के अधिकतम विक्रय मूल्य (एमआरपी) में 30 फीसदी तक ही मुनाफा लिया जा सकेगा। यानी 100 रुपये की दवा पर एमआरपी 130 से अधिक नहीं होगी।

रसायन एवं उर्वरक मंत्रालय के सूत्रों ने कहा कि अगले 10 दिन के भीतर इन दवाओं की सूची जारी की जाएगी। इनमें 35 पेटेंट दवाएं भी शामिल हैं। कुछ आयातित दवाओं पर भी यही नियम लागू होगा। ये सभी गैर अधिसूचित दवाएं हैं, यानी मौजूदा मूल्य नियंत्रण की सूची में नहीं हैं। सूची जारी होने के बाद कैंसर की 110 दवाओं पर मुनाफे की सीमा तय हो जाएगी। केंद्र सरकार ने 2019 में भी 42 कैंसररोधी दवाओं का अधिकतम मुनाफा तय किया था।

फार्मा कंपनियों का अनैतिक प्रचार रोकने को समिति बने

नई दिल्ली, वि.सं.। सुप्रीम कोर्ट ने गुरुवार को केंद्र को दवा कंपनियों की अनैतिक मार्केटिंग पर रोक लगाने के लिए कानून बनाने की सिफारिश करने वाली एक समिति गठित करने का आदेश दिया है। P14

कैंसर की 110 दवाओं पर अधिकतम 30% मार्जिन तय, 70% तक घट सकती हैं कीमतें

नई दिल्ली, प्रेट्र: कैंसर की महंगी दवाओं पर मरीजों को बड़ी राहत मिलने की उम्मीद है। सरकार ने सभी गैर-अनुसूचित कैंसर दवाओं के ट्रेड मार्जिन को एमआरपी (अधिकतम खुदरा मूल्य) के 30 प्रतिशत तक सीमित करने का फैसला किया है। इससे करीब 110 कैंसररोधी दवाओं की कीमतों में कमी आने की संभावना है। इनमें 35 पेटेंट वाली दवाएं भी शामिल हैं। आइएएनएस ने सूत्रों के हवाले से बताया कि इससे दवाओं की कीमत में 70% तक कमी आ सकती है।

सरकारी सूत्रों के अनुसार, यह सीमा ब्रांडेड और जेनेरिक, घरेलू और आयातित तथा पेटेंट वाली और बिना पेटेंट वाली दवाओं पर लागू होगी। सरकार का उद्देश्य कैंसर की जीवनरक्षक दवाओं की कीमतों में व्यापार स्तर पर होने वाली अत्यधिक बढ़ोतरी पर रोक लगाना और उन्हें मरीजों के लिए अधिक किफायती बनाना है। साथ ही, बाजार में इन दवाओं की उपलब्धता बनाए रखने पर भी जोर रहेगा। इस फैसले को इसी महीने के अंत तक लागू किए जाने की उम्मीद है।



- ज्यादा मार्जिन के चक्कर में महंगी दवा बेचने पर लगेगी रोक
- गैर अनुसूचित दवा पर ट्रेड मार्जिन सीमा तय, 35 पेटेंट दवाएं शामिल

सूत्रों के अनुसार, ट्रेड मार्जिन रैशनलाइजेशन (टीएमआर) का मुख्य मकसद गलत तरीके से दवाएं बेचने की प्रथाओं को रोकना है। चूंकि कैंसर की दवाएं महंगी होती हैं, इसलिए उन पर ट्रेड मार्जिन की सीमा तय करना जरूरी था। इस कदम से कैंसर के मरीजों की सालाना 2500 करोड़ की बचत होगी। सुप्रीम कोर्ट ने भी कैंसर दवाओं की बेतहाशा कीमतों पर गंभीर चिंता जताई थी। सभी दवाओं पर एक समान 16% मार्जिन की वकालत कर, जस्टिस विक्रम नाथ की बेंच ने सालिसिटर जनरल तुषार मेहता से इसे खुली लूट बताया था। उन्होंने कहा था कि कैंसर की दवा फुटकर दवा विक्रेताओं को 2,700 रुपये में सप्लाई की जाती है, फिर भी एमआरपी 27,000 रुपये है।