



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY

Thursday

20190121

Skin problems due to pollution

30% rise in skin problems due to pollution (The Tribune: 20190121)

<https://www.tribuneindia.com/news/health/30-rise-in-skin-problems-due-to-pollution/863579.html>

With the air quality worsening in the Delhi-NCR region, health experts on Wednesday revealed that doctors have observed 30 per cent jump in skin related problems here.

Toxic high pollution in the Delhi-NCR is not only taking a toll on people's health but is also adversely affecting their skin, causing allergies, rashes and premature ageing, thereby forcing them to seek medical treatments.

According to VK Sharma, Professor and Head, Department of Dermatology, AIIMS in New Delhi, exposure to pollution leads to early ageing of skin, pigmentation, skin irritation and other skin related problems.

Due to high pollution level, patients suffering from skin allergy experience aggravation.

“It is proven by research that high level of PM 2.5 present in the air leads to inflammation of skin. Due to high levels of pollution in Delhi, the number of patients with skin problems has gone up,” Sharma said.

As the capital is turning into a gas chamber, along with respiratory, heart and other health problems, skin related problems are also rising.

With winters around the corner, the situation is only getting worse, forcing people to seek medical help.

“While our skin is meant to work as a protective layer and ward off environmental hazards, the current levels of pollution is way too much for it to endure, resulting in various skin problems and premature ageing,” said Dr Ajaya Kashyap, Medical Director, KAS Medical Centre and MedSpa in New Delhi.

“In last few days, we received a record number of patients with skin related issues and also for anti-ageing treatments, we see almost 30 per cent increase in number of patients,” Kashyap stressed.

According to experts, since Delhi’s pollution is characterised by extremely high levels of Particulate Matter (PM), reaching up to even 999 in some days, while the permissible level is 60 micrograms, it is even worse for the skin. — IANS

COMMENTS All readers are invited to post comments responsibly. Any messages with foul language or inciting hatred will be deleted. Comments with all capital letters will also be deleted. Readers are encouraged to flag the comments they feel are inappropriate.

The views expressed in the Comments section are of the individuals writing the post. The Tribune does not endorse or support the views in these posts in any manner.

Dental Health

Chewing sugar-free gum may prevent dental cavity (The Tribune: 201901121)

<https://www.tribuneindia.com/news/health/chewing-sugar-free-gum-may-prevent-dental-cavity/863558.html>

To prevent your teeth from rotting, start chewing sugar-free gums, as researchers, including one of Indian-origin, have found some evidence that sugar-free gum could help reduce further development of dental caries (cavities) in adults and children.

Published in the Journal of Dental Research, the study from King's College London revealed that chewing sugar-free gum not only reduce the advancement of dental caries, it could be used as a viable preventative agent, in comparison to non-chewing control methods such as oral health education and supervising toothbrushing programmes alone.

"Both the stimulation of saliva, which can act as a natural barrier to protect teeth, and the mechanical plaque control that results from the act of chewing, can contribute to the prevention of dental caries," said study lead author and Indian origin researcher Avijit Banerjee, Professor at King's College London in UK.

Sugar-free gum can also act as a carrier for antibacterial ingredients, including xylitol and sorbitol.

"No recent conclusive evidence existed prior to this review that showed the relationship between slowing the development of caries and chewing sugar-free gum," Banerjee added.

The research included analysis of studies published over the last 50 years, identifying 12 which explored the impact and intervention outcome of chewing sugar-free gum on oral health conditions, and in particular, dental caries on adults and children.

Sugar-free gum was found to reduce caries increment, giving it a preventative factor of 28 per cent.

In recent years, chewing sugar-free gum has emerged as a possible supplement to existing prevention strategies in stopping the development of dental caries.

"There is a considerable degree of variability in the effect from the published data and the trials included were generally of moderate quality," Banerjee said.

"However, we felt there was a definite need to update and refresh existing knowledge about sugar-free gum and its effect on dental caries and oral health. We are planning further research to determine the acceptability and feasibility of using this method in public health," Banerjee added. IANS

Pollution

Capital may get respite from 'severe' pollution on Saturday (The Tribune: 201901121)

<https://www.thehindu.com/news/cities/Delhi/capital-may-get-respite-from-severe-pollution-on-saturday/article30031652.ece>

20/11/2019: Smog seen at Rajpath, as the Air quality in Delhi remains poor, may slip into severe category in next few days, in New Delhi on Wednesday. Photo: Sushil Kumar Verma / The Hindu

NEW DELHI, 20/11/2019: Smog seen at Rajpath, as the Air quality in Delhi remains poor, may slip into severe category in next few days, in New Delhi on Wednesday . Photo: Sushil Kumar Verma / The Hindu | Photo Credit: Sushil Kumar Verma

Average level of PM 2.5 was 2.5 times the safe limit on Wednesday

The air quality of Delhi slipped to "very poor" category on Wednesday and the pollution is likely to increase on Thursday and reach "severe" category on Friday, according to government-run monitoring agency System of Air Quality and Weather Forecasting and Research (SAFAR).

The city is expected to receive a respite from severe pollution on Saturday due to a passing western disturbance.

On Wednesday, the average level of PM 2.5 — deadly respirable particles, which is a chief pollutant — was 2.5 times (155.1 ug/m³) the safe limit (60ug/m³) as per Indian standards, in Delhi and NCR at 6 p.m., according to the Central Pollution Control Board (CPCB). But the level is more than six times the safe limit (25 ug/m³) set by the World Health Organisation (WHO).

Advisory to public

People are advised to avoid all outdoor physical activity and keep medicine handy if they suffer from asthma and close windows of rooms.

“Stop outdoor activity at early morning and after sunset. Avoid prolonged or heavy exertion. Go for a short walk instead of a jog and take more breaks. Stop any activity level if you experience any unusual coughing, chest discomfort, wheezing, breathing difficulty or fatigue,” an advisory issued by SAFAR said.

Delhi’s Air Quality Index (AQI) on Wednesday was 301 (very poor) up from Tuesday’s 242, according to the 4 p.m. bulletin by the CPCB, which is the average of the last 24 hours.

The contribution of stubble burning in neighbouring States to Delhi’s pollution was 14% on Wednesday and is expected to fall to 7% on Thursday.

“The air quality will further deteriorate by Thursday towards higher end of very poor and may touch severe in some parts of Delhi by November 22,” SAFAR said.

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Human Patient (The Asian Age: 201901121)

<http://onlinepaper.asianage.com/article/detailpage.aspx?id=14139723>

HUMAN PATIENT PUT IN SUSPENDED ANIMATION FOR FIRST TIME

After decades of debate over suspended animation, officially called the emergency preservation and resuscitation (EPR), scientists at the University of Maryland School of Medicine have for the first time put the technique into practice. Suspended animation involves putting the functions of the human body on a medical ‘pause’ while performing critical surgical procedures to avert or delay death due to traumatic conditions like cardiac arrests.

■ **THE FIRST** ever suspended animation trial could lead to a turnaround on the future of emergency room surgeries.

■ **SCIENTISTS SAY** the trial is being performed on patients who have a survival rate of less than 5%

■ **DURING THE** trial, the patients are cooled rapidly by replacing their blood with ice-cold saline. As a result, the heart stops beating and brain activity almost completely stops.

■ **AT NORMAL** body temperatures, cells need a constant supply of oxygen to remain alive, but the cold temperature slows or stops the chemical reactions in cells, which need less oxygen as a result.

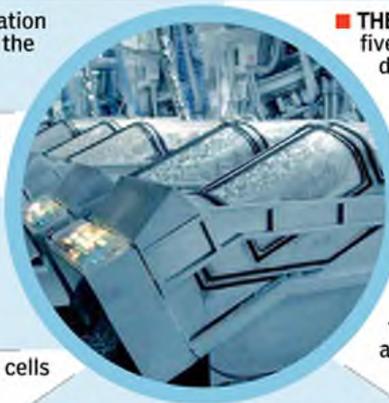
■ **THE MAN** was healthy until minutes before he died and it could have been averted if we had enough time – a duration long enough to conduct medical procedure. This idea led to research in the direction of suspended animation.

■ **THE HUMAN** brain can survive for around five minutes without oxygen before damage occurs, but through EPR a surgical team has two hours to work on the patient’s injuries before they’re warmed up and their heart is restarted.

■ **FULL RESULTS** of the trial are expected to be announced by the end of 2020.

■ **TISHERMAN, SCIENTIST** at the university, raised an interest in trauma research after coming across an incident in which a young man was stabbed in the heart.

■ **ANIMAL STUDIES** showed that pigs with acute trauma could be cooled for 3 hours, stitched up and resuscitated.



Once we can prove it works with humans, we can expand the utility of this technique to help patients survive that otherwise would not

— **SAMUEL TISHERMAN**, Team member, Baltimore facility

Air pollution

Air pollution: Why more and more non-smokers are suffering c ..(The Times of India:201901121)

Read more at:

http://timesofindia.indiatimes.com/articleshow/72150832.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

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Photo for representation

COPD: BASIC FACTS	
➤	Chronic obstructive pulmonary disease is a progressive life-threatening lung disease that causes breathlessness. It can lead to respiratory failure
➤	Primary cause is exposure to tobacco smoke (either active smoking or second-hand smoke)
➤	Experts believe exposure to indoor and outdoor pollution is a key factor for increased incidence of the condition
➤	Exposure to indoor pollution can affect unborn child and represents a risk factor for developing COPD later
➤	It is incurable, but treatment can relieve symptoms, improve quality of life and reduce risk of death



Malnutrition rates in India

Malnutrition rates in India not going down fast enough ... we must move for a healthier India'

..(The Times of India: 201901121)

<https://timesofindia.indiatimes.com/blogs/talkingturkey/malnutrition-rates-in-india-not-going-down-fast-enough-we-must-move-for-a-healthier-india/>

November 21, 2019, 3:00 AM IST Rudroneel Ghosh in Talking Turkey | Edit Page, India, Q&A | TOI

Malnutrition in India continues to be a huge problem with the latest Global Hunger Index (GHI) ranking the country an abysmal 102 out of 117 nations. In fact, India is worse off than its South Asian neighbours and is recording high levels of both child wasting and stunting. Chandrakant S Pandav, member National Council on India's Nutrition Challenges, Poshan Abhiyaan, spoke with Rudroneel Ghosh about government measures to tackle the problem:

India's ranking in GHI this year was an abysmal 102 out of 117 whereas it had improved in earlier years. What explains this?

Malnutrition rates in India are going down, but not going down fast enough. This index was based on National Family Health Survey (NFHS4 2015-16) data and not on the latest data from the Comprehensive National Nutrition Survey (CNNS 2016-18). If the most recent data from CNNS were used, the ranking would have been better, as pointed out by Niti Aayog. In a diverse country like India it's challenging to estimate the actual scenario with a single ranking which must deal with more than 1.3 billion people. Moreover, a lot of disaggregated information is lost.

At 20.8%, India's child wasting ratio is the highest as compared to any other country. How are we worse off than our South Asian peers, including Pakistan?

The major challenge is to bring out sustained behavioural change: Awareness, Assessment, Analysis and Action.

As per CNNS, the prevalence of wasting is very high during initial months of a child's life due to high rates of low birth weight, poor maternal health and nutrition factors. Low birth weight is linked with the nutrition status, and if CNNS data had been used, the ranking would have been better as I have mentioned before.

What is the Poshan Abhiyaan and how will it address the fact that just 9.6% of all children between 6 and 23 months of age are fed a minimum acceptable diet?

Poshan Abhiyaan is a revolutionary programme announced by Prime Minister Narendra Modi on March 8, 2018, in Jhunjhunu, Rajasthan. This is a golden opportunity and the highest level of political commitment a country can have. In 1980 I wrote an article in Indian Journal of Paediatrics regarding the need for a 'National Nutrition Policy in India', which has come true

with Poshan Abhiyaan. In the field of nutrition, as in politics, the task is to do what is possible, without forgetting to make possible what is necessary.

It is communities and families that are responsible for feeding children, which is more than provision of food. It is needed to give nutrient-dense foods to these children as they have high nutrient needs but small stomachs.

Jan Andolan is required to create awareness on this and guide communities and families how best to feed children. This is presently done by four As – ASHA worker, Anganwadi worker, Auxiliary nurse midwife and Aai [mother] – harmoniously complementing and re-enforcing each one's messages with a focus on communication for sustained behaviour change.

Six of the 10 districts with the highest rates of stunting are in Uttar Pradesh alone. Is anything being done to tackle this problem in that state?

Uttar Pradesh is making efforts to tackle malnutrition. An example is from Banda; they are using community-based management to tackle child malnutrition.

What are the biggest on-field challenges you have encountered in combating malnutrition?

While there are Nutrition Rehabilitation Centres (NRCs) which address the problem of severe acute malnutrition, 80% of these cases don't need to go to the NRCs and instead can be treated at the community level. This saves time, money and resources. Moreover, families are often hesitant to go to the NRCs because they can't afford it or because the centres are overburdened. The challenge here is to find a solution that integrates a model for community mobilisation, where civic level convergence through community workers can treat the majority of the children.

What are your short- and long-term aims given the magnitude of the malnutrition problem?

India has policies to address malnutrition by providing food to many children through Anganwadi centres. This can be either as take-home ration for the youngest or supervised feeding. There is common application software which helps in real time monitoring of child and maternal health.

However, the impact of these programmes is too limited as they are not yet implemented with full CCIQ, meaning full Coverage, Continuity, Intensity and Quality. A government programme is only effective if it reaches all beneficiaries. Jan Andolan should go beyond Poshan Maah – we need 12 Poshan Maahs per year; 52 breastfeeding weeks per year. Jan Andolan needs to be combined with mass media, public media, social media, etc. Promotion of nutrition needs to be everywhere, on radio, TV, public spaces, communities. All the above require quality – quality counselling of parents, high quality and nutrient-rich food and feeding programmes, quality health and nutrition services. We must now move for a better and healthier India.

DNA tests

Chinese parents getting DNA tests to check if kids will be prodigies..(The Times of India: 201901121)

<https://timesofindia.indiatimes.com/home/science/chinese-parents-getting-dna-tests-to-check-if-kids-will-be-prodigies/articleshow/72152403.cms>

Months after his daughter's birth in 2017, Chris Jung dropped off a test-tube of her saliva to his company's genetic testing lab in Hong Kong. He had grand ambitions for the baby, and was seeking clues to the future in her DNA. She might become a prominent professional, he thought, possibly a doctor.

But Jung's plans shifted after analysis by his firm, Gene Discovery, suggested his daughter had strong abilities in music, math and sports — though a lesser aptitude for memorising details. As the girl grows up, Jung said he will pour resources into developing those talents, while steering her away from professions that require a lot of memorisation.

“Originally, I wanted her to become a professional like a doctor or lawyer,” said Jung, chief operating officer of Good Union Corp, the parent company of Gene Discovery. “But once I looked into the results, it talked about how her memory is so bad. I switched my expectations because if I would like her to become a professional, she needs to study a lot and remember a lot.”

More than half of the clients at Gene Discovery are from China's mainland, where parents are eager to shape their offspring into prodigies.

While gaining popularity across the globe, consumer genetic testing is booming in China. Delaware-based research firm Global Market Insights Inc sees sales of DNA testing services tripling to \$135 million by 2025 from \$41 million last year. Beijing-based consultancy EO Intelligence projects an even faster surge in the market, to \$405 million in 2022. Help your child “win at the starting line” is a common marketing refrain by firms.

Many of the claims from these newly minted companies — that DNA can be used to assess ability to memorise data, tolerate stress or show leadership — are more horoscope than actual science.

Tests sold on Gene Discovery's website cost HKD\$4,500 (\$575) and include an “i-Genius package” to test toddlers for talents. “There's just no way a DNA test will tell you anything that's meaningful about complex traits,” said Timothy Caulfield from the University of Alberta. “And these parents are changing their kids' lives.”

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Air Pollution (Navbharat Times: 20190121)

<http://epaper.navbharattimes.com/details/76005-59697-1.html>

ध्वनि प्रदूषण कम कराएं, वर्ना रोक दी जाएगी सैलरी

NGT ने DPCC और पुलिस से कहा

■ प्रस, नई दिल्ली : ध्वनि प्रदूषण पर लगाम लगाने के लिए दिल्ली सरकार की जागरूकता गतिविधियों से नैशनल ग्रीन ट्राइब्यूनल (एनजीटी) संतुष्ट नहीं है। एनजीटी ने कहा कि ध्वनि प्रदूषण की स्थिति को देखते हुए इतना करना ही काफी नहीं। ट्राइब्यूनल ने ध्वनि प्रदूषण पर नियंत्रण के लिए जरूरी उपकरणों को लगाने के लिए डीपीसीसी और पुलिस की समय सीमा को लॉक कर दिया। दोनों विभागों के सीनियर अधिकारियों को चेतावनी दी कि इसके बाद उन्हें सैलरी से तब तक के लिए वंचित कर दिया जाएगा, जब तक वे एनजीटी के आदेशों का पालन नहीं करवा लेते।

ध्वनि प्रदूषण को देखते हुए एनजीटी ने लगाई फटकार

एनजीटी अध्यक्ष जस्टिस आदर्श कुमार गोयल की बेंच ने अपने आदेश में कहा, "योजनाबद्ध तरीके और मिलजुलकर कदम उठाए जाने चाहिए। ऐसी योजना बनाने की जरूरत है, जिससे इस समस्या से ग्रसित जगहों की तुरंत पहचान हो सके। पटाखे जलाने पर दंड को भी रिवाइज करना होगा।" एनजीटी ने दिल्ली पल्यूशन कंट्रोल कमिटी (डीपीसीसी) को यहां ध्वनि प्रदूषण पर लगाम लगाने में नाकाम रहने के लिए फटकार लगाई। कहा कि उसकी कार्रवाई काफी नहीं।

ट्राइब्यूनल ने डीपीसीसी की ओर से पेश एमपी जॉर्ज की दलीलों पर गौर किया। उन्होंने बेंच को भरोसा दिलाया है कि इसके लिए जरूरी उपकरण 60 दिनों के भीतर हासिल कर लिए जाएंगे। इतना ही वक्त उन उपकरणों को लगाने में लगेगा। बेंच ने चेताया कि 31 जनवरी तक भी यह काम पूरा नहीं हुआ, तो डीपीसीसी के मेंबर सेक्रेटरी और उन्हें तब तक अपनी सैलरी लेने नहीं दी जाएगी, जब तक ट्राइब्यूनल के आदेश का पालन नहीं हो जाता। दिल्ली पुलिस के स्पेशल कमिश्नर ऑफ पुलिस और डिप्टी कमिश्नर ऑफ पुलिस (प्रोवाइजनिंग एंड लॉजिस्टिक्स) के लिए भी यही आदेश जारी किया। पुलिस ने बेंच को मार्च 2020 तक इन उपकरणों का हासिल करने का भरोसा दिलाया है।

अगले दो दिन लोगों को काफी परेशान करेगा प्रदूषण

दिल्ली की हवा फिर हुई खराब

■ विशेष संवाददाता, नई दिल्ली

तीन दिनों के बाद दिल्ली की हवा फिर बेहद खराब हो गई है। हवाओं की गति थमते ही प्रदूषक फिर से हवा में जमने लगे हैं, जिसकी वजह से पीएम 2.5 के स्तर में तेजी से इजाफा हो रहा है। बुधवार को दिल्ली एनसीआर में हल्का स्मॉग भी नजर आया। सफर और आईएमडी के अनुसार 21 और 22 नवंबर को प्रदूषण दिल्ली वालों को फिर से काफी परेशान करेगा। इसके बाद 23 नवंबर से हवा की रफ्तार बढ़ने से प्रदूषण से राहत मिलेगी।

सीपीसीबी के एयर बुलेटिन के अनुसार बुधवार को दिल्ली का एयर क्वालिटी इंडेक्स 301 रहा। एनसीआर के कई शहर में प्रदूषण का स्तर काफी अधिक बढ़ गया है। गाजियाबाद में एक्यूआई 366, फरीदाबाद में 253, ग्रेटर नोएडा में 340, गुडगांव में 221 और नोएडा में 320 रहा। रात आठ बजे तक दिल्ली का एक्यूआई 317 पर पहुंच गया था। बुधवार को पराली के धुएं ने राजधानी को 14 पसेंट तक प्रदूषित किया।

सफर के मुताबिक प्रदूषण के लिहाज से दिल्ली एनसीआर की स्थिति फिर



बिगड़ने लगी है। अगले दो दिनों के दौरान एक्यूआई बेहद खराब से गंभीर स्तर पर रह सकता है। इस दौरान हवाओं की गति काफी कम रहेगी। वही पराली जलने के भी 1000 के करीब मामले सामने आए हैं। हालांकि गुरुवार को हवा की दिशा बदलती रहेगी। हवा कभी ईस्ट की तरफ से आएगी तो कभी नॉर्थ की तरफ से। ऐसे में पराली का धुआं अधिक प्रभावित नहीं करेगा। यह महज 7 पसेंट रह सकता है।

वहीं, बुधवार को सीजन की सबसे ठंडी सुबह रही। न्यूनतम तापमान 11.4 डिग्री, जबकि लोदी रोड में यह 10.6 डिग्री और पूसा में 11 डिग्री रहा। 26 नवंबर को हल्की बारिश की संभावना है।



Population

देश में 1,445 लोगों की आबादी पर मात्र एक डॉक्टर, हरियाणा में स्थिति गंभीर (Amar Ujala: 20191121)

<https://www.amarujala.com/india-news/there-is-only-one-doctor-on-population-of-1445-in-india-condition-is-serious-in-haryana>

राज्यसभा में केंद्रीय स्वास्थ्य मंत्रालय ने डॉक्टरों की कमी पर पेश की रिपोर्ट

विश्व स्वास्थ्य संगठन के अनुसार एक हजार की आबादी पर हो एक डॉक्टर

आयुष और एलोपैथी को मिलाकर देश में डॉक्टर-मरीज का अनुपात 1:860

देश में डॉक्टरों की कमी को लेकर केंद्रीय स्वास्थ्य मंत्रालय ने राज्यसभा में एक रिपोर्ट पेश की है जिसके अनुसार 1,445 लोगों की जिम्मेदारी केवल एक एलोपैथ के डॉक्टर के कंधों पर है। उत्तर भारत में सबसे बुरे हालात हरियाणा में हैं। यहां एक एलोपैथी डॉक्टर पर 6,287 लोगों की जिम्मेदारी है। जबकि उत्तर प्रदेश में 3,692, उत्तराखंड में 1,631, पंजाब में 778, हिमाचल प्रदेश में 3,015, जम्मू कश्मीर में 1,143 और राष्ट्रीय राजधानी दिल्ली में 1,252 लोगों के लिए एक एलोपैथी डॉक्टर पंजीकृत हैं।

आयुष (आयुर्वेद, योगा, यूनानी, सिद्धा, होम्योपैथी) चिकित्सा पद्धति के डॉक्टरों को इनके साथ जोड़ दें तो हरियाणा में 1,812 लोगों की आबादी पर मात्र एक डॉक्टर तैनात है, जो कि उत्तर भारत के बाकी राज्यों की तुलना में सर्वाधिक है। डब्ल्यूएचओ के अनुसार एक हजार आबादी पर एक डॉक्टर होना चाहिए। सरकार ने एलोपैथी और आयुष डॉक्टरों का अनुपात अलग-अलग बताया है। इनका मानना है कि अगर दोनों चिकित्सा पद्धति के डॉक्टरों को मिला दिया जाए तो डॉक्टरों की संख्या पर्याप्त मिल रही है।

क्या कहती है रिपोर्ट

मंत्रालय की रिपोर्ट के अनुसार देश में 11.59 लाख एलोपैथी के डॉक्टर पंजीकृत हैं लेकिन इनमें से 9.27 लाख डॉक्टर ही हर दिन अस्पताल या क्लीनिक में मरीज का उपचार कर रहे हैं। चूंकि देश की आबादी 1.35 बिलियन है, इस हिसाब से देश में 1,445 लोगों की आबादी पर एक एलोपैथी डॉक्टर मौजूद है।

जबकि देश में मौजूदा 6.30 लाख आयुष डॉक्टरों को भी एलोपैथी के साथ जोड़कर चलें तो भारत में 867 लोगों पर एक डॉक्टर तैनात है। हालांकि मंत्रालय का ये भी मानना है कि देश में मरीजों की तादाद हर साल बढ़ रही है। ऐसे में सभी चिकित्सा पद्धतियों के तहत आने वाले डॉक्टरों की संख्या बढ़ाना बेहद आवश्यक है।

डॉक्टरों को बढ़ाने के लिए मेडिकल कॉलेजों पर फोकस

मंत्रालय ने बताया कि डॉक्टरों की कमी को पूरा करने के लिए एमबीबीएस कोर्स की सीटों में 150 से 250 तक की वृद्धि, नए मेडिकल कॉलेज की स्थापना के लिए नियमों में सरलता, जिला अस्पतालों को मेडिकल कॉलेज में अपग्रेड करना इत्यादि पर काम कर रही है। विशेषज्ञ डॉक्टरों की कमी के लिए केंद्र की ओर से राज्य सरकारों की मदद की जा रही है।

देश में सबसे बुरे हालात मिजोरम-नागालैंड में

डॉक्टर-मरीज के बीच अनुपात को लेकर अगर पूरे देश की स्थिति पर गौर करें तो सबसे बुरे हालात मिजोरम और नागालैंड में देखने को मिल रहे हैं। यहां क्रमशः 20,343 और 23,396 की आबादी पर एक एलोपैथी डॉक्टर है। जबकि एलोपैथी के साथ आयुष डॉक्टरों को भी मिलाकर देखें तो इन राज्यों में क्रमशः 20,343 और 10,479 की आबादी पर एक डॉक्टर है। इनके अलावा छत्तीसगढ़ में 4045, झारखंड में 7,895, मध्यप्रदेश में 2,691, तेलंगना में 9,477 और त्रिपुरा में 2,934 लोगों पर एक एलोपैथी डॉक्टर है।

उत्तर भारत के राज्यों की स्थिति

राज्य	एलोपैथी डॉक्टर (आबादी)	एलोपैथी-आयुष डॉक्टर (आबादी)
हरियाणा	6287	1812
उत्तर प्रदेश	3692	1756
उत्तराखंड	1631	1107
पंजाब	778	584
हिमाचल प्रदेश	3015	628
जम्मू कश्मीर	1143	812
बिहार	3536	812
दिल्ली	1252	797

(सभी आंकड़े : 31 मार्च 2019 तक)

Home Remedy

दांत के दर्द में तुलसी, अश्वगंधा और मुलेठी कितनी कारगर, बताएगा शोध (Amar Ujala: 20191121)

<https://www.amarujala.com/delhi-ncr/mamc-dental-college-researchs-on-tulsi-ashwagandha-and-mulethi-home-remedies-for-toothache>

दांत में दर्द होने पर अक्सर लोग पुराने घरेलू नुस्खों को ज्यादा अहमियत देते हैं लेकिन वास्तविक रूप से यह कितना कारगर है? अब तक वैज्ञानिक तौर पर इसकी पुष्टि नहीं हो पाई है। अब दिल्ली के सबसे बड़े दांत अस्पताल मौलाना आजाद दांत चिकित्सा शिक्षा संस्थान के डॉक्टरों ने घरेलू नुस्खों का प्रभाव पता करने के लिए शोध शुरू किया है। अस्पताल आने वाले मरीजों को इसमें शामिल किया गया है।

हालांकि शोध अभी शुरुआती चरण में है। डॉक्टरों का कहना है कि दांत, मुंह या दाढ़ में दर्द होने पर तुलसी या काली मिर्च इत्यादि का इस्तेमाल कई लोग करते हैं। कुछ को इससे राहत मिलती है तो कई लोग ऐसे भी हैं जिन्हें काफी परेशानी होती है। इसलिए यह उपचार कारगर है या नहीं, इसका अभी तक वैज्ञानिक सबूत नहीं है। इसलिए तुलसी, अश्वगंधा, मुलेठी जैसे आयुर्वेदिक उत्पाद पर शोध शुरू किया है।

अस्पताल की वरिष्ठ डॉ. सुनीता गुप्ता बताती हैं कि उनके यहां कई ऐसे मरीज आते हैं जिन्हें दांत या दाढ़ में दर्द होने पर वह घरेलू नुस्खे अपनाते हैं। इनमें से कुछ ठीक हो जाते हैं जबकि कुछ को दिक्कत होती है। इन नुस्खों का वैज्ञानिक प्रभाव जानने के लिए एक शोध की आवश्यकता है।

इसकी पड़ताल करना जरूरी है कि इन आयुर्वेदिक उत्पादों को इस्तेमाल में लाया जा सकता है या नहीं। हालांकि इसका परिणाम आने में कुछ समय लगेगा लेकिन इसे तभी सार्वजनिक किया जाएगा।

Synthetic drugs

Govt considers generic scheduling of drugs to curb abuse of synthetic drugs (The Indian Express: 20191121)

<https://indianexpress.com/article/india/govt-considers-generic-scheduling-of-drugs-to-curb-abuse-of-synthetic-drugs-6129494/>

New psychoactive substances (NPS) are a range of drugs designed to mimic established illicit drugs such as cannabis, cocaine, ecstasy and LSD.

In a meeting of the apex government body dealing with drug abuse on November 19, officials decided on a host of measures to curtail such abuse in the country, according to Home Ministry sources.

TO deal with the problem of abuse of synthetic drugs and ‘New Psychotropic Substances’ (NPS), the government is considering generic scheduling of drugs to replace the practice of substance-by-substance scheduling.

New psychoactive substances (NPS) are a range of drugs designed to mimic established illicit drugs such as cannabis, cocaine, ecstasy and LSD. According to the United Nations Office of Drugs and Crime, there are close to 650 such substances which have been taken note of.

In a meeting of the apex government body dealing with drug abuse on November 19, officials decided on a host of measures to curtail such abuse in the country, according to Home Ministry sources. The meeting was held under the aegis of the Narco Coordination Centre, led by Narcotics Control Bureau chief Rakesh Asthana.

“The meeting considered out-of-the-box solutions to address the NPS problem by way of analogue/generic scheduling of drugs, instead of substance-by-substance scheduling. It was also decided to accelerate the progress towards extracting opiate alkaloids through the concentrate of poppy straw to avoid the opium route, which is prone to diversion and abuse. The three illicit opium poppy cultivating states of Rajasthan, MP and UP were asked to ensure the complete plough back of lanced poppy straw after extraction of opium,” an MHA statement said.

“In particular, the issues related to large-scale heroin trafficking from neighbouring countries, the diversion and abuse of pharmaceutical preparations containing narcotic drugs and psychotropic substances, emergence of synthetic drugs and NPS, and issues related to poppy cultivation in the country were discussed,” the MHA said.

Pollution

Parl panel discuss converting all commercial vehicles to CNG (Hindustan Times: 20191121)

<https://epaper.hindustantimes.com/Home/ArticleView>

After it cancelled a meeting due to lack of quorum, the parliament panel on urban development met for more than 2.5 hours to discuss air pollution in Delhi.

According to lawmakers present at the meeting, the Centre told the panel that it wants to convert all commercial vehicles to CNG in the future, replace thermal-based plants with gas-based plants and not allow industries outside specified areas.

The officials also said that out of ₹300 crore allotted for pollution control, ₹146 crore has already been released for Delhi.

Panel chairman Jagdambika Pal, who travelled from his constituency in Uttar Pradesh early in the morning to ensure the meeting took place, said, "Twenty-three members of parliament were present at the meeting and all agencies came to depose before the panel."

Agencies such as the Delhi Development Authority, New Delhi Municipal Corporation, Delhi Jal Board and East Delhi Municipal Corporation gave presentations on steps that had been taken to reduce pollution. They also presented the future course of action while the urban development ministry insisted there had to be a more coordinated approach between different bodies.

The union government officials also said that in the future, the government was committed to converting all commercial vehicles to CNG and replacing thermal-based plants with gas-based plants.

During the meeting, both lawmakers and officials spoke of how Beijing, London, and Southern California have tackled smog and pollution. Some members even asked if any of the models adopted in these places could be replicated in Delhi. The debate also veered towards garbage collection and waste management. At one point, cricketer-turned-BJP MP Gautam Gambhir said that every day he received messages from voters complaining about garbage not being collected from different localities. In this context, there were also talks about how Indore effectively managed its garbage and turned wet garbage into fertiliser.

As it has started tackling pollution in Delhi, the panel is likely to take up similar problems in some other cities. Panel chairman Jagdambika Pal also told municipalities to publicise its efforts in controlling pollution.

Hospitals threaten to stop cashless facility (Hindustan Times: 20191121)

<https://epaper.hindustantimes.com/Home/ArticleView>

Several associations of doctors, hospitals and nursing homes have cited low rates and delayed payments, and threatened to stop the cashless treatment of millions of beneficiaries under the central government's medical care schemes for its employees, pensioners and their families unless timely reimbursements are made.

The warning comes as bills worth at least ₹1,000 crore under schemes like the Central Government Health Scheme (CGHS) and Ex-Servicemen Contributory Health Scheme (ECHS) remain pending, according to Association of Healthcare Providers (India) or AHPI. At least 3.2 million people across India are covered under CGHS and 550,000 under ECHS.

AHPI director-general Dr Girdhar Gyani said the group is not saying that it will stop treating patients covered under schemes like CGHS. "...all we are saying is that we will stop providing cashless treatment."

Gyani called it a stopgap measure to deal with the delay in payments. "The beneficiaries can pay for the service at the CGHS rates and then seek reimbursements from the government," said Gyani

Several large private hospitals like Lilavati, Hinduja, Apollo, Max, Fortis, Ganga Ram, Christian Medical College Vellore, are among at least 10,000 members of the AHPI spread across 33 states and Union Territories.

Medical associations say that special rates insurance providers have negotiated rates that are 30 - 50% lower than the regular rates, and are compounding the problem. "GIPSA [General Insurance Public Sector Association], an organisation formed by the four public insurance companies [Oriental Insurance, New India Assurance, National Insurance, and United India Insurance], has cartelised the market and negotiated arbitrarily low prices with hospitals for empanellment," said All India Ophthalmological Society president-elect Dr Mahipal Sachdev, who is also the chairman of Centre for Sight chain of hospitals.

Delayed Payments

Delhi Voluntary Hospitals' Forum secretary Dr PK Bharadwaj said that there is not a single scheme under which payments are made on time. "For CGHS, the wait is at least six months. This creates a difficult situation for hospitals as they are then unable to pay the salaries, their vendors for medicines, consumables, etc. and the cycle keeps continuing," said Bharadwaj.

A spokesperson for Max Healthcare chain of hospitals in Delhi said that they have bills worth around ~150 crore pending under the central government schemes. "The Hospital [chain] signed [up] for schemes such as the CGHS in October 2014 on pre-negotiated or decided government rates. The scheme had a provision that 70% of a bill amount had to be cleared within five working days post submission. While that remains a distant dream, the dues pending under the CGHS over the years have led to a difficult cash flow situation for the hospitals," said the spokesperson.

“We are finding it difficult to cope up with this huge burden, which continues to grow by the day.”

The CGHS rates are anyway unsustainable, say medical associations.

“The CGHS rates were last revised in 2014 and the problem is it was done through bidding. ...the government invited bids on various procedures and selected the lowest bidder. It did not matter whether service providers were from Delhi or Muzaffarnagar... now entire India has to follow those rates,” said Delhi Medical Association president-elect Dr Girish Tyagi. He added that some of the bidders even bid for services that they were not even providing. “These low rates are not sustainable.”

A health ministry official, who requested anonymity, acknowledged that there has been a fund crunch. “...but by this month-end, additional funds are expected to be released. So the problem of reimbursing CGHS-empanelled hospitals should be solved soon.”

“An additional allotment of ~3,500 crores have been sought to overcome the problem. To check and curb the misuse of funds in ECHS and inflated billing empanelled hospitals, strict monitoring is being done. Disciplinary action is taken against defaulting hospitals,” according to a statement from minister of state for defence, Sripad Naik, in Parliament.

Medical associations have also sought an increase in the rates provided under the government schemes, including those of the Delhi government.

Tyagi said that around 500 to 600 smaller nursing homes and hospitals in Delhi were on the brink of closure. He added that the Delhi government’s Delhi Arogya Kosh (DAK) and Farishtey schemes pay a little better than the CGHS and Ayushman Bharat.

“...the prices are still inviable. And, unlike the CGHS or Ayushman Bharat, all hospitals in Delhi have to participate in the [DAK and Farishtey] schemes and cannot opt out. There is a need for revision of these rates based on the actual costs of treatments.”

Poor families are provided up to ~5 lakh insurance cover annually under the Ayushman Bharat scheme.

Ayushman Bharat chief executive officer Indu Bhushan said that the rates have now been rationalised. “...we have actually found that the rates of some packages were in fact higher. About a month ago, we reduced the rates of 79 packages and increased the rates of 280 packages. Now, our rates are competitive,” said Bhushan.

Bhushan said that they are also ensuring that payments are made on time.

“Fixing costing is a complex issue and the Ayushman Bharat rates have been based on a study by the Post Graduate Institute of Medical Education and Research, Chandigarh, and consultations with several practitioners.”

Rationalise pricing

Giyani said that the government should survey its own hospitals to determine the cost of each procedure, add to it the costs of land, electricity and human resources to arrive at final rates for the private sector.

Bhardwaj said that people think that hospitals earn a lot because they are always full, but the margins are extremely slim.

“At a small hospital or nursing home, over 50% of patients come in through the CGHS or other government schemes paying the same rates. Around 10% are given treatment totally free under various schemes, and 20% use insurance,” said Bhardwaj.

“Now with insurance providers also reducing rates, the burden falls on the 20% who pay out of pocket.”

Bhardwaj said that on an average the rates insurance companies provide are just 5%-10% more than those of the CGHS.

Medical associations say that fixing prices arbitrarily for procedures also curtails the use of new technologies.

“Insurers will not pay more than the price fixed by the GIPSA for a procedure if patients opt for a better or newer method that costs a little more even if the total cost is less than the insured amount. Most hospitals have signed up for these packages as they need patients but it is driving out innovation,” said Sachdev.

With the insurance sector expected to cover the majority of the population, it is an increasing concern.

“Over the next three to five years, 70% of the patients going to any hospital would be under either insurance cover or some form of the government health schemes. So, where will the money come from?” asked Gyani.

Patients’ rights groups say while timely payment of dues is essential, the rates are not irrational. “... the CGHS rates are workable, but Ayushman Bharat rates are lower. These packages are for high volume, low margin type of operations...,” said Abhay Shukla, the national convener of Jan Swasthya Abhiyan, a patients’ rights group.

Shukla said that the private health care sector needs to reduce the overpricing of medicines and consumables.

“The hospitals should also stop arbitrarily overcharging patients who are

Health care

Public spending key to better health care (Hindustan Times: 20191121)

<https://epaper.hindustantimes.com/Home/ArticleView>

Solution Expenditure remains lowest globally; experts say health resources must be used optimally as there is no lack of infrastructure

New Delhi : Public health care in India is marred by issues ranging from lack of adequate infrastructure to human resource and ineffective use of latest technologies that can largely be attributed to low public health expenditure, experts say.

Latest government data shows that the public health expenditure remains the lowest not just globally but also among its neighbours.

In 2016, just 0.93% of India's Gross Domestic Product (GDP) was spent on public health care in 2016. This was the second lowest among 10 South-East Asian countries. Bangladesh reported 0.42% government health spending the same year, according to data by the National Health Profile-2019 (NHP-2019) released last month.

Neighbouring countries such as Sri Lanka (1.68%), Indonesia (1.40%), Nepal (1.17) and Myanmar (1.02%) spent more than India on health care in the same year.

The figures don't seem promising, especially considering the target India has set itself: dedicating 2.5% of the GDP to public health care by 2025.

Experts have warned that India is unlikely to achieve this target if expenditure continues to remain the same.

“If the spending is going by the same rate, both at the central and state level, then it will hover around 1.2-1.3% of the GDP. In fact, it has stayed a little over 1% for the past 10 years. It's pretty much stagnant, so 2.5% seems unlikely,” said Dr Sakthivel Selvaraj, director, health economics and policy, Public Health Foundation of India.

In effect, low public health spend is likely to have a direct impact on government efforts to achieve Universal Health Coverage. UHC aims to make health care delivery systems accessible and affordable to all citizens.

However, some experts have also pointed out that the key is to utilise health resources optimally as the country is not entirely lacking in medical infrastructure and human resources.

“If one looks carefully, there is no shortage of medical infrastructure in the country. In fact, India has enough to provide quality secondary and tertiary level care to most of its citizens,” said Dr MC Misra, former director, All India Institute of Medical Sciences (AIIMS), Delhi.

“While government hospitals are overburdened, the bed occupancy in hospitals attached to say private medical colleges is not more than 30-40%. There is a need to rationalise the utilisation of this resource that is lying under-utilised. The government can buy facilities for people through government schemes. This way, patients will benefit a great deal,” he added.

Meanwhile, the government has maintained that the country is on the right track and is making progress steadily. “The growth in public health spending has been planned in a phased manner in India's National Health Policy, so it will be a gradual progress. Things do not improve overnight; the government is making steady progress on most health indicators; the latest maternal mortality rate data shows close to 30% decline, which is a positive sign of movement in the right direction,” a senior health ministry official said on condition of anonymity.

Health emergencies'

**'Problems must be prevented before they become health emergencies'
(Hindustan Times: 20191121)**

<https://epaper.hindustantimes.com/Home/ArticleView>

Ashok Alexander jumped into a career in public health in 2003, when he left McKinsey and Co. as a senior partner, to take up an offer from the Bill and Melinda Gates Foundation (BMGF) to create Avahan, a programme to stem the spread of HIV/AIDS in India. Avahan remains one of the biggest and most successful private-public health partnerships in India to date and is credited with helping avert 600,000 HIV infections, according to The Lancet journal. It did so by working in close partnership with the Centre, state governments and the affected communities in six states with the highest HIV prevalence.

With the mission accomplished, Alexander left BMGF India after a decade to set up his own NGO, Antara Foundation, which works in maternal and child health in Rajasthan, and now in Madhya Pradesh and Chhattisgarh. Alexander describes the past 15 years as a “continuing adventure that has taken me from boardrooms to brothels, and beyond”, parts of which he has documented in his book, *A Stranger Truth: Lessons in Love, Leadership, and Courage from India's Sex Workers*.

In an interview with HT, he outlines how public health issues can be prevented at the community level before they turn into health emergencies.

What according to you are the major public health challenges in India?

India still has some of the worst public health outcomes on many dimensions. For me, the one that stands out is the abject state of health of India's poorest mothers and children in several northern states. Almost a million children die before they reach their first birthday every year. Of the ones who survive, more than one-third are malnourished. It is important that interventions focus on the first 1,000 days from the time a child is conceived till he/she is two years old.

What are the areas that need immediate attention to improve maternal and child health?

The markers of malnourishment are wasting (weight for height) and stunting (height for age). Malnourishment, especially before age two, affects the physical growth and cognitive development of a child. Malnourished children are being compromised. It is a humanitarian issue, at an individual level. And at the population level, it translates into a compromised workforce.

Is India spending enough on healthcare?

In India, about 69% of the health spend is still private; a poor man is largely spending from its pocket. Public health spending is still only 1.2% of its GDP. Having said that, the government is taking many steps in the right direction, such as implementing the Ayushman Bharat scheme.

Again, Swachh Bharat addresses the issue of sanitation, which has a direct positive impact on health.

There is also a big gap in private giving. Both private philanthropy and CSR spending on the prevention (as opposed to treatment) of maternal and child health problems is low. I'd say less than 2% of total private giving goes to preventive health.

What are the possible solutions?

Health problems must be prevented at the village level, before they become health emergencies at higher levels of the system. The problems seem complicated, but the solutions are actually simple —after all, what is more natural than breastfeeding? The real challenge is ensuring that such solutions are delivered at scale. It is not enough to educate a mother about breast feeding – it's more important to ask what prevents a mother from breastfeeding her baby.

Here, the barriers are finding the riskiest cases, gender inequality, livelihood compulsions, and more. The essence of scaling up is to manage supply and demand effectively, and work closely with communities to remove these barriers.

Ultimately, these are management solutions because they involve such classic business practices as segmenting the market, understanding consumer behaviour, data-use by front line workers. Much is made, and rightly so, of the shortage of doctors; but as big a problem is the shortage of managers and business thinking.