



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY
Thursday 201901212

Hungry

50 cr in Asia-Pacific go hungry: UN (The Tribune: 201901212)

<https://m.tribuneindia.com/news/50-cr-in-asia-pacific-go-hungry-un-9716>



Nearly a half-billion (50 crore) people in the Asia-Pacific are still malnourished and eliminating hunger by 2030 requires that millions escape food insecurity each month, says a report released by UN agencies today.

Data compiled by the United Nations show slow progress and even backsliding in areas of child wasting and stunting and other problems related to malnutrition.

Worsening inequality means that despite relatively fast economic growth, income in the region is not increasing fast enough to help ensure adequate, nutritional diet for hundreds of millions living in poverty, it says. The report urges that governments combine efforts to end poverty with nutrition, health and education-oriented policies.

The UN's sustainable development goals for 2030 call for ending hunger and ensuring all people have adequate access to food around the year.

“We are not on track,” said Kundhavi Kadiresan, the FAO’s regional representative. “Progress in reducing undernourishment has slowed a lot in the past few years.” More than a fifth of all people in the Asia-Pacific region are facing moderate to severe food insecurity, meaning they must scrimp on food or go hungry part of the year, and in the worst cases go days without eating.

More than half of the 479 million in the region who are undernourished live in South Asia, where more than a third of all children suffer from chronic malnutrition, said the report written by the Food and Agriculture Organization, UNICEF, the World Food Program and the World Health Organization. — AP

21% Indian kids suffer from wasting

More than half of the 479 million in the region who are undernourished live in South Asia, where more than 33% of all children suffer from chronic malnutrition

In India, nearly 21% of children suffer from wasting, a more acute form of malnutrition

PMJAY = healthcare services

PMJAY can help bridge the gender gap in availing of healthcare services (The Indian Express: 201901212)

<https://indianexpress.com/article/opinion/columns/more-equal-care-ayushman-bharat-pm-jay-6162539/>

Among the three major specialty services provided by PM-JAY— oncology, cardiology and nephrology — a majority of the users of oncology services are women. However, there are large gender gaps in the use of cardiology and nephrology-related services.

ayushman bharat pm-jay, modicare, National Family Health Survey, healthcare india, indian express opinions Ayushman Bharat PM-JAY seeks to bridge the gender gap in the use of healthcare services by addressing a key constraint — healthcare costs.

There is a large gap in the use of public services in the country. The “2018 Gender Gap Index” of the World Economic Forum and its sub-index, “Health and Survival” — India ranks 108 in the overall index and 147th out of 149 in the sub-index — shine a light on this challenge.

Girl children face discrimination even before they are born and continue to experience bias during their life, including in the provision of nutrition and use of health services. Faced with limited resources, families, in general, prioritise the healthcare, nutrition and other needs of men at the cost of women. Some cultural factors, such as the reluctance of women in some regions to consult male doctors, also constrain their access to healthcare services.

The National Family Health Survey (4th round) shows that the main reasons women do not seek healthcare services are because these services are unaffordable, they are not easily available and there aren’t enough women healthcare providers.

Ayushman Bharat PM-JAY seeks to bridge the gender gap in the use of healthcare services by addressing a key constraint — healthcare costs. Cashless services through PM-JAY are helping to narrow the gender gap in availing healthcare. Learning from the experience of earlier schemes like the Rashtriya Swasthya Bima Yojana, PM-JAY's design incorporates several features that will improve the use of healthcare services by women and girls.

First, families with no adult male members is one of the deprivation criteria for identifying target beneficiaries, which will help a large number of women. Second, there is no cap on the size of families. A cap of five beneficiaries from a family in earlier schemes worked against women. It was observed that large families preferred that their male members be beneficiaries.

Finally, the packages include a large number of health conditions that exclusively, or primarily, affect women. Of the 1,393 health benefit packages under PM-JAY, 116 are women centric, 64 are for only men while 1,213 are common to both.

The initial data for utilisation of services under PM-JAY shows that the use of services is more or less evenly balanced among men and women. Of all hospital admission requests, 52 per cent were for men and 48 per cent were for women. In fact, the gender gap starts to show up at only above 50 years. In the age groups from 0 to 50 years, use of services by women is either equal to or greater than that by men.

It is important to note that some health conditions are prevalent either only among women or men. Looking at conditions that are likely to affect both men and women equally provides better insights. The disaggregation of data on utilisation of major specialty services shows mixed patterns. Use by women patients is higher in 10 specialties — OPD diagnostics, radiation oncology, follow-ups, palliative care, burns management, ophthalmology, pediatric cancer, PHC and surgical oncology. However, in others like pediatric surgery, general medicine, urology and cardiology utilisation by male patients is higher.

There are variations across states as well. For example, at the national level, 66 per cent of all treatment in orthopedics were received by men. However, in Kerala, the proportion is 53 per cent while it is much greater in UP and Maharashtra — 70 per cent.

There are variations at the level of procedures. For example, within orthopedics, women are the majority users of packages such as total knee replacement — 57 per cent. There are state-level variations in this respect as well — with 83 per cent utilisation by women in Kerala, and only 40 per cent in Jharkhand and Punjab.

Among the three major specialty services provided by PM-JAY— oncology, cardiology and nephrology — a majority of the users of oncology services are women. However, there are large gender gaps in the use of cardiology and nephrology-related services. PM-JAY will need to analyse the reasons for this.

Some of the variation may be explained by the gender-wise difference in the prevalence of various diseases. Men and women may also have varying incidence of certain diseases because of the degree of exposure to the proximate cause or an individual's biological disposition. An analysis of these factors will need to be undertaken to effectively assess the potential gender gap in the use of services.

The overall message from the analysis of initial PM-JAY data is that the scheme seems to be on the right track, even though more effort is needed to achieve total gender parity. There is no

gender-gap when it comes to people seeking several specialty services in many states. Up-to-date data available with PM-JAY will help in continuously assessing the gender pattern of health-service use, analysing the reasons for any gender-based discrimination and providing cues for corrective action.

Monitoring the disaggregated service utilisation data will help sensitise implementing agencies and district authorities about possible gender gaps. Gaps, if any, can be addressed by more informed and gender-sensitive planning, including targeted IEC (information, education and communication) campaigns. Women might need to be informed about their eligibility for the scheme so that they can get their e-cards made and seek treatment in time. In addition, tele-consultations with women healthcare providers might be required in case there are cultural barriers in consulting with male doctors.

PMJAY has a strong potential to empower women to take decisions on their health and wipe out the gender gap in use of health services. Within the deprived and vulnerable population that PMJAY seeks to serve, women constitute a particularly marginalised section. The scheme will be successful only when it can ensure that women and girls receive their due in the use of healthcare services.



Air quality

Air quality is severe, rain may bring some respite this week (Hindustan Times: 201901212)

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

The air in Delhi turned foul on Wednesday, with the air quality index (AQI) plunging to severe level owing to a layer of cloud and pollutants that stopped the sunlight from reaching the ground. To make matters worse, calm winds and high moisture trapped pollutants.

However, a respite is in sight, says the weatherman— light rain, strong surface winds and thunderstorm are predicted over the next two days, and they, hopefully, will clear the air.

According to Central Pollution Control Board (CPCB)'s 4pm bulletin, the AQI, on a scale of 0 to 500, was 408 or 'severe (401-500)' in Delhi. It was in the 'very poor (301-400)' category for the past five days.

The levels of PM 2.5 — the fine particulate matter — was recorded as 262µg/m³ at 7pm, near the emergency mark of 300µg/m³, and four times the national limit of 60µg/m³.

The levels of PM10 (coarse particles), at 415µg/m³ (7pm), was also near the emergency mark of 500µg/m³.

India Meteorological Department (IMD) scientists said the wind speed fell to nearly zero on Tuesday night and early Wednesday. Moisture levels also increased as the winds changed to easterlies, which makes pollution particles heavy and more concentrated near the surface.

“The contribution from fire or dust is negligible as per our models. There are some crop fires in Uttar Pradesh but I don't think these are contributing to pollution in Delhi. We are expecting air quality to clear once it rains in the next couple of days,” VK Soni, the in-charge of air quality early warning system, said.

“Thunderstorm and rainfall with surface winds picking up pace to 20-30kmph is expected to clear the air. This will be a cumulative impact of rainfall, hailstorm and snowfall predicted in the Western Himalayan region, for which a warning has been issued in those states,” Kuldeep Shrivastava, IMD's head of regional weather forecasting centre, said.

According to IMD's bulletin Wednesday, the minimum temperature was 7.9 degrees Celsius, a notch below the season's average. However, it was higher than Tuesday's 7.4 degrees Celsius — the coldest of the season so far. The minimum temperature will go up temporarily till December 14 because of clouding associated with the western disturbance. But the maximum will dip to around 20 degrees Celsius.

However, the respite may be short-lived, as 'dense' fog and an expected dip in mercury on December 15-16.

Universal health coverage

The challenging quest for universal health coverage Better insurance coverage, higher investments in underserved areas, and digitisation will augment it (Hindustan Times: 201901212)

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

The dream of providing universal health coverage (UHC) has never been as close to reality as it is now. As we mark the UHC Day, let us acknowledge that India needs UHC.

The World Health Organization defines UHC as ensuring that all people have access to needed health services (preventive, curative, palliative and rehabilitative) of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship. The UHC does not necessarily mean free health services, but ensuring access to affordable health services of adequate quality. People should not be exposed to catastrophic health expenditures. Ideally, health care costs should not be paid for out-of-pocket by users at the time of seeking services, but through a prepayment mechanism or tax revenues.

Contrary to this vision, about 60 million Indians fall into poverty annually due to expenditure on health. Out of pocket spending by families currently comprises over 60% of health care expenditure in India. This is the highest among the G20 countries. The comparable figures for China and Indonesia are around 35%. This expenditure is highly regressive, as it disproportionately punishes the poor, the sick, the women and the elderly. They are also inefficient, since they deter families from seeking timely care, and often, any care at all.

However, this may change soon. Why so and why now? First, the political will to support UHC has never been greater in India. The leadership has put health care for all at the top of the development agenda. Indeed, Prime Minister Narendra Modi has been so closely involved with the government's flagship health initiative, Ayushman Bharat, that it is often referred to as "Modicare".

Second, this political commitment comes with sufficient financial resources as well as the creation of enabling organisational structures at the national and state levels. Third, states have shown strong leadership and willingness to adopt UHC as their primary health goal. Most have used their own resources to expand the coverage of the Centre's Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (ABPM-JAY) to groups beyond those originally targeted. The expanded ABPM-JAY covers more than 13 crore families, against the originally planned 10 crore. Some states, like Uttarakhand and Karnataka, have expanded the scheme to almost their entire populations.

Fourth, the initial momentum of the ABPM-JAY provides strong conceptual basis and a viable framework for achieving UHC. In slightly over a year, the ABPM-JAY has supported treatment for over 65 lakh people, saved about ~20,000 crore for poor households, and prevented lakhs of them from falling deeper into poverty. The private sector has been an enthusiastic partner, having provided about 60% of the treatments under the scheme.

The scheme has also provided the fulcrum for the Centre and states to expand health coverage to other vulnerable groups. For example, the ministry of labour and employment plans to bring, under it, all construction workers. Some states are using the scheme's IT system to cover

government employees and retirees. The other pillar of the Ayushman Bharat is also off to a strong start, with over 20,000 health and wellness centres now providing expanded preventive, primary and promotive health services.

While strong momentum has undeniably been achieved, the progress towards UHC is not preordained. Several constraints pose challenges. In its 2019 report titled, Health System for a New India: Building Blocks, the Niti Aayog identifies the deep fragmentation of the health system with respect to health service providers, purchasers and payers, and the digital technology that powers it, as a critical constraint. Addressing this constraint will be important.

Currently, outside the ABPM-JAY and the state schemes, less than 10% of India's population has comprehensive health insurance. A large section of India's middle class lacks health insurance coverage. Within the public sector, a multiplicity of organised payers — entities of the Central and state governments — operate multiple health care schemes, further fragmenting health insurance in the country. Consolidating these schemes could strengthen strategic purchasing, as a single — and larger — payer can negotiate better rates from hospitals and diagnostic centres. It can also better enforce quality standards, improve efficiency and protect consumers. A consolidated government scheme can plausibly extend benefits to the “missing middle”.

Service delivery in India is also highly fragmented, with a large number of mainly small providers delivering over 64% of health care. Ninety eight percent of providers operate informally and employ less than 10 people. More than 80% of tertiary care facilities are based in the tier-1 cities. If UHC is to be achieved, this will have to change. By putting buying capacity in the hands of the bottom 40%, who live mostly in rural areas and smaller towns, the ABPM-JAY will help in this transformation. However, a separate set of incentives and policies will be needed to encourage investment in larger tertiary care hospitals in the tier-2 and tier-3 cities.

Currently, the health records of millions of patients get lost in the quagmire of manual systems or fragmented, non-standardised IT systems, offering no scope of interoperability or cross-sharing, thereby limiting the data-driven and evidence-based patient care. We will need to build a robust, secure and interoperable digital health care backbone that can seamlessly provide patient information to health care providers across hospitals. The recently released National Digital Health Blueprint provides a clear road map for achieving this vision.

The country has irreversibly set itself on course to achieve UHC. Removing the current fragmentation in health insurance, incentivising investments in hospitals in underserved areas, and building a strong digital health care backbone will accelerate this process.

Obesity (The Asian Age: 201901212)

<http://onlinepaper.asianage.com/article/detailpage.aspx?id=14267530>

SCIENCE NUGGETS

Watching TV linked to higher obesity risk in children

Madrid: Researchers analysed five different lifestyle habits for their contribution to a higher risk of obesity in children, and found that television watching had the strongest association. The scientists used data from 1,480 children in a Spanish research network that studies the role of pollutants during pregnancy and their effects on children.

They analysed five lifestyle habits — physical activity, sleep time, television time, plant-based food consumption, and ultra-processed food consumption.

Researchers also asked parents to complete questionnaires. — *PTI*

'How molecules of fat trigger swelling decoded'

London: Researchers have found how fat molecules in the blood stream interact with blood vessel cells and trigger inflammation, an advance that may lead to better understanding of tissue injury related to kidney damage or heart disease. The study in *Nature Immunology*, noted that patients with elevated levels of fat molecules in their blood had a significantly higher mortality rate than groups with a similar health history.

The researchers said adopting a low-fat diet can significantly extend the life expectancy of high-risk patients. — *PTI*

Scientists to harness artificial sunlight to break down plastic into chemicals

Singapore: Scientists said Wednesday they have come up with an environmentally-friendly method that uses artificial sunlight to transform plastic into power-generating chemicals, as countries worldwide battle to reduce waste.

Huge quantities of plastic have piled up on land and been dumped in the sea across the world, with Asian

nations in particular facing criticism for failing to tackle the problem.

The researchers in Singapore opine that they have converted plastic into "formic acid", which could be used in the power plants to generate electricity, by using a catalyst which neither damages the environment nor does it cost a lot of money. — *AFP*

Air quality

Air quality likely to be 'severe' on Wednesday (The Hindu: 201901212)

<https://www.thehindu.com/news/cities/Delhi/air-quality-likely-to-be-severe-on-wednesday/article30261203.ece>

PM2.5 seven times more than WHO limit

Air quality in the Capital stayed in "very poor" category on Monday and is likely to be in "severe" category in parts of the city on Wednesday, chiefly owing to

Environmental Health

Heavy metals contaminating India's rivers (The Hindu: 201901212)

<https://www.thehindu.com/news/national/heavy-metals-contaminating-indias-rivers/article30279681.ece>

Samples from 65% of testing sites unsafe: survey

Samples taken from two-thirds of the water quality stations spanning India's major rivers showed contamination by one or more heavy metals, exceeding

Vaccines

Staggering spread: On vaccines (The Hindu: 201901212)

<https://www.thehindu.com/opinion/editorial/staggering-spread/article30279713.ece>

Governments must do more to increase public awareness of vaccine importance

Even as reported measles cases globally during 2000 to 2018 decreased by

Brain cells

Transport breakdown in brain cells may lead to Alzheimer's, Parkinson's (Medical New Today: 201901212)

<https://www.medicalnewstoday.com/articles/327285.php#2>

After studying the process in mice and flies, scientists suggest that failure to transport the molecular machines that break down proteins in cells could lie at the heart of neurodegenerative diseases such as Alzheimer's and Parkinson's.

Faulty transportation mechanisms within nerve cells may lead to neurodegeneration in Alzheimer's or Parkinson's disease.

The ability to take apart proteins that are damaged, the wrong shape, or surplus to requirements is a crucial function in living cells. This process occurs at specific locations within the cell.

Some of these locations can be more than 1 meter from the cell body in neurons, or nerve cells because they lie along their axons, which are long thin fibers that link them to other neurons.

Cells use complex molecular machines called proteasomes to break down proteins at their specific sites of activity.

One of the hallmarks of neurodegenerative disease is the buildup of proteins that have failed to break down.

Examples include the accumulation of beta-amyloid in Alzheimer's and alpha-synuclein in Parkinson's disease.

As undegraded proteins accumulate, they stick to each other and other substances, clogging up brain cells and disrupting their function. The cells eventually stop working and die.

Transport failure

The new research, carried out by scientists at Rockefeller University in New York, NY, supports the idea that failure to transport proteasomes could be a cause of the protein buildup that occurs in neurodegenerative disease.

The researchers report their findings in two recent papers — one in *Developmental Cell* and the other in *PNAS*.

"This is the first study to find a mechanism by which the proteasomes are moved to nerve endings to do their job," says Prof. Hermann Steller, who is a senior author on both studies.

"When this mechanism gets disrupted," he adds, "there are severe consequences for the function and long-term survival of nerve cells."

In the first study, he and his colleagues investigated proteasomes in fruit flies and mice. There, they found that the protein proteasome inhibitor 31 (PI31) is essential for transporting proteasomes in the axons of neurons.

It appears that PI31 helps proteasomes to couple to the molecular motors that ferry them along, and it also promotes the movement of the motors. Without PI31, proteasome transportation ceases.

Gene manipulation sheds more light

In the second study, the researchers investigated PI31 more thoroughly by manipulating its gene.

They engineered mice with silent PI31 genes in two types of brain cells that have long axons.

With the gene switched off, those cells could not produce PI31 protein and transport proteasomes.

The scientists saw how this led to a buildup of abnormal proteins at the ends of the long axons, or "the distal tips of neurons."

They also saw that neurons with missing PI31 looked odd.

The "structural defects" were particularly noticeable at the branches of axons and at synapses, which form the junctions between neurons.

"Notably, these structural changes became progressively more severe with age," Prof. Steller remarks.

He explains that when they observed the mice with those defects, it reminded them of "the severe behavioral and anatomical defects we see in some human neurodegenerative disease."

Potential for new treatments

The researchers believe that their findings will add to growing knowledge about the role of PI31 in neurodegenerative diseases.

For instance, there is a severe type of Parkinson's that strikes earlier in life than other types because of a mutation in the PARK15 gene.

Scientists have proposed that because PARK15 interacts with PI31, its disruption may interfere with proteasome activity.

The researchers are already exploring how to use PI31 and molecules that it interacts with as drug targets.

They hope that it could lead to treatments that intervene early in the disease process since PI31 is active during the early formation of nerve cells.

Another avenue that they are pursuing is how to get halted proteasome transport moving again.

Although the new research focuses on the mechanisms of protein buildup, Prof. Steller does not believe that it is a root cause but more a symptom of something bigger that is happening.

"Our work suggests that it really starts with a local defect in proteasomes, resulting in the failure to degrade proteins that are critical for nerve function."

Excessive blood

Excessive blood fat could cause organ damage (Medical New Today: 201901212)

In a new study, researchers have found the mechanisms through which high levels of blood lipids could lead to inflammation and, over time, more serious consequences, such as organ damage.

New research shows how high blood fat levels can induce inflammation.

Inflammation is both caused by and a risk factor for many conditions. These include obesity, diabetes, and cardiovascular problems.

One of the greatest reasons for inflammation is infection. When the body senses that dangerous foreign microorganisms, such as bacteria, have entered it, it unleashes an immune response. Inflammation is a key part of that response.

This turn of events is natural and usually helps maintain a state of health. Sometimes, however, inflammation occurs for reasons other than infection, and it may persist abnormally, leading to different types of damage.

In a new study, the results of which feature in the journal *Nature Immunology* Trusted Source, Dr. Timo Speer and colleagues — from Saarland University in Saarbrücken, Germany —

closed in on a factor that they say causes unhealthy inflammation: high triglyceride levels, which are a measure of blood fat.

The study uncovered the mechanisms through which high blood fat can lead to inflammation — which, in turn, can affect other biological processes, potentially leading to organ and blood vessel damage.

High blood fats linked to higher death risk

The researchers conducted their study first in vitro, and then in mouse models, before studying the relevant mechanisms in human participants. They focused their research on a key inflammasome complex: nod-like receptor family pyrin domain-containing 3 (NLRP3).

This is a protein complex that plays a crucial role in activating the body's immune response. Dr. Speer and team wanted to find out what could mistakenly set NLRP3 into motion.

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Their preliminary efforts revealed that abnormally high lipid levels — and, specifically, high levels of triglycerides — were responsible for harmful inflammation.

How? The researchers found that apolipoprotein C3 — a protein the liver secretes that is also present on triglyceride-rich lipoproteins — activates NLRP3, thereby triggering inflammation.

In mouse models, high apolipoprotein C3 concentrations led to organ damage, the researchers saw.

Working with human participants — some with chronic kidney disease and some with a history of heart attack — the researchers found that higher apolipoprotein C3 may contribute to kidney damage as well as vascular problems.

High apolipoprotein C3 levels were also associated with an increased risk of mortality from all causes.

"Our work has involved studying a special group of lipids, the triglycerides. We've been able to show that when these naturally occurring fats are present at elevated concentrations they can alter our defence cells in such a way that the body reacts as if responding to a bacterial infection," explains Dr. Speer.

"This leads to inflammation, which, if it becomes chronic, can damage the kidneys or cause atherosclerosis — the narrowing of arteries due to a buildup of deposits on the inner arterial wall. And atherosclerosis is one of the main causes of heart attacks and strokes."

These findings, the researchers argue, suggest that by targeting excessive apolipoprotein C3, specialists may eventually be able to fight unhealthy inflammation.

It will also be important, they say, to focus on the ways in which diet can affect levels of blood fats. "Put another way, we can now say that adopting a low fat diet can significantly extend the

life expectancy of high risk patients, such as those with diabetes or those whose blood pressure is too high," notes Dr. Speer.

This is because blood triglyceride levels tend to increase in people with high fat diets.

"As a result of biochemical changes, the triglycerides develop toxic properties that activate the body's innate immune system. This initiates a series of self-destructive processes, including those in which the walls of the arteries are attacked and the blood vessels become occluded, reducing blood flow," Dr. Speer adds.

Nevertheless, he concludes that he and his colleagues "hope that [their] results will help in developi

Breast Cancer (Navbharat Times: 201901212)

<http://epaper.navbharattimes.com/details/80388-67319-1.html>

गांठ की जांच कराई तो शख्स निकला ब्रेस्ट कैंसर का मरीज

■ प्रस, नई दिल्ली : ब्रेस्ट कैंसर के मामले महिलाओं में सामने आते रहते हैं, लेकिन अगर पुरुषों को भी हो तो? एक पुरुष ब्रेस्ट कैंसर का इलाज कराकर ठीक हुआ है। उन्हें बीमारी का पता तब चला, जब कैंसर दूसरी स्टेज पर पहुंच गया था। डॉक्टरों का भी कहना है कि हर 883 पुरुषों में से एक को ब्रेस्ट कैंसर होने का खतरा रहता है। ऐसे में छाती के आसपास अगर गांठ बन रही है तो इसे गंभीरता से लेना चाहिए।

अलीगढ़ के 53 साल के चंद्र मोहन गोयल की छाती के एक हिस्से में गांठ बन गई थी। चार साल से यह परेशानी थी, लेकिन कभी सोचा नहीं कि ब्रेस्ट कैंसर होगा। गोयल एक दिन अपने एक जानकार डॉक्टर से मिले और उन्होंने अपनी परेशानी बताई। डॉक्टर ने उन्हें जांच कराने की



सलाह दी। ब्रेस्ट कैंसर का पता चला, तो वह चौंक गए। मैक्स पटपड़गंज पहुंचे। मेडिकल आंकोलॉजी की डायरेक्टर डॉ. मीनू वालिया ने बताया कि सबसे पहले पुरुषों को यह भ्रम दूर कर लेना चाहिए कि उन्हें ब्रेस्ट कैंसर नहीं हो सकता। मीनू ने बताया कि जब चंद्रमोहन इलाज के लिए पहुंचे, तो उनकी चेस्ट के दाएं हिस्से में बनी चार साल पुरानी गांठ में कैंसर टिशू मिला। इस स्टेज पर बीमारी का इलाज संभव है। कीमोथेरेपी शुरू की गई। अब मरीज ठीक है। उन्होंने बताया कि दुनिया में कैंसर के सभी मामलों में सिर्फ 1 प्रतिशत पुरुषों को ही ब्रेस्ट कैंसर होता है। अमेरिकी कैंसर सोसायटी (एसीएस) का हवाला देते हुए उन्होंने बताया कि आमतौर पर बुजुर्गों में यह बीमारी देखी जाती है, लेकिन कम उम्र में भी हो सकती है।

Physical Fitness (Hindustan: 201901212)

https://epaper.livehindustan.com/imageview_435526_78396138_4_1_12-12-2019_18_i_1_sf.html

कसरत से दिल के रोगों का जोखिम कम

तेज दौड़ने वाली महिलाओं की उम्र होती है लंबी



वाशिंगटन | एजेसी

शारीरिक रूप से सक्रिय रहने से हर कोई स्वस्थ रह सकता है। एक हालिया शोध के अनुसार जो महिलाएं ट्रेडमिल पर दौड़ती हैं उनकी उम्र में चार गुना की बढ़ोतरी हो जाती है।

इस शोध में महिलाओं द्वारा की जाने वाली अलग-अलग तरह की कसरतों का उनके शरीर पर होने वाला प्रभाव देखा गया। इस शोध में सामने आया कि काफी फुर्ती और तेजी के साथ के किया जाने वाला व्यायाम और शारीरिक गतिविधियां महिलाओं में दिल की बीमारी के कारण होने वाली जल्द मृत्यु के खतरे को टालने का काम करती हैं। इसके अलावा ऐसी कसरत करने वाली



ऐसे किया शोध

शोधकर्ताओं ने 4,714 महिलाओं पर अध्ययन किया। इन महिलाओं को ट्रेडमिल इकोकार्डियोग्राफी कराने को कहा गया था क्योंकि उनमें दिल संबंधित धमनी की बीमारी की आशंका थी। टेस्ट में मरीजों को तब तक ट्रेडमिल पर दौड़ना होता है जब तक वो पूरी तरह से थक न जाएं। इस टेस्ट के दौरान मरीजों के दिल का स्कैन किया जाता है। इसकी मदद से मरीजों के फिटनेस के स्तर की जांच की गई। शोध में पाया गया कि जिन महिलाओं का फिटनेस स्कोर 10 था

