



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY
Wednesday 20190123

Swine flu

States put on high alert as swine flu cases spike across the country (The Hindu: 20190123)

<https://www.thehindu.com/sci-tech/health/states-put-on-high-alert-as-swine-flu-cases-spike-across-the-country/article26063610.ece>

Feeling the heat In 2019, Rajasthan has recorded the maximum cases of swine flu, known for being a highly contagious and potentially fatal disease <small>SOURCE: INTEGRATED DISEASE SURVEILLANCE PROGRAMME</small>	State	2018	2019*
	Andhra Pradesh	402	24
Delhi	205	168	
Gujarat	2,164	210	
Haryana	61	128	
Maharashtra	2,593	17	
Punjab	47	46	
Rajasthan	2,375	789	
Tamil Nadu	2,812	48	
Telangana	1,007	107	

* till January 13

1694 cases and 49 deaths have been reported in first 2 weeks of January; situation alarming in Rajasthan where 200 people died in 13 months

With 49 swine flu deaths and 1,694 cases reported in just one fortnight from January 1-13 as per data released by the Integrated Disease Surveillance Programme (IDSP), several States are on alert.

Rajasthan alone has reported 31 deaths in this period with other instances being reported from Delhi, Gujarat, Punjab, Haryana, Uttar Prdaesh, Andhra Pradesh, Tamil Nadu and Telangana.

Preventive measures Wash your hands and get vaccinated

Why one needs to get vaccinated against flu

While the Rajasthan health department has reported that the number of cases in the State has crossed 1,000 with more than 200 people having died in the past 13 months, the Union Health Ministry has said that there is no cause for panic and that the situation is being closely monitored.

Highly contagious

H1N1 influenza (or swine flu) is a highly contagious acute respiratory disease of pigs caused by type A influenza virus that regularly causes outbreaks of influenza in pigs. Swine flu viruses do not normally infect humans. However, sporadic human infections with swine flu have occurred. Most commonly, these cases occur in people with direct exposure to pigs (e.g., children near pigs at a fair or workers in the swine industry). However, there have been cases of human-to-human spread of swine flu.

States put on high alert as swine flu cases spike across the country

“All State governments have been asked to create awareness about the spread, testing and prevention of swine flu and we have also asked them to ensure that there are enough beds and medicines to treat any cases that are being reported,” noted a senior Union Health Ministry official.

The Rajasthan health department confirmed that 1,036 people had tested positive between January 1 and 17, 2019, with nine fatalities reported in one week from January 13-17. “On January 17, 65 people tested positive for the flu,” the official added.

Youngsters enjoying the Happy Sunday events on M.G. Road in Vijayawada.

Ayush spreads word on swine flu

According to Union Health and Family Welfare Ministry’s IDSP, 14,992 people contracted swine flu in 2018., while 1,103 people died. In 2017, 38,811 people tested positive with 2,270 deaths.

“Children younger than five years old and adults who are 65 years and above, patients with chronic pulmonary condition (including asthma), , neurological, neuromuscular or metabolic disorders (including diabetes), obese adults and pregnant women are in the high risk group,” said Dr. D.S. Chaddha, Fortis Hospital.

Healthcare

Punjab slipping on healthcare (The Tribune: 20190123)

<https://www.tribuneindia.com/news/punjab/punjab-slipping-on-healthcare/717780.html>

Till the eighties, Punjab healthcare was considered the best in the country, until the state decided to turn a facilitator instead of service provider. This cost the people of the state dear.

According to experts, whether per capita availability of health institutions in the public sector or availability of staff—including doctors, nurses and paramedics—Punjab was rated one of the best states in the country. “In the nineties, the state took its first step towards privatisation, establishing Punjab Health Systems Corporation, getting a loan of Rs 422 crore from the World Bank,” says Dr Pyara Lal Garg, who then headed a government doctors' association.

"As per the agreement, the state was to get Rs 60 crore annually. Of the total loan amount, the government spent Rs 277 crore on constructing buildings and the rest for purchasing equipment, which later turned into junk," says Dr Garg. With the setting up of the health corporation, the state government introduced user charges in government hospitals, increasing the existing charges manifold.

Since then, the state spending on health has declined continuously. According to health economists, when a state spends less, people have to spend more from their pocket to access healthcare services. Past record reveals the state has been spending only 25 per cent of what it used to four decades back, virtually washing its hands of healthcare services.

As per the National Health Profile 2015, a family in Punjab spends Rs 196.5 from its own pocket every month on healthcare whereas a family in Haryana spends Rs 131, in Jammu & Kashmir Rs 95 and Himachal Pradesh Rs 134.5 On the government move to run rural health institutions in the PPP mode (pilot basis) Prof Rajesh Kumar, head, School of Public Health, PGI, Chandigarh, says: “Instead of private players, primary health centres should be given to panchayats, who are the main stakeholders.”



Osteoarthritis

Gene discovery may lead to new treatments for osteoarthritis (The Tribune: 20190123)

<https://www.tribuneindia.com/news/health/gene-discovery-may-lead-to-new-treatments-for-osteoarthritis/717596.html>

Scientists have uncovered 52 new genetic changes linked to osteoarthritis which they say may help develop new treatments for the disabling condition.

An international team of scientists, including those from the University of Sheffield in the UK, analysed the genomes of over 77,000 people with osteoarthritis.

The findings, published in the journal Nature Genetics, revealed new genes and biological pathways linked to osteoarthritis, which doubles the number of genetic regions associated with the disease.

They could also help identify starting points for new medicines and highlight opportunities for existing medicines to be evaluated in osteoarthritis, researchers said.

Osteoarthritis is a degenerative disease in which a person's joints become damaged, stop moving freely and become painful. There is no disease-modifying treatment for osteoarthritis.

The disease is managed with pain relief medications and often culminates in joint replacement surgery, which has variable outcomes.

"Osteoarthritis is the leading cause of chronic disability worldwide and this study represents the largest genetic epidemiological study to date in our attempts to understand what makes one person more likely to develop the disease than another," said Mark Wilkinson, a professor at the University of Sheffield.

"As well as looking at inherited factors that underpin disease susceptibility, we also looked at how genes link together to form pathways that underpin disease biology," Wilkinson said.

"This helps us to identify key points towards which we could target the development of new treatments for the disease. Here we show data to support the repurposing of existing treatments, some drugs that are already in development, and also novel avenues for drug exploration," he said.

To uncover the genetics underpinning osteoarthritis, scientists analysed the whole genomes of over 77,000 people with osteoarthritis and over 370,000 healthy people.

The team studied many different types of osteoarthritis, including in knee and hip joints.

"Osteoarthritis is a very common, disabling disease with no cure," said Professor Eleftheria Zeggini, previously from the Wellcome Sanger Institute in the UK and now based at Helmholtz Zentrum Munchen in Germany.

"We found over 50 new genetic changes that increase the risk of developing osteoarthritis. This is a major step forward in developing treatments to help the millions of people suffering from the disease," Zeggini said.

In order to discover which genes cause osteoarthritis, the team incorporated additional functional genomic data and analysed gene activity by measuring gene expression down to the protein level.

The team integrated genetic and proteomic data on tissue taken from patients undergoing joint replacement surgery. By incorporating many different data sets, scientists were able to identify which genes were likely to be causal for osteoarthritis.

Ten of the genes were highlighted as targets of existing drugs, which are either in clinical development or approved for use against osteoarthritis and other diseases.

These include the drugs INVOSSA, which is registered for knee osteoarthritis, and LCL-161, a drug in clinical development for the treatment of breast cancer, leukaemia and myeloma.

The team suggest that the ten drugs highlighted would be good candidates for testing in osteoarthritis. — PTI

Health for all

Providing health for all (The Hindu: 20190123)

<https://www.thehindu.com/opinion/op-ed/providing-health-for-all/article25719386.ece>

Japan and India are exchanging ideas and expertise in many projects to promote universal health coverage

Today, on Universal Health Coverage (UHC) Day, I wonder how many readers are aware of what UHC is. According to the World Health Organisation, UHC means “ensuring that everyone, everywhere can access essential quality health services without facing financial hardship”. It sounds basic, yet the basics often pose a major challenge. Japan has been leading the international efforts towards UHC, including its inclusion in the sustainable development goals and G20 agenda under our chairmanship next year, because health is one of our fundamental rights.

India has taken the vital first step towards UHC through Ayushman Bharat. This challenge is reminiscent of the path that Japan took more than half a century ago. Japan created national health insurance coverage in 1961, when it was yet to take off economically. A major political decision was required to expand national health insurance and establish medical schools all over Japan. The implementation of UHC could only have been possible through an early and vast national investment, and through a comprehensive government effort, with the Ministries of Health, Finance and Education, as well as local governments, working together.

This investment has paid off. UHC has increased the number of healthy people and healthy workers in Japan. It has contributed to the economic miracle of Japan. Moreover, UHC has ensured social equity by functioning as a mechanism for redistribution of incomes. Even in the remotest of places in Japan, you do not have to worry about healthcare. The peace of mind which UHC ensures to the Japanese is an indispensable ingredient of our overall well-being.

We are also partnering with India in wide-ranging projects for better healthcare. Japan has previously worked with India to eradicate polio in India. Today, Japanese and Indian doctors are exchanging ideas and expertise at a research and control centre on diarrhoea established by Japan in Kolkata, and precious lives of newborns are being saved daily in a children's hospital constructed in Chennai. In 17 cities across Tamil Nadu, urban healthcare systems are being strengthened with our cooperation.

When Prime Minister Narendra Modi visited Japan at the end of October, India and Japan signed a new Memorandum of Cooperation on healthcare to pursue the synergies between Ayushman Bharat and Japan's Asia Health and Wellbeing Initiative. We aim to pursue our cooperation in various fields, such as honing skills of doctors in surgery of trauma as well as providing technical training for Indian nurses studying in Japanese caregiving facilities. We hope these efforts will lead to a better health ecosystem and the promotion of UHC in India. Japan is also willing to learn from India. For instance, Ayurveda can bring a new dimension to Japan's healthcare system. The path towards UHC is not short. But India has taken the first bold step, and Japan will march along with India on this path, sharing its lessons, as a friend.

The writer is the Japanese Ambassador to India

Global Health (The Asian Age: 20190123)

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=12312117>

WHO notifies 10 threats to global health in 2019

Washington, Jan. 22: The World Health Organization (WHO) has listed out 10 global health threats for 2019, adding that millions of lives will be at risk if these threats are not addressed.

The United Nation's public health agency, thus, is starting a new five year strategic plan — the 13th General Programme of Work.

According to the WHO, the plan focuses on a triple billion target that includes ensuring 1 billion more people benefiting from access to universal health coverage, 1 billion more people being protected from health emergencies and 1 billion more people enjoying better health and well-being.

Here is the list of health issues that need urgent attention, according to the global health body:

AIR POLLUTION AND CLIMATE CHANGE: This year, air pollution is considered the greatest environmental risk to health. Microscopic pollutants in the air can damage the lungs, heart and brain, killing 7 million people prematurely every year from diseases such as cancer and heart ailments.

HEALTH PLAN IN THE WORKS

▶ The UN's new 5-year strategic plan will ensure 1 billion more people benefiting from access to universal health coverage

▶ Besides, 1 billion more people being protected from health emergencies and 1 billion more people enjoying better health

NON-COMMUNICABLE DISEASES: Ailments such as diabetes, cancer and heart disease, are collectively responsible for over 70 per cent of all deaths worldwide, or 41 million people every year, according to the statistics put out by the WHO. This includes 15 million people dying prematurely.

GLOBAL INFLUENZA PANDEMIC: The report, which the WHO put out on its website, further says the world is waiting to face another influenza pandemic. The WHO is constantly monitoring the circulation of influenza viruses to detect potential pandemic strains.

FRAGILE AND VULNERABLE SETTINGS: More than 22 per cent of the global population lives in places where protracted crisis (through a combination of challenges such as drought,

famine, conflict and population displacement) and weak health services leave people without access to basic care.

ANTIMICROBIAL RESISTANCE: Antimicrobial resistance, the ability of bacteria, parasites, viruses and fungi to resist medicines could send the medical fraternity back to a time when it were unable to easily treat infections such as pneumonia, tuberculosis, gonorrhoea, and salmonellosis.

EBOLA, OTHER HIGH-THREAT PATHOGENS: In 2018, the Democratic Republic of the Congo saw two separate Ebola outbreaks, both of which spread to cities of more than 1 million people.

WEAK PRIMARY HEALTH CARE: Many countries do not have adequate primary health care facilities. This neglect could be

due to lack of resources in low or middle-income countries, but could also possibly be due to focus in the past few decades on single disease programmes.

VACCINE HESITANCY: The reluctance or refusal to vaccinate, despite the availability of vaccines, threatens to reverse the progress made in tackling vaccine-preventable diseases.

Complacency, inconvenience in accessing vaccines, and lack of confidence are key reasons underlying hesitancy.

DENGUE: The mosquito-borne disease that causes flu-like symptoms can be lethal and kill up to 20 per cent of those with severe dengue, which has been a growing threat for decades. An estimated 40 per cent of the world is at risk of dengue fever.

HIV: The epidemic continues to rage with nearly a million people dying from HIV/AIDS every year. The WHO plans to work with countries to support the introduction of self-testing technique so that more people living with the virus know their status and can receive treatment in time.

— ANI

Migraine (The Asian Age: 20190123)

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=12312124>



Migraine sufferers wary of alcohol as a headache trigger

Amsterdam: Many migraine sufferers avoid alcohol, saying it can trigger the severe headaches, a survey found.

Among more than 2,000 migraine patients in the Netherlands, more than a third said alcohol was a migraine trigger for them.

Of the 650 patients who had stopped consuming alcohol, one in four said it was to avoid triggering migraines. And 78 per cent of patients who did drink alcohol cited red wine as the specific drink that could trigger an attack. Vodka was a trigger for only 8 per cent. Whether alcohol is a reliable migraine trigger — and why — are both poorly understood, the study authors write in the

European Journal of Neurology. Alcohol seems to affect about a third of those prone to migraines, and the amount of alcohol and time it takes to trigger a headache vary as well, they note. "Migraine patients frequently link the consumption of alcoholic beverages with the triggering of their migraine attacks . . . however, patients report that alcoholic beverages do not consistently trigger attacks," said lead study author Gerrit Onderwater of Leiden University Medical Center in the Netherlands.

These migraines are likely triggered by alcohol mixed with several other factors, he said. "Identifying factors involved in the triggering of attacks may point to compounds which could be avoided," he said.

Onderwater found that alcoholic drinks were reported as a trigger by about 36 per cent of survey participants. For a third of these patients, the migraine started within

Breastfeeding (The Asian Age: 20190123)

<http://onlinepaper.asianage.com/article/detailpage.aspx?id=12312119>

HEALTH | DIGEST

BREASTFEEDING RATES RISE IF BATH OF NEWBORN DELAYED

Washington, Jan. 22: While bathing newborns immediately after birth is a common practice around the world, a recent study suggests that delaying the bath enhances the bond between mother and child. It also increases rates of breastfeeding.

Waiting to bathe a healthy newborn 12 or more hours



after birth increased the rate of breastfeeding exclusivity during the newborn's hospital stay.

"It was better to wait to bathe their baby the first time since the amniotic fluid has a similar smell to the breast — which may make it easier for the baby to latch," said Heather DiCioccio, lead author of the study published in the *Journal of Obstetric, Gynecologic and Neonatal Nursing*.

The study saw nearly 1,000 healthy mother-newborn pairs in which 448 babies were bathed shortly after birth and 548 whose bath were delayed. Results showed breastfeeding rates increased from 59.8 per cent before intervention to 68.2 per cent after intervention. — ANI

Skin Diseases: (The Asian Age: 20190123)

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=12312114>

'Tree Man' dreams of cure as skin disease returns

Dhaka, Jan. 22: A Bangladeshi dubbed "Tree Man" because of bark-like growths on his skin will need aggressive surgery to remove them, doctors said Tuesday, after dozens of attempts failed to cure the extremely rare genetic condition.

It is believed fewer than half a dozen people worldwide have "tree-man syndrome" — epidermodysplasia verruciformis — but the condition is particularly aggressive in Abul Bajandar, who has already undergone 25 bouts of surgery since 2016 to remove

the greenish-grey gnarled protuberances from his skin.

The former rickshaw puller, whose case has made headlines around the world, has not worked in years because the growths have left him unable to use his hands.

More than once, doctors believed the 28-year-old was cured, hailing their treatment as a milestone in medical history.

But the growths kept returning.

Most recently, in May, the condition flared up on parts of his body previous-



Abul Bajandar, dubbed as Bangladeshi 'Tree Man', returns to a Dhaka hospital.

— AFP

ly spared and he fled the staff. Dhaka Medical College Hospital without notifying

parts of my feet and hands. I made a mistake leaving the hospital, but I hope doctors will be able to cure me fully this time." Bajandar said on Monday.

An emergency medical panel said Tuesday that Bajandar would undergo his 26th round of invasive surgery on Saturday.

"Around 40 per cent of Bajandar's growths have returned since he left the hospital in May. We have to keep carrying out surgery to remove them," said Samanta Lal Sen, the head plastic surgeon at the hospital.

— AFP

Mental Health (The Asian Age: 20190123)

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=12308880>

MOM POWER ON MENTAL HEALTH

Neerja Birla



Industrialist Kumar Mangalam Birla's wife and mother of three, Neerja Birla shares the inside track on spreading mental health awareness...

IKYATHA YERASALA

THE ASIAN AGE

A philanthropist, educator and now an avid mental health activist, Neerja Birla is on a noble mission. In *nammooru* to launch MPower – The Centre, which will provide Bengalureans a range of mental health services, the fitness freak and doting mom got candid about her brainchild, how she likes to keep herself fit and more. When it comes to mental health, Neerja states that her vision is to reach out to as many people as possible and impact many lives. The idea to launch the organisation was born three years ago, thanks to Neerja's regular interaction with school-going children and teens.

The mother who takes to Twitter often to update, constantly speaks about what parents should do for the good of their children, and has been known to keep smart phones at bay on the family dining table! The city of Bengaluru is her second home, and she reveals, "We've been coming here for many years now. It's a great city with weather that's always great – it's second home. It's always nice to be here."

The industrialist's wife straddles many roles. Neerja's first daughter Ananya Birla, who's a singer and entrepreneur is also the co-founder of the recently-launched organisation. A hands-on mother to Ananya, her son Aryaman (who's a cricketer) and her younger daughter

Advaitesha, Neerja noticed that children nowadays needed extra help and faced many challenges. And that inspired her to become an activist.

Ask her how she personally likes to de-stress and remain calm amidst her choc-a-block schedule and she says, "I ensure I get my daily dose of fitness and exercise – that's something I try not to miss. It's important to take time off to exercise. I also spend time with my kids. I travel a lot and do a bit of trekking and enjoy open spaces and nature – these are my doses of regular rejuvenation. Having said that, I must add that one needs to do it regularly, it's not good enough just to be in a pressure cooker for three months and then taking two days off, one needs to take time off every day to do certain practices."

On her work as an activist promoting mental health, Neerja says, "We've been running a couple of schools for the past 10 years. As I have three children, I noticed that whenever there was a problem, one wasn't aware of what to do or didn't know where to go. That's how this whole initiative came together and we decided to create awareness about mental health and provide clinical services," she reveals before rushing to the airport to attend an awards show, where she was recognised for her contribution to mental health and education.

...it's not good just to be in a pressure cooker for three months

—NEERJA BIRLA

The industrialist's wife straddles many roles. Neerja's first daughter Ananya Birla, who's a singer and entrepreneur is also the co-founder of the recently-launched organisation.

Drugs

HC commandments on war on drugs (The Tribune: 20190123)

<https://www.tribuneindia.com/news/punjab/hc-commandments-on-war-on-drugs/717789.html>

In a judgment that will change the way drug peddlers are dealt with, the Punjab and Haryana High Court today took upon itself the task of guiding the Punjab Police by issuing 25 “mandatory” directions for eradicating the drug menace, virtually rapping the state for not doing enough.

The commandments include directions to the DGP to revamp, restructure and strengthen the special task force (STF) and deployment of cops in mufti from 8 am to 6 pm in the vicinity of educational institutions to nab suppliers. The Bench directed the state, through the DGP, to register cases against kingpins under the Prevention of Money Laundering Act.

Referring to news reports carried in The Tribune, the Bench of Justice Rajiv Sharma and Justice Harinder Singh Sidhu asserted: “It is intriguing to note that students are getting the prohibited drugs, but the police is not in position to catch hold of kingpins and peddlers”.

Asserting that the menace had attained alarming proportions, the Bench gave the state six months to establish rehab centres in each district, ensuring basic necessities to inmates, including board and lodging and counselling.

The directions came on appeals by Baljinder Singh and Khushi Khan against Patiala Special Court order convicting and sentencing them in September, 2011 to 12 years' imprisonment. Acquitting them, the Bench asserted the court's prime concern was that charas, heroin and synthetic drugs were not available in the state at all. The entire police force was required to focus on catching the kingpins and bringing them to justice.

The Bench directed the state to appoint a psychiatrist in each rehab centre who would visit schools in his jurisdiction, educating them on the ill-effects of drugs. All educational institutions, including government, aided and private schools and minority institutions, were directed to appoint the seniormost teacher as nodal officer to counsel students every Friday.

“In case he finds drug abuse symptoms, he shall be at liberty to summon the parents. They would be sensitised against drug abuse at parent-teacher meetings,” Justice Sharma said. All schools, universities, colleges, polytechnics and coaching centres were directed to constitute anti-drug clubs. Justice Sharma also ordered coordination among schools, the police, hospitals and rehab centres.

The school management, principals and teachers would also be sensitised to look out for peddlers and report them to the police. Justice Sharma asked local intelligence units to keep a watch on shops, including dhabas, vends and tea stalls.

Air quality

Capital breathes easy as rain helps improve air quality (The Hindu: 20190123)

<https://www.thehindu.com/news/cities/Delhi/capital-breathes-easy-as-rain-helps-improve-air-quality/article26064924.ece>

Commuters complain of waterlogging, traffic jams; downpour likely today: Met

Heavy rain accompanied by gusty winds washed away the pollutants, bringing down the Air Quality Index to “moderate” category on Tuesday.

However, the relief from pollution was coupled with troubles as several areas reported waterlogging that left commuters stranded for hours. The Central Pollution Control Board data stated that the overall AQI in the city was 104, down from 346 on Monday.

The dip is likely to be short-lived, with air quality expected to deteriorate by Thursday, said the Indian Institute of Tropical Meteorology (IITM), adding that it may reach the “poor” category. Other parts of NCR— Noida, Greater Noida, Gurugram and Faridabad — were in the “satisfactory” category, while Ghaziabad recorded “moderate” level.

AQI between 100 and 200 comes under “moderate” category; 201 and 300 is considered “poor”; 301 and 400 “very poor”; and 401 and 500 is “severe”.

The city received 14.8 mm of rainfall in the past 24 hours ending at 8.30 a.m on Tuesday, and 27.2 mm of rainfall between 8.30 a.m. and 5.30 p.m. on Tuesday.

The rain brought the maximum temperature down to 19.4 degrees Celsius, two degrees below normal, while the minimum temperature rose to 12.5 degrees Celsius, five degrees above normal.

Roads cave-in

Heavy rain led to caving in of roads at two stretches, which paved the way for traffic congestion across the city. A small portion of a road caved in near JLN Stadium, which led to a traffic jam on Barapullah elevated road. Another cave-in was reported on Mathura Road. The civic agencies concerned have been informed about the incidents.

The traffic police said they received numerous calls complaining of congestion during morning hours. Traffic was reported on various stretches, including Maulana Azad Road towards Janpath, Swaroop Nagar underpass from NH-1 towards Singhu Border and Mangolpuri towards Janakpuri on Peeragarhi.

The police kept updating the traffic situation on social media throughout the day.

The North Delhi body reported waterlogging at various places, including Minto Road, a market in Roop Nagar, Tilak Gali in Kashmere Gate, Sadar Bazar, Sector 15 Rohini, Inder Enclave in Kirari, New Rohtak Road in Karol Bagh, Arya Nagar and LIC DDA flats in Paharganj, Roop Nagar and Rana Pratap Bagh.

Building collapse

A building reportedly collapsed in Prayas Wali Gali in Jahangaripuri.

The Met Department has forecast a partly cloudy sky with the possibility of very light/ light rain/ thundershowers on Wednesday.

The maximum and minimum temperatures are likely to hover between 19 and 10 degrees Celsius.

Diphtheria

DCW demands police action over diphtheria deaths (Hindustan Times: 20190123)

<http://paper.hindustantimes.com/epaper/viewer.aspx>

The Delhi Commission for Women (DCW) on Tuesday asked Delhi Police to register a case of criminal negligence against north body health department and its Maharishi Valmiki Hospital for what it called serious lapses that led to the deaths of 21 children due to diphtheria in September last year.

The recommendation by the women's body was made on the basis of a report submitted by the North Delhi Municipal Corporation on December 27, 2018. DCW chairperson Swati Maliwal, said, "In view of the findings, we have approached Delhi Police to register a case for criminal negligence and mismanagement in the cases. They are required to submit an action taken report in the matter latest by January 31."

The DCW had issued a notice to the municipal body, taking cognisance of the deaths of 21 children at the Maharishi Valmiki Infectious Diseases Hospital (MVIDH) between September 6 and September 19 last year.

In a statement on Tuesday, the commission said the report submitted by the corporation showed that the hospital "delayed" procurement of vaccines and lacked adequate infrastructure for handling diphtheria cases.

Diphtheria is an infectious disease that primarily infects the throat and upper airways. The diphtheria toxin causes a membrane of dead tissue to build up over the throat and tonsils, making breathing and swallowing difficult. According to WHO, diphtheria is fatal in 5 - 10% of cases, with a higher mortality rate in young children.

The DCW statement also pointed out that the corporation's health department delayed the procurement of the anti-diphtheria serum by over three months. "If the corporation had started the process in time, it could have prevented the deaths," the statement read.

A DCW enquiry into the deaths revealed that the hospital had run out of the anti-diphtheria vaccine in December 2017 and the facility did not have a single dose

of the medicine till September 22, 2018.

A team from the hospital had visited the Central Research Institute (CRI), Kasauli, to procure the vaccines in February last year, but the institute had run out of stock of the serum. DCW said the institute informed the civic body team that fresh vaccines could be manufactured if the hospital gets approval from the union ministry of health and family welfare.

“The hospital delayed seeking the approval by almost a month and was later informed that the CRI would deliver the first batch of vaccines on September 30,” the women’s panel added.

Besides, enquiry by the commission revealed that the diphtheria ward did not have ICU or high dependency units.

A senior north body official said person found prima facie responsible for the lapses had been suspended. “An enquiry into the matter is already underway. Further, instructions have been issued to the department to maintain a tender calendar and inventory for procurement of medicines and other essential medical supplies, which must be monitored directly by the additional commissioner,” a senior corporation official said.

Swine flu

Long distances, lack of test labs behind swine flu spike in Rajasthan (The Indian Express 20190123)

<https://indianexpress.com/article/india/long-distances-lack-of-test-labs-behind-swine-flu-spike-in-rajasthan-5551164/>

Two swine flu deaths reported in Delhi

Amit Shah will be discharged from AIIMS soon: BJP

Long distances, lack of test labs behind swine flu spike in Rajasthan

Rajasthan government has started a screening campaign for the disease where a door-to-door survey is being conducted to identify patients with swine flu-like symptoms. (File Photo)

It was only after 50-year-old Dariya Kanwar died that her family discovered she had contracted swine flu. A resident of Solankiyatala village in Jodhpur district, Kanwar, who died on January 12, is among 54 people in Rajasthan who, until Monday, have succumbed to the disease.

“Nobody told us my wife had swine flu. We came to know about it only after her death. She had fever earlier this month and her condition worsened over the next 7-8 days before she was admitted to a hospital in Jodhpur. She breathed her last the second day in hospital. There are no facilities for swine flu testing near our village and health officials told us to go to Jodhpur for treatment,” said her husband Chandan Singh.

His village is around 100 km from Jodhpur, the district headquarters, and Chandan is among dozens who have to travel long distances before they can be tested for swine flu. Data collated by the state health department shows that a total of 6,117 tests were conducted this year (in the first 22 days of January), of which 1,414 samples tested positive. This is 23 per cent of the total samples. Given the contagious nature of the disease and such large numbers, the state is staring

at a major crisis. Further, the lack of adequate diagnostic centres is not helping the situation. Late reporting of cases puts more people at risk of infection.

Also Read: Till Jan 13, over 160 swine flu cases reported in Delhi

Up-to-date data is not available nationally. However, according to data available with the Integrated Disease Surveillance Programme until January 13 this year, 49 people died of the disease across the country, and 1,694 cases were reported. Rajasthan topped the list with 31 deaths. Punjab with six deaths is a distant second. Gujarat, which borders Rajasthan, reported 128 cases and two deaths. In 2018, 14,992 cases and 1,103 deaths were reported in the country.

In wake of the crisis, Rajasthan Health Minister Raghu Sharma has instructed officials to take action against staff absent from duty. The government has also started a screening campaign for the disease where a door-to-door survey is being conducted to identify patients with swine flu-like symptoms.

Within Rajasthan, Jodhpur is the worst affected accounting for 20 deaths this year. As per a health department map of the infected areas in the district seen by The Indian Express, as of January 16, merely four days after Kanwar died, Shergarh reported four more cases. People living in adjacent areas such as Phalodi, Balesar and Osiyan, have also been affected.

LATEST VIDEOS

00:52

Mehul Choksi surrenders Indian passport

A big reason for the high incidence of swine flu in the state is the lack of testing facilities. There are no facilities to collect blood samples at primary or community health centres. "Blood samples can be collected at district, sub-divisional and satellite hospitals. At present, there is no system of blood sample collection at the PHC or CHC level," Ravi Prakash Mathur, additional director, rural health, Department of Health and Family Welfare, told The Indian Express.

"The testing labs for swine flu are mostly at divisional headquarters and patients often have to cover a lot of distance before being diagnosed. This delay can result in infecting people around the patient. The delay is also putting the life of the patient at risk," said Narendra Gupta, state convenor of the Jan Swasthya Abhiyan, a collective of various organisations and NGOs working on public health.

Advertising

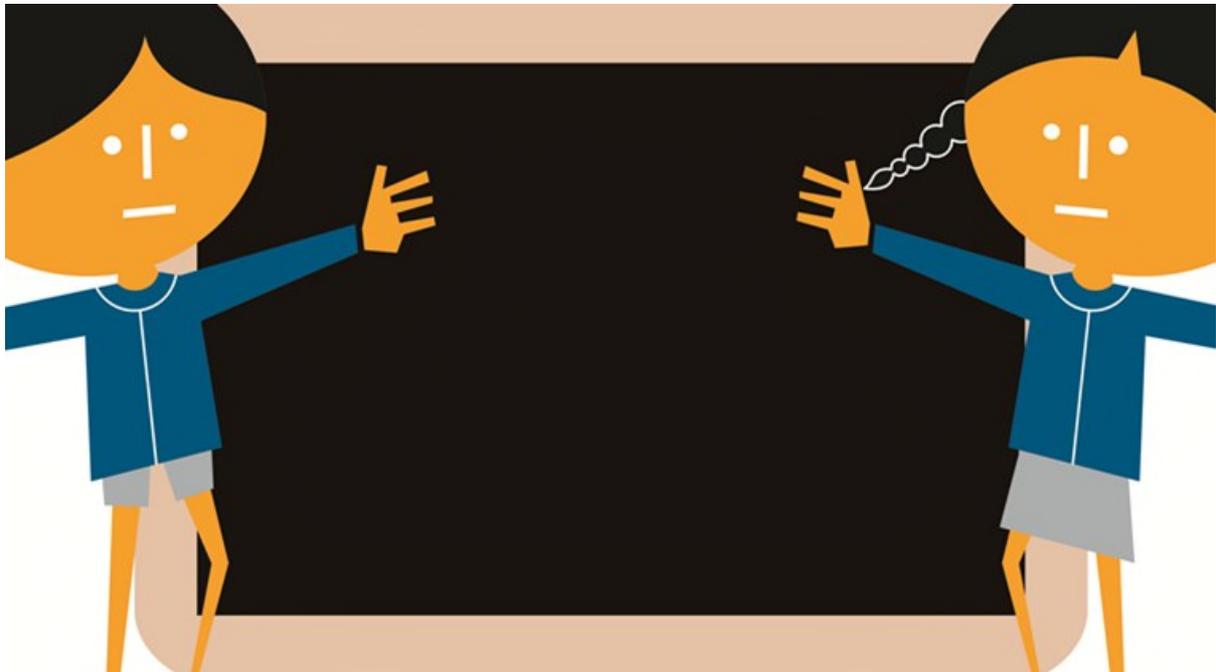
The health department currently has 12 laboratories with swine flu testing facilities at hospitals under all seven medical colleges in Jaipur, Ajmer, Bikaner, Kota, Jodhpur, Udaipur and Jhalawar along with the Desert Medicine Research centre in Jodhpur and four other private laboratories. One private lab has also opened 50 testing facilities across the state, said Mathur. As per the Centre's guidelines, testing for swine flu is only required for C-category patients with symptoms including breathlessness, chest pain and sputum mixed with blood, he said.

ASER data shows early education is crucial Early Education

ASER data shows early education is crucial, one-size-fits-all policy doesn't work(The Indian Express20190123)

<https://indianexpress.com/article/opinion/columns/aser-child-education-aser-report-5550952/>

While helping children get a head start in the early years is important, it is critical to ensure that all stakeholders — parents, teachers, policymakers and textbook developers — understand that the key words are “quality” and “developmentally appropriate”.



As implementation of the Samagra Shiksha Abhiyan rolls out across the country, ASER data on young children suggests that a “one size fits all” solution is unlikely to be successful. (Illustration by Mithun Chakraborty)

Early childhood education, or ECE, is included in the Sustainable Development Goals (SDGs) for 2030 that were approved by India among many countries around the globe. SDG Target 4.2 states that by 2030 countries should “ensure that all girls and boys have access to quality early

childhood development, care and pre-primary education so that they are ready for primary education”.

This global goal emerged thanks to extensive international research in disciplines as varied as neuroscience, psychology and economics, which show that early childhood — defined internationally as the age group of 0-8 years — is a critical period. During this time, the foundations of life-long learning are built, with 90 per cent of all brain development taking place by age six.

In India, too, the importance of early care and stimulation has been recognised in the National Policy on Early Childhood Care and Education (2013), which aims to provide “developmentally appropriate preschool education for three to six-year-olds with a more structured and planned school readiness component for five to six-year-olds.” The recently created Samagra Shiksha Abhiyan scheme has also brought renewed focus and attention on ECE through the Integrated Scheme on School Education that aims to treat school education “holistically without segmentation from pre-nursery to Class 12”.

There are currently two main avenues for accessing early childhood education in India. The most widespread comprises the 1.3 million anganwadi centres run by the Ministry of Women and Child Development across the country under the Integrated Child Development (ICDS) Scheme. The other is the burgeoning private sector, with more than 40 per cent of privately managed primary schools reportedly offering pre-primary LKG and UKG classes as well. Some states in India offer a third possibility as well, in the form of preschool classes integrated within government primary schools, for example in Assam and Jammu & Kashmir.

According to the RTE Act, enrolment in formal schools should begin at age six, with ECE exposure recommended for children between age three and six. However, 26 of India’s 35 states and union territories allow children to enter Class 1 at age five. National trends from the recently released Annual Status of Education Report (ASER 2018) indicate that enrolment patterns broadly meet these policy prescriptions. At age three, two-thirds of children were enrolled in some form of preschool; while seven out of every 10 were enrolled in primary school at age six. But we also see that fairly large proportions of children are already in primary grades even at age three and four; and many are still in preschool at age seven and even eight.

As with many estimates at the all-India level, these national trends hide major variations, both across the country as well as at different ages. For example, at age three, national policy recommends that children should be in an ECE programme. Gujarat comes close to meeting the norm, with well over 90 per cent children in some form of preschool, the majority in ICDS Anganwadis. In contrast, in Uttar Pradesh, almost two thirds are not attending anywhere. At age four, almost a quarter of all four-year-olds in Rajasthan are already in primary school, with almost equal proportions in government and private schools. But in Assam, about seven out of 10 children are attending an anganwadi. At age five, nationally, about a third of all children are already in primary school. But in UP, close to two in every 10 children are not enrolled anywhere; and, in Rajasthan over 60 per cent children are in primary school. At age six, although all children are expected to be in primary school, over 40 per cent of all six-year-olds in both Telangana and Assam continue in some form of pre-primary class.

Doctor by profession, traffic man by choice

These varied pathways in the early years have major consequences for what children experience and learn along the way. From the perspective of the primary school, children in Class 1 are far from homogenous in terms of age. ASER 2018 data shows that nationally, more than a quarter of children entering primary school are five years old or younger. Less than 40 per cent are at the mandated age of six years. And a third are seven or older. These age-grade distributions have obvious implications for teaching and learning. A four- or five-year-old child is simply not developmentally ready to handle Class 1 curriculum. From the point of view of a teacher, moreover, teaching the same content to a class with wide variation in students' age is not a trivial challenge. The requirement that teachers complete the curriculum for a given grade in a given year — and, by extension, that the children master the content being taught — does huge disservice to both.

The outcome in terms of learning is clearly visible. In the elementary school sector, ASER has demonstrated for more than a decade that getting all children into school, while undoubtedly a major achievement, does not by itself ensure that children are able to learn at the expected level. ASER data shows that gaps between what children can do and what is expected of them emerge very early in children's school trajectories and widen as they move through the system. A quick look at the Class 1 language textbook in any state provides a good indication of what children are expected to do during their very first year in school. But ASER 2018 data shows that even several months into Class 1, nationally more than 40 per cent of children are unable to recognise letters of the alphabet, let alone read words or connected text.

As implementation of the Samagra Shiksha Abhiyan rolls out across the country, ASER data on young children suggests that a “one size fits all” solution is unlikely to be successful. While helping children get a head start in the early years is important, it is critical to ensure that all stakeholders — parents, teachers, policymakers and textbook developers — understand that the key words are “quality” and “developmentally appropriate”. The continuum envisaged for the early years curriculum should start from and build on what children bring with them when they enter preschool and school, so that they are able to grow and thrive.

This article first appeared in the January 23, 2019, print edition under the title ‘What the children learn’

Healthcare Service (Hindustan Hindi: 20190123)

http://epaper.livehindustan.com/imageview_61757_98874932_4_1_23-01-2019_i_8.pagezoomsinwindows.php

एम्स के डॉक्टर वृद्धाश्रमों में जाकर बुजुर्गों का इलाज करेंगे

पहल

नई दिल्ली | वरिष्ठ संवाददाता

दिल्ली के 74 वृद्धाश्रमों में से 31 में इलाज की कोई सुविधा नहीं है। ऐसे में इन वृद्धाश्रमों में स्वास्थ्य सुविधाएं मुहैया करवाने के लिए एम्स के डॉक्टरों ने बीड़ा उठाया है। एम्स के डॉक्टर इन वृद्धाश्रमों में रह रहे बुजुर्गों का इलाज करेंगे।

एम्स की टीम ने दौरा किया : एम्स के जॉरियाटिक मेडिसिन विभाग के डॉक्टरों ने दिल्ली में इन 31 वृद्धाश्रमों का दौरा किया। इस दौरान इन्होंने



डिप्रेशन के मरीजों की संख्या अधिक

एम्स के डॉक्टरों का कहना है कि वृद्धाश्रम में रह रहे इन बुजुर्गों में डिप्रेशन अधिक होने की पहली वजह इनके परिवार वाले हैं। परिवार वाले इन्हें आश्रम में छोड़ गए और दोबारा कभी मिलने नहीं आए। यदि कोई मिलने आता भी है तो वह कुछ देर इनके पास रुकता

है और फिर चला जाता है। दोबारा कोई परिजन आना या नहीं, इसके बारे में उन्हें कुछ पता नहीं होता है। ऐसे में वह अपने परिवार वालों के इंतजार में बैठ रहते हैं और उदस रहते हैं। साथ ही आश्रमों में अच्छी व्यवस्था नहीं मिलना भी डिप्रेशन की बड़ी वजह है।

देखभाल के लिए वॉलेंटियर

जॉरियाटिक मेडिसिन विभाग के असिस्टेंट प्रोफेसर डॉ. प्रसून चटर्जी ने बताया कि जब इन बुजुर्गों को एम्स में लाने की प्रक्रिया शुरू हो जाएगी तो हम एम्स में कुछ वॉलेंटियर भी रखेंगे। ये वॉलेंटियर इन बुजुर्गों का ध्यान रखेंगे और उनकी हालत की जानकारी डॉक्टरों को देंगे।

फैसला लिया है कि वे महीने में एक बार हेल्थ मोबाइल वैन इन वृद्धाश्रमों में भेजेंगे, ताकि जिन बुजुर्गों को स्वास्थ्य संबंधी कोई परेशानी है, उनका इलाज किया जा सके।

डॉक्टर तेनात किए जाएंगे : इन बुजुर्गों में से जिनकी स्थिति ज्यादा गंभीर होगी, उन्हें एम्स लाया जाएगा। इस वैन में एम्स की तरफ से डॉक्टर, नर्स और पैरामेडिकल स्टाफ तेनात किया जाएगा। इसके लिए जॉरियाटिक विभाग तैयार है और टॉमा सेंटर के डॉक्टरों से बात की जा रही है, क्योंकि वृद्धाश्रमों में रह रहे इन बुजुर्गों को जॉरियाटिक डॉक्टरों के अलावा टॉमा की भी जरूरत है।

पाया कि यहां बुजुर्गों के लिए कोई सुविधा नहीं है।

संक्रमण की दर अधिक : एम्स के जॉरियाटिक मेडिसिन विभाग के असिस्टेंट प्रोफेसर डॉ. प्रसून चटर्जी ने बताया कि इन वृद्धाश्रमों में संक्रमण

दर बेहद अधिक है। इसके अलावा वृद्धाश्रमों में उन बुजुर्गों की संख्या काफी अधिक है, जिन्हें फ्रेक्चर हुआ है। इन बुजुर्गों में डिप्रेशन के मरीज भी काफी पाए गए हैं। हैरानी की बात यह है कि इन बुजुर्गों के लिए यहां स्वास्थ्य

संबंधी कोई सुविधा नहीं है। वहीं, सफाई व्यवस्था भी बेहद खराब थी। **अपना समय काट रहे :** गंदगी की वजह से ही यहां पर संक्रमण के कारण बीमार होने के मामले अधिक हैं। यहां सिर्फ बुजुर्ग अपना समय

काट रहे थे। उन्हें सक्रिय रखने के लिए यहां कोई व्यवस्था नहीं है।

हर महीने हेल्थ वैन भेजी जाएगी : वृद्धाश्रमों में रहने वाले बुजुर्गों की स्थिति को देखते हुए जॉरियाटिक विभाग और हेल्दी एजिंग संस्था ने

Mobile Health Clinic

चिकित्सा सेवाओं के लिए मोबाइल हेल्थ क्लिनिक लांच (Dainik Jagran:20190123)

<https://epaper.jagran.com/epaper/article-23-Jan-2019-edition-delhi-city-page-23-7353-5243-4.html>

जागरण संवाददाता, दक्षिणी दिल्ली: इंफ्रास्ट्रक्चर फाइनेंस कंपनी पीएफएस (पीटीसी इंडिया फाइनेंशियल सर्विसेस) ने मंगलवार को दिल्ली-एनसीआर के ग्रामीण व दूरस्थ इलाकों में गरीबों को चिकित्सा सेवाएं मुहैया कराने के लिए तीन मोबाइल हेल्थ क्लिनिक लांच किए। इसको ऊर्जा मंत्रालय में सचिव अजय कुमार भल्ला ने हरी झंडी दिखाकर रवाना किया। इस मौके पर पीटीसी इंडिया के चेयरमैन व प्रबंध निदेशक दीपक अमिताभ, पीएफएस के प्रबंध निदेशक व सीईओ डॉ. पवन सिंह आदि उपस्थित रहे।

मोबाइल हेल्थ क्लिनिक को पीटीसी फाउंडेशन ट्रस्ट व हिंदूस्तान लेटेक्स फैमिली प्रमोशन ट्रस्ट की ओर से शुरू किया गया है। ये क्लिनिक नांगलोई, सीलमपुर, जैतपुर एक्सटेंशन, मुंडका आदि में उपलब्ध रहेंगी।

Vitamin B 12

शरीर में विटामिन बी-12 की कमी के होते हैं ये 5 संकेत, जानें किन आहारों से मिलता है ये विटामिन (Dainik Jagran:20190123)

<https://www.onlymyhealth.com/vegetarian-and-non-vegetarian-food-sources-of-vitamin-b12-and-symptoms-of-b12-deficiency-in-body-in-hindi-1548154931>

शाकाहारी लोगों में विटामिन बी-12 की बहुत अधिक कमी पाई जाती है।

ये विटामिन डीएनए, आरएनए और न्यूरोट्रांसमीटर के उत्पादन में भी मदद करता है।

रक्त कोशिकाएं विटामिन बी-12 के बिना विकसित नहीं हो सकती हैं।

विटामिन्स हमारे शरीर के अच्छे विकास के लिए और हमारे स्वस्थ रहने के लिए जरूरी हैं। विटामिन बी-12 एक महत्वपूर्ण विटामिन है मगर भारत में लगभग 83 प्रतिशत जनसंख्या में इस खास विटामिन की कमी पाई जाती है। चूंकि विटामिन बी-12 शाकाहारी आहारों में बहुत कम पाया जाता है इसलिए शाकाहारियों में इस विटामिन की कमी जरूर होती है। विटामिन बी-12 की कमी बहुत खतरनाक हो सकती है क्योंकि ये विटामिन डीएनए, आरएनए और न्यूरोट्रांसमीटर के उत्पादन में भी मदद करता है। आइए आपको बताते हैं शरीर में विटामिन बी-12 की कमी होने पर आपको कौन-कौन से लक्षण दिखाई देते हैं और किन आहारों के द्वारा आपको विटामिन बी-12 मिलता है।

एनीमिया (खून की कमी) हो सकती है

हमारा शरीर हर एक मिनट में लाखों लाल रक्त कोशिकाओं का उत्पादन करता है। ये रक्त कोशिकाएं विटामिन बी-12 के बिना विकसित नहीं हो सकती हैं। इसलिए विटामिन बी-12 की कमी होने पर एनीमिया हो सकता है। इस विटामिन की कमी के कारण ही भारत में बहुत बड़ी जनसंख्या एनीमिया का शिकार है। ऐसे शिशुओं में विटामिन बी-12 की कमी अक्सर हो जाती है, जो पूरी तरह से मां के दूध पर निर्भर करते हैं और किसी तरह का बाहरी पोषण नहीं लेते।

थकान की समस्या

अत्यधिक थकान या कमजोरी और सांस की तकलीफ, इस तरह के सभी संकेतों पर आपको ध्यान देने की जरूरत है। इसके अलावा, विटामिन बी -12 की कमी के कारण लाल रक्त कोशिकाएं पर्याप्त मात्रा में ऑक्सीजन की आपूर्ति नहीं करती। जिसके कारण आपको कमजोरी महसूस होने लगती है।

खोने लगती है त्वचा की चमक

जब आपकी त्वचा अपनी स्वस्थ चमक खोने लगती है तो यह आपके आहार में पर्याप्त विटामिन बी-12 की कमी की संभावना को दर्शाता है। विटामिन बी-12 त्वचा को स्वस्थ रखने के लिए जरूरी है। कुछ शोधकर्ताओं ने पाया है कि पीलिया गंभीर विटामिन बी-12 की कमी का परिणाम हो सकता है। इसलिए आपको सलाह दी जाती है कि जितनी जल्दी हो सके अपनी जांच करवा लें।

लगातार आपका मूड बदलना

अगर आपका मूड बहुत जल्दी-जल्दी बदलता है या आपका स्वभाव चिड़चिड़ा हो रहा है, तो ये भी विटामिन बी-12 की कमी के लक्षण हो सकते हैं। शरीर में विटामिन बी-12 की कमी से सेरोटोनिन (एक हार्मोन जो आपको खुश रखता है) का स्तर घटता है। इसलिए ये कमी डिप्रेशन का कारण बन सकती है। विटामिन बी-12 इस न्यूरोट्रांसमीटर के उत्पादन में मदद करता है। इसलिए अगर आपको डिप्रेशन या अक्सर मूड में बदलाव दिखाई देता है तो आपमें विटामिन बी-12 की कमी हो सकती है।

याददाश्त में कमी

विटामिन बी 12 आपके दिमाग के कामकाज में एक महत्वपूर्ण भूमिका निभाता है। इसलिए इसकी कमी से दिमाग के कई फंक्शन्स में समस्या आती है। विटामिन बी-12 की कमी संज्ञानात्मक कार्य (कॉग्निटिव इंटेलिजेंस) को प्रभावित करती है, जो स्मृति हानि और डिमेंशिया का कारण बन सकती है। इसका सबसे ज्यादा खतरा उम्रदराज लोगों को होता है। शरीर में अगर विटामिन बी की कमी की भरपाई न हो तो डिमेंशिया, ब्रेन डैमेज जैसी समस्याएं हो सकती हैं।

विटामिन बी-12 वाले शाकाहारी आहार

शाकाहारी लोगों को अपने खानपान का विशेष रूप से ध्यान रखना चाहिए। शाकाहारी आहारों में ये विटामिन बहुत कम पाया जाता है। इसलिए उन्हें दूध, दही, पनीर, चीज, मक्खन, सोया मिल्क या टोफू का नियमित रूप से सेवन करना चाहिए। बी-12 मुख्यतः मिट्टी में पाया जाता है। इसलिए यह जमीन के भीतर उगने वाली सब्जियों जैसे- आलू, गाजर मूली, शलजम, चुकंदर आदि में भी आंशिक रूप से पाया जाता है। इसके अलावा मल्टीग्रेन ब्रेड और व्हे प्रोटीन पाउडर भी इसके अच्छे स्रोत हैं। यदि एक किलोग्राम आटे में 100 ग्राम व्हे प्रोटीन पाउडर मिला दिया जाए, तो इससे व्यक्ति को विटामिन बी-12 का पोषण मिल जाता है।

विटामिन बी-12 वाले मांसाहारी आहार

ज्यादातर मांसाहारी आहार विटामिन बी-12 के अच्छे स्रोत होते हैं इसलिए इसकी कमी मांसाहारियों में कम होती है। नॉन-वेजटेरियन लोगों को अंडा, मछली, रेड मीट, चिकेन और सी फूड से विटामिन बी-12 भरपूर मात्रा में मिल जाता है, पर इनके ज्यादा सेवन से शरीर में कोलेस्ट्रॉल का स्तर बढ़ जाता है, जो नुकसानदेह साबित होता है। इसलिए नॉनवेज का सेवन सीमित और संतुलित मात्रा में करना चाहिए।

Thyroid

इन 10 संकेतों से पहचानें आपका थायरॉइड ओवरएक्टिव है या अंडरएक्टिव (Dainik Jagran:20190123)

<https://www.onlymyhealth.com/difference-between-overactive-thyroid-or-hyperthyroidism-and-underactive-thyroid-or-hypothyroidism-in-hindi-1548150730>

भारत में महिलाएं थायरॉइड रोग का सबसे ज्यादा शिकार हो रही हैं।

लक्षणों में अंतर बताते हैं कि आपकी थायरॉइड ग्रंथि ओवरएक्टिव है या अंडर एक्टिव।

थकान, आलस और ऊर्जा में कमी थायरॉइड का सबसे पहला और प्रमुख लक्षण है।

थायरॉइड रोग पिछले कुछ समय में बहुत तेजी से बढ़ा है। भारत में महिलाएं थायरॉइड रोग का सबसे ज्यादा शिकार हो रही हैं। आमतौर पर थायरॉइड रोग दो कारणों से होता है- जब आपकी थायरॉइड ग्रंथि ज्यादा मात्रा में हार्मोन्स बनाने लगती है (ओवरएक्टिव थायरॉइड) और जब आपकी थायरॉइड ग्रंथि जरूरत से भी कम हार्मोन्स बनाती है (अंडरएक्टिव थायरॉइड)। ये दोनों ही समस्याएं बहुत खतरनाक हैं। कुछ खास लक्षणों को पहचानकर आप ये पता लगा सकते हैं कि आपकी थायरॉइड ग्रंथि ओवरएक्टिव है या अंडर एक्टिव।

ओवरएक्टिव थायरॉइड (हाइपरथायरॉइडिज्म) के लक्षण

जल्दी थक जाना

ओवरएक्टिव थायरॉइड होने पर व्यक्ति ज्यादा एनर्जेटिक अनुभव करता है। मगर थोड़ा काम करते ही उसे बहुत जल्दी थकान भी होने लगती है। ज्यादातर समय व्यक्ति का शरीर सुस्त रहता और आलस के कारण नींद भी बहुत आती है।

वजन कम होने लगना

ओवरएक्टिव थायरॉइड होने पर कब्ज की समस्या शुरू हो जाती है, खाना निगलने में दिक्कत होती है और खाना अच्छे से पच नहीं पाता। इस कारण से व्यक्ति के शरीर का वजन तेजी से कम होता जाता है।

हाथ-पांव ठंडे होना

ओवरएक्टिव थायरॉइड होने पर आदमी के हाथ पैर हमेशा ठंडे रहते हैं। आदमी का सामान्य तापमान 98 डिग्री सेल्सियस होता है फिर भी शरीर और हाथ-पैर ठंडे रहते हैं। यह भी ओवरएक्टिव थायरॉइड का लक्षण है।

त्वचा का रूखापन

ओवरएक्टिव थायरॉइड से ग्रस्त व्यक्ति की त्वचा सूखने लगती है। त्वचा में रूखापन आ जाता है। त्वचा के ऊपरी हिस्से के सेल्स की क्षति होने लगती है जिसकी वजह से त्वचा रूखी-रूखी हो जाती है।

कमजोर इम्यूनैटी

हाइपरथायरॉइडिज्म में व्यक्ति की प्रतिरोधक क्षमता कमजोर हो जाती है। इसके कारण शरीर में कई प्रकार की बीमारियां होने लगती हैं और शरीर सामान्य और खतरनाक बीमारियों को होने से खुद को बचा नहीं पाता है।

अंडरएक्टिव थायरॉइड (हाइपोथायरॉइडिज्म) के लक्षण

थकान और आलस

थायरॉइड ओवरएक्टिव हो या अंडरएक्टिव, थकान और आलस की समस्या दोनों में ही होती है। जब आपका थायरॉइड जरूरत से कम हार्मोन्स बनाता है, तो शरीर में ऊर्जा की कमी के कारण आपको हर समय आलस आता है और बहुत नींद आती है।

ठंड झेलने की क्षमता में कमी

अंडरएक्टिव थायरॉइड होने पर आपकी ठंड झेलने की क्षमता में कमी आती है। इसलिए ऐसे लोगों को आमतौर पर सामान्य मौसम में भी ठंड लगती है और सर्दियों में तो बहुत ज्यादा परेशानी होती है। अगर आपको पर्याप्त कपड़े पहनने के बाद भी ठंड लगती है, तो ये थायरॉइड की समस्या का संकेत हो सकता है।

नाखूनों और बालों का टूटना

अंडरएक्टिव थायरॉइड के कारण बाल झड़ने और टूटने की समस्या बहुत अधिक बढ़ जाती है। बाल इतने कमजोर हो जाते हैं कि कंघी करते हुए टूटते रहते हैं। नाखून पतले और रूखे होने शुरू हो जाते हैं। इससे नाखूनों में दरार आ जाती है और वो जल्दी टूटने लगते हैं। इसके अलावा, नाखूनों में सफेद लाइन भी नजर आने लगती हैं।

वजन बढ़ना और प्यास अधिक लगाना

थायरॉइड के कारण मेटाबॉलिज्म की दर धीमी पड़ जाती है। इसका मतलब यह कि आप जो खाना खाते हैं, उसका आपकी एनर्जी की आवश्यकताओं के लिए उचित तरीके से इस्तेमाल नहीं हो पा रहा है। परिणामस्वरूप, आपकी बॉडी में फैट का अस्पष्ट जमाव होता है और वजन बढ़ना शुरू हो जाता है। इसलिए अंडरएक्टिव थायरॉइड में लोगों का मोटापा बढ़ने लगता है। साथ ही इस समस्या में लोगों को प्यास ज्यादा लगने लगती है।

महिलाओं के पीरियड्स में बदलाव

महिलाओं में पीरियड्स में अनियमितताएं शुरू हो जाती हैं। यह पहले की तुलना में लाइट या हेवियर रूप में हो सकता है। इसके अलावा, कई महिलाओं में दो पीरियड्स के इंटरवल में भी अनियमितता शुरू हो जाती है जैसे 28 दिन का साइकिल 40 दिन का बन सकता है। इस रोग से डिप्रेशन की समस्या भी उत्पन्न हो जाती है।