



DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE Day
Thursday 20190314

UNICEF platform to promote nutrition

UNICEF platform to promote nutrition (The Hindu: 20190314)

<https://www.thehindu.com/news/cities/Delhi/unicef-platform-to-promote-nutrition/article26526443.ece>

UNICEF on Wednesday launched 'IMPact4Nutrition', a platform to engage businesses and build a social movement around the benefits of good nutrition. It will also support the Centre's initiative: POSHAN Abhiyaan.

"Through this initiative, companies will engage their employees, customers and families, to create holistic nourishment through better nutrition, health and hygiene," noted a release issued by UNICEF.

Opening the session, Niti Aayog advisor Alok Kumar said that one-third of children in India are growing up stunted. "Tackling malnutrition is a key challenge for India... we need to come together to tackle malnutrition," he said.

Arjan De Waqt, OIC deputy representative at UNICEF India said that "investing in nutrition is the best public health investment one can make".

Surveys conducted by the Aam Aadmi Party had shown that the party would win all seven Lok Sabha seats in the Capital without an alliance with the Congress, AAP national convenor and Delhi Chief Minister

PG Program in Data Science from IIIT Bangalore. Get Hands-On Learning Experience Of In-Demand Tools. Apply Now!

Health Care Services

Why suggestion to have CSR account in govt hospitals not followed, asks HC(The Hindu: 20190314)

Notice issued to Ministry of Health, State health department

The Delhi High Court on Wednesday asked the Centre and the AAP government why they have not followed its suggestion to have a separate account in hospitals run by them to receive donations from charitable entities or companies under corporate social responsibility (CSR).

A Bench of Chief Justice Rajendra Menon and Justice A. J. Bhambani issued notice to the Ministry of Health and the Delhi government's health department seeking their response on the issue which the court has taken up as a PIL on its own.

Letter from NGO

The court initiated the PIL after receiving a letter from an NGO, Heart Care Foundation of India, which claimed that neither the Central government nor the Delhi government had followed the various suggestions, including having a separate CSR account, given by the High Court in a 2014 judgment.

CSR is an initiative under which companies can contribute to welfare of society.

In its 2014 judgment, the High Court had suggested that all government hospitals, run by the Centre and the State, could have a separate CSR or charitable entity account wherein donations can be received. The donations could be subject to an audit.

Apart from that it had also suggested having a designated officer in all hospitals to whom applications for assistance can be made by patients in need.

The NGO in its letter to the High Court has contended that more than four years after the judgment, none of the suggestions have been followed till date.

Infertility

Infertility in women linked to higher cancer risk (The Tribune: 20190314)

<https://www.tribuneindia.com/news/health/infertility-in-women-linked-to-higher-cancer-risk/742577.html>

Infertility is associated with a higher risk of developing cancer in women of childbearing age, say researchers including one of Indian-origin.

The findings, published in the journal Human Reproduction, showed that infertile women had an overall 18 per cent higher risk of developing cancer compared to women who were not infertile.

However, the absolute risk is very low at just two per cent compared to 1.7 per cent among women who are not infertile, found researchers at Stanford University in the US.

"We do not know the causes of the increase in cancer that we found in this study, whether it might be the infertility itself, the causes of the infertility, or the infertility treatment," said lead author Gayathree Murugappan.

"We can only show there is an association between them," she added.

For the study, the team analysed data from 64,345 infertile women who were followed for nearly four years.

Although breast cancer was the most common in both fertile and infertile women, the team found a slightly higher risk of hormone-driven cancers of the ovary and uterus among the infertile women.

They also found a slightly higher risk of cancers of the lung, thyroid, liver and gallbladder and leukaemia among the infertile women.

"While several of these associations were significant, it is important to note that the absolute increases in risk were modest," said Murugappan.

"The low overall incidence of cancer among these women means that one in 49 infertile women would develop cancer during the follow-up period compared to one in 59 women who were not infertile," said Michael Eisenberg, Associate Professor at the varsity.

Further research needs to be carried out to determine what factors may be influencing the long-term risk of cancer for infertile women, Eisenberg noted.

Herbs

Herbs can be effective in prevention & management of kidney ailments: Experts(The Tribune: 20190314)

<https://www.tribuneindia.com/news/health/herbs-can-be-effective-in-prevention-management-of-kidney-ailments-experts/742543.html>

Herbs can be effective in prevention & management of kidney ailments: Experts

Dialysis is a way of life for many patients suffering with kidney ailments in the country.

In view of limited options for treatment of the kidney disease in allopathy, experts representing the traditional medical system claimed on the eve of the World Kidney Day that herbs could slow the disease's progression and offer relief from the symptoms, along with careful diet and exercise.

Two recent scientific studies have claimed that herbal formulations, based on traditional medicinal plants like punarnava, could be effective in preventing and managing ailments related to the kidney.

According to a study, a woman suffering from kidney ailment was given punarnava-based syrup for a month, significantly bringing the creatinine and urea level in her blood to a healthy level.

Besides, her haemoglobin level had also improved, concluding that the punarnava-based drugs not only improve the functioning of the kidney but also improve haemoglobin level.

The study, conducted at the Banaras Hindu University (BHU), was published in the World Journal of Pharmacy and Pharmaceuticals Science in 2017.

Another study published in the Indo American Journal of Pharmaceutical Research, too, stated the efficacy of the punarnava-based herbal formulations, including lotus leaves, patharchur and other major herbs when given to the subjects.

It was found that the drug had helped in maintaining histological parameter of kidneys, apart from reducing high levels of uric acid and electrolytes.

"The syrup (Neeri KFT) is a potent nephro-protective formulation, protecting kidneys from nephrotoxins, including oxidative damage induced by lead acetate," the study said.

Head of Department of the BHU's Department of Dravyaguna, K N Dwivedi, said the herbal formulations in Neeri KFT could be an alternate to dialysis to some extent. "In fact, because of limited options in allopathy for kidney treatment, which is witnessing increasing trend due to changing lifestyles, now emphasis is on ayurveda drugs."

Senior nephrologist from Sir Ganga Ram Hospital Manish Malik said the scope of treatment of kidney ailments in allopathy were limited, costly and not fully successful as well.

Hence, Malik said, balanced diet and ayurvedic cost-effective drugs like Neeri KFT based on herbs like punarnava could help all those kidney patients who are under the regular dialysis.

Sanchit Sharma, executive director of Aimil Pharmaceuticals, which is engaged in manufacturing and marketing of herbal drug Neeri KFT, said it was after numerous tests that this formulation had been developed to provide relief to kidney patients. — PTI

Medical devices

Implant Files: New licensing terms for medical devices, govt looks to Singapore (The Indian Express: 20190314)

<https://indianexpress.com/article/india/implant-files-new-licensing-terms-for-medical-devices-govt-looks-to-singapore-5625394/>

The Indian Express investigation, conducted in association with The International Consortium of Investigative Journalists (ICIJ), found how the first Bill to regulate medical devices was drafted 12 years ago but was still not enacted.

Written by Ritu Sarin | New Delhi | Updated: March 14, 2019 7:01:55 am

#ImplantFiles: Johnson & Johnson implant patients object to compensation package

Implant Files: Experts panel to recommend to govt need for separate medical devices law

First meeting today on regulating medical devices

Implant Files: New licensing terms for medical devices, govt looks to Singapore

This will now be expanded to cover all medical devices, the minutes reveal.

Four months after The Indian Express published Implant Files, a series of investigative reports on the unregulated medical bazaar in India, the government is preparing a “regulatory pathway” for the industry that will cover all medical devices.

The Indian Express investigation, conducted in association with The International Consortium of Investigative Journalists (ICIJ), found how the first Bill to regulate medical devices was drafted 12 years ago but was still not enacted. And how global pharma majors are pushing such devices — from coronary stents and pacemakers to breast and knee implants — into markets via a dubious nexus with hospitals and doctors.

Bigger net, specific deadlines

For an industry that has largely operated without a regulatory framework, a key element of the government’s new plan is a ban on the sale of medical devices if makers and importers miss specified deadlines for registration and licensing. Significantly, the new framework will cover all medical devices and not just the 23 that have been officially notified so far.

The minutes of an official meeting held on February 8 to prepare a roadmap reveal that the government is now looking at the Singapore model that involves bringing medical devices under a regulatory regime in a three-phased manner based on risk classification.

Besides, the government has again proposed that all medical devices be regulated under the Drugs and Cosmetics Act and the 2017 Medical Device Rules, the minutes show. Currently, only 23 categories of devices, out of about 5,000 in the market, are notified for regulation by the Central Drugs Standard Control Organization (CDSCO).

This will now be expanded to cover all medical devices, the minutes reveal.

In the first phase, the proposal is for all manufacturers and importers of non-regulated medical devices to register their products voluntarily within 18 months after which they will be notified for regulation.

China blocks India’s bid to designate Masood Azhar as global terrorist by UNSC

In the second phase, all registered Class A and B devices will need mandatory licensing within 12 months. “After the 12-month period, no person, company, organization should be allowed to manufacture, import, sell or distribute Class A and Class B medical devices without prior license...,” the minutes state.

For all Class C and D devices, another 18 months will be given for registration and 24 months more — after registration in Phase 1 — for mandatory licensing. Those who miss these deadlines will not be allowed to sell, import or manufacture these devices.



AIIMS

₹9,000-crore upgrade to double capacity of AIIMS in five years (Hindustan: 20190314)

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

NEW DELHI: The city's All India Institute of Medical Sciences (AIIMS) is getting a ₹9,053-crore makeover that will more than double its institutional and clinical facilities and take the number of hospital beds from 2,084 now to at least 5,000 by 2024.

The master plan, which received the approval of the Union Cabinet on February 28, will integrate the fragmented campus spread over 213.12 acre and across five land parcels separated by Delhi's arterial roads.

On average, the daily footfall in

the outpatient department (OPD) of the hospital is 15,000, with the numbers projected to double over the next two to three decades.

In 2016-17, 3.5 million patients were treated in the OPD, 170,000 surgeries done, and 200,000 people treated in the in-patient department of AIIMS.

“It’s a very exciting project that has been planned keeping in mind future expansion over the next 40-50 years. The Prime Minister [Narendra Modi] said it should be ready by March 2024, that it has to be done,” said Dr Randeep Guleria, director, AIIMS.

“It’s going to be a huge effort [redeveloping a functioning hospital], but we’ve taken it on,” he said. See page 8

AIIMS

AIIMS to get bigger, fitter to cure better (Hindustan: 20190314)

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

REVAMP MODE As part of its new development plan, India’s premier medical institute will become an integrated hospital and university with more space for clinical, institutional facilities

Dr Randeep Guleria, the director of the All India Institute of Medical Sciences (AIIMS), is a man with a tall plan and a short deadline.

on its services. Often, guards have to clear the path for doctors to reach the out-patient department from wards.

Guleria will be driving the AIIMS’ redevelopment master plan, designed to transform the fragmented campus with disjointed departments into an integrated university and hospital that trains doctors, treats people and conducts research on health issues, relevant to India’s 1.3 billion and growing population.

Set up in 1956 under an Act of Parliament, the AIIMS campus in New Delhi has responded to growing healthcare needs by expanding organically over the past 60 years. But, with the multitude of patients from the megapolis and beyond increasing with every passing day, the institute is increasingly struggling to keep pace with the demand.

“We need planned redevelopment keeping our needs over the next 40 to 50 years in mind,” said Dr Guleria, who is racing against time to meet the March 2024 deadline set by Prime Minister Narendra Modi.

With the Cabinet giving the master plan a go-ahead on February 28, the groundwork has begun. “To use space optimally, we have to go vertical while keeping the campus atmosphere. After all, this is a university, it’s not just a hospital. So the plan is to maintain the campus atmosphere, develop research and academic areas, and find space for our faculty in multi-storey apartments. The current faculty satisfaction is 14%, they are not getting a house. We have 20 houses, we have 400 professors,” said Dr Guleria.

There is equal focus on the seamless movement of vehicles and people, across campuses, using walkways, bicycle tracks, skywalks, e-bus and traffic lanes so that the hospital block is connected with the research and academics block, residences, convention centre, guest house, multilevel car parks and the subway station.

Over the last decade, the AIIMS campus has started looking more like a busy train station than a university campus where doctors train and treat patients.

Patients start queuing up outside the hospital gates at 3am to visit the out-patient department (OPD), which opens at 9am. Some spend the night sleeping on the pavement outside to ensure they make it in time to get their prescriptions and medicines.

While pavements outside have been encroached by patients and their families, and enterprising hawkers selling food, pans, sheets and buckets needed to set up a temporary home, the campus inside is no less crowded, with a daily footfall of 40,000-50,000. Guards double up as ushers and traffic cops to keep the traffic moving and help patients and their families reach their desired destinations.

Vasant Kunj resident Atul Mathur, 23, who was at AIIMS on Wednesday to visit a friend in the private ward, said redevelopment is sorely overdue. "People are everywhere, no one seems to know where to go or what to do. I wonder how doctors work in these conditions. The staff and the patients deserve better," said Mathur, who is doing his MBA in Ahmedabad.

Dr S Sampath Kumar, former chief of Cardiothoracic and Neurosciences Centre at AIIMS, who joined the institute as a senior resident in 1969 and stayed till he superannuated in 2009, said the institute has changed a lot. "The change is more than anyone would have expected. With the number of patients going up exponentially, the workload on doctors has increased tremendously and most of them routinely work 12 hours a day. There's no room to work, no room to walk. The hospital is so crowded that doctors need guards to part crowds for the doctors to walk through to reach the OPD room," said Dr Kumar, who spent four decades in the AIIMS campus.

Setting up of the RP Centre for Ophthalmic Sciences, Cardiothoracic and Neurosciences Centre, CTNS Centre and the International Rotary Cancer Hospital in 1985-86 and the JP Trauma Centre in 2006 in the campus took a load off the emergency ward and the main hospital, but within a decade, they were overflowing with patients too.

AIIMS also needs more beds, particularly in intensive care units (ICU). "AIIMS was created as a model institute for undergraduate and postgraduate training in medicine, research and patient care, but now, the conditions are not suitable to do anything. The existing medical facilities are outdated and the infrastructure cannot meet the demand, which has increased tenfold. We need vertical expansion because there is not enough space for the thousands of visitors each day," said Dr MC Mishra, former AIIMS director, who joined the institute as a senior resident in 1980 and became the director of AIIMS' JP Trauma Centre.

AYUSHMAN BHARAT INFLUX

At least 40% of the patients treated at AIIMS come from other states, with the number rapidly increasing since the launch of Ayushman Bharat, the government's health insurance programme that provides ₹5 lakh hospitalisation cover to up to 100 million poor families, last September. "We are getting more patients from outside Delhi coming for treatment since the

launch of Ayushman Bharat, from Bihar especially. They now know they are entitled to it, otherwise they could not afford it,” said Dr Guleria.

Dr Aarti Vij, professor of hospital administration at Cardiothoracic and Neurosciences Centre, said, “Last month, a man from Bihar was running around collecting ₹1.5 lakh for his bypass surgery. He had no money. Then he got a message from his neighbour that there was a letter for him from the PM. They WhatsApped the letter to him, he went to the Ayushman Bharat booth and got the surgery done for free,” said .

Another young woman needed valvreplacement surgery but could not afford it. “Her family wasn’t ready to pay for her, but she got the ₹90,000-surgery done for free with her Prime Minister Jan Arogya Yojana (PM-JAY) card,” said Dr Vij.

As the number of patients grows, so will the hospital. “When you talk to these patients, you realise how the card (PM-JAY) and quality healthcare are game-changers for them, how it changes their whole life. Healthcare is central to all lives, we want to build an institute equipped to treat as many people as we can,” said Dr Guleria.

CLIMATE CHANGE EFFECT (Hindustan: 20190314)

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

Air: Close to seven million people die prematurely each year from exposure to air pollution
Biodiversity: 42% terrestrial invertebrates, 34% freshwater invertebrates, and 25% of marine invertebrates are at risk of extinction

Oceans and coasts: Mass coral bleaching, induced by chronic heat, has damaged many tropical reefs beyond recovery

Land and soil: Urban clusters have grown 2.5 times since 1975, and in 2015 accounted for 7.6% of global land. This is affecting the rain cycle and soil functions
Fresh Water: Increasing glacial and snowpack melt due to global warming will affect seasonal water availability, which provides water to 20% of global population

Air pollution raises diabetes risk in China (The Tribune: 20190314)

<https://www.tribuneindia.com/news/health/air-pollution-raises-diabetes-risk-in-china/742581.html>

Long-term exposure to harmful smog particles increases the risk of diabetes, a new study in China has shown, providing evidence for a link between the country’s air pollution and the disease.

China is facing the largest diabetes problem in the world with around 11 per cent of its population suffering from the metabolic illness, according to a United States study published in 2017.

Increased prosperity has brought changing diets and lifestyles, along with an air pollution crisis that the World Health Organization estimates causes over a million premature deaths every year.

The risk of diabetes rose by about 16 percent for an increase of 10 microgrammes per cubic metre in long-term PM2.5 particle exposure, researchers from Fuwai Hospital in Beijing and Emory University in the US found in a study published online by Environment International last week.

“Sustained improvement of air quality will help decrease the diabetes epidemic in China,” Lu Xiangfeng, one of the study’s authors, told AFP in an email.

Researchers collected data from over 88,000 subjects across 15 provinces, estimating their exposure to PM2.5 based on satellite data from 2004 to 2015.

PM2.5 includes toxins like sulfate and black carbon, which can penetrate deep into the lungs or cardiovascular system, and have been linked to higher rates of lung cancer, chronic bronchitis and heart disease.

While similar studies in North America, Europe, Hong Kong and Taiwan have linked air pollution with diabetes, researchers say this is the largest study of its kind in mainland China.

“Due to high levels of PM2.5, different exposure pattern and population susceptibility, results from developed countries with low PM2.5 levels were not applicable in China,” Lu said.

His team adjusted for factors such as age, body mass index, smoking status, family history of diabetes and work-related physical activity levels, but did not directly factor in dietary habits and other types of pollutants.

Ho Kin-fai, a professor at the Chinese University in Hong Kong who studies air pollutants and is not involved in the study, told AFP the study shows air pollution is a factor in the diabetes epidemic “that we cannot ignore”.

But scientists still need to find evidence showing how PM2.5 particles work in the human body to increase risk of the disease,” Ho said.

Ho said the study excludes “some other factors in the environment that maybe we haven’t considered ... so that’s why we need to have more evidence from the biological mechanism to prove it’s true.”

Diabetes is a growing public health problem throughout the world, killing an estimated 1.6 million people in 2016, according to the WHO, which says the problem is increasing more rapidly in low and middle-income countries. — AFP

LASIK eye surgery

Novel method could improve LASIK eye surgery (The Tribune: 20190314)

<https://www.tribuneindia.com/news/health/novel-method-could-improve-lasik-eye-surgery/742578.html>

Novel method could improve LASIK eye surgery

Common vision problems, such as nearsightedness or farsightedness, are caused by the eye's inability to sharply focus an image onto the retina.

Scientists have developed a new microscopy technique that could one day be used to improve laser vision correction, LASIK, and eliminate the "surgery" aspect of the procedure.

When performed on both eyes, the entire procedure of LASIK surgery takes about 20 minutes and can rid patients of the need to wear glasses or contact lenses.

While LASIK has a very high success rate, virtually every procedure involves an element of guesswork, according to the study published in the journal *Physical Review Letters*.

This is because doctors have no way to precisely measure the refractive properties of the eye.

Instead, they rely heavily on approximations that correlate with the patient's vision acuity—how close to 20/20 he or she can see without the aid of glasses or contacts.

Giuliano Scarcelli, an assistant professor with the University of Maryland in the US developed a microscopy technique that could allow doctors to perform LASIK using precise measurements of how the eye focuses light, instead of approximations.

"This could represent a tremendous first for LASIK and other refractive procedures," Scarcelli said in a statement.

"Light is focused by the eye's cornea because of its shape and what is known as its refractive index. But until now, we could only measure its shape. Thus, today's refractive procedures rely solely on observed changes to the cornea, and they are not always accurate," said Scarcelli.

The cornea—the outermost layer of the eye—functions like a window that controls and focuses light that enters the eye. When light strikes the cornea, it is bent—or refracted.

The lens then fine-tunes the light's path to produce a sharp image onto the retina, which converts the light into electrical impulses that are interpreted by the brain as images.

Common vision problems, such as nearsightedness or farsightedness, are caused by the eye's inability to sharply focus an image onto the retina.

To fix this, LASIK surgeons use lasers to alter the shape of the cornea and change its focal point. But, they do this without any ability to precisely measure how much the path of light is bent when it enters the cornea.

To measure the path light takes, one needs to measure a quantity known as the refractive index; it represents the ratio of the velocity of light in a vacuum to its velocity in a particular material.

By mapping the distribution and variations of the local refractive index within the eye, doctors would know the precise degree of corneal refraction.

Equipped with this information, they could better tailor the LASIK procedure such that, rather than improved vision, patients could expect to walk away with perfect vision—or vision that tops 20/20.

Even more, doctors might no longer need to cut into the cornea.

“Non-ablative technologies are already being developed to change the refractive index of the cornea, locally, using a laser,” Scarcelli said.

“Providing local refractive index measurements will be critical for their success,” Scarcelli said.

Researchers developed a microscopy technique that can measure the local refractive index using Brillouin spectroscopy—a light-scattering technology that was previously used to sense the mechanical properties of tissue and cells without disrupting or destroying either.

“We experimentally demonstrated that, by using a dual Brillouin scattering technology, we could determine the refractive index directly, while achieving three-dimensional spatial resolution,” Scarcelli said.

“This means that we could measure the refractive index of cells and tissue at locations in the body—such as the eyes—that can only be accessed from one side,” he said. PTI

Air Pollution (The Asian Age: 20190314)

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=12617778>

‘Air pollution kills 790,000 a year’

Paris, March 13: Air pollution causes 790,000 premature deaths every year in Europe and 8.8 million worldwide, more than doubling recent assessments, according to a study released Monday.

Between 40 and 80 percent of those excess deaths are caused by heart attacks, strokes and other types of cardiovascular disease underestimated up to now as a driver of smog-related mortality, researchers reported.

On average, a toxic cocktail of pollutants from vehicles, industry and agriculture shortens the

lives of those who die prematurely by 2.2 years, they calculated.

“This means that air pollution causes more extra deaths a year than tobacco smoking, which the World Health Organisation (WHO) estimates was responsible for an extra 7.2 million deaths in 2015,” said senior author Thomas Munzel, a professor at the University Medical Centre Mainz in Germany.

“Smoking is avoidable, but air pollution is not.”

Small and larger particulate matter, nitrogen dioxide (NO₂), sulphur dioxide

Between 40 and 80 percent of those excess deaths are caused by heart attacks, strokes and other types of cardiovascular disease underestimated up to now as a driver of smog-related mortality, researchers reported

(SO₂) and ozone (O₃) have likewise been linked to drops in cognitive performance, labour productivity and educational out-

comes.

The new study, published in the European Heart Journal, focused on Europe, but the updated statistical methods were also applied to the rest of the world.

“The revised number for China is 2.8 million deaths per year,” more than two-and-a-half times current estimates, lead author Jos Lelieveld, a researcher at the Max-Planck Institute for Chemistry in Germany, told AFP by email.

Findings for non-European countries will be published separately, he

said.

The scientists applied the new Global Exposure Mortality Model to a much-expanded epidemiological database — with updated figures for population density, age, disease risk factors, causes of death — to simulate the way in which natural and man-made chemicals interacts with the atmosphere, itself composed of gases.

By far, most deaths were attributed to microscopic particles less than 2.5 microns in diameter, known as PM_{2.5}.

— AFP

Kidney ailment (The Asian Age: 20190314)

<http://onlinepaper.asianage.com/articledetailpage.aspx?id=12617642>

'Early kidney ailment detection can save lives'

AGE CORRESPONDENT
NEW DELHI, MARCH 13

On the eve of "World Kidney Day", Sir Ganga Ram Hospital on Wednesday launched "Kidney Care at Home" services. Under this programme, Institute of Renal Sciences will provide homecare services for ambulatory blood pressure monitoring, continuous holter monitoring, care of catheter, dressing, wound care and home sampling.

According to chairperson chairman (board of management), Sir Ganga Ram Hospital, Dr D.S. Rana, there will a package under which patients' families will be screened so that kidney disease can be detected at early stage. Many lives can be saved by doing the screening of families.

Another service launched on the occasion is addition of "apheresis unit" in the department of nephrology with apheresis machines, which will cater to various patients of ABO incompatible kidney transplant, highly sensitised recipients with antibodies, patients of myasthenia gravis, LGB syndrome and vasculitides.

Co-chairperson and director of dialysis unit (department of nephrology) at the hospital, Dr A.K. Bhalla said: "We are amongst the pioneers to start ABO compatible organ transplants".

Author and executive director of The George Institute for Global Health India, Prof Vivekanand Jha said: "There is an urgent need to focus on early intervention."

Drug regulator

Drug regulator cracks whip on 45 units illegally making med devices (The Times of India: 20190314)

<https://timesofindia.indiatimes.com/india/drug-regulator-cracks-whip-on-45-units-illegally-making-med-devices/articleshow/68400969.cms>

The drug regulator has raided as many as 45 medical device facilities across the country for illegally manufacturing orthopaedic implants without a regulatory license or approval, cracking the whip on companies making high-end life saving devices without following best practices and quality standards.

The facilities are based in Delhi, UP, Maharashtra and Gujarat, official sources said. "We are issuing show cause notices to these facilities and the owner firm asking them to explain the reason for the violation. Once we get their responses, action will be taken under provisions of the Drugs and Cosmetics Act," a senior official told TOI.

During the surprise inspections, carried out by 37 inspection teams with 125 officers from the Central Drugs Standard Control Organisation on Monday, drug inspectors observed "dirty and filthy conditions" for manufacturing, lack of quality management and testing facilities as well as substandard raw material.

Pay the drug inspector and get away is the typical pharma attitude

pritam b

Of the four states, Delhi accounted for the maximum number of unapproved facilities with the central regulatory teams conducting raids at 25 factories, whereas eight facilities were inspected in Maharashtra and six each in Gujarat and UP.

The move assumes significance because medical devices is a rapidly growing segment in India, particularly for high- end implants like cardiac and orthopaedic implants where medical procedures are increasing swiftly despite the high prices of these devices and overall treatment. Currently, the industry in India is pegged at \$7 billion and is projected to reach \$50 billion by 2025.

Leprosy elimination target

‘Stigma surrounding leprosy affected people has remained ... I urge Indian government to ensure their social participation’ (The Times of India: 20190314)

<https://timesofindia.indiatimes.com/blogs/from-the-margins/stigma-surrounding-leprosy-affected-people-has-remained-i-urge-indian-government-to-ensure-their-social-participation/>

India met the leprosy elimination target of 2005 by bringing the prevalence rate to 1 in 10,000 but it is still struggling to eradicate the disease. New cases are detected each year. About 1.35 lakh new cases were detected in 2016-17. Yohei Sasakawa, chairman of Nippon Foundation who recently received the Gandhi Peace Prize 2018 and is the WHO Goodwill Ambassador for leprosy elimination, spoke to Ambika Pandit about the challenges before India:

What are the key challenges that need to be overcome to eradicate leprosy?

Early detection of leprosy is the biggest challenge and this arises from the uniqueness of the disease itself. Unlike other diseases where there are symptoms like pain, in leprosy at the initial stage there are only discoloured patches on the skin which people may ignore. Awareness about the early symptoms of leprosy is important to help people differentiate between a dermatological problem and leprosy.

Asha (accredited social health activist) workers have a critical role here to help identify the patients and put them on medicine. Public meetings and rallies are other ways to spread the message widely. Usually it is seen that the approach of ministries of health in different countries is to focus on subjects like HIV or malaria as there are a large number of patients. However, it is heartening to see that the Indian government has kept leprosy in focus in its policy and has set a target of 2030 for eradication.

How grave a problem is the stigma surrounding leprosy in India and is it any different in other countries?

I remember I was once speaking with residents of a colony for leprosy affected patients in one of the Indian cities and suddenly one man got up and said to me that this is the first time he had come to know that leprosy affected people too have human rights. This is an example of how awareness building can help in empowering people. Globally, the stigma surrounding leprosy affected people has remained much the same.

One of the reasons for this is that for a long time the focus was on the medical aspects of leprosy and not the stigma surrounding it. Even if the patient is fully cured the stigma exists. These people have difficulty in even getting jobs. In 2003, I raised the issue at the United Nations Human Rights Council. Finally, in 2010 this issue was taken up by the UN general assembly and a resolution was passed to end stigma and discrimination against leprosy patients. This was adopted unanimously by 194 countries. I cite this resolution everywhere I go as a tool to fight stigma.

How can the process of eradicating leprosy be accelerated?

To enable real impacts there ought to be convergence to address the medical, education, social and livelihood needs of the affected population. For the medical side of the disease there is a good plan but this needs to go hand in hand with plans to fight stigmatisation and discrimination.

What is that one thing you would want India to do to combat stigma and discrimination?

I would urge the Indian government to ensure social participation of leprosy affected people and provide educational opportunities.

Have you reached out to Prime Minister Narendra Modi on the issue of leprosy eradication?

I spoke about the leprosy situation with Prime Minister Modi each time I met him. He understands the need of eradicating leprosy and discrimination towards affected people and has thus chosen to take proactive policies in order to eradicate leprosy. When India achieved the leprosy 'elimination' target in 2005, it was seen as an Indian miracle and was highly valued by the international community. I'd value the Indian government's nationwide eradication campaign since 'elimination' is a milestone towards 'eradication'. India is the only country that's taking actions towards 'eradication' of leprosy.

You have been working on leprosy eradication for decades. What are your thoughts on being honoured with the Gandhi Peace Prize 2018?

This award is all the more special as this is the commemorative year to mark the 150th birth anniversary of Mahatma Gandhi. It is well known that he had fought towards eradication of leprosy. With this award my responsibility has increased manifold and I will be focussing more on spreading the message in rural areas. I want to do my bit to support work on the ground, to help India achieve the 2030 target.

Pills

Why some women get pregnant even when on the Pills (The Times of India: 20190314)

<https://timesofindia.indiatimes.com/home/science/why-some-women-get-pregnant-even-when-on-the-pill/articleshow/68402068.cms>

It's long been assumed that women who get pregnant on birth control pills somehow erred, possibly by forgetting a dose. But a new study suggests some women may inherit genes that break down contraceptive hormones rapidly, leaving them with hormone levels that are too low to prevent pregnancy, according to a report published in *Obstetrics & Gynecology*.

Researchers found women with a certain genetic variant metabolised estrogen and progesterone so quickly that it could put them at risk for pregnancy if they were taking low-dose birth control pills.

"If a woman came in and said she was taking birth control and got pregnant we assumed she did something wrong, missed a pill or wasn't using the method like she was supposed to," said the study's lead author, Aaron Lazorwitz of the University of Colorado School of Medicine.

"We need to believe the patient and to understand that there are other things outside of her control, like genetics, that could cause birth control to fail."

The new research ought to start a trend, Lazorwitz said. "Women's health hasn't had a lot of this kind of research done yet," he added. "It's time we catch up with research in other medications that have shown that genetics can affect how the body breaks them down."

To take a closer look at the issue, Lazorwitz and his colleagues recruited 350 women with an etonogestrel implant in place for at least a year and no more than 36 months. The long-lasting contraceptive comes in the form of a small plastic strip that is injected into the skin of a woman's upper arm and slowly releases pregnancy-preventing hormones over the course of three years.

The researchers chose to study the impact of genetics on hormone metabolism in women using the implant because "it was much easier to study and there was no concern about anyone missing a dose," Lazorwitz said.

Lazorwitz and his colleagues focused on a gene, called CYP3A7*1C, that is turned on in all fetuses but switches off in most infants. In some women, the gene never switched off. Instead, it continues to make the CYP3A7 protein, which breaks down the hormones used in birth control, Lazorwitz said.

Download The Times of India News App for Latest Home News.

वर्ल्ड किडनी डे

वर्ल्ड किडनी डे : पुरुषों की तुलना में महिलाएं ज्यादा प्रभावित हर वर्ष किडनी रोग से छह लाख महिलाएं मर रहीं (Hindustan: 20190314)

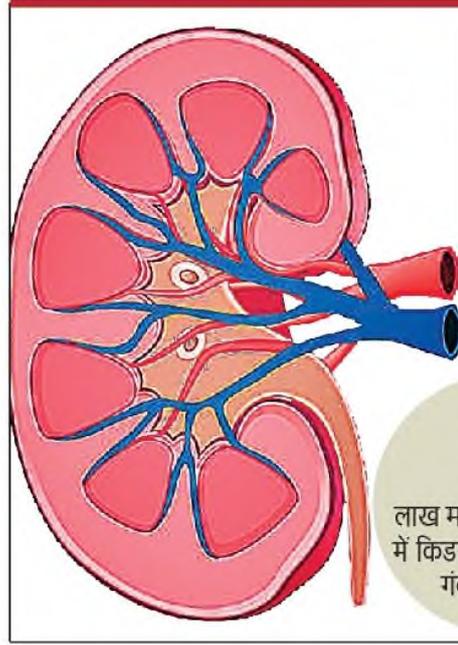
http://epaper.livehindustan.com/imageview_154966_96610642_4_1_14-03-2019_i_20.pagezoomsinwindows.php



नई दिल्ली | हिटी

महिलाओं की तमाम उपलब्धियों और उनके सामाजिक, आर्थिक सशक्तिकरण के बारे में बात करने वालों के लिए यह तथ्य परेशान करने वाला हो सकता है कि पुरुषों के मुकाबले महिलाओं को किडनी की बीमारी ज्यादा होती है। हर वर्ष तकरीबन छह लाख महिलाएं इसकी चपेट में आकर अपनी जान गंवा देती हैं। आधुनिक जीवनशैली से खान-पान और दिनचर्या में हुए बदलाव के कारण दुनियाभर में किडनी की बीमारी से प्रभावित लोगों की संख्या लगातार बढ़ती जा रही है।

मेडिकल साइंस में क्रॉनिक किडनी डिजीज (सीकेडी) के नाम से पुकारे जाने वाले रोग का मतलब किडनी का काम करना बंद कर देना होता है। इसके बारे में जागरूकता फैलाने के लिए मार्च के दूसरे गुरुवार को वर्ल्ड किडनी डे मनाया जाता है। साल 2019 के वर्ल्ड किडनी डे की थीम 'किडनी हेल्थ फॉर एवरी वन, एवरी वेयर' है। श्री बालाजी



भारत में स्थिति खराब

भारत में हर साल 2 लाख लोग इस रोग की चपेट में आते हैं। शुरुआती अवस्था में बीमारी को पकड़ पाना मुश्किल होता है, क्योंकि दोनों किडनी 60 प्रतिशत खराब होने के बाद ही मरीज को इसका पता चल पाता है। देश में औसतन 14 प्रतिशत

महिलाएं और 12 प्रतिशत पुरुष किडनी की समस्या से पीड़ित हैं।

06

लाख महिलाएं दुनियाभर में किडनी रोग के कारण गंवा रही जान

एक्शन मेडिकल इंस्टीट्यूट में सीनियर कंसल्टेंट नेफ्रोलॉजिस्ट डाक्टर राजेश अग्रवाल के अनुसार देश में औसतन 14 प्रतिशत महिलाएं और 12 प्रतिशत पुरुष किडनी की समस्या से पीड़ित हैं और पूरे विश्व में 19.5 करोड़ महिलाएं किडनी की समस्या से पीड़ित हैं।

भारत में भी यह संख्या तेजी से बढ़ती जा रही है, यहां हर साल 2 लाख लोग इस रोग की चपेट में आते हैं।

आमतौर पर मूत्र मार्ग में संक्रमण और गर्भावस्था की प्रतिकूल परिस्थितियों के कारण महिलाओं में किडनी रोग होने की आशंका बढ़ जाती है।

किडनी फेल होना दुनियाभर में महिलाओं की मौत का आठवां बड़ा कारण है। नियमित जांच कराने से रोग की शुरुआत में ही इसका पता चल जाता है और दवा से इसे ठीक करना संभव हो पाता है।